

Stop Smoking Service	
Standard Operating Procedure (SOP)	
Ref No:	2014
Version:	2
Prepared by: Team Leader Stop Smoking Service	
Presented to: Care and Clinical Policies Group Clinical Director of Pharmacy	Date: 20 June 2018 23 July 2018
Ratified by: Care and Clinical Policies Group Clinical Director of Pharmacy	Date: 20 June 2018 28 September 2018
	Review date: 1 October 2021
Relating to policies:	1936 - Torbay Healthy Lifestyles Service Operational Policy

1. Purpose of this document:

1.1 The purpose of this Standard Operating Procedure is to outline the procedures and processes to enable the successful delivery of the Specialist Stop Smoking Service working with service users. It gives a full account of the service delivered and the processes involved.

2. Scope of this SOP: -

- 2.1 The document relates to all staff within the Stop Smoking and Healthy Lifestyles service as part of the Healthy Lifestyles Service for Torbay in order for them to be compliant with the expectations of service delivery and associated competencies required. Any new members of staff within this service will therefore benefit from a highly valuable document detailing all of the steps involved in service delivery and existing staff members can use the document to ensure consistency in delivery across the service. All service users will therefore be provided with a standardised, evidence based and high quality service from the Stop Smoking Team.
- 2.2 Service users covered – Torbay residents and Non-Torbay residents that are registered with Torbay GP practices.

3. Competencies required:

- 3.1 In addition to a relevant Degree qualification or extensive relevant clinical experience, Specialist Stop Smoking Advisers will have completed National Centre for Smoking Cessation and Training (NCSCT) level two training and additional modules in Mental Health, Pregnancy, Secondary Care and any subsequent modules that may be added. Advisers will gain significant supervised experience prior to commencing lone clinical practice as a Specialist Stop Smoking Adviser.
- 3.2 In accordance with Torbay and South Devon NHS Foundation Trust (TSDFT) policies, all Stop Smoking Advisers will ensure they are fully compliant with the expected levels of mandatory training required for their role and maintain core continuing professional development (CPD) requirements.
- 3.3 All Specialist Stop Smoking Advisers will attend appropriate training sessions in order to maintain quality client support and ensure their practice is evidence based, and in line with developments within the public health field.
- 3.4 Specialist Stop Smoking Advisers will ensure that they are working within TSDFT values.

4. Procedure / Steps

4.1 Referrals process

4.1.1 All referrals to the Healthy Lifestyle Team come through the Torbay Healthy Lifestyles Hub, as described in section 4 of the Torbay Healthy Lifestyles Service Operational Policy (policy number [G1936](#)), hereafter referred to as the Lifestyles Policy.

4.1.2 Clients engaged in a current quit attempt outside of the Specialist Stop Smoking Service. There may be instances where the quit attempt has been initiated by a trained adviser outside of the Stop Smoking Service (e.g. GP or Pharmacy based adviser, Secondary Care clinician). In such cases the external adviser will contact the team as per the previously outlined referral process and an appointment will be arranged to ensure the continuation of care. Any existing monitoring forms will be posted, or scanned and sent, to the Stop Smoking Service. All paper records will be scanned and uploaded to the IT system and any relevant information added to the patient record.

4.1.3 **Pregnancy Referrals.** Contact and treatment processes for pregnant clients are the same as for any client (as per 4.1.1) with the exceptions listed below:

- Specialist advisers update the status of pregnant clients on the IT system by the third Friday of every month or at the time a change in status is known.
- As per the National Institute for Health and Care Excellence (NICE) Guidance ([PH48](#)) the outcomes of referrals for pregnant clients need to be fed back to the referrer. The engagement and outcome data is exported from the IT system and this information is then distributed to the referring team (Midwifery or Health Visiting team) on the last Friday of every month.
- Pregnant clients who do not engage with the service, have not attended appointments or have not responded to attempted contact will be carried forward to the beginning date of their next trimester, when the contact and treatment process is repeated until either contact is made or a period of time 4 weeks past the expected delivery date has elapsed.

4.2 Booking appointments

4.2.1 Clients are allocated an appointment with a stop smoking adviser if they meet the criteria laid out in the Policy (sections 4.4 and 4.7). Stop Smoking Clinics are managed through the client management system and the Healthy Lifestyles Administration Team book people directly into available clinic appointments. Appointments last 30 minutes and can take the form of either telephone or face to face appointments depending on the needs of the client.

4.2.2 Once the appointment is booked and the details recorded in the clinical diary system, the service user is sent a confirmation text containing the details of the appointment (if mobile number is known and consent to text given).

4.2.3 Resources for clinics (see Appendix A) are collected from the office by the adviser.

4.2.4 Clinics are based in the community throughout Torbay at various locations and times to ensure ease of access. All venues are risk assessed and the risk assessment is then added to the shared drive and a copy is kept in the adviser's clinic folder. Advisers are also responsible for maintaining adherence to and updating the risk assessment held on file.

4.2.5 Advisers are responsible for the management of room bookings for their clinics and updating the electronic diary in accordance with changes.

- 4.2.6 With any clinic bookings the Stop Smoking Adviser will follow guidelines and regulations of the premises that they are in i.e.
- Usage of internet
 - Fire drills
 - Leaving room as it was found
 - Giving a list of attending service users to the reception staff if required
 - Management of service user entry and exit
 - Adhering to the risk assessment actions for the venue

4.3 Treatment protocols

- 4.3.1 In line with NICE Guidance & NCSCT recommendations for a standard treatment programme (http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf) service users are offered up to 12 weeks of support and medication, involving an average of 6-8 appointments. The number and timing of appointments will follow recommended NCSCT practice guidelines but will be tailored to the circumstances and needs of each service user and the clinical discretion of the specialist adviser.
- 4.3.2 In line with NICE Guidance & NCSCT recommendations, support (including the provision of additional stop smoking medications and products) may be extended beyond the 12 week treatment period up to a maximum of 24 weeks at the clinical discretion of the Stop Smoking Specialist Adviser. Any extended treatment will be in full compliance with the stated clinical guidance of the products being recommended and with the support of GP or named prescriber.
- 4.3.3 If a service user is not maintaining a quit status (lapsing), is at high risk of returning to smoking (relapse) or is receiving support beyond the standard 12 week treatment programme then a maximum of 2 weeks product at a time is to be recommended. This is to allow closer monitoring and increase engagement with structured support and to reduce potential for unused product.
- 4.3.4 If a service user is attending but does not quit, fails to make progress (as measured in exhaled Carbon Monoxide (CO) readings) or does not engage, the treatment can be concluded at the discretion of the specialist adviser.
- 4.3.5 NCSCT guidance recommends a therapeutic break of 6 months between supported quit attempts. A shorter period may be agreed at the discretion of the Stop Smoking Specialist Adviser and where there is an identified significant and increased health risk of continuing to smoke e.g. during pregnancy, those with COPD, those awaiting surgery, those with a mental health diagnosis or are receiving support for a mental health difficulty, etc.
- 4.3.6 In instances of continued dependence on Nicotine Replacement Therapy (NRT) or where further reduction of NRT is likely to result in relapse to smoking, service users will be advised to discuss the option of long term prescribed NRT or the purchase of over the counter NRT products.
- 4.3.7 In line with current guidance (see guidance and reference resource section below) E-cigarettes & unlicensed nicotine containing products will not be routinely recommended as a first line treatment option. However, where treatment options are explained and the service user expresses a desire to use e-cigarette products in preference to licenced NRT products, specialist advisers can provide appropriate behavioural support in line with a standard treatment programme. Guidance on the use of E-cigarettes as part of a harm-reduction intervention should also be given.

