**NHS Smoking Cessation Service Top tips**

***UPDATED based on the experience of your colleagues.***

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| **Pre-Implementation Hints& Tips** |
| **The pharmacy contractor must ensure the service is accessible.**The pharmacy contractor must seek to ensure that referrals can be received throughout the pharmacy’s core and supplementary hours. If your pharmacy has a 2nd pharmacist or pharmacy technician, we recommend that they are both trained to provide the service to optimise service delivery. To manage planned / unplanned leave you must ensure that there is a trained smoking (pharmacist/ technician) adviser always available to initiate and make patient contact within 5 days of receiving the referral. See section below ‘Managing Leave’ for further support.  |
| **Equipment:**Pharmacy contractors must have a working carbon monoxide (CO) monitor (which is suitable for use with pregnant women) and sufficient disposable mouthpiecesPrior to service launch ensure you pharmacy has purchased/ has access to a CO monitor. It should be kept on the pharmacy premises to meet the likely demand when providing the service via face-to-face consultations in the pharmacy.  |
| **Service Resilience:** Pharmacists/pharmacy technicians can BOTH access the training to deliver SCS completing the relevant training and passed the associated assessment. This will build capacity to give you contingency cover and help optimise service delivery and build relationships with the UHL CURE team.**Managing Leave.*** If there is only one trained advisor in the pharmacy, OR a locum is on duty who is not trained, please ensure that other staff are aware of the SCS service and can book patients in for their first appointment for when the trained advisor's is available.
* Patients will be discharged with a supply of NRT therefore they **can often wait** until the advisor returns from leave.
* Ensure that staff are aware not to reject when the referrals arrive but refer onwards if the advisor will not return before the patient needs their first supply.
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| **‘Go Live’ Hints & Tips** |
| **Electronic referral received as part of the hospital discharge process.** Sometimes the Patient might still be in hospital when you receive the referral – **this is OK,** you can still make arrangements for first appointment. |
| **Unable to offer the service or rejecting the referral?** You cannot reject the referral without first clicking the **ACCEPT** button. Once you have done this, **please can you** find another Pharmacy to refer the patient on to. |
| **Contacting the Patient:** 1.Following receipt of the referral, the pharmacy should contact the patient **within five working days** to confirm patient AGREES to participation in the service and arrange an initial consultation. If the patient does NOT wish to use the service, we recommend adding the annotation **‘Patient declined service’** rather than using the term rejection as this may be perceived as an inappropriate/ unactioned referral.2. Please make a minimum of ***three*** attempts **over 5 days** to make *an initial courtesy contact* with the service user to make their first appointment.Continued attempts should be made to contact should be made with a final contact attempt after 14 days noted in the record (to arrange an initial appointment).3. Keep a record of who was contacted and when.If the patient was not contactable, we recommend adding the annotation **‘Patient was not contactable’** rather than using the term rejection as this may be perceived as an inappropriate / unactioned referral.4. Establish how many days pharmacotherapy patient has left to inform urgency of 1st appointment date and help form a follow-up appointment cycle. Use a diary to help schedule the appointment cycle for each patient. |
| **Initial Appointment:** Provide monitoring, advice, motivation, and pharmacotherapy as appropriate to the level of service. Any interim appointments, if necessary, should be no more than two weeks apart to overlap NRT supply so that it does not run out on the day of the appointment. |
| **Week Four Appointment:** Check for a successful quit attempt by using CO monitor to validate quit success. ‘*A successful quit is defined as self-reported abstinence checked using CO monitoring of less than 10 parts per million (ppm) at 4 weeks after the quit date’.*Attempt to re-engage with People ‘lost to the service’ at week four.**NEW: Please update new fields in Pharmoutcomes with Quit Date details as this will help the CURE team to run the Quit Data report.** |
| **Week Twelve Appointment:** Re-check quit success with CO monitoring; discontinue pharmacotherapy (if patient has not already) **NEW: Please update new fields in Pharmoutcomes with Quit Date details as this will help the CURE team to run the Quit Data report.**Record progress in your electronic system and notify the patients GP of the quit status outcome (28 days & 84 days). |

***Source: NHS England NHS Smoking Cessation – TCAM toolkit.***

**Further Resources**

* [Smoking Cessation Service - FAQs - Community Pharmacy England (cpe.org.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcpe.org.uk%2Fnational-pharmacy-services%2Fadvanced-services%2Fsmoking-cessation-service%2Fsmoking-cessation-service-faqs%2F&data=05%7C02%7Cmargieo%27connell%40nhs.net%7Ceed1a38205224b166dd508dc15f05e61%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638409369321090492%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=kleekiuHXM6chDxy3gHsSdDmJvVpRtq9cH%2F2gii4%2FH4%3D&reserved=0)
* **‘**Accepting’ the referral training Video [Pinnacle Media (pharmoutcomes.org)](https://media.pharmoutcomes.org/video.php?name=tocPharmacyNew)
* **Rejection Training Video** [Pinnacle Media (pharmoutcomes.org)](https://media.pharmoutcomes.org/video.php?name=Rejected_Referrals)
* **Outcomes notification Training** Video [Pinnacle Media (pharmoutcomes.org)](https://media.pharmoutcomes.org/video.php?name=lib-smoking-cessation-3-outcome)

**For queries about a referral contact:** AcuteCureService@uhl-tr.nhs.uk

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