



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**



**REGIONAL PHARMACY SPECIALIST
SMOKING CESSATION SERVICE**

FEBRUARY 2009

A Pharmacist's Guide

Aims of the Service

The overall aim of the service is to deliver a pharmacy based, one stop specialist smoking cessation service to smokers in Northern Ireland which is evaluated and monitored in line with DHSSPS standards.

The service aims to:

- support smokers who are assessed as motivated to quit
- provide behavioural support and supply NRT, where suitable, to smokers weekly for up to 12 weeks
- complete DHSSPS monitoring forms to enable evaluation and monitoring of the service

“ More smokers set a quit date at pharmacies than with any other service provider. ”

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Smoking Cessation Service

Background

On 1st December 2006 the Regional Pharmacy Smoking Cessation Service was launched fulfilling one of the aims of the Making It Better - A Strategy for Pharmacy in the Community.

This guide describes the regional pharmacy service and is aimed at pharmacists planning to, or currently providing a specialist smoking cessation service. It replaces all previous guidance.

The regional service offers smokers a 12 week programme of behavioural support and allows the weekly supply of Nicotine Replacement Therapy (NRT) if appropriate. It is a one stop service for smokers with free NRT for those who do not pay for prescription charges.

On 30 April 2007, five months after the launch of the regional pharmacy service, Smoke Free Legislation was introduced in Northern Ireland. This caused a surge in demand for cessation services and over 10,000 smokers set a quit date at pharmacies during the following twelve months to April 2008.

In April 2008 the Government issued a new three year Public Service Agreement (PSA) target, under the priority area Improving Health and Well-Being, which identified the following action:

By March 2011, reduce to 21% and 25% respectively the proportion of adults and manual workers subset who smoke.

The Northern Ireland Tobacco Action Plan 2003/08 also identified the following priority target groups of smokers:

- Children and young people
- Pregnant women
- Disadvantaged adults

All specialist smoking cessation services are required to focus primarily on these target groups and comply with the quality standards for delivery of smoking cessation services in Northern Ireland.

In this guidance 'the Board' refers to the relevant Health and Social Services Board or its successor in title or function.



Nicotine Replacement Therapy

Nicotine Replacement Therapy (NRT) is an accessible and effective pharmacological aid to stopping smoking and has been an integral part of pharmacy smoking cessation services for many years. Evidence has shown that the delivery of high quality behavioural support and counselling along with the supply of NRT to suitable smokers can quadruple their chance of quitting compared to using will power alone.¹

In January 2006 new information from the Committee on Safety of Medicines was released which facilitated wider access to NRT among high risk populations such as diabetics, pregnant smokers and people with serious kidney or liver problems. It also removed restrictions on using combinations of NRT products to allow the most appropriate combination to be identified for smokers. Further information is available at www.mhra.gov.uk

The National Electronic Library for Medicines website www.nelm.nhs.uk provides useful guidance on selecting the appropriate NRT to use including:

- What product and formulation related factors should be considered when selecting NRT?
- What factors need to be considered for special patient groups when selecting NRT?

For information on specific NRT products refer to the current British National Formulary and relevant Summary of Product Characteristics (SPC). Up to date SPCs are available at www.medicines.org.uk

NICE guidance for smoking cessation services is available at www.nice.org.uk and includes:

- Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. NICE Public Health Guidance 10 February 2008
- Smoking Cessation – Varenicline. NICE Guidance July 2007
- Smoking cessation – Bupropion and NRT. NICE Guidance March 2002

The advice and treatment provided by Pharmacists and their staff in the delivery of this service must comply with current NICE Guidance and Regional Prescribing Policies, if appropriate.

¹ 'West R, McNeill A, Raw M, Smoking Cessation Guidelines for Health Professionals. Thorax 2000; 55:987-999'

HOW THE SERVICE WORKS in 8 steps

STEP 1

SMOKER APPROACHES A MEMBER OF THE PHARMACY STAFF

Complete the Initial Assessment Form and provide brief opportunistic advice.

Retain this form.

