

NHS Smoking Cessation Service (SCS) Referral Pathway to Community Pharmacy

Implementation Support Pack

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Contents

Contents	2
Background.....	3
Introduction to the NHS SCS Implementation Support Pack.....	4
Stage Process to Go-Live	5
MLCSU Service Offer	6
Key MLCSU Contacts.....	6
MLCSU Website – Dashboard and Resources	7
Implementation process and suggested organisational responsibilities before Go-Live.....	8
Patient pathway	11
Data transfer	12
Incident reporting	14
Appendix	15
Appendix 1: Example of referral data template for NHS Mail	15
Appendix 2: Community Pharmacy Advanced Service Transfer of Care Referral Form.....	16
Appendix 3: Example of a Trust Check List	18
Appendix 4: Example of a community pharmacy readiness survey questions	19
Appendix 5: The process for a local system to Go-Live is described in the flow below.....	20
Appendix 6: Implementation process and suggested organisational responsibilities post Go-Live	22

Background

The [NHS Long Term Plan](#) focuses on the importance of preventing avoidable illness and more active management of the health of the population. Treating tobacco dependence is specifically identified as a key service that can improve the prevention of avoidable illness. It suggests that existing tobacco dependency services can be re-designed to better support patients who are looking to quit smoking as well as those affected by second-hand smoke (NHS England, 2019).

Tobacco dependency services currently exist in primary care, community, and mental health care services. However, there has traditionally been a disconnection of patients from secondary to primary care. The aim of the Smoking Cessation transfer of care Pharmacy Integration Fund pilot in Oldham in 2020/21 was to test a referral pathway from secondary care into community pharmacy and to understand if this referral route was acceptable to patients. The referral pathway aimed to ensure that patients quit attempts were assisted following discharge with behavioural support and NRT product supply and to create additional capacity in the locality, complimenting the existing locally commissioned service.

The evaluation of the pilot service for patients referred from Royal Oldham Hospital (part of Northern Care Alliance NHS Foundation Trust) to a community pharmacy found it useful and helpful. Respondents stated various reasons for accepting the community pharmacy referral, including 14 (64%) saying the community pharmacy was at a convenient location and 13 (59%) enjoying the flexibility of appointment times and telephone appointments available. The findings show that 12 (46%) respondents valued the support received by their community pharmacy, while 17 (61%) respondents were very confident in the ability of their community pharmacy Smoking Cessation Practitioner to support them during their quit attempt. This resulted in the pilot service ending with 19 patients completing the 12-week programme. This demonstrates that community pharmacies are well-equipped to support patients with smoking cessation.

However, findings from the London pilot service show that engaging trusts and decision makers was not as straightforward as in other areas. Although only four London stakeholders were engaged for the pilot evaluation, they highlighted the following reasons for poor pilot uptake:

- difficulties in accessing the referral software
- the impact of COVID-19
- access to other locally commissioned smoking cessation services
- the NHS Acute Trust's existing relationships with other services resulting in a conflict of interest

Following the success of the Oldham pilot and negotiations with PSNC, the [NHS Smoking Cessation Service](#) was included in the Community Pharmacy Contractual Framework (CPCF) and was launched in March 2022. Trust Tobacco Dependence Teams identify inpatients who smoke and provide support and pharmacotherapy during the inpatient stay. Before the patient is discharged, the Trust Tobacco Dependence Team discuss options with the patient to continue their quit attempt. If the patient chooses a pharmacy for support, they are given a supply of nicotine replacement therapy (NRT) at discharge and an electronic referral is sent to the selected community pharmacy registered to provide the service. This service aims to create additional capacity and increase patient choice for smoking cessation services in primary care. It does not replace any locally commissioned services.

Introduction to the NHS SCS Implementation Support Pack

This resource pack provides guidance and suggestions for Trust Tobacco Dependence Teams, Local Pharmaceutical Committees (LPC)s, Community Pharmacies, Integrated Care System (ICS) Pharmacists and Locality Tobacco Leads. Within Trusts it should be made available to Tobacco Dependence Programme Managers, Tobacco Dependence Team Advisers, relevant Consultants, Chief Pharmacists, IT and BI teams.

