**SERVICE SPECIFICATION**

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| **Service Specification Ref.** | LCS-SC-2025 |
| **Service** | Stop Smoking Services in Community Pharmacy Tiers 1 & 3. |
| **Authority Lead** | Jake Williams |
| **Provider Lead** | Community Pharmacy |
| **Period** | 1st April 2025 – 31st March 2028 |
| **Date of last review** | January 2025 |
| **Provider Name** | Insert name here |
| **Accredited for Tier 1** | Y / N |
| **Accredited/PGD for Tier 3** | Y / N |

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| **1. Introduction to the Specification** |
| A range of stop smoking offers are provided for Salford residents who smoke. These services cover primary care, hospital, and community. Provision of stop smoking support in Community Pharmacy is an important part of the support system. This specification sets out requirements for provision of stop smoking support by community pharmacy, required outcomes and a payment structure.  This Locally Commissioned Service outlines provision of targeted stop smoking support to adults in Salford who smoke and who access community pharmacy. This specification will be in operation from 1st April 2025.  All stop smoking services are required to work closely with other specialist substance misuse services to meet the needs of clients using both legal and illegal substances. Greater Manchester (GM) as a whole and many of its localities has higher smoking rates than the England average. Each year around 5,700 people in Greater Manchester die from smoking-related causes and there are more than 24,000 hospital admissions to treat smoking-related illnesses.[[1]](#footnote-2)  In 2023 smoking prevalence among adults (aged 18+) in Salford was estimated to be 15.4%. This is similar to the Greater Manchester (12.5%) and England averages (11.6%)[[2]](#footnote-3). Smoking is the biggest single driver of health inequalities and disproportionately affects poorer communities. Across Salford geographical prevalence rates by Lower Super Output Areas (LSOAs) are estimated to range from 24.4% in the highest rates (Pendleton) to around 6.0% in the lowest rates (Claremont) (Mosaic Salford Data 2024).  In 2017, the GM city region launched the Making Smoking History Strategy, with an unprecedented ambition to reduce smoking prevalence levels at a pace and scale greater than any other major global city with the aim of making smoking history by 2030 (smoking prevalence at 5% or less). Since the launch of the strategy, smoking prevalence in Greater Manchester has fallen to the lowest on record, from 18.4% in 2016 to 12.5% in 2023. With an estimated 36,800 adults giving up smoking last year alone. |
| **2. Service Aims** |
| Aims of the Locally Commissioned Service for smoking cessation:   * To reduce smoking related illnesses and deaths by helping people to stop smoking. * To improve access to and choice of smoking cessation support services closer to people’s home, workplace, and leisure. * To provide timely access to an early assessment of potential smoking related harm. * To provide a timely intervention to reduce the number of people who smoke. * To help people identify and access additional treatment by offering timely referral to specialist services where appropriate. * To minimise the impact on the wider community by reducing the levels of smoking and the associated second-hand smoke that may be inhaled by the people’s family and friends. |
| **3. Key Service Outcomes** |
| Locally agreed outcomes and quality requirements (which are NOT Quality Outcomes Indicators):   * The pharmacy shall have appropriate material available for people accessing the service and promote its uptake. This includes provision of: * Smoking cessation brief advice leaflets or the immediate ability to signpost to digital information, such as a website. * Posters and other Stop Smoking materials. * The pharmacy shall review their standard operating procedures and the referral pathways for the service every two years unless there is a significant change. * The pharmacy shall evidence that pharmacists and staff involved in the provision of the relevant sections of this specification have completed all relevant training, and provide evidence to the commissioner by way of a declaration via PharmOutcomes enrolment. * The pharmacy shall participate in the assessment of service provision when requested by the commissioner. * The pharmacy shall participate in stop smoking focused promotions annually including National ‘No Smoking Day’ (March) and ‘Stoptober’ (October). * The pharmacy shall support people to access the best stop smoking route for their individual needs to achieve a successful quit. * The pharmacy shall provide accurate data and activity monitoring information recorded on a commissioner supported web-based reporting tool (PharmOutcomes), ensuring all financial claims are submitted in a timely manner. Person consent shall be recorded, and the data stored in a confidential and safe manner for a period of 5 years. * The pharmacy will ensure that staff are trained to and understand the delivery of the service during at least 80% of NHS commissioned hours. |
