



Dear Colleague

Smoking Cessation service delivery during COVID-19

Purpose

1. This circular aids community pharmacy teams in supporting people through their smoking quit attempt by outlining some temporary flexibility in how the national service can be delivered and support that may be available from local specialist smoking cessation teams.

Background

2. Under the Public Health Service (PHS) banner, all community pharmacy teams in Scotland offer structured smoking cessation support to clients who need it, contributing to the wider target of reducing smoking rates to below 5% across the country by 2034.

3. With emerging evidence suggesting that smokers who contract COVID-19 have significantly worse outcomes vs. non-smokers, supporting people to stop smoking is now more of a public health priority than ever.

4. However, as the COVID-19 pandemic has developed, workload and physical distancing requirements have presented some challenge to the weekly intervention model laid out in the community pharmacy smoking cessation service specification and the submission of data via the PCR within the set timescales.

5. This circular provides pharmacy teams some flexibility in how they deliver their Smoking Cessation service. The expectation is that where this flexibility is used, some of the time saved is spent ensuring that the initial data capture and the required 4- and 12-week data submissions are completed accurately on the PCR.

13 May 2020

Addresses

For action

Chief Executives, NHS Boards
Director of Practitioner Services, NHS NSS

For information

Directors of Pharmacy
Chief Executive, NHS NSS

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6. Health Board smoking cessation specialist colleagues have been engaged with and, where there is capacity, these teams may be able to support pharmacies who are still unable to complete 4- and 12-week submissions within normal timescales.

Detail

7. The smoking cessation pharmacy service specification requires pharmacy teams to operate a “Week zero” procedure, asking clients who access the service to set a quit date and return to have their first behavioural support session and collect their first supply of therapy. During the COVID-19 pandemic, the Responsible Pharmacist may consider whether it is more appropriate to allow clients to access behavioural support and therapy straight away to reduce unnecessary journeys.

8. The Smoking Cessation pharmacy service specification also requires pharmacy teams to deliver weekly face-to-face behavioural support consultations with clients. During the COVID-19 pandemic, the Responsible Pharmacist may use their professional judgement to offer consultations less frequently, balancing each clients’ needs with the current need to maintain physical distancing and reduce unnecessary travel. Depending on the clients’ circumstances, it may also be necessary to conduct consultations over the phone or as a video call where possible.

9. Carbon Monoxide monitoring should be discontinued until physical distancing measures are relaxed to a degree that would allow the safe recording of CO levels. Pharmacy teams should use the information provided to them by the client to complete the PCR, completing the mandatory CO fields at 0, 4 and 12 weeks as appropriate.

10. In line with the flexibility in consultation frequency, the Responsible Pharmacist may also increase the quantity of NRT or Varenicline provided where appropriate for the client, taking into account any clinical risk or potential for waste to be generated by supplying too much. As a general rule, four weeks’ supply at a time should be the maximum – though some clients may have exceptional circumstances which would justify a longer duration of supply.

11. On balance, the pharmacy team is expected to use any time savings to fully complete the initial data capture for each client as well as the 4- and 12-week data submissions. The reporting function of the PCR is key to achieving this, with best practice being to proactively monitor the reports for upcoming 4- and 12-week submissions once per week on a set day, following up with clients as required.

12. Where a pharmacy teams’ circumstances prevent this from happening in line with the timescales set out in the service specification or where a pharmacy is closed, some Health Board smoking cessation teams **may** have the capacity to support with a small number of client follow-ups and data submissions. This will require close partnership working to avoid duplication of effort and claims. Your Health Board team will be in touch if they are able to offer this support. This will only be possible where the initial data capture is fully completed, including the client’s contact phone number.

13. These temporary arrangements will be reviewed in 6 months' time.

Action

14. Health Boards are asked to note the contents of this Circular and to bring it to the attention of community pharmacy contractors, local pharmacy committees and Health and Social Care Partnerships.

Yours sincerely,



Rose Marie Parr

Chief Pharmaceutical Officer and Deputy Director,
Pharmacy and Medicines Division