

# NHS Greater Glasgow & Clyde Smoking Cessation Service Guidelines for Community Pharmacy

Clinical judgement should be exercised when following this guide, according to individual patient characteristics.

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<b>Lead Author:</b>	Hilary Millar & Alexandra Thurlow
<b>Approval Group:</b>	Medicines Utilisation Sub-committee

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## Key Contact Details

### **Quit Your Way (QYW) Pharmacy Smoking Cessation Team**

For any queries about delivery of the service or to order resources please contact our team; we are here to help.

**West House, Gartnavel Hospital, 1055 Great Western Road, Glasgow G12 0XH**

**Tel: 0141 201 4945      Email: [pharmacyhit@ggc.scot.nhs.uk](mailto:pharmacyhit@ggc.scot.nhs.uk)**

### **NHS GGC Quit Your Way (QYW) Specialist Services**

<b>QYW Service</b>	<b>Telephone</b>	<b>Email</b>
QYW Community Services	0800 916 8858	
QYW Hospital (Acute) services	0141 451 6112	<a href="mailto:Quityourway.hospitalservice@ggc.scot.nhs.uk">Quityourway.hospitalservice@ggc.scot.nhs.uk</a>
QYW Mental Health Service	0141 211 6564	<a href="mailto:Quityourway.mentalhealth@ggc.scot.nhs.uk">Quityourway.mentalhealth@ggc.scot.nhs.uk</a>
QYW Pregnancy Service (Helpline available Mon-Fri)	0141 201 2335	<a href="mailto:Quityourway.pregnancy@ggc.scot.nhs.uk">Quityourway.pregnancy@ggc.scot.nhs.uk</a>
QYW Scotland (Helpline available Monday-Friday 9am-5pm)	0800 84 84 84	

## **Login or password support for PCR**

ePharmacy Helpdesk      T: 0131 275 6600

## **NHS GGC IT Support for PCR**

eHealth IT Facilitator      T: 0345 612 5000 (Log call with Service Desk)

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# 1. Quit Your Way (QYW) Pharmacy Smoking Cessation Service Outline and Practice Reminders

## QYW Pharmacy Service Outline

Smoking Cessation is integral to the Community Pharmacy Public Health Service (PHS) component of the Contract, full details of which can be found at [www.cps.scot/core-2/public-health-service](http://www.cps.scot/core-2/public-health-service)

Community Pharmacies throughout NHS GGC offer an easily accessible, cost-effective smoking cessation service by means of support, supply and dispensing of nicotine replacement therapy (NRT), or varenicline in accordance with the Pharmacy Quit Your Way service.

This service includes:

- Provision of evidence-based support to patients supplied NRT or varenicline, prescribed via UCF on a weekly basis for a maximum of 12 weeks by suitably trained staff (or up to 24 weeks of varenicline at the discretion of the Pharmacist in accordance with the PGD)
- Weekly recording of quit attempts on the Pharmacy Care Record (PCR) with follow up at weeks 4 and 12 to ensure payment for the service.

## QYW Practice Reminders

The service:

- Should be delivered from an area providing an **acceptable level of confidentiality** such as a consultation room
- Is available to any person **aged 12 or over** deemed suitably motivated to quit. Consent of a parent or legal guardian is required if the person is under 13 years of age
- Requires the person to be registered with a GP in Scotland
- Must be available throughout standard opening hours
- Requires all Pharmacists and support staff delivering the service to be **suitably trained** (see Section 2)
- Can be promoted using materials made available by Scottish Government, NHS Boards, NHS Health Scotland or relevant manufacturers. (see Section 10)
- Should proactively target individuals who would benefit from the service within the pharmacy such as patients with cardiac or respiratory disease, pregnant women, young people and from the most deprived areas
- May include clients **referred** by a healthcare professional or specialist NHSGGC smoking cessation service, such a QYW Community or Hospital (Acute) Advisor
- Requires **weekly recording** of quit attempts on the **Pharmacy Care Record** (PCR) with follow up MDS data electronically **promptly** submitted at weeks 4 and 12 to the National Smoking Cessation Database to ensure payment for service delivery. This applies to all clients (including housebound) **except** those referred from hospitals.
- Requires carbon monoxide (CO) monitor readings to be taken at weeks 4 and 12, although is recommended weekly (unless the client has had their CO readings taken by specialist QYW service, which should be communicated via paperwork from the other service)
- Can be provided to **housebound clients** provided weekly telephone support is offered either by QYW Community Smoking Cessation Advisors or by a QYW pharmacy.

We recommend each pharmacy has a **named member of staff** for smoking cessation and a **deputy** to ensure consistent delivery of a good Quit Your Way service e.g. ensuring timely PCR entries, follow-up phone calls, ordering support materials and monitoring staff training.

## 2. Training Requirements to Deliver the Service

All **Pharmacists** (including **Locums**) and **support staff** delivering the service should have **attended** a NHSGGC face-to-face **smoking cessation training** session offered within the last 3 years (of face-to-face training being available). For further details, contact the QYW Pharmacy Smoking Cessation Team or check <https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/> for latest details.

**Pharmacists** are also **required** to have **completed** relevant **online NES/TURAS** training and accreditation available at <https://learn.nes.nhs.scot/1475/pharmacy/cpd-resources/nhs-scotland-smoking-cessation-service> to **deliver the service**. Other staff can also benefit from the training and accreditation as Turas accounts can be created for all pharmacy staff.

Pharmacists **prescribing varenicline** are also **required** to have **completed, signed and submitted NHSGGC's varenicline PGD** documentation to NHSGGC.

Further details on training and the varenicline PGD can be found at:

[www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/](http://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/)

## 3. QYW Specialist Services

The QYW Pharmacy Service complements and works with the wider QYW Smoking Cessation Service including the QYW Community, Maternity and Acute (Hospital) services, all of which are available to clients via the QYW client telephone number: 0800 848 484.

