



NHS Stop Smoking Service Monitoring Form 2014-15

Dental



|   |  |  |  |  |                                 |   |   |  |   |
|---|--|--|--|--|---------------------------------|---|---|--|---|
| <b>Dental Practice</b>  |  | <b>Adviser Name</b>  |  | Public Health Office use only:   | Date received:                  | Reference Number:   |   |  |   |
| <b>Client Name</b>  | <b>Telephone</b> <i>Tick preferred contact number</i>  | <b>Ethnic Group</b>  |  | <b>Occupation</b>  |                                 | <b>How did you hear about the service?</b>  |   |  |   |
|   | Tel No: <input type="checkbox"/><br>Mobile: <input type="checkbox"/>   | White<br>A British <input type="checkbox"/><br>B Irish <input type="checkbox"/><br>C Other White <input type="checkbox"/>  | Managerial/Professional <input type="checkbox"/><br>Intermediate <input type="checkbox"/><br>Routine and Manual <input type="checkbox"/><br>Full time student <input type="checkbox"/><br>Parent <input type="checkbox"/><br>Retired <input type="checkbox"/><br>Home Carer (unpaid) <input type="checkbox"/><br>Long term sick/Disabled <input type="checkbox"/><br>Long term unemployed <input type="checkbox"/><br>OR write occupation below:<br>.....<br>Other (specify)..... <input type="checkbox"/> | GP <input type="checkbox"/><br>Pharmacy <input type="checkbox"/><br>Friend/family <input type="checkbox"/><br>Midwife <input type="checkbox"/><br>District Nurse <input type="checkbox"/><br>Other healthcare professional <input type="checkbox"/><br>Health Worker <input type="checkbox"/><br>Children Centre <input type="checkbox"/><br>Radio <input type="checkbox"/><br>Newspaper <input type="checkbox"/><br>Other (specify)..... <input type="checkbox"/> |                                 |   |   |  |   |
| <b>Client NHS Number</b>  | <b>Date of birth</b> ___/___/___   | Mixed<br>D White & Black Caribbean <input type="checkbox"/><br>E White & Black African <input type="checkbox"/><br>F White Asian <input type="checkbox"/><br>G Other Mixed background <input type="checkbox"/> |  |  |                                 |   |   |  |   |
| <b>Client Address</b>   | <b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>  | Asian<br>H Indian <input type="checkbox"/><br>or<br>J Pakistani <input type="checkbox"/><br>Asian<br>K Bangladeshi <input type="checkbox"/><br>British<br>L Other Asian background <input type="checkbox"/>    |  |  |                                 |   |   |  |   |
|   | <b>Pregnant</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, due date ___/___/___   | Black or<br>M Caribbean <input type="checkbox"/><br>Black<br>N African <input type="checkbox"/><br>British<br>P Other Black background <input type="checkbox"/>  |  |  |                                 |   |   |  |   |
|   | <b>Medication currently taken</b><br>Theophylline <input type="checkbox"/> Insulin <input type="checkbox"/><br>Clozapine <input type="checkbox"/> Warfarin <input type="checkbox"/><br>Olanzapine <input type="checkbox"/> |  |  |  |                                 |   |   |  |   |
| <b>Postcode</b>   | <b>GP Surgery</b>  |  | <b>Name of GP</b>  |  |                                 |   |   |  |   |
| <b>Do you smoke</b><br>Straights <input type="checkbox"/> Roll-ups <input type="checkbox"/> Both <input type="checkbox"/>   |  | <b>Do you normally pay full price?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | <b>Does anyone smoke inside your home?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                 | <b>Quit Details</b><br><i>Please note you must attempt at least 3 times to follow up client for quit outcome</i>  |   |  |   |
| <b>Agreed Quit Date</b> ___/___/___   |  | <b>Current CO reading</b> .....  |  |  |                                 | <b>Has client quit smoking after 4 weeks?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  |   |  |   |
