STANDARD TREATMENT PROGRAMME

for the NHS Community Pharmacy Smoking Cessation Service (SCS)

A guide to providing behavioural support for smoking cessation following discharge from hospital

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NCSCT

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

A guide to behavioural support for smoking cessation following discharge from hospital

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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 health and social care professionals to provide high quality behavioural support to people who smoke based on the most up-to-date evidence.
- 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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Introduction

Admission to hospital: an important opportunity to treat tobacco dependence

Admission to hospital can serve as a **teachable moment** in which smokers are **more motivated** to make a quit attempt, take up the offer to be referred to tobacco dependence treatment, and make an attempt to stop smoking for good.

For the majority of hospitalised patients, quitting smoking is the single most important thing they can do to **improve their health and quality of life.** There is strong evidence that treating tobacco dependence **reduces complications and readmissions to hospital,** and significantly improves both **short and long-term risk and management of smoking-related illness.**

The NHS Long Term Plan has committed to **delivering tobacco dependence treatment to all people admitted to hospital who smoke.** This includes personalised bedside smoking cessation support, timely nicotine replacement therapy (NRT) or other pharmacotherapy, and **referring patients to locally available stop smoking support following discharge.**

A summary of the clinical case for delivering treating tobacco dependence to hospitalised smokers can be found in the **NCSCT Secondary Care Factsheets;** links to these can be found in the Resources section.

The importance of post-discharge follow-up support

Tobacco dependence treatment initiated in hospital will be more successful when follow-up support is provided for a **minimum of one-month post-discharge.** Some patients will need **more intensive and longer support to remain smokefree.**

The risk of relapse to smoking is greatest in the first month after quitting when withdrawal symptoms and urges to smoke are at their peak. **The early period post-discharge, when patients return to their regular routines and environments,** can add a further challenge. Quitting is also more difficult for smokers who are more dependent on tobacco, and those with mental ill health, co-addictions and other smokers in the home.

About the NHS Community Pharmacy Smoking Cessation Service (SCS)

Trained community providers, including community pharmacists and pharmacy staff as well as local stop smoking services, have an important role to play in providing follow-up support to patients following discharge from hospital.

Community pharmacy contractors who have registered with the NHS Business Services Authority to provide SCS and who have appropriately trained staff, will be able to receive referrals from NHS trusts and offer **behavioural support** and **combination NRT, varenicline and cytisinicline (also known as cytisine)** to patients who have been discharged from hospital. The treatment duration is for a maximum of 12-weeks which includes treatment provided to the patient while in hospital and that delivered by community pharmacy post-discharge. In this document we will use the term stop smoking practitioner to refer to members of the pharmacy team who have registered with the community pharmacy smoking cessation service and successfully completed the NCSCT stop smoking practitioner certification course.

Key points on SCS service delivery:

- Depending on the patient's length of stay in hospital, the week in which the transfer of care to community pharmacy occurs may vary (e.g. If a patient is discharged after 4 weeks of being in hospital the SCS by the community pharmacy will be needed from weeks 5 to 12).
- The 4 and 12-week reviews are scheduled based on the patient's Quit Date as defined on the referral from hospital.
- Patients who have relapsed to smoking before the 4-week review can be supported with setting a new Quit Date and the treatment programme will be based on 12-weeks of support from their new Quit Date.
- Ongoing support will be provided for only those patients that have been successful at achieving a smokefree status at the 4-week post-quit review for up to 12-weeks.
- Patients who relapse to regular smoking after the post-quit review will not be eligible for ongoing behavioural support or tobacco dependence aids (combination NRT, varenicline and cytisinicline). Patients who relapse can be referred to other locally available stop smoking support.

The Standard Treatment Programme for SCS

This NCSCT Standard Treatment Programme (STP) for SCS takes the evidence-based behaviour change techniques (BCTs) that we know add value to quit attempts and places them in a format for you to follow with patients to ensure that they have the best possible chance of quitting smoking.

This STP aims to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective intervention that is in line with NICE guidelines and evidence-based practice.

The STP for SCS provides guidance on delivering a programme of support to patients referred from hospital as defined in the SCS Service Specification (see Appendix 1). This includes an initial consultation, interim consultations scheduled at least fortnightly, formal reviews at 4 and 12 weeks following the patient's Quit Date, and an optional carbon monoxide (CO) monitoring appointment at week 16 to positively reinforce continued quitting.

Each section of the STP begins with a checklist of what should be included at each contact. This is followed by guidance on conducting an assessment and delivering behavioural support.

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)

Because the interim (weeks 2 and/or 3) and follow-up (weeks 5–11) consultations are similar in content, they are grouped in this STP in one section.

The STP should be viewed as a guide and can be tailored in terms of order in which elements of support are discussed, as long as all the elements are covered. **At first, you might like to follow this document closely to ensure that you cover everything and then, as you get more used to delivering the behavioural support programme, you can be more flexible about the order in which you deliver different components.**

Tailoring the behavioural support programme

Patients discharged from hospital will arrive at your service at **different points in their attempt to stop smoking,** some might not have quit whilst others may have been abstinent for a number of weeks. Patients will also have a **range of different complex conditions and backgrounds, and varying levels of motivation.**

Pharmacy stop smoking practitioners should expect to see patients who are coping well, those that are struggling, those that have relapsed to smoking and those feeling ambivalent or have even changed their mind about quitting. Assessing the individual patient's needs and tailoring your support accordingly will be important.

Generally, referrals received by community pharmacy as part of the SCS are expected to include the following groups of patients:

- Those who quit in hospital and have remained abstinent post-discharge
- Those who quit in hospital but have lapsed or relapsed to smoking post-discharge
- Those who did not make a quit attempt while in hospital but who agreed to a referral on discharge

The nature of the behavioural support provided to patients will differ based on the patient's current smoking status:

- For patients who are **smokefree**, support will be focussed on assessing risk of relapse, tailoring support to the patient's needs, providing a tobacco dependence aid and supporting them with remaining smokefree.
- For patients who have **relapsed** or have not **stopped smoking,** the initial appointment will focus on setting a Quit Date, discussing and arranging access to a tobacco dependence aid and preparing for the quit attempt.

Tailoring the format in which support is provided may also be necessary and contribute to more successful outcomes. **Support can be delivered face-to-face or remotely via telephone or another live audio or video link if agreed to be suitable for patient and pharmacy stop smoking practitioner.** Face-to-face service delivery offers the added value of allowing CO monitoring to take place. It is recognised however that some patients may have mobility or health issues following discharge from hospital and that a flexible patient-centred service delivery model should be used. See **NCSCT Remote Consultation Guidance** in the Resources section at the end of this document for more information on delivering support remotely.

Documentation and information sharing

Details of the consultations should be recorded in the pharmacy's clinical record for the service. The dataset required for monitoring, evaluation and reimbursement is found in Appendix F of the SCS Service Specification. For each service provision, the contractor must report the dataset through the NHSBSA MYS portal for payment, monitoring and evaluation purposes.

The patient's GP must be notified of the outcome of the service provision and any other key information (See Appendix D of the SCS Service Specification).

A summary of the outcomes of the service provision must also be shared with the referring NHS trust tobacco dependency team (See Appendix E of the SCS Service Specification). The NHS trust tobacco dependency team must also be informed if the patient is not contactable, if the patient declines the referral or if they advise that they do not wish to stop smoking at this time

Online training

All of the interventions (behaviour change techniques) featured in this Standard Treatment Programme **are included in the NCSCT online Stop Smoking Practitioner Training and Assessment Programme,** many with short video clips modelling the intervention, that you undertook to become an NCSCT Certified Practitioner to qualify to deliver this service. **You can refer back to this course** at any time to remind yourself how to deliver these evidence-based and effective interventions.

Initial telephone contact

(Transfer of care)

Duration: 3–5 minutes

Clinical 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 tobacco dependence aids 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	☐

Communication skills used on initial contact

Build rapport	☐	Boost motivation and self-efficacy	☐
Use 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.

Initial telephone contact (Transfer of care)

Your initial telephone contact with the patient is vital.
Here is some guidance on how to maximise this opportunity:

- **Make contact as early as possible:** The moment that you receive the referral is best as the early period of quitting can be particularly challenging and risk of relapsing back to smoking is high. You may be able to identify, and intervene with, patients who are struggling and increase their likelihood of quitting.
- **Schedule initial consultation as early as possible and certainly before supply of their tobacco dependence aid runs out:** This is particularly true for those patients who are struggling with withdrawal and urges to smoke or may be at risk of relapse.
- **Patients who have lapsed or relapsed:** Patients who have had a few cigarettes following discharge from hospital, or report they are currently smoking, are eligible and will benefit from the stop smoking service **provided they are interested in quitting.** The specialist support you provide gives the patient the best chance of quitting successfully.
- **Patients who are uncertain:** It is not uncommon for patients who express initial interest in quitting to change their mind or feel a lack of confidence in their ability to quit. Some patients will also feel they may have been pressured into quitting and are reconsidering their decision to quit. It's important to listen to a person's ideas, concerns and expectations (ICE) and provide non-judgemental support and encouragement. Often just a few minutes speaking with a trained practitioner can assist with addressing patients' concerns, boosting confidence and helping them stay on track with their plan for quitting. Patients should be encouraged to schedule their initial consultation with you and reassured that they will not be pressured into quitting if this is not the right time for them.
- **Unwellness in the post-discharge period and patient-centred service delivery:** Some patients may not be feeling well in the post-discharge period and this may impact on their capability and motivation to quit smoking. Face-to-face appointments are preferred for the initial consultation, but for those patients who are not well or mobile, or cannot be accommodated for other reasons (e.g. transportation, work schedules), this consultation can occur remotely by telephone or video-based platform if agreed to be suitable by patient and pharmacy stop smoking practitioner.

  If the patient is unable to travel to the pharmacy, they should ask a representative to collect the tobacco dependence aid on their behalf. Pharmacy teams are not expected to deliver tobacco dependence aids to patients as part of the SCS but should follow their usual practice to support patients in gaining access to medicines.

1 Establish rapport and explain the reason for the call

Some patients you may know and some may be new to you. Whether you already know them or not, establishing and building rapport is crucial if patients are going to trust you and believe that you care about them and their quit attempt. This is the 'art' of smoking cessation that will allow you to deliver the 'science' (tobacco dependence aids and behavioural support) that will improve smokers' chances of quitting.

Making sure that you are using their preferred name and taking a few minutes to learn about their experience in hospital and how they are feeling now is a good way to start and can increase the likelihood of them remaining engaged with the service.

Suggested conversation with referred patients:

> ***"Hello my name is ..... from [name of pharmacy]. May I speak with ..... please."***

Patient not available:
Ask if there is a better time to reach the person and that you will call back at another time.

Once you have established you are through to the patient:

> ***"The staff at [name of hospital] have referred you to us so that we can help support you with quitting smoking now that you are back home. I am calling to see how things have been going, tell you about the pharmacy stop smoking service and schedule an appointment for you to meet with our pharmacist/pharmacy stop smoking practitioner ....."***

Tips:

- Do not leave details of why you are calling if leaving a message on an answerphone.
- Do not give information about the patient or the reason for the call to anyone other than the patient who answers your call.
- If the patient is not well enough to speak by phone, an alternate contact (i.e. family member, care provider) can be identified to assist with scheduling the initial consultation and arranging for tobacco dependence aid supply.

2 Assess current smoking status

Ask about smoking status and discuss the response.

"How have you been getting on with not smoking since being discharged from hospital?"

"How would you describe your smoking since being discharged from hospital?"

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

If patient has remained abstinent

- Congratulate and praise the patient.
- Reinforce the 'not-a-puff' rule by saying that research suggests that up to 90% of people who are making a quit attempt and who have a single cigarette (even just one puff) end up slipping back to smoking. Great news that you're doing so well!

If patient has had a slip(s)

- Acknowledge the effort made, especially for more dependent smokers. However, also reinforce the reasons for complete abstinence as having the occasional cigarette delays withdrawal symptoms getting better and reduces the likelihood of quitting.
- It can be helpful to establish when they lapsed and why. Reassure them that this is not uncommon, and to consider what led to the slips so that they can put a plan in place to deal with similar situations in the future.
- If using NRT, advise patients about the importance of regular and sufficient use throughout the day to reduce withdrawal symptoms and urges to smoke.

For patients who have relapsed

- Establish when they relapsed and why. Reassure them that this is not uncommon and that all is not lost.
- If they want to recommit to a quit attempt, advise that you are happy to provide a tobacco dependence aid and support to give them the best chance of quitting.
- Provided the patient is still interested in quitting, they are eligible to participate in the SCS. A new Quit Date can be set as part of your first consultation provided it is within 4-weeks of the patient's Quit Date.
- Patients who are not ready to commit to quitting in the next 4-weeks should be provided with information about accessing the locally available stop smoking service when they are ready to quit.

3 Briefly explain the service and importance of quitting with support

It is important to give the patient an outline of what stop smoking support will involve, how you will help them and what you expect of them in terms of commitment. You can then obtain their verbal consent to be part of the service and record this in your clinical records.

"Our pharmacy smoking cessation service will provide support with staying smokefree (or creating a plan for quitting that works for you), including providing you with a tobacco dependence aid, such as nicotine replacement therapy. We will have an initial consultation and after that we will meet at least every two weeks for up to 12 weeks from your Quit Date.

We will also do something called a carbon monoxide (CO) reading, perhaps the hospital tobacco dependence advisor did this? CO monitoring allows you to have proof of the immediate benefits of stopping smoking and lets us know whether you have been smoking. Many of our patients find this really motivating to see the difference quitting is making.

The first appointment lasts about 20–30 minutes and appointments after that are usually a little shorter."

Patients may be uncertain about the value of support from the SCS as well as what is involved. It can be helpful to reinforce the importance of the service in their success.