Clients can be referred to Community Pharmacies for supply of NRT or varenicline using appropriate referral forms.

Community or Hospital (Acute) QYW advisors are not clinically trained, so can refer and recommend products for clients but the **clinical decision** rests with the **Pharmacist before prescribing** appropriate pharmacotherapy.

### QYW Community Services

Clients **referred from** this service to the pharmacy will usually have had their CO reading and initial details taken, prior to presenting to the pharmacy, included in the client referral forms (Appendix 1). Once a clinical check has been confirmed for suitability of pharmacotherapy, details can be directly entered on the PCR and pharmacotherapy immediately supplied. If a Pharmacist has to change a specialist service's pharmacotherapy recommendation, it is helpful to contact the QYW Community Advisor to outline the reason why.

Pharmacies can **refer** clients to this service which offers free, intensive behavioural support and advice sessions. Sessions may be drop-in, 1-on-1 clinics or by telephone. They may be best for smokers:

- **who are more heavily addicted**
- who have **multiple previous unsuccessful** quit attempts
- requiring **additional support** than practical from pharmacies

This service is 'e-cigarette friendly' and although unable to **supply** e-cigarettes, can offer **behavioural support** to **e-cigarettes users looking to quit**. Clients using e-cigarettes are classified as non-smokers and so **cannot** receive NRT or varenicline from the QYW Pharmacy service.

We recommend connecting with your local QYW Community Advisors. For queries with clients Community Advisors can be contacted on: 0800 916 8858.

## **QYW Hospital (Acute) Service**

Clients having started a quit attempt during a hospital stay are discharged with:

- a Hospital/Pharmacy booklet (Appendix 2) to present to their pharmacy to enable completion of their quit journey from the pharmacy
- 2 weeks' NRT or varenicline and telephone support once client is home

If **varenicline** has been prescribed in hospital, the Pharmacist **must ensure a Varenicline Clinical Risk Assessment Form is completed** in line with PGD requirements of provision of this prescription only medicine (POM) before prescribing of the remainder of the course.

This type of quit attempt is the only one **not** to be entered onto the **Pharmacy Care Record (PCR)** as the start of the quit will already have been entered by hospital staff.

As payments for the service would otherwise be triggered by appropriate PCR entries (that the pharmacy will **not** be making), please **follow instructions on the Hospital/Pharmacy booklet** to ensure the pharmacy **receives payment** for the remainder of the client's quit attempt, ensuring you **include your pharmacy's details**.

To address queries for individual clients discharged from hospital or their Hospital/Pharmacy booklets, contact QYW Hospital Advisors via telephone: 0141 451 6112 or email:

[Quityourway.hospitalservice@ggc.scot.nhs.uk](mailto:Quityourway.hospitalservice@ggc.scot.nhs.uk)

## **QYW Pregnancy Service**

Pharmacies can refer clients to this service for specialist support but can still take the client through a quit journey if preferred by the client.

QYW Pregnancy Service Advisors are specially trained to support pregnant clients. Clients are also directly referred to this service by midwives. Pregnant clients referred to QYW Pregnancy Service may be considered as suitable candidates for the Pregnancy Stop Smoking incentive scheme.

Pregnant clients can use the QYW Pharmacy Service or self-refer to this specialist service by contacting: 0141 201 2335, texting 'quit' to 07796 937 679 or email: [Quityourway.pregnancy@ggc.scot.nhs.uk](mailto:Quityourway.pregnancy@ggc.scot.nhs.uk) Mon-Fri 9am-5pm.

# **4. Pharmacotherapy**

## **4.1 Pharmacotherapy Overview**

Varenicline (delivered under PGD) and Nicotine Replacement Therapy (NRT) are equal first line choice. Currently recommended NRT products are listed on the NHSGGC Formulary (<https://ggcmedicines.org.uk/>).

Bupropion (Zyban®) Zyban is a POM and not suitable for supply on PGD due to the nature of its side-effect and interaction profile<sup>1</sup>. Zyban is on the NHSGGC formulary total list but **not** on the preferred list.

Pharmacist Independent Prescribers are reminded to prescribe **within their competencies**.

All NRT pharmacotherapy supplied as part of the QYW Pharmacy service should:

1. Be provided in conjunction with weekly behavioural support
2. Be prescribed via UCF on a weekly basis
3. Be issued with a prescription label on dispensing via the PMR
4. Have details entered weekly onto the Smoking Cessation Tool of the Pharmacy Care Record (PCR).

E-cigarettes are not currently offered under the free QYW Service although evidence suggests some clients may find these useful as part of a quit attempt. Clients can self-refer or be referred from the pharmacy to QYW Community Advisors who offer support to clients attempting to quit from e- cigarettes.

Full details on the client journey can be found in Appendix 3.

## 4.2 Nicotine Replacement Therapy (NRT) Guidance

### Single vs Dual Therapy

For clients smoking **less than 20 cigarettes** per day a suitable NRT patch would usually be recommended in the first instance (although suitable gum, lozenges or mini-lozenges may be more appropriate in a very light or weekend smoker).

Dual NRT therapy (when two NRT products are used in combination) may be used:

- where clients smoke **more than 20** cigarettes a day (except in pregnancy/breastfeeding as per below)
- for up to **12 weeks**

### Formulary Products

Please see first and second line products according to NHSGGC's Formulary below:

#### 1st Line Formulary Products

	Dose	Usual number of packs to be supplied
<b>Nicotinell® Patches</b>	<b>Nicotinell® Patch</b> (21mg,14mg or 7mg) 24 hour patch Max. one daily	1 pack of 7 patches

#### 2nd line/ Suitable for Dual NRT

2<sup>nd</sup> NRT products serve only as 'top up' doses 'as required'. Small pack sizes should therefore be prescribed initially. Check the quantity the client requires on a weekly basis and adjust their prescription to suit if a larger pack size is suitable.