- 4.3.8 If service users commence treatment for nicotine addiction to either licenced or unlicensed nicotine containing products (NRT or E-cigarette) they can be supported if a referral is received from their prescribing GP. Individual circumstances will be clearly recorded on the product recommendation letters and prescribing of any products will be at the continued discretion of the GP or primary prescriber.
- 4.3.9 The Stop Smoking Service will consider supporting service users in cutting down to quit if they are unable or unwilling to undertake abrupt cessation and where there is an identified significant and increased health risk of continuing to smoke e.g. during pregnancy, those with COPD, those awaiting surgery, those with mental ill health, etc. In all instances the service user will be informed that abrupt cessation is the most successful route to quitting. The client & adviser will work to an agreed timeframe (not to exceed 4 weeks post planned quit date) which will require observed consistent reduction of exhaled Carbon Monoxide and / or in the number of cigarettes smoked. A standard treatment period of 12 weeks (or the term of the pregnancy) should still be adhered to, but may be extended in line with previously stated treatment guidelines.
- 4.3.10 In all cases information will be recorded on the clinical system clearly stating all products, quantities and strength (if applicable) that is being recommended and clearly document any clinical decisions relating to the treatment provided as outline above. Notes will also contain specific appropriate justification / explanations for any deviation from the standard treatment protocol.
- 4.3.11 In-line with standard treatment protocols Stop Smoking Advisers will routinely make recommendations for suitable stop smoking medications. Within Torbay products are provided to the client via prescription from their GP practice. Stop smoking advisers will use stop smoking recommendation letters to indicate a recommended product, dose and amount to the GP practice. For face to face appointments completed letters will be given to the client to take into their GP practice. An electronic copy of the recommendation letter will be e-mailed directly to the relevant GP practice when working remotely with the client or where it is not possible to give the client a paper copy. Copies of the letters can be found in the corresponding appendix for each product: Champix (appendix B) Nicotine Replacement Therapy (appendix C) and Zyban (appendix D).

4.4 Client contact

- 4.4.1 **Treatment protocol.** Appointments follow NCSCT standard treatment guidance outlined in the NCSCT standard treatment programme as specified in 4.3.1. Indicative session content can also be found in appendix E. However, due to fixed time slots for appointments the content will be tailored to meet the needs of the client and any clinical guidance.
- 4.4.2 **Treatment Outcome.** The service user's treatment outcome is taken in-line with the Russell Standard at 4 weeks post quit date at the appropriately scheduled appointment and validated by an exhaled Carbon Monoxide reading. Where a face to face appointment is not possible 'self-declared' results may be obtained over the telephone and an exhaled Carbon Monoxide reading should be taken at the next available opportunity. For clients accessing support solely via telephone contact, self-reported smoking status will be recorded. All outcomes are recorded in the outcome fields of the monitoring form on clinical system. Where the treatment status is unknown / lost to follow up (LTFU), standard lifestyles policy will be followed.
- 4.4.3 **Healthy Lifestyles Quiz (HLQ).** As outlined in the Lifestyle policy, all clients accessing support to stop smoking will also be asked to complete the HLQ and review any additional lifestyles advice and guidance it contains. Clients wishing to access wider Lifestyles services will be offered Health

Coach support and appointments booked accordingly.

Lifestyles support can also be provided by stop smoking advisers but consideration must be given to the existing capacity and demand of both services and where necessary priority will be given to maintaining capacity for stop smoking provision.

4.4.4 Variations in standardised treatment

4.4.4.1 Telephone contacts. Service users will usually be offered face to face appointments but can also access telephone support either as their sole mode of access or to supplement face to face contact.

If a service user accesses telephone support they will be called by an adviser to arrange a time for the telephone appointment and it will be scheduled into the clinical diary as normal but noted as telephone support. A text reminder will be sent 24 hours prior to the appointment detailing the time of the telephone contact.

Contact schedules and follow up process will be followed as per face to face contact but an exhaled Carbon Monoxide reading will not be available and a self-declared quit status will be recorded.

During a quit attempt people can switch to / between telephone and face to face support if required. Text or email support can also be provided. Telephone contacts will be recorded in the same way as any other appointment or contact.

Electronic recommendation letters will be generated and emailed over to the relevant surgery in line with Lifestyles policy document processes. A copy of the recommendation letter and any additional information will be uploaded to the patient record.

4.4.4.2 Service users who are accessing other services. If the service user discloses that they are accessing other services for support (mental health services, drug and alcohol workers, care workers, social services, etc.) and they give consent, the adviser may contact their worker and notify them of the service users quit attempt and encourage working together to support the service user across all treatment pathways.

Clients accessing Mental Health services

Where the adviser is unable to make direct contact with the client's key worker a contact letter may be emailed or sent ([see appendix F](#)).

Mood is monitored in all client groups accessing stop smoking services but closer monitoring in clients with mental health difficulties is advised. The service user's mood will be monitored at each contact using client self-disclosure. Where changes occur the standard procedure is to request the client to speak to their GP and or mental health worker. Where appropriate and with client consent the stop smoking adviser may notify the GP and or mental health worker of any notable changes on behalf of the client.

Where the service user wishes to quit using Champix but has a history of significant and / or very recent mental health difficulties a Champix GP query letter will be given for the client to take to their GP ([see appendix G](#)). The service user will also be advised to make an appointment to discuss the use of Champix with their GP.

Young People

Appointments for young people (under 16 years) are available. There is no minimum age to service although NRT is only licenced from 12 years. When engaging with our service the client will be advised to discuss their treatment with their parents / carers but all treatment will be conducted as to maintain confidentiality.

In addition to the completion of the standard monitoring, a contract is completed with the young person (see Appendix H) to ensure they understand the support given and the treatment being recommended.

Standard appointment and treatment procedures apply although some treatment options are precluded to young persons under the age of 18 (e.g. Champix and Zyban)

If the young person discloses that they are accessing other organisations for support (Child and Adolescent Mental Health Services (CAMHS), Children's Services, Drug and Alcohol Services) and they give consent, the adviser will contact their worker and notify them of the young person's quit attempt.

