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Cessation
Corner #8

Many of you will be aware of the sad events that unfolded on Monday night in Kilmarnock following a fire at a premises near King Street. Thankfully there were no casualties but the aftermath of this devastating event has unfortunately resulted in a number of businesses within this area being impacted and remaining closed until further notice. This includes Boots King Street and a number of opticians. Interim measures have been put in place to support with these closures and relevant parties are being notified as and when updates arise.

On behalf of the Community Pharmacy team, we can only imagine what a difficult time this has been for our colleagues working at Boots in King Street. Our thoughts and gratitude are with the team who are working tirelessly in what can only be described as challenging circumstances to ensure that patient care is not compromised. Thanks also goes to the neighbouring pharmacies who are going above and beyond to support our King Street colleagues.

The community spirit that has been seen in Kilmarnock over the last few days in supporting those whose livelihoods have been affected has been really uplifting - a small positive to come out of such a devastating event.

RECENT COMMUNICATIONS SUMMARY

Monday 7th July – aa.cpteam – Giving your child proton pump inhibitors

Tuesday 8th July – Clinical PCT – Circular PCA2025 –(P)-17

Wednesday 9th July – aa.cpteam – NatPSA – 2025/2025/003DHSC – Shortage of Bumetanide 1MG tablets-
-ClinicalPCT PCS2025 –(P)- 18

Friday 11th July – aa.Pharmacy Directorate - Neurology SIG ToR – Neurology special interest group

Monday 14th July – aa.cpteam – Hollyhealth app

Tuesday 15th July – aa.cpteam - Suspension of Travel health websites in Scotland

Wednesday 16th July – Clinical PCT – dl-2025-17 Circular actions started on revised payment verification protocols – general dental services, primary medical services, general ophthalmic services, pharmaceutical services

Thursday 17th July – Clinical PCT – Pharmacy Lunchtime Closure

Friday 18th July – Clinical PCT – Pharmacy Lunchtime Closure

Suspension of Travel Health Websites in Scotland

As per the recent Public Health Scotland email, all updates to the travel health websites: TRAVAX (www.travax.nhs.uk) and Fit for Travel (www.fitfortravel.nhs.uk) have been paused from Thursday 10th July 2025. In the meantime, users are advised to access the freely available NaTHNaC website Travel Health Pro (www.travelhealthpro.org.uk) until further notice. Websites are in the process of being updated to ensure relevant Scotland context is included on their pages. All users of TRAVAX will also be contacted to make them aware of the current situation and developments. TRAVAX can be contacted via the following email, if there are any further questions or concerns: phs.travax@phs.scot

Post-Registration Foundation Programme for Pharmacists Enrolment

The registration period for the Post-Registration Foundation Programme for Pharmacists is open from 1st August to 12th September 2025. For further information, please see the cps website or use the following link [Post Registration Foundation Programme](#).

For those interested, please submit the Registration Form as soon as possible to secure a funded place.

Simulation sessions for Community Pharmacy IPs

A further simulation session has been added for 2025.

- **Friday 22nd August 0900-1300 hours (Education Centre, Crosshouse Hospital)**

Sessions will be limited to a maximum of 4 people per session.

If you are interested in attending, please email aacpteam@aapct.scot.nhs.uk.

Cessation Corner - #8



I'm Kerry Ingram and I work for Quit Your Way (QYW) in Ayrshire. Over the next few issues, I'm going to be writing about all things smoking-related, with the purpose of helping you to better support your smoking cessation patients. If you have any questions, please contact me. My email address is Kerry.Ingram@aapct.scot.nhs.uk

Supporting a patient - (Weeks 1 & 2)

Explain your service

Congratulate the patient for wanting to sign up. Explain you run a 12 week stop smoking service which offers weekly support as well as weekly access to stop smoking products such as Nicotine Replacement Therapy (NRT) or Varenicline. Explain these can help curb nicotine withdrawals when you stop smoking and this, combined with behavioural support, means they're 4 times more likely to successfully quit.

Explain how the follow-ups work; how often the patient needs to attend; what to do if they can't attend. You should also say that there is an expectation that they will set a quit date and stop smoking within the first week of joining the service.



**Weekly
Support**



Importance & Confidence

Advise them that stopping smoking is the single best thing they can do for their health. Explore their reasons for stopping smoking. It's important to understand their "why" and discuss their reason for quitting at every visit. Enquire about previous quit attempts and ask how they got on. Ask if they used any stop smoking products and if they did, ask which ones they used and explore how they found them. Explore their confidence for stopping. If they've tried numerous times to quit, especially via Community Pharmacy and are low in confidence, it could be a good idea to refer them to QYW for more specialised support.

