Smoking Cessation Service Specification

Birmingham City Council Public Health Division 2024-27

Contents

Introduction

The Smoking Cessation Service is to be delivered by Pharmacies and GP Practices commissioned by Birmingham City Council Public Health. Smoking remains the risk factor most associated with lower life expectancy and healthy life expectancy. Overall smoking prevalence in the West Midlands continues to decline but inequalities in smoking prevalence among those in routine and manual occupations and those with a long-term mental health condition persist. This service aims to follow and adhere to: Tobacco: preventing uptake, promoting quitting, and treating dependence NICE guideline [NG209] https://www.nice.org.uk/guidance/ng209.

Business Case

Tobacco use is one of the most significant causes of health inequalities and there is a strong link between cigarette smoking and socio-economic groups. Stopping smoking is considered one of the single most effective methods for improving health and preventing illness. National survey data shows that smoking prevalence in Birmingham adults (18+) - current smokers (APS) in 2021 was 16.1% which is worse than England's overall average at 13.8%.

Additional impact on Birmingham and Solihull communities:

- Costs society £345.11M a year
- 60,240 smoking households live in poverty
- 5,120 people are out of work due to smoking
- 24,176 people receive informal care from friends and family because of smoking

Aims and Objectives

Aim: "To maximize the number of smokers accessing the service and quitting long-term, therefore contributing to the reduction of smoking prevalence in Birmingham."

General objectives:

- Provide equitable access to all smokers
- Offer the most effective, evidence-based treatments available
- Support people to successfully quit smoking
- Achieve high levels of client satisfaction
- Reduce smoking related deaths and ill-health
- Reduce population exposure to passive/ second-hand smoking
- Provide pharmacological & behavioural support

Specific objectives:

- Increase the quit rate among participants accessing the Birmingham community smoking cessation programme to 30% within the next 12 months. Please note the

NCSCT states “Services should aim to have a four-week quit rate of at least 35%. Services treating high numbers of people from priority groups might experience lower quit rates.” Commissioning-delivery-and-monitoring-guidance.pdf (ncsct.co.uk).

- Increase the number of service users accessing and enrolling onto the Birmingham community smoking cessation programme by 10% within the next 12 months.
- Ensure that as a Birmingham community smoking cessation programme provider you enlist at least one service user per quarter to receive behavioural support and NRT/ Vapes.

Key Performance Indicators

- 4 week quit date will form the primary measure of success, however.
    - Both 4 and 12 week quit rate will be reviewed quarterly and submitted to NHS Digital
- Birmingham City Council will carry out reviews of self-reported vs. CO verified quits
- Use the figures on loss to follow-up to interpret overall performance.

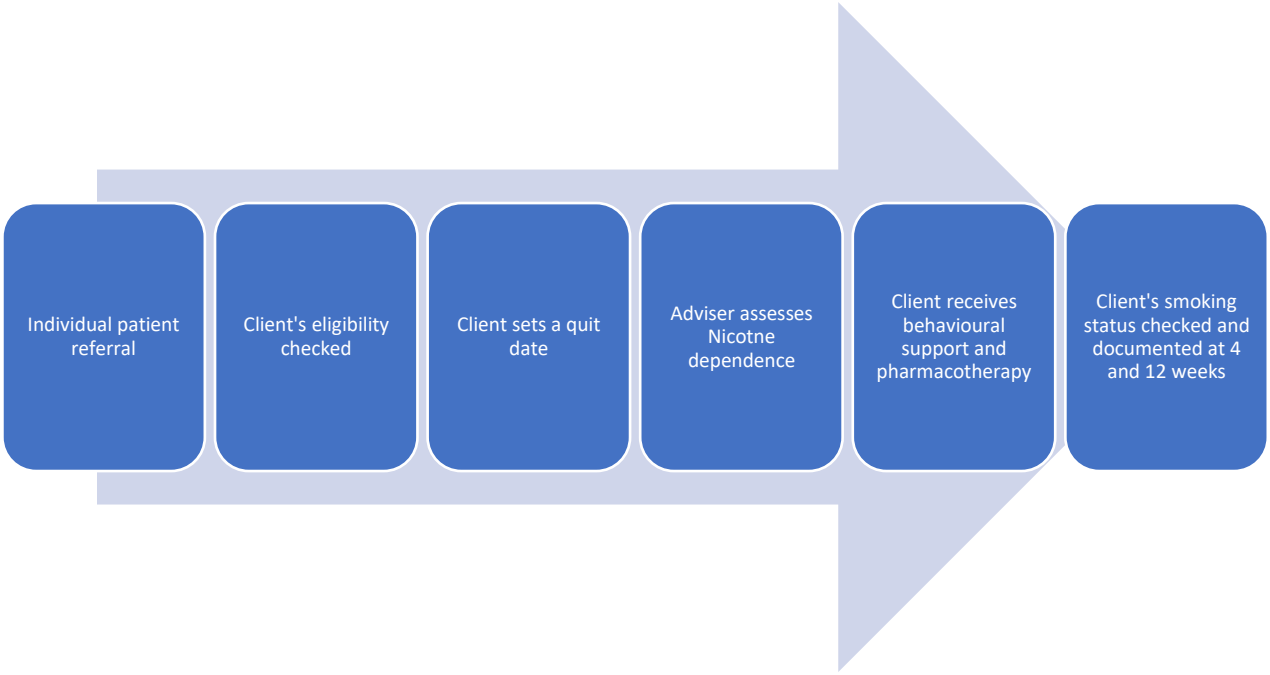
Based on the 2021/22 **pharmacy data only** Stop Smoking Services dataset:

- 1,348 service users quit at the 4-week mark, 90% of these successful quits were self-reported
- Of 3,300 people setting a quit date, 1,348 were successful at the 4-week mark (40.8% quit rate) and 1,061 at the 12-week mark (32.2% quit rate)
- Of the 1,061 successful 12 week quits 88 were CO verified- 8.3%

Delivery

The model of smoking cessation support commissioned is a behavioural programme that utilises a combination of medication, to reduce withdrawal cravings and advice/support that provides strategies to cope with quitting smoking. It aims to make a quit attempt successful by:

- Helping clients escape from or cope with urges to smoke and withdrawal symptoms
- Maximising the motivation to remain abstinent and achieve the goal of permanent cessation
- Boosting self-confidence
- Maximising self-control
- Optimising use of pharmacotherapy



Assessing nicotine dependence

The dependence of all clients must be assessed to establish the extent to which the client is addicted to tobacco products. The Provider must use one of the following approaches:

- Quantitative approach – The Fagerstrom Test for Nicotine Dependency (FTND) (Please see Appendix 1)
- Biochemical validation (e.g. Carbon Monoxide testing)

Interventions should offer weekly support for at least the first 4 weeks following the quit date and subsequent follow-up appointments to prevent relapse. Appointments should be scheduled when clients are booked into treatment. Support for up to 12 weeks should be offered based on client need.

Stop Smoking Advisers should show empathy for their clients and adopt a motivational approach. Prior to treatment clients should be informed of all available evidence-based treatment options. Behavioural support consists of advice, discussion and exercises provided face-to face, by text message or by phone. It can also be delivered in a variety of settings.

The location/s of the Stop Smoking Service must be within Birmingham. All clients must be offered behavioural support and be offered at least one of the following:

1) **One-to-One Support**

This is an intervention between a single Stop Smoking Adviser and a single smoker, at a specified time and place. It is usually delivered face-to-face.

2) **Proactive Telephone Support**

This intervention should be delivered by Stop Smoking Advisers and should follow the same specification as one-to-one support. It should begin and end with a face-to-face session for CO validation, and access to stop smoking pharmacotherapy should be available throughout the treatment episode. All proactive telephone interventions should have a total potential contact time with the client of a minimum of 1.5 hours' duration. A minimum of 9 interventions in a 12-week period is recommended[2]. On-going support following the 4-week quit date may be provided over the telephone as part of a relapse prevention strategy.

3) Drop-in Support

This involves face-to-face interventions provided at a specified venue or selection of venues at an unallocated time (although it could be a specified time slot, e.g., between 10.00am and 12.00pm). The service is provided by an individual Stop Smoking Adviser with an individual smoker within the wider confines of an open access service. Once the smoker has set a quit date and consents to treatment it is important that they are offered and encouraged to receive weekly sessions for behavioural support and to check compliance with medication. While venues and appointment times can be flexible, the client must be advised to attend regularly to get the maximum benefit.

Pharmacotherapy

Pharmacotherapy is the provision of pharmaceutical products, medicines, or medicaments. Stop smoking medicines currently approved by NICE are Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix). Due to both Zyban and Champix being unavailable they will currently **not be included** as treatment option for the Stop Smoking Service.

