

APPENDIX A

SERVICE SPECIFICATIONS

All subheadings for local determination and agreement.

Service Specification No.	
Service	GP - Prescribing Stop Smoking Medication
Authority Lead	Sara Gibbs
Provider Lead	
Period	1st April 2016 – 31st March 2018 (with the option to extend by two separate 12 month periods)
Date of Review	31st March 2017

1. Population Needs

1.1 National/local context and evidence base

- 1.1.1 Smoking is the single greatest cause of preventable illness and premature death in the U.K.
- 1.1.2 More than any other identifiable factor, smoking contributes to the gap in life expectancy between the most deprived and the most affluent.
- 1.1.3 Across Devon, the prevalence of smoking is estimated as 13.8% generally and 22% for routine and manual groups¹. However, this figure varies across wards and there are 76/201 wards² where tobacco attributable mortality is higher than expected.
- 1.1.4 Helping a patient to stop smoking is one of the most cost effective of all medical interventions.
- 1.1.5 Evidence suggests that people wishing to make a quit attempt are more likely to be successful when supported by appropriate medication and motivational support provided by a trained stop smoking adviser.

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements

Not Applicable

3. Scope

3.1 Aims and objectives of service

¹ Office for National Statistics (2009) Smoking and drinking among adults, 2007.

² What a Waste. Premature Deaths due to smoking – the picture in the South West. SWPHO September 2008

3.1.1 The main aim of this Local Enhanced Service is to enable clients of the NHS Devon Stop Smoking Services (Specialist Stop Smoking Service Advisers and community stop smoking service advisers³) to access varenicline and bupropion on prescription and in a safe, timely and equitable manner.

3.1.2 The Local Enhanced Service also aims to:

- allow smokers to access stop smoking support in a setting of their choice
- support the Effective Practice Committee statement made in May 2010 in that “The committee consider that NRT should be considered the first line treatment to assist in smoking cessation programmes in the majority of patients initiated by **non-specialist** services.” Ergo, it is accepted that the Specialist Stop Smoking Service recommend varenicline as a first line treatment.

3.2 Service description/pathway

3.2.1 The Provider (GP Practice) will:

- make a clinical assessment of the patient. This may be in person, by telephone or by review of patient notes
- provide a prescription, if patient suitable, in a timely manner
- discuss medication side effects and risks with the patient
 - prescription regime for varenicline is 2 weeks, 2 weeks, 4 weeks, and 4 weeks, with an optional 2 week climb down
 - prescription regime for bupropion is 2 weeks, 2 weeks, 2 weeks, 3 weeks
- where patient is unsuitable, refer back to Specialist Stop Smoking Service
- Store the letter of recommendation received by the surgery from the community Stop Smoking Adviser, for audit purposes.

3.2.2 The Specialist Stop Smoking Service will:

- assess the patient's motivation to quit smoking
- provide a letter of request to the GP surgery
- advise the patient to set a quit date 7 to 14 days after initiation
- ensure the patient is aware of possible side effects of the medication
- ensure the patient is aware that four prescription charges apply
- submit letters of request for a maximum of 2 quit attempts per year for the same patient
- record patient's details and medication used on the NHS Devon Specialist Monitoring Form
- record adverse reactions to medication on patient's Medication Log and alert GP of any

³ The community stop smoking service advisers must adhere to the Joint Formulary by only recommending varenicline if the smoker has previously had an unsuccessful quit attempt using nicotine replacement therapy.

adverse side effects

- report any adverse reactions to the CSM using the 'Yellow Card' reporting system in the case of varenicline, as it is a black triangle drug
- send an outcome of quit attempt letter to the GP when patient has been assessed as a 28 day quit

3.2.3 The Community NHS Stop Smoking Service will:

- assess the patient's motivation to quit smoking
- establish the client has made at least one failed previous quit attempt using nicotine replacement therapy
- provide letter of request to the GP surgery
- advise the patient to set a quit date 7 to 14 days after initiation
- ensure the patient is aware of possible side effects of the medication
- ensure the patient is aware that four prescription charges apply
- submit letters of request for a maximum of 2 quit attempts per year for the same patient
- record patient's details and medication used on the NHS Stop Smoking Service Monitoring Form
- record adverse reactions to medication and alert GP of any adverse side effects
- report any adverse reactions to the CSM using the 'Yellow Card' reporting system in the case of varenicline, as it is a black triangle drug
- send an outcome of quit attempt letter to the GP when patient has been assessed as a 28 day quit

3.2.4 The Commissioner (Public Health, Devon County Council) will:

- remunerate the practice for each course of varenicline or bupropion prescribed to a patient, up to a maximum of two courses a year, unless more is clinically appropriate.

