



# PHARMACY STOP SMOKING SERVICE

Version 4: Published June 2023

Originally created by Chipego Siamuwele, Denise Stirling, Caroline Gault and Alison Jane Smith, reviewed and updated by Suzanne Cowie



## USEFUL CONTACTS:

Denise Stirling (Public Health Practitioner)

[denise.stirling@nhs.scot](mailto:denise.stirling@nhs.scot)

Suzanne Cowie (Public Health Practitioner)

[suzanne.cowie@nhs.scot](mailto:suzanne.cowie@nhs.scot)

Kevin Leslie (Public Health Practitioner)

[kevin.leslie@nhs.scot](mailto:kevin.leslie@nhs.scot)

Caroline Gault (ePharmacy facilitator)

[caroline.gault@nhs.scot](mailto:caroline.gault@nhs.scot)

## Table of Contents

<b>Introduction</b> .....	2
<b>Smoking Cessation Service Conversation Support</b> .....	3
Pre-quit Assessment .....	3
<b>Week 0</b> .....	4
<b>Weeks 1 – 3</b> .....	5
<b>Weeks 4 – 6</b> .....	6
<b>Weeks 5 – 11</b> .....	7
<b>Weeks 10 – 14</b> .....	8
<b>Behavioural Support</b> .....	9
Hints and Tips to Offer Patients .....	9
<b>Appendix I: NRT</b> .....	100
16- & 24-hour Patches (21mg, 14mg, 7mg) .....	100
Gum (2mg & 4mg) .....	100
Lozenges/Mini Lozenges (1mg, 1.5mg, 2mg and 4mg) .....	100
Inhalator (15mg per cartridge) .....	100
Microtab (2mg).....	100
Mouth Spray (1mg).....	100
Nasal Spray (10mg/ml) .....	100
<b>Appendix II: PCR Breakdown</b> .....	11
Mandatory Information in the PCR.....	11
Submission of Quit Date on PCR .....	11
Summary Report and Recording Contact .....	12
Submit 4 Week Data .....	13
Submit 12 Week Data .....	13
Completing the quit attempt .....	14
Remuneration.....	14
<b>Appendix III: Smoking Cessation Support Tool for PCR</b> .....	15
<b>Appendix IV: NHS Health Information Resources Service</b> .....	17
<b>Appendix V: Pharmacy FAQs</b> .....	18
<b>Appendix VI: Contacts for Further Support and Resources</b> .....	20
Key Contacts .....	21
Other Services to Support Patients.....	21
Useful Websites for Resources and Further Training .....	22

## Introduction

The purpose of this guide is to support Community Pharmacy in the delivery of the national Smoking Cessation Service. It has been designed to assist staff members newly trained in the service and as a quick reference tool to clarify any common queries about the service. It should be used alongside the revised specification circular for the Smoking Cessation Service, Community Pharmacy Scotland materials and NHS Grampian Community Pharmacy Smoking Cessation Service website (see *Appendix VI* for website links).

Offering a smoking cessation service is one of the four core community pharmacy services which make up the Public Health Service element of the Community Pharmacy contract in Scotland. All members of pharmacy staff can be trained to deliver the service by completing the standard national online training. For the most up-to-date, relevant training, please see the Community Pharmacy Grampian website. [NHS Community Pharmacy Website \(scot.nhs.uk\)](https://www.scot.nhs.uk)

## Service Overview

The Smoking Cessation Service entitles patients aged 12 and above (parental or legal guardian consent required for persons under 13 years of age) who are registered with a GP in Scotland to access the 12-week Smoking Cessation Service. The service provides patients with stop smoking medication (nicotine replacement therapy or prescribed medication) alongside behavioural support from a trained member of staff. Patients must provide up-to-date details, consent to follow up and be able to communicate with their chosen pharmacy, ideally on a weekly basis, but as patient commitments allow.

At pharmacy check-ins, the following should be covered:

- Smoking status
- General check-in with patient and chat about challenges
- Do they have adequate NRT medication

## Record keeping

All Smoking Cessation Service interactions (face-to-face or via telephone/text/email) should be recorded on the Pharmacy Care Record (PCR) and medication supplied should be issued via a Universal Claim Form (UCF). Appendix III contains a paper aide memoir to support team members who do not have PCR access in delivering the service.

## Remuneration

Pharmacies are paid at 3 stages of this service following the submission of data on PCR; at the initial point with a quit date set, at 4-weeks and at 12-weeks. Pharmacies are reimbursed for the products used via the UCFs. See Appendix II for the breakdown of payments for the service.

# Smoking Cessation Service Conversation Support

## Pre-quit Assessment

*“Patient enters CP and is seen by a trained member of staff or pharmacist to enter SCS. Complete initial data capture and submit on PCR with a set quit date 7-14 days later. \*1st payment of £30 triggered\*. Patient leaves with stop smoking medication or arranges a return appointment for medication before quit date.”*

This initial appointment is likely to be your longest session with a patient as you will be recording all the personal details and explaining the service if patient is not familiar.