<b>Nicotinell® Gum</b>	<b>Nicotinell®</b> (2mg and 4mg) Gum, mint, fruit, liquorice. Max. 15 pieces daily	1 pack of 96 pieces
<b>Nicotinell® Lozenge</b>	<b>Nicotinell®</b> (1mg and 2mg) Lozenges, mint Max. 15 lozenges daily	1 pack 96 lozenges
<b>NiQuitin® Minis Lozenge</b>	<b>NiQuitin®</b> (1.5mg & 4mg) Minis Lozenges, mint or orange Max. 15 minis lozenges daily	2 x 60 pack size.

For non-formulary products, please contact the Pharmacy QYW Service Team for approval.

## Dosage

### Nicotinell® 24 hour patch

	<b>Step 1 Weeks 1 to 4</b>	<b>Step 2 Weeks 5 to 9</b>	<b>Step 3 Weeks 9 to 12</b>
<b>Less than 20 cigarettes a day</b>	14mg	7mg	May not be needed but further supply may be made if necessary
<b>20 cigarettes a day or more</b>	21mg	14mg	7mg

- 24 hour patches may be removed at bedtime if clients do not usually smoke during the night or if experiencing vivid dreams
- **Pregnant and breastfeeding women** must remove the patch **at night** to reduce exposure to nicotine in line with product licensing

### Nicotinell® 2mg and 4mg Gum

For clients smoking:

- less than 30 cigarettes daily, prescribe 2mg gum (max 15 pieces/day)
- over 30 cigarettes daily, prescribe 4mg gum (max 15 pieces/day)

Liquorice gum is not suitable for **pregnant** clients.

### Nicotinell® 1mg and 2mg Lozenges

A smoker of 20-30 cigarettes daily should be prescribed 1mg or 2mg lozenge based on level of dependency (max 15 Lozenges daily).

### NiQuitin® 1.5mg and 4mg Minis Lozenges

For clients smoking:

- Less than 20 cigarettes daily prescribe 1.5mg (max 15 minis lozenges/day)
- over 20 cigarettes daily prescribe 4mg (max 15 minis lozenges/day)

## Contraindications and Cautions

Full details can be found at [www.medicines.org.uk/emc](http://www.medicines.org.uk/emc)

## Pregnancy and Breastfeeding

Ideally, refer pregnant and breastfeeding women to the Quit Your Way Pregnancy Service where specialist advisers are trained to support women through their quit attempt. However, if a woman prefers to be supported in her quit through the QYW Pharmacy Service, the following advice should be followed:

1. The **Pharmacist** should use their professional judgement to make a risk assessment and counsel the client accordingly.
2. NRT can be prescribed for pregnant/breastfeeding women **only** if they cannot quit without it. If NRT is required, **intermittent** pharmacotherapy is the preferred option for pregnant or breastfeeding women e.g. Nicotinell® Gum (except Nicotinell® Liquorice Gum), Lozenges or NiQuitin® Minis Lozenges to minimise exposure to nicotine. Nicotinell® Liquorice gum is not licensed in pregnancy.
3. If gums or lozenges are not tolerated (e.g. client suffering with significant sickness or nausea) and a patch must be used, the 24 hour Nicotinell® Patch should be prescribed with the advice to **remove** it during the night, in accordance with licensing.
4. When supplying NRT in pregnancy, it is recognised that pregnant women's metabolism of nicotine is faster than that of non-pregnant women. Consideration may be given to the use of 'dual therapy' for women with failed quit attempts. N.B. Dual therapy in **pregnancy** is not licensed except for Nicotinell® Mint 1mg Lozenge (but not 2mg), which is licensed for dual NRT. The license is specifically restricted to use with Nicotinell® Transdermal Patches and only in patients who have failed to quit using the lozenge alone<sup>2</sup>.



## 4.3 Varenicline Guidance

As varenicline is a POM, it is only:

1. suitably **trained** and **accredited** (see Section 2) Pharmacists who have;
2. signed and **submitted** the relevant PGD to NHSGGC,

who can assess and prescribe appropriate clients a course of varenicline as part of the QYW Pharmacy Service. The latest varenicline PGD can be found at <https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/>

**Accredited** Pharmacists should:

- assess clients for varenicline suitability using the **Varenicline Risk Assessment Form** before accepting them on the service. Relevant template GP Referral and Information Letters should be completed depending on suitability of varenicline for the client and sent to clients' GPs. Forms and Referral Letters can be found at <https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/>
- prescribe and supply varenicline according to the latest PGD

Once clinical assessment by the Pharmacist has been completed, subsequent behavioural support may be provided as usual by staff normally involved in smoking cessation support e.g. CO monitor readings. Pharmacy counter staff must be trained to refer each request for varenicline to the accredited Pharmacist.

The client should be:

- informed that their GP will be advised that they will be prescribed varenicline
- informed that if the GP has to be contacted e.g. to enquire after a medical history or confirm their suitability for varenicline, there may be a delay to starting therapy
- informed of the risks and benefits of using varenicline to support a smoking cessation attempt in order that the client can make an informed decision.

### Treatment Course

#### First Consultation (Assessment at Week 0)

- Complete Varenicline Clinical Risk Assessment Form
- Discuss setting a formal quit date and the need to start varenicline 7 days before the quit date
- Arrange an appointment for the client to return to receive the varenicline starter pack at least 7 days before the quit date

#### Second Consultation (Before Quit Date at Week 1)

- Confirm quit date, take a carbon monoxide (CO) reading and enter both onto the Pharmacy Care Record (PCR)
- Supply 14 day starter pack (11 x 500mcg tabs with 14 X 1mg tablets)

#### Third Consultation (First Follow-up at Week 2).

- Monitor CO reading and confirm abstinence
- Check for side effects and advise accordingly
- Supply 7 days' supply of varenicline tablets
- Record details on PCR

#### Subsequent Consultations (Weeks 3 Onwards)

- Supply 7 days' supply of varenicline as above
- Record details on PCR

#### Final Consultation (Week 12)\*\*\*

- Discuss coping strategies when the support service is finished
- Supply 7 days' varenicline tablets (if required) if client has stopped smoking and CO reading confirms abstinence



- Record details on PCR

## Key Dosing Information

Unsuitable for pregnant or breastfeeding women.