The aims of the NHS SCS implementation Support Pack are to:

- describe the 3-stage process to implementation and Go-Live
- summarise MLCSU support
- describe the process flow for successful implementation
- provide guidance and suggestions for key organisations within the ICS who are involved in the process of implementing and delivering the NHS SCS referral service
- summarise options for referrals
- describe the process for post Go-Live support
- include links to useful resources
- advise on the incident reporting process

This guidance is published on the MLCSU SCS website and may be updated, if necessary, from time to time.

Please note is not compulsory to use this guidance. Local systems are free to develop their own implementation process and supporting documentation.

It is intended to be used in conjunction with the [Pharmaceutical Services Negotiating Committee \(PSNC\) Smoking Cessation Service \(SCS\)](#) resource page, service specification for community pharmacies <https://www.england.nhs.uk/publication/advanced-service-specification-nhs-community-pharmacy-smoking-cessation-service/> and [NHS England guide for trust tobacco dependence teams and NHS trust pharmacy teams](#)

Stage Process to Go-Live

The three-stage process for a local system to Go-Live is outlined below:

Stage 1:

Scoping & Mapping

Initial engagement and establishment of working group(s).

To include OHID, Public Health, LPC, Acute Trust, Locally Commissioned Service

Stage 2:

Pathway agreement

Agree the pathway and the method of sending a digital referral.

Stage 3:

Community pharmacy engagement

LPCs can confidently recruit community pharmacy support.

Stage 1

MLCSU, working closely with Pharmacy Integration Fund (PhIF) leads, Office for Health Improvement and Disparities (OHID), and NHS Prevention Programme Leads, will map current and planned progress of Acute, Community and Mental Health Trusts to the Long-Term Plan requirements of implementing inpatient tobacco dependence services in their Trust.

Initially focusing on those Trusts who already have their Tobacco Dependence teams in place, or who are close to being in place, MLCSU will identify the key stakeholders within the Trust and wider locality and complete an initial engagement of the NHS SCS service. Once an intention to implement has been agreed by the Trust, a working group will be established to oversee the implementation.

Stage 2

MLCSU will support Trusts to identify the most appropriate referral pathway for their team and will facilitate the set-up of the pathway were possible.

Stage 3

Working with the LPC MLCSU will support community pharmacy engagement in service sign up and delivery to ensure that once the service goes live, the referred patients are picked up and appropriately managed by the pharmacy.

MLCSU Service Offer

MLCSU has been commissioned to provide expertise, leadership, and facilitation for the implementation of SCS across England. This has involved scoping and development of a pathway outlined within this document; engagement with Regional Contracting Teams and locally with key stakeholders such as LPCs and Trust Tobacco Teams.

MLCSU will work at scale to support each stakeholder group to enable the Trust to Go-Live with the service then contact the Tobacco Teams and LPCs following go live to check that the referral process has operated smoothly. Having all Acute, Mental Health and Community Trusts to support to Go Live by March 2024, MLCSU will leave stakeholder groups to continue with the rollout across further wards and services once their first ward or department has gone live. MLCSU will continue to support queries and share learnings as the service rolls out across the country.

MLCSU will keep this document updated and share revised versions whilst commissioned to provide project management support. Other resources can be found on MLCSU website.

<https://medsopt.midlandsandlancashirecsu.nhs.uk/nhs-smoking-cessation-service/>

The team will provide pre-recorded videos to support local engagement webinars or attend 'in person' via MS Teams where possible.

Key MLCSU Contacts

MLCSU Enquiries:	Regional Implementation Lead	mlcsu.scs@nhs.net
Helen Pearson	Project Manager	helen.pearson8@nhs.net
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Steve King	SW, SE, EoE, NE&Y	Steve.king5@nhs.net
Jasdeep Sidhu	Midlands, EoE, SYB	Jasdeep.sidhu2@nhs.net
Yusoof Mamsa	London	Yusoof.mamsa1@nhs.net

MLCSU Website – Dashboard and Resources

The MLCSU website contains useful resources including webinars, Frequently Asked Questions (FAQs) and a [map](#) (National Dashboard V2.0) which shows the status of Trusts and community pharmacies with SCS across England.

