Health Education England

Evaluation of the Provision of the Pharmacist Independent Prescriber Telephone Smoking Cessation Service from the Perspectives of Service Users, and Pharmacist Independent Prescribers

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1. Executive Summary

1.1 Background

The Covid pandemic led to a change in the delivery of smoking cessation services through pharmacies in Kent (South East England). The Kent Local Pharmaceutical Committee (LPC) wanted to continue to deliver a smoking cessation service given that smokers were known to be adversely affected by Covid. There was recognition that vulnerable people, for example, pregnant women and those with long term conditions, such as chronic obstructive pulmonary disease may not be willing or able to visit the pharmacy.

Working with the OneYou team and Kent Community Foundation Health Trust, the LPC devised an interim solution that would help patients stop smoking by tapping into an under-utilised skill of pharmacist independent prescribers (PIPs) within community pharmacy. In the revised service, the patient received behavioural advice via a remote consultation (phone or video) with a level 2 smoking advisor and then had three remote consultations with a PIP who sent a patient specific direction (PSD) to any supplying community pharmacy in Kent so that the patient could obtain a supply of the anti-smoking medication, varenicline.

1.2 Method

A mixed method approach was adopted which involved interview with all PIPs who undertook the service. The PIPs were then used as gatekeepers to distribute a link to an online questionnaire to clients who had completed the smoking cessation intervention with them. Part of the questionnaire invited clients to undertake an interview to explore their views of the PIP delivered service.

1.3 Results & Discussion

Seven PIPs were interviewed. A total of 85 clients completed the questionnaire and 11 were interviewed. The service was well received by clients with 97.4% of clients supporting the remote mode of delivery and 99% comfortable talking to the PIP about their medicines. Some clients used the varenicline consultation to ask the pharmacist about issues relating to other medicines that they were taking. In contrast only 21% were comfortable talking to the pharmacist about lifestyle issues more broadly. Clients did not associate other lifestyle/ health promotion services with community pharmacy, although some stated that their diet and exercise routines had improved as a result of stopping smoking.

Collection of medicines from the client's nominated pharmacy was a barrier to the service with only 56% of clients agreeing that it was convenient to do so. In the questionnaire, 58.8% reported that they had successfully stopped smoking. From the clients' perspective the best aspects of the service were the support that they received from the PIP/ advisor and the ease of access to varenicline. The relationship that developed between the client and the service providers was recognised to be a key factor in the client's success. During the pandemic, the service was regarded by clients as being 'safe' to access. In total, 72% of clients stated that no improvements to the service were needed. However, the collection of the varenicline from the nominated pharmacy was an issue and some clients recommended that the number of pharmacies that were available to supply the varenicline was increased. A few clients had to wait a long time before they could access the service.

For the PIPs the greatest advantage of the service was its flexibility. They appreciated the opportunity to contact the client out of 'normal' hours so that they could talk to the client and not be interrupted. The paperwork – patient specific direction - was highlighted as being well designed

and straightforward to complete. Through this service, the relationship between the PIP and the advisor improved and PIPs perceived that they both were learning from each other. Barriers to providing the service included not being able to access the summary care record from outside of the pharmacy. The PIPs would like greater flexibility in conducting face to face or remote consultations in the future so they could adapt the service to the individual client's need.

2. Recommendations

All pharmacists should have specific training on how to conduct remote consultations (telephone and video conferencing). This could be provided by the Centre for Pharmacy Postgraduate Education.

Patients should be given choice on whether to have a face-to-face consultation, a videoconference style consultation or a telephone call for appropriate pharmacy led consultations. The GPhC or RPS should consider a document similar to that produced by the Royal College of General Practitioners which advises pharmacists on whether a face-to-face or remote consultation is appropriate.

Patients could be asked to nominate one or more pharmacies that they use for their healthcare so that electronic referrals to the pharmacist can take place. This can include referrals for lifestyle advice.

Nominating one or more pharmacies will help patients have a better understanding of the service their pharmacy can offer which will help to ease pressures on general practice appointments.

Technological solutions need to be explored to enable these pharmacies/pharmacists to have read and write access to the patient's summary care record to document pharmacy conducted interventions.

Pharmacy services need to be further promoted to the public to make better use of all parts of the NHS.

NHS England should investigate using PIPs to support other services that can feasibly run from community pharmacies. From 2026 all pharmacy graduates will register as independent prescribers and there needs to be an integrated care pathway to make best use of these highly qualified individuals to support the overburdened NHS.

NHS England needs to investigate how to upskill more existing pharmacists to be prescribers to enable similar services which include issue of a prescription to be undertaken through community pharmacy.

3. Introduction

The coronavirus pandemic has seen a change to the delivery of key health services across Kent as the Health Authority had to redirect their focus to fighting the pandemic, resulting in previously available services being suspended. One such affected service was the face-to-face delivery of smoking cessation support through community pharmacies using a patient group direction. The World Health Organisation (WHO, 2020) concluded that smoking is associated with increased severity of COVID-19 and death in hospitalized patients and this finding, along with the knowledge that the act of smoking itself increases the possibility of transmission of viruses from hand to mouth, prompted many smokers to want to kick the habit. But the pandemic brought fresh challenges for the fight against smoking. Not only were smoking cessation services suspended, but there was also recognition that clinically vulnerable people, such as pregnant women and those with long term

conditions, may not be willing or able to visit a pharmacy or health centre. Given that smokers were known to be adversely affected by coronavirus, the Kent Local Pharmaceutical Committee (LPC) wanted to find a way to provide support to this vulnerable group by designing a smoking cessation service that could be delivered safely to clients throughout the pandemic.

The LPC's response to the suspension of face-to-face services was to make such services remote, which was made possible by phone or video consultations. This could only be achieved by utilising the skills of pharmacist independent prescribers (PIPs) as supplying varenicline under a PGD requires a face-to-face consultation. Working with the OneYou team and Kent Community Foundation Health Trust, the LPC devised an interim service. Within this, the client receives behavioural advice via a remote consultation (phone or video) with a level 2 smoking advisor. Following this, if the advisor thinks necessary, the patient is referred to a PIP for varenicline (Champix®). The PIP then has three further remote consultations with the client and if clinically appropriate sends a patient specific direction (PSD), a prescription, for varenicline to any supplying community pharmacy in Kent for the patient to collect as appropriate.

Research into smoking cessation services in rural and remote areas suggest there would be high acceptability amongst clients for this change in protocol. For instance, Byaruhanga et al. (2020) found that 93.5% of video counselling participants and 96.2% of telephone counselling participants, all of whom lived in remote or rural areas, thought it was acceptable for a smoking cessation advisor to contact them via video software or telephone, respectively. The isolation enforced by the UK lockdown can, to some degree, be likened to living remotely, thus suggesting that the remote nature of the service would have high acceptability with clients.

The treatment plan itself, involving elements of behavioural counselling alongside medication (specifically, varenicline), has also received backing from research. The benefits of incorporating behavioural change counselling into smoking cessation services are well-documented, with studies finding that it can significantly improve long term quit rates by around 40% when compared to services with minimal behavioural intervention (Fagerstrom, 2003). Research also indicates that the use of specific behavioural change techniques, such as strengthening the ex-smokers' identity and advising on social support, is significantly associated with higher self-reported and carbon monoxide verified quit rates (West, Walia, Hyder, Shahab, & Michie, 2010). Varenicline has also been found to significantly increase smoking cessation rates beyond those of a placebo or bupropion, another drug used to support smoking cessation (Gibbons & Mann, 2013). Research suggests that varenicline offers a good treatment alternative for smokers who are not necessarily ready for abrupt smoking cessation as it was found to be particularly beneficial for patients who were looking to reduce cigarette consumption with the aim of quitting within a few months (Ebbert et al,. 2015). This may have been the case for clients who were prompted to quit by the pandemic, but who were not necessarily ready, suggesting varenicline could be an effective treatment option.

Whilst there is a wealth of support for both behavioural counselling and pharmacotherapy, namely the use of varenicline, in treating tobacco dependence, research has found that treatment is most effective when the two techniques are used in conjunction with one another (Stead, et al 2016). This implies that the treatment plan put forward by the LPC would be an effective interim solution.

Pharmacists' accessibility and knowledge of pharmacotherapy combined with behaviour change counselling makes them popular with patients. They do more than simply dispense medicines; they identify, prevent, and resolve drug-related problems, as well as encourage health promotion, education, and correct medication use (Nkansah et al., 2010). Paudyal et al. (2013) explored the effect of pharmacy-based minor ailment schemes on patient health, and their impact on general practices. It was found that community pharmacists provide a suitable alternative to general

practice consultations when treating minor ailments. This was later followed-up by Watson et al. (2015) who found similar health related outcomes and substantially lower costs with pharmacy consultations for minor ailments when compared with emergency departments and general practices. This implies the need to shift management of minor ailments to the community pharmacy setting and suggests that there may be wider applicability of PIP services beyond minor ailments, for instance in treating tobacco dependence.

In fact, community pharmacists have long been involved with the delivery of smoking cessation services, and such interventions have been shown to be effective (Carson-Chahhoud et al, 2019). In a real-life study of 125 smokers, smoking cessation was found to be more successful for those who participated in a great number of pharmacist consultations and telephone sessions (Condinho et al, 2021). Community-based pharmacists and resources have also been found to be more beneficial to smokers awaiting surgery relative to those not using these resources (Beaupre, et al, 2020). The quit rates were found to be even greater for pharmacist-compliant participants who were prescribed varenicline, relative to those prescribed no medication. Research therefore supports the notion that pharmacists can contribute significantly to the promotion of smoking cessation, particularly when varenicline is prescribed. However, there is great heterogeneity in study comparison groups, outcomes, and measures across studies, which makes it challenging to make generalised statements regarding the impact of community-pharmacists in smoking cessation.

As such, this evaluation aims to add to and address some of the issues in the current evidence base and make a case for further funding for PIP training, extension of the service and other service developments. Additionally, wider applicability of PIP services, through community pharmacies can be explored. Finally, the perspective of the clients on the PIP smoking cessation service and the PIPs themselves will provide useful insights on the service.

Project Objectives:

1. To obtain the views of users on the PIP smoking cessation service in particular focussing on whether they were able to quit as a result of this intervention and the reasons for success/lack of success, their previous history of smoking cessation attempts.
2. To explore whether the client was offered other services (health and non-health related) as part of the intervention and if they followed up/would follow up on this as a result with reasons.
3. To establish the client's need and preferences for further support or interventions with respect to smoking cessation or their health and lifestyle more generally.
4. To determine self-reported client behaviours following receipt of the PIP smoking cessation service in terms of GP visits, lifestyle changes or other actions.
5. To obtain views of pharmacists providing the services on the benefits of the service to their clients, themselves or the Pharmacy profession more generally. To explore with the pharmacists their perceptions of client attitudes towards the service and their willingness to engage with it.
6. To explore the pharmacists' views on any barriers and challenges to providing the service and their insights into how the service could be improved or extended to cover other clinical areas/services.

4. Methods

4.1 Procedure

Prior to commencing this evaluation, ethical approval was received from the Medway School of Pharmacy (MSoP) Research Ethics Committee (University of Kent). This evaluation was a mixed-method study, involving the analysis of primary data collected by researchers from MSoP in the form of online questionnaires and interviews of clients of the service, and pharmacist independent prescribers (PIPs) who are the providers of the service. Data collection was carried out between April and July 2021.

Invitations to participate (Appendix 1) were distributed to the PIP service providers by e-mail from Kent LPC. These were accompanied by an information sheet (Appendix 2), consent form (Appendix 3) and contact preference form (Appendix 4). The pharmacists willing to be interviewed were asked to return the consent form and contact preference form via email to researchers at the MSoP. Two follow-up requests were made to pharmacists who did not initially respond to the invitation (Appendix 5). Semi-structured interviews were conducted over Microsoft TEAMS, Zoom, or WhatsApp, using a Topic Guide (Appendix 6) informed by previous work and discussions with the Kent LPC. The interviews were digitally recorded and transcribed verbatim.

In addition to being interviewed, PIPs were asked to act as gatekeepers. A text (Appendix 7), including a link to a short online questionnaire (Appendix 8) was sent by the PIPs to their clients requesting their feedback on the service. All those clients who started the service between June and November 2020 were eligible to take part. The content of the questionnaire was informed by previous work, together with discussions with the LPC, to ensure that it covered relevant issues. Potential participants were able to access the participant information leaflet (Appendix 9), and then complete the questionnaire. This was split into three sections relating to the client, their views on the service, and finally whether they would be willing to partake in a follow-up interview.