Adult over 18 years: Start 1-2 weeks before smoking quit date.

Weeks 1 and 2	Supply 14 days' therapy for first two weeks ideally as a starter pack: 0.5mg daily on days 1-3, 0.5mg twice daily on days 4-7, 1mg twice daily on days 8-14
Weeks 3 to 12	Supply weekly 1mg twice daily (reduce to 0.5mg if intolerable side effects or according to SPC advice)
Beyond week 12***	Occasionally a client who has stopped smoking may benefit from varenicline therapy beyond 12 weeks. Usually this may just be for a few weeks while the client is reassured cravings will not return. Treatment up to 24 weeks is described in the product SPC and at the Pharmacist's discretion may be offered, although no further payment is offered under QYW.

### Dosage Adjustments, Cautions and Contra-indications

See latest PGD at [www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/](http://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/) for full details.

## 4.4 Bupropion (Zyban®) Guidance

If considered appropriate, patients can be referred for assessment and prescribing (if deemed suitable) of Zyban by their GP. A template letter included in the **Zyban Bulletin May 2022**

(<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/>) can be used for suitable patients.

However, when considering referral of patients to GPs for assessment, please note:

- The NICE guidelines [NG209]<sup>3</sup> indicate that when combined with behavioural support, Zyban is **less likely** to result in **successful quit** compared to varenicline, combination Nicotine Replacement Therapy (NRT) or nicotine-containing electronic cigarettes
- Electronic cigarettes are not available on prescription
- Zyban is on the NMSGC Formulary total list but not on the preferred list.

Zyban is licensed to aid smoking cessation in combination with motivational support in nicotine dependent patients. If patients being prescribed Zyban by their GPs choose to receive motivational support during their quit attempt from their pharmacy, their quit attempt **can be entered onto the Pharmacy Care Record (PCR)**. This will generate appropriate payment for delivery of support.

## 5. Effects of Smoking Cessation on the Metabolism of Medicines

### Clinically significant drug interactions relating to tobacco smoking

Polycyclic aromatic hydrocarbons (a product of tobacco smoking) are an inducer of hepatic enzymes. Stopping smoking itself **with** or **without** treatment can therefore result in an increase in plasma levels of some medication with associated adverse effects, for which **dosage adjustment** or **increased monitoring** may be necessary. These include:

- |                  |               |                |
|------------------|---------------|----------------|
| • Agomelatine    | • Fluvoxamine | • Pirfenidone  |
| • Chlorpromazine | • Haloperidol | • Riluzole     |
| • Cinacalcet     | • Melatonin   | • Riociguat    |
| • Clozapine      | • Methadone   | • Ropinirole   |
| • Erlotinib      | • Mexiletine  | • Theophylline |
| • Flecainide     | • Olanzapine  | • Warfarin     |

Narrow-therapeutic-index drugs should be closely monitored.

If a client is prescribed any such medicines, a pharmacy to prescriber template letter should be completed and sent to their prescriber to alert them to any changes in their smoking status for appropriate monitoring or dosage adjustments. A suitable template letter can be found at:

[www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/](http://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/)

Full information on key medication, clinical relevance and recommended actions can be found at:

<https://www.sps.nhs.uk/articles/considering-drug-interactions-with-smoking/#:~:text=clinically%20significant%20drug%20interactions%20tobacco%20smoking>

under '**Managing specific interactions with smoking**'.

For clients prescribed clozapine planning a smoking cessation attempt through the QYW Pharmacy Service, the Pharmacist **must contact their Consultant Psychiatrist** or **Community Mental Health Team** to agree a co-ordinated plan to ensure the safe management of their clozapine treatment during their quit attempt.

For more detailed information on how Mental Health Services manage clozapine clients' smoking cessation attempts see <https://myspsych.nhs.uk/medicines-companion/pathways/clozapine-and-planned-smoking-cessation/>.

### **Caution relating to tobacco smoking cessation**

Caution should be used when supporting clients with certain conditions e.g diabetes mellitus, cardiovascular disease, active peptic ulcer disease and epilepsy.

Whilst it is important these clients benefit from quitting tobacco smoking, they may be more likely to suffer adverse effects as a result of cessation itself e.g.:

- deranged blood glucose levels in **diabetes** and thus require **more frequent** blood sugar **monitoring** than usual and advised to contact their GP or specialist diabetes service if glucose levels change
- any new or worsening cardiovascular symptoms, who should be advised to seek immediate medical attention if experiencing signs and symptoms of myocardial infarction or stroke
- Any new or worsening symptoms of asthma or COPD

Refer to product SPCs for more information.

### **Adverse Drug Reactions**

All ADRs should be reported through the Yellow Card Scheme (<https://yellowcard.mhra.gov.uk/>) even if unclear that the drug has caused it, if the reaction is well recognised, or if other drugs have been given at the same time.

## **6. Client Journey Guidance**

### **Client Journey General Guidance**

1. Pharmacotherapy can be offered to a client for a maximum period of **12 weeks** (although varenicline therapy may be offered for up to 24 weeks at the Pharmacist's discretion in accordance with the latest varenicline PGD).
2. Clients may return after a failed quit to restart a quit attempt at any time in the *same* pharmacy. A client may only start a new quit attempt in a different pharmacy 12 weeks after their first quit. Carefully re-assess a client's motivation and consider referral to Community QYW Services for additional support.
3. Assessing readiness to quit is subject to professional judgement. It may be best to start a quit attempt on the first visit, for clients **sufficiently prepared** following their own planning to be able to commence straight away, as well as **pregnant** women or patients **referred by their GP**.