The webinars provide an overview of the service requirements for Trusts and Community pharmacies to consider, and advice on implementation.

The live dashboard provides a pictorial summary of Acute Trusts that are live or in progress to provide a referral service and community pharmacies registered to provide the service.

The website also includes a [link](#) to the NHSE community pharmacy smoking cessation service home page.

Implementation process and suggested organisational responsibilities before Go-Live

The process for a local system to Go-Live is described in Appendix 5

Suggested organisational responsibilities

The suggested organisational responsibilities of each organisation can be summarised as follows:

MLCSU

- Identify Trusts to target from the NHS England SCS Trust tracker, or other sources such as local knowledge, information from OHID colleagues or locality Tobacco Dependence programme manager
- Identify stakeholders within Trust
- Contact Trust stakeholders and set up introductory meeting
- Confirm with Trust their timelines to implement the service
- Share NHS SCS Implementation Support Pack
- Signpost to NHS England Trust Toolkit
- Support and attend stakeholder / working group meetings as agreed
- Advise on the available options for the sending of electronic referrals
- Attend community pharmacy engagement event / provide recorded content
- Provide reports to NHS England
- Answer questions and/or signpost as necessary
- Inform NHS England central team regarding any community pharmacies that are registered but have withdrawn from the service, when these are identified to MLCSU
- Ensure MLCSU checklist completed before Trust Go-Live date (see Appendix 3).

TRUSTS

- Engage with MLCSU, LPC(s) and other local stakeholders
- Confirm intent to implement NHS SCS referral pathway to community pharmacy
- Set up stakeholder group
- Identify project lead or key contact for implementation as appropriate
- Agree Terms of Reference (TOR) for the stakeholder / working group meetings
- Agree frequency of meetings and send invites
- Decide on IT referral route
- Commission IT referral route or set up template for NHS mail
- Train Trust Tobacco Dependence Team staff on chosen IT referral route
- Confirm IT referral route to stakeholders
- Attend engagement event

MLCSU Medicines Management Partnership Team

- Ensure Trust check list completed (Appendix 3)
- Test referral route prior to Go-Live, in conjunction with LPC and community pharmacy
- Confirm Go-Live date with LPC and MLCSU
- Flag any issues to stakeholder group, MLCSU and LPC.

LPC

- Attend stakeholder / working group meetings
- Communicate Trust intention to implement the service to community pharmacies
- Identify which pharmacies are registered to provide the service
- Provide a manual list of registered pharmacies if the Trust has selected NHS mail as their referral route
- Identify which pharmacies are ready to Go-Live
- Inform MLCSU via email of any pharmacies that are registered but have said they will no longer provide the service
- Confirm IT referral route to community pharmacies
- Host and chair engagement events
- Confirm to community pharmacies when the Trust will Go-Live
- Consider conducting a service readiness survey (see Appendix 4)
- Flag any community pharmacy reported issues to stakeholder group, Trust and MLCSU

COMMUNITY PHARMACY

- Ensure the community pharmacy is service ready as per requirements of NHS SCS service specification
- Review [resources](#) on PSNC website
- Attend local engagement event held by LPC or watch recorded webinar prior to Trust Go-Live date
- Go through the [readiness checklist](#) on PSNC website
- Complete brief readiness online survey where required by LPC (Appendix 4)
- Alert LPC if not service ready when the Trust goes live
- Respond to referrals promptly and support patients with behavioural support and NRT products in line with the service specification, toolkit and NCSC standard treatment programme for NHS SCS.

