



# PCR SCREENSHOT GUIDE

#### INTRODUCTION

This guide provides a visual step-by-step demonstration on how to set up a new client or review a client's current quit, making it easier to understand for those who use or are new to the PCR system.

#### 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 NHS Scotland representatives may contact them for a follow up.

#### 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

\*Post Code – Submission will be rejected if the client's postcode is not entered correctly.

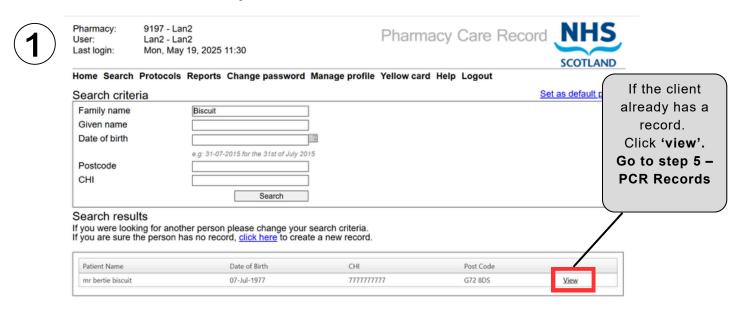
\*Phone Number – **IMPORTANT:** Pharmacy telephone number must **NOT** be used, as the record will be rejected. If the client does not have or know the telephone number, please write **UNKNOWN**. Client follow up is an important part of the programme and obtaining a correct contact number is necessary.



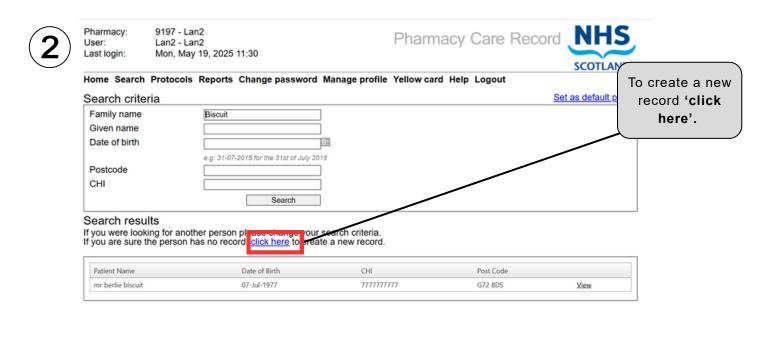


#### SEARCHING FOR A CLIENT

If the client already has a PCR record:



If the client doesnt have a PCR record:



## QUIT YOUR WAY with our support





Pharmacy: User: 9197 - Lan2 Lan2 - Lan2

Last login: Mon, May 19, 2025 11:30

Pharmacy Care Record NHS



Home Search Protocols Reports Change password Manage profile Yellow card Help Logout

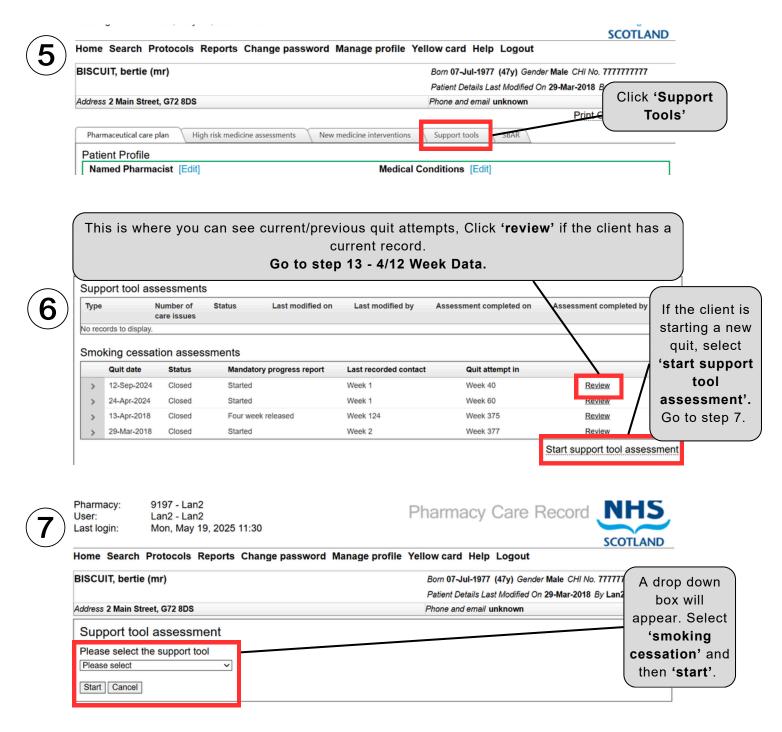
#### **Patient Details** \* Means a field requires data Patient Demographics CHI Title Family name Given name Biscuit Mandatory for CHI search Preferred name Gender Male Patient Deceased Date of birth Fill in the Mandatory for CHI search e.g: 31-07-2015 for the 31st of July 2015 information Patient Address Contact Details Address 1 Home phone number Address 2 Mobile phone number Address 3 Work phone number Address 4 Email address Address 5 Postcode Mandatory for CHI search \*IMPORTANT: Never put the pharmacy's telephone number. Save Cancel If the client doesn't know their phone number, put 'UNKNOWN'.