Clients for follow-up interviews were purposively selected by their questionnaire responses to cover relevant factors, including gender, age, smoking cessation outcome, whether they pay or not for their prescription and whether English is the language spoken at home. The client's socioeconomic status was estimated from their postcode. Semi-structured interviews were conducted via telephone using an interview schedule (Appendix 10), which was again informed by previous studies.

4.2 Instrumentation

Questionnaire

Demographic data were collected, including the client's age, gender, ethnicity, language, postcode, and whether they pay for their prescriptions. They were also asked if they had attempted to quit smoking before, how they were referred into the service, and whether they were prescribed varenicline (Champix®) and completed the 12-week treatment. The number of cigarettes smoked prior to and following the service was measured using a scale from 0 cigarettes, <10 cigarettes, 10-19 cigarettes, 20-29 cigarettes, and >30 cigarettes, which were ranked from 1 to 5 respectively. Client views on different aspects of the service, such as the convenience and the information provided by the pharmacists, were measured on a 5-point Likert Scale from 'Strongly Agree' (1) to 'Strongly Disagree' (5). Ratings of the service and the support received from the Pharmacist prescriber were measured on a 4-point Likert Scale from 'Excellent' (1) to 'Poor' (4). Two free text questions explored the client's views on the service and possible improvements.

Client and PIP Interview

The PIP interviews aimed to gather information on the PIPs' work background, their usual area of work and their previous involvement in smoking cessation services. They were then asked about their experience of providing the service and their engagement with their clients. The final question asked whether they envisioned the service continuing, and if so, if they could identify any other areas of practise for which this model could be adopted. The PIP interview schedule therefore included questions such as "Tell me about your experience of providing the PIP smoking cessation service" and "Why do you think the service should / should not be continued?".

The client interview was split into sections to gather information on three main areas. Firstly, the clients' smoking history and what made them seek help on this occasion. Secondly, whether the service was effective for them or not, and why they thought that was the case. And finally, their views on the service, and whether they had used or would like to use other health promotion services offered by community pharmacists. The client interview therefore included questions such as "Were you successful in your attempt to quit? What do you think the reasons for your success (or otherwise) are?".

4.3 Analysis

Questionnaire analysis

Statistical analyses were performed using IBM SPSS Statistics version 28.0 (IBM Corp, Armonk, NY). A Wilcoxon signed-rank test was run to compare the number of cigarettes clients smoked prior to and following the smoking cessation intervention. This test was chosen due to the non-parametric nature of the ordinal data. Prior to running the test, the data were checked to determine whether they met the assumptions required.

Descriptive statistics were used to assess the clients' views of different aspects of the service and the support received from the PIP. Written responses to two open-ended questions, "What was the best thing about the service?" and "How could this service have been improved", were categorised and coded to calculate the proportion of respondents alluding to each category.

Interview analysis

NVivo 11 was used to support thematic analysis of the interview data and to identify patterns in interviewees' responses. The themes were identified at a semantic level in an inductive way; thus, they were directed by and reflect the explicit content of the data.

5. Findings

5.1 Participants

Table 1 illustrates the demographic characteristics of both the questionnaire respondents and the client participant interviewees.

PIPs

Seven PIPs from Kent and Medway were interviewed to gather perspectives on providing the service and on the wider application of remote pharmacist consultation services.

Questionnaire sample

Of the 120 respondents, only 100 gave consent to take part in the questionnaire and confirmed they were eligible as they were a client of the OneYou smoking cessation programme between 1st June 2020 and 21st March 2021. A further 15 respondents failed to answer how many cigarettes they smoke a day now. These were excluded from the sample, as it was not possible to ascertain their success on the programme. This left 85 questionnaire responses for analysis. The majority (59/85; 69%) of respondents were self-referrals with 14 (16%) referred by their GP. The remainder were referred to the service by another healthcare professional (n=4), the NHS stop smoking line (n=2), a friend (n=2), their midwife (n=2), the pharmacy (n=1) or the hospital (n=1).

The majority of clients (80, 94%) had previously attempted to quit smoking, with just over half of respondents having had one (19, 22%) or two (25; 29%) previous attempts. The modal number of failed attempts was 2, although considerable variability was observed around the mode with one client reporting 12 previous quit attempts. Almost all of the consultations were carried out by telephone (80; 94%). Four clients received face to face consultations in the pharmacy and one received the service via TEAMS.

Three clients did not receive varenicline. Reasons given for this included that they were pregnant (n=1), were taking other medicines (n=1) or that varenicline was out of stock (n=1). Almost three quarters of those that received varenicline (60/82; 73%) completed the 12 weeks course. Those that stopped treatment prematurely did so because they realised that they did not need it (n=6), had side effects (n=4) including sleep problems, anxiety, dark moods or suicidal thoughts, that it was unavailable as it was out of stock (n=2), they had difficulty getting to the pharmacy to pick up a supply (n=1), or that they were unable to get a prescription (n=1). Six clients reported that they had started smoking again as a reason for not completing the course (n=6).

Interview participants

Of the questionnaire respondents, 40 (47%) agreed to participate in a follow-up phone interview. Of these, 11 were purposively selected to cover relevant factors, including gender, age, smoking cessation outcome, whether they pay or not for their prescription and whether English is the language spoken at home. These data were obtained from questionnaire responses.

Table 1: *Demographic Characteristics of the Sample*

		Questionnaire sample	Interview sample
Age (years)			
	n	84	11
	Mean (SD)	53.00 (12.46)	49.09 (13.73)
Gender			
	Overall n *(%)*	85	11
	Males	46 (54%)	6 (55%)
	Females	39 (46%)	5 (45%)
Ethnicity			
	Overall *n (%)*	85	11
	White	80 (94%)	11 (100%)
	Asian / Asian British	3 (3.5%)	0 (0%)
	Other	2 (2.5%)	0 (0%)
Pay for prescriptions			
	Overall n (%)	84 (100%)	11 (100%)
	Yes	34 (40%)	5 (45%)
	No	50	6

5.2 Success rate

Of the 85 participants who reported how many cigarettes they smoked at the time of completing the questionnaire following the service, 50 (58.8%) had successfully managed to quit smoking. Table 2 illustrates the demographic characteristics of those who successfully managed to quit smoking and those who were still smoking following the smoking cessation intervention.

Table 2: *Demographic characteristics of clients who successfully quit and failed to quit smoking*

		Successfully quit smoking	Failed to quit smoking
Age (years)			
	Overall *n*	50	35
	Mean (SD)	52.50 (12.73)	53.74 (12.21)
Gender			
	Overall *n*	50	35
	Males	27	12
	Females	23	23
Pay for prescriptions			
	n	50	34
	Yes	23	11
	No	27	23

Whilst 85 participants gave information on the number of cigarettes they smoked following the service, only 78 reported the number of cigarettes they smoked both before and after the service. Of these 78 participants, 50 reported stopping completely, eight reported that they were smoking fewer cigarettes following the service; and 20 (26%) said that they are smoking the same number as they were prior to the service. No participants reported that they smoked more cigarettes following the service. A Wilcoxon signed-rank test indicated that the number of cigarettes smoked following the service (Mdn = 1) was significantly less than number of cigarettes smoked prior to the service (Mdn = 4, Z = -6.682, p = <.001).

5.3 Client Evaluation

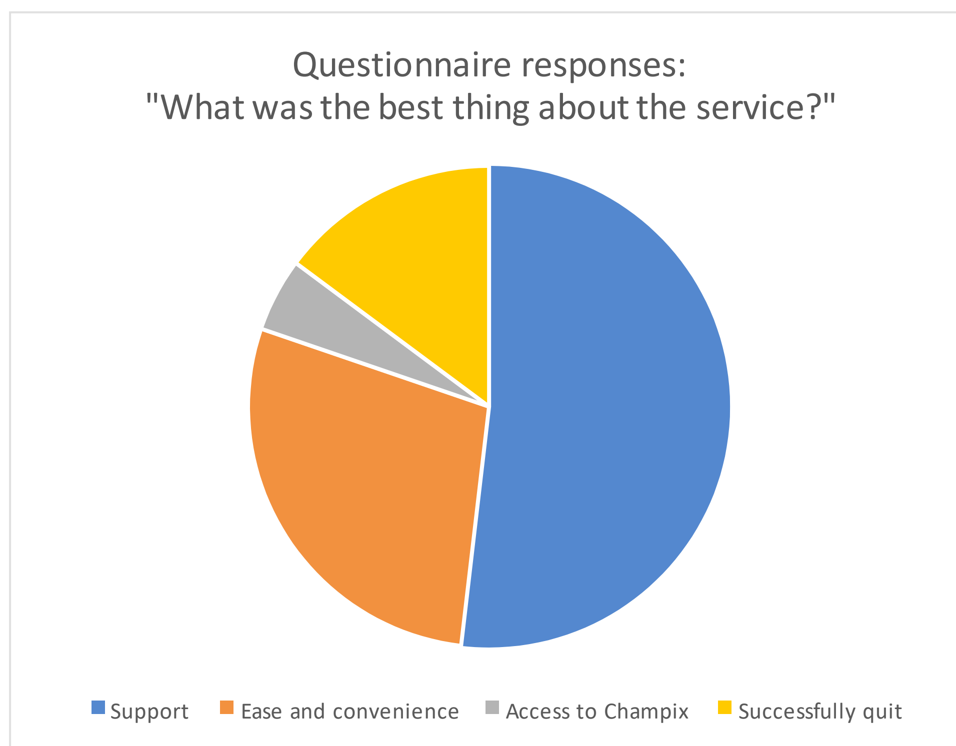
From the questionnaire responses, the service was well received. Some of the questions were not answered by all clients so the following analysis indicates the number of responses for each question. Only two clients thought that it was inconvenient for the service to be carried out remotely (2/76; 2.6%) with the overwhelming majority supporting this approach. The results showed that 14% (11/76) would have liked more time with the pharmacist although 97% (74/76) understood everything that was discussed, and 92% (66/72) agreed that the pharmacist answered all their questions. Almost all (92%; 67/73) agreed that the pharmacist helped them to understand how varenicline could benefit their quit attempt with only one (1/73; 1.4%) client disagreeing that the pharmacist helped them to deal with any concerns that they had about taking this medicine. All respondents except one (75/76; 99%) were comfortable talking about their medicines with the pharmacist. Only one in five (21%; 16/76) agreed that they were comfortable talking about their lifestyle with the pharmacist.

Just over half of respondents (40/72; 56%) thought that it was convenient to collect their medicines from their chosen pharmacy whilst almost a third (21/72; 29%) disagreed with this statement. In

total 92% (66/72) of clients stated that they would recommend the service to a friend with 82% (54/66) of these strongly agreeing with this statement.

Best thing about the service

When asked "What was the best thing about the service?" in both the questionnaire and interview, clients gave a range of responses from the support they received and the ease of the service, to the access to varenicline.



Support from both pharmacist and advisor.

The level of support the clients' received – both from the PIP and the advisor - was the overarching theme identified, with 61% of questionnaire respondents, and nine of the eleven interviewees, explicitly expressing that they were impressed by or grateful for the support.

Extract 1. (gender: female, age: 68, no. cigarettes/day: <10)

Client: The pharmacy would always check I was ok, and the nurse would also do it. So, I had 2 people keeping an eye on me, or keeping an ear on me, and it did help having the 2.

Extract 2. (gender: female, age: 56, no. cigarettes/day: 20-29)

Client: I suppose the support from an unbiased person's [the advisors'] point of view to actually help me achieve what I wanted. You know, and it was the encouragement. She always made it sound like, "you've done really well to make it this far, you've not got much further".

It can be seen in Extracts 1 and 2 that having both the PIP and the advisor keeping the clients on track and encouraging them was deemed helpful and beneficial.

Extract 3. (gender: female, age: 47, no. cigarettes/day: 30+)

Client: Yeah. To be fair my OneYou advisor, we kind of had her actual number as well so if I was feeling a bit “oh God, I don’t know if I can cope with this”, I had her actual number so I could just text her as well.

Extract 4. (gender: male, age: 53, no. cigarettes/day: 20-29)

Client: [The pharmacist] gave me all their contact details and said if I had any issues just to call them straight away.

Extract 5. (gender: female, age: 47, no. cigarettes/day: 30+)

Client: You know what, it was quite nice because my advisor, she actually messaged me a few weeks ago asking me how everything was going. And that was nice, the follow-up as well.

The interview transcripts revealed that it may have been personal touches that made the clients feel that the service providers genuinely cared about their progress which kept them on track. Extracts 3 and 4 demonstrate that some PIPs and advisors offered their mobile phone numbers, so they could always be a point of contact if clients were struggling or had a lapse in confidence. The words “friendly” and “approachable” were used countless times to describe the service providers, suggesting that if the clients were facing any issues, then they would feel comfortable to reach out for help. Extract 5 highlights one instance when the advisor got in contact a few months after the service had concluded. These examples suggest that a real relationship was formed between the service providers and the clients.

