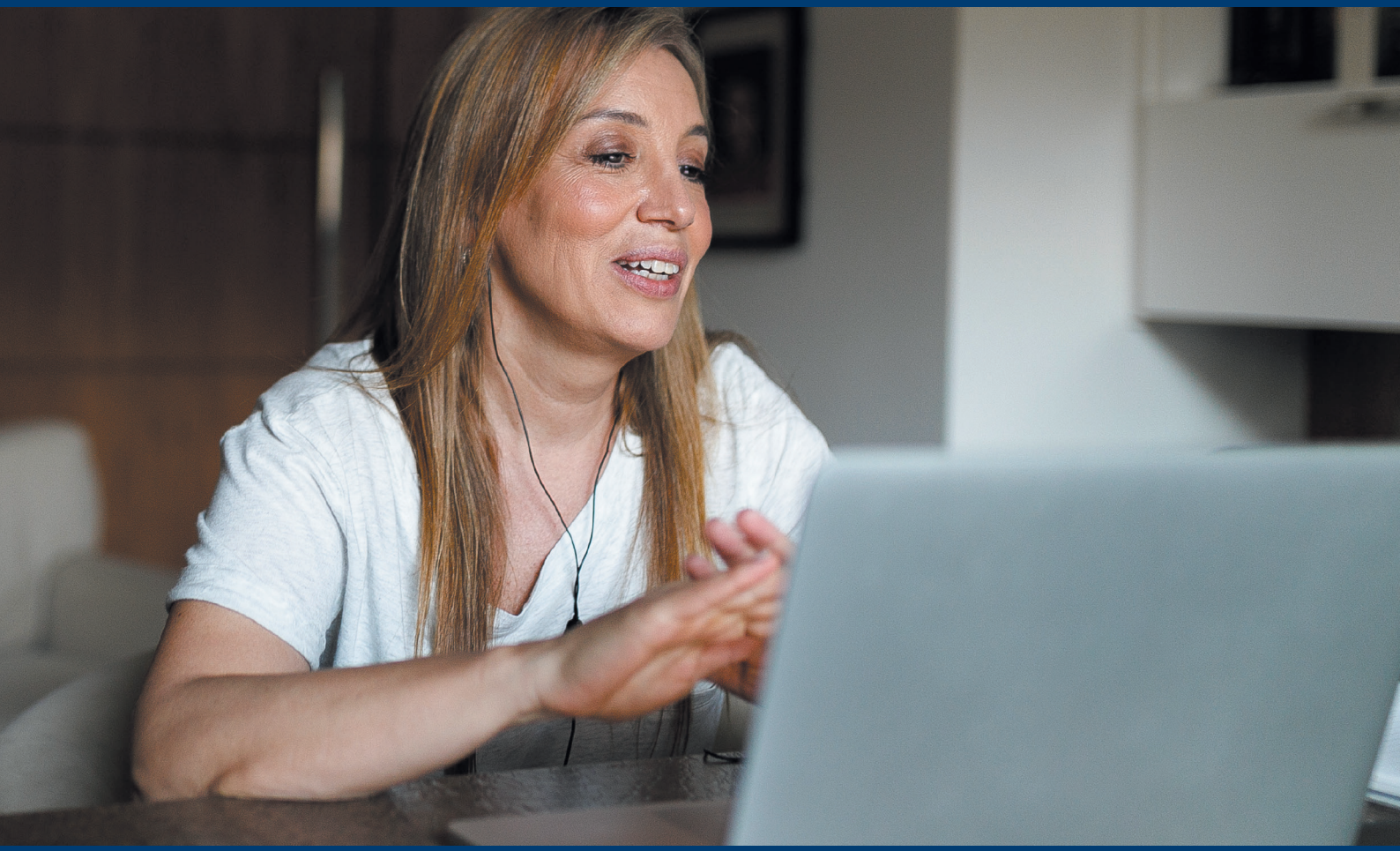
Remote consultations:
Delivering behavioural support and supply of NRT and vapes



NCSCT

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About the National Centre for Smoking Cessation and Training

