

Department of Health letter to Smoking Cessation Co-ordinators

July 2000

Following the announcement in the National Plan of an in-principle decision to allow NRT to be available on NHS reimbursable prescription

TO SMOKING CESSATION COORDINATORS VIA REGIONAL LEADS

27 July 2000 Dear colleague

NATIONAL PLAN: PROPOSAL TO MAKE ALL NICOTINE REPLACEMENT THERAPY (NRT) PRODUCTS AVAILABLE ON NHS PRESCRIPTION

The Secretary of State has today announced that the Government intends to make all Nicotine Replacement Therapy (NRT) products available on NHS prescription. NICE (the National Institute for Clinical Excellence) is to be asked to advise GPs on the most appropriate and cost-effective prescribing regimes for NRT and Zyban.

The Government's intention to remove all NRT products from the "blacklist" (Schedule 10 of the NHS (General Medical Services) Regulations 1992) will be subject to the outcome of consultation. The consultation exercise will commence shortly, and we hope to have a final decision on the way forward by Christmas. (In the meantime there will be no change to the arrangements for the supply of the one free week's NRT or to the National Framework Agreement.) While we cannot prejudge the outcome of this consultation the implications of a decision to make NRT available on NHS prescription need to be carefully considered. This would be an important development in the field of smoking cessation and would clearly have an impact on the new NHS smoking cessation services. I am therefore writing to share with you our initial thoughts on the implications and the way forward.

Firstly I would like to stress that the decision to consult on "deblacklisting" NRT in no way lessens the Government's commitment to NHS smoking cessation services. As has been previously made clear, we are aiming to establish comprehensive NHS smoking cessation services across England which range from opportunistic interventions at one end of the spectrum to intensive support at the other. The specialist services are a key part of the picture, supporting those heavily addicted smokers who need most support, and offering training and advice to other healthcare professionals and smoking cessation advisers. "Intermediate" services will also have a crucial role to play, in primary care, secondary care, and community settings including pharmacies. You should know that Ministers are placing particular emphasis on services for pregnant smokers.

If all NRT products become available on NHS prescription we can expect more smokers to visit their general practitioner to request NRT. You might also bear in mind that in due course these products may become part of the Nurse Prescribing Formulary, and that the health authority may elect to put in place a patient group direction which would enable specified health professionals to supply NRT.

(Regulations and general guidance on patient group directions are expected to be issued shortly.)

There would therefore be an enhanced role for primary care in smoking cessation. However, there is evidence that both Zyban and NRT are most effective in the context of motivational support, which the smoking cessation services should be well placed to provide. It will therefore be vital, if smokers are to receive the support which will yield the best results, that you are in a position to offer the back-up of services providing motivational support.

Assuming that NRT products do become available on NHS prescription, you will therefore need to consider how to link in most effectively with primary care. As we indicated in our letter of 28 June about the introduction of Zyban, effective liaison with PCGs/PCTs will be vital. You will want to ensure that PCGs/PCTs locally are aware of your services and can refer smokers to the appropriate service. In so doing you will need to make the case for the benefits of NRT (or Zyban) combined with support, and ensure clients can move between primary care and the services easily so as to take advantage of cessation support.

If you have not already done so, you may wish to recruit practices to carry out intermediate smoking cessation services. In this kind of service, which exist now in a number of places around the country, the practice nurse or other health professional(s) in the team provides counselling and support to smokers identified by the GP as being ready to make a quit attempt. The advice would include information on the use of Zyban or NRT as appropriate. The nurse or other counsellor, who must of course be trained to carry out the role, should set a quit date with the client and we recommend that, for the first four weeks at least, they should offer further brief counseling on a weekly basis to review progress and reinforce motivation. Follow-up should be carried out at the four week stage, and the appropriate monitoring forms completed. It should be possible to tie in attendance at a service of this kind with the issue of a prescription for further supplies of the appropriate smoking cessation aid.

Services provided by a GP practice as above represent a good example of a service which has the potential to link with the supply of smoking cessation aids, but other models of service will also be needed and can provide the necessary support. We would welcome any ideas or comments you may have on the models of service which would best meet clients' needs in these potential new circumstances. The clinic model, usually providing group therapy, will continue to meet the needs of the most heavily dependant smokers.

Finally, I believe that a flexible and positive response to this major new initiative will build on the achievements of these first 16 months of the programme of implementation of NHS smoking cessation services. It is vital that smokers, particularly the more heavily nicotine-dependant smokers, receive the additional support they need to help them quit. By establishing better links between primary care and the services, and making the services sufficiently responsive to smokers' needs, smokers will derive the maximum benefit and the services will be enabled to recruit substantial numbers of clients. This will help the services, via the monitoring scheme, to demonstrate their efficacy in combining the supply of smoking cessation aids with motivational support, and to safeguard such services for the future.

If you have any queries on this letter, or would like to make any comments or offer ideas, please contact Janet Whybrow on 020 7972 4588 or Shirley Merrett on 020 7972 4910.

Yours sincerely

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Q & A

Does this mean that smokers can now get all NRT products on prescription from their GP?

NO – the Government has said that in principle it is in favour of (currently blacklisted) NRT products being available on NHS prescription BUT this will depend on the outcome of consultation.

When will clients be able to get NRT on prescription?

Not unless or until the consultation exercise reveals a consensus in favour of this. We expect the outcome to be known by the end of the year.

What should we do about the voucher scheme?

Until such time as a decision is made on the deblacklisting of NRT products the existing policy of one week's free NRT will remain. You should continue to offer poorer smokers vouchers for the one week free NRT.

What about the National Framework Agreement?

This will continue unchanged until further notice.

Does the National Plan mean that we must put all our resources into specialist clinics and services for pregnant smokers?

No – but given Ministers' emphasis on tackling smoking in heavily dependent smokers and in pregnant women, you should ensure that your services are reaching these groups.