User: Last login:	Lan2 - Lan2 Mon, May 19, 2025	11:30	i nan	macy Care Red	SCOTLAND
Home Search	Protocols Reports	Change password Ma	nage profile Yellow ca	ard Help Logout	SCOTLAND
Search crite	ria				Set as default page
Family name Given name Date of birth	Biscuit  e.g: 31-07	7-2015 for the 31st of July 2015			Once the clien set up - Click
Postcode CHI		Search			the steps belo
Search resu f you were look f you are sure t	ing for another persor	n please change your sea ord, <u>click here</u> to create a	arch criteria. new record.		
Patient Name		Date of Birth	СНІ	Post Code	





### PCR RECORDS

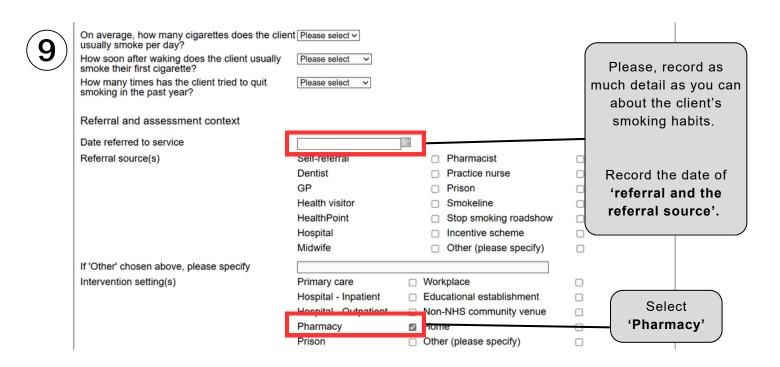






## PRE-QUIT REGISTRATION

Does the client consent to follow up?	Please select ✓	
By participating in the smoking cessation service progress and smoking status and has agreed to p	the client has agreed to be contacted by NHS Scotland representa rovide a telephone number to facilitate follow up.	atives in order to follow up their
Client information		The client
Gender	Please select v	must consent
If female, pregnant?		to follow up.
What is the client's ethnic group?	Please select v	If they do not
If 'Other' chosen above, please specify		consent, do
What is the client's employment status?	Please select	not proceed.
If 'Other' chosen above, please specify		not proceed.
		DI.
Check whether client takes any medication that	interacts with smoking tobacco - SPS smoking interactions	Please put as mu
Note any identified issue and actions taken in the	e below box.	detail in as you o
		about the client
Notes on medicine interaction		
		It is beneficial to
11		



## QUIT YOUR WAY with our support



			_				
	Date of initial appointment	0	■ _	0	#!hh	-	Record 'Initial
<b>10</b> )	Intervention(s) used in this quit attempt	One to one sessions		Couple suppor	/family based t		appointment'. This
		Group support (closed groups)		Other (	please specify	)	should be the first
		Telephone support		Unknov	wn		contact made with
		Group support (open/rolling groups)					client.
	If 'Other' chosen above, please specify						The second of 10 me 40
	Shared care between pharmacy and non-	○ Yes ○ No					Then select 'One to
	pharmacy services?  Where a Community Pharmacy is providing Smoking	Cessation support in conjunc	tion wit	h Health	Board Specialis	st Sen	one sessions'
	should be records as 'Shared Care' on PCR.  There are issues in relation to duplicate records resul	ting from shared quit attempt	s. In ord	der to ens	sure that the 'Sh	ared	
	national database only once the Community Pharmac quit attempt has been recorded already.						Please input which
	These records will be loaded into the National Smokin provided for these quit attempts. (Shared care record	ng Cessation Service databas s submitted previously will be	e and loaded	Commun I into the	ity Pharmacy will database and re	II be emui	pharmaceutical usage
	Community Pharmacy).						the client is using -
	-						Never put unknown.
	Pharmaceutical usage						Record number of
	Pharmaceutical usage	Please select		~		_	weeks used.
	Total number of weeks of known product use	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)
	If Varenicline is selected, ac	The state of the s	s wil	ı		(	
	appear						
	A Varenicline risk assess	sment must be	CO	mple	ted prio	r t	o supply
	Does the client wish to use	e Varenicline?		(	⊃ Yes	0	No
	Varenicline risk assessme	nt must he com	nlet	ed (			
	before supply is made, cor						
	any question over suitabili						
	client's GP must be inform	ed	iaac	,			
		· ·					