Extract 6. (gender: female, age: 68, no. cigarettes/day: <10)

Client: But the main thing was [the advisor] rang me regularly every time it was coming up for some sort of renewal of the course or whatever. So, she gave me a lot of support and I suppose that was quite good. I didn’t want to have to admit to her that I had started again. Pathetic, isn’t it? But I just didn’t want to let her down you know?

Extract 7. (gender: female, age: 53, no. cigarettes/day: 10-19)

Client: when you’ve got somebody that isn’t yours, you know your people, and you have this feeling of “I don’t want to disappoint her”, that’s how big it was.

It appears that this relationship between the clients and the providers was a key factor in the success of the service. This is demonstrated in extracts 6 and 7 above, as both clients remark on how they didn’t want to let down or disappoint the service providers. This suggests that the support of the PIPs and advisors was keeping clients’ accountable in their attempt to quit.

Whilst the feedback on the advisors and the PIPs was almost entirely positive, with the vast majority of clients reporting to have a good relationship with their service providers, there was one exception.

Extract 8. (gender: male, age: 27, no. cigarettes/day: 10-19)

Client: I think the biggest pain point I had with the course was the counsellor, [...] the guy that I had, if I’m completely honest and just been pretty blunt, he was a bit of a fraud to be honest.

Extract 9. (gender: male, age: 27, no. cigarettes/day: 10-19)

Client: [The advisor] to me seemed more like a machine, if you get what I mean?

Extract 10. (gender: male, age: 27, no. cigarettes/day: 10-19)

Client: And I think what really frustrated me was by the end of the course, when we had the final call, [the advisor] was like "are you still smoking?" and I said I was having about 5 a day […]. And he just went "well I'm gonna put you down as given up." And I was just thinking to myself, I've just told you that I'm still smoking, so really, you're putting me down as quit smoking because it will look good on your record which I just think it's so wrong.

The descriptions of the advisor in Extracts 8 and 9 (likening them to "a machine" and "a fraud") are in stark contrast to the "friendly" and "approachable" advisors described by other clients. Extract 10 suggests that the client felt let down by the advisor at the end of the program, as it seemed that they had an ulterior motive and were not interested in the clients' genuine progress. It must be noted, however, that due to the overwhelming positive response to the advisors, this report must be taken with caution. Nevertheless, it is clear from the quotes above that the relationships the clients had with their PIP and advisor were key determinants of their success and overall experience of the service.

This client, in extract 9, although disappointed by his advisor, was very complimentary of the PIP as demonstrated in extract 11.

Extract 11. (gender: male, age: 27, no. cigarettes/day: 10-19)

Client: I want to say his name [the pharmacist] was XXXX, I'm sure it began with the letter X. He was phenomenal. I couldn't praise him enough. I think he was based out of Sittingbourne or somewhere up towards Medway, and he was phenomenal. Any questions I had or anything he was just brilliant I would say, probably, if I'm looking solely on the service side of things, I would have to say it [the best thing] was the professionalism and warmth that I got from the pharmacist that actually prescribed the Champix.

Ease and convenience

The second-best thing about the service, according to both the questionnaire responses and the interviews, was the ease and convenience of it.

Extract 12 (gender: male, age: 39, no. cigarettes/day: 30+)

Client: I've just found it very easy to get along with. Everyone was so friendly and happy to help, and it just wasn't much of an issue. It was a lot easier to deal with than I thought it would be.

Several clients alluded to how much easier the service was than they had anticipated, and how much this aspect of the service had surpassed their expectations, which can be seen above in extract 12.

Extract 13. (gender: male, age: 53, no. cigarettes/day: 20-29)

Client: I didn't have to go anywhere; they'd [pharmacist and advisor] just ring up. It was nicer over the phone.

Extract 14. (gender: female, age: 47, no. cigarettes/day: 30+)

Client: But the first time round it was awkward because obviously that was face-to-face, because it was at the hospital they could only do at certain times, and it was times that weren't good for me. Whereas this time around with it being phone calls, I

could arrange what time [with the pharmacist or advisor] every week I could do that phone call. So, it was easier.

Extract 14. (gender: male, age: 50, no. cigarettes/day: 20-29)

Client: Like I said, if you're working full time, because I work up in London but live in Kent, having an appointment with your GP is a bit of a nightmare. But being able to do this service over the phone was a lot easier for me because I could be at work and take that call. It was never a problem at all.

It can be seen in extract 13 and 14 that when comparing this attempt to quit to previous attempts, clients appeared to have preferred the remote nature of this service, as they could work it around their schedule. For instance, those with work commitments, such as in extract 15, found taking a call easier than attending a physical appointment. Questionnaire respondents claimed that they "preferred the phone consultations as to going to the chemist on [their] previous attempts" and believed that "if it wasn't for it being over the phone, [they didn't] think [they] would of stuck to it". It appears that the remote nature increased the convenience and minimised the burden of the service, making clients more likely to commit to it as there were fewer barriers in the way.

Extract 16. (gender: female, age: 56, no. cigarettes/day: 20-29)

Client: Rather than going into a doctors' waiting room where everybody is sitting there and during the winter you've got people coughing and spluttering and all the rest of it, especially when people don't know if it's coronavirus or quite what these days, and you know, all the time that it takes to get there, sitting there waiting, being held up, then going in and doing it, you know you've wasted however long of your day.

Extract 17. (gender: female, age: 56, no. cigarettes/day: 20-29)

Client: I didn't miss them at all, and I think that given the pandemic, to be honest with you, it actually made me feel safer.

Not only did the remote nature of the service make it easier for clients to fit the consultations into their schedule, but it also put their minds at ease during the COVID-19 pandemic. The thought of going to a GP surgery for a face-to-face consultation during a pandemic was quite anxiety-inducing for some clients as shown in extract 16 and this may have been enough to put them off seeking help entirely. Thus, offering the service remotely not only made clients feel safer, as explained in extract 17, but also meant that there were fewer barriers for people aiming to quit smoking, as this service suited those who did not feel comfortable leaving their house.

Access to Champix

Finally, the drug itself, Champix, was referenced as being the best thing about the service by the clients on many occasions.

Extract 18. (gender: male, age: 53, no. cigarettes/day: 20-29)

Client: But to be honest, those pills I do think they work really well, because my cravings, well I fit bathrooms so I'm always popping out if I get a bit stressed to have a cigarette. And I didn't have to do any of that at all, so they do work!

Extract 19. (gender: male, age: 39, no. cigarettes/day: 30+)

Client: Not just that, the Champix itself, I didn't have the want to have a cigarette. I didn't have the cravings I was having before.

Extract 20. (gender: female, age: 56, no. cigarettes/day: 20-29)

Client: What I did find with the Champix was I would be smoking cigarette and I would only get halfway through it, and I would be dubbing it out, but it wasn't stopping me wanting to light that cigarette to start with.

Extract 21. (gender: male, age: 68, no. cigarettes/day: 20-29)

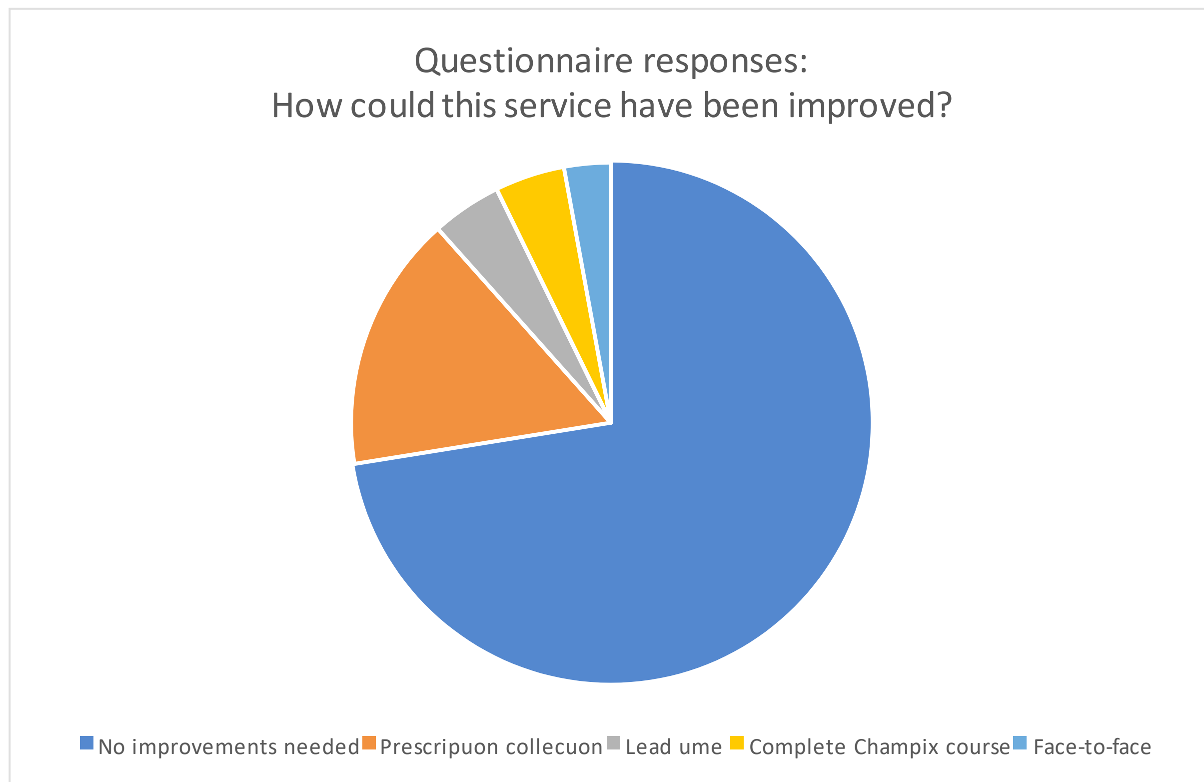
Client: I was only smoking one or two a day and then eventually it got down to one cigarette and then half a cigarette and I said, "this tastes vile."

Many clients claimed that having access to varenicline was the reason they had managed to quit smoking. Extracts 18 and 19 demonstrate that the clients no longer felt the need for a cigarette and extracts 20 and 21 indicate that once a cigarette was lit, clients were less inclined to finish it. This highlights the effectiveness of varenicline in reducing both cravings and the pleasurable effects of nicotine.

Improvements

When asked, "How could this service have been improved?", 72% of respondents reported that no improvements were needed, quoting that "It is already a very good service" and "In the current circumstances, [they] don't think it could be any better."

Other respondents offered suggestions on how to improve the service, which included widening the selection of pharmacies involved, reducing the waiting time, and offering face-to-face consultations.



<u>Collection of prescription</u>

The main criticism of the service lay in the collection of the prescription. This was apparent in both the questionnaire and the interviews.

Extract 22. (gender: male, age: 68, no. cigarettes/day: 20-29)
Client: The only thing I would say was a slight downfall was that not every chemist does it from your doctor. So sometimes you've got to travel a long way to get it.

Some clients (16% of questionnaire respondents, n=11) reported to have found the location inconvenient, with some elaborating that it was the distance from home, apparent in Extract 22, or the lack of parking available. One questionnaire respondent claimed that this was "one of the reasons why [they] ended up smoking again". Thus, when asked for suggestions on how to improve the service, the main response was to broaden the selection of pharmacies from which the prescription could be collected. Three clients suggested delivering the prescriptions directly to the home address, which would minimise the inconvenience entirely. This would be particularly beneficial for disabled clients, one of whom reported that collecting the prescription was challenging for them.

Extract 23. (gender: male, age: 27, no. cigarettes/day: 10-19)
Client: The only thing on the prescription side of things that I would say absolutely needs improvement, and I don't know if this sits with the process or my local pharmacy, but every time I went to pick up my next kind of batch of Champix, you would think that I was trying to purchase an illegal substance. It was ridiculous how hard it was to pick up. [...] It was a very very frustrating thing to try and go and collect them, to the point where towards the end of the course I almost thought to myself, "well you know I'm smoking again, it's aggravating trying to pick them up, should I even bother?"

Extract 24. (gender: male, age: 53, no. cigarettes/day: 20-29)
Client: But the chemist used to ring me every time before I got the prescription, but to be honest, that chemist where I went, they're a bit disorganised, I think. They always seem to have trouble finding the tablets even though they were already pre-done.