> ***"We know that people who get support and use a stop smoking aid are three times more likely to stop and stay stopped than those who try to quit on their own."***

Patients often fear failing in their quit attempts and being judged by health professionals. Communicating in a **non-judgmental, empathetic manner** can be important in making patients feel more comfortable **with engaging in support.**

> ***"Do you have any questions?"***

Obtain verbal consent:

Before the patient can continue to receive treatment from the community pharmacy, verbal consent to receiving the service must be sought and recorded in the pharmacy's clinical record for the service.

> ***"Would you like to join the service and get support to quit?"***

If the patient expresses concern or informs you that they are unsure about making a quit attempt:

> ***"Many patients are not 100% certain they are ready to quit smoking. Making an appointment with [name] the pharmacy stop smoking practitioner can still be valuable. Our staff are trained in the latest techniques on how to quit smoking and will work with you to create a plan that works for you. Don't worry about being pressured into quitting, our team knows how difficult it is and even if you end up not being ready to quit now, we still think it's beneficial to sit down and make you aware of your options and what support is available."***

In the instance that staff other than the pharmacy stop smoking practitioner is placing the call, consider suggesting to the patient that:

> ***"Perhaps it would be helpful if I asked the pharmacy stop smoking practitioner to give you a call so that the two of you can discuss this. They are in a better position than I to speak to you about your concerns."***

For patients who decline the referral or do not wish to stop smoking at this time:

- Patient should be given given details of alternative smoking cessation services for support to quit in the future.

> ***"It's fine of course if you don't feel ready to quit just now. But for when you do, let me give you the details of [name] stop smoking service. Their staff are friendly and experts in helping people to quit and will work with you to create a plan that works for you. At any point in the future you can call them to book an appointment."***

- Where disclosed by the patient, the reason for not continuing should be captured in the clinical record for the service before the referral is closed.
- The NHS trust tobacco dependency team should be informed of the patient's decision to withdraw from the service.

For patients who cannot be contacted:

- The NHS trust tobacco dependency team should be informed that the patient was not contactable.

4 Confirm current use of tobacco dependence aids and establish supply

> ***"I know that the team at [name of hospital] provided you with a supply of [name of tobacco dependence aid] to help you quit smoking. How have you been getting on with it?"***

> ***"Do you feel comfortable using [name of stop smoking aid] or have any questions about using the it?"***

If the patient is content with their tobacco dependence aid:

- You can simply reinforce the importance of using the aid and emphasise that this will significantly help them. If they are using NRT, advise that they should continue to use as much as they need to remain smokefree as it is still early days.

> ***"That's great. It is really important to use the [name of stop smoking aid] that was prescribed to you. As well as helping reduce withdrawal symptoms and urges to smoke, it has also been shown to double or triple your chance of quitting successfully."***

If the patient is not using a tobacco dependence aid:

- Ask why and provide information, advice or reassurance as required, emphasising the importance of tobacco dependence aids in helping make this quit attempt successful and providing information on their safety.

If the patient is experiencing side effects, or has any concerns or questions:

- It can be useful to take a minute to learn from patients about any side effects and provide advice to address symptoms reported by the patient (See **NCSCT Stop Smoking Aids Quick Reference Sheet** in Resources section of this document).
- Patients can be informed of the option to change which tobacco dependence aid they use.

Establish tobacco dependence aid supply

> ***"We want to schedule our appointment to provide you with additional supply of your [name of tobacco dependence aid]. How much that you were discharged with do you have left?"***

5 Address any questions or concerns and assess risk of relapse

Ask the patient if they have any questions.

> ***"Do you have any questions or concerns that you want to talk about?"***

If no, continue. If yes, *answer the questions as best you can and/or advise that there will be time to discuss these at the initial consultation.*

For patients using NRT who report struggling with withdrawal symptoms or urges to smoke:

- Patients experiencing withdrawal symptoms, urges to smoke or who are not feeling very confident about remaining abstinent can be advised to make sure that they are using enough NRT and reassured that the support programme involves helping them to manage urges to smoke and dealing with tricky situations.
- Patients can be advised to adjust their NRT use by increasing the frequency (use NRT more often) and/or dose (use more NRT). This can be done over the telephone now; there is no need to wait until the first consultation and for them to suffer and risk going back to smoking.

Assess risk of relapse to determine how quickly patients should be seen. Risk of relapse can be assessed through the initial conversation with the patient or using the question:

> ***"On a scale of 1–10, how confident are you that you will not return to smoking?"***

A lower number on this scale might suggest a higher likelihood of relapse and it is recommended that these patients be scheduled for their initial appointment as soon as possible.

Time permitting, provide guidance to all patients:

> ***"There are a few things that other patients have found really help to keep them on track, could I share some of these with you?:***
>
> 1. ***Throw out all of your cigarettes, lighters and ashtrays.***
> 2. ***Make a conscious effort to avoid people who smoke, especially in the first few weeks.***
> 3. ***Try to keep yourself busy during the times when you would normally smoke.***
> 4. ***If you do get the urge to smoke, use the [second NRT product, e.g. inhalator or spray] to help the craving pass, or distract yourself until the urges to smoke pass."***

6 Schedule initial consultation

With consent, arrange an initial appointment for as soon as possible for all patients, and in particular those at risk of relapse.

It will be important to schedule the first consultation before the **tobacco dependence aid** product supplied to the patient in hospital runs out.

Establish if the patient is able to attend the pharmacy for their initial appointment, remembering that a telephone or video consultation is possible if they are too unwell to attend or have other issues with getting to the pharmacy (if the patient and pharmacy stop smoking practitioner agree this is suitable).

Nothing quite beats face-to-face however, especially for the first consultation and so remote consultation should always be the second, and not the first, offer.

7 Provide a summary and contact number

Provide a brief summary of your call and any tobacco dependence aid modifications you have discussed.

Remind the patient of the agreed appointment date, time and location.
Provide a contact number for the pharmacy.

If your pharmacy has the capability, it can be useful to send a text message to remind patients of their appointment times.

> ***"So, we will see you at the pharmacy on ..... to see how you are doing and also provide you with an additional supply of [name of tobacco dependence aid].***
>
> ***"If you have any questions or concerns before that time, you can always call us at ..... Likewise, if you can't keep our appointment please give us a call. It was great to talk with you today and I will look forward to seeing you on ....."***

Initial consultation

(Weeks 1–2 following hospital discharge)

Duration: 30 minutes

Clinical Checklist	Done
1 Establish smoking status	☐
2 Assess motivation and reasons for quitting	☐
3 Set Quit Date (for patients who have not quit or relapsed)	☐
4 Assess physiological and mental functioning	☐
5 Inform the patient about the SCS	☐
6 Assess past quit attempts	☐
7 Explain how tobacco dependence develops and assess nicotine dependence	☐
8 Discuss withdrawal symptoms and urges to smoke and how to deal with them	☐
9 Discuss and supply tobacco dependence aids and adjust treatment plan	☐
10 Discuss changing routines and managing high-risk situations	☐
11 Discuss patient's smoking contacts and how the patient can get support during their quit attempt	☐
12 Explain and conduct carbon monoxide (CO) monitoring	☐
13 Explain the importance of abrupt cessation and the 'not-a-puff' rule and prompt a commitment from the patient	☐
14 Schedule next appointment and provide a summary	☐

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	☐	Communicate with prescribers as needed	☐

1 Establish smoking status

Building rapport by finding out about the patient's current situation, learning about how smoking fits into their lives and their reasons for quitting communicates to the patient that you care about their quit attempt. It also helps to ensure that the patient is receptive to the information that you are giving and helps them to feel comfortable asking you questions.

Ask about the patient's experience since discharge from hospital, how they are feeling, and anything they are currently dealing with. It can be useful to verify accuracy of referral (reason for admission, date of discharge, contact information) and what support was delivered in hospital.

Ask about smoking status, you can tailor this to the information the patient provided during their initial telephone contact to book their appointment.

"When we spoke by phone to make this appointment you said you had [not smoked / had two cigarettes / had cut down from x to x since coming out of hospital / returned to smoking since coming out of hospital but are interested in finding out more about the service]. Is that correct? How have things been going since we spoke?"

To get an accurate response regarding smoking status it is often useful to clarify the patient'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 since discharge***
- ***Yes, just a few puffs since discharge***
- ***Yes, between 1 and 5 cigarettes since discharge***
- ***Yes, more than 5 cigarettes since discharge***

If patient has remained abstinent

- **Congratulate and praise the patient.**
- Reinforce the 'not-a-puff' rule by advising that most people who relapse go back to smoking in the first few days of their quit attempt and that managing not to smoke at all makes their chances of becoming a permanent ex-smoker much higher.

If patient has had a slip(s) / lapse(s)

- Acknowledge the effort made, especially for more dependent smokers. However, also reinforce the reasons for complete abstinence as having the occasional cigarette delays withdrawal symptoms getting better and reduces the likelihood of quitting.
- It can be helpful to establish when they lapsed and why. Reassure them that this is not uncommon, and to consider what led to the slips so that they can put a plan in place to deal with similar situations in the future.
- If using NRT, advise the patient about the importance of regular and sufficient use of it throughout the day to reduce withdrawal symptoms and urges to smoke.

If patient has cut down

- You can **acknowledge the effort made** and that you understand why they might think it is a good idea to cut down rather than stop abruptly. **Offer clear advice on why cutting down doesn't work for most smokers.** It's important that the person is the active participant in their attempt to stop.You could ask the patient: ***"Have you tried cutting down in the past? What happened?"*** Most people will admit this hasn't worked for them and you can explain why it doesn't usually work.
- Ask how the patient feels about having cut down, what stopped them quitting completely and explore any concerns they have about quitting completely.
- If the patient is smoking daily and wishes to quit completely suggest setting a new Quit Date and start a new treatment episode.
- You need to reinforce the rationale for complete abstinence and the 'not-a-puff' rule.

If the patient has not quit smoking or has relapsed to smoking

- Enquire as to the reasons why and establish whether they still want to stop smoking.
- Explain the support the SCS can provide.
- If they remain motivated to quit smoking set a new Quit Date (see section 3 below).

Ask about smoking history before hospitalisation

Patients will often expect you to ask them about their smoking history and it is a good way to build rapport. Although covered in more detail later, assessing cigarettes smoked per day prior to hospitalisation is another question that gives you an early indication of what level of support they might need.

Some optional questions to ask patients include:

"How many cigarettes a day do you usually smoke / did you typically smoke before being admitted to hospital?"

If time permits, you may wish to learn more about how smoking fits into the patient's life. Suggested questions are included below.

"How old were you when you started smoking?"

"How did smoking fit into your life?"

"What did you like most about smoking? What did you like least?"

Use reflective listening and summary statements to show your understanding of what the patient has shared.

2 Assess motivation and reasons for quitting

Ask the patient how they are feeling about stopping smoking and about their reasons for quitting.

"Are you feeling committed to stop smoking for good?"

Or use scaling questions:

"On a scale from 1 to 10 how motivated are you right now to stop smoking for good?"

And explore with them why they did not give a lower or higher number, e.g.,

"You say it's a 7, why isn't it a 5 or 6?"

If patient sounds positive

- Congratulate the patient for being positive.
- Make sure that the patient has a realistic expectation of how difficult stopping smoking / going smokefree might be if you think that they are overconfident.

If patient sounds nervous

- Reassure the patient that it is completely understandable and very common to be nervous about stopping smoking.
- Inform them that by getting support from trained practitioners such as you, and by using an effective tobacco dependence aid, they are greatly improving their chances of success.

If patient sounds ambivalent or states that they are unable or unwilling to quit abruptly now

- Explore the patient's concerns about quitting abruptly, inform them that it is not uncommon to feel this way, provide reassurance and answer any questions the patient may have about quitting.
- Explain the benefits of quitting completely and that this offers the most immediate health benefits (you may want to link this discussion to the patient's reasons for stopping, e.g. health, money, reducing children's exposure to secondhand smoke).
- Explain how the service can support them to stop by providing weekly support, stop smoking aidsand helping them to identify strategies to manage withdrawal symptoms, urges to smoke and difficult situations.
- Discuss the stop smoking aids available (including nicotine vapes) and inform them that the service can offer them a choice of combination NRT (e.g. a patch and a faster-acting product), varenicline or cytisinicline (cytisine).

"What made you decide to stop now?"

Use reflective listening to confirm you have correctly understood their reasons for quitting. Validate the importance of the reasons they have stated.

As appropriate, deliver brief advice to patients regarding the benefits of quitting. Where possible tailor information to the patient's reason for hospitalisation and medical history.

The **NCSCT Secondary Care Factsheets** can be referenced for information on benefits for quitting for various patient groups and conditions **(see Resources section).**

Address non-medical reasons for quitting such as saving money, achieving a personal goal, being a positive role model for children/grandchildren, feeling more energetic.

Provide positive reinforcement on the importance of quitting and your belief in their ability to overcome barriers to quitting that they may encounter.

3 Set Quit Date (for patients who have not quit or relapsed)

Work with patients to set a Quit Date within the next 1–2 weeks. Explain that the goal from the Quit Date onwards is to not have a single puff.

Provide support to help the patient make details of the Quit Date as specific as possible.

> ***"Have you considered what time your last cigarette will be on your Quit Date?"***
>
> ***"Some people like to smoke their last cigarette on the night before their Quit Date, others have their last cigarette later on in the afternoon because if you stop smoking first thing when you wake up then your body is already in withdrawal from nicotine because you haven't smoked through the night."***
>
> ***Whatever the time of the day that you have your last cigarette, it is vitally important that after this point you live by the 'not-a-puff' rule and do not smoke any cigarettes, not even one puff."***
>
> ***"What do you think would help you prepare towards quitting?"***

- Discuss with patients about the importance of using the days before the Quit Date to prepare. For example to tell friends, colleagues and family about their quit attempt – this will up the stakes and can increase the support and encouragement that the patient receives.
- Confirm the need for an arrangement with smoking friends, colleagues and family to reduce their exposure to smoking and to the availability of cigarettes.
- Confirm plans to get rid of all remaining cigarettes, plus lighters and ashtrays, on the Quit Date.
- Advise that preparing for the quit attempt and planning ahead for times when the patient will be tempted to smoke is likely to help.

