|  |
| --- |
|  **Client consent** |
| Does the client consent to follow up? | Yes □ | No □ |
| By participating in the smoking cessation service the client agrees to be contacted by NHS Scotland representatives to follow up their progress and smoking status, and agrees to provide a contact telephone number to facilitate follow up. |
| **Client information** |
| CHI: | Forename: | Surname: |
| Date of Birth: | Gender: | □ Male  | □ Female  | Title: |
| Address: | Home telephone: |
| Mobile telephone: |
| Work telephone: |
| Postcode: | Email: |
| Is female pregnant: | □ No  | □ Yes  |  |  |
| What is client’s ethnic group? |
| White | □ Scottish  | □ Irish  | □ Other British  | □ Polish | □ Gypsy Traveller  | □ Other  |
| Asian | □ Indian  | □ Pakistani | □ Bangladeshi  | □ Chinese  | □ Other |
| Black | □ African  | □ Caribbean  | □ Other  | □ African other  | □ Arab  |
|  □ Mixed *(please specify)*: | □ Other *(please specify)*: | □ Not Disclosed  |
| What is client’s employment status? |
| □ In paid employment □□ Permanently sick/ disabled  | □ Unemployed □□ Homemaker/Full time parent/Carer  | □ Retired □ Other  | □ Full time student □ Not known/Missing  |
| **Tobacco use and quit attempts** |
| On average, how many cigarettes does the client usually smoke per day? |
| □ 10 or less | □ 11 - 20 | □ 21 - 30 | □ More than 30 | □ Unknown |
| How soon after waking up does the client usually smoke their first cigarette? |
| □ Within 5 minutes | □ 6 – 30 minutes | □ 31 – 60 minutes | □ After one hour | □ Unknown |
| How many times has the client tried to quit smoking in the past year |
| □ No quit attempts | □ Once | □ 2 or 3 times | □ 4 or more times | □ Unknown |
| **Referral and assessment context** |
| Date referred to service: \_\_/\_\_/\_\_ |
| Referral source: |
| □ Self-referral | □ Health point | □ Pharmacist | □ Smoke line | □ Midwife |
| □ GP | □ Dentist | □ Practice Nurse | □ Hospital | □ Health Visitor |
| □ Prison | □ Incentive scheme | □ Stop smoking roadshow | □ Other *(please specify)* |
| Intervention setting: □ Pharmacy |
| Date of initial appointment: \_\_/\_\_/\_\_ |
| Interventions used in quit attempt:  |
| □ One to one session | □ Group session (closed) | □ Group session (open) |
| □ Telephone support | □ Other *(please specify)* | □ Unknown |
| Shared care between pharmacy and non-pharmacy services (e.g. QYW Ayrshire):  | □ Yes | □ No |
| Where a community pharmacy is providing Smoking Cessation support in conjunction with Health Board Specialist Service, the patient quit attempt should be recorded as ‘Shared Care’ on PCR. |
| Pharmaceutical usage |
| □ NRT only *(single product)* | □ NRT and Varenicline *(change in product)* |
| □ NRT only *(more than one product)* | □ NRT and Buproprion *(change in product)* |
| □ Varenicline only | □ Unknown |
| □ Buproprion only | □ None |
| Total number of weeks of known product use:  |
| If Varenicline to be supplied, a risk assessment must be completed prior to supply |
| Does assessment indicate that the client’s GP should be contacted to confirm appropriateness? | □ Yes | □ No |
| I confirm that I am aware that GP must be informed that client will start Varenicline | □ Yes |
| Quit date:  | \_\_/\_\_/\_\_ | Do not set at week 0, wait until actual quit date starts (week 1). Follow up/MDS prompts are calculated from actual quit date. MDS will only be sent once quit date confirmed – triggers remuneration |

**Week 4**

Record CO reading

**Weeks 2 & 3**

Record contact information

Generates 3rd payment

**(£35)**

**Week 12**

Submit Week 12 MDS\*

Complete 12 week MDS\* by clicking ‘Release 12 week MDS’

**Week 5 – 12**

If client withdraws from service at any point, record should remain open to allow 12 week submission.

If not, pharmacy will lose **£35** payment per client

Update “Assessment Completion”

**Week 12**

Record CO reading

**Non- Smoker**

**Smoker or Lost to follow up**

Update “Assessment Completion”

**No return**

Click “Assessment Completion”

**Submit** Week 4 MDS\*

Generates 2nd payment

**(£15)**

If client does not return, record 3 contact attempts.

Leave record open until week 4 MDS\* submission

If not, pharmacy will lose **£15** payment per client

Generates 1st payment

**(£30)**

Patient returns

**5 – 7 days** later

Click ‘Confirm Quit date’

Click ‘Next Action’

Record:

* Quit date
* Contact date
* Other appropriate information

Click ‘Home’ when ‘confirm quit date & record appears’

Discuss quit date DO NOT RECORD

Complete required fields

Look up patient CHI