By Adam Osprey, Policy & Development Pharmacist

Following the release of the updated specification for the Community Pharmacy PHS Smoking Cessation service , we have taken this opportunity to pull together the main changes to the service for contractors, as well as to highlight some helpful practice points which have not changed, but may be useful to note as a reminder. If you have any questions just get in touch with me by email adam.osprey@cps.scot.

Key Changes

- The requirement for the client to have had two previous quit attempts with NRT before Varenicline can be prescribed has been removed. Depending on the formulary decision made in each Health Board, Varenicline may also become first-line, ahead of NRT. In areas that adopt this approach, this will be the biggest change in the service for contractors.

- Varenicline has had the black triangle removed as a result of the findings in the EAGLES trial, and as a result the references to this drug have been updated, as have some of the associated forms. Most notably, if a client has a history of psychiatric illness, the default is no longer to refer to the GP. Instead, the pharmacist should refer to the PGD and if appropriate can commence treatment, monitoring the client closely.

- The updated NES Varenicline training pack has replaced the previous mandatory training module.

- It has been made clearer that contractors are able to support clients who do not wish to use NRT or Varenicline through a quit attempt using behavioural techniques and CO monitoring only. This does not remove the requirement to complete the PCR record fully for these clients.

- The new specification highlights the need for smoking cessation services to engage with one another to ensure that clients receive the most appropriate support in the setting best suited to them. This has always been the case, but the wording in this section has been revised to clarify that clients who have had two unsuccessful quit attempts in one year should not be automatically referred (as was the case in the previous service specification), but instead a discussion around the most suitable service for their needs and preferences should be initiated by the pharmacist.

Practice Reminders

- Your Health Board may offer face-to-face training for any staff members – this is a great way to boost confidence and presents an opportunity to ask any questions.
- NHS Health Scotland also have a range of free support materials which are available online.

- Contractors are permitted to use support materials provided by pharmaceutical companies (e.g. booklets, tar cubes, savings tins) when delivering the service.
- The reports function on PCR has improved drastically over the last few years: using this on a weekly basis will help ensure that records are kept up to date and 4 or 12 week data submission deadlines are not missed, which can result in missing out on payments.

- On the first visit to the pharmacy, clients should be asked to set a provisional quit date (Not to be entered on PCR at this stage) and return to receive their first supply of pharmacotherapy. This return date is flexible, and can be anything from a day to over a week later than the initial contact. In exceptional circumstances, the pharmacist may decide to start the quit attempt on the first visit, as long as they are satisfied that the client is sufficiently motivated to do so.

- The quit date should not be set on the PCR until the client returns for their week 1 visit (including selection and prescribing of pharmacotherapy).

- Every client for whom a quit date is set on PCR should have their 4-week MDS data submitted via PCR, regardless of whether they are still attending. This will trigger the second payment.

- Similarly, every client who is recorded as smoke-free and thus still on the service at 4 weeks should have their 12-week MDS data submitted – again regardless of whether they have continued to be successful with their quit attempt. The third service payment will be triggered at this point.

- Once a quit attempt has ended (successfully or not), and the appropriate MDS submissions have been made at the appropriate times, the quit attempt must be closed on the PCR. Leaving these open has a serious effect on the quality of the national dataset and can prevent subsequent quit attempts from being processed properly.

- CO monitoring should be offered at every appointment, but is a mandatory requirement for weeks 4 and 12.