

# Salford Stop Smoking Service: PharmOutcomes modules guidance notes

17<sup>th</sup> December 2020 v02

A new set of PharmOutcomes templates in Salford will be utilised from 2<sup>nd</sup> November 2020 by all stop smoking providers commissioned by Salford City Council, including advisors located in the specialist service (Health Improvement Service), Community Pharmacy and General Practice.

<b>Smoking Cessation 2020 (Health Improvement / GP / Pharmacy)</b>
<b>1. Stop Smoking - Registration and First Appointment</b> This is a Service containing the base patient question of a referral
2. Weekly Session
3. 4-Week Quit Outcome Appointment

## 1. Registration and First Appointment

Note – some questions are mandatory to complete, others are not. If you miss a mandatory question, you will not be able to submit the template, the missing question will be highlighted in red.

All PharmOutcomes templates are built with the quarterly NHS reporting in mind; the majority of the mandatory questions are included to feed data into this report, which the commissioner is required to prepare and submit each quarter.

### a) Client demographic information

First, enter the client demographic information.

Consultation date: 29-Oct-2020

Client name: [text box]

Date of Birth: [text box]  
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Gender:  Male  Female

Ethnicity: Select an option... [dropdown]

Postcode: [text box] Search

Address: [text box]

NHS Number: [text box]  
If neither the client nor the provider know the NHS Number, you can enter "Unknown". If the client has never been issued with an NHS Number, you can enter "Not Issued".

**Sexual orientation**

Heterosexual

Gay or lesbian

Bisexual

In another way (e.g. Asexual)

Prefer not to say

Consent must be given by the client for the consultation to continue. Ensure the client understands what they are consenting to by reading out the statement:

**Do you consent to anonymised data collection**

*If you give consent for data sharing, the information you provide will be passed to: **Salford City Council**.*

The council will use your anonymised personal information for the purpose of delivering the service as requested by completing this form. Detailed information about how the council handles personal information is set out in the council's Primary Privacy Notice and Service Specific Privacy Notices which are accessible on our GDPR page.

Consent to share:  Yes  No

Consent to share given  Consent to share not given

Optional consent is also sought to participate in an

evaluation of the survey, if a client does not consent to this, they can still continue with service provision:

**Consent to share with Salford City Council (Public Health Strategy Team)**

*If you give consent for data sharing, the information you provide will be passed to: **Salford City Council (Public Health Strategy Team)**.*

We are conducting an evaluation of our service and want to contact service users to understand their experience. In order to do this we need to be able to access the client's preferred method of contact and contact details. We will only contact those individuals who have given consent here. Please note consent is optional and not giving consent here will not affect service provision.

Consent to share:  Yes  No

Consent to share given  Consent to share not given

## b) Consultation Information

Ensure you select the appropriate **consultation setting** as below. There are some questions which appear only for certain settings, so it is important you select the correct option. In addition, the funding for the community pharmacy and GP service is linked to the setting which is selected. Please **DO NOT** select 'General Practice setting' or 'Pharmacy setting' unless you are part of those commissioned services.

Specialist service (HIS) provisions should all be logged against 'Community Setting'.

Location of stop smoking provider:	Consultation setting to select in PharmOutcomes:
Specialist service / Health Improvement Service	Community setting
Community pharmacy	Pharmacy setting
General Practice	General practice setting

Consultation Information

Consultation setting: Community setting

Consultation type: Community setting  
Community psychiatric setting  
Hospital setting  
Psychiatric hospital setting  
Pharmacy setting  
Dental setting  
General practice setting  
Maternity setting  
Children's centre setting  
School setting  
Prison setting  
Military base setting  
Workplace setting

Is today's consultation: [ ]

Please note that you will be u resident or registered with a k

Live locally or registered with a GP locally: [ ]

Who is your registered GP? GP Practice

Select the consultation type – during COVID pandemic, most consultations will be 'Telephone support'.

Consultation Information

Consultation setting: Community setting

Consultation type: One to one session  
One to one session  
Family/couples groups  
Closed groups - Multi-session structured groups with appt  
Open groups - Fluctuating membership and are ongoing  
Drop-in clinics (multi-session support)  
Telephone support

Is today's consultation: [ ]

Please note that you will be u resident or registered with a k

General Practice and Community pharmacy will usually only deliver one to one sessions or telephone support, the other options are predominantly for the specialist service.