If there are any concerns around a young person Child Safeguarding Policy is followed.

Pregnant service users -

Standard appointment and treatment procedures apply although some treatment options are precluded (e.g. Champix, Zyban, 24hour patches and liquorice gum). The recommendation letter specifically states the service user is pregnant.

Guidance suggests that pregnant service users may require greater levels of support and increased flexibility for the duration of their pregnancy; therefore, regardless of smoking status or length of treatment, pregnant service users can access scheduled support (including access to stop smoking products) until 4 weeks post-delivery.

Advisers will note any changes to smoking status or service engagement on the clinical system and follow procedures for administration as specified in 4.1.3.

Where the service has been made aware of a miscarriage the clinical system is updated and noted in the critical information and removed from the follow up process to ensure no further contact is made (unless requested by the client).

4.5 Cancellation of clinics

4.5.1 Planned cancellations. If a clinic is cancelled in advance the adviser is responsible for notifying the venue and cancelling the relevant entries in the clinic diary and notifying clients (if at short notice).

4.5.2 Emergency cancellations. If a clinic is cancelled as an emergency, an available member of the team will notify the venue and call the service users on the clinic list to re-arrange. Telephone contact by an adviser in lieu of cancelling the appointment will be attempted where possible. Service users requiring support prior to their rearranged appointment will be contacted by a specialist adviser at the earliest opportunity or by the end of the next working day.

4.5.3 Extended cancellations. If a member of staff is likely to be absent for an extended period of time the Team Lead will make alternative arrangements to cover absence.

4.6 Caseload management

4.6.1 Caseload management. Caseload management is conducted via the client management system. Stop Smoking Advisers have their own caseload.

4.6.2 Caseload responsibility. Stop Smoking Advisers are responsible for managing their caseload, ensuring that all open clients are scheduled for regular contact and any clients that do not attend are followed up in a timely manner. The caseload manager screen on the system should be used on a daily basis to review caseloads.

4.6.3 Clinic management. The Stop Smoking Adviser will ensure that they manage their diaries, booked appointments and time effectively, ensuring they arrive prepared for the clinic with the necessary materials, equipment and resources required for their work. Time keeping is important and it is the Stop Smoking Adviser's responsibility to aim to see each client on time and complete the session within the allocated appointment slot.

4.6.4 Diary Management. The Stop Smoking Adviser will book future sessions from one appointment to the next. However, if it suits the client to do so, a long term series of appointments can be scheduled. Within the range of available appointments, sessions are booked to suit the needs of the client in terms of dates, times and location.

4.6.5 Treatment completion. Once a client has completed their course of support and the treatment outcome is known, a GP outcome letter form is completed (see appendix I). The Stop Smoking Adviser will complete an exit HLQ with the client. The exit HLQ is recorded on the IT system and the client is closed on the system.

4.6.6 Did Not Attend (DNA) / LTFU clients. For those service users who do not turn up to scheduled appointments (DNA), the Stop Smoking Adviser will note the DNA on the IT system and make 2 telephone attempts (over 7 days) to contact the client and rearrange their appointment if required. Messages can be left in-line with the Lifestyles policy. Where no contact is made or the given time to respond (2 weeks) has elapsed, the client's record can be closed noting 'Treatment not completed' and an 'Outcome letter to GP – Did not engage' generated and sent to the GP.

4.7 Training and network events Stop Smoking Adviser training and network update events will be scheduled in-line with the requirements of the Lifestyles contract.

4.8 Reporting of Stop Smoking Outcomes

4.8.1 Reporting 4 week quitter outcomes. It is a commissioning requirement that on set dates each quarter local stop smoking data is uploaded to NHS Digital. All data must be accurate and collated for submission on the correct template no later than the dates specified by NHS digital. Email confirmation of successful submission should be received.

4.8.2 Extended Outcome Data. Information beyond 4 week quit data will be obtained in line with wider Healthy Lifestyles schedules and as specified by commissioners. This information, in combination with the 4 week quitter information will be reported to commissioners at the appropriate Quarterly Review Meeting as per the monitoring standards specified below in 5.4.

4.8.3 Targets. The Stop Smoking Service is has annual targets as specified by commissioners. Performance against target will be monitored monthly and reviewed at quarterly review meetings with commissioners and senior Public Health managers.

5 Monitoring

5.1 Service evaluation. The service will be monitored and evaluated as required by the performance management system and service specification. Service user feedback is requested at the end assessment offering the client the opportunity to raise any concerns or convey positive comments. Informal feedback is encouraged throughout. This information is collated anonymously alongside Trust evaluation tools (e.g. the Friends and Family questionnaire) and used to inform and improve service delivery.

5.2 Quality assurance and review. Members of the team receive annual appraisals with their line manager and part of this process ensures that mandatory training is completed. Additional training is offered to staff members as deemed appropriate and the appraisal offers an opportunity to discuss and agree a pathway of personal development, whilst ensuring the levels of knowledge, skills and expertise are maintained.

5.3 Governance. The stop smoking service element of the Lifestyles team is subject to oversight via quarterly governance meetings. Governance meetings are fully minuted and provide internal assurance that the delivery of the service is in line with applicable Trust governance policy and that operational standards including complaints and information governance are monitored and maintained. Links below:

Complaints:

<https://icon.torbayandsouthdevon.nhs.uk/areas/complaints/Pages/default.aspx>

Clinical Effectiveness :

<https://icon.torbayandsouthdevon.nhs.uk/areas/clinical-audit-effectiveness/Pages/default.aspx>

Information Governance :

<https://icon.torbayandsouthdevon.nhs.uk/areas/information-governance/Pages/default.aspx>

5.4 Monitoring standards

5.4.1 Summary performance indicators used in commissioning quarterly review meetings.

Stop Smoking

Indicator	Outcome
10.1. Number setting a quit date	Minimum 400.
Number of 4 week quitters at discharge	Minimum 200
Number and % of 4 week quitters at discharge who have been CO verified	85%
10.2 GP report	Have we submitted Y/N
10.3 Pharmacy report	Have we submitted Y/N

5.4.2 Quarterly update template. Please see appendix J

6.0 Equality Statement.

The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Trusts Equality and Diversity Policies: <https://icon.torbayandsouthdevon.nhs.uk/areas/equality-and-diversity/Pages/policies-and-procedures.aspx>

Key reference materials

- NCSCT NICE guidance reference list for smoking cessation and tobacco control: http://www.ncsct.co.uk/pub_nice-guidance.ph
- NCSCT standard Treatment Programme for smoking cessation and behavioural interventions : http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf
- NCSCT service delivery guidance for smoking cessation within specialist stop smoking services : http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf
- NCSCT Public Health & department of Health reference list for smoking cessation and tobacco control: http://www.ncsct.co.uk/pub_dh-Guidance.php

