

Q&A Pharmacy Stop Smoking Service 2023

Q 1: What can I do if patients come through the service frequently?

A: If pharmacy staff feel that the patient is not motivated enough to quit, you can make a clinical judgement; is the patient ready for another attempt or is it beneficial to have a short break? Discuss options with the patient or refer to the specialist smoking team (Healthpoint – 08085 20 20 30).

If patient is struggling with cravings or stress this can be discussed and they can be offered access to more intensive support (Healthpoint – 08085 20 20 30).

Also patients **should** be referred onto alternative smoking cessation services if they have had **two or more** previously unsuccessful quit attempts (Healthpoint – 08085 20 20 30).

Q 2: If a patient is still smoking at the 4-week stage can we continue to support and are we able to make a claim?

A: You should update PCR with the relevant information and that particular case should be closed. However, you can continue to support the patient 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 or be referred onto more specialist support from Healthpoint (always refer after 2 failed attempts in pharmacy).

Discuss the Community Smoking Cessation Service (Healthpoint) with the patient if you feel they need more in depth support. This service can offer more in-depth behavioural support. Getting to the root of other issues in their lives can support their quit attempt.

You must submit the 4 week follow up, even if your patient is still smoking or has been lost to follow up, to be paid accordingly.

Q 3: What can we do with patients who do not finish the 12-week programme and cannot be reached?

A: Following the guidance, make attempts to contact the patient 3 times as this call/email/text could be their lifeline.

Retain patient 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 patient 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 patient worried about staying stopped when near completion?

A: Patient can be supported and have NRT for another 2 weeks beyond 12-week programme.

Encouragement may be needed to boost patient'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 patient that they have done well and have broken the behavioural habit that had been previously formed.

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 patient, 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 patients may have exceptional circumstances which would justify a longer duration of supply (e.g. – overseas or offshore workers)

Q 6: What options are there when a patient is allergic to NHS recommended patches?

A: Consider an alternative NRT patch, there are a few available or try other products.

Reassure the patient that this can sometimes be the case and pharmacy will aim to support 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 in order for more staff to access PCR in the future.

Q 8: What can we do if a patient is registered with another pharmacy; how do I move to current pharmacy?

A: Following recent PCR updates, patients can have more than 1 PCR open file but please be aware of patients who may abuse the system.

Q 9: How would we advise a patient nearing the end of the programme who has decided that they want to stop taking medication?

A: Be supportive, this is the patient'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 patient may start smoking as treatment has ceased too early. Have a discussion so the patient 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 patient 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.

Remember a complete switch to a vape is a successful tobacco quit.

Q 11: If a patient 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 patient 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 patient's initial contact is enough to discuss all aspects of the service.

The patient 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 patients 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 patient 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 patient 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 patient and encourage the "not a puff" rule.

Smoking and Vaping pathways:



