

**Public Health Extended Service Specification:
Smoking Cessation Services based in
Community Pharmacies**

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1.0 Introduction

- 1.1 Public Health pharmacy smoking cessation services deliver increased choice and easier access to cessation support for smokers across Stockport. This Public Health scheme provides an opportunity for pharmacists to target activities and support people in local, non-clinical and accessible settings. The scheme compliments services provided from ABL Stockport and GP practices.
- 1.2 This service specification details the pharmacy element of Stockport Council's Public Health smoking cessation service provided in selected pharmacies across Stockport. This specification is designed to cover aspects of service provision which are beyond the scope of pharmacy 'essential services'. No part of this specification by commission, omission or implication defines or redefines pharmacy essential or advanced services.
- 1.3 Stockport Council commissions ABL as a specialist stop smoking service. Their Service Specification includes a requirement to continue to support the delivery of pharmacy-enhanced schemes for smoking cessation by providing advice and support to pharmacies delivering brief interventions.

2.0 Period of Service

- 2.1 Services will be commissioned as detailed in this specification and with regard to Stockport Council's Standard Contract unless there is significant revision in the service level agreement by any future commissioning body.

3.0 Aims of Service

- 3.1 The aim of the scheme is to address proactively the needs of people age 18 and over who want to stop smoking by ensuring they receive high quality pharmacy smoking cessation support including managed nicotine replacement therapy (NRT).
- 3.2 The overarching objectives are to
 - To reduce smoking related illnesses and deaths by helping people to stop smoking
 - To improve access to and choice of smoking cessation support services

4.0 Essential Criteria and Quality Indicators

All participating pharmacies must be able to demonstrate:

- 4.1. A suitable consultation area that ensures client confidentiality.
- 4.2. The commitment to staff training to the appropriate levels agreed with commissioners. All staff participating in the scheme must complete and register as maintaining their skills and competencies as part of an agreed self-assessment process. This includes maintaining skills for the management of single and/or dual therapy treatments (for a maximum of 12 weeks) in accordance with NICE guidance.
- 4.3. Participating pharmacies should be accredited CPPE / NCSCT (online – Stage 1 & 2) courses and attend any appropriate local training. In addition to pharmacists, the above applies to any locum pharmacists and any support staff nominated to deliver the consultation under supervision of the pharmacist.

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- 4.4. Sufficient resource to deliver the service, where customers are able to make appointments at all times the pharmacy is open, including weekends and evenings.
- 4.5. Appropriate material available for people accessing the service and promote its uptake (e.g. leaflets, posters and other stop smoking materials). This should be material produced by GM Health and Social Care Partnership or National Smoke Free branded material. The pharmacy should support stop smoking focussed promotions annually such as National 'No Smoking Day' and 'Stoptober'.
- 4.6. A commitment to complying with the Department of Health standards for the delivery of smoking cessation services ([LINK](#))
- 4.7. A good knowledge of and commitment to effective liaison with the ABL Stockport Stop Smoking service.
- 4.8. Pharmacists must be fully informed about the products that are funded under the scheme.
- 4.9. Advice given to clients during consultation must be in line with the Treatment Guide for NRT.
- 4.10. A commitment to using PharmOutcomes for the purpose of:
 - keeping accurate and timely records of consultations
 - audit
 - generating and submitting invoices to Stockport Council.
 - collating data on clients and meeting local information governance guidelines.
- 4.11. That the lead pharmacist signs the Enhanced Service Specification for Smoking Cessation Service based in Community Pharmacies on joining the scheme (see appendix 1)
- 4.12. New pharmacies can join the scheme if they meet the essential criteria and there is an identified need for smoking cessation support in the locality. Any requests to join the scheme must be discussed and agreed in advance with the commissioner.

5.0 Service Outline

- 5.1. The following points are given as a brief description of the key elements that are integral to the service and are detailed in appendix 2.
 - An initial consultation
 - A second consultation (2 weeks after quitting and/or setting a quit date)
 - Third consultation (4 week follow up)
 - A fourth fifth & final consultation
 - Monitoring and reporting on all clients, including those lost to follow-up
 - Completion and submitting of monitoring forms
 - Data collection and filing arrangements
- 5.2. Exclusion and inclusion criteria are listed in Appendix 4

6.0 Audit and Review

- 6.1. A review of all active service sites will be undertaken where there are concerns regarding delivery or performance. This could include:

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- a. Service uptake.
- b. Successful quitters.
- c. Unsuccessful quitters.
- d. Financial review.
- e. Feedback of activity.