| **4. Service Users and Exclusions** |
| * The stop smoking service will be accessible to all adult smokers who live or work in Salford. * People are not required to utilise the nearest pharmacy to their home. People may prefer to access a pharmacy near to their place of work, relative or a leisure pursuit. * Inclusion into the pharmacy stop smoking service should include (but is not limited to): * People wishing to use Varenicline facilitated through the PGD. * People wishing to use Cytisine facilitated through the PGD. * People with severe mental health conditions (including non-medical drug addiction). * People prescribed NRT by Community Stop Smoking Service (Health Improvement Service). * People prescribed NRT by their GP practice. * Pregnant smokers wishing to access NRT as part of the Smokefree pregnancy programme. * Smokers over the age of 18 |
| **5. Service Description** |
| The service currently consists of two tiers, and pharmacies are commissioned to deliver either Tier 1, or Tier 1 and Tier 3 combined, providing the Pharmacy meets the commissioner’s requirements (see Appendix 1). The tiers are set out below.   * Tier 1 – NRT Supply and Medicines Advice * Tier 3 – Oral Medication Supply   Note. Tier 2 services (Behavioural Support, follow up, monitoring & recording with NRT supply) are no longer commissioned in Salford. This change means individual requiring behavioural support will need to be referred to the Community Stop Smoking Service.  **N.B. Please do not claim for Tier 2 activity beyond April 1st 2025 as it will no longer be funded through LCS contract.**  **Tier 1 NRT Supply and Medicines Advice**  The purpose of the NRT supply and medicines advice tier is to enable easy and equitable access to NRT. Service users must be referred from the Community Stop Smoking Service (Health Improvement) and Smoke Free Pregnancy Service to be able to access this service.  Providers will send electronic vouchers (through the commissioner’s web-based tool - PharmOutcomes) to the appropriate community pharmacy. Pharmacies commissioned to deliver the Tier 1 service will also have an nhs.net pharmacy premises specific mailbox as a back up to receive referrals should the web-based platform go down. If the system is down, referrals will be recorded by hand and then uploaded to the web-based platform when it becomes live.  The process for supplying NRT from the electronic voucher is as follows:   1. Pharmacies should check regularly, and at least daily to identify if any electronic vouchers have been received. 2. Pharmacies should only ‘accept’ and ‘complete’ the NRT product supply when the client presents in the pharmacy. 3. Pharmacies are required to check any contraindications to the NRT prescribed on the voucher either by accessing the SCR (with appropriate patient consent) or by discussing with the client. 4. The pharmacy will supply up to a maximum of 2 NRT products for up to a maximum of 2 weeks at a time, providing that no other quit aids are being supplied i.e. via Tier 3. This will be for a maximum of 12 weeks and recorded on the web-based platform 5. The pharmacy will also provide medicines advice regarding NRT use as per the essential service element of their core NHS terms of service. 6. Any queries regarding the voucher validity or choice of products should be communicated as soon as practically possible with the referrer. Any discrepancies should be noted on the web-based platform whilst processing the voucher and if clinically appropriate following discussion with the referrer, the pharmacist is able to amend to a more suitable product. 7. If a referral has been received by the pharmacy, and the client does not make contact with the pharmacy or present in the pharmacy to collect within a 2-week period of the referral being sent, the pharmacy should ‘return’ the referral and add notes as to the reason for the return. The referrer will then take appropriate action with the client.   Access to Tier 1 of the service would be via referral from Community Stop Smoking Service, GPs or the Smoke Free Pregnancy Service. Northern Care Alliance (NCA)/ CURE / GMMH referrals are not eligible and should be through the Advanced Pharmacy Smoking Cessation Service (SCS) offer. For further details, please double click below for a service summary.    The stop smoking advisor must confirm the person’s eligibility to access the service as they cannot register for more than one service during a quit attempt. This is to ensure that their details are not duplicated leading to confusion and compromised data quality and audit trail. This also ensures people are not accessing multiple sets of pharmacotherapies.  