Starting Fresh with the Glasgow Pharmacy Stop Smoking Project

Date
June '03-June '04

Location
Greater Glasgow NHS area

Key Partners
Greater Glasgow NHS Board Health Promotion
Community Pharmacies
General Practitioners

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Summary of project and achievements

Introduction
Glasgow has an unenviable record of high smoking prevalence in its population. Community pharmacists are the most accessible health care professional, with each pharmacy serving an average population of 4,500. In Glasgow, 64% of pharmacies are located in localities of high social deprivation (Carstairs index 5, 6, & 7). The Scottish Strategy for Pharmaceutical Care recommends making Nicotine Replacement Therapy (NRT) available through community pharmacies to improve the health of the people of Scotland. NRT can increase cessation rates by 5-12% when combined with smoking cessation support.2

Aim
To develop a network of accredited community pharmacies across Greater Glasgow offering an easily accessible, cost-effective smoking cessation service by means of support, supply and dispensing of NRT.

Methodology
The pharmacists and assistants were invited to participate in the project on a locality basis. 143 (66%) community pharmacies are involved. The pharmacists and assistants took part in one-day training courses on 'brief negotiation interventions' (organised and delivered by GGNHSB Health Promotion) and completed a distance learning pack on NRT for which the required pass mark was 80%. Another pre-requisite for inclusion in the project was a quiet area in the pharmacy to allow privacy for the patient/pharmacist interaction.

Advertising materials in support of the programme were produced. Clients self refer or are referred by the GP, Practice Nurse, Health Visitor or Smoking Cessation Group Co-ordinator. The pharmacist interviews the clients to assess their readiness to stop smoking and their suitability for using NRT. Where appropriate, the pharmacist prescribes NRT using a dedicated CP1 form. After this first consultation, the patient is seen by either the pharmacist or assistant.

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As a condition for inclusion in the programme, each customer agrees to attend the pharmacy on a weekly basis for a maximum of twelve weeks, both for NRT (supplied in weekly instalments) and for access to advice from the pharmacist or assistant about their ‘quit’ attempt. At each visit, the pharmacist offers encouragement and information, measures the carbon monoxide levels in the patient’s blood using a Smokealyser, records relevant outcome data and (as appropriate) issues further supplies of NRT.

The project is supported by a network of Community Pharmacy Health Promotion Facilitators (n=7), working on a sessional basis to ensure effective communication between Board, PCT and local practitioners.

Results

1. Activity Profile

<table>
<thead>
<tr>
<th>A.</th>
<th>Total patients registered with the project 1st June ’03 – 31 May ‘04, via 143 pharmacies:</th>
<th>6,500</th>
<th>Male 2,392</th>
<th>Female 4,103</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Missing</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Number of patients registered per pharmacy</td>
<td></td>
<td>Minimum</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maximum</td>
<td>225</td>
</tr>
<tr>
<td>C</td>
<td>Prescription type:</td>
<td></td>
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<tr>
<td></td>
<td>In 76% of cases, the pharmacist prescribed The Glasgow Formulary product choice,</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Nicorette patch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of patients exempt from NHS prescription charges:</td>
<td>4,408</td>
<td>(68%)</td>
<td></td>
</tr>
</tbody>
</table>

2. Patient Profile

![Figure 1. Smoking history of clients](image_url)

Years smoked prior to recruitment (n=3,062)
3. **Outcome data 6 months post recruitment**

- Number of people eligible for follow-up by telephone interview: 482*
- Number of people who were non-smokers: 212 (44%)
- Number who joined the programme via pharmacy recruitment: 165 (78%)

*Patients with a CO reading <5ppm at week 5 or later

Our data show that even smokers with a high level of addiction (i.e. a large number of cigarettes per day and / or a long duration) can make a successful quit attempt through Starting Fresh.

4. **Reduction in GP workload**

Primary care prescribing data indicate a 12% reduction in GP prescribing costs for NRT year on year (4th quarter 2002 (pre Starting Fresh) compared to 2003). This corresponds to a downturn in GP prescribing costs of £166,770 per annum. In terms of the number of 'scripts written by GPs, a decrease of 5,030 has been recorded for the first 9 months of the programme (equivalent to 6,706 pa).

**Discussion**

This model of smoking cessation service provision through community pharmacy (i.e. ease of access, no appointment necessary to see a trained smoking cessation advisor) has attracted over 6,000 smokers since its inception. A heterogeneous group of smokers has been recruited. The female to male ratio is almost 2:1, including clients who have smoked for between one and >60 years. Even those who have smoked most of their lives are still keen to stop. In almost all cases, the pharmacist was able to prescribe in accordance with the Glasgow Formulary guidelines.

Although client numbers eligible for follow-up evaluation are small (from 1 month to 6 months), it is encouraging to note a quit rate in excess of 40% and successful outcomes irrespective of smoking history. This experience compares very favourably with the published literature. This evaluation is ongoing, as is quantification of the shift in NRT prescribing activity from GP to community pharmacist.

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Conclusion
The Starting Fresh Smoking Cessation programme has grown to a high level of activity in a relatively short timescale. In March ’04, over 1,500 clients were recruited via 141 pharmacies. Through application of a unique methodology and the provision of pharmaceutical care, these pharmacists and their support staff have achieved great success in terms of patient involvement and outcomes. We anticipate that programme development will continue and that this can provide a useful model for others to follow.

References