MLCSU Medicines Management Partnership Team

The process for a local system post Go-Live is described in Appendix 6

MLCSU

- Check in with Trust 2-4 weeks post Go-Live
- If all is well, check in again at 60 days post Go-Live
- If all is well, handover service maintenance to local stakeholder group
- If issues are identified, arrange post-implementation meeting with Trust, LPC and other stakeholders as appropriate. Flag to PhIF Lead, if necessary, e.g., community pharmacies no longer intending to provide the service
- If issues not resolved following post-implementation meeting, report to NHS England Regional and Central teams
- Attend issue resolution meeting with LPC, Pharmacy Integration Fund Lead and Regional NHS England Pharmacist to identify additional levers in the system for incorporation into local resolution plan
- Support stakeholder group to agree resolution plan implemented either via attendance or email
- Check in at 60 days post Go-Live and hand over maintenance of the service to stakeholder group

TRUST

- Check in with MLCSU at 2-4 weeks to report on service activity
- Monitor referral feedback
- If using NHS Mail
 - have read receipts indicated that the referral emails have been opened by community pharmacy?
 - have pharmacies supplied outcome results?
- If using PharmOutcomes
 - does the data indicate referrals have been actioned in a timely manner?
 - has the LPC been given access to the data so they can monitor referral activity?
- Inform MLCSU and LPC if any responsiveness issues have been identified
- Support post-implementation group to agree and implement resolution plan
- If all is well, take over lead for maintenance of service at MLCSU handover.

LPC

- Notify the trust of any community pharmacy who informs the LPC that they no longer intend to provide the advanced service
- If given access to PharmOutcomes referral data, monitor community pharmacy responsiveness and liaise with community pharmacies that are not meeting the 5-day contact window target (dependent upon LPC capacity)
- Provide support to community pharmacies and local stakeholder group to ensure referrals are actioned (dependent upon LPC capacity)
- If responsiveness issues arrive attend post-implementation group to agree resolution plan
- If resolution plan fails to resolve referral responsiveness, attend meeting with MLCSU and NHS England Regional Lead to identify any levers in the system that may unblock the issue
- Support stakeholder group and local community pharmacies to implement resolution plan

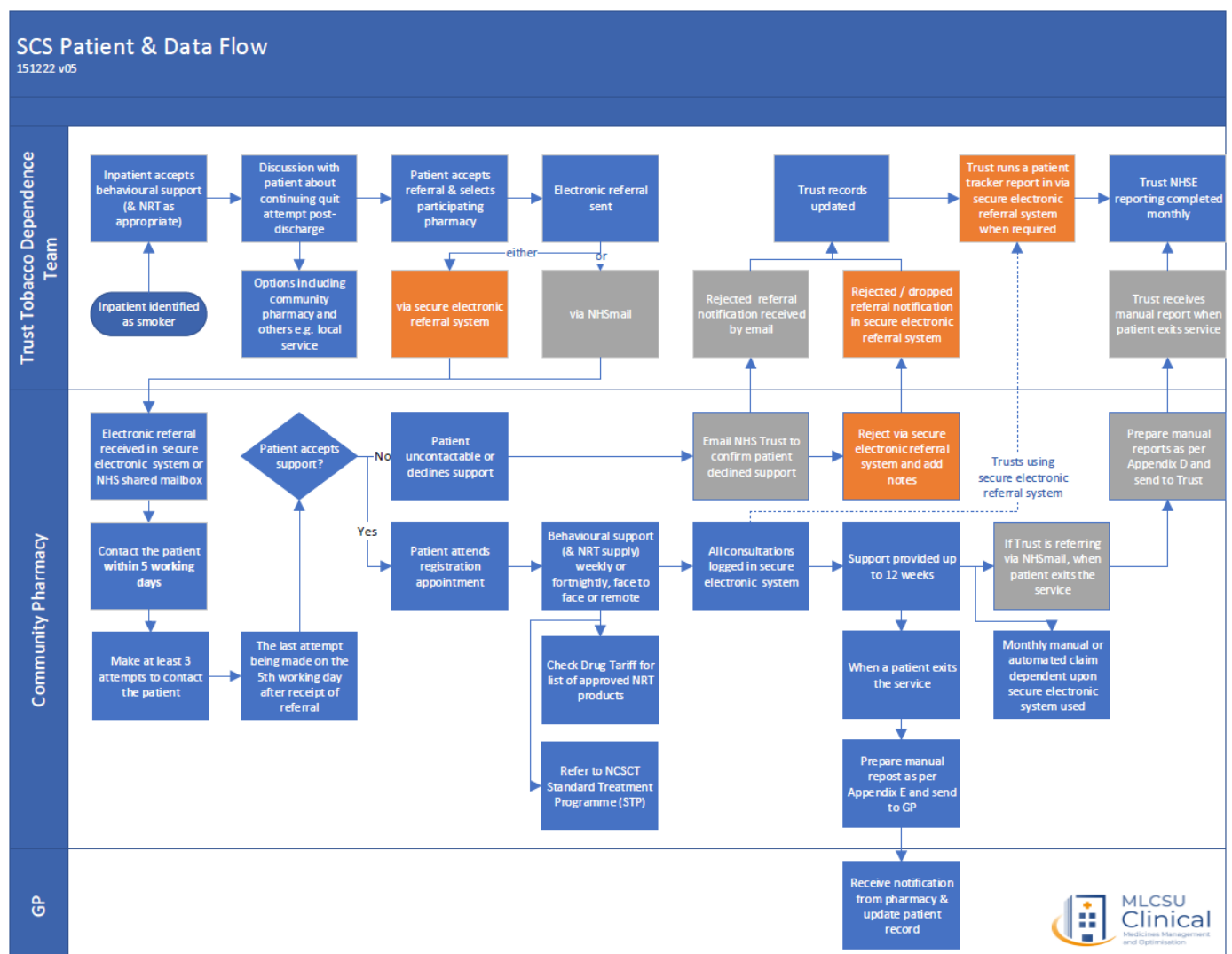
- Continue to support stakeholder group once MLCSU has handed over maintenance of local service.