The National Centre for Smoking Cessation and Training (NCSCT) is a social enterprise set up to:

- help stop smoking services to provide high quality behavioural support to people who smoke based on the most up-to-date evidence available
- contribute towards the professional identity and development of stop smoking practitioners and ensure that they receive due recognition for their role
- research and disseminate ways of improving the provision of stop smoking support

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1. Background

Many stop smoking services offer behavioural support both face-to-face and via remote technology, including telephone or video call. Although providing remote behavioural support has similarities to delivering face-to-face behavioural support, there are also key differences and considerations. This guidance provides an outline of the evidence and best practice for providing remote behavioural support.

Remote behavioural support may be provided via the following means:

- Telephone: landline or mobile phone
- Video call: 'face-to-face' conversations held over mobile phones, tablets, and computers by means of webcams and dedicated software

Telephone support is effective and is comparable in efficacy to group and individual support.[1] Multi-session, proactive (practitioner contacts client) support is the most effective. There is less support for reactive (client contacts service as needed) telephone support. Three or more calls have been shown to a have a greater benefit than one or two telephone interactions.[1]

The benefit of telephone-based support in addition to intensive face-to-face support is unclear.[1] However, telephone support may serve as a method for extending treatment between face-to-face contacts.

Video-based communication (video call) may also be helpful in delivering behavioural support remotely. While there is relatively little research looking at the effects of video support for quitting, the available evidence has shown it to be comparable to telephone support.[2] Video has the added advantage of supporting non-verbal communication as the client and the practitioner can see each other.

Clients themselves may have a preference for how you stay in touch with them remotely, which may be a key factor in determining which mode of delivery would be most effective for them.

2. Delivering behavioural support remotely

Remote consultations via telephone or video chat should be arranged for **a set day and time** using a similar contact schedule as used for face-to-face support: **before their quit date, on their quit date and weekly for at least four weeks post-quit date.** It is important to ensure that the client knows that this is an appointment time, specifically set aside for them, to encourage them to answer calls and engage in the behavioural support being delivered. **Access to stop smoking aids should also be available to clients** (see page 11).

Service policies that apply to face-to-face consultations (e.g. safeguarding, record keeping, etc.) also apply to remote consultations, in addition to the considerations discussed in this document.

Services should carry out risk assessments when setting up remote consultation protocols, particularly for home working. **Establishing and maintaining safe boundaries is an essential component of any health professional and client relationship.** Service structure and boundaries may be less clear to the client when receiving support remotely. There is also a degree of anonymity via the telephone that may sometimes lead to enhanced disclosure of personal issues.

Practitioners should establish safe boundaries from the beginning and throughout the stop smoking support programme by providing clear information about the treatment programme, the support provided and approximate appointment duration. Doing this helps to establish safe boundaries for the client as well as supporting the practitioner in their role. Practitioners should also have a list of local and national organisations to signpost to for issues that may arise and are outside of the stop smoking service remit, such as financial hardship, bereavement, housing issues and mental wellbeing.

Treatment programme

The NCSCT Standard Treatment Programme and Standard Treatment Programme for Pregnant Women can be used to guide the remote delivery of an evidence-based behavioural support programme. The only significant difference is that it will not be possible to carry out carbon monoxide (CO) monitoring. However, all other behaviour change techniques can be adapted for remote delivery.

Assessing smoking status

Self-reported smoking status alone, without CO monitoring, is used to assess smoking status and clients should be asked to be honest when reporting this. For example:

"How are you getting on, have you managed to stay smokefree since our last appointment?"

To get an accurate response, it is often useful to clarify the client's response by offering them the following options or by asking them to confirm that they have not had even one puff on a cigarette:

- No, not even a puff
- Yes, just a few puffs
- Yes, between 1 and 5 cigarettes
- Yes, more than 5 cigarettes

3. Accessing technology

The most accessible alternative to face-to-face consultations is telephone support as many practitioners have access to a work mobile phone system that can be easily used for this purpose.

