

PHARMACY STOP SMOKING SERVICE (LEVEL 2) – DEVON

Service	Pharmacy Tobacco Dependence Service – Level 2
Authority Lead	Devon
Period	1st October 2025 – 30th September 2028
Date of Review	October 2026

To enable pharmacies in Devon to provide a high quality, accessible stop smoking service

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1. AIM, OBJECTIVES AND EVIDENCE

1.1 Aim

- 1.1.1 The aim of this specification is to enable pharmacies in Devon to provide a high quality, accessible tobacco dependence service.

1.2 Objectives

- 1.2.1 Pharmacy stop smoking services must:
- support people to quit smoking, achieving quit rates of between 35-70%ⁱ
 - offer the most effective evidence-based treatments available^{ii iii}
 - achieve high levels of client satisfaction, and
 - offer a choice of treatment options.

1.3 Background and evidence

- 1.3.1 Smoking is the single largest cause of preventable illness and premature death in England and one of the largest causes of health inequalities^{iv}.

There are an estimated 72,000 people who smoke in Devon. Smoking prevalence in adults is currently 10.8% in Devon, slightly below the South West (11.2%) and England (11.6%) rates^v. However smoking rates are higher in more deprived areas and are higher in males than females. This pattern contributes to higher levels of smoking in routine and manual occupational groups (21.2% in Devon). Furthermore, smoking prevalence continues to be high in those with mental health conditions, with 42.1% of adults with serious mental illness being tobacco dependent.

- 1.3.2 Helping a patient to stop smoking is one of the most cost effective of all medical interventions.

- 1.3.3 People who smoke are up to three times more likely to quit with pharmacotherapy coupled with behavioural support from a Stop Smoking Advisor, compared to quitting without support.

2. SERVICE REQUIREMENTS

To provide a high quality, accessible and effective level 2 stop smoking service, pharmacies must deliver the service in accordance with the following requirements:

2.2 Service Description

- 2.2.1 The service must follow the standard treatment programmeⁱⁱⁱ as outlined in the NCSCCT guidance, accessible here:
www.ncsct.co.uk/usr/pdf/Standard%20Treatment%20Programme.pdf .
The standard treatment programme consists of a pre-quit assessment (one or two weeks prior to quit date) and weekly sessions until four weeks after the quit date, alongside the prescribing of pharmacotherapy.

- 2.2.2 Staff must use the Heaviness of Smoking Index (HSI) or fagerstrom test alongside a CO reading to assess nicotine dependence and use this to inform prescribing recommendations. Provision of pharmacotherapy must be in line with training provided and guidance from the British National Formulary/Devon Formularies.
- 2.2.3 Face to face delivery of stop smoking support is evidenced to be the most effective model of delivery^{vi} and is therefore preferred within this service. However, a combination of face to face and virtual support (including phone calls, video calls, email or SMS), or entirely virtual support can be given depending on the client's preferences, as long as the delivery continues to follow the standard treatment programmeⁱⁱⁱ. It is recognised some exceptional circumstances require entirely virtual delivery of this support, in which circumstances CO monitoring may not be possible. Useful guidance on virtual delivery can be found at: www.ncsct.co.uk/publications.
- 2.2.4 Delivery within a group setting is permitted and encouraged where appropriate, as long as the standard treatment programme structure is still followed and individuals are able to access personalised and private advice when needed.