All clients must be offered pharmacotherapy according to the Summary of Product Characteristics for product use:

A. Nicotine Replacement Therapy (NRT)

NRT is safe and highly effective. When provided and used in isolation (without additional behavioural support) NRT approximately doubles the chances of long-term abstinence. There are seven different types of NRT: patch (24hr and 16hr), gum, lozenge, microtab, nasal spray, mouth spray and inhalator. There is no evidence to suggest that one type of NRT is significantly more effective in practice than another, although combination therapy (i.e., the use of two products concurrently) often yields a higher quit success rate. It is the responsibility of the advisor to liaise with the individual to identify the most appropriate approach, but with the prescribing protocols outlined by the manufacturers and NICE. Following a review by the Medicines and Healthcare products Regulatory Agency (MHRA) in 2005, NRT can now be used by adolescents aged 12 and over, pregnant women and people with cardiovascular disease. Full details of the report can be found on the MHRA website:

VARIATION ASSESSMENT REPORT (publishing.service.gov.uk)

A combination of NRT products has been shown to have an advantage over using just one product. Stop Smoking Service providers should therefore routinely offer clients combination therapy whenever appropriate.

B. Electronic Nicotine Delivery Systems (ENDS) (also known as electronic cigarettes or vaporisers)

ENDS are devices that deliver nicotine within an inhalable aerosol by heating a solution that typically contains nicotine, propylene glycerol and/or glycerol plus flavours. The number of smokers using ENDS to stop smoking is increasing - Public Health England recommends Stop Smoking Services should offer support to people who are using ENDS to quit. There is limited data on the long-term safety of ENDS, however, the current best estimate by experts is that ENDS use, represents a fraction of the risk of smoking.

ENDS cautions and adverse effects

Although ENDS are not completely risk free, experts agree they are substantially less harmful than smoking. Several studies have reported acute side effects such as dry mouth and sore throat most associated with propylene glycerol and vegetable glycerol, a base ingredient of the nicotine e-liquid. Coughing is common, especially in new users. The sale of ENDS products to under 18-year-olds is prohibited.

Accessing NRT

NRT will be recommended using a voucher scheme (except pharmacy providers), enabling clients to have easy access to NRT when attending a stop smoking programme (Appendix 2). The Stop Smoking Adviser will assess suitability of the client before issuing the NRT voucher and advise the client on how to redeem the voucher at participating pharmacies across Birmingham.

Providers must NOT offer any of the following products as a stop smoking aid. Please note this is not an exhaustive list:

Product	Evidence
Nicobrevin	Two trials suggest a potential effect on short-term outcomes but as both studies had problems with their methodologies, the results should be considered with caution. No evidence to show long-term effect on abstinence.
NicoBloc	One small, well-designed, randomised, double-blind placebo-controlled trial showed no benefit over placebo.
St John's wort	Due to its potential anti-depressant properties, some believed St John's wort may also prove a useful aid to stopping smoking. However, two small studies suggest that a dose of 600mg per day has no effect on smoking cessation.
Glucose	A positive effect on abstinence rates shown when used in combination with NRT or Bupropion. Contraindicated for diabetics.

Lobeline	A plant-based partial nicotine agonist, structurally similar to nicotine. There are several controlled trials that report on short-term outcome, but none showed the benefit of lobeline over the control.

Providers must NOT offer any of the following service components. Please note this list is not exhaustive:

- Hypnosis
- Acupuncture
- Acupressure
- Laser effect therapy and Electro-stimulation

In addition, the advisor must offer:

- s t op smoking intervention within professional practice accountability to people who are motivated to stop smoking
- not offer pharmacological treatments that have not been approved for use
- not offer pharmacotherapy outside its product license
- not offer pharmacotherapy that is clinically inappropriate for the client
- maintain a record of all pharmacotherapies
- must complete a Yellow Card if an adverse reaction is reported (http://yellowcard.mhra.gov.uk)

Carbon Monoxide Monitoring

There is considerable anecdotal evidence to suggest that CO testing can be highly motivating for clients as their readings decrease over a relatively short period if they successfully refrain from smoking. Clients with a CO reading of less than 10ppm at 4 and 12 weeks can be regarded as successful quitters, provided they have not smoked as per Department of Health Guidance.