See section 7 for training requirements for Tier 1.  This enhanced service is to be provided in addition to the Essential Service ‘Promotion of Healthy Lifestyles (Public Health)’ (ES4).  Payment will be made for each voucher supplied in accordance with the detail set out Section 11.  **Tier 3 Oral Medication Supply**  This covers the supply of oral medication via Patient Group Direction (PGD) if appropriate to support a quit attempt. It is expected that this service is delivered in conjunction with the Community Stop Smoking Service for clients wishing to quit smoking using oral medication. The individual's GP will be notified via the Community Stop Smoking Service of any approval from the pharmacist on oral medication.  The pharmacist will undertake the initial consultation and subsequent supply with the person to ensure that the medication is clinically appropriate and people meet the criteria set out in the PGD.  The Community Stop Smoking Service will send an electronic referral (through the commissioner’s web-based tool Pharmoutcomes) to the appropriate community pharmacy. Pharmacies commissioned to deliver the Tier 3 service will have an nhs.net pharmacy premises specific mailbox. In Salford, pharmacies are required to review the registration documentation on PharmOutcomes and assess the individual's medical history to ensure that receiving oral medication is appropriate (with patient consent) or by phoning the patient to discuss.  The quit date is ideally within 1-2 weeks of starting the medication but can be at any time within treatment course. The dose for Varenicline can be reduced to 0.5mg if intolerable side effects occur with the course length being 12 weeks but can be extended to 24 weeks if required. Whereas for Cytisine the standard course of treatment is currently 25 days. (Using it for up to 12 weeks is more effective and it appears to be roughly as effective as varenicline when taken for the same duration (12 weeks)[[3]](#footnote-4).  Salford’s PGDs can be accessed either via the PharmOutcomes platform, or on the Community Pharmacy Greater Manchester [website](https://greatermanchester.communitypharmacy.org.uk/localities/salford-services/salford-services/).  It’s the contractor responsibility to ensure that all pharmacists have signed the PGD and that copies are kept on file.  Initial consultations and subsequent supply should be recorded on the commissioner’s web-based tool.  Providers will send electronic vouchers (through the commissioner’s web-based tool - PharmOutcomes) to the appropriate community pharmacy. Pharmacies commissioned to deliver the Tier 3 service will also have an nhs.net pharmacy premises specific mailbox as a back up to receive referrals should the web-based platform go down. If the system is down, referrals will be recorded by hand and then uploaded to the web-based platform when it becomes live.    The process for supplying oral medication from the electronic voucher is as follows:   1. Pharmacist should check regularly, and at least daily to identify if any electronic medication request vouchers have been received. 2. The pharmacy will contact the service user and schedule an appropriate time for them to attend for initial consultation. 3. Pharmacies should only ‘accept’ and ‘complete’ the medication product supply when the client presents in the pharmacy and it’s approved by the Pharmacist. 4. Pharmacies are required to check any contraindications to the oral medication requested on the voucher either by accessing the SCR (with appropriate patient consent) or by discussing with the client. 5. The pharmacists must check before supplying each medication request received from the Community Stop Smoking Service that a supply is clinically appropriate for the person. 6. The pharmacy will provide the agreed-upon oral medication dosage, such as a 2-week supply of Varenicline or a 25-day course of Cytisine. This will be supplied for a maximum duration of 12 weeks and will be recorded on the web-based platform. 7. The pharmacy will also provide medicines advice as per the essential service element of their core NHS terms of service. 8. Any queries regarding the voucher validity or choice of medication should be communicated as soon as practically possible with the referrer. Any discrepancies should be noted on the web-based platform whilst processing the voucher and if clinically appropriate following discussion with the referrer, the pharmacist is able to amend to a more suitable medication. 