Extract 25. (gender: male, age: 50, no. cigarettes/day: 20-29)
Client: I don't know how the service works, but I would get prescriptions from the pharmacists ready to pick up, but I always found there was a little bit of a hitch with obtaining the Champix. I don't know how it works but there always seemed to be a mix up, yeah. It didn't always run smoothly.

The interviews revealed that it was not just the location of the pharmacies which made the collection challenging, but also the process of the collection itself. Extracts 23, 24, and 25 highlight three instances of clients who found the supply of the varenicline difficult and attributed these difficulties to poor organisation and over-zealous processes for checking the identity of the client by the pharmacies. All three clients had postcodes in very different regions of Kent. It can therefore be assumed that they collected their prescriptions from different pharmacies, implying that the issue was not isolated to just one pharmacy. In the case of extract 23, this almost meant the client did not bother collecting the drug, which could have made the difference between quitting smoking or not. This feedback suggests in some cases communication with the pharmacies regarding the collection of varenicline needs to be improved to ensure the process runs smoothly and with minimal delays for the clients.

Long lead time

A few of the clients reported that there was a significant wait between enquiring about the service and accessing it.

Extract 26. (gender: male, age: 27, no. cigarettes/day: 10-19)

Client: It's just the lead time between when I applied to go on the course and when I actually got put on the course. So, I think I initially enquired around March or April 2020, and it was just a complete radio silence until I want to say late August or early September at which point somebody phoned me up and said, "we've received your thing for OneYou Kent, is this still something you're interested in?"

Extract 27. (gender: male, age: 27, no. cigarettes/day: 10-19)

Client: But I kind of look at it and think if you're somebody that's smoking, let's say, 60 a day and your health is not in a good place and you really want to give up, I think having a three- or four-month lead time between applying and hearing back, anything could happen in that time. And by that time, the person might go "Well, you know, I wanted to give up but now I'm back in the full flow of it so don't worry about it".

This was echoed in the interviews, specifically in extract 26, as a client reported having to wait 4 to 5 months to hear back following their enquiry. Whilst the client in question was still interested in the service, that may not have been the case for other prospective clients, as motivation to quit comes and goes as they alluded to in extract 27. This highlights the importance of minimising the lead time and getting people access to the service as soon as they enquire about it. If this is not possible, then maintaining contact and offering alternative services in the interim may be a temporary solution to keep people engaged in quitting smoking.

Face-to-face

The general consensus from both the questionnaire responses and the interviews was that the clients enjoyed the remote nature of the service. However, some did suggest that having an option for face-to-face consultations may be beneficial, though they recognised that this was not possible at the time due to the pandemic.

Extract 28. (gender: male, age: 52, no. cigarettes/day: 10-19)

Client: No, I actually like speaking to people face-to-face, mate.

Extract 29. (gender: female, age: 53, no. cigarettes/day: 10-19)

Client: For some people, a visual would've been helpful. Because my partner did it at the same time as me, for me bless him, and he's a real visual person. Whereas I'm more aural, I could cope with just the voice. [...] Yeah I think they should offer the service on Facetime or video call, for that reason and only for that reason.

Extract 30. (gender: female, age: 47, no. cigarettes/day: 30+)

Client: if you slip up and you're face-to-face with that person, they're really supportive with you and I think they can do more with you when you're in contact with them rather than over the phone. Do you know what I mean? I mean I know how to change because of Covid, but going forward, people still like that element. I think if I had to do it again, I would love to have the option to be face-to-face with somebody again.

Extracts 28 and 29 emphasise that everyone has a preference, and what works for one person may not work for another. Therefore, offering the option of both face-to-face and remote consultations will allow clients to choose what will be most effective for them. Some clients suggested that video calls may be an alternative solution, rather than returning to GP surgeries or pharmacies. This would

allow clients with visual preferences to see their health care professional, whilst still maintaining the convenience and ease of remote consultations. Extract 30 offers an alternative viewpoint, suggesting that face-to-face consultations may be particularly beneficial for people who are struggling to quit and have relapsed. It is suggested that clinicians can be of more assistance in-person as opposed to being on the phone in these instances. Therefore, having the choice between remote or face-to-face consultations may suit some people depending on personal preference and how they are finding the process of quitting.

Extract 31. (gender: female, age: 47, no. cigarettes/day: 30+)

Client: So that was the only difference for me this time, not being able to see my nicotine levels coming right down to 0. […] I missed having that "I know I've kind of cut down, but I wonder how much…" it was seeing that progress going from 30 odd down to 0. For me that was a real good eye-opener of how all I was doing at the beginning. That I did miss.

Extract 32. (gender: male, age: 27, no. cigarettes/day: 10-19)

Client: And they said that what they found really helped them was when they were on Champix and they gave up smoking, every week you had to go to the nurse's office, and they will do a test where you blow into a tube to see how your lung capacity was improving etc. And I think that probably would have helped.

A few clients also mentioned that since the service had become remote, they missed the physical testing elements that were previously common practise in face-to-face consultations. In extract 31, the client is discussing how they missed getting their nicotine levels assessed, and in extract 32, the client is referring to lung capacity measurements. Both clients commented on how themselves or other had previously found these types of tests helpful in their attempt to quit. Therefore, it may be worth considering how to incorporate some type of physical testing to keep clients accountable and motivated.

<u>Unable to finish course of Champix</u>

The nationwide shortage of Champix resulted in 4% of clients reporting that they were unable to finish their course.

Extract 33. (gender: male, age: 53, no. cigarettes/day: 20-29)

Client: Yeah, they basically said there was a nationwide shortage so we can't get any. I'm not kidding, she said that to me and then just walked off and started serving the lady down the counter. And I said, 'excuse me, that's it?'. No other information or nothing.

Whilst this is something out of the service provider's control, it is still worth mentioning as it did affect some clients' experience of the service. The nationwide shortage of varenicline left some clients unable to collect their prescription, and this appeared to happen to clients in all stages of the course. From Extract 33, it seemed that it wasn't so much the shortage of the drug, but more the way in which the shortage was dealt with that left some clients disappointed. Whilst the shortage may have been unavoidable, it seems as though the communication with clients could have been improved upon to either half the dose and therefore prolong the treatment or offer an alternative treatment plan.

5.4 PIP Feedback

Best things about the service

<u>**Convenience**</u>

Interviews with PIPs revealed that they also benefitting from the ease and convenience of the service, as it had its advantages for them too as the remote nature enabled pharmacists to contact clients out of hours.

Extract 34. (PIP 1)

PIP: Say for example, if I'm too busy, busy on Friday and Saturday, I can call with them on Sunday in my little time, or I can talk on Saturday afternoon if I can't talk with them on my morning schedule.

Extract 35. (PIP 3)

PIP: It wasn't a specific time; we could be flexible. It could be out of hours, which was where initially most of the time I was doing it was out of hours, but once we shut the pharmacy I was able to sit down and go through all my you know, smoking cessation patients - getting them up to date and send the email, by the morning, the prescriptions were ready and they would collect it.

Extracts 34 and 35 demonstrate the greater flexibility that this service offered, which in turn allowed the PIPs to fit the consultations into their schedule at a time that was convenient for them. This meant they were better able to balance and manage their varying workloads and ultimately keep on top of the many different facets involved in their job.

Extract 36. (PIP 2)

PIP: You know, back when I was doing face-to-face, we would give someone a time and say look turn up at 2:00 o'clock and I'll see you. But I don't know what two o'clock looks like, unpredictably from my end, so at 2:00 o'clock am I getting 10 people come through the door? I've got the phone off hook 'cause I got someone dying in my consultation, I don’t know what’s happening. And then in the worst-case scenario I find the appointment times come, but I'm so busy that I'm not wholly focused on it.

Extract 37. (PIP 4)

PIP: And just from the pharmacists point of view as well, one of the reasons why we were a lot bit wary about the service previously was because it kind of interrupted your work, so the patients would turn up and sometimes there wasn’t really, I mean I think we tried an appointment system but it was never really - sometimes it wouldn’t really work because it wasn’t really strict, I mean in pharmacies anyway, not many things are really strict, they know they can walk in and so on and you’d always serve them.

Extract 38. (PIP 4)

PIP: It made it really easy to be honest, because I think you could just sort of maybe also just do it in your own time as well so you could work around your schedule better rather than you know the patient coming in and sometimes you have to leave everything. So, you could plan, I think that was what made it a little bit easier, you could actually plan your day nicely.

Extracts 36, 37, and 38 demonstrate the unpredictable nature of a pharmacy, which is what makes scheduled appointments so challenging. The quotes suggest that sometimes under the previous arrangements, the clients may not have been given the full attention of the pharmacist during face-to-face consultations as other people were continuously entering the pharmacy, and in some cases the pharmacist was interrupted when dealing with a smoking cessation client. The remote service therefore gave the PIPs a solution to this disruption, as they were able to better plan their day and have their client consultations at a quiet time during which they know they would not be interrupted. This is not only advantageous for the PIP, as they are able to dedicate their full focus to one task at a time, but also the clients as they could benefit from the full attention of the PIP.

It wasn't just the remote nature of the service that made it easier and more convenient for PIPs, but also the user-friendly PSD forms.

Extract 39. (PIP 4)
PIP: I think it was just absolutely brilliant so just in terms of logistics, the paperwork as well, in terms of the forms, the PSD forms, it was really user-friendly, you just had to change a few bits, you had a template and you just had to update that template and email it out.

Extract 40. (PIP 2)
PIP: This is the first system I've actually used and I actually liked to use it. You know it doesn't feel like an inconvenience, doesn't feel like more paperwork than anything else (there was a lot of paperwork involved in the previous ones). The previous ones were just tiring. Whereas this one was very simple.

Extract 39 and 40 demonstrate that the PSD forms were quick and easy to complete, adding to the convenience of the service. The PIPs reported to have liked the simple template layout, which no longer seemed like a burden when compared to the paperwork required in previous services.

Relationship with the advisors

An interesting positive that came from the service was the improvement of the relationship between the PIPs and the advisors.

Extract 41. (PIP 5)
PIP: We're all kind of like buddies, because now you know they've [the advisors] learned from us quite a lot, and we've learned from them. So, you know, we can easily chat with them, whereas before there was a little bit of that barrier you don't really know your advisors. Yeah, but with the IP scheme you have to know them because you come backwards and forwards, talking to them about this client that they're going to be supporting mainly, although we're giving the clinical support. And they've learned quite a lot, from the clinical aspect of things, on how to use the drug.

Extract 42. (PIP 3)
PIP: I get quite a few advisors asking me for my advice to when they have certain patients. And this is something that hadn't happened before with the trust - as pharmacists, we've never built relationships with the advisors that were out in the community and certainly now we're on first name basis, you know, they phone me for any information, or we're emailing each other, and rather than saying, here's a client, you know it's kind of a conversation now and they're saying "Good morning, how was this?" and things like that. So it's built a different type of network and it's a

different net worth for the patient, because now we're working in collaboration rather than isolation delivering the service.

There has been a positive change in dynamic between the PIPs and advisors as a direct result of the service, and that is demonstrated in extracts 41 and 42. Before, the relationship was quite limited, and each provider appeared to be working independently. However, there has been a shift to a more collaborative relationship where they are working together for the patient. By sharing ideas and learning from one another, the pharmacists and advisors could develop their own knowledge and skillsets. This, of course, has benefits for the providers. However, the clients are also benefitting from a more holistic and rounded treatment plan which has been devised by a collaborative team of highly skilled and qualified individuals. The clients did not necessarily differentiate between the service provided by the smoking advisor and that provided by the PIP. They saw this as being one service, highlighting how seamlessly it ran, which is likely due to the strengthened relationship between the service providers.

Relationship with the clients

It wasn't just the PIPs' relationship with advisors that developed through the service, but also with clients.

Extract 43. (PIP 5)

PIP: And then also be able to develop a relationship with the patient so that when you're calling them, they're able to tell you exactly how they're feeling, exactly their side effects, exactly what's going on. […] And patients now have my number. You know, one sent me a text this morning worried, saying "can you call me this morning?", and I'm like, really, I shouldn't be doing this, but I did call because we said to them that if you have any situation, come up, any problem, if you wanna talk to me I will give you a call as well, so the relationship between the IPS and the clients have been, you know, have developed and it's a really really, really good relationship with them.

Extract 44. (PIP 5)

PIP: The fact that they can talk to someone and not just talk to the advisor, it's more like a holistic approach. Because when they have questions, even sometimes you get them ask questions about drugs that are not Champix, but because they have access to a pharmacist and they can ask all those questions as well. And they say things like "Oh can I just ask you a question?" and I say "yeah, go ahead" and it's about something completely different from Champix. But yes, because it's medication, you know you kind of like say "ok fine is this gonna affect Champix or not?" and they can ask you things like that. They can ask you what worries them, they can ask you if they're having interrupted sleeping pattern. You know, whereas before they can ask the advisor, but the advisor cannot give them an in-depth explanation of how it works, how they can tweak it, to make it work for them, so they can still have a good sleep at night.