The treatment programme will be based on 12-weeks of support from their new Quit Date.

Plan to schedule next contact on the selected Quit Date or very close to it.

4 Assess physiological and mental functioning

Assess how well the smoker can function, both physically and mentally; this will allow you to plan an appropriate behavioural support programme and to inform, and in some cases involve, other health professionals.

Ask the patient if they have any physical condition that may affect their quit attempt with a question like:

> ***"Do you suffer from any physical illness or disorder?"***

Ask if they have any mental health conditions that may affect their quit attempt with a question like:

> ***"Are you currently experiencing any mental health problems?"***

Note that a current mental health issue is no reason for someone not to quit or use stop smoking aids. However, it is recommended that patients experiencing mental ill health receive more intensive support in combination with appropriate treatment for their mental health condition. The patient's wider care team should be informed of their quit attempt and may be able to offer additional support.

Ask about medications they are currently taking:

> ***"Are you currently receiving any care or treatment for it?"***
> If so: ***"Are you taking any medication?"***

If yes:

Assess if any medications the patient is currently using are on the list of those with significant clinical interactions with smoking (see **Appendix 4**). Those drug interactions with tobacco smoking that are considered to be most clinically important are summarised here: www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking

If patient is taking a medication with clinically significant interaction:
Inform the prescriber that the patient is engaged in a quit attempt and that the dose may need to be monitored and in some cases adjusted. It would be important to note that the prescriber may not necessarily be the patient's GP. This is particularly important for patients taking **clozapine** where the risk of toxic effects following cessation requires careful monitoring and dose adjustment.

FACTS

- Some medications need monitoring and the dose adjusted when the smoker stops smoking.
- **Most interactions between drugs and tobacco smoking are not clinically significant.**
- Dosage will need to be checked by the prescriber if the dose was worked out before the patient stopped smoking and then again if the patient relapses.
- **This is irrespective of the stop smoking aid used.**

5 Inform the patient about the SCS

Explain that the programme is designed to support them for the first 12 weeks after quitting (from their Quit Date) and that regular contact early on is extremely important. The Quit Date is defined as the date they quit while in hospital (or the date that was set as part of today's consultation).

If you have not already done so, confirm with the patient the Quit Date as indicated on the referral is correct and schedule consultation based on this Quit Date.

Advise the patient that they are increasing their chances of stopping smoking for good by receiving behavioural support and a tobacco dependence aid and that regular (i.e. weekly or bi-monthly) contact with you is extremely important in the early period of their quit attempt.

Inform patients that:

- You will provide them with accurate information about what to expect during the quit attempt and how to deal with difficult situations.
- Regular contact is extremely important.
- A check will be made on their progress using a simple carbon monoxide breath test at every visit.

"You have taken an important step by coming along to see me. I will be here to support you with quitting. We know that people who get support and use a stop smoking aid are far more likely to stop and stay stopped than those who try to quit on their own."

"Involving a trained practitioner throughout your quit attempt will greatly improve the chances of success. I will be able to supply you with [name of tobacco dependence aid] and provide guidance on how to get the most out of it."

"Quitting smoking is a very personal journey and for a lot of people it can be difficult. I like to compare it to climbing a mountain. Only you can do the hard work of climbing that mountain and there will be tough spots and challenging stretches along that climb. You can view the [name of tobacco dependence aid] and the support from me as mountaineering equipment and a map to help make the climb more achievable."

6 Assess past quit attempts

It is helpful to find out whether patients have any past experience that they can draw upon for their current quit attempt. It is also helpful to discover their attitude towards tobacco dependence aids and to ensure that they have a realistic expectation of what tobacco dependence aid use can add to a quit attempt.

"How many serious attempts to stop smoking have you made before?"

If no previous quit attempts have been made

- Inform the patient that not having tried to quit before will not harm their chances of success.
- Boost their motivation by congratulating them that for their first quit attempt they have chosen to maximise their chances of success by getting help.

If previous quit attempts have been made

- Reassure the patient that trying to quit again, having tried to quit and failed in the past, shows what commitment they obviously have to stopping smoking.
- Many smokers take a number of quit attempts before they quit for good and each previous attempt can be used to help with this one.

"What is the longest time you have successfully stopped smoking for in the past?"

"What would you say caused you to return to smoking?"

For patients who have never made a serious quit attempt before, this may only be for a day or so, or even less

- Boost their motivation by stressing that for regular smokers even managing a short time without a cigarette is an achievement, and one that can be built upon.

For longer periods of weeks or months

- Praise every attempt a patient has made and focus on their most successful past effort. Ask the patient how they managed to not smoke for so long and whether there are any strategies that they would use for this quit attempt? e.g. ***"Two days – that's amazing, how did you manage that?"***

"What did you find helped you?" and/or ***"What did you find difficult?"***

Someone who has gone several weeks or months without smoking will have experienced the withdrawal symptoms getting less severe and frequent; someone who has managed only a few days of abstinence will not have experienced this and may not have had the experience of overcoming urges to smoke.

"Have you ever used a tobacco dependence aid to help you with a quit attempt in the past?"

If the answer is "Yes"

- Ask the patient which tobacco dependence aid(s) they used and how they got on with it.
- Answers to this question will allow you to assess whether the patient has used a tobacco dependence aid properly in the past and what expectations they have of themn.
- It can be worth asking a the patient how they used their tobacco dependence aid, as poor product technique is a common practice which can result in more side effects or poor expectations about effectiveness.
- It can also be useful to define the current quit attempt as a serious one (made with the aid of an effective tobacco dependence aid and expert behavioural support) and to distinguish this from previous ones, if appropriate to do so.

If the answer is "No"

- You can inform the patient that there are effective stop smoking aids available that will significantly improve their chances of quitting.

7 Explain how tobacco dependence develops and assess nicotine dependence

Explaining how tobacco dependence develops and assessing nicotine dependence is useful to provide the patient with an understanding of what they need to overcome and to assist with tobacco dependence aid choice. Inform the patient about the nature of nicotine dependence and how it develops.

If tobacco dependence score was included on referral from hospital

- Make reference to the hospital referral and confirm the information is accurate.
- Explain to the patient that we use this information to assess their level of tobacco dependence and that it is useful when looking at how much treatment and support they are going to need.
- Patients who are more dependent on tobacco generally benefit from higher doses of NRT or nicotine vape, or the use of a nicotine analogue (varenicline or cytisinicline), to effectively manage withdrawal symptoms and urges to smoke. Some heavily dependent patients will benefit from using both a nicotine vape and NRT patch concurrently.

If tobacco dependence score was not included on referral from hospital

- Use information the patient has provided about how many cigarettes per day they smoke and how soon after waking they had their first cigarette of the day **before they were in hospital.** This is known as the Heaviness of Smoking Index (HSI).
- Alternatively, conduct the Fagerström Test for Nicotine Dependence (FTND) as a quantitative measure of nicotine dependence (see **Appendix 3**).

Heaviness of Smoking Index (HSI)

1. **On the days that you smoke, how soon after you wake up do you have your first cigarette?**

☐ Within 5 minutes (3 points) ☐ 6–30 minutes (2 points)

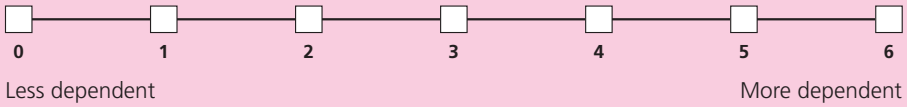
☐ 31–60 minutes (1 point) ☐ After 60 minutes (0 points)

2. **How many cigarettes do you typically smoke per day?**

☐ 10 or fewer (0 points) ☐ 11–20 (1 point)

☐ 21–30 (2 points) ☐ 31 or more (3 points)

Scoring



Inform the patient about the nature of nicotine dependence and how it develops:

> ***"When you first start smoking regularly your brain changes so that it expects regular doses of nicotine. This need for nicotine from cigarettes can undermine your motivation to stop smoking, especially when linked to the temporary withdrawal symptoms smokers can experience at first when they do not smoke."***

Reassure the patient that with the use of proven tobacco dependence aids and effective support they will have a good chance of overcoming this.

Most symptoms will gradually disappear in the first four weeks after quitting, while urges to smoke and changes to appetite will last for longer periods of time.

Enquire about any previous experience of withdrawal symptoms:

> ***"When you have stopped smoking before, or have had to go without a cigarette / roll-up for a long time, did you notice any symptoms that came on? Was there anything that worked for you in dealing with these that could be useful this time?"***

Respond appropriately, reinforcing that this knowledge is going to be helpful during this quit attempt. If a patient expects withdrawal symptoms, they will be more able to cope with them.

8 Discuss withdrawal symptoms and urges to smoke and how to deal with them

> ***"Because your body is used to regular doses of nicotine, it has to adjust to being without it (or having much less of it if you are using NRT or vaping). Within the first few hours of stopping smoking your body will start getting used to life without smoking – this adjustment results in withdrawal symptoms."***

Assess the withdrawal symptoms or urges to smoke the patient has experienced, including their severity.

> ***"Have you experienced any withdrawal symptoms since quitting smoking?"***
>
> ***"How have you found dealing with urges to smoke since leaving hospital?"***

A simple way to assess severity of reported withdrawal symptoms and/or urges to smoke is to ask patients to rate these on a scale from 0 to 4, where 0 is mild and 4 is severe.

- Remind patients that proper use of a tobacco dependence aid will help with withdrawal symptoms but will probably not get rid of them completely.
- Reinforce that most of the withdrawal symptoms gradually disappear in the first four weeks of a quit attempt as long as the patient does not smoke a cigarette.
- Respond appropriately to any concerns and remind the patient that these symptoms are all normal and will pass with time as long as they do not smoke.

Provide advice on withdrawal symptoms. See **Appendix 2** for more information on tobacco withdrawal symptoms.

Common tobacco withdrawal symptoms:

- **Urges to smoke or cravings.** Frequency usually reduces over time as long as the patient does not smoke, but intense urges can reappear a long time after quitting.
- **Increased appetite and weight gain.** Can persist for three months or longer.
- **Depression, restlessness, poor concentration, irritability / aggression.** These usually last less than four weeks and improve over time.

Less common symptoms:

- **Light-headedness.** Usually lasts less than 48 hours.
- **Waking at night**. Usually for less than a week.
- **Mouth ulcers.** Can last over a month.
- **Constipation.** Can last over a month.

Respond appropriately.

- Advise the patient that strong urges to smoke can occur many weeks, months or even years into the future and that they should expect this to happen occasionally. They should try not to be caught out by these urges and should have a plan in place to deal with them.
- Ask the patient whether there have been any times in the past week that have caused them to feel at risk of going back to smoking.
- Review with the patient how they dealt with these situations and discuss whether new or modified methods of coping are required.

9 Discuss and supply tobacco dependence aids and adjust treatment plan

Review tobacco dependence aid use and stress its importance to their quit attempt.

Enquire about how the patient is using their tobacco dependence aid, to ensure correct use, and how frequently they are using it.

> ***"When you were in hospital you were prescribed [name of tobacco dependence aid]. Have you been using it?"***

Be prepared to give information about tablet-based nicotine analogue medications (varenicline and cytisinicline) and nicotine vapes.

> **Effectiveness of tobacco dependence aids:**
>
> ***"There are tobacco dependence aids that make quitting smoking easier. In fact, people who use these aids when they quit smoking are twice as likely to be successful than those who try and quit without using them. They are safe and do not cause cancer, strokes, heart or lung disease. There are three tobacco dependence aids that we can provide you with: nicotine replacement therapy (NRT) and two tablet-based medications, called varenicline and cytisinicline (which is also known as cytisine). We will be able to supply you with a tobacco dependence aid for up to 12 weeks"***

NRT, varenicline and cytisinicline

As required, give information and guidance on the role of tobacco dependence aids in supporting quitting.

Patients may have been provided with an explanation of tobacco dependence aids andinformation on appropriate use by the stop smoking team in hospital, but it is important to reinforce this in case they weren't able to take in all of the information or have forgotten it since discharge.

Describe how the stop smoking they will be using works.

NRT:

> ***"NRT works by reducing urges to smoke and other withdrawal symptoms, thereby making stopping smoking easier."***
>
> ***"There are seven different products to choose from and all are effective in helping smokers to stop: patch, gum, lozenge, inhalator, microtab, mouth spray and nasal spray. They differ in the amount of nicotine that they contain, how it is delivered and how quickly it acts."***

Combination NRT (patch plus one other product) is the most effective NRT option and is suitable for most patients:

> ***"We recommend using a combination of two nicotine products – the patch to deliver a background dose and one of the faster acting products (such as nicotine gum or lozenge) to provide extra help when needed."***
>
> ***"Studies show that using two products together gives you an increased chance of success compared with using one product. Combining products is also very safe: there is no need to worry about overdosing on nicotine."***

Varenicline:

"Varenicline has been specifically designed to help smokers to stop and evidence suggests that it is one of the most effective tobacco dependence aids. It is a tablet that works by reducing urges to smoke and other withdrawal symptoms once you have stopped smoking. It also blocks the ability of nicotine to stimulate the brain which is why many smokers using varenicline do not feel satisfied should they have a cigarette.

It is typically used for 12 weeks and is started one week before your Quit Date. Some patients may use it beyond 12 weeks to help them remain smokefree."

Cytisinicline:

"Cytisinicline (which is also known as cytisine) is a tablet-based medication that doesn't contain nicotine. It can help reduce withdrawal symptoms and urges to smoke, making it easier to stop smoking. It also blocks the 'reward' your brain gets from the nicotine when you have a cigarette. Studies have shown that it is one of the most effective tobacco dependence aids.