COMMUNITY PHARMACY

- Deliver the Advanced Smoking Cessation service as per the requirements in the [service specification](#) and [NCSCT Standard Treatment Programme](#)
- Communicate any issues to the LPC so they can be shared with the stakeholder group
- If no longer able to provide the NHS SCS service, deregister with the NHSBSA and inform the LPC. Further information advice can be found on the [PSNC website](#)

Patient pathway

The patient pathway through the referral process is described below.



Patients referred to community pharmacies will be followed up by the pharmacist / pharmacy technician to provide continued support for their quit attempt up to 12 weeks. The pharmacist / pharmacy technician will use evidence-based behaviour change techniques that we know add value to quit attempts in a structured approach to the support provided to the referred patient. The NHS SCS service ensures consistent and effective intervention with the patient, in line with NICE guidelines and evidence-

based practice. Where patient consultations are delivered face to face, carbon monoxide (CO) monitoring will be utilised to support patient motivation with their quit and reporting requirements.

The support delivered to the patient is structured around the following contacts (source: [NCSCT Standard Treatment Programme](#) for NHS SCS):

- Initial telephone contact - within 5 working days of receipt of the referral. An appointment will be made to meet the needs of the patient and pharmacy, including consideration of the duration of NRT product supplied to the patient at discharge. Appointments can be in person in the consultation room of the pharmacy, or remotely via telephone or video link
- Initial consultation (weeks 1-2 following hospital discharge) – either in person in the pharmacy’s consultation room, or remotely via telephone or video link
- Interim consultations (weeks 2-3) – weekly or fortnightly depending upon patient requirements
- 4-week post-quit review (4 weeks following quit date)
- Interim consultations (weeks 5-11) – weekly or fortnightly depending upon patient requirements
- 12-week post quit review (12 weeks following quit date)
- Optional CO monitoring (week 16)
- A data set should be sent to the patient’s GP as a post event message once the patient has completed their quit attempt
- A data set should also be sent to the Trust Tobacco Team advising that the patient:
 - did not want to participate in the service/did not want to stop smoking at this stage
 - was not contactable/did not attend their appointment
 - was supplied Nicotine Replacement Therapy (NRT) to support their quit attempt
 - has recorded a successful 4 week quit attempt
 - has recorded a successful 12 week quit attempt.