Additional reference materials

- Varenicline for Smoking Cessation (NICE, 2007)
- Workplace Health Promotion: How to Help Employees to Stop Smoking (NICE, April 2007) Smoking Cessation Services (NICE guidance 10)
- Tobacco: harm-reduction approaches to smoking (NICE PH45, June 2013) Smoking cessation - supporting people to stop smoking (NICE QS43)
- Behaviour Change at Population, Community and Individual Levels (NICE, October 2007)
- Brief Interventions and Referral for Smoking Cessation in Primary Care and Other Settings (NICE, March 2006)
- Helping Smokers to Stop: Guidance for Pharmacists in England. McRobbie, H. & McEwen, A. (NICE, 2005) How to Stop Smoking in Pregnancy and Following Childbirth (NICE, June 2010)
- Preventing the Uptake of Smoking by Children and Young People (NICE, July 2008)
- School-based Interventions to Prevent the Uptake of Smoking Among Children and Young People (NICE, February 2010)

The last accessed date for all reference materials included in this document 02/07/2018

Appendices:

- Appendix A [List of resources for clinic](#)
- Appendix B [Champix recommendation letter](#)
- Appendix C [Nicotine Replacement Therapy recommendation letter](#)
- Appendix D [Zyban Recommendation Letter](#)
- Appendix E [Indicative session content](#)
- Appendix F [Letter to mental health worker](#)
- Appendix G [Champix GP Query letter](#)
- Appendix H [Young person contract](#)
- Appendix I [GP outcome letter](#)
- Appendix J [Stop Smoking quarterly upload document template](#)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1		2 March 2017	3 Month Extension until 1.5.17	Care and Clinical Policies Group
1	Ratified	5 January 2018	Review Date Extended	Care and Clinical Policies Group
2	Ratified	1 October 2018	Revised	Care and Clinical Policies Group Clinical Director of Pharmacy

Appendix A

List of resources for clinic

Indicative resources required for clinics :

- Carbon Monoxide (CO) monitor
- Supply of disposable single use tubes
- Non-alcohol Wipes
- Non alcohol hand cleanser (if hand washing facilities are not available)
- Recommendation letters for Champix / NRT / Zyban: appendix B, C & D (blank letter templates)
- Champix product information sheet
- GP query suitability for Champix letter : appendix G (blank letter template)
- Product lists
- Pens
- A selection of leaflets – e.g. 50 blooming good reasons, stop before the op, etc.,
- Appointment cards
- Lifestyles card
- GP outcome letter : appendix I (blank letter template)
- GP contact details
- GP mental health Champix : appendix F (blank letter template)

Champix Recommendation letter



Torbay and South Devon **NHS**
NHS Foundation Trust

Torbay Stop Smoking Service
St Edmunds
2nd Floor
Victoria Park Road
Torquay
TQ1 3QH
Tel: 0300 456 1006 (local rate)
stopsmoking.torbay@nhs.net

Please be aware the stop smoking service number has recently changed to 0300 456 1006.

This letter is **ONLY** a recommendation for the patient to be considered for VARENICLINE (CHAMPIX®).

Dear: _____ Date Sent: _____
Client Name: _____ Date of Birth: _____
Client Address: _____ CO Reading: _____

The above patient has attended a smoking cessation clinic and meets the following criteria as set out in the "Guidance and Prescribing Schedule".

- Motivated to stop now
- Willing to have face to face contact with a specialist adviser on a weekly basis for the first 8 weeks of their quit attempt
- No contraindications (see Guidance and Prescribing Schedule)

Please provide this patient with a supply of varenicline (Champix®) as stated below. For further guidance on prescribing varenicline (Champix®) please refer to "Guidance and Prescribing Schedule".

Please note we do not have access to medical history; therefore, there may be additional information that is pertinent to the prescribing of these products.

Treatment required <input checked="" type="checkbox"/>	Request Number	Week number	Medication Required	Quantity required
	First	1	0.5 mg and 1 mg STARTER PACK	2 weeks (25 tablets) starter pack)
	Second	3	1 mg twice daily MAINTENANCE PACK	2 weeks (28 tablets)
	Third	5	1 mg twice daily MAINTENANCE PACK	4 weeks (56 tablets)
	Fourth	9	1 mg twice daily MAINTENANCE PACK	4 weeks (56 tablets)

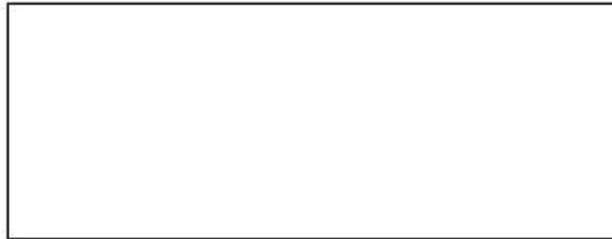
The patient will be attending weekly appointments with the specialist service, for at least an eight week period. If you feel you would like to discuss any of the information provided please contact me on the above phone number.

Do not issue repeat prescription until another recommendation letter has been received. This is to ensure patient is getting the relevant behavioural support from a Specialist Adviser.

Thank you

Specialist Stop Smoking Adviser

Nicotine Replacement Therapy Recommendation letter



Torbay and South Devon 
NHS Foundation Trust
Torbay Stop Smoking Service
St Edmunds
2nd Floor
Victoria Park Road
Torquay
TQ1 3QH
Tel: 0300 456 1006 (local rate)
lifestylstorbay@nhs.net |

Please be aware the stop smoking service number has recently changed to 0300 456 1006.

This letter is **ONLY** a recommendation for the patient to be considered for NRT (Nicotine Replacement Therapy).

Date Sent:
Dear _____ Date of Birth:
Client Name: _____ CO Reading:
Client Address: _____

I have discussed smoking cessation treatments with this patient at our clinic/group today. I confirm that this patient will be receiving support from myself and would therefore be grateful if you would consider prescribing the product or products listed below.

If patient is prescribed the requested medication please do not issue repeat prescription until another recommendation letter has been received. This is to ensure patient is getting the relevant behavioural support from a Specialist Adviser.

Currently Licensed Products in the UK & Manufacturer	Tick	Flavour	Dosage for week 1 & 2	Dosage for week 3 & 4	Dosage for weeks 5, 6, 7 & 8	Dosage for weeks 9, 10, 11, 12	Dosage for weeks.....
Patch							
Nicorette ®			10mg				
			15mg				
			25mg				
NiQuitin CQ ®			7mg				
			14mg				
			21mg				
Gum							
Nicotinell			2mg				
			4mg				
Lozenge							
NiQuitin CQ ®			2mg				
			4mg				
Mini Lozenge							
NiQuitin CQ			1.5mg				
			4mg				
Other							
Nicorette ® Microtab			2mg				
Nicorette ® Inhalator			15mg				
Nicorette ® Nasal Spray			10ml				
Nicorette Quickmist			13.2ml				
NiQuitin Strips			2.5mg				

If you feel you would like to discuss any of the information provided please contact me on the above phone number.