Data collection & CO reading

If the patient is happy to proceed, explain they must sign up to your service and you must collect some personal information from them. Collect the details you need for PCR, making sure you get a correct contact number. Take a smokerlyser reading to measure carbon monoxide (CO). Explain in advance what the reading means and how it can be useful as a motivational tool. CO is higher in people who smoke however when they stop smoking, the level will drop as more oxygen becomes released into their blood stream. A non-smoker usually blows between 1-4 on a smokerlyser.

Make sure the number of cigarettes smoked per day corresponds approx. to the CO reading. You will use this as a basis for NRT products. A general rule of thumb is, the higher the CO reading, the more cigarettes are smoked, therefore the stronger the nicotine addiction. In these cases, higher level combination NRT products should be given. *If the numbers don't marry, query it.* Do they live with someone who smokes? Could they have a faulty gas boiler? Perhaps they don't inhale a lot.

Selecting medication (NRT or Varenicline)

The patient may prefer to use one product over another. Ask if they are aware of the products on offer (make sure you only offer the Formulary NRT options – patches, lozenges, gum, mouth spray or inhalator) and ask if they have a preference.

You should have a sample NRT bag as well as a Generic Varenicline Starter Pack so you can let a patient see the product and talk them through their use (if not please email me and I can arrange for one to be sent out). You should have recently received some "How to stop smoking" booklets too.

Varenicline and NRT remain equal first line products meaning patients don't have to have tried NRT and failed before they can access Varenicline.

Each product has pros and cons (see Cessation Corner #2 for more detail). There is benefit, when prescribing combination NRT, that a patch is one of those products as it gives a steady flow of nicotine into the blood stream. Another intermittent product can be added as needed. It is important it is the patient's choice.

Make sure they are confident about how to use their product(s) and do not under use them. Many quitters have fallen foul doing this. In the first few weeks of quitting, they should maximise their use.

Make sure the patient knows they can change their product(s) in Week 2 if unhappy with them. Products will only be used if the patient has confidence in how to use them and trust in their effectiveness.



Planning to succeed

It can be tempting to just quit with no planning; however, planning is key to long term success. Once a patient's nicotine addiction is curbed, successful quitting relies on them changing their habits of a smoker to that of a non-smoker. This is where planning comes into its own. Discuss the following with your patient:

Do you plan on getting rid of all the cigarettes they have? If not, why not?

It can be tempting to keep some however this can make successful quitting – harder.

Do you live with anyone who smokes?

Are they stopping too? Are they supportive of you quitting? Could you be tempted to take one of their cigarettes?

Do you plan on telling people you are quitting?

Research shows you're more likely to have a successful quit if you tell people you're stopping smoking.

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IF YOU DON'T
PLAN FOR
SUCCESS,
YOU PLAN TO
FAIL!”



Can you think of any triggers/situations where you might be tempted to have a cigarette?

If yes, ask steps could be taken to avoid these or at least minimise their impact on the quit attempt.

How might you deal with any cravings you have? Share these with the patient.

1. Use your NRT to the maximum.
2. Avoid triggers/certain situations.
3. Distract yourself. Cravings last 5-10 mins and become less frequent over time.
4. Keep hands and mouth busy. Chew some gum, use a stress ball, do a crossword.
5. Seek support. Contact QYW helpline or try an online stop smoking app.

Do you have the number of the local and national QYW service?

Provide the local QYW helpline 0800 783 9132 and the national QYW helpline 0800 84 84 84. Both are free and both are Monday to Friday 9am to 5pm.

Setting a QUIT DATE

Help the patient choose a quit date. Your 4- and 12-week follow-ups will depend on this quit date so ideally it should be set at the first appointment.

Not all dates are made equal. Avoid stopping on a date when something stressful is happening.

Make sure the patient has done some planning around their quit, so they have the best possible chance of avoiding early lapse/relapse.



Any questions?

Invite the patient to ask any questions. Check they remember how to use their product(s). Get them to show you rather than answer "yes" or "no".



Follow-up appointment

Arrange the date and approximate time of their next appointment. You might want to write it down for them to take away.

Week 2 Follow-up

Praise the patient for returning. Ask how they have got on in the past week. Offer to take their CO reading and compare it to the previous week so the patient can see any benefit.

Review any product(s) being used. Change if required.

Discuss any side-effects the patient has experienced in the past week and offer solutions to these. For example, some patients may experience headaches which could be directly linked to using a product however it could also be linked to stopping smoking. The main thing to focus on is a solution. Make sure the patient is drinking enough fluids, if they are you could offer over the counter pain relief.

Discuss any moments of temptation. Praise them if they managed not to give in. If they did lapse or relapse then discuss the circumstance, ask if they'd like some timeout before starting again. Depending on the circumstances you could suggest they sign up to QYW for more intensive support. Update PCR.

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