In this session, you should:

- 1) Assess the patient’s motivation to quit;

*‘What are your reasons for wanting to quit? Why now?’*

- 2) Provide a description of this service;

*‘12-week programme, provided with free stop smoking medication for the duration alongside behavioural support which quadruples your chances of a successful quit attempt. This is a complete “no smoking” service, therefore no cigarettes at all from chosen quit day onwards, cannot use the service to cut down, required to communicate regularly (ideally weekly) and must consent to follow-up.*

- 3) Have a conversation with the patient about which stop smoking medication they would like to use, giving a brief description of the stop smoking medication available to them if patient unfamiliar.
- 4) Set quit date within 14 days of this initial appointment. PCR will not accept a quit date further than 14 days ahead so ensure patient is ready and able to quit within that time frame.
- 5) Provide patient with chosen stop smoking medication products or set a **return appointment** for patient to collect medication before their quit date
- 6) Ask patient to restate why they are quitting smoking and what they plan to do this week (Provide and encourage patient to go through ‘How to Stop and Stay Stopped’ booklet<sup>1</sup>)

Patients who are under 18, pregnant or breastfeeding, on medication, have a medical condition or who wish to use oral prescribed medication should always be seen to by the pharmacist.

---

<sup>1</sup> Visit [www.nhsqhcpat.org](http://www.nhsqhcpat.org) and search ‘How to Stop and Stay Stopped’

## Week 0

*'QUIT DAY: Patient attends appointment, ideally face to face. Have a brief discussion to ensure patient is ready to start their quit attempt. Agree on a day for the patient to return (or other method of communication), ideally the following week.'*

This session should be, where possible, with the same staff member who saw to patient at initial appointment.

In this session, you should:

- 1) Confirm readiness and ability to quit.
- 2) Ensure patient has enough supply of their chosen product(s) and knows how to use them effectively. Discuss withdrawal symptoms and side effects they may experience (see *Appendix I* for side effects of each medication). Remind patients who are using NRT that they should aim not to smoke at all from this point onwards.

*'You may experience some common withdrawal symptoms and side effects from stopping smoking including restlessness, anxiety, depressed mood, anger/frustration, coughing, difficulty sleeping through the night but most of these only last between 1-4 weeks and you're unlikely to experience them all.'*

- 3) Discuss ways they can cope with urges/cravings to smoke. Advise on changes to routine. Address their support network. Encourage them to dispose of any cues for smoking and put barriers in place to reduce temptations to smoke.

*'You are likely to feel urges to smoke, your medication will help to alleviate symptoms however cravings may still occur. If you are ever struggling, give us a call or in the evenings, you can call or go online to speak to an advisor from the "Quit Your Way" team (provide patients with leaflet from QYW for contact details if required).'*

- 4) Ask if there are any potential high-risk situations in the upcoming week and ask patient ways they can think of to avoid smoking in those situations (e.g. invitation to a party)
- 5) Confirm which day the patient plans to return to pharmacy the following week or confirm other method of communication if they are unable to come in for face-to-face session.
- 6) Ask patient to restate why they are quitting smoking and what they plan to do this week

## Weeks 1 – 3

*'Record all contact with patient and submit onto PCR. If patient does not return to pharmacy weekly or you are unable to contact them via other methods, attempts to contact patient should be recorded on PCR.'*

In these sessions, you should:

- 1) Cover all information required for PCR contact record (see *Appendix II*)
- 2) Discuss with patient how they have got on each week
- 3) Enquire about NRT use and ensure that the client has a sufficient supply
- 4) Address any withdrawal symptoms, side effects, cravings or stressful situations they have experienced and their methods of coping ('Stop Smoking in 5 minutes' is a good resource that provides ideas to patients how to cope with cravings<sup>2</sup>; see *Appendix IV* for details)
- 5) Ask if there are any potential high-risk situations in the upcoming week and confirm ways patient plans to avoid smoking in those situations
- 6) Confirm the day patient plans to return to pharmacy the following week or confirm alternative method of communication if unable to come in for face-to-face session
- 7) Ask patient to restate why they are quitting smoking and what they plan to do this week

Any patients who are having any issues during the service should be referred to the pharmacist.

---

<sup>2</sup> Visit [www.nhsqhcpat.org](http://www.nhsqhcpat.org) and search 'Stop Smoking in 5 minutes'

## Weeks 4 – 6

*'One-month follow-up: Meet with or attempt to contact patient on at least 3 separate occasions to follow-up from week 4. Ask patient if they have smoked in the last 2 weeks. Release 4 week MDS submission link on PCR, input contact information; if the patient was successful, unsuccessful or lost to follow-up and submit. \*2nd payment of £15 triggered\*. Patient continues on the service, restarts the service, comes off the service for a period of time or is referred onto alternative support services'*

Cover all information required for PCR 4-week MDS submission (see *Appendix II*).

If patient is **successful**, you should:

- 1) Congratulate patient and discuss with them how they have got on this week
- 2) Enquire about NRT use and ensure that the client has a sufficient supply
- 3) Ensure any withdrawal symptoms, side effects, cravings or stressful situations they have experienced have been addressed and they are still comfortable with their methods of coping
- 4) Ask if there are any potential high-risk situations in the upcoming week and if they are now comfortable with ways to avoid smoking in said situation
- 5) Confirm the day patient plans to return to pharmacy the following week or confirm alternative method of communication.
- 6) Ask patient to restate why they are quitting smoking and what they plan to do this week

If patient is **unsuccessful**, you should:

- 1) Reassure them that lapses are common, it is a hard habit to break and many people often attempt to quit a few times before they finally manage to quit for good
- 2) Ask them what they would like to do; restart the programme (you can support them immediately but wait until after a Thursday to re-register on PCR due to payment cut-off, otherwise payment will be void), take a short break away and return at a later stage to try again or be referred onto an alternative local support service (always refer if had 2 consecutive failed attempts) that can offer more intensive behavioural support alongside stop smoking medication (Healthpoint via healthline 08085 20 20 30)

If patient is **lost to follow-up** following three contact attempts from pharmacy, tick 'No' for the question 'Was client successfully contacted for 1-month follow-up?'