9. If a referral has been received by the pharmacy, and the client does not make contact with the pharmacy or present in the pharmacy to attend an initial consultation within a 2-week period of the referral being sent, the pharmacy should ‘return’ the referral and add notes as to the reason for the return. The referrer will then take appropriate action with the client.   Oral medication products should be supplied and pharmacies will be paid according with to the fees for Tier 3 as in Section 11.  Varenicline is usually supplied as a treatment initiation pack (14 days treatment period) and then subsequent fortnightly supplies of 28 x 1mg tablets but treatment period may vary if the Community Stop Smoking Service feel it is appropriate to request shorter or longer periods of treatment.  Cytisine is usually supplied in a standard course of 25 days were the individual will take 100 tablets x 1.5mg of that period being supported by the Community Stop Smoking Service fortnightly.  Payment will be made for each voucher actioned in accordance with the detail set out Section 11.  **Guidance for Pharmacists: Checking Renal Function for the Varenicline PGD**  When supplying varenicline under the National PGD, it is essential to check the patient’s renal function, as dose adjustments are required for those with moderate or severe renal impairment. Below are recommended ways to obtain this information:   1. GM Care Record – If accessible, check the GM Care Record for recent renal function tests. This shared system may contain relevant blood test results from primary and secondary care. Information about access can be found via the [GM Care Record](https://greatermanchester.communitypharmacy.org.uk/gm-care-record-2/). 2. Ask the Patient – Patients may be aware of their kidney function status, particularly if they have a history of kidney disease or have been informed of abnormal results. 3. NHS App – Encourage patients to check their most recent blood test results via the NHS App, where they may find past results. 4. GP Practice – If the patient consents, contact their GP surgery to request recent renal function test results. 5. If renal function results are unavailable or unclear, you must contact the GP before making a supply of varenicline.   **Recording Renal Function Checks and Supply Decisions**  It is essential to document that the patient’s renal function was confirmed. If a supply is made without this information, pharmacists must clearly record their rationale for proceeding and notify the GP of the supply so that appropriate follow-up can take place.  **Visit frequency for Support and Medication Supply**   | **Visit Number** | **Varenicline details & supply** | **Cytisine details & supply** | | --- | --- | --- | | **Visit 1 (week 0) Initial Consultation** | Complete a relevant medical history assessment, readiness to quit & provide initiation pack. | Complete a relevant medical history assessment, readiness to quit & provide standard treatment course | | **Visit 2 (week 2)** | Provide further fortnightly supply of Varenicline. |  | | **Visit 3 (week 4)** | Provide further fortnightly supply of Varenicline. |  | | **Visit 4 (week 6)** | Provide further fortnightly supply of Varenicline. |  | | **Visit 5 (week 8)** | Provide further fortnightly supply of Varenicline. |  | | **Visit 6 (week 10)** | Provide further fortnightly supply of Varenicline. |  | |
| **6. Assessment** |
| Assessments will be carried out in accordance with the following standards:   * The initial consultation by the pharmacist should include a review of the referral received from the Community Stop Smoking Service alongside assessing the individuals readiness to quit and discussing treatment options. * Follow up consultations should include: * Further supplies of treatment to be coordinated with these consultations.   N.B. Oral medication usually requires fewer visits. |
| **7. Accreditation & Training Requirements** |
| The section below sets out the training requirements for each level of the service.  Evidence of competencies must be retained within each pharmacy (for all pharmacists, locums and staff delivering this service). Evidence of competencies must be dated within the last 3 years and retained within a folder, which will be requested at times of pharmacy inspections.  Before commencement of the service all staff will read the service specification and complete and provide evidence of completion of the Tier related requirements as outlined below.  **Tier 1**  All relevant pharmacy staff will be trained to offer brief advice or brief intervention through competition of NCSCT online brief advice/intervention module  (<https://elearning.ncsct.co.uk/vba-launch>)  **Tier 3**  The registered healthcare professional authorised to operate under this PGD must have:   * Undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of individuals leading to diagnosis of the conditions listed. * Undertaken appropriate training for working under PGDs for the supply and administration of medicines with the recommended training - [eLfH PGD eLearning programme](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.e-lfh.org.uk%2Fprogrammes%2Fpatient-group-directions%2F&data=05%7C02%7Cjake.williams%40salford.gov.uk%7C388100174f6e42281aaf08dd66ee05ad%7C68c00060d80e40a5b83f3b8a5bc570b5%7C0%7C0%7C638779894691436318%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=mspDQVehI%2BiDIGEN9RR2M1NCumHbqAEcgplvsNFzUnk%3D&reserved=0). * Completed locally required e-learning training via [CPPE e-learning](https://www.cppe.ac.uk/programmes/l?t=PTGPDIR-E-01&evid=43589) on Patient Group Directives and [Safeguarding Adults programme in safeguarding vulnerable adults](https://www.e-lfh.org.uk/programmes/safeguarding-adults/) (NHS England).   **Optional training:**  All staff can obtain and evidence NCSCT Stop Smoking Practitioner Certification and should be aware of smoking cessation treatments recommended by NICE. The purpose of this training standard is to improve the effectiveness of stop smoking services by raising the quality of the training provided to smoking cessation advisers.  Whilst not mandatory at this time it is expected that staff read the NCSCT guidance on using e-cigarettes ([NCSCT vaping briefing v7](https://www.ncsct.co.uk/library/view/pdf/Vaping-a-guide-for-health-and-social-care-professionals.pdf)) to aid a quit smoking attempt. This will help pharmacy staff with any enquiries about using e-cigarettes to quit, though this form of support is not a formal aspect of the pharmacy stop smoking offer.  Health champions within [Healthy Living Pharmacies](https://cpe.org.uk/national-pharmacy-services/essential-services/healthy-living-pharmacies/hlp-introduction-and-background/) are also expected to complete brief advice training and Specialist NCSCT training is also available to support mental health and pregnancy too.  Additional training support can be provided by the Community Stop Smoking Service (Health Improvement Service) based in Salford City Council.  Tel: 0800 952 1000 (option 2)  Email: [health.improvement@salford.gov.uk](mailto:health.improvement@salford.gov.uk) |
| **8. Referral Pathways** |
| Pharmacies may signpost clients to other support e.g. Community Stop Smoking Service, Smokefree pregnancy service where appropriate.  Interdependencies with other services:   * The pharmacy service will be professionally supported by the Community Stop Smoking Service delivered by Salford City Council’s Health Improvement Service. * It will also have other interdependencies e.g. Salford Royal Stop Smoking Team (CURE), Community Pharmacy Advanced Smoking Cessation Service (SCS) offer\*. * Pharmacies may link service provision when appropriate with other NHS services, public health services and appropriate wider partner agencies alongside other enhanced services for example Emergency Hormonal Contraception. Salford City Council will provide details of relevant referral points which pharmacy staff can use to signpost persons who require further assistance.   \*This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway. (NHS, June 2023) |
| **9. Clinical Governance** |
| * The provider will carry out the services in accordance with best practice and shall comply in all aspects with the standards and recommendations contained in the statement of Clinical Governance National Minimum Standards and issued by the National Institute of Clinical Excellence; or issued by the relevant professional body. * The service should operate at all times within the provisions of [NICE public health guidance 10](https://www.nice.org.uk/guidance/ng209) and the NCSCT Stop Smoking Services: [service and monitoring guidance](https://www.ncsct.co.uk/library/view/pdf/Commissioning-delivery-and-monitoring-guidance.pdf). * Applicable NICE Quality standards – [Supporting people to stop smoking Quality Standard](https://www.nice.org.uk/guidance/qs207) QS207 (2022). * The service provider will comply with any other quality standards as agreed in writing with commissioners. * The provider will ensure that:  1. Staff are informed about and are aware of the standard of performance required and can meet that standard. 2. Adherence by the Providers’ staff to such standards of performance is routinely. monitored and action taken where needed to remedy and meet the standards. 3. All service data is recorded in the web-based reporting tool. 4. The pharmacy has a private and comfortable space for consultations (e.g. consultation room). 5. The pharmacy has Stop Smoking materials/leaflets or evidence of ability to signpost. 6. The pharmacy has a suitable quantity of stock of stop smoking medication/NRT products. |
| **10. Reporting Requirements** |
| Data will be entered directly into the web-based reporting tool.   * Client details * Medical history * Successful/unsuccessful approval of oral medication   Support on the use of the web-based reporting tool will be provided via the Community Stop Smoking Service. |