- NRT can be considered by smokers aged 12 years and over. However, it is not recommended that this group uses NRT unless they have access to a support network to ensure that nicotine dependency and motivation to stop has been assessed. Varenicline is not suitable under 18 years.

**For those aged 12-17 years**, the Pharmacist should if possible:

- Involve the Parent/Carer in the quit attempt by asking them to accompany the young person to the pharmacy on a weekly basis, as this will aid success.
  - Gain consent of a parent or legal guardian if the client is under 13 years of age.
  - Follow the advice of the Caldicott Guardian on establishing and recording consent for clients without capacity <sup>4,5</sup>.
- In exceptional circumstances, discretion may be used in the number of days' treatment supplied if for example, a client is planning to go on holiday or away on business. It is good practice to annotate the PCR stating the reason when (other than the starter pack) more than 7 days' supply is given.
  - For clients smoking tobacco in other forms than cigarettes, see Appendix 4 'Cigarette Equivalents for Tobacco' to aid equivalent dosage selection for prescribing of NRT.

**Further details** of the client journey can be found in Appendix 3.

## 7. Pharmacy Care Record (PCR) Guidance

Other than clients referred from hospitals (via hospital booklet, Appendix 2) all clients' (including housebound) data should be **entered** promptly and MDS data **submitted** at weeks **1, 4** and **12** to ensure payment for service delivery.

It is recommended to have at least **2** staff members responsible for checking the PCR **Reports** tab under **Smoking Cessation Reports weekly**, to prompt:

- Submission of data before key 4 and 12-week submission deadlines **expire** (after which payments will not be made)
- The contacting of clients who require follow up for appropriate data entry
- The closing down records for clients for whom there are no further outstanding 4 or 12-week submissions due

High risk medicine assessments support tool reports	
All high risk medicine assessments for the pharmacy	[1]
All open high risk medicine assessments	[1]
All completed high risk medicine assessments	[0]
Smoking cessation reports	
Open smoking cessation assessments	[3]
Completed smoking cessation assessments	[3]
No interactions in the last seven days	[2]
MDS	
Expiring within the next seven days	[0]
No quit date set	[1]
Awaiting 4 or 12 week follow up	[1]

### Further PCR Support

See [www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/](http://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/) for a more detailed screenshot '**Step by Step Guide to using Pharmacy Care Records (PCR) for Smoking Cessation Services**'.

See [www.youtube.com/watch?v=QF4SsPlwht8&feature=youtu.be](https://www.youtube.com/watch?v=QF4SsPlwht8&feature=youtu.be) for a Smoking Cessation PCR Support Tool training **webcast** produced by Community Pharmacy Scotland.

## 8. Payment for QYW Service Delivery

Prescribed pharmacotherapy is remunerated via successful submission of Universal Claim Form (UCFs) prescriptions.

Payments for delivery of the QYW Pharmacy Service are made to a pharmacy **if** PCR entries are **correctly** submitted at week 1 (£30), 4 (£15) and 12 (£35) but **no later than** weeks 1, 6 and 14 (respectively).

Although varenicline treatment up to 24 weeks is described in the product SPC and may be offered at the Pharmacist's discretion, no further payment is offered beyond 12 weeks.

## 9. Carbon Monoxide (CO) Monitoring

### What does a CO breath test show?

When a smoker inhales smoke from a cigarette, CO is absorbed into their blood through their lungs. It is dangerous because it binds to the haemoglobin in the red blood cells about 200 times as readily as oxygen thus depriving the body of oxygen. A CO breath test shows the amount of carbon monoxide in parts per million (ppm) in the breath.

For readings **below 10 ppm**, advise client this is classed as that of a non-smoker (although the normal range for a non-smoker is between 1 and 5 ppm).

If reading was **10 ppm or above**, advise client this shows a level indicating a smoker.

### How to use CO monitors

See Appendix 5 for further details.

### When to take CO readings and enter on the PCR

Although Carbon Monoxide (CO) readings **must** be taken at **weeks 1, 4 and 12** of the quit attempt, it is good practice for them to be taken each week. Many clients have found weekly CO readings to be an effective motivator to return to receive weekly pharmacy support and ultimately quit.

All CO readings must be **entered on the PCR at weeks 1, 4 and 12** (except for Hospital referrals).

For **Shared Care clients** (e.g. referred from QYW Community Service) there is no need to repeat a CO reading as this should have been recorded in the Shared Care paperwork for entry into the PCR.

If a client has left the service but asserts that they have stopped smoking on follow-up, no CO reading is required. Please enter accordingly into PCR.

## 10. QYW Pharmacy Service Resources and How to Obtain Them

Free Quit Your Way resources available to help support you in delivering the service include:

- **CO monitor related resources;** monitor, non-alcoholic wipes, D-pieces, single-use mouthpieces
- **How to Stop Smoking and Stay Stopped** booklet to be discussed at the start of each quit
- **Quit Your Way** information leaflets, business cards, posters, window stickers, texting service leaflet, 4/8/12 week QYW completion certificates
- **CO monitoring** cards for clients to log their readings
- **Further promotional resources;** for clients (e.g. stress balls with QYW Helpline Telephone number) or for loan to pharmacies (e.g. tar jars or large stand-alone banners to use for promotional events at the New Year or No Smoking Day (March), etc.)

Resources can be either:

- ordered using the **Resource Order Form** or;

- be **downloaded** for printing (e.g. Quit Your Way client completion certificates) at:  
<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/>
- or by contacting the QYW Pharmacy Team directly as per details on front cover

Pharmacies may also use promotional material provided by manufacturers.