Patients who are unsuccessful or lost to follow-up will automatically be marked as a 'Failed' quit attempt and you will be unable to release the 12-week MDS submission on PCR for these patients. At this stage, you must ensure you close off this quit attempt on PCR for these patients immediately by scrolling to the bottom of the page to the 'Assessment Completion' section and input patient was either 'Unsuccessful' or 'Lost to follow-up' and submit. You know the data has been submitted once the page becomes 'Read-Only' and you are no longer able to edit the information.

## Weeks 5 – 11

*'FOR PATIENTS WHO HAVE STOPPED SMOKING, continue to record all contact (ideally weekly) with patient and submit onto PCR. If patient does not return to pharmacy and you are unable to contact them by other methods of communication, this should be recorded on PCR'*

During these sessions, you should:

- 1) Cover all information required for PCR
- 2) Discuss with patient how they have got on each week
- 3) Enquire about NRT use and ensure that the client has a sufficient supply
- 4) They should no longer be feeling any strong withdrawal symptoms. If this is still occurring, refer patient onto pharmacist for a possible change of medication. Address any side effects, cravings or stressful situations and if they are still comfortable with their methods of coping
- 5) Ask if there are any potential high-risk situations in the upcoming week and if they have strategies in place to avoid smoking in those situations
- 6) Confirm the day patient plans to return to pharmacy, ideally the following week, or confirm alternative method of communication.
- 7) Ask patient to restate why they are quitting smoking and what they plan to do this week



## Weeks 10 – 14

*Three-month follow-up: Meet with or attempt to contact patient on at least 3 separate occasions to follow-up from week 12. Ask patient if they have smoked since their 1-month follow-up. Release 12 week MDS submission link on PCR, input contact information; if the patient was successful, unsuccessful or lost to follow-up and submit. \*3rd payment of £35 triggered\*. Patient is discharged from pharmacy, is offered 2 more weeks of NRT products, is restarted on the service or is referred onto alternative support services.'*

Cover all information required for PCR 4-week MDS submission.

If patient is **successful**, you should:

- 1) Congratulate patient, they have successfully made it to the end of the programme, smoke free
- 2) Ensure they are still comfortable with how they will cope in stressful situations moving forward
- 3) Ask patient if they are happy to be discharged from the pharmacy or if they require further support
- 4) If patient is happy and confident that they are now a non-smoker, discharge them from pharmacy with information on alternative local support services which they can contact if they require any further assistance (Quit Your Way). If patient is slightly uneasy, patients can stay on the service for an additional 2 weeks, receiving behavioural support and NRT products but continue to reassure patient that they have already done the hard part and quit smoking. Let them know they are still able to purchase NRT products if they wish.
- 5) Finally, let them know that if they need any further support in their stop smoking journey to come back to pharmacy or call the Healthline on 08085 20 20 30

If patient is **unsuccessful**, you should:

- 3) Reassure them that lapses are common, it is a hard habit to break and many people often attempt to quit a few times before they finally manage to quit for good
- 4) Ask them what they would like to do; restart the programme straight away (you can support them immediately but wait until after a Thursday to re-register on PCR due to payment cut-off, otherwise payment will be void), take a short break away and return at a later stage to try again or be referred on to an alternative local support service that can offer more intensive behavioural support alongside stop smoking medication. (Refer via Healthline on 08085 20 20 30)

If patient is **lost to follow-up** following three contact attempts from pharmacy, tick 'No' for the question 'Was client successfully contacted for 3-month follow-up?'

Ensure all patient PCR quit attempts are closed off immediately by scrolling to the bottom of the page to the 'Assessment Completion' section and input patient as either 'Successful', 'Unsuccessful' or 'Lost to follow-up' and submit. You know the data has been submitted once the page becomes 'Read-Only' and you are no longer able to edit the information.

## Behavioural Support

Research shows that offering behavioural support to patients alongside stop smoking medication(s) quadruples their chances of quitting successfully (NHS Health Scotland and ASH Scotland, 2017). It is therefore important to ensure patients feel comfortable and in control of their quit journey.

In all interactions with patients, pharmacy staff should remember to:

- Provide **reassurance** to the patient throughout that they can succeed. Research suggests that for many smokers, it can take many attempts to quit, with 44% attempting to quit three times or more (Raising Scotland's tobacco-free generation: our tobacco control action plan 2018 - gov.scot). Do not be discouraged or lose patience with your patients and do not allow your patients to believe they are a failure; relapse is all part of the cycle of change (see below).
- **Boost a patient's motivation** by being encouraging through body and verbal language
- **Build rapport** with patients and remain non-judgemental to gain their trust as a healthcare professional. Patient should be seen by the same staff member where possible throughout their quit attempt to provide familiarity and consistency so patient can clearly identify someone to trust and be accountable to. However, this is not a necessity as long as patient is seen by a staff member who is trained to deliver this service.
- Use **open ended questions** and **summarise** back to patient what you have taken from your conversation to ensure you have both understood each other and are on the same page. This gives patient the control to make decisions for themselves, correct any misunderstandings and verbalise their plans moving forward.