The image shows a form titled 'INITIAL ASSESSMENT FORM'. It contains several sections with checkboxes and text boxes for recording information about a smoker's readiness to quit, their current smoking status, and their access to cessation services. The form includes questions like 'Are you ready to quit or perhaps to stop smoking?' and 'Have you considered any other smoking cessation services within the last six months?'. There are also fields for 'Name', 'Address', 'Postcode', and 'Tel No.'.

STEP 2

INTERVIEW WITH THE PHARMACIST

- The client is assessed as motivated to quit and suitable for this service
- Complete the Client Details Folder and ensure that the client declaration is signed
- Complete the Client Details Form
- Complete the Consultation Record for pharmacotherapy

Retain the Consultation Record in the client folder and submit the Client Details Form 1 electronically or complete manually in duplicate.

The image shows a form titled 'CLIENT DETAILS FORM 1'. It is a vertical form with various fields for personal and contact information, including name, address, phone number, and email. It also includes a section for 'PHARMACOTHERAPY' with checkboxes for different treatments. The form is set against a green background with a vertical bar on the right side.

The image shows a form titled 'CONSULTATION RECORD'. It is a detailed form for recording a pharmacist's consultation with a smoker. It includes sections for 'Smoking History', 'Assessment', and 'Recommendations'. There are checkboxes for 'Motivated to quit', 'Suitable for this service', and 'Access to cessation services'. The form also has fields for 'Date', 'Time', and 'Pharmacist's Name'.

The image shows a form titled 'CLIENT DETAILS FORM 2'. It is a form for recording a pharmacist's consultation with a smoker, similar to Form 1 but with a different layout. It includes sections for 'Smoking History', 'Assessment', and 'Recommendations'. There are checkboxes for 'Motivated to quit', 'Suitable for this service', and 'Access to cessation services'. The form also has fields for 'Date', 'Time', and 'Pharmacist's Name'.



HOW THE SERVICE WORKS in 8 steps

STEP 6

MONTHLY SERVICE PAYMENT CLAIMS

The 4 Week Payment Claim Form 4

should be completed and submitted to the Board monthly as detailed in the table overleaf.

This Form should contain the details of all clients who set a quit date that month and have had their 4 week follow-up completed.

For all clients listed on this Form the corresponding Forms 1 and 2 must have been either submitted electronically to **www.stopsmokingni.com** or copies attached to the 4 Week Claim Form 4.

Submit this claim form to the Board and retain the duplicate copy for your records.

STEP 7

52 WEEK FOLLOW-UP

ONLY CLIENTS WHO ARE QUIT AT 4 WEEKS SHOULD HAVE A 52 WEEK FOLLOW-UP

52 weeks after their quit date the client must be contacted and the 52 Week Follow-Up Form 3 completed.

Submit electronically or complete manually in duplicate.

continued on next page >



HOW THE SERVICE WORKS in 8 steps

STEP 8

52 Week Claims

The 52 Week Claim form 5 should be submitted monthly with the details of those clients who set a quit date that month the previous year, who were recorded as quit at 4 weeks and have had their 52 week follow up completed.

Submit this claim form to the Board and retain a duplicate copy for your records.

The image shows a form titled '52 WEEK FOLLOW-UP CLAIM FORM 5'. It has a header section with a title and a 'MONTH CLAIMED' field. Below that is a 'YEAR' field. The main body of the form is a table with four columns: 'Client Identification', '4 Week Follow-up', 'Form 2 (4-12 WEEK)', and 'Form 3 (52 WEEK)'. The table has several rows for data entry. Below the table, there are sections for 'Pharmacy Details' and 'Pharmacy Sign-off'.

How to send your information

The Electronic Monitoring System

The Electronic Monitoring System (Elite System) is a computerised method of gathering information on those taking part in smoking cessation services.

The system can be accessed from the website www.stopsmokingni.com

How to use The Electronic Monitoring System is detailed in the User Manual which is available from the Tobacco Control Co-ordinator/Administrator at the Board.

The pharmacy details including the provider number, name, address and fax number are entered and new patient details added at the appropriate screens.

The pages on the screens have been designed to match the paper forms from which you will be copying the information.

The data monitoring forms are, 'Client Details Form 1', '4 Week follow-up Form 2' and '52 Week follow-up Form 3'. These should be entered electronically onto the Elite System or paper copies may be sent by post to the Tobacco Control Co-ordinator/ Administrator at the Board.

