

NICOTINE REPLACEMENT THERAPY (NRT) ELECTRONIC VOUCHER SCHEME 2022-2023

Service Specification No.	
Service	Pharmacy Enhanced Service: Nicotine Replacement Therapy (NRT) Voucher Scheme
Authority Lead	Chris Lee/Marie Demaine
Provider Lead	Contracting community pharmacy provider
Period	1 April 2022 – 31 March 2023
Date of Review	April 2022

1. Population Needs

1.1 National/local context and evidence base

Tobacco use is the biggest public health threat globally and up to half of all current users will die of a tobacco-related disease. It is a risk factor for many health conditions including lung, throat, mouth, breast and colorectal [cancer](#); [chronic obstructive pulmonary disease](#) and emphysema; [cardiovascular disease](#), coronary heart disease and stroke; miscarriage and low birth weight in babies; and hypertensive heart disease (caused by high blood pressure).

- In the Lancashire-12 area, an estimated 13.8% of adults (18+) smoke, which is in line with the England estimate of 13.9% (Annual Population Survey, 2019).
- At a district level, Ribble Valley (5.1%) and Fylde (7.7%) are significantly lower than England (13.9%). The other districts in Lancashire-12 are statistically similar to England.
- In the period 2019/20, approximately 2,539 people (16+ years) were recorded as 'successful quitters at four weeks (CO validated)' in the Lancashire-12 area, giving a rate of 1,843 per 100,000 smokers, which is significantly better than the England rate (1,113). Blackburn with Darwen (1,788) is also significantly better than England, while Blackpool (419) is significantly worse.
- During the 2019/20 period, Lancashire-12 (1,465 per 100,000) recorded a significantly higher rate of smoking-attributable hospital admissions compared to England (1,398).

Smoking remains the single, greatest cause of preventable illness and death. In Lancashire 5,174 people died from smoking attributable mortality (2017-2019), which is much higher than the England average. One in two lifelong users die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 20 years of life and experiences many more years of ill health than a non-smoker². Smoking rates in Lancashire are similar to England (13.9% v 12.1%), pregnant women (16.8% vs 12.0%). There are 134,164 (APS,2020) smokers in Lancashire. This is unevenly distributed across the county, with a disproportionate number of smokers in more deprived areas which is reflected in the smoking prevalence rates in Lancashire currently ranging from 22.8% to 5.5%. The highest rate being nearly twice of the England average (12.1%). However, two-thirds of smokers (63%) want to quit and welcome support to do so.

The Tobacco Control Plan for England reasserts the government's commitment to the provision of local Stop Smoking Services (SSS) tailored to the needs of local communities, particularly groups which have high prevalence, as a contribution to reducing health inequalities in health. There is strong evidence, which demonstrates that SSS are highly effective both clinically and in terms of cost. Smokers are three times more likely to quit with support from a SSS than going it alone. Further to this, Department of Health guidance recommends that all smokers should be routinely offered advice to quit and a referral to the Stop Smoking Service.

Nicotine addiction has been shown to be a neurological brain disorder. Most adults do not smoke out of choice but because they become addicted to nicotine. Cigarettes are highly efficient nicotine delivery devices and are as addictive as drugs such as heroin and cocaine.

NICE recommendations advocate the use of Nicotine replacement therapy (NRT), Varenicline (Champix) and Bupropion (Zyban) alongside behavioural support as part of a smoking cessation programme which can also include e-cigarette support. The most effective method to quit smoking is with a combination of behavioural support and stop smoking medication, or an e-cigarette. (NCSCT VBA+, 2022). Due to the unavailability of Varenicline, NRT is the most effective stop smoking medication when used in the combination NRT of a nicotine patch and faster acting NRT product.

NRT aims to replace the nicotine in cigarettes with another form of delivery. It provides a background level of nicotine and alleviates the short-term difficulties smokers' experience when trying to stop smoking by reducing craving and withdrawal symptoms. Forms of NRT currently available are patch (16 hour and 24 hour), inhalator, nasal spray, mouth spray, gum and lozenge (Appendix 1).

NRT is currently available on FP10 prescribed by a General Practitioner or Non-Medical prescriber, and can be bought as a general sale item. Adults can use a single NRT product or a combination of a patch with an oral product if they are dependent smokers. The use of a supplementary e cigarette alongside a nicotine patch may be considered, according to patient preference however this is not provided through the service. Young people aged over 12 years are limited to a single NRT product. Duration of treatment with NRT is usually 12 weeks for a cessation attempt, although recent NG209 guidance acknowledges this can be longer dependant on the individual circumstances

Provision of NRT:

The Lancashire Stop Smoking Services use a voucher scheme. After assessment of a clients nicotine addiction Specialist Stop Smoking Advisors can issue a client with a voucher to obtain NRT from a Community Pharmacy. without the need for a prescription. This provides holistic care to the client whilst reducing the need for unnecessary GP consultations. Clients exempt from prescription charges may receive NRT free from participating pharmacies, whilst those clients who are not exempt from prescription charges may also receive NRT at the same cost as a prescription. Advice regarding prepayment certificates may enable those on low incomes to access NRT at a manageable cost. Each voucher covers between one and four week's supply of NRT and can be issued for up to 14 weeks per cessation attempt (2 weeks reduction, 12 weeks quit). Smokers unable to stop whilst on NRT should be discharged from the service and invited to re-attend when they are ready to make another quit attempt.

Varenicline and Bupropion are not available through the pharmacy enhanced service NRT voucher scheme because these are Prescription Only Medicines and the patient's medical history is required to ensure there are no contra-indications. Therefore, the pharmacological assessment, decision for treatment and prescribing of these products is undertaken by the individual's G.P practice.

In April 2022 at the time of reporting Varenicline (Champix) is currently unavailable and there is no indicative timeframe as to when this will change. In accordance with NCSCT Guidance NRT will be the first recommended form of stop smoking aid. (Combination NRT patch and faster-acting product).

Pharmacies have to undertake accredited CPPE Stop Smoking training to participate in the scheme. They are reimbursed with the Drug Tariff price of each NRT product, plus VAT and a professional fee of £2.62 per voucher from the Commissioning Support Unit (CSU) via Pharmoutcomes.

E-cigarettes

E-cigarettes (vaping) can be an effective aid for increasing smokers chances of quitting. At the moment there is no medically prescribed e-cigarette on the market which are MHRA approved. Currently e-cigarettes are not part of the service offer however the service can offer advice on usage.

1. NHS Information Centre (2012) *Statistics on Smoking England 2012 and Census 2011 all population aged 35 and over.*
2. Doll R et al (2004). Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 328:1519
<http://www.bmj.com/content/328/7455/1519.long>
3. Public Health Outcomes Framework (2014) *Smoking Prevalence 2013*. PHOF, November 2014.
4. NHS Information Centre for Health and Social Care (2014). *Statistics on women's smoking status at time of delivery: England.*
5. Trading Standards (2013). *Young Persons Alcohol and Tobacco Survey 2013, North West Results*. TSNW, June 2013.
6. The Information Centre for Health and Social Care (2014) *Smoking, drinking and drug use among young people in England in 2013.*
7. West R (2010) *Key findings from the Smoking Toolkit Study 2010* www.smokinginengland.info
8. Department of Health (2011) *Healthy Lives, Healthy People: A Tobacco Control Plan for England*. London:DH.
9. Department of Health (2011) *Local Stop Smoking Services: Service Delivery and Monitoring Guidance 2011/12*. London: DH
10. NICE (2008) *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*. NICE, February 2008.

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C (*Quality Outcomes Indicators*)

The service contributes to the following Public Health Framework outcomes:

- Smoking status at time of delivery (2.3)
- Smoking prevalence – 15 year olds (2.9)
- Smoking prevalence – adult (over 18s) (2.14)
- Low birth weight of term babies (2.1)
- Infant mortality (4.1)
- Mortality from causes considered preventable (4.3)
- Mortality from all cardiovascular diseases (including heart disease and stroke) (4.4)
- Mortality from cancer (4.5)
- Mortality from respiratory diseases (4.7)
- Excess under 75 mortality in adults with serious mental illness (4.9)
- Sickness absence rate (1.9)

National Policy

- NHS Long Term Plan
- Better Births
- NICE Guidance NG209 (October 2021)

And Lancashire County Council Health and Wellbeing Priorities

- Addressing health inequalities in Lancashire
- Starting well, Living Well, Ageing Well
- New and expectant families
- Long term conditions
- Smoking in pregnancy
- Identify those who are at risk of admission into hospital and provide appropriate intervention
- Joined up support for vulnerable families (first pregnancy)

3. Scope

3.1 Aims and objectives of service

The service is designed to meet the following aims for:

Patients

- To improve access to and choice of Stop Smoking Services, including access to pharmacological and non-pharmacological stop smoking aids
- To reduce smoking related illnesses and deaths by helping people to quit smoking
- To improve the health of the population by reducing exposure to secondhand smoke
- To reduce waiting times for smoking cessation treatment
- To offer an alternative to a GP consultation
- To remove anxiety about “bothering a doctor”

Primary Care - G.Ps

- To reduce inappropriate consultations
- To help achieve access targets

Pharmacists

- To provide an opportunity to work more closely with healthcare providers and raise the profile of community pharmacy
- To deliver the vision of the Pharmacy White Paper, Building on Strengths Delivering the future¹

1. Department of Health (2008) *Pharmacy of England: Strengths in delivering the future*. <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

- To deliver against the long term plan [NHS Long Term Plan » Possible legislative change](#)²
- Integrating care with community health services [Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](#)³

3.2 Service description/pathway

3.2.1 SERVICE REQUIREMENTS

3.2.1.1 Pharmacy Criteria

This service may be provided by any authorised community pharmacy within Lancashire, subject to the following:

- The pharmacy contractor must agree to participate in all parts of the service. This agreement will be documented in the form of a Service Level Agreement signed by the contractor or the representative of the contractor. (Appendix 3)
- The pharmacy must meet the standards required to deliver advanced services.
- A standard operating procedure (SOP) that clearly defines the roles and responsibilities of relevant staff must be produced and followed for each individual pharmacy.
- A suitably trained member of the pharmacy team may deliver the intervention provided they adhere to the SOP and refer to the pharmacist as appropriate. Overall responsibility and accountability will remain with the pharmacist in charge.
- An accredited pharmacist must be present and accountable for 75% of opening hours, except for annual leave and sick leave, when a locum (accredited or not accredited) may temporarily continue accountability of the service.

3.2.1.2 Pharmacist and Pharmacy Staff Accreditation

- **Pharmacist Training & Qualifications**
Pharmacists involved in the provision and/or accountability of this service must have completed the 'Stop Smoking – very brief advice' e-package (NCSCCT version) distance learning package available from the Centre for Postgraduate Pharmaceutical Education (CPPE) website: <http://www.cppe.ac.uk>
- **Pharmacy Technician Training & Qualifications**
Qualified Dispensing Technicians (NVQ level 3) must have received training by the Stop Smoking Service to supply NRT under the scheme. Registered Technicians are also encouraged to complete the CPPE package.
- All Pharmacists involved in the provision and/or accountability of this service and Qualified Dispensing Technicians must have attended training by the Stop Smoking Service in relation to the use of 1System4Health.
- All Pharmacists involved in the provision and/or accountability of this service and Qualified Dispensing Technicians should have Very Brief Advice Training annually. This can be provided by the Stop Smoking Service if required.
- All Pharmacists involved in the provision and/or accountability of this service and Qualified Dispensing Technicians must undertake and pass accredited Information Governance training annually.

3.2.1.3 Sign Up and Termination

- All pharmacists and pharmacies must agree to the terms of service contained within this service specification.
- Participating authorised pharmacies may withdraw from the scheme at any time. Lancashire County Council may also terminate provision from a pharmacy. Any such intention must be made in writing to the same individual identified on the Enhanced Service agreement form. A notice of 28 days applies.
- If pharmacies withdraw from the scheme, then the accredited pharmacist may continue to provide the service from other authorised pharmacy premises located within Lancashire
- Changes of ownership will require reapplication to provide the service.
- Changes to pharmacy staff (e.g., new manager or regular locum) who are not already accredited will require accreditation to continue provision of the service.

² [NHS Long Term Plan » Online version of the NHS Long Term Plan](#)

³ [Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](#)

3.2.2 SERVICE OVERVIEW

The process can be summarised as follows:

- Clients of the stop smoking service who have committed to a target stop date and wish to use NRT, and who are assessed as suitable, are issued with an electronic voucher number by their smoking cessation advisor.
- In accordance with NCSCT guidance clients who have a spontaneously stopped smoking and cannot be counted for DOH returns should be supplied treatment commensurate with a twelve week plan e.g., if they have been using products for three weeks before engagement then to continue up to 12 weeks.
- The standard duration of treatment on the Pharmacy Enhanced Service NRT voucher scheme is 12 weeks per cessation attempt. Although the stop smoking service can review on an individual basis in accordance with NG 209.
- Initial supply of the NRT should be sufficient to last up to a maximum of 2 weeks after the target stop date. A second electronic voucher should only be issued if the smoker demonstrates a continuing attempt to stop smoking. Best practice dictates that during the first four weeks of the quit attempt, behavioural support should be offered on a weekly basis. In exceptional circumstances, up to four weeks supply of NRT may be issued on a single electronic voucher.
- Where circumstances dictate e.g., in high level of dependence, up to two forms of NRT may be combined on the same electronic voucher, in accordance with the service specification. Usually this will be a patch plus some form of oral treatment.
- After a consultation with the stop smoking advisor, The client is provided with a text message (or alternative if no access to a mobile). This is taken to a participating pharmacy and requests a supply of NRT via the electronic voucher by providing their unique voucher number and client number. For clients who are not exempt from NHS charges, a **non-refundable fee** equivalent to the NHS prescription charge will be levied on each product.
- The voucher will be valid for 14 days from the issue date. After this date, the voucher cannot be redeemed.
- The pharmacist claims the cost of the product plus VAT and a professional fee of £2.62 per voucher from the Commissioning Support Unit (CSU) currently via pharm outcomes.
- The NRT Voucher scheme may only be used to supply NRT on the NHS to persons undertaking a smoking quit attempt or attempting to cease the use of an unlicensed nicotine product. Supporting persons with a long term dependency to NRT is outside the scope of the service.
- If appropriate the Stop Smoking Advisor may suggest a reducing to quit programme for up to two weeks. A quit attempt should then be made. Complete cessation must be no later than 14 weeks. The reducing to quit programme is not an appropriate method for pregnant/breastfeeding women who smoke.
- Clients requiring treatment for longer than the standard 12 week duration will be assessed on an individual basis. Adolescents between the age of 12-18 years, pregnant or breast feeding clients would rarely be treated for longer than the standard 12 week duration.

3.2.3 THE ROLE OF THE STOP SMOKING SERVICES MANAGER/DEPUTY MANAGER

The Manager/Deputy Manager has overall responsibility for use of the NRT voucher scheme within the Stop Smoking Service. This includes:

- Arrange the printing of the voucher, and co-ordinate the distribution to the local advisors. This is specifically for those intermediate advisors who are still operating with a paper voucher (subject to change).
- Compile a list of signatures of all advisors using the paper voucher scheme and distribute this list regularly to all participating pharmacists, at least every three months. This will be subject to change once paper vouchers finish.
- Record serial numbers of voucher pads and who they have been distributed to (applies only to Pharmacies provided the enhanced scheme).
- Ensure ongoing competency of the advisor in use of NRT and the electronic voucher scheme
- Provide up-to-date information to advisors and participating pharmacists on the use of NRT and the electronic voucher scheme, as required.

3.2.4 ROLE OF THE STOP SMOKING ADVISOR

- Assess client suitability for NRT in accordance with NICE and Department of Health Guidelines^{9,10}. The choice of product(s) must be consistent with the Lancashire NRT Formulary (Appendix 1)
- Vouchers will normally be issued for 1-2 weeks supply. Up to 4 weeks supply can be issued once the client has been co-verified as a successful quitter (at 4 weeks).

- Complete the electronic voucher and inform clients of participating pharmacies.
- Indicate on the electronic voucher whether one product or two products are recommended by selecting the relevant box.
- Ensure the date of issue is completed, this is not relevant for electronic vouchers. Provide client with unique voucher number and client ID number to take to Pharmacy (this will be via SMS message or verbally if client does not have a mobile phone). Encourage the client to obtain treatment within 7 days, and to take proof of eligibility for free prescriptions.
- If the intermediate advisor is still operating a paper voucher system; there is a requirement to retain the bottom (yellow) copy of the voucher within the client's record. This must be stored safely and be available for up to 8 years.
- It is the responsibility of the individual to ensure the electronic voucher code is only shared where the client is unable to collect.
- It is the responsibility of the stop smoking advisor to ensure the client has received the code for redemption from the pharmacy.
- Electronic vouchers cannot be issued after 14 weeks of treatment per quit attempt.
- Any issues with electronic vouchers should be referred to the Stop Smoking Service.
- Individual preferences of the client i.e., flavour of gum can be noted in the notes section of 1S4H. It is the responsibility of the client to ensure the correct pharmacotherapy is dispensed against the notes recorded.

3.2.5 ROLE OF THE PHARMACIST

All pharmacists should ensure that they have signed up to the Stop Smoking Services NRT Voucher Scheme Service Specification, before supplying NRT under the voucher scheme. It is expected that all new pharmacy contractors complete the 'Stop Smoking – very brief advice' e-package (NCSCT version) e-package (<http://www.cppe.ac.uk>) and undertake the local Stop Smoking Service training session within 6 months of starting to supply NRT under the scheme. NCSCT VBA training should be completed annually. This can be provided by the Stop Smoking Service if required. .

If the pharmacist has any concerns or queries over the NRT order on the electronic voucher, they should discuss this with the issuing stop smoking service adviser before dispensing. Information Governance training should be completed annually.

- The Pharmacy Contractor will ensure that Pharmacists and staff make the supply of NRT in accordance with the service specification and produce a standard operating procedure for use in the pharmacy (Appendix 2).
- The Pharmacy Contractor will ensure the service is covered by their indemnity insurance.
- The Pharmacy Contractor will ensure that all staff with access to 1System4Health are up to date with Information Governance training including the importance of password protection, confidentiality, and data protection.
- All Pharmacy staff who intend to use 1System4Health must attend the Stop Smoking Service training session.
- On completion of the training, an individual password and login details will be provided by the Stop Smoking Service.
- By logging on to 1System4Health, staff accept not to disclose personal data verbally or in writing, accidentally or otherwise, to any unidentified or unauthorised third party. Caldicott principles, the NHS Code of Confidentiality, and the Data Protection Act 1998 must be observed.
- The Pharmacy Contractor will display a notice indicating the availability of treatment through the NRT scheme.
- In taking the professional responsibility for the supply of the NRT, the pharmacist should assure themselves that the NRT therapy is being supplied safely paying particular attention to the client's medical conditions and concurrent medication (including possible side effects, drug interactions and cautions in accordance with NICE Guidance)
- Ensure adequate stocks of the NRT products available on the voucher scheme are maintained within the pharmacy.
- All clients should present with a unique voucher number and client ID number.
- Client details including Date of Birth and address should be checked with the client or their representative before issuing NRT. Any discrepancies must be reported to Stop Smoking service and NRT should NOT be issued.
- Ensure the electronic voucher has been fully completed before issuing NRT. If any details are absent contact the Stop Smoking Service.

- **Vouchers are valid for 14 days from the date written on the voucher. The electronic version the system blocks the viewing of expired vouchers automatically after this time.** If the voucher has expired, advise the client to contact their stop smoking service advisor.
- Ensure the NRT product requested is appropriate for use by the client in accordance with the product licence.
- Discuss any particular client product preferences e.g., flavour of NRT gum or type of patch.
- **Take professional responsibility for the supply of the NRT. The voucher is not a prescription. It is a means of supplying NRT on the NHS. The pharmacist is professionally accountable for the supply. The pharmacist retains professional discretion to judge the suitability of the NRT product recommended and change the product if deemed necessary.** If the pharmacist has a query, they must contact the stop smoking service advisor. If an amendment to the electronic voucher is necessary, the pharmacist should clearly annotate the electronic voucher with the amendment, where paper copies are used sign both copies of the voucher.
- **The dispensing information on 1System4Health should be updated including any notes for the Stop Smoking advisor**
- Make an entry on the PMR and label the NRT supply in accordance with RPSGB Labelling Guidelines (now called the GPhC).
- In permanent ink, mark on the box of NRT “*Supplied on the NHS*”
- Complete the relevant section on the electronic voucher. Fill in the pharmacist’s name **including Pharmacy details and any relevant notes.**
- As part of an audit trail/for audit purposes, should this be required, the Stop Smoking Service can provide a report of dispensed NRT.
- Pharmacy staff should ensure that voucher numbers and client ID numbers are not disclosed and/or documented elsewhere : They will be recorded on Pharmoutcomes.

Complete the voucher details on the Pharmoutcomes database and submit to the CSU within the calendar month if possible but no longer than 3 month’s duration from issuing of NRT. Reimbursement may not take place if outside of this period.

- **Paper Voucher System** The stop smoking service is working towards an electronic voucher system for all including intermediate advisors. If your pharmacy is still operating a paper voucher system the following will still apply:
 - An electronic voucher approved by the NHS Lancashire Stop Smoking Services must be used.

3.2.6 VOUCHERS

An electronic voucher approved by the NHS Lancashire Stop Smoking Services must be used.

3.2.7 THE PROCEDURE FOR USING THE ELECTRONIC VOUCHER

- The stop smoking service advisor completes the relevant sections of the electronic voucher. Amendments should not be made apart from indicating client preference for product flavour. If any alteration to the electronic voucher is required, this must be clearly indicated. If necessary, where there is scope for ambiguity, the instruction should be typed out in full.
- Pharmacy should confirm with client if they are exempt from prescription charges.
- The pharmacist must check their proof of exemption.
- If proof of exemption is not seen, document on notes section if required.
- Where the client is not exempt from prescription charges, they must complete the declaration. Collect any NHS fees (equivalent to the standard prescription charge) where appropriate in accordance with current Department of Health policy i.e., one charge per item unless it is for different strengths of the same formulation. A till receipt should be issued for the charge made, which should be the current prescription charge. If a client is awaiting an exemption certificate do not issue an FP57 as the NRT voucher is not a prescription and therefore this would not be appropriate. If the client later presents with a valid exemption certificate a refund should be made providing the till receipt is also presented. The amount of the refund should be claimed back from the CSU. The till receipt should be submitted with the exemption certificate number clearly indicated.
- The pharmacist completes the electronic voucher with the Pharmacist’s name and pharmacy address, supplying the NRT product for the client.
- The pharmacist submits the details to the CSU via PharmOutcomes

3.2.8 REIMBURSEMENT TO PHARMACISTS

Pharmacists will be reimbursed with the current Drug Tariff price for the NRT supplied plus VAT, plus a professional fee of £2.62 per voucher. Any NRT product requested and supplied on the electronic

voucher should be in accordance with the NRT voucher scheme formulary as presented in Appendix 1. The reimbursement prices for the NRT products on the formulary will be updated quarterly.

All enquiries regarding fee payment need to be directed to the CSU:

Email: enhancedserviceslcsu@nhs.net

3.2.8 ROLE OF THE CSU

- Check that the voucher details have been completed satisfactorily on PharmOutcomes. Raise any incomplete vouchers with the pharmacy.
- Arrange reimbursement to pharmacies.
- Produce quarterly budget statements and reports to support the monitoring of the North, East and Central schemes for the stop smoking services and Lancashire County Council.

3.2.8.1 FINANCIAL ARRANGMENTS WITH THE CSU

A financial system has been set up in order to calculate and make appropriate payments to pharmacies. The following data will be collected by the CSU:

- Supply date
- Patient name, date of birth and address, including postcode
- Pharmacist's and pharmacy details
- Voucher issuing advisor details
- Number of voucher
- Reimbursement cost of the NRT supplied (Plus VAT as appropriate)
- Type of NRT supplied
- Patient exemption status

Reports regarding the number of vouchers and NRT products redeemed will be provided to the stop smoking services and Lancashire County Council on a quarterly basis.

3.2.8.2 FRAUD AND AUDIT PROCEDURES

All necessary steps to eliminate the possibilities for fraud at any stage in the voucher scheme will be taken. In summary they will include:

- Ensuring the voucher issued to clients who are entitled to free prescriptions can identify their exemption category in section 3 of the voucher.
- Carrying out the necessary checks, including post-supply checks on clients who have no evidence of their entitlement to free prescriptions.
- Ensuring that the products are supplied as indicated on the voucher and that the number of vouchers is consistent with the number of clients using the service.
- Establishing an audit trail for the vouchers so that they can be tracked from their point of issue to their submission to the CSU.

The voucher has been specifically designed to reduce the possibility of fraud and enables advisors to easily identify clients eligible to receive NRT. Each electronic voucher will have a unique serial number so that it can be tracked and audited.

Other aspects of the use of the NRT electronic voucher scheme will be audited periodically in agreement with the Stop Smoking Services and community pharmacists (via the Local Pharmaceutical Committee).

3.2.8.3 THE PENALTY CHARGE

The supply of the NRT free of charge falls within the scope of the penalty charge introduced from November 1999. The penalty charge is a civil fine, and is payable in addition to the recovery of the item. Payment can be pursued by civil recovery action if necessary.

Where clients have claimed the free NRT incorrectly or fraudulently, the cost of the item should be recovered and the penalty charge will apply. Guidance on the penalty charge administration will be issued by the Department of Health.

3.2.8.4 OTHER COUNTER FRAUD MEASURES

The CSU will need to be able to satisfy themselves that products are being supplied as indicated on the voucher, that the NRT provided is supplied in accordance with the clinical need of the client, and that the number of vouchers is consistent with the number of clients using the service.

3.2.8.5 AUDIT TRAIL

The CSU has established an audit trail for the vouchers so that they can all be individually tracked from the point of issue at the pharmacy through to their submission to the CSU. A sample audit of the vouchers may be carried out.

3.2.8.6 BUSINESS CONTINUITY

The provider should ensure that sufficient staffing is available for the effective running of the scheme, including contingency planning for times of sickness, absences or any other occurrence that may jeopardise the delivery of the scheme to service users at levels sufficient to meet the performance objectives and service standards of the scheme as outlined in this agreement.

Should any problems with 1System4Health arise, paper vouchers may be used. In the event of such incident, Pharmacies will be informed.

3.2.8.7 BUILDINGS AND ACCOMODATION

The provider will be responsible for sourcing buildings that have the appropriate planning permission for delivering public health services.

The service provider will be responsible for the maintenance costs of any buildings occupied for delivering services, which includes fittings, equipment, repairs and alterations. The provider will be responsible for any costs associated with the replacement of furniture, maintenance and calibration of equipment and the safe disposal of the same, and provide consumables required for the smooth operation of the building.

3.2.8.8 COMMUNICATION AND MARKETING

All costs in relation to communication and marketing will be met by the provider.

3.3 Population covered

The Pharmacy Enhanced Service NRT voucher scheme is available to any tobacco using person aged 12 years and over, registered with a G.P practice in Lancashire County. The individual must be sufficiently motivated to quit and must have received specialist stop smoking advice and support from the North, East, Central and West Lancashire Stop Smoking Services.

The scheme recognises that many smokers will require multiple attempts to quit⁹ and therefore offers vouchers to support recurrent cessation treatments.

The scheme will be non-stigmatising and non-discriminatory, providing fair and equitable access. The service will comply with the Equality Act 2010.

The scheme will work in a way that it does not discriminate against individuals on the grounds of gender, race, disability, sexual orientation, sexual practices, gender reassignment, age, pregnancy or maternity, marriage/civil partnership or belief system and will ensure that all applicable legislation is adhered to.

The scheme is accessible to people who have had difficulties accessing support to become well, including people with mental health problems, from black and minority ethnic communities, people with sensory impairments, and people with learning disabilities or learning difficulties and people from the Gypsy / Romany / travelling communities

The scheme will meet the needs of those in training, education and employment.

3.4 Any acceptance and exclusion criteria and thresholds

People working in Lancashire County but not registered with a GP within the area, are eligible to access the North, East, Central and West Lancashire Stop Smoking Services for behavioural support but will need to obtain their NRT through a prescription from their own GP and not the Pharmacy Enhanced Service NRT voucher scheme.

3.4.1 EXCLUSION CRITERIA FOR THE NRT VOUCHER SCHEME

The supply of NRT through the voucher scheme is specifically for those smokers who are not contraindicated to NRT products. Those smokers who are contraindicated to these products will be referred back to their GP for assessment. It is anticipated that these numbers will be few.

The community pharmacist operating the scheme maintains professional responsibility to ensure that the NRT supplied is safe and suitable for the patient. **Where patients have been directed to**

commence NRT as part of the in-patient pathway by a clinician, exclusion criteria would not apply as long as the NRT continued in the manner directed.

As per NICE guidance there are requirements to prescribe NRT with caution to people with:

- Diabetes mellitus
- Gastrointestinal disease
- Pheochromocytoma
- Moderate to severe hepatic impairment
- Severe renal impairment
- Uncontrolled hyperthyroidism
- History of epilepsy
- **Also prescribe NRT with caution to haemodynamically unstable people hospitalised with:**
 - Cerebrovascular accident.
 - Myocardial infarction.
 - Severe arrhythmias.
- **Specific NRT formats should also be prescribed with caution in certain circumstances:**
 - Inhalator — people with chronic throat disease and bronchospastic disease.
 - Gum — people with dentures.

Nasal spray — people with asthma The pharmacist will ensure any queries for contraindications, cautions and adverse effects are checked with NICE guidance: Ref: [Nicotine replacement therapy \(NRT\) | Prescribing information | Smoking cessation | CKS | NICE](#) or BNF for reference.

Specific NRT formats should also be prescribed with caution in certain circumstances:

The following individuals are excluded from NRT treatment through the voucher scheme:

- Individuals with known hypersensitivity to nicotine
- Individuals with renal or hepatic impairment
- Individuals with oesophagitis, gastritis, gastric or peptic ulcers should use **oral** NRT preparations with caution. If appropriate patches can be supplied.
- Individuals with uncontrolled hyperthyroidism should use NRT preparations with caution
- Individuals with pheochromocytoma (tumor of cells secreting hormones which regulate heart rate and blood pressure) should use NRT preparations with caution
- Individuals under the age of 12 years
- When intervention with bupropion or varenicline (if available) might be more appropriate
- Individuals hospitalised in the previous 4 weeks as a result of myocardial infarction, severe dysrhythmia or CVA. Any clients in this category or those with severe or unstable conditions under the care of the cardiac specialist should be referred to their G.P.
- Individuals with any contraindication to NRT

All contraindications and cautions will be adhered to as per NICE Guidance.

The Stop Smoking Advisor will routinely check that the client does not meet any exclusion criteria prior to issuing an electronic voucher. If the client meets one or more of the exclusion criteria the Stop Smoking Advisor will complete the 'Referral to G.P Practice for Assessment of Pharmacological Intervention' form. The client will continue to receive support from the Stop Smoking Advisor; however, provision of smoking cessation treatment will be at the doctor's discretion and if appropriate treatment will be supplied through a prescription.

Pharmacists providing the NRT voucher scheme maintain professional responsibility for the safe and appropriate supply of NRT to all clients. Therefore, it is important that both the Stop Smoking Advisor and the Pharmacist verify that the client does not meet any exclusion criteria. When presented with a voucher and a client that meets the exclusion criteria the pharmacist should not supply the product and refer the client back to the Stop Smoking Advisor to enable the advisor to complete the 'Referral to the G.P Practice for Assessment of Pharmacological Intervention' form and make future arrangements for that client.

3.4.2 CRITERIA FOR INFORMING THE GP OF ATTEMPT TO QUIT

The majority of clients accessing the Stop Smoking Service will receive NRT through the voucher scheme without their GP being notified.

However, there are some instances when the Stop Smoking Advisor is required to notify the client's GP. These include:

- Client is pregnant
- Client is breastfeeding
- Client with Type I or Type II diabetes
- Clients taking warfarin, theophylline, chlorpromazine, clozapine, olanzapine or insulin¹¹

For these specific clients the attempt to stop smoking and the use of NRT should be recorded in the patient medical records held at the G.P practice. This will be achieved by completion of the 'Information for patient records' form which is emailed to the clients GP by the Stop Smoking Advisor.