| <b>Product(s) used to assist quit</b> (tick all products that apply in this quit attempt)   |  |  |  | NRT – Gum <input type="checkbox"/>   |                                 | <b>Date of last cigarette</b> ___/___/___   |   |  |   |
| NRT – Patch <input type="checkbox"/> NRT – Nasal Spray <input type="checkbox"/> NRT – Inhalator <input type="checkbox"/> NRT – Microtab <input type="checkbox"/>  |  |  |  | NRT – Mini-Lozenge <input type="checkbox"/> NRT – Lozenge <input type="checkbox"/> NRT – Mouth spray <input type="checkbox"/> NRT – Oral Strips <input type="checkbox"/>   |                                 | <table border="1"> <tr> <td><b>If client has quit smoking</b><br/>CO reading at 4 week follow up<br/>.....</td> <td><b>If no reading recorded</b> have 3 attempts been made to contact client for CO reading?<br/><br/>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> |   | <b>If client has quit smoking</b><br>CO reading at 4 week follow up<br>..... | <b>If no reading recorded</b> have 3 attempts been made to contact client for CO reading?<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>If client has quit smoking</b><br>CO reading at 4 week follow up<br>.....  | <b>If no reading recorded</b> have 3 attempts been made to contact client for CO reading?<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |  |                                 |   |   |  |   |
| Zyban <input type="checkbox"/> E-cigarette <input type="checkbox"/> Champix <input type="checkbox"/> None <input type="checkbox"/>  |  |  |  |  |                                 |   |   |  |   |
| <b>When more than one product is ticked did the patient use the products:</b><br>At the same time <input type="checkbox"/> One after the other (i.e. swapped products) <input type="checkbox"/>   |  |  |  |  |                                 |   |   |  |   |
| <b>Type of Support Given</b><br>Telephone <input type="checkbox"/> 1:1 <input type="checkbox"/> Drop-in clinic <input type="checkbox"/> Open (rolling) group <input type="checkbox"/> Couple/Family <input type="checkbox"/> Group <input type="checkbox"/> Closed Group <input type="checkbox"/>   |  |  |  |  |                                 |   |   |  |   |
| <b>Client Consent to Monitoring</b> - Under the legislation of the Data Protection Act 1998, I agree to allow the data to be used by the NHS Stop Smoking Service and other government departments for analysis purposes. I consent to the following: Treatment <input type="checkbox"/> Follow up by Stop Smoking Service <input type="checkbox"/>   |  |  |  |  |                                 |   |   |  |   |
| <b>Name:</b>  |  | <b>Signed*</b>   |  |  | <b>Date:</b>                    |   | *or tick by adviser if client verbally consented over phone |  |   |
| <b>Adviser Details:</b> I confirm that the information given on this form is true and complete. I understand that if I provide false or misleading information I may be liable to prosecution or civil proceedings. I understand that the information on this form may be provided to the Counter-Fraud and Security Management Service, a division of the NHS Business Services Authority, for the purpose of verification of this claim and the prevention, detection and investigation of fraud. |  |  |  |  |                                 |   |   |  |   |
| <b>Adviser Name</b>   |  | <b>Adviser signature</b>   |  |  | <b>Adviser telephone number</b> |   |   |  |   |
| After the 4 week follow up has been completed please return this form to Stop Smoking Returns, Public Health, Devon County Council, County Hall, Topsham Road, Exeter, EX2 4QD. Fax   01392 382606  |  |  |  |  |                                 |   |   |  |   |

