# 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.

Smoking Cessation 2020 (Health Improvement / GP / Pharmacy)
1. Stop Smoking - Registration and First Appointment 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.

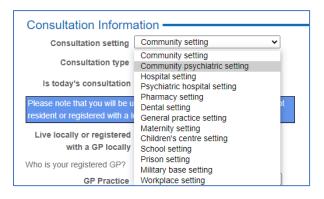
Consultation date 29-Oct-2020		Consent mu	ust be	e given by the cli	ient for	the consultation to
Client name		continue. Ensu	ire the	e client understa	ands wl	nat they are consenting
	s		to b	by reading out th	ne state	ement:
Date of Birth Enter as dd-mmm-y	ryyy (eg 23-Feb-1989)					
Gender O Male O Fen	nale	Γ		ou consent to anonyn		
Ethnicity Select an option	n 🗸			to: Salford City Coun		information you provide will be
Postcode	Search		· · · · ·	-		ersonal information for the
Address			purpose	e of delivering the serv	ice as req	uested by completing this form.
NHS Number				d information about ho		· · · · · · · · · · · · · · · · · · ·
If neither the client n	or the provider know the NHS ter "Unknown". If the client has					mary Privacy Notice and
	vith an NHS Number, you can		page.	e Specific Privacy Notic	es which	are accessible on our GDPR
Sexual orientation ————————————————————————————————————			page.	Consent to share:		Consent to share given
OHeterosexual				Consent to share.	O No	U U
⊖ Gay or lesbian						Consent to share not given
OBisexual		Optional conser	nt			
O In another way (e.g. Asexual)		•		Team)	alford City	Council (Public Health Strategy
O Prefer not to say		is also sought to	<b>)</b>	· · · · · · · · · · · · · · · · · · ·	ta sharing,	the information you provide will be
		participate in ar			-	Iblic Health Strategy Team)
evaluation of the survey, if	a client does not conse	sent to this, they		0		our service and want to contact perience. In order to do this we
can still continue with servi	ce provision:					s preferred method of contact and
					·	those individuals who have given
				consent here. Please note here will not affect service		s optional and not giving consent
				Consent to sha	1 A A A A A A A A A A A A A A A A A A A	
				Consent to she		Consent to share not given
			L		0.110	

## 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



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

Consultation Inform	ation ———
Consultation setting	Community setting
Consultation type	One to one session 🗸
Is today's consultation	One to one session Family/couples groups
Please note that you will be u resident or registered with a lo	Closed groups - Multi-session structured groups with app Open groups - Fluctuating membership and are ongoing Drop-in clinics (multi-session support)
	Telephone support

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]
Contact Information	Spring View Medical Centre, Mytham Road, Little Lever, Bolton BL3 1HQ (P82613) [6.00km]
Method of contact	Spring House Surgery, 555 Chorley Old Road, Bolton, Lancashire BL1 6AF (P82014) [12.01km]
Telephone	Springhill Hospice, Broad Lane, Rochdale, Lancashire OL16 4PZ (P86621) [16.41km]
Mobile	Contractiold Llouse 275 Lluddersfield Dead Oldham Lanasabirs OL 4 20 L (D05020) [47 54/m]

#### c) Contact information

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

Contact Information
┌ Method of contact
Telephone
□sms
Email
Telephone number
Can we leave a message?
Voicemail O Yes O No
┌ What is the best time to contact you? ────
OAfternoon
Oweekend
○ Evening
Any

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

CURE Referral	
Referred by CURE team? O Yes O 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'.

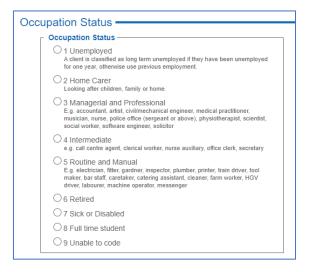
#### e) Prescription Levy Status

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

Prescription	Levy Status ————
Are you exempt fro	m prescription charges?
	Exempt  Yes  No
⊢ Levy state	JS
O Pays f	or each prescription item
O A - 60	years of age or over OR is under 16 years of age
ОВ-16	, 17 or 18 and in full time education
O D - Ma	aternity exemption certificate
O E - Me	edical exemption certificate
OF-Pre	escription prepayment certificate
O G - Pr Defence	escription exemption certificate issued by Ministry of
OL-HC	2 (full help) certificate
	come Support or Income-related Employment and Allowance
O K - Inc	come-based Jobseeker's Allowance
Ом - Та	x Credit exemption certificate
OS-Pe	nsion Credit Guarantee Credit (including partners)
O U - Ur	iversal Credit and meets the criteria
O HMP - accomm	Prisoner on release or released from secure odation

## 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.



#### 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
Ogp
O Friend/Relative
O Pharmacy
O Other Health Care Professional
OAdvertising
O Word of Mouth
O 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:

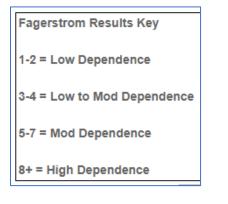
About your exposur	e to cigarette smoke –
Is your home smoke free?	•
Is your car smoke free?	⊖Yes ⊖No
Do you live with another smoker?	⊖ Yes ⊖ No
Children under 18 at home?	⊖ Yes ⊖ No

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.

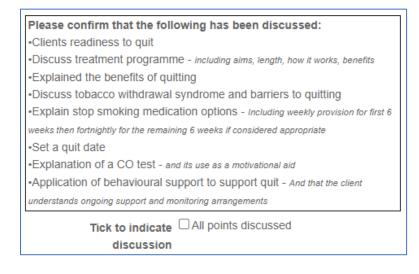
Quit reasons - Tick ALL that apply
Worried about health
Benefits to family
Cannot afford to continue
GP instruction
Hospital instruction
Other

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.



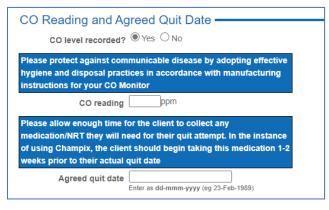
How soon after you wake up do you smoke your first cigarette?	Select V
o you find it difficult to refrain from smoking in places where it is forbidden?	Select 🗸
Which cigarette would you hate most to give up?	Select V
How many cigarettes per day do you smoke?	Select V
Do you smoke more frequently during the first hours after awakening than during the rest of the day?	Select 🗸
Do you smoke even if you are so ill that you are in bed most of the day?	Select V

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.



#### i) CO Reading and Agreed Quit Date

#### CO readings are not required during the COVID pandemic.



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

## j) Agreed Support

Agreed Support
┌─ Type of support required ─────
NRT
O Varenicline (Champix)
O Bupropion (Zyban)
○ Willpower alone
O Unlicensed Nicotine-Containing Products (NCP / e-cig)

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.

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.