Although its side effects are mild, cytisinicline is a prescription-only medication and there are some people it isn't suitable for.

It is usually taken for 25 days, starting 5 days before your Quit Date. Some patients may use it beyond 25 days to help them remain smokefree."

Assess side effects

Assess any side effects the patient may be experiencing and help them to distinguish between tobacco dependence aid side effects and withdrawal symptoms. Strategies for addressing side effects can be discussed to assist with alleviating these. Most side effects reduce with continued use.

Often side effects are the result of incorrect product use. Check on how the patient is using their product(s) and provide guidance and advice on correct use as needed.

NRT:

> ***"Some side effects sometimes occur when the NRT is not used correctly. Let me review correct use with you and we can see if that helps."***
>
> ***There are a few tips I can provide to help you manage better with some of the side effects you mentioned (e.g. sleep disturbance, skin irritation, coughing, throat irritation)."***

Varenicline:

> ***"Varenicline has some common minor side effects. The most common side effect is nausea, which affects about 3 out of 10 people. This is usually mild to moderate and will go away over the first 2 weeks of using the medicine. It is recommended you take varenicline with food and a glass of water to help with possible nausea. If you do experience nausea, you may find lying down is helpful, and you could also use an over-the-counter anti-nauseant medication."***
>
> ***Other possible side effects include headache, difficulty sleeping and abnormal dreams. If you find you are having any difficulty sleeping, we recommended taking the medication earlier in the evening (for example, at 5pm rather than at 7 or 8pm).***
>
> ***For most people these side effects are minor and usually decrease within the first two weeks of use."***

Cytisinicline:

> ***"Cytisinicline has some common minor side effects, such as nausea, insomnia and headache. To help avoid nausea, it is recommended you take the medication with food and a glass of water.***
>
> ***For most people any side effects that do occur are minor and usually decrease within the first two weeks of use."***

Provide advice for optimising tobacco dependence aid use

- Ensure that the patient has realistic expectations of their tobacco dependence aid and fill in any gaps in knowledge.
- If the patient is using NRT, reinforce the need to use their faster acting NRT product regularly throughout the day, on the hour, every hour and as required to help with coping with urges to smoke.

> ***"Make sure you take your NRT with you wherever you go. Always keep a supply handy, perhaps where you used to keep your cigarettes. In this early period of stopping, it is important to use the faster acting NRT on the hour, every hour to keep the nicotine levels up to keep cravings and urges to smoke at bay. You can also use the faster acting NRT as needed when you experience an urge to smoke or are in a situation where you might feel tempted to smoke."***

- Remind the patient of the reasons for use (reduces withdrawal symptoms and increases success).
- Reassure about any initial unpleasant effects (will get used to the taste, nausea will pass, etc) and provide strategies to address these to increase compliance with treatment.
- Encourage using enough for long enough.
- Reassure about any safety concerns.
- Enquire about any questions they may have.
- Ensure the patient is informed they should contact you if they have any concerns or are not getting on with their tobacco dependence aid, as you can offer other options.

Adjust treatment plan as needed

As appropriate, discuss modifying the tobacco dependence aid plan to manage cravings, withdrawal and side effects. This can include increasing the dose and frequency of NRT product use

While it is not common, some patients may benefit from experimenting with different faster acting NRT products. As appropriate, the patient can be supported with changing the faster acting NRT product they were prescribed in hospital to one that may be more suitable to them.

For some patients, swapping NRT for a nicotine analogue medication (varenicline or cytisinicline), or vice versa, may assist. Some patients who are heavily dependent on tobacco will benefit from using NRT and varenicline in combination.

Provide supply of tobacco dependence aid

Enquire about the remaining supply of their tobacco dependence aid that was provided upon discharge from hospital.

Dispense tobacco dependence aid, ensuring that the patient has a sufficient supply to last them for the next two weeks or until their next appointment.

If dispensing NRT, no more than two weeks' supply should be provided.

If dispensing varenicline or cytisinicline and the patient is currently smoking, advise that they should start taking their tobacco dependence aid 7 (in the case of varenicline) or 5 (in the case of cytisinicline) days before their agreed Quit Date.

If they are already smokefree, varenicline or cytisinicline can be added any time. Patients should be advised to continue to use NRT products for at least 7 days (varenicline) and 5 days (cytisinicline) before discontinuing the medication, so that therapeutic levels of the medicine are reached.

The combination of varenicline and NRT has the strongest evidence of increased rates of smoking abstinence and as such may be the first choice for combination therapies. The combination of varenicline and NRT has been used by people who are more dependent on tobacco, particularly those who continue to experience urges to smoke and/or withdrawal symptoms, and those who have reduced their cigarette consumption but not stopped completely when using a single product.

The product information for cytisinicline states that patients are advised not to combine it with nicotine-containing products. However, our understanding of the pharmacology of cytisinicline and nicotine, and the fact that smoking is permitted alongside cytisinicline during the first five days of treatment, suggests that using NRT as a replacement for smoking during these five days should be safe. Although we do not have direct evidence of the safety and efficacy of this approach, there is data to support the safety and efficacy of combination treatment with NRT and varenicline, another nicotine analogue with the same mechanism of action. Co-prescribing cytisinicline and NRT would be the prescriber's decision, as this would be off-license use.

If the patient is not planning to use a tobacco dependence aid:

- If the patient suggests that they are not planning on using a tobacco dependence aid, ask about their reasons for this and encourage them to use one of the aids available.
- If, after discussing, the patient chooses not to use a tobacco dependence aid, the approach generally is to respect their choice and ensure they know that, if they are struggling, the option remains to have the pharmacy supply them with NRT, varenicline or cytisinicline.

Nicotine vapes (e-cigarettes)

Some patients will choose to use a nicotine vape or may be already using one.

There is good evidence that nicotine vapes are equally as effective in supporting quitting as combination NRT, varenicline and cytisinicline, and NICE supports their use as another first line stop smoking aid.

Vaping is very popular with smokers and the evidence to date indicates that they are significantly less harmful than cigarettes. Unlike cigarettes, vapes do not burn tobacco and do not produce tar or carbon monoxide. If using a vape helps the smoker stay smokefree, it is much safer than continuing to smoke.

"Many smokers find vapes helpful for quitting smoking and evidence shows that they are effective and significantly less harmful than smoking.

There are a wide range of vapes and most people need to try various devices and strengths and flavours of vape liquid to find what they like. Reputable vape shops will be able to give you advice on where to start.

Whichever tobacco dependence aid you choose to use, it's really important to come to our sessions weekly."

Provide clear up-to-date information about using a vape to patients interested in using them, and advise on how to use them.

Nicotine vapes can be recommended for those in the early period (first 8–12 weeks) of a quit attempt and may be used longer.

Vape liquids that contain nicotine are a form of nicotine replacement. Explain the importance of getting enough nicotine to reduce withdrawal symptoms and urges to smoke, based on the patient's level of tobacco dependence.

Some patients may choose to use a vape as their faster-acting form of NRT in combination with a nicotine patch.

10 Discuss changing routines and managing high-risk situations

"You are probably going to have times over the next couple of weeks / after your Quit Date when you are desperately going to want to smoke. Small changes in your routine may help you to cope with 'smoking situations' and establish a new pattern of living without cigarettes."

Attempt to get the patient to come up with any changes that they might make.

"High-risk situations for most smokers are linked to times when their barriers are down and where cigarettes are available and being smoked – your motivation will have to be at its strongest at these times."

Ask the patient if there are any times in the coming week when they think that they might be at particular risk.

Attempt to get the patient to come up with possible strategies for dealing with these high-risk situations.

If you do have to suggest possible solutions for patients, offer a menu of options.
You can use one of these opening lines:

"Some of my patients have found that .....", or

"What some people do is.....", or

"One of my patients found that....."

Reinforce the importance of using their medication properly and of reminding themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges strike.

"Your frame of mind is important: being positive about stopping smoking and knowing that there will be hard times and periods when you feel like smoking, but that these will pass, will help."

If patient displays confidence

- Praise patient for their motivation and advise that the support and medication they are going to receive means that their confidence is well placed.
- You might need to make sure that the patient has a realistic expectation of the challenge ahead and the need to plan what they are going to do when the urge to smoke is very strong if you think they may be overconfident.

If patient displays a lack of confidence

- Be positive and advise the patient that it is probably better for them to be under-confident rather than overconfident.
- Tell the patient that, although stopping smoking can be difficult (as they may know from previous attempts), with your help and the medication they have every chance of success. Advise that it is still worth planning what they are going to do when the urge to smoke is very strong.

"Strong motivation can overcome lack of confidence. For example, let me ask you to imagine being offered £100 as a substitute every time you want a cigarette. What would you do?... Now the £100 is an imaginary motivation, but you have a very real reason to give up smoking and to refuse to smoke.

It is also worth remembering that although quitting smoking is difficult, thousands of people stop successfully every year despite having similar fears to you."

11 Discuss patient's smoking contacts and how the patient can get support during their quit attempt

Ask the patient who they know who smokes and the nature of their relationship with them.

"Do you live with any smokers or do you spend long periods of time with smokers?"

If patient does not live with a smoker

- Tell the patient that this is good news as having cigarettes around them or seeing people smoking could put a strain on their quit attempt.
- Explain that other friends or family members who smoke also pose a risk; ask whether they can ask these smokers to not smoke around them and when possible avoid being around friends or family who smoke in this early period.

If patient does live with a smoker or spend time with smokers

- It is important that the patient understands that living with a smoker or being around smokers will present an extra challenge for them.
- Explain the dangers of exposure to cigarettes and smokers after the Quit Date and ask whether they can ask these smokers to not smoke around them and not leave their cigarettes in view.
- Discuss with patient what they might plan to say to family members or friends who smoke.
- Ask the patient to think of ideas to help themselves in tricky situations e.g. if someone smokes around them or offers them a cigarette. How can they manage these situations as a proud non-smoker? What sort of things can the person who smokes do to support them?

Reinforce the importance of appropriate support to the success of a quit attempt.

"There are going to be times during your quit attempt, especially in the first few weeks, where the support and encouragement of friends, family and colleagues is going to be really helpful. This is one of the reasons why some people find it helpful to let as many people know as possible that you have / will be quitting smoking and that you are going to need their support. Are there any people from whom you think that you will get support for your quit attempt? / Will be able to support you with quitting?"

Attempt to get the patient to come up with any changes that they might make.

12 Explain and conduct carbon monoxide (CO) monitoring

The patient may have had a carbon monoxide (CO) reading while in hospital and be familiar with how it works and why we are measuring it. Tailor this part of the consultation accordingly, based on their existing understanding.

Explain that CO is a poisonous gas contained in cigarette smoke and that there is a simple test that can be carried out to determine CO levels.

> ***"Carbon monoxide is a gas inhaled by smokers when they smoke a cigarette and it starves the heart and lungs of oxygen; this causes heart disease and other illnesses. The good news is that shortly after stopping smoking the level of carbon monoxide in your body returns to that of a non-smoker. This machine measures the amount of carbon monoxide in your lungs in parts per million and if you have not been smoking then we would expect it to be below 10 parts per million."***

Explain that CO readings are carried out to show the patient the rapid benefit of going smokefree. Inform them that many patients find having regular CO tests after they have quit motivating.

It is worth emphasising that patients will be required to hold their breath for a minimum of 15 seconds before blowing into the CO monitor. This allows the pressure in the lungs to equalise and for the CO in the blood to pass into the air in the lungs; it is this that is then measured by the monitor.

> ***"What I am going to ask you to do in a minute is to take a big deep breath, hold your breath and then exhale into this machine. You will need to hold your breath for about 15 seconds. After you have taken your breath I will hand the machine to you, the machine will count down and I will then tell you when to exhale into it."***

There are a number of CO monitors available and you should follow the instruction accompanying these machines. However, the following procedure is fairly common to all monitors:

1. Both the patient and the stop smoking practitioner should use sanitiser gel (non-alcohol) on their hands before the test.
2. Attach a clean, disposable, mouthpiece (a fresh one for each patient) to the monitor.
3. Turn the machine on.
4. Ask the patient to take a deep breath.
5. The monitor will count down 15 seconds and beep during the last 3 seconds.

6. The patient needs to blow slowly into the mouthpiece. The patient will need to blow at a steady rate (like trying to blow up a balloon) aiming to empty their lungs completely.
7. The parts per million (ppm) of carbon monoxide in the lungs will be displayed on the screen.
8. The mouthpiece should be removed by the patient (for infection control reasons) and disposed of in a refuse sack which is tied before being placed in another bag for collection (double bagging) to prevent other staff touching the mouth pieces.
9. The CO monitor should be cleaned between tests using a non-alcoholic wipe.

After the test

- If the test wasn't completed adequately (i.e. patient did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the patient that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.
- **If reading was below 10 parts per million (ppm).**

> ***"Congratulations! This reading is that of a non-smoker; you are already benefitting from not smoking and you should be very proud of your achievement."***

- **If reading was 10 ppm or above.**

> ***"The monitor is showing a reading of over 10 parts per million which indicates that you are a smoker or exposed to carbon monoxide from some other source. It is what we would expect from you as you are still smoking. The normal range for a non-smoker is between 1 and 5 ppm and so you can see that your reading is X times higher than what we would expect from a non-smoker. The good news is that if you do not smoke at all you can get this down to the levels of a non-smoker."***

If the patient indicates they have not smoked, it is important to remain non-judgemental and ask the person if they may have been exposed to CO somewhere else (e.g. ask when their boiler was last checked?)

Our bodies produce small amounts of CO and it is also present in the atmosphere around us, so the reading will almost never be zero. It will also fluctuate slightly depending upon what air you have been exposed to. A reading of below 10ppm is considered to be that of a non-smoker.

Readings above 10ppm are not normally caused by being in the company of smokers; this can increase exposure to CO but does not normally push the reading above 10ppm. For patients who report that they are not smoking it may be worth double-checking and examining what other sources of CO may be affecting their reading.