Extract 43 demonstrates how the relationship between the clients and PIPs developed to a place where the client could express exactly how they were feeling at any point throughout the course of the treatment. The professional relationship they formed gave clients the confidence to ask any questions they may have had about the treatment, or about any other medication as explained in Extract 44. Whilst the questions may not have been directly related to this service, it gave the PIPs more context and helped them to make small tweaks to the treatment plan to better serve the

client, for instance to help with their sleep pattern. As many clients alluded to in their interviews, this relationship was key to the success of the service as they felt as though the PIP was genuinely invested in their progress and they therefore did not want to disappoint them by relapsing.

Reasons for success

Missed appointments

Another reason for success outlined by the PIPs was the ease with which appointments could be rescheduled.

Extract 45. (PIP 3)

PIP: The biggest reason behind that was when people missed appointments, whether they had, you know they were overrun on work or whatever it was, when they missed appointments that's when they went back on the smoking. With remote consultation, that's not, you know, it's not an option because we were flexible. And if they were overrun, they would just ring the next day or I'd ring them in the evening, and we were on track.

Extract 45 highlights a potential downfall of physical appointments, as if they were missed, they were difficult to reschedule, which could potentially increase the likelihood of relapsing and returning to smoking. The remote nature and flexibility of this service minimised the impact of missed appointments, as they could simply have the consultation at another more convenient time. This could ultimately prevent clients from relapsing as they are able to easily reschedule consultations and have the conversations with the service providers another time. They were therefore still able to receive the support they need and ask the questions they may have wanted answered, regardless of one missed appointment, contributing to the overall success rate.

Convenience for clients

The PIPs agreed that the key reason for the success of this service was the convenience for the clients. This echoed the overwhelmingly positive response from the client questionnaires.

Extract 46. (PIP 1)

PIP: I think first and topmost important reason is convenience. It's convenience. All they need to do is just pick up the phone, discuss how they are getting on and prescription is ready in their own pharmacy so they can go in their own time to collect it.

Extracts 46 demonstrates how important convenience is for the clients, with PIPs rating it at the key determinant of the success of a service.

Extract 47. (PIP 7)

PIP: Oh yes I think from the client point of view it is ideal, so it is a lot easier to come in and access services, time issues, a lot of mothers. So that way I think they found it very easy.

Extract 48. (PIP 7)

PIP: Yes, I think younger people appreciated this kind of consultation because like I said they have got busy social lives and working lives.

Extract 47 and 48 highlight two groups for whom the convenience may have been particularly advantageous – mothers and young people with busy social and working lives. Both groups of are at

potential risk of missing appointments. As demonstrated above, missed appointments are a key contributor to relapsing. Therefore, whilst the convenience of this service is beneficial for all clients and PIPs, it may be particularly beneficial for busier clients.

Extract 49. (PIP 7)

PIP: The level of engagement was much higher over the phone um somehow when they come to the pharmacy they have limited time they were a bit anxious

Whilst the convenience of the remote nature of the service can help to explain why this model may be so successful, Extract 49 offers an alternative perspective. Being fully remote may encourage the clients to engage more in it, and this may be particularly true for more nervous or anxious clients who feel uncomfortable at a face-to-face appointment. Taking away the physical element may relax clients and allow them to speak more freely and openly about their experiences and feelings. It could be said that the more the client gives to a conversation and the more confident they are in sharing, the more they will get out of it. This is particularly important when it comes to the behavioural change elements of the service. Therefore, whilst face-to-face consultations allow for non-verbal communication, which has its own benefits, remote consultations may greatly benefit more nervous or embarrassed clients as they could share more openly and really reap the benefits of their time with the trained professionals.

Improvements

Summary care records

When asked about future improvements to the service, the PIPs suggested that being granted access to the patients' summary care records would be advantageous.

Extract 50. (PIP 3)

PIP: The other thing that was the biggest hindrance was not being able to access summary care records off premises. So, you know, a lot of patients knew the tablet colours but didn't know what the tablets were for. And for me to justify patient safety and prescribe was very difficult when we were doing it out of hours. Yeah, or if I was doing it remotely because I was doing other remote work, so being able to access SCR remotely out of the premises would be a huge advantage to take things further in this service and other services.

Ensuring the safety and wellbeing of patients is crucial to the role of the PIP, and as demonstrated in Extract 50, this was made difficult when working off the premises. If clients aren't fully aware of their medication, and PIPs do not have access to the summary care records, it is challenging to make an informed decision about prescriptions and could potentially put the patient at risk.

Extract 51. (PIP 6)

PIP: I think we should have access to the summary care record everywhere [...] [they] should be available to them before actually that first consultation. In other words, I think that when the advisors actually refer those clients to the IP, there should be a question there saying that would you agree for the IP to access your summary care record, so that we'd be better armed to actually help them properly.

Extract 52. (PIP 6)

PIP: Yes, if there were any concerns, that might actually show up [in the summary care record], then obviously it helps with our discussion really doesn't it.

Extracts 51 and 52 also suggest that having access to the summary care records could help direct discussions with the clients. If PIPs had access to the information prior to their first conversation it would allow them to familiarise themselves with each clients' unique situation. As such, any potential concerns could be ironed out quickly rather than waiting, and hoping, for the information to crop up in conversation.

Therefore, having access to summary care records both on and off the pharmacy premises would allow PIPs to address any concerns in a timely manner and make the most appropriate decisions regarding the clients' needs, ultimately resulting in the most effective treatment plan for each individual.

Stricter schedule

Whilst the remote nature of the service allows for flexibility, this has posed some issues for the PIPs since the UK has eased out of lockdown.

Extract 53. (PIP 3)

PIP: Now when I'm ringing patients, they're not picking up straight away whereas before when they were in lockdown, there was a different issue, so that flexibility, not flexibility but kind of more of a controlled environment may be needed now.

It can be seen in Extract 53 that as the UK has begun to open again, clients are perhaps not as easily accessible, and PIPs have had a more difficult time getting hold of them via the phone. This is to be expected as people are returning to work and normality. However, it can result in time lost for the PIPs who could have used the time they spent trying, and failing, to get hold of clients on other important tasks instead. This implies that having a slighter stricter schedule for the remote consultations, which still allows for flexibility but minimises time wasting, could be beneficial for the PIPs.

Face-to-face

Whilst the remote nature of the service appealed to both the clients and the providers throughout the pandemic, the importance of offering face-to-face consultations was also recognised.

Extract 54. (PIP 7)

PIP: Yes I think I would say yes. But I would say that when we are able to offer face to face service that should be offered for some people – I'm thinking people with hearing difficulty, mental health, those sort of people need face to face.

Extract 55. (PIP 6)

PIP: Well, I like face-to-face because I think it's a good thing to have, you can read facial expressions and body language which you can do over the phone. But I think, that said, this particular service has been brilliant for people, particularly during lockdown, when they couldn't have face-to-face and I'm hoping that this is a steppingstone to something even more diverse as far as prescribing goes.

Whilst remote consultations may suit the majority of people due to their busy lifestyles, Extract 54 highlights certain people for whom face-to-face consultations may be more appropriate, namely those with hearing difficulties and mental health problems. The PIP in Extract 55 offered an alternative viewpoint, suggesting that face-to-face consultations may provide the PIP with more information about the client than they can gather over the phone. Facial expressions and body

language are very useful non-verbal communication tools which allow people to convey countless emotions without using words. These could be particularly helpful in determining the true emotions and feelings of the clients if they were reluctant to tell the pharmacist directly, which could in turn determine the course of treatment.

Throughout the pandemic, face-to-face consultations were not an option. However, as the world begins to return to normal, offering the option of physical appointments may be beneficial, not only to increase the accessibility of the service, but to also aid the PIP in devising the most appropriate treatment plan for the clients. Therefore, offering face-to-face consultations, or a hybrid of both face-to-face and remote consultations, could be a mutually beneficial option going forward.

5.5 Engagement with other lifestyle services

Client perspective

From analysis of the questionnaire and interview data it was not apparent that any of the clients were offered other services (health and non-health related) as part of the smoking cessation intervention either by the PIP or the advisor. Some clients did indicate that following their success with smoking cessation they were now exercising (14), "I can now enjoy running" , and/ or eating more healthily (13), "[I am] eating more healthily because I can now taste food properly".

Extract 56. (gender: female, age: 56, no. cigarettes/day: 20-29)
Client: Again, the doctors' referred me through to the [weight management] service that's being run by them, so I am on that and I'm working with them on that at the moment.

One client mentioned a weight management service which they are now a part of, which can be seen in Extract 56. However, no other clients reported they had engaged in other services yet. That being said, further questioning revealed that they would return to OneYou to try and tackle issues that may arise in the future with the same level of support in this service.

Extract 57. (gender: female, age: 27, no. cigarettes/day: 20-29)
Client: Yeah, if I had any other issues, I'd definitely go back to them [OneYou] if I ever needed them again.

Extract 58. (gender: female, age: 47, no. cigarettes/day: 30+)
Client: Definitely. I mean, I know there is a weight thing as well isn't there? But yeah, I would definitely, if I had to do another one like this, I would want to do it like this with this level of support

Extract 59. (gender: male, age: 27, no. cigarettes/day: 10-19)
Client: I think for things like gambling and drinking, there are so many services out there. I think maybe it would make me look at other places first. But if I ended up, say God forbid, gambling got really bad or drinking got really bad, I would never write off going to OneYou Kent.

Two interviewees in Extracts 57 and 58 said that if they were in need in the future, they would definitely return to OneYou to try and tackle any issues (weight, gambling and alcohol addiction were all given as examples). The client in Extract 59 claims that whilst they would also consider other service providers, they would not rule out OneYou as an option. It appears that it is the level of

support clients receive from OneYou that encourages them to return should they need help in the future.

PIP perspective

Interestingly, the PIPs seem to vary in the approach they take to discussing other lifestyle services with their clients. Whilst some were signposting clients to the other services on offer, some believed that clients would be more successful if they focused on tackling one issue at a time.

Extract 60. (PIP 7)

PIP: I think you know as pharmacists we have trained to make every contact count. So when you have somebody on the other line who's smoking, so obviously the weight and alcohol are the two easiest ones to attach to those services. So yeah I would say the majority of them we have had a conversation about their alcohol intake and whether they need any help with weight especially during the lockdown. And a lot of people did appreciate that. We could only advise them we couldn't offer any services because all the services are off but yeah the advice was there.

Extract 61. (PIP 1)

PIP: And obviously whenever I normally talk with them, I do provide healthy lifestyle advice because I think not only just quitting smoking will help, but most importantly, how are you maintaining it after you quit?

Extract 62. (PIP 5)

PIP: Yeah, we have to do that. It's one of the things that that we do. I mean, at the moment because of COVID, there's quite a lot of mental health and there was a client I saw who by just talking to him I just thought you know what, this is not gonna work. [...] I called his GP and I said I think someone really needs to talk to this client. He wants to give up Smoking, great, but I think there's more to it than just giving up smoking. And the GP was great, you know, very reactive towards it and they gave him a call and they booked him down for the counselling sessions, 6 sessions. And he went through that, he called me back, he was really grateful. Because I said "I'm not going to take you off the list, you can access again, but I just need you to deal with this first because I think you'll be more successful when this is kind of like dealt with" and yes and then he came back on to Champix to give up.

PIPs in Extracts 60, 61 and 62 say that part of their role as pharmacists is to provide healthy lifestyle advice. Weight management, alcohol intake, and mental health were three common issues mentioned that co-occur with smoking, and PIPs argues that they are important to tackle to help clients quit smoking. This was demonstrated in Extract 62. A PIP recognised that a client would be unable to quit until they had sought help for their mental health. By signposting the client to counselling, and with the help of the clients' GP, the client was able to address mental health concerns, putting them in a better position to tackle their smoking habit through this service.

Extract 63. (PIP 5)

PIP: You know at the moment people don't really wanna wait, and the waiting list is massive. So yes, counselling. I've sign posted at least 2-3 people to counselling. And of course you also have people who want to lose weight, and at the moment, the weight management scheme in community pharmacies is just about to kick off again, it was existing before and then it just went down. So again, they're trying to

reactivate it, and at the moment there's nowhere really to signpost them to apart from local walking groups within the community.

However, it is important to note the effect that COVID has had on other services which either ceased to exist during the pandemic or built up long waiting lists as shown in Extract 63. The PIPs said they were therefore limited in the services they could signpost clients to and were often only able to offer lifestyle advice.