Whilst it is preferable to derive a self-reported smoking status via a face-to-face consultation, it is permissible to gather the required information via a telephone consultation. Smokers attending Stop Smoking Services are asked not only to commit to not smoking any further cigarettes after the quit date, but also to refrain from taking even a single puff on a cigarette from that day onward. The methods used to obtain self-reported smoking status are set out in the Russell Standards. Only those responding 'No, not even a puff' should be classified as successful quitters. The 'not-a-puff' rule represents the most exact form of abrupt cessation.

If you have a Carbon Monoxide (CO) monitor, we request that you use it to establish the smoking status of at least 66% of successful 4- and 12-week quitters. Please ensure you follow the CO Monitor Protocol in Appendix 3 which covers general hygiene and storage.

Delivery Summary Table:

	Assessing Nicotine Dependence	Behavioural support	Pharmacotherapy	Establishing smoking status	Other service components
Must offer	At least one of: Quantitative approach (FTND)	At least one of: One-to-one support	At least one of: NRT Products: NRT Patch		

	Heaviness of smoking index Objective Approach (CO monitoring)	Proactive telephone outreach	NRT gum NRT nasal spray NRT inhalator NRT lozenge NRT micro-ta NRT mouth spray Combination therapy (NRT) Varenicline ENDS		
May offer		Reactive telephone support	Preloading / nicotine-assisted reduction to quit		
Must not offer		Allen Carr method	Nicobrevin NicoBloc St John's wort Glucose Lobeline		Hypnosis Acupuncture Acupressure Laser therapy Electro-stimulation

Population

The service will be accessible to all tobacco smokers aged 12 years and over who reside, work or are registered with a GP in Birmingham. One exception to this, however, are clients who wish to utilise ENDS as a means of stopping smoking – due to current legislation, these products can only be supplied to clients aged 18 years and over. Providers must have systems in place to respond to age, culture, disability, and gender sensitive issues regarding accessibility. Birmingham City Council would expect the provider to be able to demonstrate evidence of this through equality assessment processes.

1. Pregnancy

The impact of smoking during pregnancy on maternal and fetal health is significant not only in terms of morbidity and mortality but also in terms of healthcare costs. Self-reporting has been found to be less reliable in pregnant smokers than in the general population, due to social pressure and stigma, and biochemically validated prevalence rates among this population have been found to be significantly higher than self-reported prevalence rates. Therefore, every effort should be made to biochemically validate and record smoking status in pregnancy. ENDS should not be offered to pregnant service users.

> "The general evidence on e-cigarettes indicates that they are much less harmful than smoking. Cigarettes deliver nicotine along with thousands of harmful chemicals whereas e-cigarettes allow you to inhale nicotine through vapor rather than smoke. The vapor from an e-cigarette does contain some of the potentially harmful chemicals found in cigarette smoke, but at much lower levels. E-cigarettes do not produce tar or carbon monoxide, the 2 main toxins in cigarette smoke, carbon monoxide is particularly harmful to developing babies[1]. E-cigarettes are part of Birmingham Public Health's current service offer but exclude pregnant women. This is because at the time the contracts were drawn up e-cigarettes were unlicensed and Birmingham City Council governance did not want to go against this, we would have been one of the first Local Authorities to include it as an option. Not enough research exists regarding the safety of using e-cigarettes during pregnancy and more is needed, we advise that

Nicotine Replacement therapy is used as these are medicines that are licensed as safe for use in pregnancy[2,3]."

1. Stop smoking in pregnancy - NHS (www.nhs.uk)
2. Recommendations on treating tobacco dependence in pregnant women | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE
3. 2019-Challenge-Group-ecigs-briefing-FINAL.pdf (smokefreeaction.org.uk)

2. Young People

There is little published evidence of the effects of interventions that focus on cessation activity in adolescence. Services should be available for young people who want to stop smoking and local Stop Smoking Service Providers should link with other programs to ensure that they reach as many children and young people as possible (e.g., through healthy school programs and health services on secondary school sites and other youth settings).

3. Routine and manual smokers

Historically the decline in smoking rates among higher-income groups has been much greater than among lower-income groups, and smoking rates are highest in the routine and manual (R/M) group. In Birmingham and Solihull smoking rates among the routine and manual population are 27%. To track the throughput and success rates of R/M quitters,' services need to record socio-economic status (Occupation) routinely and accurately.