Thank you

Specialist Stop Smoking Adviser

ADDITIONAL NOTES

Please note we do not have access to medical history; therefore, there may be additional information that is pertinent to the prescribing of these products.

Zyban Recommendation letter

Please note we do not have access to medical history; therefore, there may be additional information that is pertinent to the prescribing of these products.

Torbay and South Devon 

NHS Foundation Trust

Torbay Stop Smoking Service
 St Edmunds
 2nd Floor
 Victoria Park Road
 Torquay
 TQ1 8QH
 Tel: 0300 456 1006 (local rate)
 e-mail: lifestylestorbay@nhs.net

This letter is ONLY a recommendation for the patient to be considered for BUPROPIAN (ZYBAN).

Dear: _____ Date Sent : _____
 Client Name: _____ Date of Birth: _____
 Client Address: _____
 Postcode _____ NHS Number: _____
 CO Reading: _____

The above patient has attended a smoking cessation clinic and meets the following criteria as set out in the "Guidance and Prescribing Schedule".

- Motivated to stop now
- Willing to have fact to face contact with a specialist advisor on a weekly basis for the first 8 weeks of their quit attempt
- No contraindications (see Guidance and Prescribing Schedule)

Please provide this patient with a supply of Bupropion (Zyban) as stated below. For further guidance on prescribing Bupropion (Zyban) please refer to "Guidance and Prescribing Schedule".

Treatment required (X)	Request Number	Week Number	Medication Required	Quantity required
	First	1	Day 1-6 150mg daily Day 7 onwards 150mg twice daily STARTER PACK	2 weeks (22 tablets)
	Second	3	150mg twice daily MAINTENANCE PACK	2 weeks (28 tablets)
	Third	5	150mg twice daily MAINTENANCE PACK	2 weeks (28 tablets)
	Fourth	7	150mg twice daily MAINTENANCE PACK	2 weeks (28 tablets)

The patient will be attending weekly appointments with the specialist service, for at least an eight week period. If you feel you would like to discuss any of the information provided please contact me on the above phone number.

Do not issue repeat prescription until another recommendation letter has been received. This is to ensure patient is getting the relevant behavioural support from a Specialist Adviser.

Thank you

Specialist Stop Smoking Adviser



Indicative content stop smoking support sessions - Typical content for the specified sessions are indicative and will vary dependent on client need. Full guidance is available here: http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf).

First Appointment – Normally Pre-Quit

- Assess readiness to quit
- Inform about treatment programme Assess current smoking
- Assess past quit attempts
- Explain Nicotine dependence and assess level of nicotine dependence CO monitoring
- Explain the importance of complete abstinence Discuss withdrawal symptoms
- Discuss Medications – Go through Checklist and Champix checklist if chooses to use Champix. If triggers a point on the general checklist write on recommendation letter to highlight this fact to GP (GP will also have all medical records) and make client aware that stopping smoking could affect medication and recommend client speaks to GP regarding this and in the case of insulin dependent Diabetes monitor blood more regularly.
- Set Quit date (not for Champix at this point) Discuss Changes in routine
- Discuss how to address the issue of the service users smoking contacts and how the service user can get support during their quit attempt
- Discuss preparation and summarise
- Give first recommendation letter or letter for GP / explain process if sending electronic copy by email
- Arrange schedule for further appointments & book next appointment

Follow up appointments – There will be between 6-8 appointments over the 12 week treatment period. The schedule changes with more intense weekly support being offered over in the initial period moving to a maximum of 4 weeks prior to any final appointment. The schedule is however flexible and will be tailored to meet client need. Telephone contact may also be used to supplement face to face contact.

- Check on progress CO monitoring
- Set quit date if on Champix
- Confirm has enough medication and sort more if necessary, and assess that is happy and confident on products and how to use.
- Discuss withdrawal symptoms and craving/urges to smoke and how they have been or could be dealt with
- Discuss any difficult situations experienced and methods of coping
- Address any potential high risk situations that are coming up
- Discuss plans and summarise
- Give recommendation letter if required explain process if sending electronic copy by email
- Arrange schedule for further appointments & book next appointment

Final Appointment

- Check on progress CO monitoring
- Confirm service user is happy to come off products/ finish support Congratulate on being smoke free
- Discuss the importance of continued complete abstinence and effects on addiction of 'just the one'.
- Advise can call if experiences any problems/concerns

Letter to mental health worker

Torbay and South Devon 
NHS Foundation Trust

Torbay Stop Smoking Service
St Edmunds
2nd Floor
Victoria Park Road
Torquay
TQ1 8QH
Tel: 0300 456 1006
e-mail: lifestvlstorbav@nhs.net

Date: //

Dear

I am currently supporting your client in an attempt to quit smoking.

They have chosen to use

- Nicotine Replacement Therapy
 Champix

I understand that they are currently seeing you, they are aware that I am contacting you and are happy for me to do so.

As I am sure you are aware the metabolism of some medications can change following stopping smoking and guidance therefore suggests increased monitoring may be required.

If you have any questions or feel there is any information that I should be aware of to best support your client in quitting smoking please call 0300 456 1006 (Phone lines are open Monday – Friday 9-5). I look forward to working with you to give the best chance of success in this quit attempt.

Yours Sincerely

Specialist Stop Smoking Adviser
Torbay Stop Smoking Service

Champix GP Query letter

Torbay and South Devon 
NHS Foundation Trust

Torbay Stop Smoking Service
St Edmunds, 2nd Floor
Victoria Park Road
Torquay
TQ1 8QH
Tel: 0300 456 1006
e-mail: lifestvlestorbav@nhs.net
Data:

Dear Dr

I am currently supporting your patient in an attempt to quit smoking and have agreed that a course of Varenicline (Champix) would probably offer the best chance of success. However, we have also discussed a possible history of difficulties that are cautioned with this drug and therefore I am referring this patient to you for an assessment of suitability for this product.

Many thanks

Yours sincerely

Stop Smoking Specialist Advisor
Torbay Stop Smoking Service



Young person contract

Name _____ DOB _____
 NHS number _____ SPOC number _____

Young Persons Stop Smoking Contract

Congratulations on making the decision to be healthier and wealthier!

Below is a contract to complete to ensure that you have a good understanding of what is involved in quitting smoking and expressing your commitment to stopping smoking.

I have decided that I want to stop smoking because;-

Have your parents been told that you are stopping smoking, or are you intending on telling them?

Yes No

Where do you usually get your tobacco from?

Older friends buy it for you Older friends fetch it for you Family Shop
 Someone selling cheap tobacco Prefer not to say Other (please state) _____

What services are you currently accessing? (e.g. Children's Services/social services, drug and alcohol services, checkpoint, CAMHS)

Name of service	Name of person you see	Consent to contact and share details

Name and telephone number of Parent or Guardian that you are happy for us to speak to regarding your stopping smoking? (We will not speak to a parent or guardian without your permission. Should you choose to tell your parents/guardians about quitting smoking it can be useful to have these details to ensure that they have a good understanding of what is involved so they can support you).