6.2. Inactive sites will be informed of the importance of maintaining skills and competencies and offered support by ABL Stockport.

7.0 Agreement Termination

7.1 The Commissioner and the provider may agree, in writing, to terminate the contract and, if agreement is reached, the date on which the termination should take effect, with a minimum notice period of 30 days.

7.2 The Commissioner will have the right to suspend or terminate delivery of the service if the provider fails to meet the terms of this agreement, including accredited pharmacist status.

8.0 Agreement Variation

8.1 Stockport Council as the commissioner reserves the right to vary any part of this agreement at any time as a result of any Act of Parliament or direction of Central Government or outcome of review of audit, providing that no less than 30 days-notice to this effect is given.

9.0 Finance Arrangements

9.1 Payments are made to the pharmacy contractor who employs an accredited pharmacist to provide the service from a pharmacy commissioned to provide the Smoking Cessation enhanced service. They are as follows:

- Full reimbursement of the TRADE price (as described by C&D price list) of NRT products dispensed plus VAT (less cost of prescription if client not entitled to free prescription).

In addition to 9.1 above a maximum of £23 consultation fee per client is available. This includes:

- £7 per client for the initial consultation/ dispensing 1st voucher, £8 for two products.
- £1 per client for dispensing vouchers 2, 3 4 5 and 6. £2 for 2 products
- £5 per fully completed* monitoring form (this is an essential requirement)

*In addition, to qualify for the monitoring form payment the pharmacist must ensure that all monitoring fields on the form are completed, including the 4 week follow up.

9.2 The reimbursement for the above costs is via invoice, generated via PharmOutcomes.

9.3 The payments detailed above may be subject to a revision dependent on any changes in the fees following negotiations between the Commissioner and the LPC, unless there are national tariff changes to the costs of medication, or services.

9.4 In order to generate payments monitoring data must be included on PharmOutcomes. Where clients are lost to follow up after the initial consultation and dispensing of NRT products this

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must be documented and attempts to follow the client up must be made in accordance with DH guidance (appendix 3).

Appendix 1 – Service Agreement



PHARMACY ENHANCED SERVICE FOR SMOKING CESSATION

Service Agreement

The Pharmacy agrees to provide the Pharmacy Enhanced Service for Smoking Cessation and agrees to deliver the requirements as specified in this Service Specification.

Pharmacist	
Pharmacy Name	
Pharmacy Address	

Commissioner:

Alison Leigh
Behaviour Change Lead
Public Health
Stockport Metropolitan Borough Council
Town Hall,
Stockport SK1 3XE

Authorised Signatory on behalf of The Provider

Signed	
Print name	
Date	

Please return signed form C/O Meghan Haslam at the address above or by e-mail to Meghan.haslam@stockport.gov.uk

Appendix 2 - Guidelines

Guidelines for Pharmacy enhanced service for delivering smoking cessation in pharmacies

Please be active in recruiting people to the scheme by promoting the service to all your customers. The scheme can only operate when the pharmacist who has signed the Local Enhanced Service Specification for Smoking Cessation based in Community Pharmacies is on the premises.

Each client can have 2 attempts in any 6 month period, if assessed as ready to quit. If this is not adequate please refer them to ABL Stockport (870 6492) or their GP practice for more intensive support.

People can only be accepted on the scheme if they are ready to set a quit date within the next 2 weeks. If they are thinking about quitting in the future, provide materials to assist their decision making, and leave the offer of help open.

The pharmacist who has signed the above documentation is responsible for:

- assessing the client.
- signing the initial consultation form.
- dispensing all NRT and signing all vouchers (only one type of NRT product per voucher). Completing a monitoring form and returning it to ABL Stockport in a timely manner.
- Accurate invoice returns which can be audited.