Service Payments

The following payments are made to pharmacy service providers:

On submission of the relevant claim forms to the Board;

- £30 per smoker for each 4 week follow up
- £7 per smoker who was successfully quit at 4 weeks and followed up after 52 weeks

On submission of the pharmacy voucher to CSA;

- A dispensing and coding fee will be paid for each item supplied on pharmacy voucher. Consultation fees will not apply.
- The cost of the NRT therapy will be reimbursed at Drug Tariff levels.

4 week claim forms should be submitted to the Board monthly as indicated in the schedule for submission of claims.

SCHEDULE FOR SUBMISSION OF CLAIMS

QUIT DATES SET DURING THIS MONTH	LATEST DATE FOR SUBMISSION OF PAYMENT CLAIMS TO BOARD
JANUARY	21 MARCH
FEBRUARY	21 APRIL
MARCH	21 MAY
APRIL	21 JUNE
MAY	21 JULY
JUNE	21 AUGUST
JULY	21 SEPTEMBER
AUGUST	21 OCTOBER
SEPTEMBER	21 NOVEMBER
OCTOBER	21 DECEMBER
NOVEMBER	21 JANUARY
DECEMBER	21 FEBRUARY



Quality Standards for Delivery of Smoking Cessation Services in Northern Ireland

1. Staff providing specialist cessation advice and support should have attended a minimum of a two-day recognised training programme or a recognised training course. This training must be in keeping with the NI Regional Training Framework for Specialist Smoking Cessation (April 2003). Staff should ensure continuing competency in delivering the service and may need to complete refresher training.
2. The staff providing specialist smoking cessation support should have allocated time to deliver the service.
3. All services are expected to aim for at least a quit rate of 45 -50% at four weeks. Services who have quit rates of less than 35% will be subject to review by the HSSBs.
4. The service must be delivered in accordance with an agreed protocol for one-to-one or group intervention, which adheres to the DHSSPS Monitoring Guidelines (Nov 2001).
5. Service providers will be required to complete the data monitoring by using the electronic system (www.stopsmokingni.com). In exceptional cases the service provider should send a hard copy of completed monitoring forms to the HSSB. Service providers must ensure that each month the data is on the system by the specified dates.
6. Service providers will be required to return client data at four and 52 weeks (using the DHSSPS approved monitoring return forms). Returns should be entered onto the electronic system by the end of each calendar month. Payments claims and reports must be submitted promptly and within time-scales set by the HSSBs.
7. Specialist services are required to focus primarily on the target groups set out in the DHSSPS Priorities For Action targets, as well as in the DHSSPS Tobacco Action Plan 03/08. These are: manual workers who smoke, disadvantaged adults who smoke, pregnant smokers, children and young people.
8. Only smokers ready to set a quit date should be registered for specialist support. Smokers should be offered an initial consultation of at least 15 minutes duration, which includes assessment of motivation and readiness to quit. If suitable, a quit date should be set and advice regarding therapeutic interventions e.g. NRT/Bupropion/Varenicline given. Smokers may be referred to a General Practitioner /Pharmacist for further guidance.
9. Structured weekly support should be offered for at least four weeks after quit date.
10. Clients should be offered a total individual contact time of at least 1.5 hours, with a minimum of 15 minutes initial consultation. Some of the support may be provided by telephone contact, if more suitable for the client.
11. Where cessation support is offered on a one-to-one basis, a suitable area, which is quiet and private, must be available.

12. The four-week follow up must be carried out promptly, at the latest, 6 weeks after a quit date. A client is considered to have successfully quit smoking if they have not smoked at all for 14 days prior to the 4 week review date.
13. Service providers will be required (in accordance with local protocols) to undertake carbon monoxide validation of quit attempts at 4 weeks and to record the outcome on the monitoring form (in accordance with the Infection Control Crest Guidelines). A carbon monoxide reading of less than 10ppm validates non-smoking status.
14. A minimum of 6 months must lapse before a client who has previously participated in a specialist smoking cessation programme can be reregistered with a smoking cessation service.
15. All service providers are expected to achieve a 52 week quit rate of 20%. The 52 week follow-up must be carried out promptly either in person with the client or via telephone. Only smokers who have quit smoking at 4 weeks should be reviewed at 52 weeks.
16. Equality, Human Rights and Data Protection legislations must be adhered to in service provision. Equality monitoring forms must be given to smokers availing of specialist cessation services, along with a prepaid envelope.
17. Service providers are required to keep copies of consultation forms and client details to facilitate evaluation and review by HSSBs.