Extract 64. (PIP 2)

PIP: It was predominantly focused on smoking. Kind of felt like it would be a bit conflict of interest to kind of push another service on to somebody else, and I kind of feel like, generally speaking I think people who are looking for change shouldn't change more than one thing at a time. I think the more focused you are in one particular thing the higher the success rate, so I tend not to say oh, you know have you thought about losing weight the same time?

Extract 65. (PIP 6)

PIP: if we address too many things per meeting you just overwhelm them and actually rather than add anything I think it would detract.

The PIPs in Extracts 64 and 65 give an alternative perspective, that offering other services may actually detract from the success of the smoking cessation intervention. It was argued that attempting to engage in more than one service and tackle two issues simultaneously may overwhelm clients and result in a lack of focus, ultimately reducing the success rate.

A potential solution may therefore be to mention and discuss other services with clients to ensure they know what is on offer but encourage them to focus on one service at a time to fully reap the benefits.

6. Discussion

6.1 General discussion

The PIP smoking cessation service was a success. Clients reported a quit rate of 58%. Whilst this is a self-reported quit rate without any objectives measure to support it, and as such is likely to be an overestimation of the actual quit rate achieved, it is comparable to that obtained by other services by equivalent means (Hajek, 2019). These results are particularly impressive given that this service was set up rapidly at the beginning of the first Covid lockdown, March 2020, in response to the suspension of face-to-face services negating the supply of varenicline through patient group directions. A meta-analysis has identified smoking as a particular risk for death and serious illness from coronavirus (Patanavanich and Glantz, 2020). The pandemic has been reported to have led to an increase in mental health concerns in the general public, particularly a large increase in the number of people suffering with anxiety (Kwong et al, 2021). As smokers are more likely to suffer with poor mental health (Simonavicius et al., 2017) it was imperative that the general public were not denied access to smoking cessation support at this critical time.

The service was well received by clients. The feedback from both interviews and the survey suggested that clients were appreciative of the support that they received from the PIP and the smoking cessation advisor. The contribution of the PIP was perceived by the client to be focused on medicines. Almost without exception, clients reported that the pharmacist had helped them to understand how varenicline works, to address any of their worries or concerns about starting the medicine, and to answer any questions that they had. PIPs reported that clients often used the consultation as an opportunity to ask for additional advice about other medicines that they may be taking.

There was a stark contrast to the proportion of clients who stated that they were comfortable talking to the pharmacist about their medicines and those who were comfortable talking the pharmacist about lifestyle issues. This was not an unexpected finding. Even though the NHS contractual framework (2005) reimburses pharmacists for the supply of medicines, medicine advisory and public health services, and since April 2020 all community pharmacies providing essential services are regarded as healthy living pharmacies, the general public remain largely unaware of the public health services that pharmacies can offer (Hindi, 2019; Rodgers, 2016). Therefore, whilst some clients described that their success stopping smoking had encouraged them to undertake further lifestyle changes, such as improving their diet or exercising more, their participation in the smoking cessation service did not prompt them to look to the pharmacist to support them with other health and lifestyle interventions. As such, ways to better promote pharmacy services direct to patients and referrals from GPs should be considered to improve the integration of pharmacy into the NHS. This will help to ease pressures on other parts of the health care system. By 2026 all pharmacy graduates will qualify as independent prescribers on registration. It would be beneficial for NHS England to consider how best to use these highly qualified pharmacists to better support the NHS.

Patients have been reported to be more open to accept enhanced services from a pharmacist if they have a good relationship with them (Hindi, 2019). Feedback from both the PIPs and the clients suggests that clients valued and respected their consultation with the pharmacist, who they regarded as being professional and in one case 'the best aspect of the service'. PIPs also reported that their relationship with the smoking cessation advisor had improved as a result of this pilot project. Again, greater integration of pharmacy services has the potential to benefit patients and the wider NHS.

Only one of the respondents appeared to have engaged with the smoking cessation service by video conferencing mechanisms such as TEAMS. The main mode of communication appeared to be telephone calls. It was not clear why so many of the consultations were conducted by telephone and whether the low uptake of video conferencing was attributable to reluctance to embrace the technology on either the PIP or the clients' behalf, or if it was related to the availability of suitable equipment. However, this replicates findings by NHS Digital who linked the preference to patient unfamiliarity with the technology and convenience (NHS Digital, 2020). Telephone consultations may offer benefits for pharmacists too. Whilst all community pharmacies have IT equipment that enables them to access the internet, many companies have strict regulations in place to restrict the Apps and programs that can be downloaded onto these systems, thereby keeping their systems secure and less vulnerable to cyber-attacks. It would be inappropriate for the PIPs to use their own mobile phone and/or computer to conduct these video consultations. Therefore, for this consultation approach to be fully utilised there needs to be investment in the hardware available to PIPs to support it. Whilst the current study suggested that clients may appreciate a range of ways to access smoking cessation support, a Cochrane review in 2019 showed that telephone counselling is beneficial as an adjunct to smoking cessation (Makin et al, 2019). The Royal College of General Practitioners has produced guidance for GPs on when to undertake remote and face-to-face consultations post pandemic (RCGP, 2020). Something similar from the pharmacy regulator (the GPhC) or the professional body for pharmacists (the RPS) could help to maximise the use of pharmacists to support the NHS.

The uptake of the service was excellent, and PIPs attributed this in part to the flexibility and convenience offered by the remote nature of the consultations. Pharmacists expressed a wish to extend the service model that had been used for smoking cessation to prescribe for their patients more generally. However, they also identified that having a hybrid approach whereby they could see some patients in person and others remotely would mean that they could adapt the service to meet an individual's needs. For example, a consultation with a client with hearing difficulties or communication problems, such as a stroke survivor, may be more effective face-to-face (DaCosta et al, 2019).

In terms of delivering the service, one of the aspects of the virtual consultation that was most popular with the PIPs was its flexibility. Community pharmacists are recognised as having high workloads (Lea, 2012). These were exacerbated through the pandemic with the difficulties experienced in keeping the pharmacies open due to vulnerable staff shielding, staff sickness, and the lack of available personal protective equipment. The PIPs in this evaluation talked about the benefits of being able to contact clients outside of normal working hours so that they could carry out their consultations without being interrupted. However, part of the challenge of contacting the clients outside of normal working hours meant that the pharmacist could not access the client's summary care record (SCR) if they were not on the pharmacy premises. This is not ideal and could increase the likelihood of a prescribing error occurring if the PIP was unaware of an important contra-indication either in the client's medical history or with a concomitant medicine that is not shared with them. Furthermore, even if they are on the premises, the SCR provides read-only access for community pharmacists to limited notes including allergies and medicines. The PIPs should be able to access the SCR off site and must be able to record on the SCR their prescribing decision. This would help integration of community pharmacy into the primary care network and would improve the efficiency of communication within the care pathway.

Another observation was that clients did not necessarily differentiate between the service provided by the smoking advisor and that provided by the PIP. They saw this as being one service. However, where this seamless approach broke down for some clients was when they tried to obtain the varenicline from a nominated community pharmacy once it had been prescribed by the PIP.

A number of clients talked about delays and misunderstandings in obtaining the varenicline from their chosen community pharmacy even when they had been informed that a prescription had been sent and it was available for them to collect. Some clients mentioned overzealous checks that were undertaken by the pharmacy staff before they would issue the supply of the varenicline. Others mentioned a national stock shortage of varenicline which had meant that they had not been able to continue their treatment. This shortage related to a recall implemented by the manufacturer which started in June 2021 and is ongoing at time of writing this report (October 2021). It impacted a small number of clients towards the end of the study period. Whilst these problems are outside of the scope of this evaluation, they have a deleterious impact on it, the perception of its clients on pharmacy generally, and the overall success of the service. If the service is to continue, long-term consideration should be given to how it can be better integrated into the primary care network, including improved access to the SCR and communication with nominated community pharmacies.

6.2 Strengths and limitations

This evaluation has provided insight into the remote smoking cessation service within Kent from the viewpoint of both clients and PIPs. Whilst the number of clients participating in the survey was limited (85 responses), clients from all over Kent took part and over half of those who completed the survey volunteered to be interviewed. Eleven client interviews were carried out and the interview sample was purposively chosen to reflect the broad demographic characteristics of the survey sample. Only one participant in the survey stated that they would not recommend the service to friends and this individual was amongst the interviewees. Seven of the eight PIPs who provided this service were interviewed. All interviews were carried out by BS, a psychology graduate, providing an independent and unbiased perspective on the service provided by the pharmacists. The views of advisors, the providers and commissioners of the service would have been valuable and should ideally have been included within the evaluation although these were outside of its current scope. This could form the basis of future work.

6.3 Recommendations

All pharmacists should have specific training on how to conduct remote consultations (telephone and video conferencing). This could be provided by the Centres for Pharmacy Postgraduate Education.

Patients should be given choice on whether to have a face-to-face consultation, a videoconference style consultation or a telephone call for appropriate pharmacy led consultations. The GPhC or RPS should consider a document similar to that produced by the Royal College of General Practitioners which advises pharmacist on whether a face-to-face or remote consultation is appropriate.

Patients could be asked to nominate one or more pharmacies that they use for their healthcare so that electronic referrals to the pharmacist can take place. This can include referrals for lifestyle advice. Nominating one or more pharmacies will help patients have a better understanding of the service their pharmacy can offer which will help to ease pressures on general practice appointments.

Pharmacy services need to be further promoted to the public to make better use of all parts of the NHS.

Technological solutions need to be explored to enable these pharmacies/pharmacists to have read and write access to the patient’s summary care record to document pharmacy conducted interventions.

NHS England should investigate using PIPs to support other services that can feasibly run from community pharmacies. From 2026, all pharmacy graduates will register as independent prescribers and there needs to be an integrated care pathway to make best use of these highly qualified individuals to support the overburdened NHS.

NHS England needs to investigate how to upskill more existing pharmacists to be prescribers to enable similar services which include issue of a prescription to be undertaken through community pharmacy.

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6. Appendices

Appendix 1: PIP invitation to participate

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Dear Pharmacist,

I am contacting you as a Pharmacist who provides consultations to clients on the smoking cessation programme offered by Kent Community Healthcare NHS Foundation Trust/ One You. The service has been running now for just over 12 months and we would like to evaluate the challenges and successes of the service to shape the design of this and similar programmes in the future. For that purpose, we have commissioned researchers at the Medway School of Pharmacy (MSoP) to undertake an independent evaluation on our behalf.

Please read the attached participant information leaflet which explains the purpose of the evaluation and what we are asking you to do. We would like you to distribute an on-line link via a text message to the clients that you have supported between 1st June and 30th November 2020. We would also be grateful if you could spare 30 minutes to share your views of the service with the researchers from MSoP.

Whilst we would be delighted if you would support the study by agreeing to both of these requests you are under no obligation to do so and you may agree to one activity without 'signing up' for the other. **Please complete the consent form to indicate whether you would be willing to distribute the questionnaire to your clients (we will provide a message and link to forward on to them) and / or be interviewed yourself.** Return the consent and contact preference forms via e-mail to Bronte Sykes @ B.Sykes@kent.ac.uk.

We plan to use the results of the evaluation to develop the service and explore how other services could be developed over the coming year to follow a similar delivery model, and therefore very much hope that you share your experiences with the research team.

Yours sincerely,

Shilpa Shah
CEO, Kent Local Pharmaceutical Committee

Appendix 2: PIP information sheet

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Evaluation of Pharmacist independent prescriber telephone smoking cessation service

Research team: Dr Sarah Corlett (co-principal investigator and senior lecturer, Medway School of Pharmacy), Dr Trudy Thomas (co-principal investigator and deputy head, Medway School of Pharmacy) and Bronte Sykes (Research Assistant)

You are being invited to take part in a study exploring your views on the smoking cessation programme you support. Before you decide if you want to take part, you must understand why the study is being done and what it involves. Please take time to read the following information and contact Sarah (text 07443 634881 or e-mail S.A.Corlett@kent.ac.uk) if you have any questions or would like more information.

Why is the study being done?

The Covid pandemic has seen a change to the delivery of key health services across Kent with remote interventions replacing face-to-face delivery in many cases. One such affected service was the face-to-face delivery of smoking cessation support through community pharmacies.

The Kent Local Pharmacy Committee (LPC) in particular wanted to continue to deliver a smoking cessation service given that smokers were known to be adversely affected by Covid. There was recognition that clinically vulnerable people, for example, pregnant women and those with long term conditions, such as chronic obstructive pulmonary disease may not be willing or able to visit the pharmacy.