4. Learning disability

There is little research on determining smoking prevalence among people with a learning disability, but some studies report a lower smoking prevalence compared to the general population, however this research is now quite dated. We will be monitoring changes within NICE, NCSCT and ASH (Action on Smoking and Health) and will make an update to this service specification if there is a change.

5. Smokeless tobacco

If someone uses smokeless tobacco, ensure they are aware of the health risks (for example, the risk of cardiovascular disease, oropharyngeal cancers, and periodontal disease). Use a brief intervention to advise them to stop. Refer people who use smokeless tobacco who want to quit to a stop smoking service that accepts this service criteria. smokelesstobaccoeip.pdf (ash.org.uk)

6. Under 18's using ENDS only

Not eligible for service, please refer to F & G: E-cigarettes and young people (nice.org.uk) and signpost to nearest Provider that accepts this service criteria- NHS service or service users GP practice.

Providers should target the following:
Clients with low quit rates, such as pregnant women, young people, routine, and manual workers

Any acceptance and exclusion criteria:
Before a client has access to a stop smoking intervention, the service must confirm the client's eligibility. The eligibility check will include confirmation that the client:

- Lives, works, or is registered with a GP in Birmingham
- Is a current tobacco smoker (or quit in the last 14 calendar days)
- Would like to stop smoking and receive support from the service
- Provides consent to treatment
- Aged 12-years or above for NRT products or 18-years or above for ENDS or Varenicline

Cannabis

This below NCSCT briefing has been written by clinical and academic experts and addresses how to help clients stop or manage their cannabis use so that they can minimise the impact it has upon their attempt to quit smoking. The briefing provides practitioners with an overview of cannabis products and methods of harm reduction so that they can speak with confidence to their clients on this topic. NCSCT cannabis v10.fh11

Accessibility

The service must comply with the Equality Act 2010. The service should be accessible to wheelchair users and other users with a physical disability. If the service has concerns about the suitability of a client, permission must be granted from Birmingham City Council.

Staff

The Provider must ensure all staff engaged in stop smoking provision (including locums) must be trained to Birmingham City Council's minimum standards for stop smoking support (level 2), as outlined in the National Centre for Smoking Cessation Training (www.ncsct.co.uk) and should be aware of current NICE recommended smoking cessation treatments. All staff providing Stop Smoking Services must have completed the practitioner module online training from the National Centre for Smoking Cessation Training - www.ncsct.co.uk . A copy of the certificate must be sent to Birmingham City Council via the Primary Care email address - ph.primarycare@birmingham.gov.uk. Failure to comply with this would result in termination or suspension of your contract.

Capacity

Behavioural interventions and pharmacological advice must only be delivered by a Stop Smoking Adviser who has received Stop Smoking Service training that meets the published NCSCT standards for one-to-one and/or group support. The opening times of the service will be determined by the Provider. Providers need to be able to offer the service all year round and manage variations in activity due to seasonal variation in the willingness of people to make attempts at stopping smoking. Providers will be expected to market their own service locally to ensure they meet the minimum service standards. Birmingham City Council will direct clients to the Public Health website where they will be able to find their local Stop Smoking provider: Help to stop smoking | Birmingham City Council

Capped payments

Funding provisions for smoking cessation are limited, to ensure equity among provider delivery payments caps will be enforced. The initial cap will be £80,000 (including VAT) per quarter. Any patient who cannot be seen due to capped payments needs to be signposted to another delivery provider of the Birmingham stop smoking service. To find the nearest provider please use Help to stop smoking | Birmingham City Council

Data Collection

GP smoking data collection is all via NHS Midlands and Lancashire Commissioning Support Unit (CSU). Pharmacy smoking data is entered into PharmOutcomes by the contractor and downloaded quarterly by the Public Health team at Birmingham City Council. Current GDPR is applicable.

Performance Monitoring

It is expected that providers will strive to achieve the aim and objectives set in this service specification. Where the objectives have not been met due to unexpected problems i.e., COVID pandemic, then every effort will be made to support the provider to reach their potential and expected service provision. Where the objectives have not been met due to more foreseeable issues, support will also be offered. However, where this cannot be resolved may result in an additional provision being commissioned to avoid any inequity to Birmingham residents.

If the Provider fails to meet the contractual requirements for expected performance thresholds, Birmingham City Council may exercise the right to implement a performance improvement plan. If the Provider, then fails to meet the requirements of the improvement plan, Birmingham City Council may exercise its rights to terminate this Contract.