# 11. Appendices

## Appendix 1 Community Referral Form



with our support

### INTENSIVE SMOKING CESSATION SUPPORT PHARMACY REQUEST FORM



#### MUST BE SELECTED ON PCR

**Source of Referral:**

- Select **HEALTH POINT** as this is a **COMMUNITY** Shared Care
- Select **MIDWIFE** as this is a **PREGNANCY** Shared Care

**Also**

- Client Consents to Shared Care between pharmacy and non-pharmacy services – verbal consent received via telephone **TICK YES on PCR**

Patient Name:	Address:	
QUIT DATE:	DOB:	CHI:

The above patient consulted a smoking cessation advisor recently and intends giving up smoking. Please assess this patient's suitability for the indicated product (s) and if appropriate, provide the patient with a maximum of 12 weeks supply (dispensed weekly) and submit a UCF or CPUS.

#### Product Request

- Single NRT       Dual NRT       Varenicline

PRODUCT	First line product STRENGTH / DOSAGE	First line product WEEKLY QUANTITY	Dual NRT Product (Pharmacist to discuss quantity with client)
NICOTINELL PATCH	24 Hour <input type="checkbox"/> 21mg <input type="checkbox"/> 14mg <input type="checkbox"/> 7mg	1 Box	
NICOTINELL GUM	<input type="checkbox"/> 4mg <input type="checkbox"/> 2mg	1 Box	
NICOTINELL LOZENGE	<input type="checkbox"/> 2mg <input type="checkbox"/> 1mg	1 Box 1 Box	
NIQUITIN MINIS LOZENGES	<input type="checkbox"/> 4mg <input type="checkbox"/> 1.5mg	2 x pack	
Other –Please specify:			

Advisor Name (Print): \_\_\_\_\_

Designation: HI Practitioner

Co-ordinator Tel: \_\_\_\_\_

Date: \_\_\_\_\_

## Smoking Cessation Support Questionnaire

1. Details		
Does client consent to follow up?	<input type="checkbox"/> Yes (shared care - must say yes to access product) <input type="checkbox"/> No	
Does client consent to sharing information with pharmacy?	<input type="checkbox"/> Yes (shared care - must say yes to access product) <input type="checkbox"/> No <b>Verbal consent received: date &amp; time –</b>	
Mr/Mrs/Miss/Ms/Other	Forename:	Surname:
Date of Birth:	CHI:	
Address:	Postcode:	
Tel No:	Mobile:	
Gender	<input type="checkbox"/> Male (Go to Q2 Ethnic Origin) <input type="checkbox"/> Female	
Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Ethnic Origin		
White	<input type="checkbox"/> Scottish <input type="checkbox"/> Irish <input type="checkbox"/> Other British <input type="checkbox"/> Polish <input type="checkbox"/> Gypsy/traveller <input type="checkbox"/> Other	
Asian	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other	
Caribbean/Black	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/> Other African <input type="checkbox"/> Arab	
Mixed/Multiple (Please specify)	Other (Please specify)	<input type="checkbox"/> Not Disclosed/Refused <input type="checkbox"/>
3. Information about you		
<input type="checkbox"/> In paid employment <input type="checkbox"/> Retired <input type="checkbox"/> Full time student <input type="checkbox"/> Permanently Sick or Disabled <input type="checkbox"/> Homemaker/Fulltime parent or carer <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Not known/missing		
4. Smoking History		
How many cigarettes/roll-ups do you usually smoke per day?	<input type="checkbox"/> <=10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30 + <input type="checkbox"/> Unknown	
How soon after wakening do you smoke?	<input type="checkbox"/> Within 5 mins <input type="checkbox"/> 6-30 mins <input type="checkbox"/> 31-60 mins <input type="checkbox"/> After 1 hour <input type="checkbox"/> Unknown	
How many times have you tried to stop smoking in the past year?	<input type="checkbox"/> No quit attempts <input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4 or more <input type="checkbox"/> Unknown	
5. Referral and Assessment		
Date of Referral:	Initial Appointment Date:	
Shared Care between pharmacy and non-pharmacy services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Source of Referral		
<input type="checkbox"/> Health Point (Shared Care - Community)	<input type="checkbox"/> Midwife (Shared Care - Pregnancy)	
Quit Date:	Intervention Setting (select pharmacy if shared care)	
	Intervention used in quit attempt (select one to one sessions if shared care)	





# Hospital/Pharmacy Booklet

Instruction for patient - take this booklet to your local pharmacy once discharged from hospital.

Instruction for local pharmacy - Please retain in Pharmacy  
- **DO NOT enter data on PCR**

Pharmacy Name & Contractor code:

The patient named within this record card was assessed by a Quit Your Way Hospital Stop Smoking Advisor and a quit plan agreed following consultation. He/she wishes to use Nicotine Replacement Therapy (NRT) (or Varenicline) and receive ongoing support. Please assess this patient's suitability for NRT / Varenicline use and if appropriate, prescribe the product on a CPUS with a maximum of 12 weeks supply (dispensed weekly) in accordance with the SPC recommendations.

\*Please post booklets back on completion\*

Quit Your Way Pharmacy Service  
West House  
Gartnaval Royal Hospital  
1055 Great Western Road  
Glasgow, G12 0XH

Or scan and email to: [PharmacyHIT@ggc.scot.nhs.uk](mailto:PharmacyHIT@ggc.scot.nhs.uk)

## Quit Your Way Hospital Service - Pharmacy Record

Patient Name:

Contact Tel nos:

Address:

CHI/DOB:

QUIT DATE:

Please note that Nicotinell Patch© (or Varenicline) is first line treatment. If there are exceptional circumstances / other product(s) used, state reason.

Any circumstances of importance should be noted here.

QYW Hospital Contact: Name.....No: 0141 451 6112

QYW Community Contact: Name.....No:

### Dispensing Record

**Clients should be stepped down as per manufacturer guidelines**

Please dispense weekly and record below. If a second NRT product is noted the client fulfils the criteria in NHS Greater Glasgow & Clyde's guidelines. If patient is a hospital staff member please note full prescription to be fulfilled by pharmacy and support will be from Quit Your Way – Hospital Service.