Working with the One You team and Kent Community Foundation Health Trust, the LPC devised an interim solution that would help patients stop smoking by receiving behavioural advice via a remote consultation (phone or video) with a smoking advisor and then, if the advisor thought that they would benefit from the medicine varenicline (Champix), having a phone or video consultation with a pharmacist who could check whether varenicline was suitable for them and if applicable arrange a supply via a local community pharmacy of the client's choice. As a pharmacist provider of this programme, we are asking you to provide feedback so that a decision can be made about further funding for IP training, extension of the service and other service developments.

Can I take part?

Yes –if you are a pharmacist independent prescriber who has been contracted to support the smoking cessation service for at least three months.

Do I have to take part?

It is entirely your decision whether you agree to take part in this evaluation. If you decide to take part, you can change your mind at any time. Your data can then be withdrawn.

If I choose to take part, what do I need to do?

We are asking to distribute a text message with a link to an on-line questionnaire to clients that have

used the service between 1st June and 30th November 2020. We are also asking you to tell us about your experience of providing this service by completing a telephone or an on-line (Skype/What's App/ TEAMS) interview. The interview will be arranged at a time that is convenient to you and should take no more than 30 minutes. We would very much appreciate your feedback.
Whilst we hope that you will agree to supporting both aspects of the study you are under no obligation to do so. **Please complete the consent form to indicate whether you would be willing to distribute the questionnaire to clients (we will provide a link to forward on to them) and / or be interviewed yourself.** If you agree to be interviewed, then please also complete the contact preferences form. Return the consent and contact preferences forms to Bronte at B.Sykes@kent.ac.uk. We will then contact you to arrange a mutually convenient time for the interview. The interview will take no more than 30 minutes of your time.

Are there any benefits if I take part?

There are no direct benefits to you in taking part in this evaluation. However, what we find out about the service, and your views as to its challenges and rewards will influence how the current service delivery could be improved and whether this model of remote consultations via independent pharmacist prescribers could be extended to meet other client needs.

Are there any risks if I take part?

There are no risks to taking part in this study. Your contact details will be securely stored by the co-principal investigator (SC) in password-protected Drop Box files (to facilitate communication/ data sharing of anonymised data between the researchers) or on password protected folders within the University computer systems that have access which is limited to the research team. They will be deleted within 4 weeks of the interviews taking place.

Will anyone know that I've taken part?

No one will be told about your participation in this study and your decision to take part will not affect your future employment in any way. Transcripts from all interviews results will be anonymised. Whilst we may use direct quotes from the transcripts in our study evaluation write-up, we will ensure that you will not be identifiable from these.

What will happen to the results?

The data from the evaluation will be analysed and used to prepare a report on the service for the Kent Local Pharmaceutical Committee, and Health Education England who are sponsoring the study. We hope we can find out how to optimise this service, and how we can learn from this experience to develop other services in the future. A summary will be made available on the Medway School of Pharmacy (MSoP) website after the completion of the project (September 2021). The results of the evaluation may be submitted to a scientific or Pharmacy journal so that others can learn what worked well and how to deliver and improve such a service to people in other locations across the UK. Anonymised data from the questionnaires or interview transcripts will be kept for five years after the study is completed, after which it will be destroyed.

Who is funding the study?

The study is fully funded by the Kent Local Pharmaceutical Committee via Health Education England London and South East Pharmacy.

and is being carried out by independent researchers from Medway School of Pharmacy, University of Kent.

Who should I contact if I want to know more about the study?

If you want to know more about the study, please contact the co-principal investigator Dr. Sarah Corlett at S.A.Corlett@kent.ac.uk

Who should I contact if I have any concerns about the study or the way it has been conducted?

If you have concerns about how this research study has been conducted, please contact the Deputy Head of School, Dr Gurprit Lall (G.Lall@kent.ac.uk). If you would like to know more about the university's guidance on the use of personal data, it can be found here:
https://research.kent.ac.uk/researchservices/wp-content/uploads/sites/51/2020/06/GDPR-Privacy-Notice-Research.pdf

Thank you for taking time to consider taking part in this study.

This project has been looked at and approved by the MSoP Research Ethics Committee

Appendix 3: PIP consent form

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Evaluation of Pharmacist independent prescriber telephone smoking cessation service

Please read the statements below and return your completed consent form with your contact preferences form to B.Sykes@kent.ac.uk

I have read and understand the information provided for the above study.	**Yes/ No**
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and this will not affect my future employment.	**Yes/ No**
I agree to acting as a gatekeeper for the study by distributing the text message and on-line questionnaire link to clients that have used the service between June 1st and November 30th 2020	**Yes/ No**
I understand that my contact details will only be used to contact me for the purpose of carrying out an interview. They will be destroyed within 4 weeks of the interview date.	**Yes/ No**
I understand that the interview will be audio/digitally recorded and that this recording will be transcribed verbatim.	**Yes/ No**
I understand that verbatim quotes taken from the recording of our conversation may be used in publications and reports, but that these will be anonymised and not traceable to me.	**Yes/ No**
I agree to participate in a telephone/ video interview	**Yes/ No**

Signature (Name): **Date:**

Please either add an electronic signature, print, sign and scan to return the document OR simply type your name and then include a statement within your email, including this document as an attachment, confirming that you are unable to sign the form electronically.

Appendix 4: PIP contact preference form

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Pharmacist: Contact Preference form

If you are willing for a researcher to contact you for an interview, then please complete the details below and return these with your completed consent form to: B.sykes@kent.ac.uk

Name:

E-mail address:

Mobile/ telephone number:

Which day of the week would be most convenient to receive a 30-minute call from us?

Monday – Friday/ Saturday/ Sunday

Typically, what time of day would you prefer?

10-12/ 12-2/ 2-5/5-7

How would you like us to contact you?

Skype, What's App, TEAMS, Zoom

If Skype please provide your Skype ID……

We will use the information you provide above to suggest an initial date/ time for the interview. However, please be assured that providing the above information does not commit you in any way to taking part. When we contact you, we will check that you are still happy to proceed, and we will agree a mutually convenient appointment with you.

Your contact details will be stored securely by the research team until your interview has taken place. They will be deleted within 4 weeks of your interview. They will not be shared with anyone outside of the research team or used for any other purpose.

Appendix 5: PIP follow-up request

Dear Pharmacist,

I wrote to you recently requesting that you take part in an evaluation the smoking cessation programme provided by Kent Community Foundation Trust and the One You team. Thank you if you have already taken the time to do this. If you have yet to contact the MSoP researchers to either agree to distribute a questionnaire to clients that have used the service, or to take part in an interview to share your own experiences the purpose of this follow up letter is to ask you to do so now.
The interview will only take 30 minutes of your time and will provide essential feedback in relation to the successes and challenges of the service. We are also planning to use the evaluation to explore wider application of pharmacist independent remote consultation services. I have attached the participant information leaflet, consent form and contact preferences form to this e-mail. If you have any questions about the study, please contact Dr Sarah Corlett (S.A.Corlett@kent.ac.uk) for more information.

With best wishes,

Shilpa Shah
CEO, Kent Local Pharmaceutical Committee

Appendix 6: PIP interview topic guide

Evaluation of Pharmacist independent prescriber telephone smoking cessation service

Briefly explain purpose of interview and check consent.

Start recording

Gather background information from participant.

1. **Tell me briefly about your usual area of practice as a pharmacist**

Prompts: Where do you normally work (community/ hospital/ primary care – GP practise, across a number of GP practises – primary care network or community pharmacy), How long have you been a prescribing pharmacist? What is your scope of practice (what are you normally prescribing in) – is it cardiovascular disease etc.?

2. **How does your work with the smoking cessation consultations relate to your general role?**

Have you participated in smoking cessation programmes before (tell me about these)?

3. **Tell me about your experience of providing the PIP smoking cessation service.**

What were your expectations of what the service may be like? How did it match up against these?

How many clients have you supported?

How did your discussion with the Clients go? How willing were they to engage with the service? Did they provide you with any feedback?

Were there any particular challenges or difficulties that you encountered (refusals or delays in prescribing varenicline (Champix) because of clients medical history or current medicines?)

Did you have enough time to explore everything that you needed to within them?

What was the best things about the service?

Were there any negatives/ things that you think could be improved if you were to develop the service?

4. **Are you aware of how your clients got on?** How many were successful in their attempt to quit? What do you think the reasons for your success (or otherwise) are? What kind of problems do you think the Clients experienced? Were you able to address any of these issues?

5. **Were you able to talk to the clients about their general health and engagement with other health or lifestyle services? –** such as those promoting diet and exercise

6. **Why do you think this service should/ should not be continued?**

What other resources in terms of support or services do you need to provide it? What is the benefit to clients of a pharmacist independent prescriber providing the consultation? (In comparison to a doctor or another healthcare professional) What have been the pitfalls or advantages of a pharmacist providing the service?

Can you identify any other areas of practice for which this approach/ service model could be adopted?

Diet / exercise? Health promotion side. Running Asthma clinics. Helping people manage patients with LT conditions, manage disease better.

7. **Is there anything else that you would like to tell me that I haven't asked?**

Stop recording

Appendix 7: text to clients from PIPs

Tell us about your experiences of the smoking cessation service and by doing so help us to improve healthy living and lifestyle support services in Kent. Click on the link https://msp.eu.qualtrics.com/jfe/form/SV_1ACI6kQ0Emvdf8i to access an on-line to provide your feedback.

Appendix 8: online questionnaire

Smoking Cessation - Client Questionnaire

Start of Block: Consent for Questionnaire

Purpose of the evaluation The Covid pandemic has seen a change to the delivery of key health services across Kent with remote interventions replacing face-to-face delivery in many cases. One such affected service was the face-to-face delivery of smoking cessation support through community pharmacies. The Kent Local Pharmacy Committee (LPC) in particular wanted to continue to deliver a smoking cessation service given that smokers were known to be adversely affected by Covid. There was recognition that clinically vulnerable people, for example, pregnant women and those with long term conditions, such as chronic obstructive pulmonary disease may not be willing or able to visit the pharmacy. Working with the One You team and Kent Community Foundation Health Trust, the LPC devised an interim solution that would help patients stop smoking by receiving behavioural advice via a virtual consultation (phone or video) with a smoking advisor and then, if the advisor thought that they would benefit from the medicine varenicline (Champix), having a remote consultation with a pharmacist who could check whether varenicline was suitable for them and if applicable arrange a supply via a local community pharmacy of the client's choice. As a client of this programme we are asking you to provide feedback so that a decision to be made about how this service develops or is supported in the future.   Please complete this survey if you were: ·   A client of the One You smoking cessation programme between 1st June 2020 and 31st March 2021 ·   Referred to a Pharmacist for varenicline (Champix) as part of this programme.

Information about this study can be found here: Participant information leaflet

---

Please tick the box below to confirm you are eligible for this survey:

I was a client of the One You smoking cessation programme between 1st June 2020 and 21st March 2021 and I was referred to a Pharmacist for varenicline (Champix) as part of this programme. (1)

Page Break

By completing and returning this questionnaire, you are giving your consent to be part of this study and for your data to be used as described in the Participant information leaflet. Please confirm your consent for taking part in this study.

○ Yes I consent to taking part (1)

○ No I do not wish to take part (2)

Please take time to read the enclosed ▶ Participant information leaflet

To either re-enter or exit the questionnaire, please answer the next question.

By completing and returning this questionnaire, you are giving your consent to be part of this study and for your data to be used as described in the participant information leaflet.
Please confirm your consent for taking part in this study.

- ○ Yes I consent to taking part (1)
- ○ No I do not wish to take part (2)

You have indicated that you do not consent to participate in the Smoking Cessation study.

We would like to take this opportunity to thank you for you time.

End of Block: Consent for Questionnaire

Start of Block: About You

Prior to attending the One You smoking cessation programme, how many cigarettes did you smoke in a usual day?

- ○ <10 (4)
- ○ 10-19 (5)
- ○ 20-29 (6)
- ○ 30+ (7)

Page Break

When did you start the smoking cessation programme?

- ○ June - August 2020 (1)
- ○ September - November 2020 (2)

Page Break

Who referred you to the One You service?

- ○ Myself (1)
- ○ My pharmacy (2)
- ○ My GP (3)
- ○ Hospital (4)
- ○ Midwife (5)
- ○ Another healthcare professional (6)
- ○ Other - please specify (7) ____

Page Break

How did you meet the pharmacist?

- ○ Telephone (1)
- ○ Skype (2)
- ○ Whatsapp (3)
- ○ Zoom (5)
- ○ TEAMS (6)
- ○ Other - please specify (4) ____

Page Break

Following your first appointment with the Pharmacist Prescriber did you receive varenicline (Champix)?

