



## Top Tips!

**QUIT YOUR WAY**  
with our support

- 1. Get data onto PCR (from paper) as soon as possible - to ensure;**
  - CHI is valid
  - to establish timelines and prompts between quit date and 4 week and 12 week follow-ups
  - the mandatory fields are completed e.g. telephone number
- 2. Always submit 4 week follow up within allocated window (weeks 4-6) for payment. Likewise at 12 week follow up (weeks 10-14).**
  - The PCR record will confirm actual date range for submission
- 3. What is the process if a Pharmacy completes (ends) a PCR smoking cessation record in error?**
  - Contact **Kay Samson, Health Improvement Manager** at ([kay.samson@nhs.scot](mailto:kay.samson@nhs.scot)) detailing the patient name, CHI No., Contractor Code and unique PCR number (of smoking cessation record that was ended in error). PCR number can be found at the bottom of the completed record and has 32 characters.
  - to arrange for completed record to be deleted from Smoking Cessation database
  - When confirmed Kay's team to contact pharmacy and ask them to add a new record mirroring the completed record (Please do not add prior to this, as this action will cause an error in the smoking cessation database)
  - K Samson will arrange any payment adjustments with PSD
  - Continue to work on the newly created record
- 4. Make sure PCR is launched each morning, pharmacist (including Locums) signed in and any reports checked.**
- 5. Start contact attempts at earliest point to ensure 3 can be completed in time for next submission dates (4wk/12wk), see reports function of PCR for applicable patients.**
- 6. If patient is marked lost to follow up & attempt (assessment) completed prior to wk4 submission then no payment will be made for 4wk follow up. Therefore at the earliest, the "Assessment Completion" section should not be used until the 4 week MDS (minimum data set) has been submitted.**
- 7. Some PMR systems can send SMS text messages to mobile phones. You can use the mobile phone supplied by the board. Consider preparing a short text message that can be sent easily to patients as a quick contact attempt.**
- 8. Keep plenty of the "How to Stop Smoking and Stay Stopped" booklets to support your clients through their quit attempt - available on the NHS Fife stationery form.**
- 9. Routinely check PCR smoking reports for non-attending patients (to prompt contact attempt), and for expiring MDS submissions (wk4 and wk12).**
- 10. Useful to log notes of consultation at end of consultation to allow prompt of non-attendance in reports and as an easy to read tracker for future appointments.**



11. Varenicline - the most common side effect is nausea. Occurs in the majority of patients, useful to counsel prior to use. If occurs, consider reducing to 0.5mg b.d.
  12. Have a stop smoking lead in the pharmacy other than pharmacist that champions the role.
  13. Training counter staff - it is advised that all staff involved in the stop smoking service complete MCQ 1.
  14. If using locums, check their readiness to participate in service prior to confirming booking.
  15. The correct PCR input for the question "Shared care between pharmacy and non-pharmacy services?" which appears on the first screen of the smoking cessation PCR - initial data capture; is that you should ALWAYS answer this question as "NO" (there is no reimbursement if the "YES" button is ticked.)
  16. Update pharmaceutical usage information i.e. product(s) used & number of week's usage on the initial data capture form prior to submission of the 4 and 12 week MDS.
  17. Advice to support you maximising your Stop Smoking Service payments and improve data capture.
    - Initial payment (of £30) only made once quit date set, so if hosting a wk 0 consultation it's useful to establish motivation before hosting a lengthy consultation.

**You will be losing £15 for every 4 week MDS submission not made.**
- To receive your payment;**
- There should be a 4 week electronic MDS submission made for every patient with a quit date set, regardless of the outcome.
  - The report function on the home page of the PCR will alert you to when this submission needs to be made and should be accessed routinely.
  - The Stop Smoking assessment should NOT be marked completed until after the four week electronic MDS submission is sent even if the patient has not returned. Marking the assessment complete before the 4 weeks will prevent this four week MDS submission.

**If the patient is not Smoke free at 4 weeks the assessment should be marked completed once the 4 week MDS submission has been made.**
- At 12 weeks:**
- If the patient is Smoke free at 4 weeks the 12 week MDS submission should be made regardless of the patients smoking status at 12 weeks
  - If the 4 week submission has not been made within the timescales even if the patient is smoke free the 12 week MDS submission cannot be made **losing you a further £35.**