*Prochaska's and DiClemente's (2005) 'Cycle of Change' model*

## Hints and Tips to Offer Patients

- ❖ 'Put plans in place to reduce temptations and cues that will trigger you to want to smoke e.g. remove all cigarettes, lighters and ashtrays, where possible avoid situations where you will be tempted to smoke, inform friends and family of your quit attempt so they can support and encourage you.'
- ❖ Alter your routine, particularly around the times you would habitually have a cigarette to break the trigger of the cue.
- ❖ 'Keep yourself busy, particularly in those few minutes when experiencing cravings; take a walk, cook, read, visit a friend, learn a new hobby etc. Try to avoid giving into the craving as this will make it harder to get over the withdrawal symptoms.'
- ❖ 'Drink plenty water and snack on healthier options'
- ❖ 'Break this journey up into small victories and reward yourself (in ways other than smoking) with each achievement'
- ❖ 'Remain positive'

## Appendix I: NRTs Refer to individual NRT packs for direction of use to ensure patient uses product correctly

### 16- & 24-hour Patches (21mg, 14mg, 7mg)

- ❖ Placed on clean dry area of skin (i.e. arm, chest etc.); provides continuous slow release of nicotine
- ❖ **Side-effects:** Interrupted sleep, vivid dreams, skin irritation
- ❖ **Cautions:** Eczema, Pregnancy/Breastfeeding, Major health issues

### Gum (2mg & 4mg)

- ❖ Chewed for few seconds until distinctive taste then park between gum and cheek to allow for steady nicotine absorption through the buccal mucosa. Dispose once tasteless. To be used once every hour (at least for first 4 weeks) up to **maximum daily dosage of 15 pieces**.
- ❖ **Side-effects:** Jaw ache/ Indigestion/Nausea/Throat irritation if too much nicotine swallowed ❖  
**Cautions:** Peptic ulcer/ Denture wearers

### Lozenges/Mini Lozenges (1mg, 1.5mg, 2mg and 4mg)

- ❖ Sucked until distinctive taste then park between gum and cheek to allow for steady nicotine absorption through the buccal mucosa. Once dissolved replace every hour (at least for first 4 weeks) up to **maximum daily dosage of 15 lozenges**.
- ❖ **Side-effects:** Upset stomach/ Throat irritation
- ❖ **Cautions:** Peptic ulcer/Oral surgery

### Inhalator (15mg per cartridge)

- ❖ Inhale nicotine and menthol vapour regularly (at least for first four weeks). Do not exceed **maximum daily dosage of 6 cartridges**. Substitute for regular 'hand-to-mouth' action.
- ❖ **Side-effects:** Cough initially on inhalation
- ❖ **Cautions:** Asthmatics/ Allergy to Menthol

### Microtab (2mg)

- ❖ 1 or 2 microtabs placed under the tongue and allowed to dissolve. Use every hour (at least for first four weeks) until **maximum daily dosage of 40 microtabs** is reached.
- ❖ **Side-effects:** Upset stomach/ Wind
- ❖ **Cautions:** Peptic ulcer/ Oral surgery

### Mouth Spray (1mg)

- ❖ Sprayed once (or twice if cravings do not subside within a few minutes) at an angle to hit the side of the cheek for nicotine to be absorbed via the buccal mucosa. Avoid swallowing immediately. A total of up to four sprays every hour (at least for first four weeks) until **maximum daily dosage of 64 sprays** is reached (16 hours).
- ❖ **Side-effects:** Upset stomach/ Throat Irritation/ Hiccups
- ❖ **Cautions:** Oral lesions or tumours

### Nasal Spray (10mg/ml)

- ❖ Sprayed once (or twice if cravings do not subside within a few minutes) in each nostril at an angle to hit the side of the nostril. Avoid sniffing immediately. A total of up to four sprays every hour (at least for first four weeks) until **maximum daily dosage of 64 sprays** is reached (16 hours).
- ❖ **Side-effects:** Headache/ Drowsiness/ Nasal irritation/ Sneezing ❖  
**Cautions:** Driving

## Appendix II: PCR Breakdown

Watch PCR webinar here, 34.38 minutes [NHS Community Pharmacy Website \(scot.nhs.uk\)](http://www.scot.nhs.uk)

### Mandatory Information in the PCR

<b><u>Given</u></b> <b><u>Date of</u></b>	Patient Details				
	Patient Demographics	Family Name	Title		
CHI	<input type="text"/> * Find CHI	<b>Name</b> ➤	<input type="text"/>		
Given name	<input type="text"/> Mandatory for CHI search *	<b>Birth</b> ➤	Gender – <i>important for</i>	Family name	<input type="text"/> [Back] *
Preferred name	<input type="text"/>	<b>CHI is mandatory (use CHI CHI</b>	Gender	Gender	<input type="text"/> [Male] v
Date of birth	<input type="text"/> Mandatory for CHI search *	<b>function on PCR if CHI male.</b>	Patient Deceased	<input type="checkbox"/>	
	<small>e.g. 31-07-2015 for the 31st of July 2015</small>	<b>unknown</b> ➤	Home or		
Patient Address		Number - ( <i>DO NOT use</i>	Post Code – <i>Please ensure this is</i>	Contact Details	
Address 1	<input type="text"/>		<i>correctly and in full or number it</i>	Home phone number	<input type="text"/>
Address 2	<input type="text"/>		<i>rejected. at submission</i>	Mobile phone number	<input type="text"/>
Address 3	<input type="text"/>			Work phone number	<input type="text"/>
Address 4	<input type="text"/>			Email address	<input type="text"/>
Address 5	<input type="text"/>				
Postcode	<input type="text"/> Mandatory for CHI search				
					<input type="button" value="Save"/> <input type="button" value="Cancel"/>

*\* Means a field requires di*

*match, defaults to **match***

*Mobile Phone Address 1*

*pharmacy telephone entered will be rejected submission*

After setting up patient's PCR record, you need to start quit attempt by capturing the minimum data:

- ❖ Consent – *if no, client cannot continue with service within the pharmacy*
- ❖ Ethnic group is a required field.
- ❖ Employment status is a required field.
- ❖ Cigarettes smoked is a required field.
- ❖ Time after waking is a required field.
- ❖ Number of quit attempts is a required field.
- ❖ Referral date is a required field.
- ❖ Referral source is a required field.
- ❖ Intervention setting(s) is a required field. – *choose Pharmacy*
- ❖ Date of initial appointment is a required field.
- ❖ Shared Care is a required field. – *Select No*
- ❖ Intervention(s) is a required field.
- ❖ Pharmaceutical usage is a required field. – *this relates to any smoking cessation medication taken prior to starting this quit attempt*

At this point the quit attempt can be saved and quit date submitted at a point closer to the actual quit date upon return appointment for medication if quit date not decided.