Pharmacy staff will be made aware that this requirement has been fulfilled through the annotation on the electronic voucher:-

Information for patient record sent to GP because.....

The client will continue to receive support and treatment from the Stop Smoking Advisor as appropriate, unless the GP informs the Stop Smoking Advisor otherwise.

Community pharmacists operating the scheme maintain professional responsibility for the safe and appropriate supply of NRT to all clients. If any criteria listed above are identified by the pharmacist and the voucher not annotated with 'information for patient record' sent to GP, the pharmacist may supply the product providing the Stop Smoking Advisor is informed without delay and the 'Information for Patient Records form' is completed and sent to the G.P practice by the Stop Smoking Advisor. This can be reported in the electronic record in the comments box

3.5 Interdependencies with other services

Community pharmacists will need to work in partnership with the North, Central, East and West Stop Smoking Services, the CSU, the Local Pharmacy Committee and Lancashire County Council as outlined in 3.2.

3.6 Any activity planning assumptions

Please see 3.2.

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE

The NRT Voucher Scheme will be underpinned by the evidence base contained within the following documents:

- NICE Guidance ng209: Tobacco: Preventing uptake, promoting quitting and treating dependence
- [Local Stop Smoking Services: Service and delivery guidance 2014 \(ncsct.co.uk\)](http://ncsct.co.uk)
- NCSCT Stop Smoking Medications [Stop smoking medications \(ncsct.co.uk\)](http://ncsct.co.uk)
- Tobacco Control delivery plan 2017-2022 [Tobacco control delivery plan 2017 to 2022 \(ncsct.co.uk\)](http://ncsct.co.uk)
- NCSCT Community Pharmacy Smoking Cessation Service [NHS Community Pharmacy SCS \(ncsct.co.uk\)](http://ncsct.co.uk)

And any others which are developed.

4.2 Applicable local standards

Please see 3.2.

5. Location of Provider Premises

The Provider's Premises are located at:

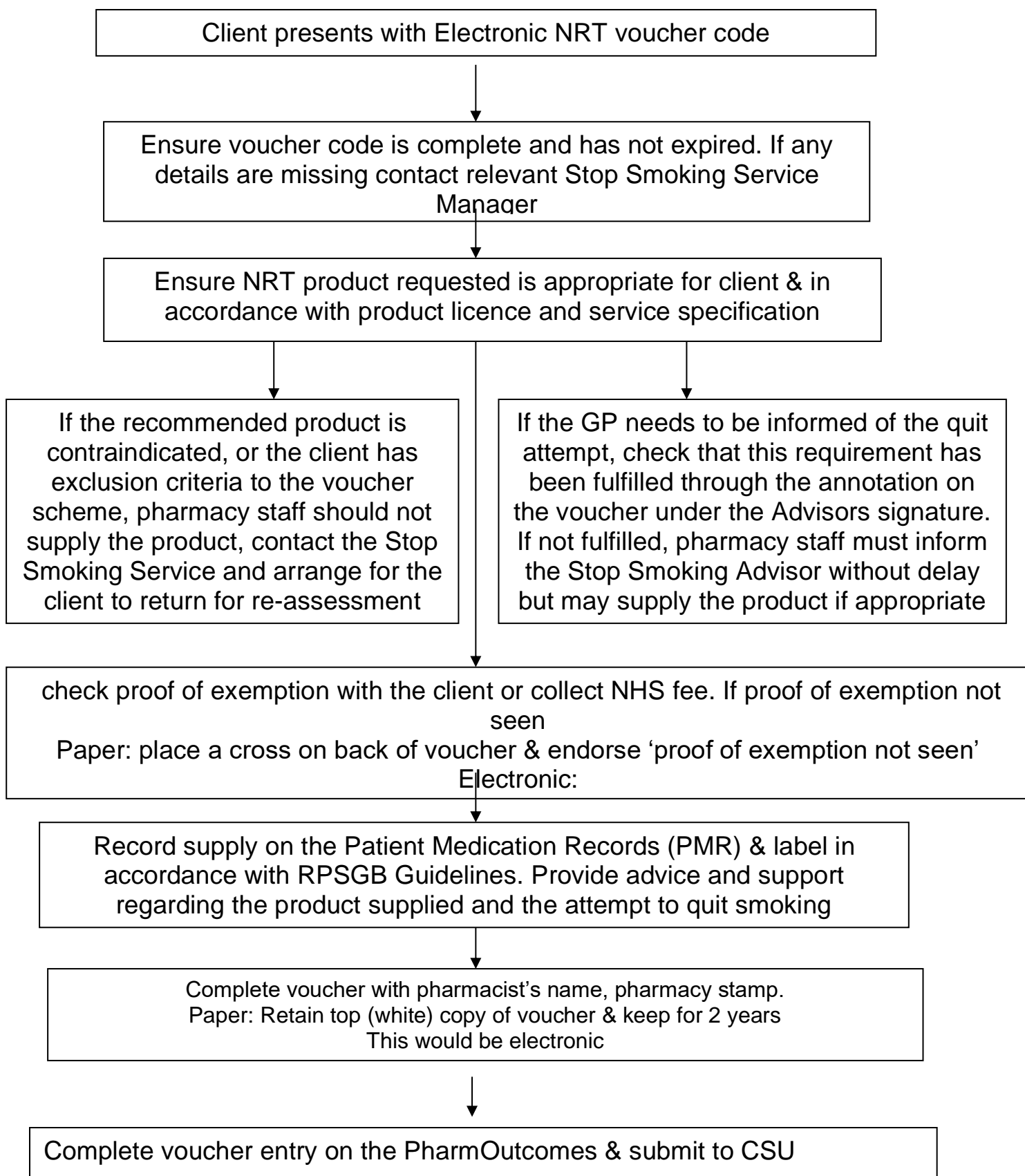
6. Required Insurances

Employers Liability Insurance (£10m)
Public Liability Insurance (£5m)
Clinical Negligence Insurances (£5m)
Professional Indemnity Insurances (£5m)