Initial consultation

- Congratulate the person on making the first step.
- Explain the scheme – a client hand-out is useful here.
- Discuss what happens after 8 weeks.
- Obtain consent to record data and share anonymised data with ABL Stockport.
- Complete initial consultation form (must be signed by the pharmacist who has signed the above documentation).
- Assess motivation to stop using stages of change model.
- If motivated, agree a quit date which should be within 2 weeks.
- Discuss NRT and options. Explain use of relevant NRT product.
- Dispense first 2 weeks of NRT (Products must be dispensed and voucher signed by the pharmacist who has signed the above documentation).
- Encourage planning e.g. keeping a diary, getting social support and avoiding high risk situations.
- Fill in the first part of the monitoring form.
- Explain about the 4-week follow up and obtain appropriate contact phone number.
- Discuss confidentiality issues around telephoning and leaving messages.
- Arrange 2nd appointment, 2 to 3 days before NRT runs out.

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- Encourage person to come back sooner if product not suitable or they need additional support.
- Offer Carbon Monoxide (CO) reading – if equipment available.
- Complete invoice record.

Second consultation (usually around day 10 -12 of quit; middle of week 2)

- Establish whether client has quit. Validate with CO monitor – if available.

If person has not smoked since quit date:

- Congratulate success and re-motivate.
- Assess suitability of NRT product.
- Discuss side effects, symptoms of recovery, cravings, and any difficulties.
- Dispense next 2 weeks of NRT (Products must be dispensed and vouchers signed by the pharmacist who has signed the Pharmacy Enhanced Service for Smoking Cessation).
- Arrange 3rd appointment 2 to 3 days before NRT runs out.

If person has smoked since quit date assess readiness to now be totally abstinent.

If ready to be totally abstinent, proceed as above (see also definition of “quit”).

If not ready to be totally abstinent, this quit attempt is finished. Do not issue any further vouchers, complete monitoring form as “not quit”, leave offer of help open in the future.

Third consultation (try to arrange on or after day 25 of the quit, middle of week 4).

- Establish whether client has quit. Validate with CO monitor – if available.

If person has not smoked within the last 2 weeks:

- Congratulate success and re-motivate.
- Assess suitability of NRT products.
- Discuss side effects, symptoms of recovery, cravings, and any difficulties.
- Dispense next 2 weeks of NRT (Products must be dispensed and vouchers signed by the pharmacist who has signed the above document).
- Arrange 4th appointment 2 to 3 days before NRT runs out.
- **If this consultation takes place on or after day 25 complete 4 week follow up as “quit” if person has not smoked at all in the last 2 weeks**

If person has smoked in the last 2 weeks but it occurred between days 1 and 14 of the quit attempt proceed as above if they are ready to be totally abstinent.

It is too soon to complete the monitoring form **if they smoked days on days 12 -14** of the quit attempt.

If the person smoked on or after day 15 do not issue any further vouchers. Complete the monitoring form as “not quit”. Leave offer of help open in the future. **This is the end of this quit attempt.**

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[The monitoring period is for 28 days (minus 3, ie day 25 or plus 14, ie day 42) from the quit date. The person cannot set a new quit date within this time. Each client can have 2 attempts in any 6 month period, if assessed as ready to quit.].

Fourth, Fifth and FINAL consultation of this quit attempt:

- Establish whether client has quit. Validate with CO monitor – if available.

If person has not smoked since day 15 from their quit date:

- Assess suitability of NRT products.
- Discuss side effects, symptoms of recovery, cravings, and any difficulties.
- Congratulate success and re-motivate.
- Dispense 2 weeks of NRT (Products must be dispensed and voucher signed by the pharmacist who has signed the Pharmacy Enhanced Service for Smoking Cessation).
- **Complete 4 week follow up as “quit if the person has not smoked at all in weeks 3 and 4 of their quit** and the monitoring form was not already completed at third consultation
- Advise on how to obtain further supplies of NRT after week 12 if required.

If the person has smoked during weeks 3 and/or 4 of the quit attempt congratulate on the success they have achieved and leave offer of help open in the future.

Complete the monitoring form as “not quit”.

If the person was not smoking in weeks 3 or 4 but has smoked since congratulate on the success they have achieved and leave offer of help open in the future.

