

Livewell Southwest

**Protocol for the Supply of Nicotine
Replacement Therapy Products to Livewell
Southwest Employees**

Version No 1.0

Review: May 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of Livewell Southwest Intranet holds the most recent and approved version of this guidance. Staff must ensure they are using the most recent guidance.

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Reader Information

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Document Version Control

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0.1	First Draft	11/03/16	HIP Manager	
0.2	Second Draft	22/03/16	Pharmacist	Changes for MGG
1.0	First published version of the document	12/05/2016	HIP Manager	Following MGG on 01/04/16

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1. Purpose of Protocol

This protocol will ensure that Livewell Southwest employees have access to a stop smoking service and the provision of an appropriate supply of NRT. Given in a timely and appropriate way, this therapy will aid smoking cessation or withdrawal relief for employees during working hours.

The Health Improvement Practitioner seeking to supply NRT products must ensure that all clients have been assessed and meet the criteria outlined in this protocol before supplying the product.

The Health Improvement Practitioner will take the clinical responsibility for the NRT recommendation and supply of medicines under the protocol.

Abbreviations	
HIP	Health Improvement Practitioner
SSS	Stop Smoking Service
NCST	National Centre for Smoking Cessation and Training
NRT	Nicotine Replacement Therapy
SWDFR	South and West Devon Formulary and Referral
GSL	General Sales List
NMC	Nursing and Midwifery Council
GP	General Practitioner

Workforce Planning Issues

Only Health Improvement Practitioners who are fully trained and competent in smoking cessation and are registered with the NMC will be able to proceed under this protocol. See below for competencies.

Health Improvement Practitioners who are on the NMC register must have undertaken appropriate training provided by the Wellbeing Stop Smoking Service (In line with National Centre for Smoking Cessation Training (NCST) standards) and completed the NCST online examination. They must carry out a clinical assessment of clients that require treatment according to the indications listed in this specification. Health Improvement Practitioners will be aware of any changes to the recommendations listed and it is their responsibility to keep up to date with continuing professional development and provided evidence of this. The health Improvement Practitioners judgement will always be based on clinical evidence that the product suggested is best for their patient.

2. Clinical Indication

<p>Definition of situation/condition</p>	<ul style="list-style-type: none"> • As an aid to treating tobacco dependence withdrawal symptoms in staff who wish to quit smoking. • As an aid to treating tobacco dependence withdrawal symptoms in staff that are unable at present to quit smoking and due to their work situation, are unable to smoke within the conditions of Livewell Southwest Smokefree Policy.
<p>Clinical criteria for inclusion</p>	<ul style="list-style-type: none"> • Tobacco users identified as suitable to use NRT.
<p>Clinical criteria for exclusion</p>	<ul style="list-style-type: none"> • Non-smokers or occasional smokers <p>Some products are excluded for individual clients, ie:</p> <ul style="list-style-type: none"> • Clients with previous serious reaction to NRT or any of the other ingredients contained in the products, e.g. Glue in patch • Patches to be avoided in clients with significant skin conditions • To limit exposure to nicotine, pregnant woman should NOT use a 24 hour patch but can use a 16hr patch. It is also preferable in the first trimester to not exceed the 15mg/16 hour patch. <p>Intermittent products during pregnancy are preferable unless significant nausea.</p> <p>The decision for issuing NRT is the clinical responsibility of the Health Improvement Practitioner (who must be on the NMC register) in line with guidance from the Wellbeing Team stop smoking training & online NCSCT training.</p>
<p>Additional patient information</p>	<p>If the employee is taking any of the following listed medications, an Alert letter will be sent to the GP to inform them they are stopping smoking. (See alert letter Appendix 1)</p> <ul style="list-style-type: none"> ▪ Chlorpromazine ▪ Clozapine ▪ Insulin ▪ Olanzapine ▪ Theophylline

- Warfarin
- Ropinirole

Diabetic clients will be advised to monitor their blood levels more frequently. Clozapine and warfarin users will need additional blood tests.

Renal and or hepatic impairment

Should be used in caution in patients with moderate to severe hepatic impairment and/or severe impairment as the clearance of nicotine or its metabolites may be decreased with the potential for increased adverse effects.

Gastro-Intestinal disease

NRT should be used with caution in patients with peptic ulcers.

Pheochromocytoma and uncontrolled hyperthyroidism

NRT should be used with caution in patients with uncontrolled hyperthyroidism or pheochromocytoma as nicotine causes release of catecholamines.

3. Health Improvement Practitioners Competencies

Characteristics of practitioners authorised to take responsibility for the supply of medicines under the protocol

<p>Qualifications required</p>	<ul style="list-style-type: none"> • Practitioners must belong to one of the following groups : <ul style="list-style-type: none"> - Registered Nurses (to supply GSL only) - Registered Midwives (to supply GSL only) • Completed the NCSCT online training and assessment programme. • Attended Wellbeing two-day training – (NCSCT standard) ‘Community Stop Smoking Practitioner’ Training. (This 2 day NCSCT standard training includes detailed tuition on nicotine dependence, dependence assessment, NRT and how to use it and thorough use of the SWDFR) • Practitioners must be registered with the Wellbeing Team in smoking cessation. • Practitioners must have attended training on how to use this protocol. • Practitioners are expected to attend any relevant training and updates that the Wellbeing Team provides in regards to medicinal developments within the context of NRT including the annual update and medications update workshop. • They will complete and sign practitioner agreement prior to recommending and supplying NRT under this protocol. This will be kept by the Wellbeing Team.
<p>Additional requirements specialist qualifications, training, experience and competence necessary</p>	<p>Practitioners must apply their skills regularly and record their participation in relevant Continuing Professional Development to include Wellbeing Stop Smoking Annual Update and Medications Update Seminar. Record of this must be included in appraisal documentation.</p>
<p>Appropriate choice of nicotine replacement therapy</p>	<p>NRT products will be allocated in accordance with client’s preference and in line with the SWDFR.</p>