### Submission of Quit Date on PCR

Quit date should not be more than 14 days later or before you click the 'Confirm quit date' button. You can record a patient contact at the same time as setting the quit date.

Confirm quit date and record contact

Quit date

Record contact

Contact date

Contact type  Please select v

Has the patient smoked?  Yes  No

CO Reading  Please select v ppm

Product

<input type="checkbox"/> 16h patch	<input type="checkbox"/> 24h patch	<input type="checkbox"/> Lozenge
<input type="checkbox"/> Gum	<input type="checkbox"/> Nasal spray	<input type="checkbox"/> Inhalator
<input type="checkbox"/> Sub-lingual tablet	<input type="checkbox"/> Bupropion	<input type="checkbox"/> Varenicline
<input type="checkbox"/> Mouth spray	<input type="checkbox"/> Oral film strips	

Product and contact notes

If no contact had with patient when submitting quit date, untick the **Record contact** box, to only submit the date. Product and contact notes should be used to record relevant parts of the discussion with patient e.g. *“Patient been struggling; discussed proper use of their NRT products encouraging patient to use second product more regularly. Patient attending party on Saturday; discussed measures to avoid smoking there. Next contact: follow-up on party and if use of medication has improved.”*

Once you **'confirm quit date'** the system will match client and check if they are already taking part in a quit attempt at another pharmacy. If they are and have a valid reason for the move of pharmacy e.g. moved house, changed job etc. contact Caroline Gault at [caroline.gault@nhs.net](mailto:caroline.gault@nhs.net) to discuss.

## Summary Report and Recording Contact

Clients should be in contact weekly during their quit attempt. Use the PCR Summary report to highlight clients who have not been in contact within past 7 days (bottom left of PCR **Home** page)

### Smoking Cessation

MDS	
Expiring within the next 7 Days	[0]
No quit date set	[0]
Awaiting 4 or 12 week followup	[1]
Assessments	
No interactions in the last 7 days	[3]
Open Smoking Cessation assessments	[3]
Start	[0]
4 Week	[3]
12 Week	[0]

In this example all 3 patients on the service had no recorded interactions (contacts within the last 7 days). All 3 patients had made it to the 4-week stage of the service; one of whom was still due to return to pharmacy or be contacted for their follow-up.

This report should be looked at regularly to follow-up patients and avoid missing submissions.

Contact

Contact date	<input type="text"/>
Contact type	<input type="text" value="Please select"/>
Has the patient smoked?	<input type="radio"/> Yes <input type="radio"/> No
CO Reading	<input type="text" value="Please select"/> ppm
Product	<input type="checkbox"/> 16h patch <input type="checkbox"/> 24h patch <input type="checkbox"/> Lozenge <input type="checkbox"/> Gum <input type="checkbox"/> Nasal spray <input type="checkbox"/> Inhalator <input type="checkbox"/> Sub-lingual tablet <input type="checkbox"/> Bupropion <input type="checkbox"/> Varenicline <input type="checkbox"/> Mouth spray <input type="checkbox"/> Oral film strips
Product and contact notes	<input type="text"/>
<input type="button" value="Record contact"/> <input type="button" value="Cancel"/>	

Contacts are only recorded, not submitted. They remain on your PCR to help you to support your client during the quit attempt.

## Submit 4 Week Data

### Minimum dataset

MDS	Target date
Start	-
Four week	11-Jan-2020 - 25-Jan-2020
Twelve week	22-Feb-2020 - 21-Mar-2020

- The link to release the data will be made available in the **Next Action** section at the 4 -6 week window.
- Submission will not be possible outside these dates
- If the 4-week submission is missed, the 12-week submission will not be possible.

### Submit four week minimum dataset

Was the client successfully contacted for 1-month follow up?

Date follow-up carried out

Client withdrawn from service at time of follow-up?  Yes  No

Has the client smoked at all (even a puff) in the last two weeks?

CO reading confirms quit?

Reason CO reading not taken?

If initial data capture has changed please edit the values using the following link  
[Initial data capture](#)

If the patient was not successfully contacted at the 4-week follow-up, or has smoked, it will not be possible to progress to the 12-week submission. In this case, the 4-week follow-up should be submitted then this quit attempt should be completed in the 'Assessment Completion' section at the bottom of the PCR page for that patient.

Before submission it is necessary to update the **Pharmaceutical usage** and **Pharmaceutical usage weeks** fields in the initial data capture. Use this link to access the fields to update

All patients entered into this service will make it to this stage (**even if they have withdrawn from the programme the day after their quit day**). Ensure all patients' PCRs remain open to this stage and submit their smoking status (**even if you know that were unsuccessful the day after their quit day**). This data allows Health Boards to know what has happened to all patients who entered the service at the 1-month follow-up and ensures you receive your 1-month follow-up payment.