[The monitoring period is for 28 days (minus 3, ie day 25 and plus 14, ie day 42) from the quit date. The person cannot set a new quit date within this time. Each client can have 2 attempts in any 6 month period, if assessed as ready to quit.]

- See below for managing clients lost to follow up.

Appendix 3

Definition of a Quit / Lost to follow up

According to Department of Health guidance, a quitter is defined as a client who having attended at least one session of intervention and having set a quit date has not smoked in the immediate 2 weeks prior to being followed up by the adviser. Follow up can take place between day 25 and day 42 following the quit date. If possible, a carbon monoxide reading should be taken at this time and recorded.

Example:

Joe Blogs is seen on 1st April and sets a quit date as 1st April. His 4-week follow up can take place anytime from 25th April to 11th May (day 25 to day 42). He finds it difficult initially and smokes 2 cigarettes on the 8th April. From his 2 cigarettes on 8th April up until his 4 week follow up on the 25th April he does not smoke – he is therefore recorded as a Quitter at 4 weeks because he has been smoke free for at least the last 2 weeks prior to contact which was conducted within the specified time frame (see above).

Not quit: Client to be totally abstinent 14 days prior to being followed up. (Day 25 to day 42).

Lost to follow up: Up to 3 attempts should be made to reach a client by telephone, one of which should be in an evening. A letter may also be sent. If they cannot be contacted then they should be recorded as “lost to follow up” for monitoring purposes.

INCLUSION AND EXCLUSION CRITERIA

Criteria for Exclusion – Refer to GP Exclude if:	Pregnant women only Refer back to midwife or GP if they have:	Criteria for inclusion Include if:
<ul style="list-style-type: none"> • Aged 12 - 18 years. <input type="checkbox"/> • Using theophylline, aminophylline or flecanide. NRT, amfebutamone or bupropion (Zyban). <input type="checkbox"/> • Have uncontrolled hypertension. <input type="checkbox"/> • Have had previous adverse reaction to nicotine or any other NRT product ingredient. <input type="checkbox"/> • Within last 4 weeks had a cardiovascular event or hospitalisation for stroke; transient ischaemic attack. MI; unstable angina; cardiac arrhythmia; coronary artery bypass or angioplasty. <input type="checkbox"/> • Uncontrolled diabetes or are pregnant with diabetes. <input type="checkbox"/> • Severe Hepatic and/or renal impairment. <input type="checkbox"/> • Pheochromocytoma. <input type="checkbox"/> • Patches only – chronic generalised skin disease or a previous reaction to transdermal patches. <input type="checkbox"/> • Nasal spray only – chronic nasal disorder. <input type="checkbox"/> 	<ul style="list-style-type: none"> Hypertension (pregnancy induced or essential). <input type="checkbox"/> Cardio-vascular disease. <input type="checkbox"/> Peripheral vascular disease. <input type="checkbox"/> Heart Failure. <input type="checkbox"/> Over active thyroid or diabetes. <input type="checkbox"/> Kidney or liver disease. <input type="checkbox"/> Stomach ulcers. <input type="checkbox"/> Skin disease e.g. psoriasis. <input type="checkbox"/> Taking Warfarin or nicoumaline tablets. <input type="checkbox"/> Other problems associated with pregnancy. <input type="checkbox"/> Other reason for exclusion (see left). <input type="checkbox"/> Explained the use of NRT in pregnancy. <input type="checkbox"/> 	<ul style="list-style-type: none"> No contraindications for inclusion in the scheme. <input type="checkbox"/> Client sufficiently motivated to stop. <input type="checkbox"/> Explained scheme. <input type="checkbox"/>

Appendix 5

Pharmacy Scheme Client Information Sheet

Information on support from your local pharmacy team to stop smoking: This pharmacy based Nicotine Replacement Therapy (NRT) scheme has been set up to offer you maximum support with stopping smoking. Here are a few questions you might like answers to:

Can everyone use Nicotine Replacement Therapy (NRT)?

For most people NRT is perfectly safe. Your pharmacist will check if it is safe for you. If there is any reason why your pharmacists can't prescribe NRT for you, you will be referred to your GP.

How much NRT can I get?