| **11. Fees for Service Delivery** |
| Pharmacies supplying stop smoking products will be eligible for retrospective payment based on recording of data in the web-based reporting tool.  The payment schedule for provision of stop smoking support is as follows:  **Tier 1**   * Product supplied, strength & quantity. * Cost price & VAT applicable **=** total reimbursement cost of NRT (automatically generated via DM+D in web-based reporting tool). * Supply fee of £2.50 per voucher (VAT exempt). * There will be no contribution from the person, irrespective of their NHS prescription charge status. * Fees will be paid to pharmacies quarterly in response to the invoices generated by the web-based reporting tool.   **Tier 3**   1. Oral medication product supplied, strength & quantity. 2. Cost price (Subject to Zero VAT) = total reimbursement cost of varenicline. 3. Cost price (Subject to Zero VAT) = total reimbursement cost of cytisine. 4. Pharmacist to conduct initial consultation fee of £15 (VAT exempt). 5. Supply fee of £2.50 per referral. (VAT exempt). 6. Fees will be paid to pharmacies quarterly in response to the invoices generated by the web-based reporting tool. 7. Fees for Tier 3 are VAT exempt. 8. There will be no contribution from the person, irrespective of their NHS prescription charge status. 9. The initial clinical assessment of the suitability of oral medication supply will be reimbursed at £15. 10. Subsequent supplies will be reimbursed at £2.50 each. 11. Touch point with Pharmacist for each visit excluding initial consultation of £5.   **To note: from 09 October 2023 to 31 March 2027, a zero rate VAT applies to medicines supplied under a PGD. See**[**HMRC policy guidance**](https://www.gov.uk/government/publications/vat-introducing-a-new-zero-rate-to-extend-the-scope-of-patient-group-directions/introducing-a-new-vat-zero-rate-to-extend-the-scope-of-patient-group-directions) **for more details.**   |  |  |  | | --- | --- | --- | | **Visit No.** | **Visit Details Tier 3 for Varenicline** | **Tier 3 Fee** | | Initial Consultation (Week 0) | Complete a relevant medical history assessment, provide initiation pack. | £15 (initial consultation) + £2.50 (supply fee) + cost of medication. | | Visit 2 (Week 2) | Provide further fortnightly supply of Varenicline. | £5 (touch point with Pharmacist) + £2.50 (supply fee) + cost of medication. | | Visit 3 (Week 4) | Provide further fortnightly supply of Varenicline. | £5 (touch point with Pharmacist) + £2.50 (supply fee) + cost of medication. | | Visit 4 (Week 6) | Provide further fortnightly supply of Varenicline. | £5 (touch point with Pharmacist) + £2.50 (supply fee) + cost of medication. | | Visit 5 (Week 8) | Provide further fortnightly supply of Varenicline. | £5 (touch point with Pharmacist) + £2.50 (supply fee) + cost of medication. | | Visit 6 (Week 10) | Provide further fortnightly supply of Varenicline. | £5 (touch point with Pharmacist) + £2.50 (supply fee) + cost of medication. |  |  |  |  | | --- | --- | --- | | **Visit No.** | **Visit Details Tier 3 for Cytisine** | **Tier 3 Fee** | | Initial Consultation | Complete a relevant medical history assessment, provide initiation pack. | £15 (initial consultation) + £2.50 (supply fee) + cost of medication. | | *Majority of service users will receive a 25 day course, therefore you will only see them once.* | | |   Claims can be made via the web-based reporting tool to ensure claims are appropriately reimbursed for the work delivered.  No payment will be made for late submission of data beyond the cutoff point, of the 31st May for the financial year prior.  The commissioner has a fixed budget in place for the provision of stop smoking services in Salford and will monitor expenditure against the budget on a regular basis. The commissioner reserves the right to give notice to suspend or terminate service provision in one or all tiers of service at their discretion once the activity fee budget is nearing its limit. Pharmacies will be given 3 months’ notice of this eventuality. |
| **Appendix 1 – Product Summaries for Varenicline & Cytisine** |
| * [Varenicline](https://www.ncsct.co.uk/publications/category/varenicline) – Please read through ‘Generic varenicline document’ * [Cytisine](https://www.ncsct.co.uk/publications/Cytisine-SPC) – Please read through ‘Cytisine summary and dosage document’ |

1. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1> [↑](#footnote-ref-2)
2. [Fingertips – Salford Profile](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/501/are/E08000006/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1) [↑](#footnote-ref-3)
3. [NCSCT Cytisine](https://www.ncsct.co.uk/library/view/pdf/Cytisine.pdf) [↑](#footnote-ref-4)