

STOP SMOKING SERVICE

Your health challenge

- Nearly 1 in 5 adults smoke (nearly 8 million people)¹
- Smoking causes 17% of all deaths in people aged 35 and over¹
- In 2013/14 around 454,700 hospital admissions in England were estimated to be attributable to smoking (among adults and 35 and over)²

How can community pharmacies help?

Stop smoking services are one of the most cost effective of all NHS health interventions and it is one of the most frequently commissioned local services from community pharmacies.³

There is a strong evidence base for the effectiveness of pharmacy-led stop smoking programmes. Community pharmacy teams trained in behavioural change are effective at helping clients to stop smoking. Abstinence rates from one-to-one services provided by community pharmacists are similar to those of primary care nurses and community pharmacy-based stop smoking services are cost effective.³

BMJ Open has published a systematic review for community pharmacy-delivered interventions for public health priorities including smoking. The review concluded that community pharmacy-delivered smoking cessation interventions are effective and cost effective, particularly when compared with usual care.⁴

A survey of over 2,100 adults also showed that 67% are comfortable accessing stop smoking services from their local community pharmacy.⁵

1. Health matters: smoking and quitting in England September 2015
2. HSCIC Statistics on smoking 2015, England May 2015
3. NHS Employers Pharmacy-based stop smoking services: optimising commissioning 2009



CHOOSEPHARMACY

What the experts say

“As Stop Smoking Services are now available in community pharmacies the service has given clients lots more choice when they are thinking of quitting smoking. Pharmacies often have appointments available both weekends and evenings and can tailor their appointments to suit their client. If a client quits using support and medication they are four times more likely to stay stopped for good.”

Jan Spence, Yorkshire Smokefree Calderdale

4. BMJ Open, Todd A et al, Community pharmacy-delivered interventions for public health priorities: a systematic review of interventions for alcohol reduction, smoking cessation and weight management, including meta-analysis for smoking cessation
5. Royal Society of Public Health, Over three quarters of public comfortable with routine health checks in pharmacy, February 2015

THINKPHARMACY

Potential benefits of a community pharmacy stop smoking service

1. Trusted provider of stop smoking services

Community pharmacy is now an established and trusted provider of stop smoking services, and an integrated partner of the NHS Stop Smoking services in many areas, which enables a co-ordinated approach, quality assurance and use of consistent messages to people.

2. Opportunistic advice

Many smokers per day pass through a pharmacy and staff are ideally placed to opportunistically provide brief interventions on stopping smoking and increase access to stop smoking products. This may be picked up, for example, when nicotine-stained fingers are observed, the purchase of a smoker's toothpaste or repeated requests for cough remedies.

3. Location

Smoking prevalence is highest in deprived communities so stop smoking services need to be easily accessible in these areas.³ An estimated 99.8% of people from the most deprived areas live within just a 20 minute walk of a community pharmacy⁵ making it the perfect location to offer a stop smoking service.

4. Contact with hard-to-reach groups

Pharmacy staff routinely have contact with people who are in good health, as well as those who are visiting a pharmacy due to illness. They are accessible to young people and those who may be less likely to attend more formal healthcare settings – one third of men between 16 and 54 years report visiting a pharmacy at least once a month.⁶

There are different types of stop smoking services that can be commissioned either individually or bundled into one service:

Nicotine replacement therapy (NRT) voucher service

Pharmacy staff could supply NRT when presented with a valid voucher issued by the local stop smoking service. The voucher will specify how many weeks treatment to provide. The member of pharmacy staff would ensure the NRT product is suitable for the patient based on their smoking status and lifestyle and continue to ensure the NRT product is suitable on subsequent dispensings. Ongoing stop smoking support will be provided by the local stop smoking service.

Varenicline or bupropion voucher service

Pharmacists could supply either of the prescription-only medicines (POM), bupropion or varenicline, under a Patient Group Direction (PGD) when presented with a valid voucher issued by the local stop smoking service. The pharmacist will carry out a clinical check to ensure the medicine is suitable for the patient and they will decide whether a supply can be made. Ongoing stop smoking support will be provided by the local stop smoking service.

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Stop smoking support service – supply of NRT

Pharmacy staff could be trained as Stop Smoking advisors to provide support to individuals or groups. A number of weekly sessions could be offered, for example, for 6 or 12 weeks, to monitor the individual's progress and appropriate NRT products could be supplied. Advice on stop smoking, appropriate behavioural support strategies, side effects of tobacco withdrawal and the common barriers to quitting smoking could be provided, as well as regular carbon monoxide testing to monitor progress and the setting of a quit date.

Stop smoking support service – supply of NRT, varenicline or bupropion

This service is the same as the above but with the additional element of the pharmacist being able to supply the POMs, varenicline and/or bupropion, under PGD to patients who would be more suited to this treatment rather than NRT.

5. *BMJ Open, Todd A et al, The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England (August 2014)*

6. *Community pharmacy use - quantitative and qualitative research: market research report. Continental Research and Solutions Research on behalf of the Department of Health, 2008*