Northern Health and Social Services Board
Southern Health and Social Services Board
Eastern Health and Social Services Board
Western Health and Social Services Board

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Key Questions

Q. How do smokers access the service?

A. There are three ways in which a smoker can access the service:

- **self-referral** - the smoker is motivated and ready to set a quit date and approaches the pharmacist or pharmacy staff for advice on stopping smoking.
- **brief opportunistic advice** - following advice from the pharmacist or pharmacy staff the smoker is assessed as motivated and ready to set a quit date.
- **GP or Health Professional referral** - the smoker has been referred to the service by their GP or other health professional.

Q. Who can provide the service?

A. The specialist service can only be provided by a pharmacist or other individual who has successfully completed a training course that is accredited by the Board.

Q. Where can pharmacy staff get specialist service training?

A. Pharmacies wishing to provide the specialist service should contact the Community Pharmacy Advisor or Tobacco Control Co-ordinator at the Board.

Q. Who evaluates and monitors the service?

A. All specialist smoking cessation services are evaluated and monitored by the Board. Annual statistics on Smoking Cessation Services in Northern Ireland are produced by DHSSPS. Reports are available to view on www.dhsspsni.gov.uk

Q. What happens to the monitoring information on smokers that is submitted?

A. This information is used to plan and evaluate services.

Q. Why does the information have to be accurate and time sensitive?

A. It is vital for the continued funding of cessation services that monitoring forms are completed accurately and on time to link the impact of the services to smoking prevalence rates in Northern Ireland.

Q. What is the 'Quit Date'?

A. This is the date the client sets to stop smoking and not the date they complete the scheme.

Q. What choice of NRT product do I have?

- A. • The most suitable NRT product for the client should be agreed using the information provided on the consultation record in compliance with NICE Guidance and Regional Prescribing Policies.
- The choice of NRT product will be in accordance with the current Summary of Product Characteristics.

Q. When can I prescribe more than one NRT product?

A. NICE Public Health Guidance 10 February 2008 recommends that services should consider offering a combination of nicotine patches and another form of NRT (such as gum,

inhalator, lozenge or nasal spray) to people who show a high level of dependence on nicotine or who have found single forms of NRT inadequate in the past.

Q. What happens If NRT is not required or not recommended?

A. The patient can still attend for support and counselling.

Q. What happens if NRT is required after week 12?

A. The client can purchase NRT or may be referred to their GP for advice.

Q. What's the ruling on Prescription charges?

- A. • Clients who are exempt from prescription charges should sign the back of the PV.
• Clients who pay prescription charges should purchase a pre-payment certificate.

Q. What codes do I use for Pharmacy Vouchers?

A. CSA codes should be used for the NRT supplied. Payment will be made for one week's supply of NRT per PV.

Q. Which clients should follow up at 52 weeks?

A. Only those clients quit at their week 4 week follow-up.

Q. What happens if the client is taking Theophylline?

- A. • If the client is taking Theophylline e.g. Uniphyllin, stopping smoking will significantly increase the levels of this drug in their blood.
• NRT can still be recommended but the client should be advised to have blood levels re-tested one week after stopping smoking.

Q. What are 'Week numbers'?

A. Week number refers to the number of weeks NRT completed e.g. at Week 3, three weeks NRT completed.

Q. What is a consultation area?

A. The use of a private area in the pharmacy for consultations is recommended.

Q. When should I monitor a client's CO Levels?

A. CO levels should be monitored at week 4 in line with the Board's guidance.

Q. When should I submit 'Week 4 claim forms'?

A. Week 4 Claim Forms should be submitted to the Board each month according to the schedule on page 9.

Q. When should I submit 'Week 52 claim forms'?

A. 52 week Claim form should be submitted monthly to the Board.