Name of an adult from school that you trust and are happy for us to speak to? (This helps if we haven't been able to speak to you or you have not been at school for an appointment to get a message to you and get feedback as to how you are doing).

Name _____ DOB _____
NHS number _____ SPOC number _____

Please read and discuss the following statements and with your adviser, and please tick the boxes if you agree with the statement.	Please Tick
This is a confidential service; any information I give will not be shared without my consent unless there are concerns for my safety or the safety of anyone else. I will be informed if it is necessary for information to be shared.	
I have been advised to inform my parents that I am quitting smoking and receiving support but understand that it is my choice.	
I understand the advice I have been given regarding stopping smoking and what to expect when quitting. Withdrawal symptoms have been discussed.	
I understand that stop smoking support involves regular follow ups over a 12 week period and I agree to attend follow up appointments.	
I understand how the nicotine replacement therapy works and how to take it. I will read the information that comes with the medications and I will contact my doctor or pharmacist if I am concerned about any side effects.	
I have received the nicotine replacement information leaflet.	
I have received the Smokefree booklet.	
I understand that the nicotine replacement therapy is a medication that has been recommended to me following an appointment and has been based on my medical history and how I smoke and should not be given to anyone else.	
I understand that continuing to smoke will have a damaging effect on my health and fitness. One in two smokers will die from smoking related diseases.	
I understand that it is not recommended to smoke or use other products containing nicotine e.g. e-cigs or vaping devices while I am using Nicotine Replacement Therapy as this could increase my nicotine addiction and/or cause me to get too much nicotine, causing headaches, sickness and dizziness (If this happens I should stop all nicotine, including e-cig/vaporiser, and contact my pharmacist or doctor and let my adviser know).	

Name _____ DOB _____
NHS number _____ SPOC number _____

<p>I understand that;</p> <ul style="list-style-type: none"> • E-cigarettes/Vapouriser's are not recommended by the NHS as the long term effects of them aren't known and it is not clear whether they are effective at getting people to be addiction free. • They are not recommended for use with people younger than 18 and the law is set to change to support this. • Evidence currently suggests that they are a safer alternative to a cigarette but that does not mean that they are without risks. • Prescribed products are proven to be effective and safe and the use of these is encouraged over using e-cigarettes. 	
<p>I understand that stopping smoking also involves planning and making changes to habits and behaviour. Nicotine replacement therapy will not stop me smoking without me making changes.</p>	

CLIENT SIGNATURE (indicating that all answers given are accurate, indicating that you understand what treatment involves and that you consent to treatment)

Signature.....
Date.....

ADVISER SIGNATURE (indicating that the adviser has gone through the form with the young person, ensuring there has been opportunity for the young person to say if they do not understand anything)

Signature.....
Date.....

If anything changes during the course of treatment the form will be amended and initialled.

GP Outcome letter

GP Surgery:
Mr / Mrs / Miss / Ms:
D.O.B. // //

Torbay and South Devon 
NHS Foundation Trust

Torbay Stop Smoking Service
Lifestyles Team
St Edmunds, 2nd Floor
Victoria Park Road
Torquay
TQ1 3QH

Tel: 0300 456 1006

Date: _____

**Torbay Stop Smoking Service
Confidential**

Dear Dr

Re: Outcome for patient receiving smoking cessation support

I am writing to inform you that your patient named above has recently been supported in an attempt to stop smoking by a specialist adviser and has;

- Quit at 4 weeks from//.....//..... and is still undertaking their course of pharmacotherapy
- Quit at 4 weeks from//.....//..... and should have completed their course of pharmacotherapy
- Not quit at this moment in time and does not need further pharmacotherapy
- Not returned for further appointments and is lost to our monitoring

If you have any queries regarding this matter please do not hesitate to contact the Stop Smoking Service on 0300 456 1006.

Many thanks for your support.

Yours sincerely

Stop Smoking Specialist Adviser



Partners in Care



Stop Smoking quarterly upload document template



Stop Smoking Services Quarterly Monitoring Return 2017/18

Please use this form to submit your local authority's Stop Smoking Services quarterly return. It is important that this return is submitted to NHS Digital within the specified deadline.

Guidance on how to complete this form is provided below. Submission deadlines, links to Statistics on NHS Stop Smoking Services reports and other related resources can be found on the Stop Smoking Services homepage:

<http://content.digital.nhs.uk/stopsmoking>

If you require any further information on completing this form please contact us on 0300 303 5678 or email:

data.collections@nhs.net

Public Health England provides guidance to support effective local planning and delivery of Stop Smoking Services. The latest guidance is here:

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

Quarter to which this return relates

1 April to 30 June 2017 (Q1)	<input type="text" value="X"/>	1 October to 31 December 2017 (Q3)	<input type="text"/>
1 July to 30 September 2017 (Q2)	<input type="text"/>	1 January to 31 March 2018 (Q4)	<input type="text"/>

Please note that submissions in subsequent quarters should all be made using this same workbook.

NOTES FOR COMPLETION:

General guidance:

1. Please complete all sections of the form by entering data into all white cells except for the "Exception reason" fields (unless requested). When the number is zero please enter '0'.
2. Please ensure that your data matches the definitions as shown on the "Definitions" sheet.
3. If a person sets more than one quit date in the quarter, the details of each attempt should be recorded on the form.
4. Pregnant women should be included in all sections of the form, only being separately identified in section 1C.
5. Notes specific to a section are provided at the bottom of the section.

Data validation:

1. The number of people quitting must not exceed the number setting a quit date. Automatic data validation will prevent this.
2. Outlying self-reported quit rates will generate a warning in column K. Please follow the exception reporting procedure as detailed in the Exception reporting section of the "Definitions" sheet and then enter an exception reason in the required cell. This will remove the warning. Please note that exception reasons will be included in the report so please only enter a reason you are prepared to see published. In particular please ensure you do not refer to any individuals by name.
3. Missing data and totals that do not match will generate a warning in column K.
4. When you have completed the form please check cell K1. If there are any unresolved warnings, due to missing data, unmatched totals or outlying rates without exception reasons, it will display "CHECK COLUMN K". Please check and resolve all warnings. Submissions with warnings will be rejected on upload.