3.3 Population covered

3.3.1 This specification covers clients of the Devon Stop Smoking Service. It also covers clients of the Torbay and Plymouth Stop Smoking Services where:-

- the patient is being supported by the Plymouth or Torbay specialist SSS and
- the patient lives in Devon and
- the patient is registered with a Devon GP.

3.4 Any acceptance and exclusion criteria

3.4.1 See 3.3 above.

3.4.2. Pharmacotherapy to be prescribed is:-

Bupropion (Zyban)

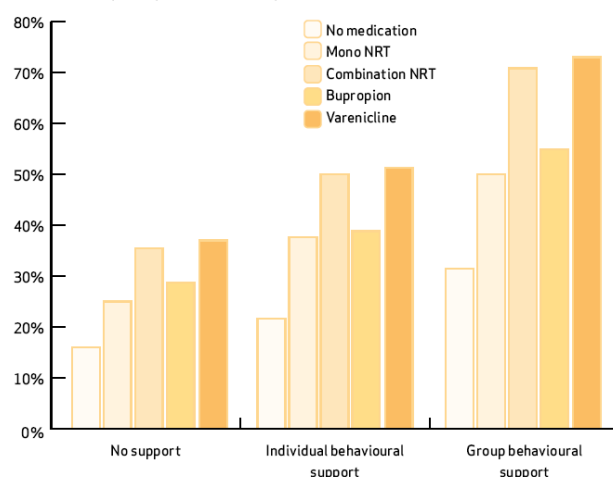
Bupropion is an anti-depressant medication that can almost double the chances of long-term abstinence from smoking⁴.

Varenicline (Champix)

A prescription-only drug, varenicline has been shown to increase the chances of long-term abstinence two- to three-fold.⁵ Three RCTs have shown it to be more effective than bupropion.⁶

Figure 1 and Table 1 overleaf indicate the effectiveness of bupropion and varenicline when compared with nicotine replacement therapy.

Figure 1: Effectiveness of pharmacotherapy and support options
The relative impact of a variety of evidence-based stop smoking interventions and pharmacotherapies upon four-week quit rates.



Source: Cochrane Database of Systematic Reviews

Table 1: Effectiveness of pharmacotherapy and support options

Source: Cochrane Database of Systematic Reviews

Four week quit rates	No medication	Mono NRT	Combination NRT	Bupropion	Varenicline
No support	16%	25%	36%	28%	37%
Individual behavioural support	22%	37%	50%	39%	52%
Group behavioural support	32%	50%	71%	55%	74%

3.4.3 Prescribing Guidance - Warnings and Contraindications

NICE guidance⁷ states that “Neither varenicline or bupropion should be offered to young people under 18 nor to pregnant or breastfeeding women. Varenicline may be associated with

⁴ Hughes J R, Stead L and Lancaster T (2007) 'Antidepressants for smoking cessation'. Cochrane Database of Systematic Reviews, Issue 1

⁵ Cahill K, Stead L and Lancaster T (2007) 'Nicotine receptor partial agonist for smoking cessation'. Cochrane Database of Systematic Reviews, Issue 1

⁶ Ibid

nausea and other gastrointestinal disorders such as vomiting. For full details of side effects and contraindications, see the SPC.”

In addition, the BNF notes that MHRA/CHM advice states “Patients should be advised to discontinue treatment and seek prompt medical advice if they develop agitation, depressed mood, or suicidal thoughts. Patients with a history of psychiatric illness should be monitored closely while taking varenicline.”

3.5 Interdependencies with other services

- 3.5.1 This Specification details the agreement between DCC (the commissioner) and GP Practices (the service provider) for the prescribing of varenicline and bupropion on behalf of the NHS Devon Specialist Stop Smoking Service (level 3) and the Devon community stop smoking services (level 2).

3.6 Any activity planning assumptions

- 3.6.1 The specification includes prescribing for all stop smoking level 2 and level 3 providers.

4. Applicable Service Standards

4.1 Applicable national standards eg NICE

- Relevant NICE guidance is:-
- Adult Cessation <http://www.nice.org.uk/ph1>
- Brief interventions and referral for smoking cessation (PH1)
- Smoking cessation services (PH10)
- Varenicline for smoking cessation (Technology appraisal 123)
- Identifying & supporting people most at risk of dying prematurely (PH15)
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4.2 Applicable local standards

N/A

5. Location of Provider Premises

The Provider's Premises are located at:

N/A

6. Pricing

- 6.1 A fee of **£16.39** will be paid to the GP practice for each course of varenicline or bupropion prescribed to a patient who is being supported by the Specialist or community NHS Stop Smoking Service. This fee is not payable to any patients receiving support from the GP practice Intermediate Adviser under the terms of the Smoking LES.

⁷ NICE Guidance TA123 and PH10