2.3 Pharmacotherapy: Medication, Nicotine Replacement Therapy (NRT) and Vapes

- 2.3.1 When recommending or providing pharmacotherapy, currently nicotine replacement therapy (NRT), Varenicline, Bupropion (Zyban) and Cytisine, (see 2.3.4) or e-cigarettes/vapes, this must be done **in combination with intensive behavioural support**, as outlined in the standard treatment programme. Quit attempts made using pharmacotherapy alone without behavioural support cannot be claimed for as part of this service.
- 2.3.2 Varenicline, Cytisine, e-cigarettes/vapes or combination NRT offer smokers the best chances of quitting and should be available as first-line treatments to all clients^{vii}. Pharmacotherapy should only be provided for a maximum of 12 weeks for each quit attempt, although may be extended in exceptional circumstances at the advisor's discretion, if they feel it is important to prevent relapse. Each further attempt to quit as detailed should be treated as a new attempt. Clients may wish to purchase their own NRT after the 12 week period if they feel they still require it.
- 2.3.3 Dispensing is included as part of the overall reimbursement structure and is not funded separately.
- 2.3.4 Where a client wishes to use Varenicline, Cytisine or Bupropion, a letter of prescription request can be sent to their GP, or when available there will be opportunity for the medication to be dispensed under a Patient Group Directive (PGD) via a participating pharmacy. At the time of commissioning this specification, there is a separate specification under development to cover the provision of Varenicline via a PGD in community pharmacies. All public health commissioned PGDs will require separate sign-up and will include a service specification. There may be other specifications developed in the future covering other medications.
- 2.3.5 The service can offer access to e-cigarettes/vapes as part of its stop smoking offer in line with NICE Guidance NG209. These will be provided directly to the Pharmacy from DCC in the form of a voucher to pharmacies wishing to offer this option. Alternatively they can access a funded vape option through the specialist stop smoking service (Appendix 1). If clients wish to source their own, they should be encouraged to use those which are regulated and not bought on the black market.

2.3.6 The stop smoking evidence base is continuously evolving therefore advisors must keep up to date with published guidance. When providing stop-smoking support or advice on nicotine-containing e-cigarettes the provider must:

- Give clear, consistent and up-to-date information about nicotine-containing e-cigarettes to adults who are interested in using them to stop smoking. See the NSCST e-cigarette guide: 'Vaping: a guide for healthcare professionals'^{viii}, and information from the Office for Health Improvement and Disparities (OHID) information on e-cigarettes and vaping.^{ix}
- Advise adults on how to use nicotine-containing e-cigarettes which includes explaining:
 - The use of e-cigarettes is likely to be **substantially less harmful** than smoking
 - E-cigarettes are not licenced medicines, they are regulated by the Tobacco and Related Products Regulations (2016)
 - There is not enough evidence to know whether there are long-term harms from e-cigarette use
 - Any smoking is harmful, so people using e-cigarettes should stop smoking tobacco completely
- Discuss:
 - How long the person intends to use nicotine-containing e-cigarettes for
 - The importance of using them for long enough to prevent a return to smoking, **and**
 - How to stop using them when they are ready to do so
- Ask adults using nicotine-containing e-cigarettes about any side effects or safety concerns that they may experience and report these to the MHRA Yellow Card Scheme^x

2.4 Further attempts to quit after failing at 28 days

2.4.1 It is recognised some clients require more than 28 days to quit successfully. If a client has not quit at 4 weeks, the stop smoking advisor should assess the client's motivation again and use their professional judgement over whether to continue to provide behavioural support and pharmacotherapy. In such cases, the original data set should be submitted as 'not quit' and a new entry with a new quit date initiated. This procedure should **only** be used in cases where the stop smoking advisor believes the client is able to quit in the next six weeks. It must not be used where clients appear to be 'cutting down to quit'.

2.4.2 Clients who have already been supported twice by level 2 intermediate advisors and failed to quit should be offered a referral to Devon's Specialist Stop Smoking Service (Appendix 1). The pharmacy may continue to support them if that is what the client wishes; however no more than four quit attempts for the same client may be supported in any one financial year.

2.5 Training

2.5.1 The pharmacy must provide one or more trained stop smoking advisors; they need not be qualified healthcare professionals. The level 2 stop smoking advisor training requires:

Essential:

- One day training delivered by Devon's Specialist Stop Smoking Service - this may be virtual or face to face delivery. (see 8.9 claimable activity for training)
- National Centre for Smoking Cessation and Training (NCSCT) online training and assessment programme for stop smoking practitioners is requested to be completed following the one day training course delivered by SFLD. A link will be sent out by the trainer following the session: www.ncsct.co.uk/publication_training-and-assessment-programme.