You will be offered 12 weeks NRT in total, either free if you don't pay for your prescriptions or at the cost of 12 prescriptions if you normally pay for your prescriptions. You will receive 2 weeks supply at each of your 6 consultations with the person supporting your quit attempt in the pharmacy.

What do I have to do to get my supply of NRT?

After you have seen the pharmacist they will help you decide on a quit date. You will need to set a date to stop smoking to get your first supply of NRT and to stay stopped to get further supplies of NRT. This is very important, as you should not use NRT products whilst you are still smoking.

Can I save my NRT to use later?

You should start using your NRT on the first day of your quit attempt and this should be within 2 weeks of first consulting with your pharmacist. Make sure you arrange to see your pharmacist again before your NRT runs out then and then at 2 weekly intervals so your quit attempt will be continuous over the whole 12 weeks. You can't save them to use later because we know from the research that this isn't the best way to try to stop smoking.

Do I have to collect the NRT myself?

Yes. You can't send someone else in to pick the NRT up for you.

What else does this scheme offer me?

The benefit of this scheme is that in addition to the NRT you get on-going support from your pharmacist and their staff. At your first session you will be offered lots of advice on how best to stop and stay stopped, you will get lots of information on the best NRT product for you and you may have your carbon monoxide level monitored. After your first appointment you are entitled to five more sessions two weeks apart. You can discuss any problems you have had, receive a further two weeks supply of NRT and may have another carbon monoxide test. There is lots of research to show that if you use NRT and you are supported by a health professional, such as a pharmacist you are much more likely to stop smoking. This is an NHS based scheme and we want you to be able to access the best level of care.

What if I miss an appointment?

Please try to let the pharmacy know and re-arrange as quickly as possible before your NRT runs out.

Is the service confidential?

Everything discussed within the one-to-one session will remain confidential. However, there may be occasions when an advisor may need to disclose certain information, but he/she will discuss this with you first. Your pharmacist will retain and store client information in a secure and confidential manner.

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Appendix 6

Public Health Extended Services
SMOKING CESSATION BASED IN COMMUNITY PHARMACIES
COMPETENCY FRAMEWORK

Date of Review

Pharmacy / Pharmacist:

Pharmacy Name..... Pharmacy Code.....

Pharmacist Name..... Signature.....

Outcome / Actions / Comments:

Reviewer:

Signature.....

Name (Print).....

Designation.....

Date.....

(Copy to be retained by individual pharmacy.)

SERVICE INDICATOR		
1. PREMISES & EQUIPMENT	EVIDENCE TO CHECK	VERIFICATION
<p>a. The part of the pharmacy used for the provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.</p>	<p><i>Consultation room (essential for new sites joining the scheme) compliant to allow:</i></p> <ul style="list-style-type: none"> • Seating for 2 people • Provide conversation at normal speaking volume • If consultation room not used discuss with staff where service occurs & how public perceptions are managed – have any clients chosen to use other service providers 	
<p>b. The initial consultation and validation of ‘quit’ should include a carbon monoxide (CO) test (if available).</p>	<ul style="list-style-type: none"> • Use of CO monitor, if available • Discuss use of monitors and disposable mouthpieces • Machine calibrated • Infection control resources available 	
<p>c. Participating pharmacies must have adequate and secure record keeping processes in place, which allow easy access for collation of data, whilst confidentiality is maintained.</p>	<ul style="list-style-type: none"> • Check lockable storage available • Discuss what record management processes are in place (paperwork/electronic data). 	