Equipment

It is the responsibility of the Provider to purchase and/ or replace CO monitors.

Quality Assurance

Should there be a breakdown in the quality of services provided, Birmingham City Council Public Health Officers will in the first instance work closely with providers to support an improvement in quality. Where this is not a viable option, unfortunately Public Health Officers may need to seek alternative service provision. Applicable national standards (e.g., NICE).

The Provider will meet the Healthcare Commission Standards for Better Health ([ARCHIVED CONTENT] (nationalarchives.gov.uk) as well as those listed below:

- Tobacco: preventing uptake, promoting quitting, and treating dependence NICE guideline [NG209]
- Local Stop Smoking Services: Service and delivery guidance 2014 - LSSS_service_delivery_guidance.pdf (ncsct.co.uk)
- National Centre for Smoking Cessation and Training (NCSCT) NCSCT - National Centre for Smoking Cessation and Training

The Provider will ensure that clients are treated with dignity and respect

- Stop smoking provision must be delivered in a sensitive and non-judgmental manner, with due regard to the individuality of clients
- The individual needs and wishes of the client are to be recognized and considered when providing the service
- The Provider will abide by the Caldicott principles in the handling of patient sensitive information and ensure appropriate arrangements are in place to maintain patient confidentiality
- The Provider will offer the highest quality of care, adhering to all relevant Patients' Charter standards
- The Provider will seek to comply with all relevant legislation, statutory instruments, health circulars and notices (including regulations) that are appropriate to the service within the resources available
- The coordinating Stop Smoking Service will ensure that Stop Smoking Advisers are appropriately qualified and trained, according to the standards laid down by NCSCT standards for one-to-one and/or group support. https://elearning.ncsct.co.uk/england
- The Provider must comply with the CO protocol (see Appendix 5)
- The Provider will ensure that pharmacotherapy is dispensed according to the summary of product characteristics (SmPC) for product use. The full SmPC can be found on the electronic medication's compendium website: http://emc.medicines.org.uk

Applicable local standards:

- The Provider will adhere to relevant Local Authority Policies and Procedures
- The Provider will promptly supply copies of formal complaints to Birmingham City Council
- All Providers must have a process to record incidents and a mechanism in place that facilitates learning from incidents. In the case of a service-related incident, the provider must submit a copy of their incident form to Birmingham City Council within 48hrs
- The Provider must contact clients within 48 hours of an enquiry. The Provider must offer an appointment within 2 weeks of first contact

The Provider will have in place a plan to:

- Ensure that at least 85% of clients were satisfied with the experience
- Ensure consent from all clients was obtained
- Ensure they have the necessary requirements/systems/templates to capture client activity electronically

Payment

Payment will be purely made on a payment by results (PBR) basis. The Provider must establish the smoking status of a client 4 weeks and 12 weeks after their quit date, to determine whether the client has successfully quit smoking. 4-week smoking status must be established between 25 and 42 calendar days after the agreed quit date. 12-week smoking status must be established between 79 and 98 calendar days after the agreed quit date. Quit status must be recorded on the appropriate smoking cessation template for monitoring and payment.

To ensure payment you must adhere to the following deadlines for inputting client data onto the Smoking Cessation template:

Quarter	Quarter dates	Deadline for inputting client details

		onto Smoking Cessation template
Q1	1st April- 30th June	17th July
Q2	1st July- 30th September	17th October
Q3	1st October- 31st December	17th January
Q4	1st January- 31st March	17th April

All smoking data needs to be entered onto the smoking cessation template by the 17th of the following month after quarter end - failure to submit will result in payment being withheld. Data submitted after the quarterly deadlines will not be processed for payment and will not be used towards performance. We try to process the payments in a timely manner and aim to have all payments sent for processing at the end of the month following the quarter i.e., for Q1 31st July. Please note Birmingham City Council has a fixed 28-day payment term.

Target quits include the following: pregnant women, young people, routine, and manual workers

Tariff payments:

	General population		Target population	
	4 weeks	12 weeks	4 weeks	12 weeks
Payment amount	£80	£160	£120	£240

Please note that a 12-week payment is cumulative i.e., if a service user that is part of the general population quits at both the 4- and 12-week mark, providers will be paid £80 for the 4 weeks and then an additional £80 if they have also quit at 12 weeks.