Appendix 1: LANCASHIRE NRT VOUCHER SCHEME FORMULARY

Product	Strength	Pack Size(s)	Maximum Daily Use	Side Effects
Nicotine Patch 16 hr	25mg 15mg 10mg	7/14 7 7	1 daily	Headache, Dizziness, Palpitations, Reversible Atrial Fibrillation, GI Discomfort, Hiccups, Nausea, Vomiting, Erythema, Urticaria, Itching.
Nicotine Patch 24 hr	21mg 14mg 7mg	7 7 7	1 daily	
Nicotine Gum (Adviser/Pharmacist to discuss flavour preferences with client)	2mg 4mg	96/105 96/105	15 a day	Headache, Dizziness, Palpitations, Reversible Atrial Fibrillation, GI Discomfort, Hiccups, Nausea, Vomiting, Erythema, Urticaria, Sore Mouth Or Throat, Jaw Muscle Ache, Allergic Reactions including Angioedema.
Nicotine Lozenge	2mg 4mg	72/96 72	15 a day	Anaphylactic Reactions, Irritability, Anxiety, Sleep Disorders, Nervousness, Depression, Dizziness, Headaches, Palpitations, Increased Heart Rate, Cough, Sore Throat, Nausea, Mouth Throat And Tongue Irritation, Vomiting, Diarrhoea, GI Discomfort, Flatulence, Hiccups, Heartburn, Dyspepsia, Rash, Fatigue, Malaise, Chest Pain
Nicotine Mini-Lozenge	1.5mg 4mg	20/60 20/60	15 a day	Anaphylactic Reactions, Irritability, Anxiety, Sleep Disorders, Nervousness, Depression, Dizziness, Headaches, Palpitations, Increased Heart Rate, Cough, Sore Throat, Nausea, Mouth Throat And Tongue Irritation, Vomiting, Diarrhoea, GI Discomfort, Flatulence, Hiccups, Heartburn, Dyspepsia, Rash, Fatigue, Malaise, Chest Pain
Cool Lozenge	2mg 4mg	20/80 20/80	15 a day	
Nicotine Inhalator	15mg	36 pack	6 a day	Headache, Dizziness, Palpitations, Reversible Atrial Fibrillation, GI Discomfort, Hiccups, Nausea, Vomiting, Erythema, Epistaxis, Running Nose, Sneezing, Watering Eyes, Coughing, Nasal Congestion
Nicotine Nasal Spray	500 micrograms	1 unit	64 sprays a day	Headache, Dizziness, Palpitations, Reversible Atrial Fibrillation, GI Discomfort, Hiccups, Nausea, Vomiting, Erythema, Epistaxis, Running Nose, Sneezing, Watering Eyes, Coughing, Nasal Congestion
Nicotine Mouth Spray	1 mg	1 unit	64 sprays per day up to 4 per hour	Dysgeusia, Headache, Hiccups, Nausea, Vomiting, Dyspepsia, Oral Soft Tissue Pain, Paraesthesia, Stomatitis, Salivary Hypersecretion, Burning Lips, Dry Mouth, Dizziness, Palpitations, Coughing, Aphthous Stomatitis, Gingival Bleeding, Toothache, Pharyngeal Hypoaesthesia, Chest Pain, Dyspnoea, Reversible Atrial Fibrillation

STANDARD OPERATING PROCEDURE FLOWCHART: LANCASHIRE PHARMACY ENHANCED SERVICE NRT VOUCHER SCHEME



Lancashire Voucher Scheme for the Supply of Nicotine Replacement Therapy (NRT)

AGREEMENT

Period of Agreement:

Period of Notice: 28 days by either party

I apply to be paid for the provision of Nicotine Replacement Therapy supplied at the premises named below, in line with the pharmacy enhanced service NRT voucher scheme service specification.

Name and designation of Pharmacy

Contractor (Block capitals):

Signature of Pharmacy

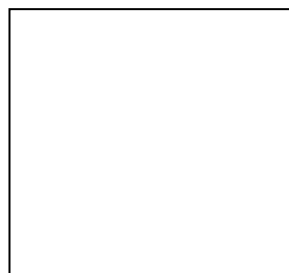
Contractor:

Pharmacy Name:

Pharmacy Address:

Tel No:

Date:



Pharmacy Stamp

Signature of representative

of Commissioning Support Unit :

Date:

Relevant training courses attended/intend to attend within 6 months by supervising pharmacists and accredited pharmacy technicians who work routinely at the premises

Pharmacists Name* (Please print and sign)	Date of course	Intended date of course	Organiser	Title
And Pharmacy Technician** (Please print and sign)				

* By signing this form the pharmacist is declaring that they have completed the CPPE "Stop Smoking" open learning pack OR will complete the pack within 6 months from the date of this form.

**Pharmacy Technicians must have attended the Stop Smoking Service training as a minimum requirement.

Please return a copy to : enhancedserviceslcsu@nhs.net