- ○ Yes (1)
- ○ No (2)

Page Break

Please tell us briefly why you did not receive varenicline (Champix).

____

Did you complete 12 weeks treatment with varenicline (Champix)?

- Yes (1)
- No (2)

Why did you not complete 12 weeks treatment with varenicline (Champix)?

____

Page Break

Typically how many cigarettes do you smoke a day now?

- 0 cigarettes (8)
- <10 (4)
- 10-19 (5)
- 20-29 (6)
- 30+ (7)

Page Break

How many (if any) failed attempts have you had to stop smoking previously?

____

Page Break

What gender do you identify as?

- Male (1)
- Female (2)
- Non-binary (3)
- Prefer not to say (4)

Page Break

How old are you?

____

Page Break

Do you pay for your prescriptions?

- Yes (1)
- No (2)

Page Break

How would you describe your ethnicity?

- White (1)
- Black or Black British (2)
- African (3)
- Asian or Asian British (4)
- Carribbean (5)
- Mixed (6)
- Other - please specify (7) ____
- Prefer not to say (8)

Page Break

What is your first language (the language that you speak at home)?

- English (1)
- Other - please specify (2) ____

Page Break

What is your full postcode? (This will not be used to identify you. We ask people to provide their postcode so that we can compare responses and experiences of individuals who are living in different areas)

____

End of Block: About You

Start of Block: Your views on the smoking cessation programme

Below are a number of phrases. Please tick the response that best describes how you feel about each phrase.

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
I would have liked to have more time with the pharmacist (1)	○	○	○	○	○
I had an opportunity to ask all the questions I wanted to. (2)	○	○	○	○	○
It was convenient for the consultation to be carried out remotely. (3)	○	○	○	○	○
I felt comfortable with the pharmacist asking me about the medicines I take. (4)	○	○	○	○	○
I didn't feel comfortable discussing my lifestyle with the pharmacist. (5)	○	○	○	○	○
I understood everything that was discussed. (6)	○	○	○	○	○

Page Break

Below are a number of phrases. Please tick the response that best describes how you feel about each phrase.

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
The pharmacist answered all my questions. (1)	○	○	○	○	○
The pharmacist helped me to understand how the varenicline (Champix) could help me to stop smoking. (2)	○	○	○	○	○
The pharmacist helped me to deal with any concerns I had about taking varenicline (Champix). (3)	○	○	○	○	○
The pharmacist helped me to understand how the varenicline (Champix) would affect other medicines that I take. (4)	○	○	○	○	○
It was inconvenient to collect the varenicline (Champix) from the pharmacy I selected (5)	○	○	○	○	○
I would recommend this service to other people who wish to give up smoking. (6)	○	○	○	○	○

Page Break

Overall, how would you rate the service/support you received from the Pharmacist prescriber within the smoking cessation programme?

- ○ Excellent (1)
- ○ Good (2)
- ○ OK (3)
- ○ Poor (4)

Page Break

What was the best thing about the service?

____

____

____

____

Page Break

How could this service have been improved?

____

____

____

____

Page Break

Have you made any other changes to your lifestyle as a result of completing this program?

- ○ Yes (1)
- ○ No (2)

Page Break

Please tell us about the lifestyle changes you have made as a result of completing this program.

____

Page Break

Have you been directed to any other lifestyle or health services as a result of participating in this program?

○ Yes (1)

○ No (2)

Please tell us about your experience with any other lifestyle or health services you were directed to as a result of participating in this program

____

____

____

____

End of Block: Your views on the smoking cessation programme

Start of Block: Finally

We would like to talk to people who have used the smoking cessation service, whether it helped them to give up smoking or not, to learn more about their experiences of using this service during the Covid pandemic. The feedback you provide will determine whether the service is continued in its current form. It will also help us to develop other similar services. If you are willing for a researcher to contact you to undertake an interview lasting 15-20 minutes then please provide your contact details below and complete the consent statements.

Please click on each of the statements below to confirm that you are willing to talk to our researcher. If you wish to review / re-read the participant information leaflet it can be found here: Participant information leaflet

I have read and understand the information provided for the above study.

○ Yes (1)

○ No (2)

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and this will not affect my future use of healthcare services.

- Yes (1)
- No (2)

I understand that my contact details will not be kept with my questionnaire, and will only be used to contact me for the purpose of carrying out an interview. They will be destroyed within 4 weeks of the interview.

- Yes (1)
- No (2)

I understand that the interview will be digitally recorded and that this recording will be transcribed verbatim.

- Yes (1)
- No (2)

I understand that verbatim quotes taken from the recording of our conversation may be used in publications and reports, but that these will be anonymised and not traceable to me.

- Yes (1)
- No (2)

I agree to participate in a telephone/ video interview.

- Yes (1)
- No (2)

End of Block: Finally

Start of Block: Contact details for interview

Name

E-mail address

Mobile/ telephone number

Which day of the week would be most convenient to receive a 30-minute call from us? (Please click all that apply).

Monday - Friday (1)

Saturday (2)

Sunday (3)

Typically, what time of day would you prefer? (Please click all that apply).

10am - 12pm (1)

12pm - 2pm (2)

2pm - 5pm (3)

5pm - 7pm (4)

How would you like us to contact you?

Telephone (1)

Skype (Please provide Skype ID below) (2)

____

Whatsapp (3)

Zoom (4)

Teams (5)

We will use the information you provide above to suggest an initial date/ time for the interview. However, please be assured that providing the above information does not commit you in any way to taking part. When we contact you we will check that you are still happy to proceed, and we will agree a mutually convenient appointment.

Thank you very much for taking the time to complete this survey.

End of Block: Contact details for interview

Appendix 9: client participant information leaflet

medway school
of pharmacy

Evaluation of Pharmacist independent prescriber telephone smoking cessation service

Research team: Dr Sarah Corlett (co-principal investigator and senior lecturer, Medway School of Pharmacy), Dr Trudy Thomas (co-principal investigator and deputy head, Medway School of Pharmacy) and Bronte Sykes (Research Assistant).

You are being invited to take part in a study exploring your views on the smoking cessation programme you recently completed. Before you decide if you want to take part, you must understand why the study is being done and what it involves. Please take time to read the following information and contact Sarah (text 07443 634881 or e-mail S.A.Corlett@kent.ac.uk) if you have any questions or would like more information.

Why is the study being done?

The Covid pandemic has seen a change to the delivery of key health services across Kent with remote interventions replacing face-to-face delivery in many cases. One such affected service was the face-to-face delivery of smoking cessation support through community pharmacies.
The Kent Local Pharmacy Committee (LPC) in particular wanted to continue to deliver a smoking cessation service given that smokers were known to be adversely affected by Covid. There was recognition that clinically vulnerable people, for example, pregnant women and those with long term conditions, such as chronic obstructive pulmonary disease may not be willing or able to visit the pharmacy.

Working with the One You team and Kent Community Foundation Health Trust, the LPC devised an interim solution that would help patients stop smoking by receiving behavioural advice via a remote consultation (phone or video) with a smoking advisor and then, if the advisor thought that they would benefit from the medicine varenicline (Champix), having a phone or video consultation with a pharmacist who could check whether varenicline was suitable for them and if applicable arrange a supply via a local community pharmacy of the client's choice. As a client of this programme, we are asking you to provide feedback so that a decision to be made about how the service is developed or supported in the future.

Can I take part?

Yes – if you are over 18 years old, have been a client of the One You smoking cessation programme between 1st March 2020 and 31st March 2021 and had an appointment with a Pharmacist to talk about whether you should receive the medicine, varenicline (Champix), as part of this programme. We are interested in the views of everyone whether you were prescribed varenicline after your discussion with the Pharmacist or not and whether they you were successful in your ambition to give up smoking or not.

Do I have to take part?

It is entirely your decision whether you agree to take part in this evaluation. If you decide to take part, you can change your mind at any time.

We are asking you to do two things – complete a short online survey and tell us in a bit more detail, by allowing us to speak to you by telephone or an online link (Skype / WhatsApp / TEAMS), about your experiences of receiving this service. We would like you to do both but if you don't have time or don't want to complete an interview, we would still very much appreciate your feedback by completing the short survey.

If you decide to take part and then change your mind on the survey, we may not be able to withdraw your responses. This is because the survey is anonymous, unless you have provided your contact details for the interview, we may not be able to identify which response is yours. However, if you complete the interview and then decide to withdraw from the study, we will be able to withdraw your data.

If I choose to take part, what do I need to do?

Please complete the online survey. It will take less than 10 minutes to complete. We would also like you to tell us more about your experience of using this service by taking part in a telephone/ online interview. If you decide to take part in an interview it will take no more than 30 minutes of your time.

Are there any benefits if I take part?

There are no direct benefits to you in taking part in this evaluation. However, what we find out about the service, its benefit to you and how it could be improved will influence whether the service is continued in the future, and if so whether it is continued in its current format or changes are made to it.

Are there any risks if I take part?

The questionnaires are anonymous. All completed questionnaires will remain confidential, and no unauthorised person will have access to the data. If you complete the questionnaire, you can **opt in to take part in the interview about your experience of receiving the service.** If you do this then please be assured that your contact details will not be linked to your responses and your responses, for both the survey and interview will remain anonymous. Your contact details will be securely stored by the co-principal investigator (SC) in password-protected Drop Box files (to facilitate communication/ data sharing of anonymised data between the researchers) or on password protected folders within the University computer systems that have access which is limited to the research team. They will be deleted within 4 weeks of the interviews taking place. This should be by the end of April 2021.

Will anyone know that I've taken part?

No one will be told about your participation in this study and your decision to take part will not affect your future care or the local health services you receive in any way. As described above, no personal identifiable data is being collected. All results will be anonymised.

What will happen to the results?

The data from the evaluation will be analysed and used to prepare a report on the service for Kent Local Pharmaceutical Committee. We hope we can find out how to optimise the service in the future. A summary will be made available on the Medway School of Pharmacy (MSoP) website after the completion of the project (July 2021). The results of the evaluation may be submitted to a scientific or Pharmacy journal so that others can learn what worked well and how to deliver and improve such a service to people in other locations across the UK. Anonymised data from the

questionnaires or interview transcripts will be kept for five years after the study is completed, after which it will be destroyed.

Who is funding the study?

The study is fully funded by the Local Primary Care Network and is being carried out by independent researchers from Medway School of Pharmacy, University of Kent.

Who should I contact if I want to know more about the study?

If you want to know more about the study, please contact the co-principal investigator Dr. Sarah Corlett at S.A.Corlett@kent.ac.uk

Who should I contact if I have any concerns about the study or the way it has been conducted?

If you have concerns about how this research study has been conducted, please contact the Deputy Head of School, Dr Gurprit Lall (G.Lall@kent.ac.uk). If you would like to know more about the University's guidance on the use of personal data, it can be found here:
https://research.kent.ac.uk/researchservices/wp-content/uploads/sites/51/2020/06/GDPR-Privacy-Notice-Research.pdf

Thank you for taking time to consider taking part in this study.

This project has been looked at and approved by the MSoP Research Ethics Committee

Appendix 10: client interview topic guide

Briefly explain purpose of interview and check consent.

Start recording

Gather background information from participant.

1. **Tell me briefly about your smoking history**

Prompts: When did you start smoking, how many cigarettes did you smoke a day, have you attempted to stop before this attempt? What sort of approaches have you used? Why do you think these were not successful?

2. **What motivated you to seek help/ stop smoking (on this attempt)?**

Feelings and beliefs in relation to health?

3. **Tell me about your engagement with/ experience of this smoking cessation service.**

How were you referred into it? What were your expectations of what the smoking service may be like? How did it match up against these?

How did your discussion with the Pharmacist Prescriber go? Did you feel supported by them? Why/ Why not?

What was the best things about the service? Were there any things about the smoking cessation service you didn't like/ things that you think could be improved if you were to use the service again?

4. **Were you successful in your attempt to quit? What do you think the reasons for your success (or otherwise) are?**

5. **How has accessing the service changed your views on and engagement with health services more generally?**

Other than stopping smoking have you made any other changes to your lifestyle? Have you been referred to other services, have you made any other changes to your lifestyle? Has giving up/ this attempt to stop smoking made any difference to you use of your local health centre/ GP practice.

Healthy eating as opposed to dieting

Help to keep you healthy – diet, alcohol

6. **Why do you think service did/ did not work for you?**

What other resources in terms of support or services do you need to help you to quit?

7. **The purpose of this evaluation is to determine whether the service should be continued in its current format or whether it needs to be changed. Is there anything else that you would like to tell me that I haven't asked that you think would be relevant to this decision?**

Thank you for participating

Stop recording