13 Explain the importance of abrupt cessation and the 'not-a-puff' rule and prompt a commitment from the patient

Explain that cutting down gradually, unless done with NRT, varenicline or a nicotine vape as part of a planned programme, is not an effective approach to stopping smoking.

Explain that stopping smoking with your help involves a rule of not smoking a single puff: this rule reduces ambiguity about what they are about to achieve (stopping smoking completely).

Research indicates that between 75% and 95% of quitters who have a single cigarette resume regular smoking. One study found that 94% of 'lapsers' had a second cigarette and that half of these did so within 24 hours.

Even a single puff on a cigarette reminds the patient's mind and body what they are missing by not smoking. Withdrawal symptoms are not going to ease if the patient smokes, however little.

Explain compensatory smoking.

> ***"The problem with trying to stop by cutting down gradually is that it can end up being so gradual that the smoker never actually stops. Additionally, it has been found that smokers may smoke the remaining cigarettes more intensely. The only real way of stopping smoking is to stop abruptly. This allows your body to begin to adjust to not smoking and you to adjust to life without cigarettes."***

It is important that the patient hears themselves commit to not smoking. Declarations such as this contribute to the building of rapport and leave no room for misunderstanding as to what the aim of the quit attempt is.

Ask the patient to tell you that they will commit not to have a cigarette, not even one puff.

> ***"Having explained the 'not-a-puff' rule to you I would really like to hear you say that your aim is not to smoke at all, not even a single puff on a cigarette. Can you do that for me?"***

14 Schedule next appointment and provide a summary

Agree future consultation dates with the patient that overlap with the length of their tobacco dependence aid supply so that they do not run out on the day of their appointment.

The SCS requires patient consultations to occur no more than two weeks apart.

Weekly contact is recommended in the first four weeks of quitting where risk of relapse is highest.

A summary of what has been discussed in this session allows the patient to review the plans, crystallises these plans in the patient's mind and helps to build rapport. It should include the following:

- Summarise the reasons why the patient wants to stop smoking, what support is available to them and what barriers they may face.
- Confirm plans to get rid of all remaining cigarettes, plus lighters and ashtrays. Consider asking patient to state what they will do with any remaining cigarettes.
- Confirm the need for an arrangement with smoking friends, colleagues and family to reduce the patient's exposure to smoking and to the availability of cigarettes.
- Remind the patient of the 'not-a-puff' rule and say that you expect to see them back next week having not smoked at all so that they can get a nice low reading on the CO monitor.
- If using NRT, remind them to use it regularly, as agreed upon.
- Advise that planning ahead for times when the patient will be tempted to smoke is likely to help.
- Describe where and from whom they are going to get support for their quit attempt in this coming week and what they are going to do in any of the high-risk situations that they have identified.
- Confirm how they are going to change their routine, including the need for an arrangement with smoking friends, colleagues and family to reduce their exposure to smoking and to cigarettes.
- Describe what they plan to do to deal with the urges to smoke that they will experience.

- **Check that this summary is correct.**
- Confirm the date of the next appointment and how to contact you if they have any questions or concerns. Let them know that it's important to you that they come to all their appointments no matter if they're struggling or not.

Ask if they have any questions.

> ***"Are there any questions that you have?"***

- Congratulate them on making this commitment to quitting; provide positive reinforcement about the importance of quitting (reference any personal reasons) and your belief in the patient's ability to quit (build self-confidence).
- Reinforce the importance of the SCS. Let the patient know that it's important that they come to all appointments whether they are struggling or doing well.
- Communicate that you will be there to support them along the way and confirm their next appointment. Let them know you understand this first week may be difficult and to take it day by day and to get in contact with you if they are struggling or have any questions (provide flexible options by phone, email or text if possible).

> ***"Quitting smoking is not easy, so be prepared for a bit of a rough ride. Remind yourself that the discomfort won't last forever and tell yourself that you will be able to do it. I'm confident that with the plan that we've discussed, proper use of medication and with support from me that you have every chance of success."***

Interim consultations

(Weeks 2–3)

Duration: 15–20 minutes

Clinical Checklist	Done
1 **Check on patient's progress**	☐
2 **Measure carbon monoxide (CO)**	☐
3 **Enquire about tobacco dependence aid use, assess need to modify tobacco dependence aid plan and ensure sufficient supply**	☐
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 experienced and methods of coping**	☐
6 **Address any potential high-risk situations in the coming week**	☐
7 **Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient**	☐
8 **Schedule next appointment and dispense tobacco dependence aid**	☐
9 **Provide a summary**	☐

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	☐	Communicate with prescribers as needed	☐

1 Check on patient's progress

Welcome the patient back and be genuinely excited to find out how they have got on.

Ask about smoking status and discuss the response. To get an accurate response it is often useful to clarify the patient'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:

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

"How would you describe your smoking?"

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

If patient has remained abstinent

- Congratulate and praise the patient.
- Reinforce the 'not-a-puff' rule by advising that most people who relapse go back to smoking in the first few days of their quit attempt and that managing not to smoke at all makes their chances of becoming a permanent ex-smoker much higher.

If patient has had a slip(s)

- You can acknowledge the effort made but you need to reinforce the rationale of complete abstinence as having the occasional cigarette reduces the likelihood of quitting.
- Advise the patient that each cigarette puts their Quit Date back and having the occasional cigarette means that the withdrawal symptoms and urges to smoke will not start to reduce.
- Advise them that they will find it easier if they stop smoking altogether.
- Discuss when and why slips are occurring and what can be learned from these.
- Advise on use of tobacco dependence aids and other strategies to address the patient's reason for smoking (i.e. avoiding situations where they may be tempted to smoke, modifying routines, dealing with urges to smoke, addressing boredom and stress).
- Be positive about the patient's ability to get on track.

If patient has cut down but not quit

- Ask the patient what made them decide to cut down and what changed their plan from quitting completely. This will give you insight into any difficulties the patient may be having with quitting.
- Acknowledge that you understand why they might think it is a good idea to cut down rather than stop abruptly, but explain why it doesn't work.
- Advise that it may be possible to put this past week down to experience and to learn from what went wrong but that, realistically, this is their last chance to get it right this time round. Let them know that they need to commit to not having one puff of a cigarette for the next week.
- If the patient is smoking daily suggest setting a new Quit Date and start a new treatment episode. You need to reinforce the rationale for complete abstinence and 'not-a-puff'.

If patient has relapsed to regular smoking

- Enquire as to the reasons why they returned to smoking and situations which led to it.
- Explain relapse in this early period is normal, that all is not lost and they can get back on track.
- Remind the patient of the reason why they had identified wanting to quit. Provide positive reinforcement and build the patient's confidence in their ability to get back on track.
- Establish whether they still want to stop smoking.
- If they remain motivated to quit smoking set a new Quit Date (see Section 3 of Initial consultation).
- If they are ambivalent, encourage them to keep at it and to continue with appointments and tobacco dependence aid use.
- If the patient declines all options, make sure that they are provided with the local stop smoking service's contact details and ask them to get in touch with the service when they are ready to make a quit attempt.

2 Measure carbon monoxide (CO)

Explain that CO readings are carried out to show the patient objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

Conduct the CO reading as described in the Initial consultation on page 39.

After the test:

- If reading wasn't completed adequately (i.e. patient did not hold their breath for the required time or did not place their lips around the tube properly) then politely advise the patient that the test needs to be repeated. Allow them a couple of minutes to get their breath back before repeating the test.
- **If reading was below 10 parts per million (ppm):**

> ***"Congratulations! This reading is that of a non-smoker; you are already benefitting from not smoking and you should be very proud of your achievement."***

- **If reading was 10ppm or above:**

> ***"The monitor is showing a reading of over 10 parts per million which is the level above which people are classed as smoking. If you haven't been smoking there are a number of other possible reasons for this: that you have been exposed to carbon monoxide fumes from a faulty gas boiler, car exhaust or from paint stripper (it might be worth you checking these things out as exposure to carbon monoxide is dangerous) or that you are lactose intolerant (most people know if they are) and the high reading is a consequence of you consuming dairy products which can produce gases in your breath."***

Our bodies produce small amounts of carbon monoxide and so the reading will probably not be zero; it will also fluctuate slightly depending upon what air they have been exposed to. A reading of below 10ppm is considered to be that of a non-smoker.

CO readings above 10ppm are not normally caused by being in the company of smokers; this can cause increased exposure to CO but it does not normally push the reading above 10.

Occasionally, patients may self-report that they are not smoking but, on testing, exhibit an abnormally high expired CO reading. They should be given advice about other possible sources of CO exposure and about CO poisoning. They can be advised to call the free Health and Safety Executive (HSE) gas safety advice line on 0800 300 363.

3 Enquire about tobacco dependence aid use, assess need to modify tobacco dependence aid plan and ensure sufficient supply

- Review how the patient is using their tobacco dependence aid and stress its importance.
- Confirm frequency of use and correct usage.
- Enquire about any side effects and provide advice as needed.
- Ensure the patient has an adequate supply of their tobacco dependence aid.
- Reinforce the importance of combination therapy and using the full course of therapy (at least 12 weeks).

If the patient is using NRT:

- Discuss reasons for any infrequent or reduced dose use of NRT and address as needed to assist with compliance.
- Assess the need to increase NRT dose, increase frequency of use and/or change NRT product or switch to a different tobacco dependence aid.
- Advise that it is not recommended that NRT be down titrated or discontinued in this early period after stopping smoking.

4 Discuss any withdrawal symptoms and urges to smoke that the patient has experienced and how they dealt with them

"How difficult has it been not to smoke over the past week? Have you experienced any withdrawal symptoms?"

Respond appropriately, reminding the patient that it is usually toughest in the first few days of a quit attempt but that it will get better over time as long as they do not smoke at all, not even one puff.

For patients not completely abstinent, stress that the withdrawal symptoms will continue unless they stop smoking completely.

Ensure that you help the patient distinguish between genuine withdrawal symptoms, tobacco dependence aid side effects and 'coincidental' symptoms.

Remind the patient that proper use of their tobacco dependence aid will help with withdrawal symptoms but will probably not get rid of them completely.

"Have there been any times in the last week when you have felt really strong urges to smoke? What have you done to manage to resist these so successfully?"

Respond with reflective listening to boost self-confidence.

"You should expect it to be tough in these first few weeks as you experience some or all of the withdrawal symptoms. Using your tobacco dependence aidproperly is the best way of reducing the withdrawal symptoms and making it a little easier for yourself."

5 Discuss any difficult situations experienced and methods of coping

Ask the patient whether there have been any times in the past week, perhaps those identified by them, that have caused them to feel at risk of going back to smoking.

Review with the patient how they dealt with these situations and discuss whether new or modified methods of coping are required.

"Have there been any times in the past week when you have felt at risk of smoking?"

If patient is abstinent and high-risk situations have been dealt with well

- Praise the strategies used and advise the patient that they are doing really well.
- Remind the patient that it is still early days and that they should continue to 'expect the unexpected'.

If patient has had a few slips or high-risk situations have proved difficult

- Ask the patient where they got the cigarettes or tobacco from and review what the high-risk situations were.
- Revisit patient motivation and self-confidence and check they are committed to quitting.
- You can let them know that many other people have been in similar situations and have managed to turn it around and that you can help them look at what they can do over the next few days to make sure that they do not smoke.

"You are probably going to have times over the next couple of weeks when you are desperately going to want to smoke; small changes in your routine may help you to cope with 'smoking situations' and to establish a new pattern of living without cigarettes."

6 Address any potential high-risk situations in the coming week

Attempt to get the patient to come up with possible strategies for dealing with any identified high-risk situations. Reinforce the importance of using their tobacco dependence aid properly and of reminding themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges strike.

7 Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient

Reinforce the 'not-a-puff' rule and remind the patient that having a cigarette will only act to remind their mind and body about smoking.

Ask the patient to tell you that they will commit not to have a cigarette, not even one puff, during the coming week.

"I would really like to hear you say that your aim is not to smoke at all this week, not even one puff on a cigarette. Please can you do that for me now?"

8 Schedule next appointment and dispense tobacco dependence aid

Agree on date of next consultation.

- Patients should be seen at least every 2 weeks.
- Weekly contact is recommended in the first 4 weeks after quitting when possible and in particular for patients at risk of relapse.
- Formal reviews must be held at four and twelve weeks post-quit; the agreed interim appointment cycle should coincide with these formal review dates.

Dispense tobacco dependence aid

- Ensure the patient does not run out of their tobacco dependence aid before the next visit.
- If dispensing NRT, no more than a 2-week supply should be provided.

Provide information about 4-week review

- It can be useful to inform patients that in order to be eligible for ongoing support (follow-up appointments and tobacco dependence aids) they will need to be smokefree at the four week post-quit review and onward.
- Sharing this information can be useful in ensuring the patient was adequately informed and for some patients this may serve as additional motivation.

9 Provide a summary

"Are there any questions that you have about getting through the next week without smoking? How are you feeling?"

Respond appropriately.

Summarise the patient's plans and ask them to:

- Confirm how they are going to use their tobacco dependence aid and that they have sufficient supply until their next appointment.
- Describe what they plan to do to deal with the urges to smoke that they will experience.
- Describe where and from whom they are going to get support for their quit attempt in this coming week and what they are going to do in any of the high-risk situations that they have identified.
- Remind the patient of the 'not-a-puff' rule and say that you expect to see them back next week having not smoked at all so that they can get a nice low reading on the CO monitor.
- Confirm the date of your next appointment and how to reach you if any questions or concerns arise between now and the next appointment. Let the patient know that it's important that they come to all appointments no matter if they are struggling or not.
- Remind the patient of their goal, how well they are doing, and that they have your support.