Submission:

Guidance on submitting data via the Strategic Data Collection Service (SDCS) is available here:

http://content.digital.nhs.uk/media/21771/SCDS-general-guidance/pdf/SDCS_General_Guidance.pdf

You can amend and resubmit your data at any point before the submission deadline. If it is after the deadline and you want to make changes to your submission please email:

data_collections@nhs.net

Part 1 - Summary data for individual clients

Part 1A Number of people setting a quit date and successful quitters¹ by ethnic category² and gender³

Ethnic category and gender	(1) Males setting a quit date	(2) Females setting a quit date	(3) Total persons setting a quit date	(4) Males successfully quit	(5) Females successfully quit	(6) Total persons successfully quit
----------------------------	----------------------------------	------------------------------------	--	--------------------------------	----------------------------------	--

a White

01 British			0			0
02 Irish			0			0
03 Any other White background			0			0
04 Sub-total	0	0	0	0	0	0

b Mixed

05 White and Black Caribbean			0	0	0	0
06 White and Black African			0	0	0	0
07 White and Asian			0	0	0	0
08 Any other mixed background			0	0	0	0
09 Sub-total	0	0	0	0	0	0

c Asian or Asian British

10 Indian			0			0
11 Pakistani			0			0
12 Bangladeshi			0			0
13 Any other Asian background			0			0
14 Sub-total	0	0	0	0	0	0

d Black or Black British

15 Caribbean	0	0	0	0	0	0
16 African	0	0	0	0	0	0
17 Any other Black background	0	0	0	0	0	0
18 Sub-total	0	0	0	0	0	0

e Other ethnic groups

19 Chinese	0	0	0	0	0	0
20 Any other ethnic group	0	0	0	0	0	0
21 Sub-total	0	0	0	0	0	0

f Not Stated

22 Not Stated			0			0
23 Total	0	0	0	0	0	0

Notes:

- See Outcomes section of "Definitions" sheet
- The ethnicity as specified by the person using the 16+1 ethnic data categories as defined in the 2001 census (the national mandatory standard for the collection and analysis of ethnicity):

<http://webarchive.nationalarchives.gov.uk/+/http://www.isb.nhs.uk/library/dscn/dscn2000/212000.pdf>

- For details on recording patients who are of indeterminate sex see Gender section of "Definitions" sheet.

Part 1B: Number of people setting a quit date by age¹, gender² and outcome³ at 4 week follow-up

	(7) All ages	(8) Under 18	(9) 18-34	(10) 35-44	(11) 45-59	(12) 60 and over
Males						
24	Total number setting a quit date in the quarter	0	0	0	0	0
25	Number who had successfully quit (self-report)	0				
26	Number who had not quit (self-report)	0				
27	Number not known/lost to follow-up	0				
28	Number who had successfully quit (self-report), where non-smoking status confirmed by CO validation	0				

	(13) All ages	(14) Under 18	(15) 18-34	(16) 35-44	(17) 45-59	(18) 60 and over
Females						
29	Total number setting a quit date in the quarter	0	0	0	0	0
30	Number who had successfully quit (self-report)	0				
31	Number who had not quit (self-report)	0				
32	Number not known/lost to follow-up	0				
33	Number who had successfully quit (self-report), where non-smoking status confirmed by CO validation	0				

Notes:

1. Age group should be based on age at quit date.
2. For details on recording patients who are of indeterminate sex see Gender section of "Definitions" sheet.
3. See Outcomes section of "Definitions" sheet

Part 1C: Number of pregnant women¹ setting a quit date and outcome² at 4 week follow-up

	(19) Number	
34	Total number setting a quit date in the quarter	0
35	Number who had successfully quit (self-report)	
36	Number who had not quit (self-report)	
37	Number not known/lost to follow-up	
38	Number who had successfully quit (self-report), where non-smoking status confirmed by CO validation	

Notes:

1. Pregnant at the time of the quit date.
2. See Outcomes section of "Definitions" sheet

Part 1D Number of people setting a quit date and successful quitters¹ receiving free prescriptions²

	(20) Number setting a quit date	(21) Number successfully quit
39 Number eligible who received free prescriptions		

Notes:

1. See Outcomes section of "Definitions" sheet
2. Only include those people who are able to prove that they are eligible to receive free prescriptions.

Part 1E: Number of people setting a quit date and successful quitters¹ by socio-economic classification²

	(22) Number setting a quit date	(23) Number successfully quit
40 Number of full time students		
41 Number who have never worked or unemployed for over 1 year		
42 Number who have retired		
43 Number sick/disabled and unable to return to work		
44 Number of home carers (unpaid) ¹		
45 Number in managerial and professional occupations ²		
46 Number in Intermediate occupations ³		
47 Number in Routine and manual occupations ⁴		
48 Number in prison		
49 Unable to code		

50 Total number of people setting a quit date and successful quitters during the quarter	0	0
--	---	---

Notes:

1. See Outcomes section of "Definitions" sheet.
2. See Socio-economic classification section of "Definitions" sheet.
3. Any prisoner setting a quit date should be recorded under the 'Prisoner' category in Part 1E rather than under the socio-economic classification of their last job.
4. Anyone who has been unemployed for less than 1 year should be recorded under their previous occupational code.

Part 1F: Number of people setting a quit date and successful quitters by pharmacotherapy treatment type¹ received² during their quit attempt

	(24) Number setting a quit date	(25) Number successfully quit
51	Number of people using only one form of licensed nicotine containing product (NRT) ³ at a time, at any one point during their quit attempt	
52	Number of people using two or more forms of NRT ⁴ at the same time at any time during their quit attempt	
53	Number who used bupropion (Zyban) only during their quit attempt.	
54	Number who used varenicline (Champix) only during their quit attempt.	
55	Number of people who switched between any or all of the following during a single quit attempt but did not use them at the same time : NRT, varenicline (Champix), bupropion (Zyban).	

56	Number of people who used a licensed medication ³ (NRT, varenicline (Champix) or bupropion (Zyban)) at the same time as an unlicensed nicotine containing product ³ (such as unlicensed electronic cigarettes) at any time during their quit attempt.	
57	Number of people who started using either a licensed medication (NRT, varenicline (Champix) or bupropion (Zyban)) or an unlicensed nicotine containing product (such as unlicensed electronic cigarettes) and then switched to the other during a single quit attempt and did not use them at the same time .	
58	Number of people who only used unlicensed nicotine containing products (such as unlicensed electronic cigarettes) and no licensed medication during their quit attempt.	
59	Number of people who did not receive or use any form of stop smoking medication or unlicensed nicotine containing product (such as unlicensed electronic cigarettes) at any point during their quit attempt.	

60	Number of people where a treatment option was not recorded ⁵ during their quit attempt.		
61	Total number of people setting a quit date and self-reported four-week quitters during the quarter	0	0

Notes:

1. **Clients should be recorded against only one of the pharmacotherapy treatment types above.** Where a client has used more than one of the treatment types (e.g. a client uses a patch and mouth spray in the first two sessions (treatment type #51) then just a patch in the third session (treatment type #52)) please count only the main one ('main' is defined as the one that has been used the most) in Part 1F. If this is not possible, please use the one recorded at the contact when the quit date was set.
2. Obtained by prescription, purchase or supply free of charge.
3. See Pharmacotherapy treatment section of "Definitions" sheet.
4. Please note there is no place in Part 1F to record clients who used Zyban and Champix in combination since this is not licensed. In the scenario of a smoker initially attempting to stop with Zyban who is unsuccessful and who then attempts to stop again with Champix instead, this should be treated as two separate treatment episodes and therefore two separate data entries. If this is not possible, please use the one recorded at the contact when the quit date was set.
5. If a client is lost to follow-up at 4 weeks and it is not known if they received NRT, bupropion (Zyban), Champix (varenicline) or an unlicensed Nicotine Containing Product then they should be included at "Number where treatment option not known".