Optional:

- Completion of Making Every Contact Count (MECC) e-learning at www.e-lfh.org.uk/programmes/making-every-contact-count
- It is recommended that other staff within the pharmacy complete the online NCSCT very brief advice training (available from www.ncsct.co.uk/publication_very-brief-advice.php), to encourage screening for tobacco use, conversations about tobacco dependence and referrals into the stop smoking service.

2.5.2 On completion of the one day training delivered by Devon's Specialist Stop Smoking Service, advisors will be automatically added to the register of level 2 stop smoking advisors in Devon, held by the Devon's Specialist Stop Smoking Service and shared with Public Health, Devon County Council.

2.5.3 Training dates and information will be publicised on the Smokefree Devon Alliance website (www.smokefreedevon.org.uk/training) and on Devon's Specialist Stop Smoking Service provider website (Appendix 1).

2.6 Continuous Advisor Support

2.6.1 At least one stop smoking advisor from each setting must access annual training updates (refresher training) and then disseminate the information to other stop smoking advisors in the setting. (see 8.9 claimable activity for training)

2.6.2 Devon's Specialist Stop Smoking Service provider offers support and advice to all trained advisors Devon's via phone, text or email so questions can be asked directly to the trainer or specialist advisor (Appendix 1).

2.6.3 Additional training is available from the Devon's Specialist Stop Smoking Service, including training to increase confidence around use of vapes and very brief advice (Appendix 1).

2.6.4 The NCSCT website also has a range of additional online training which can be accessed for free, including modules on pregnancy, mental health and vaping.

2.7 Premises

2.7.1 Consultations should take place with a registered stop smoking advisor, in a room or area that can provide clients with a confidential service.

2.8 Equipment

- 2.8.1 All equipment used must be used in line with the manufacturers' guidance and protocols for safe and effective use.
- 2.8.2 Carbon monoxide (CO) monitors must be used and are available from Devon's Specialist Stop Smoking Service free of charge. CO monitors remain the property of Public Health Devon, Devon County Council (DCC). Calibration of CO monitors, for models that require annual calibration, is available from Devon's Specialist Stop Smoking Service, alongside further support (Appendix 1).
- 2.8.3 The pharmacy must purchase and use the correct disposable mouthpieces for the CO monitor they have been supplied. Details will be outlined during training and within information provided to the pharmacy during the one day training delivered by Devon's Specialist Stop Smoking Service.

2.9 Service Promotion

- 2.9.1 The availability of support to stop smoking should be prominently advertised within the setting via posters, physical resources and digital screens where available. There are some resources available from the Campaign Resource Centre:
<https://campaignresources.dhsc.gov.uk>. The provider can also contact the commissioner for more support accessing promotional resources.

2.10 Waiting times

- 2.10.1 It is not recommended to place clients on waiting lists for stop smoking support, so if a client cannot be seen within two weeks the client must be referred to Devon's specialist stop smoking service for support to quit (Appendix 1).

2.11 Referrals for Devon's Specialist Stop Smoking Service Support (Level 3)

- 2.11.1 The level 3 stop smoking advisors can provide specialist support and access to free, direct supply NRT. Although this is an universal service, they are trained to help those that find it very hard to quit e.g. the very dependent or those who relapse frequently. Therefore, clients who may require a higher level of support may benefit from being referred directly to Devon's level 3 specialist stop smoking advisors (Appendix 1).
- 2.11.2 The following groups are priority groups for this enhanced service and can be offered referral, although they may prefer to remain within their local level 2 tobacco dependence service:
- People with diagnosed mental health conditions, with priority support for current and recent users of Devon Partnership Trust services. A harm-reduction approach may also be used when appropriate for clients living with severe mental illness (SMI)
 - People living with a long-term medical condition
 - Routine and manual workers
 - The most deprived 20% of the local population as defined by the Index of Multiple Deprivation (IMD)
 - People that have a learning disability
 - Pregnant smokers and others living in the household (e.g., partners, parents)
 - People who misuse substances