## Submit 12 Week Data

- ❖ Only clients that have a successful quit at the 4-week follow-up can continue to 12-weeks. If the 4week follow-up has a status of smoked/failed the 12-week submission is not possible.
- ❖ Any client that has failed at 4-week follow-up, but wishes to continue with a quit attempt, should have a new quit started on PCR.
- ❖ Any client that is lost to follow-up between 4-week submission and week 10, should have their 12week follow-up submitted at week 10 and then their quit attempt completed.

Before submission it is necessary to update the **Pharmaceutical usage** and **Pharmaceutical usage weeks** fields in the initial data capture Use this link to access the fields to update.

### Submit twelve week minimum dataset

Was the client successfully contacted for 3-month follow-up?

Date follow-up carried out

Has the client smoked at all since the 1-month follow-up?

CO reading confirms quit?

Reason CO reading not taken?

If initial data capture has changed please edit the values using the following link  
[Initial data capture](#)

[return to Smoking Cessation Review Page](#)

Only patients who were successful at the 1-month follow-up will make it to this stage (**even if they have withdrawn from the programme the day after their 4-week data has been submitted**). Ensure all patients' PCRs remain open to this stage and submit their smoking status (**until week 10 for patients known to have withdrawn or returned back to smoking. Wait until week-12 to make 3 contact attempts for patients who are**



**not responding before marking them as lost to follow-up**). This data allows Health Boards to know what has happened to all patients who were successful at the 1-month follow-up and ensures you receive your 3month follow-up payment.

## Completing the quit attempt

Completing the quit attempt should only happen:

- If 4-week follow-up was submitted as fail or lost to follow-up.
- After 10-week submission if client has been lost to follow-up or is known to be unsuccessful between 4-week submission and 10 weeks
- After 12-week submission whether quit was successful or not

Possible Outcomes at Completion:

- **Lost to follow up:** If at any point the patient is no longer attending the pharmacy and is not contactable, it should be recorded in the **Assessment completion** section as *Client lost to follow-up*.
- **Unsuccessful:** If the patient is found to have smoked in the 2 weeks prior to the 4-week submission or smoked more than five cigarettes since the last submission at week-12 an *Unsuccessful* result should be recorded.
- **Successful:** If the patient has quit at week-12 then the assessment should be recorded as *Successful*.

At least 3 separate attempts must be made to contact patient at week-4 and week-12 before recording that they have been lost to follow-up.

## Remuneration

Remuneration for the service is made after timely PCR submissions. If there are any problems with your electronic submission of claims, contact Caroline Gault as you will not receive payment for the service otherwise.

Quit attempt event	MDS submission	Remuneration basis
Submission of the MDS information with confirmed quit date (normally first return appointment)	To be electronically submitted once the quit-date is confirmed with client. This will form the basis of the timelines for the 4-week and 12-week post-quit date follow-ups.	At the end of each calendar month a count will be made, by Practitioner Services Division (PSD), on the central smoking cessation database of patients for MDS submissions for new quit attempts that meet the validation requirements.
<b>£30</b>		
Four week post-quit date <b>£15</b> <b>This should be performed for every patient who enters the service</b>	To be electronically submitted immediately after the 4-week post-quit date and not later than 6 weeks from the confirmed quit-date.	At the end of each calendar month a count will be made, by Practitioner Services Division (PSD), on the central smoking cessation database of patients for MDS submissions for the 4-week stage that meet the validation requirements.
Twelve week post-quit date <b>£35</b>	To be electronically submitted between 12 and 14 weeks from the confirmed quit-date.(If the patients quit attempt is known to have failed during the period the PCR may be submitted between 10 and 14 weeks.)	At the end of each calendar month a count will be made, by Practitioner Services Division (PSD), on the central smoking cessation database of patients for MDS submissions for the 12-week stage that meet the validation requirements.