"At first the cravings can feel overwhelming, especially if they take you by surprise. In the first few days and weeks these cravings can be very strong and can occur a lot – but cravings do pass and can be controlled. As long as you do not smoke after your Quit Date then over the next few weeks they will get less strong and less frequent and you will get better at dealing with them."

4-week post-quit review

(4 weeks following Quit Date)

Duration: 15–20 minutes

Clinical Checklist		Done
1	Check on patient's progress	☐
2	Measure carbon monoxide (CO)	☐
3	Assess tobacco dependence aid use and advise on continued use	☐
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 experienced and methods of coping and address any potential high-risk situations in the next 1–2 weeks	☐
6	Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient	☐
7	Schedule next appointment and dispense tobacco dependence aid	☐
8	Provide a summary	☐

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/prescriber as needed	☐
Communicate to NHS trust	☐	Make referrals as needed	☐

1 Check on patient's progress

Welcome the patient back and be genuinely excited to find out how they have got on. Ask about smoking status and discuss the response.

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

or ***"How would you describe your smoking since our last appointment?"***

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

If the patient is abstinent

- Congratulate the patient and give praise.
- Reinforce the ongoing need for the 'not-a-puff' rule.

If the patient has had occasional slip(s)

- You can acknowledge the effort made but you need to reinforce the rationale of complete abstinence as having the occasional cigarette reduces the likelihood of quitting.
- Advise the patient that each cigarette puts their Quit Date back and having the occasional cigarette means that the withdrawal symptoms and urges to smoke will not start to reduce.
- Advise them that they will find it easier if they stop smoking altogether.
- Discuss when and why slips are occurring and what can be learned from these.
- Advise on use of tobacco dependence aids and other strategies to address the patient's reason for smoking (i.e. avoiding situations where they may be tempted to smoke, modifying routines, dealing with urges to smoke, addressing boredom and stress).
- Be positive about the patient's ability to get on track.

If the patient has not managed to stop smoking

- Acknowledge that this quit attempt has not worked for them but let them know that it is normal for it to take a number of quit attempts before quitting for good.
- Encourage them to think about what didn't work this time and to build their motivation for another try in the future.
- Inform them that the SCS can only provide follow-up support and tobacco dependence aids to patients who are abstinent beyond 4 weeks.
- Provide the patient with information on local stop smoking support should they want to set a new Quit Date now or in the future.
- Spend a few minutes discussing what they have learned from their recent experience and reinforce how the local stop smoking service will be able to help now or when they are ready.

If the patient is abstinent:

> ***"How are you feeling now having gone four weeks without smoking?"***
>
> ***"How are you feeling now having gone X weeks without smoking?"***

Listen actively to what the patient is telling you and respond appropriately in a manner that boosts their motivation and confidence. Try to help them come up with their own solutions to concerns and barriers.

2 Measure carbon monoxide (CO)

Remind the patient that CO tests are carried out to show them objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

After the test:

- **If reading was below 10 parts per million (ppm):**

> ***"Congratulations, your carbon monoxide levels are down to that of a non-smoker and will remain that way as long as you stick to smoking 'not-a-puff' on a cigarette. Not just your lungs, but your general health will continue to improve as long as you remain a non-smoker."***

- **If reading was above 10ppm:**
  - Remind the patient of the need to smoke 'not-a-puff' if they want to become an ex-smoker and want their health to improve.
  - Inform the patient that if they are smoking regularly that they are not eligible to continue with the pharmacy stop smoking service. If the patient who would like to set a new Quit Date, now or in the future, they should be referred to a locally available stop smoking service.
  - Stay positive and encourage the patient to learn lessons from this attempt and that specialist support will be useful.
  - If the patient indicates they have not been smoking, repeat the test again, verify that the CO monitor is calibrated and identify other possible explanations for the high reading.

3 Assess tobacco dependence aid and advise on continued use

- Review how the patient is using their tobacco dependence aid and stress its importance. Confirm frequency of use and correct usage.
- Enquire about any side effects and provide advice as needed.
- Address any concerns and stress the importance of using the full treatment course (at least 8–12 weeks).

"It is common for tobacco dependence aid use to tail off as the quit attempt progresses, has this been the case with you?"

"Many people who use tobacco dependence aids to help them stop smoking do not use enough of them for long enough. They often think that after a few weeks of not smoking that things are going well, and that there is no need for them to keep on taking their tobacco dependence aid. This is risky, because it is likely that the reason things have gone so well is because the medicines were helping! Do not be tempted to reduce or stop your tobacco dependence aid use before it is time"

4 Discuss any withdrawal symptoms and urges to smoke that the patient has experienced and how they dealt with them

"Most of the withdrawal symptoms will be much less severe, or even have disappeared, over the next week or so. Increased appetite and urges to smoke will probably continue but will become less frequent as time goes by."

Assess any ongoing withdrawal symptoms and provide advice as required.

Remind the patient that continued abstinence ('not-a-puff' on a cigarette) will result in the withdrawal symptoms disappearing completely and more quickly.

Assess urges to smoke and how they have been dealing with these.

"How have you found dealing with urges to smoke this past week? Are things getting any easier?"

Respond appropriately.

Advise the patient that strong urges to smoke can occur many weeks, months or even years into the future and that they should expect this to happen occasionally. They should try not to be caught out by these urges and should have a plan in place to deal with them.

"You might already have noticed that although the urges to smoke can remain quite strong, they do become less frequent the longer you go without smoking. You have managed to deal successfully with the urges to smoke so far and these strategies can be used again in the future when the urge to smoke strikes."

5 Discuss any difficult situations experienced and methods of coping and address any potential high-risk situations in the next 1–2 weeks

Ask the patient whether there have been any times in the past week that have caused them to feel at risk of going back to smoking.

> ***"Have there been any times in the past week when you have felt at risk of smoking?"***

Review with the patient how they dealt with these situations and discuss whether new or modified methods of coping are required.

> ***"You have managed to cope with a lot during the past four weeks, but there are a number of common situations which are high-risk for ex-smokers, some of which you might not have encountered."***

Discuss continued risks, for example:

- being in the company of smokers
- drinking alcohol
- after arguing with partners or family
- when the pressure is high at work

Also mention:

- Christmas
- bereavement
- holidays (especially ones abroad where smoking is more common and cigarettes cheaper)

> ***"How are you feeling about your ability to cope in the coming weeks?"***
>
> ***"Are there any things that might come up in the next couple of weeks that you are concerned about or may challenge you?"***

Respond appropriately with reflective listening.

Emphasise the strategies that have worked well for the patient and encourage confidence in approaching the coming week.

> ***"Are there any questions that you have about getting through the next few weeks without smoking?"***

> ***"Do you feel any different now that you are not smoking? Do you see yourself any differently?"***

Respond appropriately and attempt to get the patient to come up with possible strategies for dealing with any identified situations. Reinforce the importance of continued tobacco dependence aid use and of reminding themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges to smoke occur.

If the patient is using NRT:

> ***"You might like to consider always keeping a small supply of NRT with you (like the gum, lozenge, microtab or inhalator) and commit to using this if ever you feel likely to have a cigarette. How do you feel about that?"***

And/or

> ***"You might like to consider writing down the reasons why you wanted to stop in the first place, keeping this with you at all times and commit to reading this if you ever feel likely to have a cigarette. How do you feel about that?"***

And/or

> ***"You might like to consider always carrying this card with the NHS Smoking Helpline number on it and commit to calling this number if you ever feel likely to have a cigarette. How do you feel about that?"***

Respond appropriately and discuss long-term plans.

6 Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient

Reinforce the 'not-a-puff' rule and warn the patient that having a cigarette will only act to remind their mind and body about smoking.

Ask the patient to tell you that they will commit to not have a cigarette, not even one puff, in the future.

> ***"I would really like to hear you say that your aim is not to smoke at all, not even one puff on a cigarette. In fact, why don't you promise me now that no matter how tempted you are to smoke in the future you will use some NRT (if using) / remember your reasons for quitting / call us here at the pharmacy or the NHS Smokefree Helpline first? How do you feel about that? Please can you do that for me now?"***

7 Schedule next appointment and dispense tobacco dependence aid

- Patients who are abstinent should continue to be seen weekly or every two weeks.
- Give a one- or two-week supply to coincide with the next appointment.
- Ensure the patient knows they can get in contact with you as needed.
- Link the patient to other forms of support that might be beneficial (e.g. mental health services, addiction services, dietary, stress management).

8 Provide a summary

"Are there any questions that you have about getting through the next few weeks without smoking? How are you feeling?"

Respond appropriately.

Summarise the patient's plans and ask them to:

- Confirm how they are going to use their tobacco dependence aid and that they have sufficient supply until their next appointment.
- Describe what they plan to do to deal with the urges to smoke that they will experience.
- Describe what they are going to do in any of the high-risk situations that might occur in the future.
- Remind the patient of the 'not-a-puff' rule and that it will continue to get easier over time.
- Say that you fully expect them to be determined not to smoke again.
- Confirm the date of your next appointment and how to reach you if any questions or concerns arise between now and the next appointment. Let the patient know that it's important that they come to all appointments no matter if they are struggling or not.
- Remind the patient of their goal, how well they are doing, and that they have your support.

"Often when people have quit smoking for a number of months there is the expectation that they should be completely free from the desire to smoke. Although this is sometimes the case, many people still find that there are times where they miss smoking or find themselves in a situation where they are tempted to smoke because they truly believe that smoking will help them to cope or feel better. This is understandable when you think about how long some people have been smoking for, but having a cigarette at these times nearly always results in a return to smoking and huge disappointment.

It is always worth remembering (especially if you are tempted to have that fatal 'just one smoke') that you were once a smoker, and what you had to go through to stop. You don't want to have to go through this again, and now is the time to look forward to the rest of your life as a non-smoker."

Interim consultations

(Weeks 5–11)

Duration: 10–15 minutes

Clinical Checklist	Done
1 **Check on patient's progress**	☐
2 **Measure carbon monoxide (CO)**	☐
3 **Discuss any withdrawal symptoms and urges to smoke that the patient has experienced and how they dealt with them**	☐
4 **Assess tobacco dependence aid use and advise on continued 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 dispense tobacco dependence aid**	☐
9 **Provide a summary**	☐

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	☐	Signpost to other services as needed	☐

1 Check on patient's progress

Welcome the patient back and be genuinely excited to find out how they have got on.

Ask about smoking status and discuss the response.

"How have things gone since we last saw each other, have you been able to go without smoking?"

or *"How would you describe your smoking since we last met?"*

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

If the patient is abstinent

- Congratulate the patient and give praise.
- Reinforce the ongoing need for the 'not-a-puff' rule.

If the patient has had a slip(s)

- You can acknowledge the effort made, especially for more dependent smokers. Reassuring them that this is not uncommon, and the key is to consider what led up to the slips and put a plan in place. However, also reinforce the rationale of complete abstinence as having the occasional cigarette reduces the likelihood of quitting.
- It can be helpful to establish when they lapsed and why. Have the patient reflect on smoking triggers and strategies to address these.
- If using NRT, advise the patient about the importance of regular use of it throughout the day and, importantly, to use the NRT when they are dealing with smoking triggers or have the urge to smoke.

If the patient has relapsed to regular smoking

- Acknowledge that this quit attempt has not worked for them but let them know that it is normal for it to take a number of quit attempts before quitting for good.
- Encourage them to think about what didn't work this time and to build their motivation for another try in the future.
- Inform them that the SCS can only provide follow-up support and tobacco dependence aids to patients who are abstinent beyond 4 weeks.
- Provide the patient with information on local stop smoking support or the National Smokefree Helpline should they want to set a new Quit Date now or in the future.
- Spend a few minutes discussing what they have learned from their recent experience and reinforce how the local stop smoking service will be able to help now or when they are ready.

2 Measure carbon monoxide (CO)

Remind patient that CO tests are carried out to show the patient objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

After the test:

- **If reading was below 10 parts per million (ppm):**

> ***"Congratulations, your carbon monoxide levels are down to that of a non-smoker and will remain that way as long as you stick to smoking 'not-a-puff' on a cigarette. Not just your lungs, but your general health will continue to improve as long as you remain a non-smoker."***

- **If reading was above 10 ppm:**
  - Remind the patient of the need to not smoke 'not-a-puff' if they want to become an ex-smoker and want their health to improve.
  - Inform the patient that if they are smoking regularly at this time that they are not eligible to continue with the pharmacy stop smoking service. Patients who would like to set a new Quit Date, now or in the future, should be referred to a locally available stop smoking service.
  - Stay positive and encourage the patient to learn from this quit attempt.
  - If the patient indicates they have not been smoking, repeat the test again, verify the CO monitor is calibrated and identify other possible explanations for the high reading.

3 Discuss any withdrawal symptoms and urges to smoke that the patient has experienced and how they dealt with them

"Most of the withdrawal symptoms should be much less severe, or may have disappeared, over the next week or so. Increased appetite and urges to smoke will probably continue but will become less frequent as time goes by."

"How have you found dealing with urges to smoke this past week? Are things getting any easier?"

Respond appropriately.

Advise the patient that strong urges to smoke can occur many weeks, months or even years into the future and that they should expect this to happen occasionally. They should try not to be caught out by these urges and should have a plan in place to deal with them.

"You might already have noticed that although the urges to smoke can remain quite strong, they do become less frequent the longer you go without smoking at all. You have managed to deal successfully with the urges to smoke so far and these strategies can be used again in the future when the urge to smoke strikes."

Smoking cessation in and of itself can result in the emergence of depressive symptoms in those who may be predisposed. In follow-up, the monitoring of smoking cessation progress should always include incidental monitoring for the emergence of such depressive symptoms.

"Have your family / friends noticed any changes to your mood since quitting?"

4 Assess tobacco dependence aid and advise on continued use

- Ask about current tobacco dependence aid use. Reinforce correct usage as required.
- Enquire about any concerns or side effects and provide advice as needed.

