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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SHARED CARE FLOWCHART**   |  |  |  | | --- | --- | --- | | **Community Pharmacy staff** | **Smoke Free Adviser** | **Client** | | * Completion of PCR * Supply of NRT/ varenicline * Assessment of suitability for varenicline and notification of GP | * Data collection for PCR set up * Client support, CO monitoring and follow up | * Commitment to 12 week programme * Engagement with follow up | | **http://liftengineers.co.uk/wp-content/uploads/2018/12/client-logo-nhs-highland.jpg** |



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| --- | --- | --- | --- |
| **1st APPOINTMENT** | |  |  |
| * Adviser contacts/meets client and completes the Smoking Cessation Support Tool * Discuss current smoking habits/history and quit history, build rapport with the patient. |  |  |  |
| * Explain and gain agreement to consent, brief explanation of shared care and that most courses of treatment the adviser can request directly  through the Pharmacist (If patient lives in an area with a pharmacist rather than a dispensing GP surgery) * Discuss NRT products and Varenicline. * Discuss behaviour change, motivation, preparation, readiness to stop (not a puff) | |  |  |

If NRT chosen, refer   
to Highland Formulary 

If Varenicline chosen, refer to

PGD for Varenicline . This should   
be completed by Community   
Pharmacist



**NEXT APPOINTMENT**

* Check the client collected prescription/started course of treatment.
* Has the client remained smoke-free?
* How is the treatment going, any side effects?
* If all going well email pharmacist to request further 2 weeks of prescription.

1 month, 3 month, 12 month follow ups or patient withdrawal data e-mailed to the Pharmacist.

**SUBSEQUENT APPOINTMENTS**

Regular weekly or fortnightly client reviews followed by e-mail to Pharmacist with prescription requests if required.

* Discuss use of chosen products and side effects if required, set a quit date.
* Email pharmacist with Smoking Cessation Support Tool, relevant medical history, brief patient background and request Champix starter pack or 1-2 weeks NRT (or longer in special circumstances e.g. off-shore worker, lives remotely)
* Client information from the Smoking Cessation Support Tool entered onto the PCR system by the Community Pharmacist

Client decides preferred course of treatment

**NEXT APPOINTMENT**

Client reflects on options and readiness until next appointment