Then, start to type the first few characters of the GP practice, and a drop-down list will appear, select the correct GP practice.

Who is your registered GP?

GP Practice: Sprin

\*\* Only first 30 results shown, continue typing to refine results ...

-- Matches nearest to: M27 5AW (from your organisation)

Springfield Medical Centre, 384 Liverpool Road, Eccles M30 8QD (P87024) [3.67km]

Spring Lane Surgery, 15-17 Spring Lane, Radcliffe, Manchester M26 2TQ (P83029) [5.94km]

Spring View Medical Centre, Mytham Road, Little Lever, Bolton BL3 1HQ (P82613) [6.00km]

Spring House Surgery, 555 Chorley Old Road, Bolton, Lancashire BL1 6AF (P82014) [12.01km]

Springhill Hospice, Broad Lane, Rochdale, Lancashire OL16 4PZ (P86621) [16.41km]

Springfield House, 275 Huddersfield Road, Oldham, Lancashire OL1 2PL (P85000) [17.54km]

Contact Information

Method of contact

Telephone

Mobile

### c) Contact information

Select the contact method of choice for the client and complete the requested information.

#### Contact Information

**Method of contact**

Telephone  
 Mobile  
 SMS  
 Email

Telephone number

Can we leave a message?  
Voicemail  Yes  No

**What is the best time to contact you?**

Morning  
 Afternoon  
 Weekend  
 Evening  
 Any

### d) CURE Referrals & Lung Health Check Clients

#### CURE Referral

Referred by CURE team?  Yes  No

People who quit smoking during a stay as an inpatient in hospital will be referred to a community service to support their continued quit attempt.  
For more information [click here](#)

CURE - People who quit smoking during a stay as an inpatient in hospital in GM will be referred to a community stop smoking service to ensure that their quit attempt is continued to be supported after discharge from hospital. By answering yes to this question, you are ensuring that the data for

these clients can be accurately reported both to the CURE team at Salford Royal, and to the service commissioner Salford City Council. Please ensure all CURE referrals are indicated by a 'yes' for this question.

For the specialist service or Health Improvement service (HIS) team only – please ensure that all Lung Health Check clients are recorded as such by answering the question which appears only for this service when selecting 'Community setting'.

### e) Prescription Levy Status

Record if the client pays for their prescription, and their exemption if not.

#### Prescription Levy Status

Are you exempt from prescription charges?

Exempt  Yes  No

**Levy status**

Pays for each prescription item  
 A - 60 years of age or over OR is under 16 years of age  
 B - 16, 17 or 18 and in full time education  
 D - Maternity exemption certificate  
 E - Medical exemption certificate  
 F - Prescription prepayment certificate  
 G - Prescription exemption certificate issued by Ministry of Defence  
 L - HC2 (full help) certificate  
 H - Income Support or Income-related Employment and Support Allowance  
 K - Income-based Jobseeker's Allowance  
 M - Tax Credit exemption certificate  
 S - Pension Credit Guarantee Credit (including partners)  
 U - Universal Credit and meets the criteria  
 HMP - Prisoner on release or released from secure accommodation

### f) Occupation Status

Record the occupation status. Hints are given for each option to give examples of the type of job a client may have, if they fit into each category.

#### Occupation Status

**Occupation Status**

- 1 Unemployed  
A client is classified as long term unemployed if they have been unemployed for one year, otherwise use previous employment.
- 2 Home Carer  
Looking after children, family or home.
- 3 Managerial and Professional  
E.g. accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor
- 4 Intermediate  
e.g. call centre agent, clerical worker, nurse auxiliary, office clerk, secretary
- 5 Routine and Manual  
E.g. electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, HGV driver, labourer, machine operator, messenger
- 6 Retired
- 7 Sick or Disabled
- 8 Full time student
- 9 Unable to code

### g) Service awareness

Find out how the client was made aware of the stop smoking service:

#### Service awareness

How were you made aware of the service

**Service awareness**

- GP
- Friend/Relative
- Pharmacy
- Other Health Care Professional
- Advertising
- Word of Mouth
- NHS HealthCheck
- Other

If Other please state

For the specialist service or Health Improvement service (HIS) team only, also ask the smoke free questions below:

#### About your exposure to cigarette smoke

**Is your home smoke free?**  Yes  No

**Is your car smoke free?**  Yes  No

**Do you live with another smoker?**  Yes  No

**Children under 18 at home?**  Yes  No

### h) Quit Reasons and Tobacco Use

Indicate the reasons for this quit attempt:

Calculate the Fagerstrom score for the client by asking the 6 questions listed here and selecting the most appropriate answer from each drop-down box. PharmOutcomes will calculate the score for you.