See the [SCS service specification](#), for further details.

NHS SCS is intended to compliment any existing locally commissioned smoking cessation services. Indeed, patients who started their quit attempt in hospital may also be referred to a locally commissioned service through a separate, locally-arranged pathway – the destination of the referral should be the patient’s choice.

Data transfer

Trust to Community Pharmacy (Appendix 1)

Currently there are currently two options for the electronic transfer of patient referral data from the Trust Tobacco Dependence Team to the community pharmacy: NHSmail or PharmOutcomes. In the future more options will become available as system providers develop platforms that meet the service requirements.

If a Trust opts to use NHSmail:

- There is a required dataset to include in each referral, which can be found in Appendix C of the [service specification](#)

MLCSU Medicines Management Partnership Team

- A manual list of the live community pharmacies in the relevant geography will be required to facilitate appropriate referrals. The LPC should supply this, and provide additional updates to the MLCSU team so they can ensure the list on their website is accurate (recommended monthly)
- It is recommended that the email address to be used to send referrals is shared with the LPC and community pharmacies in advance of Go-Live to ensure community pharmacists / pharmacy technicians can easily identify referrals sent by the Trust
- It is also recommended that the Trust send the NHS Mail referral requesting a read receipt to identify when the referral has been opened.

Please provide the community pharmacy with more than one method of contacting the patient wherever possible.

If a Trust opts to use PharmOutcomes:

- Please see the resources section of the MLCSU website for a document outlining the offer and annual licence costs and a video to show how the platform works
- The required dataset and list of registered pharmacies is included in the platform and will be updated regularly by the platform provider Pinnacle
- Referrals will be sent directly into the community pharmacies' PharmOutcomes system (which also receives referrals from other NHS-commissioned services) either via direct messaging (HL7 message), or via the web platform option. When a community pharmacy acts on the referral received in PharmOutcomes, the referring Trust will see evidence of the action taken
- A Trust may choose to also give access to the LPC to PharmOutcomes, so they can monitor referrals and check when they have been acted upon (note – this would include access to pseudo-anonymised data only)

Please provide the community pharmacy with more than one method of contacting the patient wherever possible.

Community Pharmacy to Trust (Appendix 2)

Community pharmacists / pharmacy technicians must make a clinical record of all data pertaining to NHS SCS referrals. Currently, most pharmacies are opting to utilise PharmOutcomes for this purpose, regardless of whether the Trust is sending referrals through NHSmail or PharmOutcomes. More options for community pharmacies and trusts will become available as system providers develop platforms that meet the service requirements.

Community pharmacies must update the referring Trust through post-event messaging to confirm registration with the service, and 4- and 12-week quit status. In addition, the community pharmacy must update the patient's GP through post event messaging once the patient has been discharged from the service.

The Community Pharmacy Advanced Service Specification – NHS SCS includes templates for reporting at Appendix D and E. The document can be found at in the [service specification](#).

If a Trust uses PharmOutcomes to send referrals, then they can pull reports from the PharmOutcomes system to show the outcomes for each patient referred.

Incident reporting

Trusts are contractually obliged to report any patient safety incidents via their usual incident reporting route.

Community pharmacies are obliged to report incidents in line with the [clinical governance approved particulars](#).

Appendix

Appendix 1: Example of referral data template for NHS Mail

<i>Insert Trust Name (Insert Trust ODS code)</i>			
Patient Name			
NHS number			
Date of Birth			
Gender			
Patient Address			
Postcode			
Telephone number(s)			
Ethnic group			
Reason for hospital admission			
Quit date			
Discharge date	NB! Do not send referral to the Pharmacy* before discharge		
*Pharmacy for referral	Name: Address:	Postcode: ODS Code:	
NRT 1 supplied on discharge		Quantity of NRT 1 (Days)	
NRT 2 supplied on discharge		Quantity of NRT 2 (Days)	
GP Practice identifier – where patient is registered			
Contact details of the referring Tobacco Dependency Team	<i>Insert:</i> TDT contact email address (& Tel No. if available)		
	TDT Advisor's Name		
Notes (including any Fagestrom Score and adverse drug reaction/s). It may be helpful to include preferred contact method and best contact time/s. NB! This section will be included in audit reports. DO NOT enter any Person Identifiable Data (PID).			