## THE QUIT JOURNEY

Before recording the quit attempt, any missing information will be highlighted. Use the Edit pre-quit registration to update.

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) follow the next steps to record the quit date and first contact.

11)	Quit date		]##		should be within the next few days				
	Contact date Contact type Has the patient smoked? CO Reading Product  Product and contact notes	Please select V Yes No Please select V ppn 16h patch Gum Sub-lingual tablet	n 24h patch Nasal spray Bupropion	☐ Lozenge ☐ Inhalator ☐ Varenicline	Record the 'Contact date'; this can pre-date the Quit date to allow for supply of product in preparation of quitting.  Co monitor reading must be provided.				
	Where Varenicline is provided the pharmacist must undertake follow-up consultations								
	Please continue to follow local formulary: Nicotinell patches (16hr/24hr), Nicotinell Lozenges, Nicotinell Gum and NiQuitin Mini Lozenges.								





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

Contact date					CO monitoring is a
Contact type	Please select v				equirement at week
Has the patient smoked?	○ Yes ○ No				4 and 12.
CO Reading	Please select ✓ ppm				4 and 12.
Type of product(s) used	NRT only (combination	n therapy)		edit	
No. of weeks usage	8			edit	
Specific smoking cessation product(s)	16h patch	<ul><li>24h patch</li></ul>	<ul><li>Lozenge</li></ul>		
used	Gum	<ul> <li>Nasal spray</li> </ul>	<ul><li>Inhalator</li></ul>		
	Sub-lingual tablet	<ul> <li>Bupropion</li> </ul>	<ul> <li>Varenicline</li> </ul>		
	Mouth spray				
Product and contact notes					
				- 6	





#### **4 & 12 WEEK DATA**

13)	Next available mandatory progress report  Quit attempt: Started on 14-May-2025  4-week Mandatory progress report: Not release		IMPORTANT NOTE: If you miss the deadline, it will not be possible to make a submission and payment will not be made.
	Before submission, it is necessary to Pharmaceutical usage weeks' Submit four week Mandatory progress report	•	ure.
14)	Was the client successfully contacted for 1-month follow up? Date follow-up carried out Client withdrawn from service at time of follow-up? Has the client smoked at all (even a puff) in the last two weeks? CO reading confirms quit? Reason CO reading not taken?  If pre-quit registration has changed please edit the values usin Pre-Quit Registration		If the patient was not successfully contacted at the 4-week follow up, or has smoked it will not be possible to progress to the 12-week submission.

After the 4/12-week has been submitted, please check that the Mandatory Progress Report Status is shown as 'Validated' and the Release Status as 'Submitted'.

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.



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

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.





#### It is recommended that you familiarise yourself with these and in particular:

Expiring within next 7 days – If submission is missed, it is not possible to proceed and payment will be made.

No interactions in last 7 days

4 week/12 week submissions— There is a 2-week period allowing time to submit. For 4-week submission, you have between weeks 4-6 and for 12-week submission; you have between weeks 12-14.

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.

## THINGS TO REMEMBER

- At least two staff members to be responsible for checking the reports weekly.
- Identify a day and time that tends to be quieter.
- Attempt to contact clients three times if they have not attended pharmacy or those who have a follow up due or about to expire.
- Update the records of clients attending.
- Close down any records outstanding i.e. Assessment completion section.

Payment reminder for each client put onto PCR:

- Quit date set £30
- Week 4 submission £15
- Week 12 submission £35





## CONTACT DETAILS

PCR Assistance:

PCR account set-ups:

Telephone: 01698 858 046

Email: NHSLanarkshire.PharmacyFacilitation@lanarkshire.scot.nhs.uk

PCR password resets:

Telephone: 0131 275 6600

• Quit Your Way Pharmacy Support Team:

Helpline: 01698 754 888

Email: PharmacyTobaccoControl@lanarkshire.scot.nhs.uk