## Appendix III: Smoking Cessation Support Tool for PCR

INITIAL DATA CAPTURE			
Client Details			
Does the client consent to follow up? <input checked="" type="checkbox"/> Yes			
CHI:	First Name:	Surname:	
Date of Birth: ___/___/___	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Title:	
Address:		Home Telephone:	
		Mobile Telephone:	
		Work Telephone:	
Postcode:		Email Address	
If female, pregnant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the clients ethnic group?			
White	<input type="checkbox"/> Scottish <input type="checkbox"/> Irish <input type="checkbox"/> Other British <input type="checkbox"/> Polish <input type="checkbox"/> Other <input type="checkbox"/> Gypsy Traveller		
Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Asian Chinese <input type="checkbox"/> Asian Other		
Black	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/> Other African	<input type="checkbox"/> Arab	
Mixed (please specify):		Other (please specify):	<input type="checkbox"/> Not Disclosed
What is the clients Employment Status?			
<input type="checkbox"/> In paid employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Full Time Student <input type="checkbox"/> Permanently Sick or Disabled <input type="checkbox"/> Homemaker/ Full time parent/ Carer <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Not known/ Missing			
Tobacco use and quit attempts			
On average, how many cigarettes does the client usually smoke per day?			
<input type="checkbox"/> 10 or less <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Unknown			
How soon after waking up does the client usually smoke their first cigarette?			
<input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> After one hour <input type="checkbox"/> Unknown			
How many times has the client tried to quit smoking in the past year?			
<input type="checkbox"/> No quit attempts <input type="checkbox"/> Once <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Unknown			
Referral and assessment context			
Date Referred to Service: ___/___/___			
<input type="checkbox"/> Self Referral <input type="checkbox"/> HealthPoint <input type="checkbox"/> Pharmacist <input type="checkbox"/> Smokeline <input type="checkbox"/> Dentist <input type="checkbox"/> Hospital <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Prison <input type="checkbox"/> GP <input type="checkbox"/> Midwife <input type="checkbox"/> Stop Smoking Roadshow <input type="checkbox"/> Incentive Scheme <input type="checkbox"/> Health Visitor <input type="checkbox"/> Other (please specify)			
Intervention Setting <input checked="" type="checkbox"/> Pharmacy			
Date of initial appointment: ___/___/___			
Intervention(s) used in this quit attempt) <input checked="" type="checkbox"/> One to one sessions			
Shared care between pharmacy and non-pharmacy services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pharmaceutical usage (at week 0 may not yet be determined and can edited at week 1, but if varenicline to be used must select at week 0 so that risk assessment prompts appear)			
<input type="checkbox"/> NRT only (single product) <input type="checkbox"/> NRT and Bupropion (change in product) <input type="checkbox"/> NRT only (but more than one NRT product) <input type="checkbox"/> NRT and Varenicline (change in product) <input type="checkbox"/> Varenicline only <input type="checkbox"/> Unknown <input type="checkbox"/> Bupropion only <input type="checkbox"/> None			
Total Number of weeks of known product use _____ (likely to be 0)			
If varenicline to be supplied, a risk assessment must be completed prior to supply			
Does assessment indicate that the patient's GP should be contacted to confirm appropriateness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I confirm that I am aware the GP must be informed that the patient will begin on varenicline <input checked="" type="checkbox"/>			
Quit Date	___/___/___	Do not set at wk. 0, wait until actual quit starts i.e. wk. 1 – because follow-up/MDS prompts are calculated from the actual quit date. MDS will only be sent once quit date confirmed – triggers remuneration	





## Appendix IV: NHS Health Information Resources Service

NHS Health Information Resources are a service that offer health information and materials to professionals throughout Grampian who are working to promote health and healthy lifestyles. You can find all these resources and more at [www.nhsqhcpat.org](http://www.nhsqhcpat.org).



These resources include quizzes, reflections and timelines, going through the positives of quitting smoking, why they started smoking in the first place, motivations to quit, descriptions of stop smoking medications etc. All patients considering or starting on the service could greatly benefit from the 'How to Stop Smoking and Stay Stopped' booklet. Patients who are pregnant could also be given the 'I Quit: Stopping Smoking When You're Pregnant' booklet.

Despite receiving behavioural support and stop smoking medication, patients will inevitably feel cravings at stages in their quit attempt, particularly at the beginning. However, within just 5 minutes, those cravings will subside. This booklet explains to patients, in a simple comic way, how cravings work, a technique they can practice when cravings arise and ideas of what they can do in those 5 minutes as a diversion.



## Appendix V: Q&A Pharmacy Stop Smoking Service 2023

### **Q 1: What can I do if Clients come through the service frequently?**

**A:** If pharmacy staff feel that the client is not motivated enough to quit, you can make a clinical judgement; is the client ready for another attempt to quit or is it better to have a short break? Discuss options with the client or refer to the community smoking team. (Healthpoint details below)

If client is struggling with cravings or stress this can be discussed and they can be offered access to more intensive support (Healthpoint).

Also clients **should** be referred onto alternative smoking cessation services if they have had two or more previously unsuccessful quit attempts (Healthpoint).

### **Q 2: If a client is still smoking at the 4-week stage can we continue to support and are we able to make a claim?**

**A:** Yes you could continue to support the client as you may have built up a good working relationship so have a discussion regarding all options. They might just need to take a break but reassure them that your door is always open.

Discuss the Community Smoking Cessation Service (Healthpoint) if you feel they need more time as they are able to offer more in-depth behavioural support. Getting to the root of other issues in their lives can support their quit attempt.

Wait one week in between closing attempt and restarting another on the PCR or else it will be recorded as an error.

You must submit the 4 week follow up even if your patient is still smoking and then you will be paid accordingly.

### **Q 3: What can we do with clients who do not finish the 12-week programme and cannot be reached?**

**A:** Following the guidance, make attempts to contact the client 3 times as this call/email/text could be their lifeline.

Retain client record on pharmacy care record (PCR). Submit 12 week follow up and record as “lost to follow up” to ensure payment is received.

The same rule is applied if client is lost at 4 week stage – Submit 4 week follow up, mark as “lost to follow up”.

### **Q 4: How would pharmacy staff support a client worried about staying stopped when near completion?**

**A:** Client can be supported and have NRT for another 2 weeks beyond 12-week programme.

Encouragement may be needed to boost client's confidence

Suggest that they could have a short acting product to take at challenging times (after week 14, they'd have to buy their own product), reassure the client that they have done well and have broken the behavioural habit that had been previously formed.

Reassure the client that the pharmacy door is always open.

**Q 5: What quantity of medication can be supplied at one time?**

**A:** As Per NHS Circular: PCA(P) (2020)9

The Responsible Pharmacist may increase the quantity of NRT where appropriate for the client, considering any clinical risk or potential for waste by supplying too much. As a general rule, four weeks' supply at a time should be the maximum – though some clients may have exceptional circumstances which would justify a longer duration of supply.

**Q 6: What options are there when a client is allergic to NHS recommended patches?**

**A:** Consider an alternative NRT patch, there are a few available or try other products.

Reassure the client that this can sometimes be the case and pharmacy can try to support with this.

**Q 7: Why can't all staff have access to PCR?**

**A:** Licenses for everyone is not possible at the moment, this is being looked at nationally for more staff to access in the future.