Appendix 2: Community Pharmacy Advanced Service Transfer of Care Referral Form

Inclusion Criteria

- People aged 18 years and older who have started treatment for tobacco dependence in hospital and have chosen to continue their treatment in community pharmacy after discharge.
- This service does not exclude women who are pregnant or people who suffer from non-complex mental health problems although alternative local arrangement may already be in place for such people

Exclusion Criteria

1. People who are unable to give consent to participate.
2. People who choose not to use community pharmacy to continue their SC programme after discharge.
3. Children and adolescents under the age of 18 years.
4. People with complex mental health problems.
5. People who have completed a 12-week smoking cessation programme while in hospital as a result of an extended duration as an inpatient.

Client Details

Name	Click or tap here to enter text.
DOB	Click or tap to enter a date.
NHS No.	Click or tap here to enter text.
Address (incl. postcode)	Click or tap here to enter text.
Gender	Choose an item.
Ethnic Group	Choose an item.
Telephone No.	Click or tap here to enter text.
GP Practice Identifier	Click or tap here to enter text.

Smoking Status

Date of last cigarette	Click or tap to enter a date.
Fagestrom Score	Click or tap here to enter text.

NRT Supplied on Discharge

	Item	Qty.
NRT 1	Choose an item.	
NRT 2	Choose an item.	

Clinical Notes

Reason for Hospital Admission

Click or tap here to enter text.

Relevant Past Medical History

<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Liver problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> MH condition
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Attack/Disease	<input type="checkbox"/> MS
<input type="checkbox"/> Circulatory problems	<input type="checkbox"/> Angina	<input type="checkbox"/> Stomach problems
<input type="checkbox"/> Crohn's	<input type="checkbox"/> High BP	<input type="checkbox"/> Stroke
<input type="checkbox"/> COPD/Emphysema	<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Thyroid problems

Prescribed Medications

<input type="checkbox"/> Nuelin	<input type="checkbox"/> Aminophyllin	<input type="checkbox"/> Insulin
<input type="checkbox"/> Slo-Phyllin	<input type="checkbox"/> Clozapine	<input type="checkbox"/> Warfarin
<input type="checkbox"/> Uniphyllin	<input type="checkbox"/> Lithium	<input type="checkbox"/> Thyroxine
<input type="checkbox"/> Phyllocontin	<input type="checkbox"/> Olanzapine	

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Click or tap here to enter text.

Referrer

Name	Click or tap here to enter text.
Email	
Date of Referral	Click or tap to enter a date.

Designation	Stop Smoking Practitioner
Telephone No.	
ODS Code:	