For video calling, it is recommended that services liaise with IT departments to establish which video calling software is supported for patient appointments. There are also considerations in terms of client access and knowledge. IT departments may be able to create user guides for both practitioners and clients with instructions on accessing and navigating the video calling system.

It is important to note that remote stop smoking interventions provide both opportunities and threats in terms of inequities. Whilst they can be more accessible and convenient to people who have the technology and knowledge to engage, those with poorer technical capability or who lack the sufficient technology will be excluded and further marginalised, contributing to worse health inequalities. As such, the inclusion of a face-to-face support offer alongside remote support options is recommended to balance this risk.

4. Considerations for practitioners

4.1 Technology

- Establish the communication method best suited to the client, based on availability of technology and the client's communication needs considering any communication difficulties, sensory impairment, or disability
- Ensure that you have the right equipment (e.g. phone, headset, external microphone, speakers, and webcam)
- If video calling, ask clients to have alternative forms of communication with them (e.g. telephone) in case of a technical difficulty so that you can call the client and continue with the appointment
- If this is new technology, test with colleagues first before using for appointments
- Do not use your personal mobile or home phone, or disclose your video calling access password to any third party
- Consider updating the service website with information regarding provision of support via telephone and video call

4.2 Before the appointment

- Provide the client with information regarding their appointment day, time, and approximate duration as you would for face-to-face consultations; consider sending an electronic reminder the day before the scheduled appointment
- The appointment should be private. You should ensure that no one else can overhear or see the consultation or will interrupt you during it (a sign on the door, which should be closed, may help)
- Ensure that you have access to the client's clinical notes from previous sessions
- Open any systems or databases you may need to use during the call

If video calling:

- Try to have the camera positioned directly above the computer screen in the centre. Consider where you deliver the consultation – this should be in an area where ideally nothing can be viewed in the background behind you (i.e. try and position yourself with a wall a few feet behind you)
- Consider what is surrounding you during the consultation – is there anything that would disclose personal information like who you live with (e.g. family photographs)? Consider using background blur if this will not cause any accessibility issues for the client.
- Ensure that the room is well-lit but avoid sitting with your back to a window or bright light – it makes it difficult for the other person to see you properly
- Ensure that the previous client has logged off before commencing the call

4.3 During the appointment

- Do not leave a voicemail or a message with a third party unless the client has given permission to do so
- Ensure that the client is in a private environment
- Avoid speaking to clients who are driving (even on hands free equipment). Unless the client can stop driving and park in a safe place, rearrange the appointment. If the client is on public transport when you call, they will not have the privacy required to discuss personal details openly. Therefore, it is best to rearrange the appointment.
- Follow the NCSCT Standard Treatment Programme, omitting tasks that cannot be completed due to remote delivery (e.g. CO monitoring)
- If you are completing an electronic record during the appointment, inform the client of this so that they know that you will be looking at the screen and typing from time to time
- Do not overload the client with information. As with face-to-face appointments, it is important to provide time and space for their responses by pacing the conversation
- Providing a verbal summary intermittently during the appointment, but particularly at the end, is important to ensure that key points have not been missed due to technical interference
- Confirm (and record in notes) that the client is happy to use the same contact method again
- As with face-to-face consultations, be careful to never give out details like your personal address, phone number or email

4.4 After the appointment

- Record keeping is important to avoid the need for clients repeating themselves and it improves the feeling of continuity
- You must make sure that the records you are responsible for are completed, stored, transferred, protected, and disposed of in line with data protection laws and other relevant regulations regardless of where you are working from

5. Considerations for clients

5.1 Technology

- Establish whether the client has a device that supports remote consultation (e.g. telephone, or access to the video calling software that you are using)
- Ensure that the client knows how to use the technology, and, if necessary, how to download and navigate the application
- Create an easy-to-follow client guide (ideally with step-by-step screenshots) and talk them through this via telephone if they are unsure
- Provide guidance on the secure use of the chosen platform (speak to local IT regarding any anti-spyware or anti-virus requirements)