Change of details

If there has been any change to your details, you must notify the smoking cessation team at Birmingham City Council by emailing ph.primarycare@birmingham.gov.uk

These changes include:

- No longer delivering the service
- Change of ownership
- Change of bank details
- Relocation
- Different contact details
- New advisers

Key outcomes

Performances Indicator	Indicator	Threshold	Method of Measurement
Service User Experience	Of all service users responding to the satisfaction question, the percentage reporting that they were satisfied with the service	≥85%	Birmingham City Council to conduct, collate and submit as part of the Quarterly Service Quality Performance Report

4 week Quit Rates	Number of service users successfully quitting at 4week follow-up as a percentage of all those eligible for a 4-week follow-up	Between 35% and 65%	Birmingham City Council to collate and submit as part of the Quarterly Service Quality Performance Report
Maintaining Clinical Skills	a/ Number of patients accessing the service b/ Number of 4 week quits		Birmingham City Council to collate and submit as part of the Quarterly Service Quality Performance Report
Healthcare associated infections (HCAI) control	Service is aware of and complies with local protocols	Compliance with local protocols	Birmingham City Council to audit records

Appendices

Appendix 1- Fagerstrom test

Dependence on Smoking (based on Fagerstrom Test of Nicotine/Cigarette Dependence, FTND/FTCD)

This set of questions will enable us to see how dependent you are on your cigarettes.

1) How soon after you wake up do you smoke your first cigarette? (Circle one response)

Within 5 minutes	3
6-30 minutes	2
31-60 minutes	1
More than 60 minutes	0

2) Do you find it difficult to stop smoking in no-smoking areas e.g., library, cinema etc.? (Circle one response)

Yes	1
No	0

3) Which cigarette would you hate most to give up? (Circle one response)

The first of the morning	1
All others	0

4) How many cigarettes per day do you usually smoke? (Write the number on the line and circle one response) _____ per day

31 or more	3
21 to 30	2
11 to 20	1
10 or less	0

5) Do you smoke more frequently in the first hours after waking than during the rest of the day? (Circle one response)

Yes	1
No	0

6) Do you smoke if you are so ill that you are in bed most of the day? (Circle one response)

Yes	1
No	0

Scoring:

Responses are summed across all 6 questions (omitting the number written on the line in question 4).

7 to 10 points = highly dependent on nicotine

4 to 6 points = moderately dependent on nicotine

Fewer than 4 points = less dependent

References:

Fagerstrom, K., 2011. Determinants of Tobacco Use and Renaming the FTND to the Fagerstrom Test for Cigarette Dependence. Nicotine & Tobacco Research, 14(1), pp.75-78.

Ncsct.co.uk. 2012. [online] Available at: <https://www.ncsct.co.uk/usr/pub/Dependence%20on%20Smoking%20.pdf> [Accessed 31 March 2021].

Tidy, D., 2021. Fagerström Test | Smoking Questionnaire. [online] Patient.info. Available at: <https://patient.info/news-and-features/fagerstrom-test> [Accessed 31 March 2021].

Appendix 2- Paper NRT voucher (GP practices)

Birmingham Stop Smoking Voucher Scheme

Request to Dispense Nicotine Replacement Therapy (NRT)

and/or Electronic Cigarette (EC)

Voucher code: (Organisation National Practice Code/Short date letter merged; Time letter merged)

Issue/ Week Number: ……..

Stop Smoking Advisers name: ……..

Stop Smoking Advisers signature: …….

Date: (DD/MM/YY)

Client Name:	Full name
DOB:	DD/MM/YYYY
Client full address:	Full home address
Postcode:	Postcode
Current Medication (if appropriate):	Medication
Pays for prescription charges?	Yes ☐ No ☐
Comments	Comments

GP practice code:	Practice code
GP name:	Full name
GP address:	Full Address
GP telephone number:	Telephone number
Practice stamp	

PLEASE SELECT PRODUCT BEFORE SENDING

This Voucher can only be dispensed at a Birmingham-based pharmacy.