- Children and young people under 18 (young people under 16 must be referred to the specialist provider and not supported in pharmacy service)
- Unemployed people
- Other populations including children in care and care leavers/care experienced, refugees and asylum seekers, people experiencing homelessness, people living in social housing, people in contact with the criminal justice system, ethnically diverse people, LGBTQ+ people and GRT communities (Gypsy, Roma and Traveller)
- Clients who have already been supported by level 2 intermediate advisors (in GP or pharmacy services) and have had 2 unsuccessful quit attempts in quick succession should be offered a referral to specialist stop smoking advisors within the Devon specialist stop smoking service.

2.12 Monitoring and audit

2.12.1 Pharmacies must:

- Collect the Russell Standard (clinical) minimum data set for each client supported on each attempt, whether they are successful in their quit attempt or not. The data should adhere to the quality definitions included within the 2024 NCSCT Local Stop Smoking Services and monitoring guidance^{xi}. A successful quitter is defined by the guidance as “a treated smoker who reports not smoking for at least days 15–28 of a quit attempt (-3 or +14 days)”. For CO verified quits, the CO reading must be assessed 28 days from their quit date (-3 or +14 days) and be less than 10 ppm^{Error!}
Bookmark not defined.
- Record monitoring data on PharmOutcomes in a timely manner. Data from PharmOutcomes are used to determine the quarterly payments for smoking cessation activity. DCC will post quarterly reminders on PharmOutcomes ahead of the deadline for the draw-down of the data that will be used to make payment for the pharmacy’s activity. Any queries please email: health.smokingcessationsecure-mailbox@devon.gov.uk or call the Public Health phoneline 01392 383000.
- Attempt CO monitoring at the four-week quit review session (recommended in a minimum of 85% of cases). CO monitoring is an important data quality marker and motivational tool.
- Ensure four-week quit review session occurs between 25 and 42 days from the quit date that was set.
- Make a minimum of three attempts to contact clients whose smoking status is ‘unknown’ using different methods of contact and at different times of the day.
- Agree to undertake a review of the service if quit rates are less than 35%. Public Health Devon will ensure support is provided to help pharmacies increase quit rates in these circumstances. If quit rates continue to be below 35% even with this support, this may result in a requirement to cease provision of the stop smoking service.
- Facilitate any audit process by allowing access to and inspection of relevant documentation and services within the premises. Any request to the pharmacy for such audits will have a minimum deadline period of four weeks.

2.13 Client consent to data sharing

- 2.13.1 The client must give consent for their anonymised data to be shared with Public Health Devon County Council and NHS England for national reporting. The stop smoking advisor should record that the client has given their verbal consent in the 'consent' data field in PharmOutcomes. Before sharing data with the client's GP, consent should be similarly obtained and recorded.

3. COMMISSIONER REQUIREMENTS

Public Health, Devon County Council will provide the following support to pharmacies to ensure that they can provide a high quality, accessible and effective stop smoking service:

3.1 Training

- 3.1.1 Public Health Devon will ensure staff delivering this specification (as stop smoking advisors) are able to access training and support (as detailed in 2.1).

3.2 Equipment

- 3.2.1 Public Health Devon will ensure access to one CO monitor ("smokerlyzer") per pharmacy. Public Health Devon will ensure CO monitor servicing and calibration is available, as detailed in 2.4.

3.3 Information

- 3.3.1 Public Health Devon will ensure pharmacies and their stop smoking advisors are informed of training availability, new evidence, information on clinical effectiveness, and new products via the Smokefree Devon Alliance newsletter. It is requested all stop smoking advisors sign up to the Smokefree Devon Alliance newsletter:
https://public.govdelivery.com/accounts/UKDEVONCC/subscriber/topics?qsp=UKDEVONCC_10_Public_Health Training dates will also be advertised on PharmOutcomes.

