

Smoking Cessation and Pharmacy Care Record (PCR)



Before starting a new assessment check the following:

- Does the patient consent to Follow Up? – If No, do not proceed.
- If Yes, inform the patient that they may be contacted for follow up by NHS Scotland via text, call, e-mail or letter.



PCR will check for other quit attempts at other community pharmacies recorded in the last 12 weeks. If identified, a new quit attempt cannot be started unless undertaken at the same pharmacy as the previous attempt.

Selecting the patient

- It may be necessary to create a record for the patient
- A CHI look up function is available (CHI is mandatory)
- The mandatory patient information for smoking cessation patients differs from the normal PCR requirements. It is necessary to record the following additional information:
 - Address 1
 - Post Code – *Please ensure this is entered correctly and in full or submission will be rejected.*
 - Home Phone Number – **NB** Pharmacy telephone number must **NOT** be used as the record will be rejected. If the client does not have a telephone number, write **UNKNOWN**. Follow up is an important part of the programme and obtaining a correct contact number is necessary.
 - As many methods of contact as possible should be obtained e.g. e-mail, mobile number

Submission of data sets

After each submission check that the Minimum dataset section **Status** is shown as '**Validated**' and the **Release Status** as '**Submitted**'.

Reimbursement

- A CPUS form should still be completed for reimbursement purposes.
- The patients CHI number should be included.

- Initial Data Capture

Pharmacy: 9801 - GGC1
 User: GGC1 - Gary Glasgow
 Last login: Wed, Jun 18, 2014 15:12

Search Protocols Reports **Change password** Manage profile Yellow card Help Hospital Logout

SHORTBREAD, Sally Born 06-Jun-1966 (48y) Gender Female CHI No. 6666666666
Patient Details Last Modified On 09-Jun-2014 By GGC1

Address Phone and email

Smoking cessation: initial data capture

Consent

Does the client consent to follow up? Please select

By participating in the smoking cessation service the client has agreed to be contacted by NHS Scotland representatives in order to follow up their progress and smoking status and has agreed to provide a telephone number to facilitate follow up.

Client information

Gender Female

If female, pregnant?

What is the client's ethnic group? Please select

If 'Other' chosen above, please specify

What is the client's employment status? Please select

If 'Other' chosen above, please specify

Tobacco use and quit attempts

On average, how many cigarettes does the client usually smoke per day? Please select

How soon after waking does the client usually smoke their first cigarette? Please select

How many times has the client tried to quit smoking in the past year? Please select

Referral and assessment context

Date referred to service

Referral source(s)

Self-referral	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	Practice nurse	<input type="checkbox"/>
GP	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Health visitor	<input type="checkbox"/>	Smokeline	<input type="checkbox"/>
HealthPoint	<input type="checkbox"/>	Stop smoking roadshow	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Incentive scheme	<input type="checkbox"/>
Midwife	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

If 'Other' chosen above, please specify

Intervention setting(s)

Primary care	<input type="checkbox"/>	Workplace	<input type="checkbox"/>
Hospital - Inpatient	<input type="checkbox"/>	Educational establishment	<input type="checkbox"/>
Hospital - Outpatient	<input type="checkbox"/>	Non-NHS community venue	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	Home	<input type="checkbox"/>
Prison	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

If 'Other' chosen above, please specify

Date of initial appointment

Intervention(s) used in this quit attempt

One to one sessions	<input type="checkbox"/>	Couple/family based support	<input type="checkbox"/>
Group support (closed groups)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Telephone support	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Group support (open/rolling groups)	<input type="checkbox"/>		

If 'Other' chosen above, please specify

Shared care between pharmacy and non-pharmacy services? Yes No

Pharmaceutical usage

Pharmaceutical usage Please select

Total number of weeks of known product use 0

See note on Pg 1

Record the date on the referral or the date of initial patient contact and tick the box for the appropriate referral source.

Select Pharmacy.

Record date of first contact and select eg **One to one sessions**

Where Varenicline is selected additional questions will be presented

Select type of therapy and record number of weeks used so far (only if patient has already started record number of weeks, otherwise 0)

IMPORTANT NOTE: These fields must be updated before each of the subsequent submissions. (update with the number of weeks used at 4 & 12 week submission)


Start Quit Attempt and Confirm Quit Date


Before recording the quit attempt information any missing data will be highlighted. Use the **Edit initial data capture** or **Edit patient** links to update.

Please correct the following validation errors before attempting to proceed:

- Date of initial appointment is a required field.
- Intervention(s) is a required field.
- Post code is a required field.
- At least one line of address information is required to proceed.
- At least one telephone number is required to proceed.

[Edit initial data capture](#) [Edit patient](#)

 The quit date is not editable and drives the dates for the 4 week and 12 week submissions. It is recommended that at the point of initial appointment a provisional date is discussed but only recorded at the point of the first return appointment.