Please tick appropriate boxes (no more than 2 options per week)

Voucher code: (Organisation National Practice Code/Short date letter merged; Time letter merged)

This voucher needs to be presented within 28 days of date issued

Product	Strength	One-Week Supply	Quantity	Two-week Supply	Quantity
Patch 24hr *	7mg/24hr*	☐	1 x 7	☐	2 x 7
NOTE: 24-hour patches are not suitable for use with pregnant smokers	14mg/24hr*	☐	1 x 7	☐	2 x 7
	21mg/24hr*	☐	1 x 7	☐	2 x 7
Patch 16hr	10mg/16hr	☐	1 x 7	☐	2 x 7
	15mg/16hr	☐	1 x 7	☐	2 x 7
	25mg/16hr	☐	1 x 7	☐	2 x 7
Gum	2mg	☐	1 x 96/105	☐	2 x 96/105
	4mg	☐	1 x 96/105	☐	2 x 96/105
Cools Lozenges	2mg	☐	2 x 20	☐	4 x 20
	4mg	☐	2 x 20	☐	4 x 20
Mini-lozenge	1.5mg	☐	1 x 20	☐	3 x 20
	4mg	☐	1 x 20	☐	3 x 20
Mouth Spray	Double pack 13.2ml	☐	1	☐	2
Nasal Spray	500mcg	☐	1 x 10ml	☐	2 x 10ml
Inhalator	15mg	☐	2 x 20	☐	3 x 36
E-Cigarette Starter Kit (One per client for duration of 12 weeks smoking cessation programme)**	E-Cigarette or Vapes up to the value of £20.00 ONLY	☐	**Once ONLY**	☐	**Once ONLY**
E-Cigarette consumables Circle as appropriate**	18mg/ml 15mg/ml 3mg/ml	☐	One consumable	☐	Two consumables

	Coil		up to the value of £5		up to the value of £10
**** not suitable for under 18yrs or pregnant women**					

Contact details for Birmingham City Council Public Health for administrative use only:

Name of Senior Officer:	Rachel Emmerich
Contact details:	PH.PrimaryCare@birmingham.gov.uk

Appendix 3- CO Monitor Protocol

General hygiene: -

- Advisors should carefully wash their hands using warm water and soap and dry them thoroughly, before and after contact with each client, if hand washing facilities are available. Special attention should be paid to fingertips, thumbs, and other areas of hands likely to have been in contact with contamination.
- Non-alcohol cleansing wipes (for hands, not hard surfaces) could be used if hand washing facilities are not available.
- Alcohol hand gel (containing 70% alcohol) may be used but care must be taken to ensure that the alcohol has completely evaporated prior to handling the CO monitor (i.e., hands are completely dry), as alcohol vapours will damage the instrument sensor. N.B. These hand gels are flammable due to the alcohol content. Please ensure they are stored safely away from sources of heat.
- While the user is exhaling, the advisor should avoid positioning him or herself in line with the exhaust port of the monitor (bottom rear of machine).
- Unless the provider has a non-calibrating monitor, all monitors should be calibrated every 6 months.

Cardboard mouthpieces: -

- Cardboard mouthpieces are **single-use only** and a new one should be used for each client.
- It is preferable that the client attaches and removes the mouthpiece to the monitor.
- Where the client cannot attach or remove the mouthpiece, the advisor should wash or use hand gel prior to and after removing the mouthpiece.

Cleaning & storage: -

- Monitors should be thoroughly cleaned at the end of each session and more frequently if seen to be soiled. The back of the monitor should always be wiped between clients.
- Remove the D-piece and T piece adaptor before cleaning.
- External surfaces of the monitor and D-piece adaptor should be wiped down with non- alcohol wipes.
- Instrument Cleansing Wipes containing Cetrimide, or an equivalent product should be used.
- **Never use alcohol, cleaning products containing alcohol, or other organic solvents** as these vapours will damage the instrument sensor.
- The monitor must not under any circumstances be immersed in or splashed with liquid.
- Store the monitor in the supplied case; remove the D-piece adaptor and keep separately in the case with the monitor. The equipment should be stored at room temperature.

Plastic D-piece adaptor: -

- The D-piece adaptor contains a one-way valve that prevents clients sucking air back from the monitor.
- The adaptor should be replaced immediately if visibly soiled, if there is a build-up of fluid

or condensation, or after use with clients with known communicable conditions. Condensation build-up may be reduced by removing the D-piece adaptor between each use.

- If the monitor is not used on a regular basis the adaptor should be replaced as follows: -

Less than 50 uses per month	Change every 3 months
Between 51 – 200 uses per month	Change every 2 months
More than 200 uses per month	Change every month

A record of the replacement dates of the adaptor should be kept with the monitor to ensure replacement at the specified times.