5.2 Client consent

- Informed consent is required. Clients should be provided with information about all options available to them and how the video calling software works in a way that they can understand, and their consent documented
- Clients should be aware that the use of any video calling software is voluntary, and you can switch to telephone should they wish to do so
- Service consent forms should include all video calling software that you are using

5.3 Privacy and confidentiality

- Aim to maximise client privacy. Client confidentiality is required by law. A remote consultation should be treated like any other consultation in terms of privacy, confidentiality, and safeguarding policies
- Be careful not to disclose where you are calling from to any third party
- Advise clients that the video calling software is not a specific NHS system (if it is not) and direct clients to the video calling software's privacy notice to ensure that they are happy with the system's privacy policy
- As with a face-to-face consultation, advise the client that notes are kept to facilitate behavioural support
- Establish that the client has privacy and is unlikely to be disturbed so that they can focus on the appointment
- Client appointments should not be recorded without permission
- Clients should log out of the video calling software when not in use

6. Supplying nicotine replacement therapy (NRT) and vapes

The guidance below is to assist services who are considering mailing NRT and vapes to service users who access services remotely.

If your service offers a voucher system, liaise with local community pharmacies to establish how supply of NRT to clients accessing the service remotely can be managed.

There is no specific MHRA guidance on mailing vapes like there is for NRT. It is worth establishing and maintaining links with local vape shops who may take telephone and online orders. For further information see **NCSCT guidance on making vapes available to clients**

It is permissible to post NRT to service users, subject to the following requirements:

- The service must keep their stock stored in a locked cupboard in premises owned or managed by the service provider (e.g. not the practitioner's home)
- The packaging must not be tampered with before it is sent to the service user

Additionally, we suggest that the following should be adopted as best practice:

- The posted supply of products should be part of an agreed quit attempt, with regular check-ins from the stop smoking service
- Stocks should be ordered via an approved supplier who can guarantee timely delivery in quantities (large or small) that match the needs of the service
- Deliveries should be checked against the delivery note and any discrepancies dealt with
- Stock should be monitored and rotated according to good housekeeping rules to avoid wastage of expired products (use oldest first and check use-before dates)
- Items that are running low should be re-ordered as soon as necessary, bearing in mind that delays could occur if wholesale distribution is disrupted
- Out of date stock must be removed from storage and returned to the supplier for disposal
- A signing-in and out process should be established
- The chosen products should be posted to the home address of the individual in plain, secure packaging
- Complaints about the non-arrival of products should be monitored to reduce the possibility of fraudulent activity
- Attention should be given to discussing how to use NRT and/or vapes during remote consultations – specific instructions and checking client understanding is particularly important via telephone where there are no visual prompts
- A system should be in place to ensure regular review of service users' progress and their need for further products

7. Behavioural support apps

7.1 NHS Quit Smoking app

NHS Quit Smoking app is free and designed for those who want to stop smoking. The app provides a four-week quit programme consisting of practical support, encouragement and tailored advice; the support offered is evidence-based but not live.

Users can track their progress, see how their health is improving, how much money they have saved and receive virtual badges to mark progress.

Information on how to access the app, plus other NHS resources, are available here: www.nhs.uk/better-health/quit-smoking

7.2 Smoke Free app

What is offered
A free version including progress indicators (e.g. time smoke free, money saved, health improvements made) and, for people either using a license bought by their local authority (varies from one area to another), or people buying the app via the App Store or Google Play store, a 100-day quit smoking programme, an automated chatbot and live text chat with stop smoking practitioners.

Both the automated chatbot and real life stop smoking practitioners follow the NCSCT's Standard Treatment Programme. Practitioners are available 24 hours a day, seven days a week. The chatbot and automated features are available whenever a user wants.

About Smoke Free
Smoke Free follows NICE guidance, incorporates most of the behaviour change techniques used in face-to-face services and has evidence of effectiveness from two RCTs.[3,4] It is the highest ranked stop smoking app available for iOS and Android, has been downloaded over 5.5 million times and has an average user rating of 4.7 out of 5 from over 185,000 ratings.

To get the app organisations should contact Dr David Crane:
david.crane@smokefree.ai
End users should go to: smokefreeapp.com

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