Wk	Single(S) / Dual(D) therapy	Brand	Strength / dose	Product:	CO (if taken)	Supplied by: H = hospital, P = pharmacy Signature required	Date Issued
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

## Appendix 3 Client Journey Through QYW Pharmacy Service

### Pre-quit attempt: week 0 – Discussing the options

Clients can be seen by either a trained assistant or Pharmacist, except if the client:

- is under 18 years of age
- is pregnant/breastfeeding
- has a medical condition or
- is asking about varenicline or Zyban

when a Pharmacist must be consulted.

N.B. Specialist service clients (e.g. QYW Community or Pregnancy) will already have had a Week 0 assessment.

**Check** if the client is presenting from a specialist service.

If they are, ask them for the relevant paperwork to enable data upload to the PCR.

**Assess** the client's current smoking status and previous quit attempts.

**Confirm** the client is motivated to stop smoking.

**Complete** the Initial MDS data collection form with the client.

If varenicline is to be used, the varenicline risk assessment form must be completed with the client by a Pharmacist who has signed the NHSGGC varenicline PGD and completed appropriate training. The risk assessment form should be retained in the pharmacy for 3 years.

**Consider** if specialist smoking cessation support is preferable and highlight specialist services such as QYW Pregnancy Service. Refer as appropriate.

**Discuss:**

- Pharmacotherapy options and suitability for these: NRT- single or dual therapy and the products available, varenicline - refer to Pharmacist if required.
- The advantages and disadvantages of stopping smoking.
- The [‘How to stop smoking and stay stopped’](#) booklet available from the QYW Pharmacy Team encouraging the client complete relevant sections.
- The return appointment in about a week's time if client is ready to quit.

**Obtain** consent to follow-up.

**Record** the client's details on PCR. This must include contact details for follow-up. Include area dialling code if a landline number is given e.g. 0141. The pharmacy phone number should not be used.

**Do not** set the quit date in the smoking cessation support tool at this stage and do not provide pharmacotherapy (unless pregnant or referred from another QYW service or GP).

## **Return appointment - week 1- Setting the quit date**

This may be more or less than a week from the initial contact with the client depending on the time it takes for them to consider their quit attempt.

The client may be seen by a trained assistant who can take them through most stages of this consultation **except** if varenicline is required. For varenicline, a suitably qualified Pharmacist must assess and counsel the client for pharmacotherapy.

**Determine** the client's smoking status using the CO monitor and provide feedback to the client as appropriate.

**Record** the results of the CO reading in PCR and on the client's *CO Monitoring Card* (available to order from the QYW Pharmacy Team).

**Discuss** pages from the relevant sections of the '*How to stop smoking and stay stopped*' booklet to ensure the client wants to stop smoking. **Encourage** the client to provide a quit date (according to pharmacotherapy chosen, as below) and record in the PCR.

**Provide** pharmacotherapy in line with GGC formulary\*.

**Complete** a UCF form for all product(s) supplied **weekly** with the client's **CHI number** on the form for payment to be processed.

**Explain** to the client that their data will be recorded on the national database, i.e. that by signing the UCF form they are consenting for data-sharing with relevant NHS personnel, and that they may be contacted for follow-up.

**Arrange** follow-up appointments at weekly intervals for up to a 12-week period.

**Give** encouragement to continue the quit attempt.

**Submit** the MDS data detailing the 'quit date' from PCR electronically promptly to trigger the **first payment (£30)**.

N.B The PCR will set week 4 and 12 dates by the 'quit date' set at this time.

\* For **NRT** clients:

**Ensure** that the client has been fully assessed for the use of NRT in relation to medical conditions, medicines, and pregnancy/breastfeeding. **Confirm** quit date for within the next few days.

*Check dose of NRT is adequate for needs of client e.g. clients using a 21mg NRT patch who smoke on average 20 cigarettes or more per day are eligible for a second NRT product throughout their 12-week journey for breakthrough cravings.*

For **Varenicline** clients (**Pharmacist only**):

**Provide** the 2-week titration starter pack and explain suitable use.

**Confirm** the quit date between 7 and 14 days after starting.

**Request** the client returns in 1 week for support only.

**Inform** the client's GP that they will be prescribed varenicline from the pharmacy, using appropriate template letters as at: [www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/](http://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/pharmacy-services/smoking-cessation-public-health-service/)

**Follow-up – weeks 2 to 12\*\*\***

**Discuss** progress.

**Offer** suggestions on how to cope with cravings if required.

**Assess** compliance with and suitability of pharmacotherapy.

**Provide** a further week's supply of pharmacotherapy in line with GGC formulary.

**Complete** a UCF form for all pharmacotherapy supplied on a weekly basis, ensuring the client's CHI number is included.

**Carry out CO monitoring.** Record on PCR and client's CO monitoring card.

**Record** consultation details on PCR. Do not complete 'Assessment completion' until week 4, or if still a non-smoker at week 4 the week 12 MDS submission has been made.

**Follow up** clients who **do not present** as anticipated.

At least **three** attempts should be made to follow up clients who have not presented in line with local NHS Board procedures.

### \*\*\* Additionally at week 4

If the client is a non-smoker (<10ppm CO reading or reporting 5 or less cigarettes smoked) **issue** the **Four Week Certificate** (obtainable from the QYW Pharmacy Team) and **submit** the MDS data detailing the quit date from PCR electronically promptly to avoid missing the 4-6-week post-quit window for submission.

This will trigger the **second payment of £15**.

N.B if the PCR data is **not** submitted by week 6 no subsequent payments may be claimed even if the client is a non-smoker at 12 weeks

If the client reports they are still smoking, i.e. having **smoked five or more** cigarettes at the 4-week post-quit date, the client **cannot** be continued on the service. The quit attempt is deemed **unsuccessful**. **Enter** details accordingly in the PCR, **submit** their 4-week MDS (triggering £15 payment), then **close** their record via 'Assessment Completion'.