3.4 Monitoring and audit

- 3.4.1 Public Health Devon will monitor the quit rates of individual pharmacies, reporting back on a regular basis.

4. POPULATION COVER AND ELIGIBILITY

- 4.1 This specification covers the provision of support to smokers (aged 16 and over) living or working in the Devon County Council's geographical area. Torbay and Plymouth residents may be included if the quit attempt, from start to finish, is provided by a pharmacy which falls in the Devon County Council geographical footprint.
- 4.2 Those **under 16** should be referred onto Devon's Stop Smoking Specialist Service for support (see Appendix 1)

- 4.3 Smokers who are pregnant may be supported by level 2 community stop smoking services if that is their preference. The first line treatment pathway for this population is the treating tobacco dependence service provided directly by Maternity Teams in Secondary Care.

5. EXCLUSION CRITERIA

5.1 Smokeless tobacco

- 5.1.1 Supporting people to quit smokeless tobacco is not covered by this contract, e.g. chewing tobacco.

5.2 Supporting attempts to stop vaping

- 5.2.1 This service is not commissioned to support users of unlicensed nicotine containing products (such as vapes) who do not smoke tobacco, to stop their use of such products.

6. INTERDEPENDENCIES WITH OTHER SERVICES

There are a range of services to ensure that people in Devon who smoke and wish to quit get the right information and support at the right time and in the right place. Stop smoking services in Devon are provided by a number of organisations, outlined below. Very brief advice and brief interventions delivered by staff in health and social care organisations should ensure that the issue of tobacco dependence is raised and people who wish to quit smoking are signposted to services that can support them to quit.

6.2 Level 1 stop smoking support

- 6.2.1 Health and social care professionals in a wide variety of settings, including primary care, should offer brief advice and brief intervention on smoking. This includes offering brief, or very brief, advice to all smokers (30 seconds – three minutes) and referring them to stop smoking services

6.3 Level 2 (intermediate) stop smoking support

- 6.3.1 Intermediate advisors in Devon provide behavioural support, alongside pharmacotherapy, to people living and working in Devon who wish to quit smoking. Public Health, Devon County Council has contracts with many primary care and pharmacy providers for the provision of level 2 stop smoking support.

6.4 Level 3 specialist stop smoking support

- 6.4.1 Devon's Specialist Stop Smoking Service (Appendix 1) is commissioned by Public Health, Devon County Council to provide specialist stop smoking support as detailed in 2.10.1. Specialist stop smoking support can include one to one, telephone and group support across Devon to anyone in Devon, but is focussed on target populations listed in 2.10.1. Support includes access to free, direct supply NRT and vapes, to all clients.
- 6.4.2 Devon's Specialist Stop Smoking Service can provide level 2 stop smoking advisors with training and support, as well as providing support to organisations in contact with target

group populations, such as Mental Health NHS Trusts, maternity departments and substance misuse services.

6.5 Devon's healthy lifestyle support

- 6.5.1 The Best You App, available through Devon's Specialist Stop Smoking Service, can offer Devon residents information, advice and guidance on increasing activity, healthy eating, weight management, alcohol, smoking and hydration: www.best-you.org.

7. NATIONAL AND LOCAL STANDARDS

- 7.1 The national guidance and service delivery standards are as follows:

- NICE guidanceⁱⁱ: <https://pathways.nice.org.uk/pathways/smoking>
- The Russell Standard^{xii}: www.ncsct.co.uk/publication/The-Russell-Standard.php
- The NCSCT Standard Treatment Programmeⁱⁱⁱ: Standard treatment programme
- NCSCT Local Stop Smoking Services and Support: Commissioning, Delivery and Monitoring Guidance: Commissioning-delivery-and-monitoring-guidance.pdf