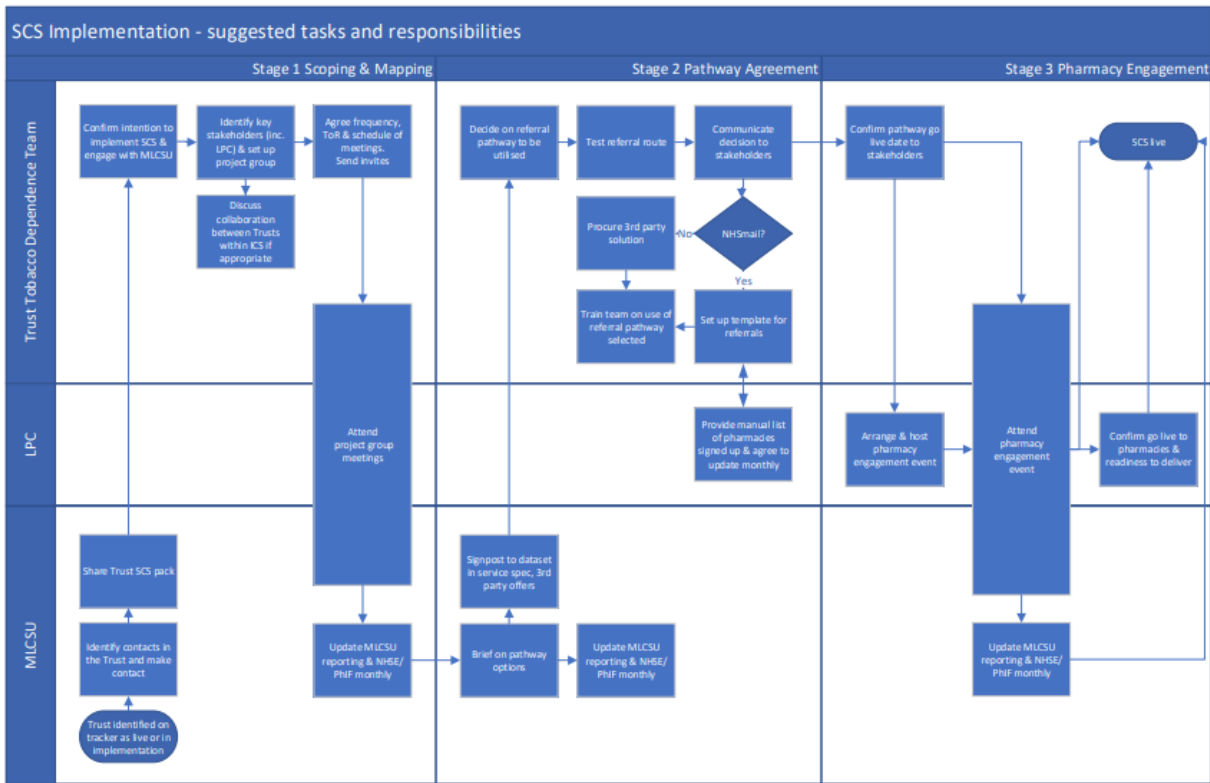
Appendix 3: Example of a Trust Check List

Trust Check List Before Go-Live	Tick / enter date when achieved
Engage with MLCSU and LPC	
Set up stakeholder group – Tobacco Leads, IT Consultant, LPC, MLCSU	
Identify project lead	
Share contact lead details with MLCSU and LPC	
Agree Terms of Reference for Group	
Determine IT referral route	
If initially referring via secure mail, set up template	
When using a digital referral platform, commission licence	
Communicate referral route to MLCSU and LPC	
Complete Trust staff training on the referral route	
Ensure Trust staff are confident in discussing SCS service with patients	
Ensure wider Trust clinical staff are aware of the SCS service and know how to refer the patient to the Tobacco Dependency Team	
Support local LPC engagement event with community pharmacists, where possible	
Provide LPC/ community pharmacists with a generic email address for them to update the Trust that the patient has been accepted, and met quit targets, been referred on or left the service	
Provide LPC/ community pharmacists with the best contact times	
Test the referral service	
Communicate Go-Live date to MLCSU and the LPC	
Trust Check list after Go-Live	
If initially referring via secure mail, check read receipts have been read	
Monitor outcomes data	
Report service activity to MLCSU 2-4 weeks post Go-Live date	
Communicate any issues to the stakeholder group, MLCSU and LPC	

Appendix 4 Example of a community pharmacy readiness survey questions

Pharmacy ODS code	
Pharmacy Name	
Job title of person completing the form	
<p>Please confirm you have a Standard Operating Procedure (SOP) in place for this service, which includes equipment maintenance and validation</p> <ul style="list-style-type: none"> • SOP in place now • SOP will be in place in next 4 weeks • No SOP 	
Is your carbon monoxide monitor suitable for pregnant women?	
How many staff have completed the NCST training?	
<p>Please confirm all pharmacist(s) intending to deliver this service have also completed / read</p> <ul style="list-style-type: none"> • NCST module on mental health • NCST module on pregnant women • NCST module on e-cigarettes • NCST standard treatment programme 	

Appendix 5 The process for a local system to Go-Live is described in the flow below.



Appendix 6 Implementation process and suggested organisational responsibilities post Go-Live