SERVICE INDICATOR		
2. Procedures and Risks The Pharmacy will provide one to one support and advice to the user and reference to specialist services if necessary. They will facilitate access to and where appropriate supply stop smoking drugs and aids	EVIDENCE TO CHECK	VERIFICATION
a. The Pharmacy has in place a Service Specification and supporting guidelines which are reviewed at agreed timescales.	<ul style="list-style-type: none"> • Service specification signed and dated and evidence of annual reviews. • Signposting information to specialist services when referral appropriate. • Annual revision of service by commissioner and service manager 	
b. The Pharmacy will confirm the eligibility of the person to access the service, based on local guidelines	<ul style="list-style-type: none"> • Active recruitment by promotion within pharmacy 	
c. <i>Initial consultation should include:</i> <ul style="list-style-type: none"> ➢ Assessment of persons readiness to make a quit attempt ➢ Assessment of persons willingness to use appropriate treatments ➢ Completion of 'initial form' ➢ Carbon monoxide test, if equipment available 	<ul style="list-style-type: none"> • Guidelines in place • Completion of initial form • Signature of pharmacist • Discussion with staff • Client to have given consent to allow consent of data transfer • Client has access to up to date verbal and written information 	
d. If considered appropriate the pharmacist may supply treatment from an agreed formulary and will advise on its use	<ul style="list-style-type: none"> • Evidence of NRT treatment guide. • Agreed formulary products available • Appropriate referral on to other services where treatment is outside formulary. 	
e. Follow up consultations should be agreed with the person and will include smoking status validation using a CO test, if equipment is available	<ul style="list-style-type: none"> • If CO monitor available record in clients records and include in monitoring data. 	

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	EVDIENCE	VERIFICATION
f. People not wishing to initially engage or those who choose not to complete the programme may be offered appropriate health literature or referral to alternative local support i.e provided by Healthy Stockport or local GP	<ul style="list-style-type: none"> • Signposting information for other smoking services • Leaflets on smoking cessation 	
g. The pharmacy has appropriate health promotion material and promotes its literature.	<ul style="list-style-type: none"> • Posters and/ or leaflets on display • Information in consultation room for use during service interventions • Supporting CO client resources available 	
h. The % of successful 4 week quits remains within the agreed locally set guidelines [35% minimum]	<ul style="list-style-type: none"> • Quit rate obtained from Healthy Stockport quarterly spread sheets • Follow up procedures recorded on individual data forms. • Data forms returned by deadlines. 	
i. The pharmacy participates in an annual review of the service provision.	<ul style="list-style-type: none"> • Agreed PH Extended Service Specification in place • Named commissioner and service lead • Pharmacy has completed / evidence of fraud declaration documentation • Review in place 	
j. The Pharmacy co-operates with any locally agreed review/assessment of service	<ul style="list-style-type: none"> • Consultation records kept for minimum of 2 years, unless there are clinical indications to keep them longer 	

SERVICE INDICATOR		
3. <u>Knowledge Training and CPD</u>	EVIDENCE TO CHECK	VERIFICATION
<p>a. The service commissioner, with support from the Healthy Stockport pharmacy lead, has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service</p>	<ul style="list-style-type: none"> • Brief Intervention Workshop – Level 1 • Intermediate training completed – Level 2 • PGD for NRT for guidance only • CPPE Stop Smoking e-learning assessment, completed within 3 months of attending a workshop [staff may have completed the local workshops] • NCSCT – online stage 1 & 2 smoking cessation modules – copies of certification • Awareness of commissioner and Stop Smoking pharmacy lead for scheme 	
<p>b. The service commissioner, with support from the Healthy Stockport pharmacy lead, has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and act in accordance with local protocols and NICE guidance</p>	<ul style="list-style-type: none"> • Treatment guide for NRT • Attendance at level 2 Smoking training • Local workshops and 1:1 support from commissioners and Healthy Stockport pharmacy lead 	
<p>c. The Pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service</p>	<ul style="list-style-type: none"> • Level of service adequate to maintain CPD competencies • RPSGB CPD entries • HAG accredited/ reaccredited • CPPE new e-learning accreditation. • Attendance at update events. 	

SERVICE INDICATOR		
4. RECORDS	EVIDENCE TO CHECK	VERIFICATION
<p>a. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery & audit</p>	<ul style="list-style-type: none"> • Copies of initial consultation form • Invoice records • Treatment guide for NRT kept on the premises • Health questionnaire completed at initial consultation • Records kept for 2 years at Pharmacy unless there are clinical indications to keep them longer. • The use of CO monitor, the maintenance records including cleaning procedures, calibration records and infection control guidance (provided by the Healthy Stockport) must be available 	
<p>b. Supply of treatment must be recorded on the patients medical record</p>	<ul style="list-style-type: none"> • Medication Records for NRT supply • Adverse reactions reporting process in place • Record keeping procedures in place 	