8. PRICING AND PAYMENT

- 8.1 Payment rates can be found in Volume one: Instructions and Information of the tender and in *Appendix E: Charges of the terms and conditions of the overall contract*.
- 8.2 **NRT charge:** The client should be charged the current prescription levy per item of NRT dispensed (i.e. if a combination of 2 items is supplied this would constitute two charges).
- 8.3 Clients who are **exempt from prescription charges** should provide the required proof to the pharmacy. Once verified, the pharmacy should complete PharmOutcomes appropriately and full payment will be made (drug tariff cost + 5% VAT).
- 8.4 Reimbursement for NRT. The pharmacy will be reimbursed for the cost price of NRT products supplied from the list of available products on PharmOutcomes (drug tariff cost + 5% VAT), minus prescription levy collected by the pharmacy from the patient where appropriate.
- 8.5 Submissions for quarter 4 must be made by the deadline set. There is no opportunity for late submission of quarter 4 data after the deadline has closed.
- 8.6 Payment will be made via the Public Health, Devon County Council processes outlined in *Appendix B of the Public Health Service Contract*.

Claimable activity:

- 8.7 As depicted in **Appendix 3 Part A** should be claimed for **all** clients who attend the pre-quit assessment appointment and set a quit date (Standard Treatment Programme).
- 8.8 One element from **Part B** should be reported/claimed for alongside **Part A** based on outcome, as detailed in the table below.

PART	Stop Smoking	Tariff
A	Quit Date Set - Attends pre-quit assessment appointment and sets a quit date	£20.00 per 'quit date set'*
B OUTCOME	Lost to follow up or Not Quit - Patient attends full treatment programme but is not quit at session 6	£35.00
	Quit Unverified - Patient attends full treatment programme and self-reports as quit at four week follow up, without CO verification	£47.00
	Quit Verified - Patient attends full treatment programme and is quit at four week follow up, which is verified via CO monitoring in person	£52.00
	Disengagement - Patient has disengaged (opted out or lost to follow up) and has not completed the full treatment programme, but has attended at least 2 appointments	£20.00
	Discontinued - Patient attended the first appointment and set a quit date, but subsequently disengaged (opted out or lost to follow up) without a further appointment	No further payment

*the same patient may set more than just one quit date on a single journey to become smoke-free, as long as the advisor feels confident they are ready to make another committed attempt each 'quit date set' and pre-quit assessment should be counted as an individual episode with the accompanying outcome. There can be a maximum of four quit dates set for any one client per year.

Training - Claimable activity:

8.9 Payment for attendance at training can be provided in the following circumstances:

Training Type	Payment	Frequency
Attendance at initial advisor training	£130.00	One claim per advisor only Initial training should only need to be attended once
Attendance at update training	£75.00	One claim per Pharmacy site, per year Attendee to disseminate information to other advisors at the setting

APPENDIX 1



Stop For Life Devon - Devon's Specialist Stop Smoking Service

<https://stopforlifedevon.org/>

For General Enquiries, to request a CO monitor or for CO monitor calibration queries, contact on the following details.

- Direct local number: 0800 122 3866
- info@stopforlifedevon.org

For Referrals

Stop For Life Devon can provide clients with specialist support to quit smoking.

- stopforlife.devon@nhs.net (closely monitored, secure mailbox)
- Online referral form available at: <https://stopforlifedevon.org/get-started/>
- Direct local number: 0800 122 3866