## Information for Client Consent to Service Monitoring

Information is required by the Department of Health to measure how successful the local Stop Smoking Service is in helping people to quit smoking. The information that will be gathered is entered on the monitoring form, which your Smoking Adviser uses and which he/she will show you.

There are several reasons for collecting this information:

|  |  |
|--|--|
| <b>Your name, address and phone number</b>           | Your details will be kept by us on file so that we may contact you again in the future, with your permission, to see if you have stopped smoking. Your postcode will enable us to see if smokers from all parts of Devon are using the service.  |
| <b>Your age, gender, occupation and ethnic group</b> | This will help us to know if we are reaching all groups of smokers across Devon. Where employed please indicate your occupation so we can identify whether we are targeting manual and non-manual groups. The Department of Health requires us to record your ethnic group. If you are recently unemployed please put occupation held in last 12 months. |
| <b>Whether you are pregnant</b>                      | We want to know how many pregnant smokers are using the service, as this is a high national and local priority.  |

The information will be entered into a computer database and aggregated and anonymous data will be used to produce figures for service evaluation and for submission to the Department of Health. This database will be held by Public Health in Devon County Council.

Before this information can be collected, your consent is required. If you do not wish for this information to be forwarded to the Department of Health, you are under no obligation to sign the consent form. Your access to help and support and medical treatment will be unaffected.

### Client Consent Data Protection Act – please read

Under the legislation of the Data Protection Act 1998, I agree to allow the data collected to be used by the local NHS Stop Smoking Service and other Government departments for analysis purposes. Summary data, which will be anonymous, will be forwarded to the Department of Health for quarterly and annual evaluation.

I agree to the Stop Smoking Service contacting me after entering the service to confirm my non-smoking/smoking status.

I agree to allow the data to be viewed by a third party to aid in the processing of the data. I have been made aware that the personal data will not be presented to any direct marketing organisations for commercial use.

## Information for Adviser relating to Monitoring Forms

Information is required by the Department of Health to measure how successful the local Stop Smoking Service is in helping people to quit smoking. The information gathered should be clearly entered on the monitoring forms.

There are several reasons for collecting this information:

|   |   |
|---|---|
| <b>Name, address and contact details</b>        | Quitter's details are collected so that clients may be contacted again in the future to see if they are still not smoking and to offer further support. <b>For this reason it is important to include contact details so that clients can be contacted, with their permission, in the future.</b> The postcode enables us to see if smokers from all parts of Devon are using the service and helps us to target those areas where interventions are of greatest need.  |
| <b>Age, gender, occupation and ethnic group</b> | This will help us to know if we are reaching all groups of smokers across Devon. Where employed please indicate the clients occupation to help ensure that we are targeting manual and non-manual groups. It is mandatory that the ethnic group is included.  |
| <b>Pregnant</b>                                 | We want to know how many pregnant smokers are using the service, as this is a high national and local priority.   |
| <b>Occupation</b>                               | If quitter has been employed in the last 12 months please put their last occupation.<br><br><b>Managerial/professional</b> – examples include accountant, artist, civil,mechanical engineer, medical practitioner, musician, nurse, physiotherapist, scientist, social worker, solicitor, teacher, welfare officer.<br><b>Intermediate</b> – examples include call centre agent, clerical worker, nursery nurse, nursing auxiliary, clerk, secretary.<br><b>Routine &amp; Manual</b> – examples include electrician, fitter, gardener, inspector, plumber, printer, train driver, bar staff, catering assistant, HGV driver, mechanic, porter, receptionist, sales assistant, waiter. |
|   | If unsure, please write occupation by hand.   |

The information will be entered into a database and aggregated data will be used to produce figures for service evaluation and for submission to the Department of Health. The database is held at Public Health, Devon County Council. Summary information will also be fed back during the year to practices, pharmacists, advisers etc. to help support their services.

Monitoring forms should be returned to the address overleaf in a timely manner to ensure that the information held in the central database is up to date and accurately reflects the current number of quitters.

**CO Validation** - At the 4 week follow-up CO validation should be attempted for all clients, except for those who are followed-up by telephone. CO monitoring of all clients at the 4 week follow-up stage is motivational for clients as well as a validation of their smoking status. The Department of Health Service & Monitoring Guidance requires 85% of successful quit attempts are attempted to be validated with a CO breath test.

**Department of Health guidelines** on whether someone has quit smoking state that:

“For the purposes of CO validation any CO reading of less than 10 ppm should be taken as an indication that the client is not smoking at that point in time.”

**Prescribing Guidance** - NRT should be prescribed as the first line treatment and used in accordance to product licence and local joint formulary guidance. In some cases there may be reasons why a client is best suited to an alternative treatment, such as Zyban or Champix, which can be prescribed according to product licence and local joint formulary guidelines