 You should therefore click the **Cancel** Button when the **Confirm Quit date and record contact** screen is displayed after entering the initial data. When the client returns on the agreed date (around 7 days after initial visit) use the link in the **Next Action** section to record the quit date and first contact.

Confirm quit date and record contact

Quit date

Record contact

Contact date

Contact type

Has the patient smoked? Yes No

CO Reading ppm

Product

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


Product and contact notes

[return to Smoking Cessation Review Page](#)

Record **Quit date, this should be within the next few days**
Record the **Contact date, this can pre-date the Quit date to allow for supply of product in preparation of quitting**

Where Varenicline is provided follow-up consultations must be undertaken by the pharmacist

The data will be electronically submitted when the **Confirm quit date button is clicked.**

 Please continue to follow local Formulary guidance when supplying products.

****If appropriate e.g. patient is sufficiently prepared the quit date and contact can be recorded at the initial appointment. This also includes patients who have already commenced pharmacotherapy****

Recording a Contact

Record a contact each week as current practice. If this is not possible record the date and type under the Contact attempt section.

Contact

Contact date:

Contact type:

Has the patient smoked?: Yes No

CO Reading: ppm

Product:

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

Product and contact notes:

CO monitoring is a requirement at weeks 4 and 12 post quit

Please follow current Formulary guidelines and use the box to the right of the appropriate option.

Contact attempt

Contact attempted on:

Contact type:

Submit 4 Week Data

The link to release the data will be made available in the **Next Action** section between **4 and 6 weeks**.

Quit date: 24-Jun-2014

Next action [Release 4 week MDS](#)

[View submitted minimum data set](#)

Minimum dataset

MDS	Target date	Status	Release status	Submitted by	Submitted on
Start	-	Validated	Submitted	GGC1	24-Jun-2014
Four week	22-Jul-2014 - 05-Aug-2014	Open	Not submitted		
Twelve week	02-Sep-2014 - 30-Sep-2014	Open	Not submitted		

IMPORTANT NOTE: If you miss the 6 weeks deadline it will not be possible to make a submission and payment will not be made.

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](#)

Submit four week data

If the patient was not successfully contacted at the 1 month follow up, or has smoked it will not be possible to progress to the 12 week submission.

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.

! If smoking or lost to follow up at 4 weeks, submit the data then go to “Assessment Completion” section and enter Unsuccessful or Lost to follow up. This will close the record down.

Submit 12 Week Data

The link to release the data will be made available in the **Next Action** section between 12 and 14 weeks.

! It is not possible to submit the data if this submission window is missed and payment will not be made. If the 12 week follow up is missed please contact the support office on 01698 377848.

Submit twelve week minimum dataset

Was the client successfully contacted for 3-month follow-up?	Yes
Date follow-up carried out	15-05-2014
Has the client smoked at all since the 1-month follow-up?	No
CO reading confirms quit?	Yes
Reason CO reading not taken?	Please select
If initial data capture has changed please edit the values using the following link	
Initial data capture	
<input type="button" value="Submit twelve week data"/> <input type="button" value="Cancel"/>	

Complete the details following the guidance given above for the 4 week submission.

[return to Smoking Cessation Review Page](#)

Recording the Assessment Outcome

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**.

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. If at the 12 week submission they have smoked less than 5 cigarettes since week 4 it should be recorded as successful.

If the patient has quit at week 12 then the assessment should be recorded as **Successful**.

Assessment completion	
Assessment complete	
Assessment completed by	
Assessment completed on	
Please select	<input type="button" value="Complete"/>
Successful	
Unsuccessful	
Client lost to follow up	PCR-D0CE3FCB-5DFA-49E0-808E-0682F6D1179A

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

! If recording as lost to follow up at 12 weeks, contact the support office on 01698 377848 with the client details or complete the form on Community Pharmacy website and send in.

! If the 12 week follow up cannot be completed for any reason e.g. 4 week follow up not completed on time therefore 12 week cannot be submitted, then please contact the support office on 01698 377848 or

complete the form on Community Pharmacy website and send in. We can then enter the correct information on the database and claim your payment for you.

Smoking Cessation Reports

Additional reports have been created to support the smoking cessation service.

It is recommended that you familiarise your self with these and in particular:

- **Expiring within next 7 days** – IF A SUBMISSION IS MISSED IT IS NOT POSSIBLE TO PROCEED AND PAYMENT WILL NOT BE MADE.
- **No interactions in last 7 days**
- **4 week/12 week follow ups due**



When viewing the reports please be aware that the Week counter is set Mon-Sun. This means that a patient could have their first contact on a Friday and show as week 1 and then on the following Monday show as week 2.

Best Practice

- At least 2 staff members to be responsible for checking the reports weekly.
- Identify a day and time that tends to be quieter.
- Attempt to contact clients who have not attended and with a follow up due or about to expire.
- Update the records of clients attending.
- Close down any records outstanding i.e. Assessment completion section.
- Contact the support office with any 12 week follow ups that have been missed

With kind thanks to Greater Glasgow & Clyde for permission to adapt and use their original document.