Part 1G: Number of people setting a quit date and successful quitters by intervention type¹

	(26) Number setting a quit date	(27) Number successfully quit	(28) Reason for exception
62	Number who attended closed groups (Structured, multi-session group courses with pre-arranged start and finish dates and a pre booked client group)		
63	Number who attended open groups (sometimes called rolling groups) that have fluctuating membership and are ongoing		
64	Number who attended drop-in clinics (multi-session support)		
65	Number who attended one to ones (structured, multi-session support)		
66	Number who attended family/ couples groups (structured, multi-session support for small family groups or couples)		

67	Number dealt with through telephone support sessions			
68	Other (please describe) not recorded			
69				
70				
71	Total number of people setting a quit date and successful quitters during the quarter	0	0	

Notes:

- Where a client has used more than one intervention type, please count only the main one ('main' is defined as the intervention type that has been used the most) in Part 1G. If this is not possible, please use the one recorded at the contact when the quit date was set.
- If the quit rate is outside the expected range of 35-70% you will be asked to enter an exception reason. See Exception reporting section of "Definitions" sheet for further details.

Part 1H: Number of people setting a quit date and successful quitters by intervention setting¹

	(29) Number setting a quit date	(30) Number successfully quit	(31) Reason for exception
72	Community setting <i>Any community setting that is not described by any of the options below including where the intervention is delivered in the client's own home.</i>		
73	Community psychiatric setting <i>Any primary care psychiatric setting that is not described by any of the options below including where the intervention is delivered in the client's own home.</i>		
74	Hospital setting <i>Any treatment delivered in a secondary care setting, be this inpatient, outpatient, ward or clinic.</i>		
75	Psychiatric hospital setting <i>Any treatment delivered in a psychiatric secondary care setting, be this inpatient, outpatient, ward or clinic.</i>		
76	Pharmacy setting <i>Any treatment delivered from a pharmacy setting.</i>		

77	Dental setting Any treatment delivered from a dental setting.				
78	General practice setting Any treatment delivered from a general practice setting.				
79	Maternity setting Any treatment delivered in a maternity setting.				
80	Children's centre setting Any treatment delivered in a children's centre setting.				
81	School setting Any treatment delivered in a school setting.				
82	Prison setting Any treatment delivered in a prison setting.				
83	Military base setting Any treatment delivered on a military base.				
84	Workplace setting Any treatment delivered in a workplace setting.				

Other (please describe)					
85	not specified				
86					
87					
88	Total number of people setting a quit date and successful quitters during the quarter		0	0	

Notes:

1. Please note that the setting recorded should be the setting where the majority of care has been provided and not the setting in which the treatment was initiated.
2. Please **do not** be use the staff group that provide interventions in these settings as a proxy for the intervention setting (e.g. pharmacy staff as a proxy for pharmacy setting)
3. If the quit rate is outside the expected range of 35-70% you will be asked to enter an exception reason. See Exception reporting section of "Definitions" sheet for further details.

Part 2: Summary financial information on smoking cessation services

Part 2A: Financial allocations for the year

(32)

Type of allocation	£
89 LA allocation for smoking cessation for year excluding pharmacotherapies	

Note:

This is the total funding allocated to the delivery of stop smoking services for the full year. It includes monies allocated to cover the salaries of staff employed to deliver stop smoking services including staff training, continuing professional development and other activities to increase the quality of the service. It includes any money allocated for the delivery of quits, including those which are delivered by subcontracted providers where these are reported through this data collection, for example SLAs with GPs or pharmacies. It includes monies allocated to wider tobacco control, where the intended purpose is to increase attendance at stop smoking services. It does not include the cost of pharmacotherapy. It does not include monies allocated to activities such as trading standards or enforcement activities where this is not directly intended to increase attendance at stop smoking services. This figure is entered at the start of the year and as it is the total allocation for the year should not change from quarter to quarter.

Part 2B: Cumulative total spend on smoking cessation services in the year up to the end of the quarter (£)

(33)

90 Cumulative spend on delivery of stop smoking services. This excludes the cost of pharmacotherapies, which should be included in row 91 and other monies allocated to smoking cessation, which should be included in row 92, including any underspend carried over from the previous year.	
91 Total cost of pharmacotherapies issued as part of this service for the year to the end of the Quarter (see note below). If you cannot accurately report this information and feel confident to provide an accurate estimate for this total then please do, noting that this is an estimate in the comments box. If you cannot provide accurate information and feel unable to provide a sufficiently accurate estimation then please enter a zero and provide any comments in the comments box.	

Reason:

92 Other monies allocated to smoking cessation (see note below), including any underspend carried over from the previous year	£	-
93 Total cumulative spend (see note below)	£	-

Note:

90 - This is the actual spend covering the delivery of stop smoking services for the year to date. It includes any money spent that is drawn directly from the yearly allocation identified in (89). It does not include the cost of pharmacotherapy (91). It does not include monies allocated to wider tobacco control, where the intended purpose is to increase attendance at stop smoking services, whether these be allocated at the start of the year (included in 89), or added to the budget in year (92). It is a cumulative figure and as such should increase each quarter, with the figure for Q4 being the total spend for the full year.

91 - This is the total cost of pharmacotherapies issued as part of the stop smoking service for the year to date. It does not include pharmacotherapies issued that are not part of a planned stop smoking service 4 week quit intervention, such as a clinician who is not reporting activity through this data return, (e.g. a GP providing medication alone as part of their standard primary care offer, not referring to or including the SSS), or any harm reduction activity that does not result in the client setting a quit date. It is a cumulative figure and as such should increase each quarter, with the figure for Q4 being the total spend for the full year.

92 - This is any other funding allocated to projects where the intended purpose is to increase attendance at stop smoking services. This includes any in year spend that was not initially allocated and recorded in row (89), such as any recharges made for local authority services such as IT, administration or legal advice. This includes any activity that has been delivered by non-local authority providers, such as NHS E commissioned services in prisons or hospitals, where this data is being reported as part of the local authority return. It is a cumulative figure and as such should increase each quarter, with the figure for Q4 being the total spend for the full year.

93 - The sum of 90, 91 and 92 and is a rolling total of the total spend to date, increasing each quarter with the total for Q4 being the total spend for the year.

Figures should be to the nearest pound.
FINANCIAL FIGURES SHOULD EXCLUDE VAT

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.