If the patient is using NRT:

- Discuss the appropriateness of reducing NRT patch dose if the patient reports low risk of relapse between weeks 6–12. Dose should be maintained if either the patient or you think that they are at risk of relapse.
- Discuss and provide advice on reducing frequency of faster-acting NRT product use as appropriate between weeks 6–12. Frequency should be maintained if the patient does not feel confident about maintaining abstinence. The same guidance should be provided for those patients using vapes.
- Stress the importance of using NRT for the full treatment course of at least 8–12 weeks. As appropriate, inform the patient that some people may use NRT beyond 12 weeks to prevent relapse and that this is safe practice.

"Many people who use tobacco dependence aids to help them stop smoking do not use them for long enough. They often think that after a few weeks of not smoking that things are going well, and that there is no need for them to keep on taking their tobacco dependence aid. This is risky, because it is likely that the reason things have gone so well is because the medicines were helping! Do not be tempted to reduce or stop your tobacco dependence aid use before it is time"

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

Ask the patient whether there have been any times in the past week that have caused them to feel at risk of going back to smoking.

Review with the patient how they dealt with these situations and discuss whether new or modified methods of coping are required.

> ***"You have managed to cope with a lot during the past weeks, but there are a number of common situations which are high-risk for ex-smokers, some of which you might not have encountered."***

Discuss continued risks, for example:

- being in the company of smokers
- drinking alcohol
- after arguing with partners or family
- when the pressure is high at work

Also mention:

- Christmas
- bereavement
- holidays (especially ones abroad where smoking is more common and cigarettes cheaper)

Coping with stress

One of the most common reasons patients report for returning to smoking after the first 4 weeks of quitting, is to cope with stress. However, we know that once people stop smoking, they are actually less stressed overall than when they smoked. Despite this, for many patients stressful events can be a significant trigger for smoking. Encourage the patient to try thinking ***"what would a non-smoker do?"*** the next time they are in a stressful situation. Have them plan ahead on what they can do rather than reach for a cigarette (e.g. long deep breaths through their nose, going for a walk, phoning a friend).

- Ask patient about any high risk situations in the next 1–2 weeks.

> ***"Are there any things that might come up in the next couple of weeks that have you are concerned about or may challenge you?"***

- Attempt to get the patient to come up with possible strategies for dealing with any identified situations. Emphasise the importance of planning ahead.
- Emphasise the strategies that have worked well for the patient and encourage confidence in approaching the coming week.
- Reinforce the importance of continued tobacco dependence aid use and of reminding themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges strike.
- If the patient is struggling, offer examples. Ask permission to offer suggestions of what other patients have done when in similar situations.
- Identify the patient's support system and discuss who may be able to help if the patient is tempted to smoke. Is there a friend, colleague or family member who could help them through the craving?

Risk of relapse can be assessed through the initial conversation with the patient or by using the question:

> ***"How are you feeling about your ability to cope in the coming weeks?"***
>
> Or
>
> ***"On a scale of 1–10, how confident are you that you will be able to not smoke until our next visit?"***

Note: A lower number on this scale might suggest a higher likelihood of relapse and certainly indicates that you will need to boost their motivation and make sure that they use medication properly and have strategies in place for high-risk situations. Overconfidence is not that common but a high number on this scale might mean it is worth checking that the patient has a realistic expectation of what they might face in terms of withdrawals symptoms and urges to smoke.

Respond appropriately with reflective listening.

For patients who are at a moderate or high risk of relapse, attempt to learn more about their concerns and what might be contributing to lower levels of confidence.

> ***"Ok, it sounds like your confidence in your ability to stay smokefree is not high; can you tell me more about why you are feeling that way?"***
>
> Or
>
> ***"Why are you a 3 and not a 1?"***

Listen actively to what the patient is telling you and respond appropriately in a manner that boosts their motivation and confidence.

6 Support patient with reflecting on progress, celebrating success, and planning rewards

Support the patient with reflecting on their progress to date. Encourage them to reflect on their personal motivation for quitting, improvements in their health and quality of life they may have noticed, the amount of money they have saved, etc.

If the patient is abstinent:

> ***"How are you feeling now having gone X weeks without smoking?"***

Provide positive reinforcement around benefits the patient has identified and support them with developing their ex-smoker identity. Probe as needed to assist with identifying positive benefits as required.

Some patients may benefit from reflecting on money saved as a result of not smoking. You can support them with doing some quick calculations based on the amount they used to smoke.

> ***"Do you feel any different now that you are not smoking? Do you see yourself any differently?"***

Respond appropriately, reflecting back issues that the patient mentions.

Support the patient with planning small (or larger) rewards.

7 Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient

Reinforce the 'not-a-puff' rule and warn the patient that having a cigarette will only act to remind their mind and body about smoking.

Ask the patient to tell you that they will commit to not have a cigarette, not even one puff, in the future.

> ***"I would really like to hear you say that your aim is not to smoke at all, not even one puff on a cigarette. In fact, why don't you promise me now that no matter how tempted you are to smoke in the future you will use some NRT (if using) / remember your reasons for quitting / call us here at the pharmacy or call the NHS Smokefree Helpline first? How do you feel about that? Please can you do that for me now?"***

8 Schedule next appointment and dispense tobacco dependence aid

- Schedule the next appointment for patients who are abstinent. Patients should continue to be seen at least every 2 weeks. Some patients will benefit from weekly contact.
- Give a one- or two-week supply to coincide with the next appointment.
- Link the patient to other forms of support that might be beneficial (e.g. mental health services, addiction services, dietary, stress management).

9 Provide a summary

"Are there any questions that you have about getting through the next few weeks without smoking? How are you feeling?"

Respond appropriately.

Summarise the patient's plans and ask them to:

- Confirm how they are going to continue to use their Ntobacco dependence aid and that they know how to get further supplies.
- Describe what they plan to do to deal with the urges to smoke that they will experience.
- Describe what they are going to do in any of the high-risk situations that might occur in the future.
- Remind the patient of the 'not-a-puff' rule and that it will continue to get easier over time.
- Confirm the date of your next appointment and how to reach you if any questions or concerns arise between now and the next appointment. Let the patient know that it's important that they come to all appointments no matter if they are struggling or not.
- Remind the patient of their goal, how well they are doing, and that they have your support.
- Say that you fully expect them to be determined not to smoke again.

12-week post-quit review

(12 weeks following Quit Date)

Duration: 10–15 minutes

Clinical Checklist		Done
1	Check on patient's progress	☐
2	Measure carbon monoxide (CO)	☐
3	Discuss urges to smoke that the patient has experienced	☐
4	Assess tobacco dependence aid use and advise on continued use	☐
5	Discuss any difficult situations experienced and methods of coping	☐
6	Assess risk of relapse and address any potential high-risk situations in the future	☐
7	Discuss plan for ongoing support	☐
8	Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient	☐
9	Provide a summary	☐

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	☐	Notify patient's GP	☐
Communicate to NHS trust	☐	Notify other prescribers as needed	☐

1 Check on patient's progress

Welcome the patient back and be genuinely excited to find out how they have got on. Ask about smoking status and discuss the response.

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

If the patient is abstinent

- Congratulate the patient and give praise.
- Reinforce the ongoing need for the 'not-a-puff' rule.

If the patient has not managed to stop smoking

- Acknowledge that this quit attempt has not worked for them but let them know that it is normal for it to take a number of quit attempts before quitting for good.
- Encourage them to think about what didn't work this time and to build their motivation for another try in the future.
- Inform them that the SCS can only provide follow-up support and tobacco dependence aids to patients who are abstinent beyond 4 weeks.
- Provide the patient with information on local stop smoking support or the National Smokefree Helpline should they want to set a new Quit Date now or in the future.

If the patient is abstinent:

"How do you feel about getting to this point?"

Listen actively to what the patient is telling you and respond appropriately in a manner that boosts their motivation and confidence. Try to help them come up with their own solutions to concerns and barriers.

2 Measure carbon monoxide (CO)

Remind the patient that CO tests are carried out to show the patient objective proof of improved health after they have stopped smoking completely, and to check whether they really have stopped smoking.

After the test:

- **If reading was below 10 parts per million (ppm):**

> ***"Congratulations, your carbon monoxide levels are down to that of a non-smoker and will remain that way as long as you stick to smoking 'not-a-puff' on a cigarette. Not just your lungs, but your general health will continue to improve as long as you remain a non-smoker."***

- **If reading was above 10 ppm:**
  - Remind the patient of the need to not smoke 'not-a-puff' if they want to become an ex-smoker and want their health to improve.

3 Discuss urges to smoke that the patient has experienced

> ***"How have you found dealing with urges to smoke this past week(s)? Are things getting any easier?"***

Respond appropriately.

Advise the patient that strong urges to smoke can occur many weeks, months or even years into the future and that they should expect this to happen occasionally. They should try not to be caught out by these urges and should have a plan in place to deal with them.

Remind the patient that continued abstinence ('not-a-puff' on a cigarette) and its importance in addressing ongoing cravings.

Advise on use of tobacco dependence aids to manage ongoing urges to smoke.

It can be useful if time permits to learn more about the nature of ongoing urges to smoke (where, when, with whom) and support patients with identifying what might be in their control to change and/or strategies they can employ that might assist.

4 Assess tobacco dependence aid use and advise on continued use

- Ask about current tobacco dependence aid use. Reinforce correct usage as required.

If the patient is using NRT:

- Assess the need to advise on continued use of combination therapy or faster-acting NRT product. Some patients will benefit from extended use (beyond 8–10 weeks) of NRT. This is safe practice and the patient should be advised to use as much as needed for as long as needed to prevent relapse. By 12 weeks this is often the continued use of a faster-acting NRT product. Extended use can be particularly appropriate for patients who are having slips and/or are at high risk of relapse.
- Advise the patient on how to obtain additional NRT supply (as the NRT supplied via the SCS is only available for a total of 12 weeks from their Quit Date).
- Advise the patient on the value of having a supply of NRT with them.

> ***"You might like to consider always keeping a small supply of NRT with you (like the gum, lozenge, microtab or inhalator) and commit to using this if ever you feel likely to have a cigarette. How do you feel about that?"***

5 Discuss any difficult situations experienced and methods of coping

Ask the patient whether there have been any times in the past week that have caused them to feel at risk of going back to smoking.

Review with the patient how they dealt with these situations and discuss whether new or modified methods of coping are required.

6 Assess risk of relapse and address any potential high-risk situations in the future

Discuss continued risks and assess risk of relapse.

> ***"How are you feeling about your ability to cope in the coming weeks?"***

Respond appropriately, reflecting back issues that the patient mentions.

Emphasise the strategies that have worked well for the patient and encourage confidence in approaching the coming week.

Attempt to get the patient to come up with possible strategies for dealing with any identified situations. Reinforce the importance of continued stop smoking medication use and of reminding themselves about their reasons for quitting and how these can be used during high-risk situations or when strong urges strike.

> ***"You might like to consider writing down the reasons why you wanted to stop in the first place, keeping this with you at all times and commit to reading this if you ever feel likely to have a cigarette. How do you feel about that?"***

Respond appropriately and discuss long-term plans.

Or

> ***"You might like to consider always carrying this card with the NHS Smokefree National Helpline number on it and commit to calling this number if you ever feel likely to have a cigarette. How do you feel about that?"***

Respond appropriately and discuss long-term plans.

7 Discuss plan for ongoing support

- Assess the patient's need for ongoing follow-up support.
- Assist the patient with identifying who in their lives might offer support.
- Provide information on other sources of support, in particular if questions arise or they are at risk of relapse. This should include the contact information for the local stop smoking service and/or the **NHS Smokefree National Helpline – 0300 123 1044.**
- Invite the patient to return to the pharmacy at 16 weeks for CO monitoring. This is an optional follow-up consultation offered as part of the SCS where CO monitoring and brief support and positive reinforcement is provided.

8 Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient

Reinforce the 'not-a-puff' rule and warn the patient that having a cigarette will only act to remind their mind and body about smoking.

Ask the patient to tell you that they will commit to not have a cigarette, not even one puff, in the future.

> ***"I would really like to hear you say that your aim is not to smoke at all, not even one puff on a cigarette. In fact, why don't you promise me now that no matter how tempted you are to smoke in the future you will use some NRT (if using) / remember your reasons for quitting / call the Smokefree National Helpline first? How do you feel about that? Please can you do that for me now?"***

9 Provide a summary

> ***"Are there any questions that you have for me?"***

Respond appropriately.

Summarise the patient's plans and ask them to:

- Confirm how they are going to continue to use their tobacco dependence aid and that they know how to get further supplies.
- Describe what they plan to do to deal with the urges to smoke that they will experience.
- Describe what they are going to do in any of the high-risk situations that might occur in the future.
- Describe where they will go for follow-up support.
- Remind the patient of the 'not-a-puff' rule and that it will continue to get easier over time.
- Congratulate them on their achievement and provide positive reinforcement.
- Say that you fully expect them to be determined not to smoke again.

Optional CO monitoring (Week 16)

Duration: 5 minutes

Clinical Checklist	Done
1 Check on patient's progress	☐
2 Measure carbon monoxide (CO)	☐
3 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	☐		

1 Check on patient's progress

Welcome the patient back and be genuinely excited to find out how they have got on.

Ask about smoking status and provide positive reinforcements, where possible linking back to the patient's initial reasons for quitting.

2 Measure carbon monoxide (CO)

Remind the patient that CO tests are carried out to show them objective proof of improved health after they have stopped smoking completely; and to test whether they have been exposed to tobacco smoke.

After the test:

- **If reading was below 10 parts per million (ppm):**
  Boost patient motivation and praise any success achieved.

> ***"Congratulations, your carbon monoxide levels are that of a non-smoker and will remain that way as long as you stick to not smoking even a single puff of a cigarette. Not just your lungs, but your general health, has already improved and will continue to improve as long as you remain a non-smoker."***

- **If reading was above 10 ppm:**
  - Remind the patient of the need to not smoke 'not-a-puff' if they want to become an ex-smoker and want their health to improve.

