The Standard Treatment Programme for the NHS Community Pharmacy Smoking Cessation Service (SCS)

CLINICAL CHECKLISTS

This NCSCT Standard Treatment Programme (STP) for SCS provides guidance on delivering tobacco dependence treatment to patients referred by NHS trusts to community pharmacy. The STP is designed to ensure patients receive a consistent and effective intervention based on evidence-based behaviour change techniques (BCTs) and the SCS Service Specifications.

The STP is structured around the following contacts:

- Initial telephone contact (Transfer of care)
- Initial consultation (Weeks 1–2 following hospital discharge)
- Interim consultations (Weeks 2–3)
- **4-week post-quit review** (4 weeks following Quit Date)
- Interim consultations (Weeks 5–11)
- **12-week post-quit review** (12 weeks following Quit Date)
- Optional CO monitoring (Week 16)

Using the clinical checklists

The NCSCT clinical checklists have been divided into sections, which correspond to the consultations outlined in the STP for SCS. They are designed to allow practitioners to 'build' their portfolio of skills and can be used as a memory aid during consultations.

The Clinical Checklists should be viewed as a guide and can be tailored in terms of order in which elements of support are discussed.



Initial telephone contact

(Transfer of care)

Clir	nical Checklist	Done
1	Establish rapport and explain the reason for the call	
2	Assess current smoking status	
3	Briefly explain the service and importance of quitting with support	
4	Confirm current use of NRT and establish supply	
5	Address any questions or concerns and assess risk of relapse	
6	Schedule initial consultation	
7	Provide a summary and contact number	
	mmunication skills used on initial contact Id rapport Boost motivation and self-efficacy	v
	e reflective listening Provide reassurance	
•	 You should have a process in place for receiving NHS referrals. Following receipt of the referral, aim to contact the patient within five working days (the earlier the better) to confirm participation in the SCS and to arrange an initial consultation. 	
•	At least three attempts to contact the patient (the last of which must be on the fifth working day following receipt of referral) must be made before closing the referral if the patient does not respond.	
•	For patients who cannot be reached, notify the NHS trust tobacco dependency team that no contact with the patient was made.	
	For patients who decline the referral or say that they do not wish to stop smoking at this time, provide them with details of alternative smoking cessation services should they wish to stop smoking in the future. Record the reason given by the patient for not continuing with the service in the clinical record and notify the NHS trust tobacco dependency team that the patient has withdrawn from the service.	j

Initial consultation

(Weeks 1-2 following hospital discharge)

Clinical Checklist		D	one
1 Establish smoking status			
2 Assess motivation and reasons for quitt	ting		
3 Set Quit Date (for patients who have no	ot quit o	relapsed)	
4 Assess physiological and mental function	oning		
5 Inform the patient about the SCS			
6 Assess past quit attempts			
7 Explain how tobacco dependence deve	lops and	assess nicotine dependence	
B Discuss withdrawal symptoms and urge	s to smo	ke and how to deal with them	
Discuss stop smoking medications and va	ping, adj	ust treatment plan, and supply NRT	
10 Discuss changing routines and managin	g high-ri	sk situations	
Discuss patient's smoking contacts and how the patient can get support during their quit attempt			
12 Explain and conduct carbon monoxide ((CO) mor	itoring	
Explain the importance of abrupt cessation and the 'not-a-puff' rule and prompt a commitment from the patient			
Schedule next appointment and provide	e a sumn	nary	
Communication skills used throughout this session			
Build rapport		Boost motivation and self-efficacy	
Use reflective listening		Provide reassurance	
After the consultation			
Document consultation in pharmacy record		Communicate with GP as needed	
Make referrals as needed			

Interim consultations

(Weeks 2-3)

Cli	nical Checklist		D	one
1	Check on patient's progress			
2	Measure carbon monoxide (CO)			
3	Enquire about NRT and/or vape use, as and ensure sufficient supply	sess need	l to modify NRT plan	
4	Discuss any withdrawal symptoms and urges to smoke that the patient has experienced and how they dealt with them			
5	Discuss any difficult situations experien	ced and ı	methods of coping	
6	6 Address any potential high-risk situations in the coming week			
7	7 Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient			
8	Schedule next appointment and dispen-	se NRT		
9	Provide a summary			
Communication skills used throughout this session				
	ild rapport		Boost motivation and self-efficacy	<u>Ц</u>
Use	e reflective listening		Provide reassurance	
Af	ter the consultation			
Do	cument consultation in pharmacy record		Communicate with GP as needed	
Ma	ke referrals as needed			

4-week post-quit review

(4 weeks following Quit Date)

Cli	nical Checklist		De	one
1	Check on patient's progress			
2	Measure carbon monoxide (CO)			
3	Assess NRT and/or vape use and advise	on con	tinued use	
4	Discuss any withdrawal symptoms and that the patient has experienced and he	_		
5	Discuss any difficult situations experien and address any potential high-risk situ			
6	Confirm the importance of the 'not-a-pe and prompt a commitment from the pa			
7	Schedule next appointment and dispen	se NRT		
8	Provide a summary			
Communication skills used throughout this session				
Bui	ld rapport		Boost motivation and self-efficacy	
Use	e reflective listening		Provide reassurance	
Af	ter the consultation			
Do	cument consultation in pharmacy record		Communicate with GP as needed	
Cor	mmunicate to NHS trust		Make referrals as needed	

Interim consultations

(Weeks 5-11)

Cli	nical Checklist		Do	one
1	Check on patient's progress			
2	Measure carbon monoxide (CO)			
3	Discuss any withdrawal symptoms and that the patient has experienced and h			
4	Assess NRT and/or vape use and advise	on co	ntinued use	
5	Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the next 1–2 weeks, and assess risk of relapse			
6	Support patient with reflecting on progress, celebrating success, and planning rewards			
7	Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient			
8	Schedule next appointment and dispen	se NR1		
9	Provide a summary			
Со	mmunication skills used throughou	t this	session	
Bui	ld rapport		Boost motivation and self-efficacy	
Use	reflective listening		Provide reassurance	
Af	ter the consultation			
Do	cument consultation in pharmacy record		Signpost to other services as needed	

12-week post-quit review

(12 weeks following Quit Date)

Clinical Checklist	Don	е
1 Check on patient's progress		_
2 Measure carbon monoxide (CO)		_
Discuss urges to smoke that the patient	t has experienced	_
4 Assess NRT and/or vape use and advise	e on continued use	
5 Discuss any difficult situations experien	nced and methods of coping	_
6 Assess risk of relapse and address any p	potential high-risk situations in the future	_
7 Discuss plan for ongoing support		_
Confirm the importance of the 'not-a-pu and prompt a commitment from the part]
9 Provide a summary		_] _
Communication skills used throughout	nt this session	
Build rapport	Boost motivation and self-efficacy	_
Use reflective listening	Provide reassurance	_] _
After the consultation		
Document consultation in pharmacy record	Notify patient's GP	_
Communicate to NHS trust		_

Optional CO monitoring

(Week 16)

Clinical Checklist	Done
1 Check on patient's progress	
2 Measure carbon monoxide (CO)	
Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient	
4 Ask about any questions they may have	
5 Provide a summary	
Communication skills used throughout this session	
Boost motivation and self-efficacy	Use reflective listening
Provide reassurance	