

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 (after a Thursday) between closing attempt and restarting another **on PCR** (but support can continue without a break) or else it will be recorded as an error.

You must submit the 4 week follow up, even if your patient is still smoking, to 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 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 behavioural support are stopped too early there is a danger the cravings will start again, and the client may start smoking as treatment 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 can be provided from pharmacy if the client is prepared to cut down more quickly (leading up to a quit date) or if they've 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.

Quit Your Way (QYW)

Where you see reference to Quit Your Way this is a descriptor that incorporates all Community Stop Smoking Services including more tailored/behavioural support to quit

You can contact Quit Your Way Scotland for free by:

- phoning a Quit Your Way Scotland advisor on 0800 84 84 84
- chatting online with a Quit Your Way Scotland advisor

Our helpline and webchat services are open Mon-Fri, 9-5pm.

<https://www.nhsinform.scot/care-support-and-rights/nhs-services/helplines/quit-your-way-scotland>

NHS Grampian Community Smoking Advice Service/Healthpoint

If you feel a smoking cessation client needs a little more time and input with behavioural change than you are able to offer within the Pharmacy setting, then remember you can refer directly, or the client can self-refer, to the Grampian Smoking Cessation Team (Healthpoint). The referral process can be made by email or telephone. The text system, previously used, is not currently in use.

Email Healthpoint smoking cessation Team – gram.healthpoint@nhs.scot

Phone Healthline – 08085 20 20 30

Useful links:

<https://www.nhsinform.scot/healthy-living/stopping-smoking/how-to-stop/getting-ready-to-stop>

<https://www.nhsinform.scot/healthy-living/stopping-smoking/how-to-stop/e-cigarettes>

<https://www.nhsinform.scot/healthy-living/stopping-smoking/how-to-stop/cutting-down-to-quit>

You can contact Denise Stirling (Moray and Aberdeenshire North) or Suzanne Cowie (Aberdeen City and Aberdeenshire South) at gram.pharmaceuticalcareservices@nhs.scot for further support.