### \*\*\* Additionally at week 8

If client is a non-smoker **issue** the **8 Week Certificate**

### Follow-up – week 12

**Determine** the client's smoking status using the CO monitor to provide feedback.

**Record** the results of the CO reading in the smoking cessation support tool within PCR.

**Congratulate** the client and encourage them to stay quit.

**Issue** the **12 Week Certificate** (obtainable from QYW Pharmacy Team).

**Submit** the MDS data from PCR electronically **immediately** after the appointment but no later than 14 weeks after the quit date. This will trigger the **final payment of £35**. Once submitted, close via 'Assessment Completion'.

**Follow up** clients who have defaulted since week 4.

**Contact** the client and **record** as a smoker, successful or as 'lost to follow up' (if unable to reach despite 3 attempts) then **submit** 12-week MDS data. Once submitted (triggering **final payment of £35**), **close** via 'Assessment Completion'.

'Lost to follow up' clients can be followed up by the QYW Pharmacy Team.

### **Further support?**

Where a client has quit smoking but requires advice beyond the 12-week period they should be advised that they can also seek support from local specialist smoking cessation services (eg Quit Your Way Community) and the national telephone support line, Quit Your Way Scotland on T:0800 84 84 84.

The service is open Monday to Friday from 9am – 5pm and supported by a website which offers interactive web chat with trained support staff [www.nhsinform.scot/smokeline](http://www.nhsinform.scot/smokeline).

## Appendix 4 Cigarette Equivalents for Tobacco

<b>Cigarette equivalents for tobacco users</b>
<b>Pipe smokers</b>
One bowl of tobacco is roughly equivalent to 2.5 cigarettes
Take the total number of bowls of tobacco smoked per day and multiply by 2.5

<b>Cigar smokers</b>	<b>Approximate number of cigarettes</b>
One small size cigar e.g. Café Crème	1.5 cigarettes
One medium size cigar e.g. Hamlet	2 cigarettes
One large size cigar e.g. Havana	4 cigarettes

<b>Roll-your-own smokers</b>	
The smoker may not know how many 'roll ups' they smoke in a day or assert that they vary the quantity of tobacco they use.	
However, they should be able to estimate how many grams or ounces of tobacco they use weekly. 25gms (1oz) of tobacco is approximately equivalent to 50 cigarettes.	
N.B. Most common weights of rolling tobacco purchased are 25g and 50g. However, packs available for sale in UK might range in weight from 9g to 100g.	
To calculate cigarette equivalents, multiply the number of 25g (1oz) units of tobacco used weekly by 50 divided by 7 to approximate the daily smoking habit.	
e.g. 75g tobacco smoked weekly is calculated $75/25 = 3 \times 50/7 = 21.4$ So approximately 21 cigarettes per day are consumed.	
<b>Grams (ounces) of tobacco smoked per week</b>	<b>Approximate number of cigarettes per day</b>
<i>25gms tobacco (1oz)</i>	7
<i>50gms tobacco (2oz)</i>	14
<i>75gms tobacco (3oz)</i>	21
<i>100gms tobacco (4oz)</i>	28
<i>125gms tobacco (5oz)</i>	35
<i>150gms tobacco (6oz)</i>	42



## Appendix 5 How to Use CO Monitors

Each CO monitor user manual will have detailed information guiding use appropriate to the type of monitor used. In general:

1. Both client and pharmacy staff should wash hands with soap and water or use **non-alcohol** sanitizing gel or wipes (to avoid false readings from the sensor)
2. Attach a D-piece to the monitor (if not already in place)
3. Attach a new disposable mouthpiece to the monitor for **each** client
4. Turn the machine on
5. Ask the client to take a deep breath
6. When activated, the monitor will count down 15 seconds and beep during the last 3 seconds
7. The beep should prime the client to blow slowly into the mouthpiece aiming to empty their lungs completely
8. The parts per million (ppm) of carbon monoxide in the lungs will be displayed on the screen. If the test was not successfully completed, repeat as appropriate
9. The mouthpiece should be removed by the client for infection control reasons, disposed of after **each** test and placed in a leak-proof bag for disposal
10. Clean the D-piece and monitor with a non-alcohol wipe after each use and replace the D-piece every month (or more frequently if visibly soiled)
11. After CO reading completion, wash hands with hot water and soap or non-alcohol hand gel

### Helpful Tips

- If the monitor screen shows a screwdriver image or you have any concerns, switch off and remove the batteries for about ten minutes. If the monitor does not work after replacing the batteries, please contact the QYW Pharmacy Team.
- Be aware that readings may be affected if clients or staff use perfume, hairspray, air freshener or alcohol hand gels near the sensor. N.B. Alcohol on the client's breath should have no effect as the monitor's filters can process this.
- If using gloves, avoid risks of latex allergy by using latex-free gloves.
- Monitors, extra mouthpieces, D-pieces and alcohol-free wipes can be ordered from the Pharmacy Smoking Cessation Team. Resource order forms can be found as per below.
- If a client's CO reading shows a higher reading despite quitting, advise client to test CO levels in their home or car in case of undetected CO leaks in home or from exhaust (as has been found with some previous quitters).

## 12. References

1. BNF: [Bupropion hydrochloride | Drugs | BNF | NICE](#)
2. [www.medicines.org.uk/emc/product/2254/smpc](http://www.medicines.org.uk/emc/product/2254/smpc)
3. NICE guidelines [NG209] [www.nice.org.uk/guidance/ng209](http://www.nice.org.uk/guidance/ng209)
4. [www.gov.uk/government/publications/the-information-governance-review](http://www.gov.uk/government/publications/the-information-governance-review)
5. [www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/InfoGovIndex/Pages/IGHomepage.aspx](http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/InfoGovIndex/Pages/IGHomepage.aspx)