APPENDIX 2

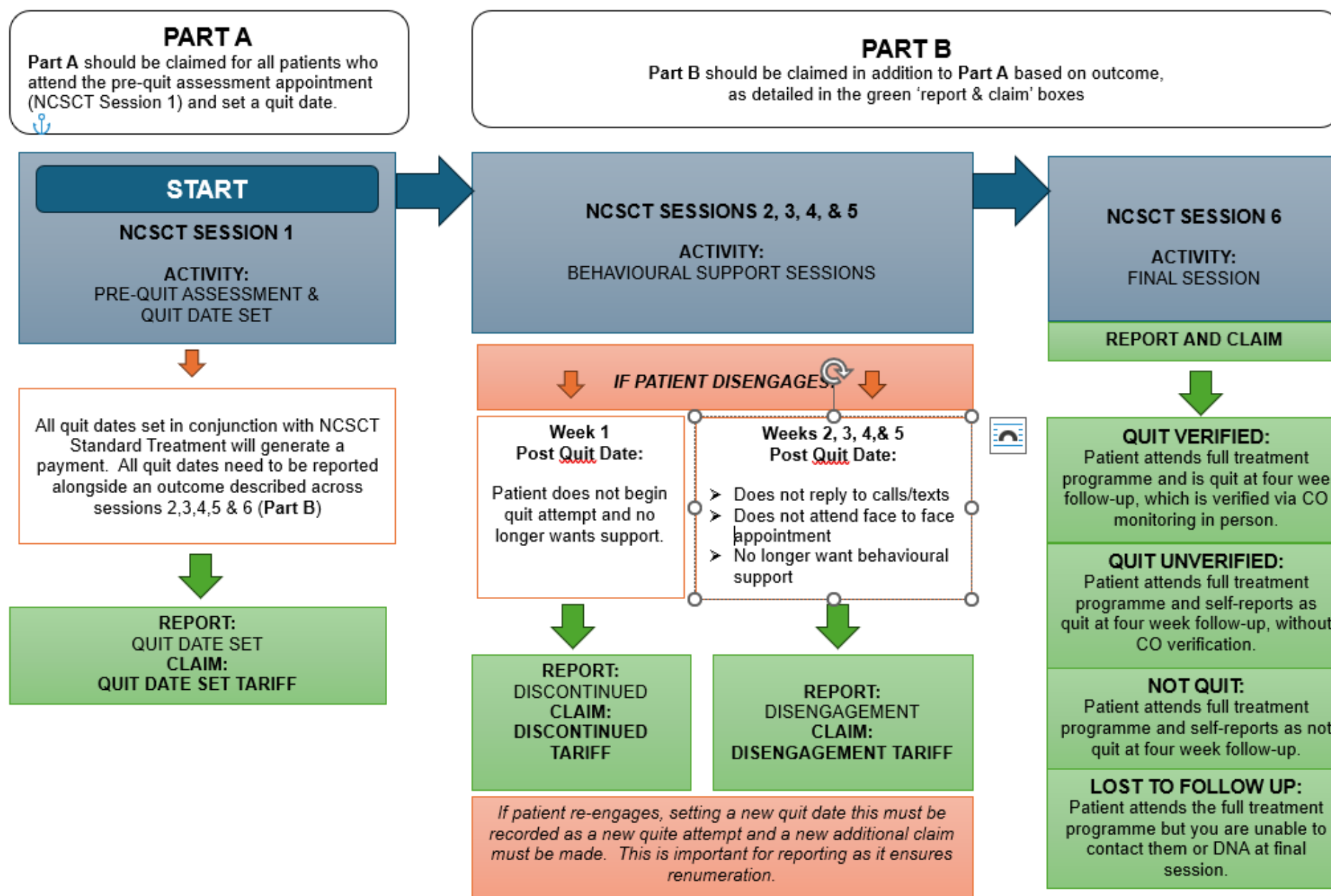


PharmOutcomes is a web-based system which helps community clinicians provide services more effectively and makes it easier for commissioners to audit and manage these services. By collating information on clinical services it allows local and national level analysis and reporting on the effectiveness of commissioned services, helping to improve the evidence base for community-based services.

Payment will be made quarterly upon completion of the data capture templates on PharmOutcomes for Smoking Cessation. Commissioners receive data on quit outcome, NRT and pharmacy and have access to anonymised Data reports through PharmaOutcomes to validate activity.

Smoking Cessation – Reporting & Tariff Guide Public Health Quarterly Reporting

APPENDIX 3



References

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