**Quit reasons - Tick ALL that apply**

- Worried about health
- Benefits to family
- Cannot afford to continue
- GP instruction
- Hospital instruction
- Other

The result will help to identify how dependent on nicotine the client is and may be used to guide the choice of NRT product, if appropriate.

### Fagerstrom Score (Smoking)

How soon after you wake up do you smoke your first cigarette?

Do you find it difficult to refrain from smoking in places where it is forbidden?

Which cigarette would you hate most to give up?

How many cigarettes per day do you smoke?

Do you smoke more frequently during the first hours after awakening than during the rest of the day?

Do you smoke even if you are so ill that you are in bed most of the day?

#### Fagerstrom Results Key

**1-2 = Low Dependence**

**3-4 = Low to Mod Dependence**

**5-7 = Mod Dependence**

**8+ = High Dependence**

Use this checklist to ensure that you have a comprehensive discussion with the client about the reality of quitting smoking. More information to inform this discussion can be found in the service specification, and on the NCSCT website.

**Please confirm that the following has been discussed:**

- Clients readiness to quit
- Discuss treatment programme - *including aims, length, how it works, benefits*
- Explained the benefits of quitting
- Discuss tobacco withdrawal syndrome and barriers to quitting
- Explain stop smoking medication options - *Including weekly provision for first 6 weeks then fortnightly for the remaining 6 weeks if considered appropriate*
- Set a quit date
- Explanation of a CO test - *and its use as a motivational aid*
- Application of behavioural support to support quit - *And that the client understands ongoing support and monitoring arrangements*

**Tick to indicate discussion**  All points discussed

i) CO Reading and Agreed Quit Date

CO readings are not required during the COVID pandemic.

**CO Reading and Agreed Quit Date**

CO level recorded?  Yes  No

**Please protect against communicable disease by adopting effective hygiene and disposal practices in accordance with manufacturing instructions for your CO Monitor**

CO reading  ppm

**Please allow enough time for the client to collect any medication/NRT they will need for their quit attempt. In the instance of using Champix, the client should begin taking this medication 1-2 weeks prior to their actual quit date**

Agreed quit date   
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

When it becomes safe to take CO readings again, they should be recorded as follows, along with the agreed quite date.

j) Agreed Support

Once you have discussed the different products available to support a quit attempt, and a decision has been made, the agreed support should be recorded. Dependent upon which setting you are delivering the stop smoking service from, different actions will be required to request the product of choice.

### Agreed Support

**Type of support required**

NRT

Varenicline (Champix)

Bupropion (Zyban)

Willpower alone

Unlicensed Nicotine-Containing Products (NCP / e-cig)

Location of stop smoking provider:	NRT supply route:	Varenicline/Bupropion supply route:
Specialist service / Health Improvement Service	Use the separate PharmOutcomes template 'NRT Supply Request' to send a request to the participating community pharmacy of the client's choice	Varenicline and Bupropion: Gain consent from the client to share their information with their GP and complete the required product information. When this template is saved, a notification will be generated which can be printed and faxed/emailed to the GP Practice. In the future, there will be a varenicline supply request via PharmOutcomes (as there is currently for NRT)
Community pharmacy	Record which product(s) have been supplied and make the supply, ensuring products are labelled on the PMR. Reimbursement will be made through an invoice generated by PharmOutcomes	Varenicline – supply via Tier 3 if commissioned, refer to a tier 3 commissioned pharmacy or the specialist service if not. Bupropion – ask the client to contact their GP
General Practice	Record product type only; make supply as per General Practice protocol via prescriptions	Record product type only; make supply as per General Practice protocol via prescriptions

k) Consultation notes

## Notes

Consultation notes

Use this box to record any consultation notes  
Do not record any patient identifiable  
information in this field

Smoking Advisor Name

Date of next appointment

Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Add any consultation notes, remembering not to add client identifiable data here e.g. name, record the name of the advisor and the date of the next agreed appointment.