4. Description of Treatment Available Under Protocol

<p>Name of Medicine Pharmaceutical Form & Strength Legal Status</p> <p>GSL – General Sales List</p>	<p>Nicotine in the form of</p> <ul style="list-style-type: none"> • Nicorette Gum – 2mg and 4mg (GSL) • Nicorette Patches – 16hour 10mg, 15mg and 25mg (GSL) • Nicotinell 24hour 14mg and 21mg (GSL) • Nicorette Inhalator –15mg cartridge (GSL) • Niquitin Lozenge – 2mg, 4mg (GSL) • Nicorette Cool lozenge – 2mg, 4mg (GSL) • Nicorette Quickmist – 1mg/spray (GSL) <p>In addition to the above, any new NRT products that are subsequently included in the SWDFR may be offered to the client.</p>
<p>Dose Route/Method of Administration Frequency of Dose</p>	<p>To be agreed between the practitioner and the client.</p>
<p>Duration of Treatment Follow up Treatment</p>	<p>Duration of treatment is as required by the individual and in line with SWDFR. Supply is usually for 2 weeks, 2 weeks then in 4 weekly intervals up to 12 weeks. For withdrawal relief the duration of treatment will be a maximum of 6 months</p>
<p>Advice to be given to client before or after the treatment</p>	<p>Specific advice on how to use the recommended product plus general advice on</p> <ul style="list-style-type: none"> • Withdrawal symptoms • Possible changes in metabolic rate ie weight gain and how to manage this • Product information and self-help leaflets • Information on how the wellbeing stop smoking service operates • Access to further supplies of NRT • A monitoring form will be raised and completed and signed by each staff member.
<p>Identifying and managing possible adverse reactions</p>	<p>Supply of NRT is given according to product information and ongoing treatment is given following regular consultation between the practitioner and client.</p>

Facilities and supplies required	<p>A safe, locked storage area should be available where the products are to be supplied. The medication must be regularly checked to ensure expiry dates are not reached.</p>
Details of treatment records required	<p>Records of the consultation should be kept for at least 2 years (or as per local policy electronically) including:</p> <ul style="list-style-type: none"> • Staff information will be entered onto System One electronically • The quantity, batch number and expiry date on any NRT products supplied are to be recorded on this form (See Appendix 2) • In order that audits can be carried out on the number of Livewell Southwest staff supplied NRT either for quitting or withdrawal relief, Livewell Southwest Employee needs to be highlighted on client's records.

Approval Process

Protocol developed by Health Improvement Manager, Wellbeing team, Livewell Southwest

Pharmacist

Name: Steve Cooke Position_Chief Pharmacist

Signature_

Date___14/04/16

Review Date 2 years

Professional group senior representative

Name Liz Wearne

Signature

Date_13/04/16

Review Date 2 years

Independent Check and Approval

Chief Pharmacist (Chair of Medicines Governance Group)

Name___Steve Cooke

Signature___

Date_5/5/16

Final Approval by Lead Director

Name__Dr Adam Morris

Signature___

Date: 5/5/16

Appendix 1 – Alert Letter

Date:

TO THE CONSULTANT/GP

Dear

SMOKING CESSATION AND MEDICATIONS

I am currently seeing the following person to assist them in quitting smoking.

Name:

Date of birth:

NHS Number:

I wish to draw to your attention that this patient is currently prescribed the drug(s) indicated below.

	Tick		Tick		Tick
Clozapine*		Olanzapine		Insulin	
Chlorpromazine		Aminophylline/ Theophylline		Warfarin+	
Ropinirole					

On stopping smoking, or converting to Nicotine Replacement Therapy (NRT), there is a risk that the plasma levels of the drug may rise and increase the potential for adverse effects/toxicity. Please can you monitor and adjust the dosages accordingly. This interaction is an effect of polycarbons in the tobacco smoke. Therefore if the patient is using NRT to help them reduce the number of cigarettes they smoke the changes in plasma levels will probably not be evident until they stop smoking completely.

***Clozapine** - current advice from CPMS is that **patients should have a plasma trough level taken before quitting smoking, or converting to NRT, and two weeks afterwards.** However, if the patient is symptomatic of clozapine side-effects prior to this, a plasma level should be taken sooner.

Chlorpromazine – dose may need to be decreased on cessation

Olanzapine - dose may need to be decreased on cessation

Theophylline - dose may need to be decreased on cessation

***Warfarin** – Derriford Haematology Department recommend testing the INR 5 days after commencing smoking cessation and again after a further 7 days.

Insulin - smokers may need lower doses on conversion to NRT, and as the dose of nicotine is reduced

Ropinirole – dose may need adjustment on cessation

If you have any drug queries please do not hesitate to contact me.

Yours sincerely

PRINT NAME.....
JOB TITLE

Please file this letter (or a copy) in the patient's notes for future reference.

Appendix 2 – Practitioner Agreement

Protocol for the Supply of Nicotine Replacement Therapy Products

I, _____, confirm that I have read and understood the above Protocol. I confirm that I have the necessary competence, training and knowledge to apply the Protocol. I will ensure my competence is updated as necessary. I will have ready access to a copy of the Protocol in the clinical setting in which supply of the medicine will take place.

I understand that it is my responsibility as a nurse to act in accordance with the NMC Guidelines for Professional Practice and Guidelines for the Administration of Medicines and to keep an up to date record of training and competency.

Name of Practitioner (block capitals)

.....

Job Title

.....

NMC Pin Number or Professional Registration Number

Signature of Practitioner

Date