3 Confirm the importance of the 'not-a-puff' rule and prompt a commitment from the patient

Reinforce the 'not-a-puff' rule and warn the patient that having a cigarette will only act to remind their mind and body about smoking.

Acknowledge the work they have put in to the quit so far and the importance of the 'not-a-puff' rule to avoid any setbacks. Ask if they ever find themselves in a situation where they are tempted to smoke and provide brief support where time permits.

4 Ask about any questions they may have

Ask the patient if they have any questions for you. Time permitting, respond appropriately.

"Are there any questions that you have for me?"

Provide information on other sources of support, in particular if questions arise or they are at risk of relapse. This should include the contact information for the local stop smoking service and/or the **NHS Smokefree National Helpline – 0300 123 1044.**

5 Provide a summary

Summarise the patient's plans and:

- Remind the patient of the 'not-a-puff' rule and that this is the only way for them to become a permanent ex-smoker, for their health to continue to improve and for the urges to smoke to reduce.
- Describe where they will go for follow-up support, strategies for addressing triggers and high risk situations, and advise on what they should do if they feel that they are at risk of having a cigarette.

  Examples include:

  – Having a supply of NRT or nicotine vape on hand;

  – Reminding themselves of what they've been through and why they don't want to smoke;

  – Be cautious of situations involving alcohol as they often can be a trigger for smoking;

  – Planning ahead for when they might find themselves in situations where they might be tempted to smoke; and

  – Plan activities which can help with managing stress including regular exercise, hobbies or other activities they enjoy.
- Congratulate them on their achievement and provide positive reinforcement.

"You have done so well and overcome some really tricky times to get here having not smoked at all. Having quit for 16 weeks gives you a very good chance of never smoking again and I have every confidence in you!"

Resources

The resources listed here are in addition to the NCSCT Standard Treatment Programme for the NHS Community Pharmacy Smoking Cessation Service (SCS); resources are included for the purpose of improving the quality of the behavioural support programme delivered to patients making a quit attempt.

Patient resources

NHS National Smokefree Helpline: 0300 123 1044
The National Smokefree Helpline provide information and support with stopping smoking delivered by trained, expert advisers; all lines are open **Monday to Friday 9 am to 8 pm and Saturday and Sunday 11 am to 4 pm.**

Find your local Stop Smoking Service
Local Stop Smoking Services offer free stop smoking support from trained stop smoking practitioners along with stop smoking aids.
www.nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service

NHS Better Health website
The NHS Better Health website offers information and tips on quitting smoking, including information on accessing stop smoking support, daily email support, the free NHS Quit Smoking app and the online NHS Smokefree Quit Smoking Support Group.
www.nhs.uk/better-health/quit-smoking

NHS Community Pharmacy Smoking Cessation Service (SCS) Resources

Advanced Service Specification: NHS Community Pharmacy SCS
www.england.nhs.uk/publication/advanced-service-specification-nhs-community-pharmacy-smoking-cessation-service

NHSBSA SCS hub page
www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-smoking-cessation-service-referral-secondary-care-community-pharmacy

Community Pharmacy England SCS information page
https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service

National Institute for Health and Care Excellence (NICE) Guidance
NICE Guideline NG209: Tobacco: preventing uptake, promoting quitting and treating dependence:
www.nice.org.uk/guidance/ng209

NHS Specialist Pharmacy Service
This page summarises the actions that need to be undertaken when individuals taking certain medicines stop, start or restart smoking:
www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking

NCSCT Resources

NCSCT Clinical Enquiries Service

The NCSCT offers a Clinical Enquiries Service which supports clinical practice.

The enquiries team can be emailed clinical enquiries that are usually triaged and sent to a specialist clinical consultant: enquiries@ncsct.co.uk

Stop smoking aids quick reference sheet

This quick reference clinical tool has been written by experts in the field to support stop smoking practitioners with the task of helping clients to choose the best tobacco dependence aid for them.
www.ncsct.co.uk/publications/stop-smoking-medications-quick-reference

Combination NRT

First published in 2021, this NCSCT briefing on combination NRT summarises the latest research evidence and clinical good practice regarding the use of combination NRT:
https://www.ncsct.co.uk/publication_combination_nrt_briefing.php

Remote consultation guidance

The guidance includes advice on delivering behavioural support via telephone and video conferencing, plus mailing of NRT to clients:
www.ncsct.co.uk/publication_remote_consultations.php

NCSCT STP for Pregnant Women

This NCSCT Standard Treatment Programme for Pregnant Women describes the components of a structured individual face-to-face smoking cessation intervention with a pregnant woman who smokes. The document reflects the latest evidence in terms of how best to support women during pregnancy with quitting and maintaining cessation during the post-partum period, acknowledging the special considerations that may affect a pregnant woman's motivation and ability to quit smoking.
www.ncsct.co.uk/publication_ncsct_stp_pw.php

Secondary Care Factsheets

The NCSCT secondary care factsheets summarise the relationship between cigarette smoking and specific diseases or conditions and the clinical benefits of quitting, plus best practice for supporting patients following admission to hospital.
www.ncsct.co.uk/pub_secondary-care-resources.php

- The clinical case for providing stop smoking support to hospitalised patients (2020)
- Cardiovascular patients factsheet (2020)
- Dental patient factsheet (2020)
- Diabetic patient factsheet (2020)
- Mental Health Patients (2020)
- Oncology patient factsheet (2020)
- Paediatrics factsheet (2020)
- Pregnant women factsheet (2020)
- Respiratory patient factsheet (2020)
- Rheumatology patient factsheet (2020)
- Stroke patient factsheet (2020)
- Surgical patient factsheet (2020)
- Wound care factsheet (2020)

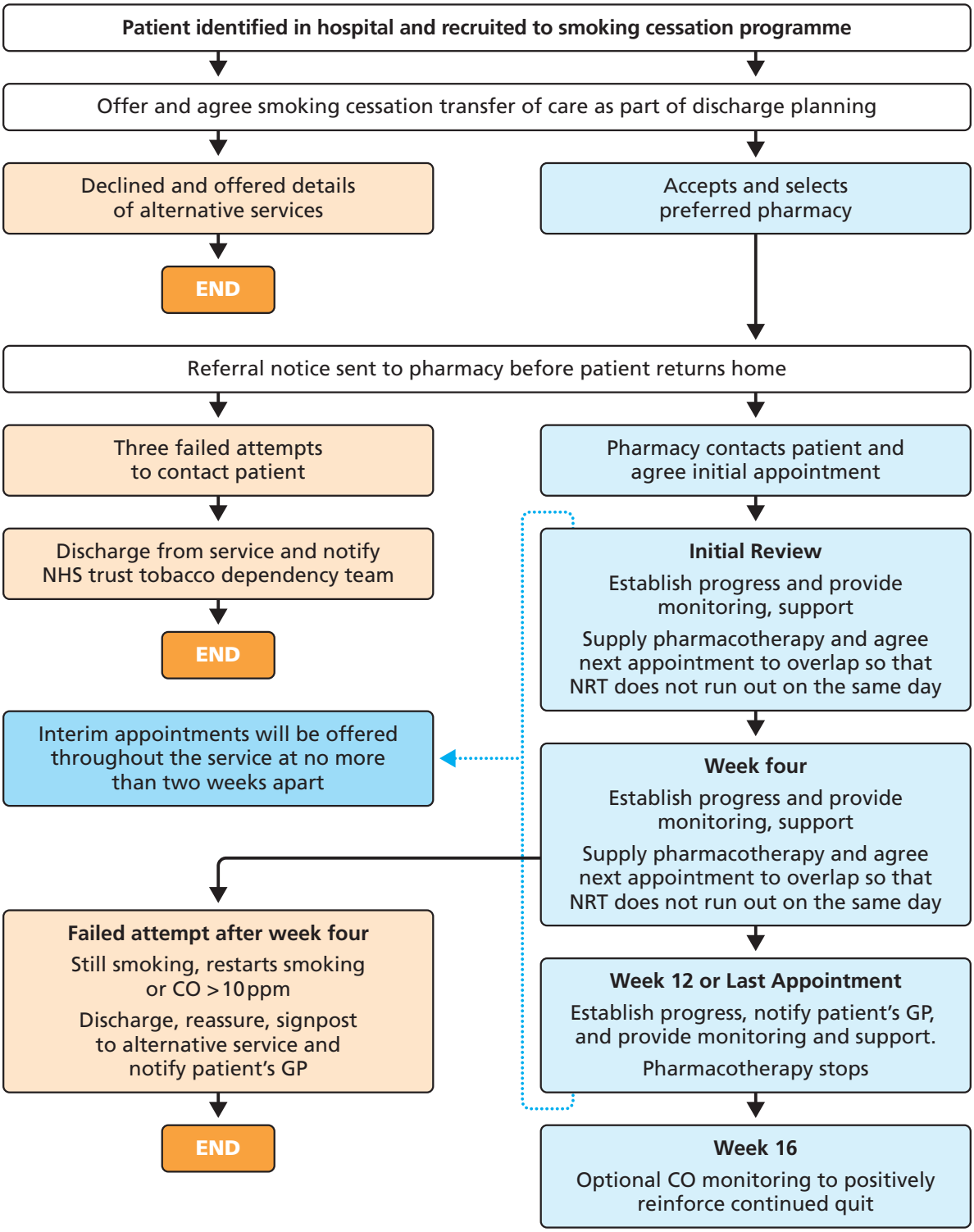
Online training

The NCSCT offers a suite of online training courses that can be accessed from our training home page (list of online courses are below): https://elearning.ncsct.co.uk/england

- NCSCT Stop Smoking Practitioner Training and Assessment Programme
- Specialty course: Mental health and smoking cessation*
- Specialty course: Pregnancy and smoking cessation*
- Stop Smoking Aids
- Vaping: A guide for healthcare professionals
- Very Brief Advice on Smoking (VBA+)
- Very Brief Advice on Smoking for Pregnant Women
- Very Brief Advice on Secondhand Smoke
- Very Brief Advice on Smoking (VBA+) for Homelessness Services
- National Smoke-free Pregnancy Incentives Scheme
- Swap-to-Stop

*Specialty courses are open to those who have passed the practitioner training

Appendix 1:
Smoking Cessation Service patient flow diagram



Appendix 2: Tobacco withdrawal symptoms

Symptom	Average Duration	Prevalence
Light-headedness	<48 hours	10%
Night time awakenings	<1 week	25%
Urges to smoke	>2 weeks	70%
Poor concentration	<2 weeks	60%
Restlessness	<4 weeks	60%
Irritability / aggression	<4 weeks	50%
Depression	<4 weeks	60%
Increased appetite / weight gain	>10 weeks	70%
Mouth ulcers	>4 weeks	40%
Constipation	>4 weeks	17%

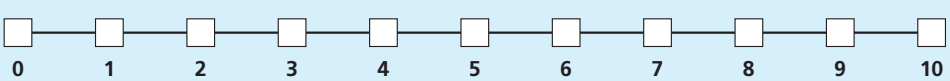
Appendix 3: Dependence on smoking

(based on Fagerström Test of Nicotine / Cigarette Dependence, FTND / FTCD)

This set of questions will enable us to see how dependent you are on your cigarettes.
Circle one number for each answer.

1. How soon after you wake up do you smoke your first cigarette?	**3** Within 5 minutes **2** 6–30 minutes **1** 31–60 minutes **0** More than 60 minutes
2. Do you find it difficult to stop smoking in no-smoking areas?	**0** No **1** Yes
3. Which cigarette would you hate most to give up?	**1** The first of the morning **0** Other
4. How many cigarettes per day do you usually smoke? ☐ per day	**0** 10 or less **1** 11 to 20 **2** 21 to 30 **3** 31 or more
5. Do you smoke more frequently in the first hours after waking than during the rest of the day?	**0** No **1** Yes
6. Do you smoke if you are so ill that you are in bed most of the day?	**0** No **1** Yes

Scoring



Less dependent — More dependent

Appendix 4: Clinically significant drug interactions with tobacco smoking

- Tobacco smoke stimulates a liver enzyme responsible for metabolising some drugs in the body, which means that the metabolism of some drugs increases.
- This effect is not caused by nicotine but rather from the tar in tobacco smoke.
- **Most interactions between drugs and tobacco smoking are not clinically significant.**
- Dosage will need to be checked by the prescriber if the dose was worked out before the client stopped smoking and then again if the client relapses.
- **This is irrespective of the stop smoking aid used.**
- Medical history and current medication use should be asked at the first session and pathways put in place for notifying prescribers.
- When giving smoking cessation advice, be aware of a small number of drugs, including some antidepressants and some antipsychotics, which may require dose adjustment or increased monitoring when smoking status is altered. In particular, clozapine, aminophylline, theophylline, erlotinib, olanzapine and riociguat, which may require dose adjustment or increased monitoring when smoking status is altered.
- Patients taking narrow-therapeutic-index drugs should be monitored closely when any lifestyle modification is made.
- For patients who are taking a medication with clinically significant interaction, inform the prescriber that the patient is engaged in a quit attempt and that the dose may need to be monitored and in some cases adjusted. Referencing the UKMi Q&A may be of value.

Below we summarise those drug interactions with tobacco smoking that are considered to be most clinically important. It should not however be considered a comprehensive list.

- Aminophylline
- Amitriptyline
- Chlorpromazine
- Clomipramine
- Clozapine
- Diazepam
- Erlotinib
- Flecainide
- Insulin
- Methadone
- Olanzapine
- Propranalol
- Riociguat
- Theophylline
- Verapamil
- Wafarin

For more information see:
UK Medicines Information (UKMi) team for NHS healthcare professionals:
www.sps.nhs.uk/articles/considering-drug-interactions-with-smoking
and
www.sps.nhs.uk/articles/managing-specific-interactions-with-smoking