**Q 8: What can we do if a client is registered with another pharmacy; how do I move to current pharmacy?**

**A:** If client is moving area or pharmacy this can be resolved by contacting [gram.cpfacilitators@nhs.scot](mailto:gram.cpfacilitators@nhs.scot) details of why this is happening will be required.

**Q 9: How would we advise a client nearing the end of the programme who has decided that they want to stop taking medication?**

**A:** Be non-judgemental and supportive, this is the client's choice but warn that if NRT and support is stopped too early there is a danger the cravings will start again, and the client will start smoking as the behavioural support, coupled with the medication, has ceased too early. Have a discussion so the client is fully aware of the possible pitfalls.

The general advice is to continue to use nicotine replacement therapy alongside pharmacy staff support for 8-12 weeks, gradually reducing the dose throughout.

**Q 10: A client would like to stop smoking, using a vape or wishes to stop vaping, how would I approach this?**

**A:** Patients who want to use a vape to stop smoking should be referred to Healthpoint via the healthline on 08085 20 20 30 (self-referral or professional referral).

Patients who want to quit vaping should be referred to Quit Your Way Services (QYWS) on 0800 84 84 84.

**Q 11: If a client approaches pharmacy to stop smoking should we ask them to think about what they want to do, or should we offer support immediately?**

**A:** Current advice is to take client on at point of contact if possible, even if it is brief advice.

If not possible to discuss at point of contact, arrange a suitable time for an appointment to ensure client's initial contact is enough to discuss all aspects of the service.

Client has taken a big step to approach you for support. If sent away, they may have second thoughts so taking time to give them the service information will help them make an informed choice.

**Q12: Why do we lose most clients in the first 4 weeks?**

**A:** Giving up smoking is not easy. It can be an emotional and isolating journey, it can take several quit attempts before a client can quit for good. The first few weeks are important, being proactive to maintain the 7-day contact with your client could make all the difference.

**Q13: Is it beneficial to cut down the amount smoked before stopping?**

There are some benefits to cutting down to quit but pharmacies only have a 12-week window so this would be restrictive.

Option 1: Refer on for more behavioural support. Healthpoint will have more time to spend on behavioural change.

Option 2: Support from pharmacy if the client is prepared to cut down more quickly or has been cutting down before approaching pharmacy.

Remember you need to put a quit date into PCR, in order for payment so you will need to set this with your client and encourage the "not a puff" rule.

## Appendix VI: Contacts for Further Support and Resources

### Key Contacts

- Denise Stirling (Public Health Practitioner for Moray and Aberdeenshire North) [denise.stirling@nhs.scot](mailto:denise.stirling@nhs.scot)
- Suzanne Cowie (Public Health Practitioner for Aberdeen City and Aberdeenshire South) [suzanne.cowie@nhs.scot](mailto:suzanne.cowie@nhs.scot)
- Caroline Gault (ePharmacy Facilitator) - [caroline.gault@nhs.scot](mailto:caroline.gault@nhs.scot)
- Kevin Leslie (Senior Public Health Practitioner) - [kevin.leslie@nhs.scot](mailto:kevin.leslie@nhs.scot)
- Pharmaceutical Care Services Team - [gram.pharmaceuticalcareservices@nhs.scot](mailto:gram.pharmaceuticalcareservices@nhs.scot)
- NHS Health Information Resources Service – Tel: 01224 558504 [HPAC \(durham.gov.uk\)](http://HPAC.durham.gov.uk)

### Other Services to Support Patients

**Community Smoking Cessation Team** – Email [gram.healthpoint@nhs.scot](mailto:gram.healthpoint@nhs.scot)

Telephone the Healthline on 08085 20 20 30

**Healthpoint** – Dr Grays Hospital, Elgin: Tel: 01343 567842 (Monday to Friday 9am-5pm)

Email: [gram.healthpointelgin@nhs.scot](mailto:gram.healthpointelgin@nhs.scot)

**Quit Your Way** – call 0800 84 84 84 (*Monday to Friday 8 am – 10 pm, Saturday and Sunday 9am – 5pm*) or speak with an advisor via webchat at <https://www.nhsinform.scot/care-support-andrights/nhs-services/helplines/quit-your-way-scotland>

**Alcohol and Drugs Action Aberdeen City and Aberdeenshire**

<http://www.alcoholanddrugsaction.org.uk/support>

**Moray Drug and Alcohol** <http://www.madp.info/advice-information-and-support/drug-alcohol-services/>

## Useful Websites for Resources and Further Training

NHSG Community Pharmacy

[NHS Community Pharmacy Website \(scot.nhs.uk\)](https://www.scot.nhs.uk)

Community Pharmacy Scotland

[Community Pharmacy Scotland \(cps.scot\)](https://www.cps.scot)

Public Health Scotland (10 hour smoking cessation course)

[SSSLP \(publichealthscotland.scot\)](https://www.publichealthscotland.scot)

TURAS Health and Social Care Learning Resources.

<https://turasdashboard.nes.nhs.scot//User/PersonalDetails/Create?openIdApplicationId=0c6117db-8794-474c-8596-c91798d4538a>

Search Courses: The MAP of Health Behaviour Change: Helping people to make and maintain behaviour change.

Making Every Opportunity Count (MEOC) Module 1: Brief encounters. Module 2: Motivating Change.

NHS inform (Further Information on All Health Services) <https://www.nhsinform.scot/>

ASH Scotland (Resources, Charter Sign-up and Training) <https://www.ashscotland.org.uk/>