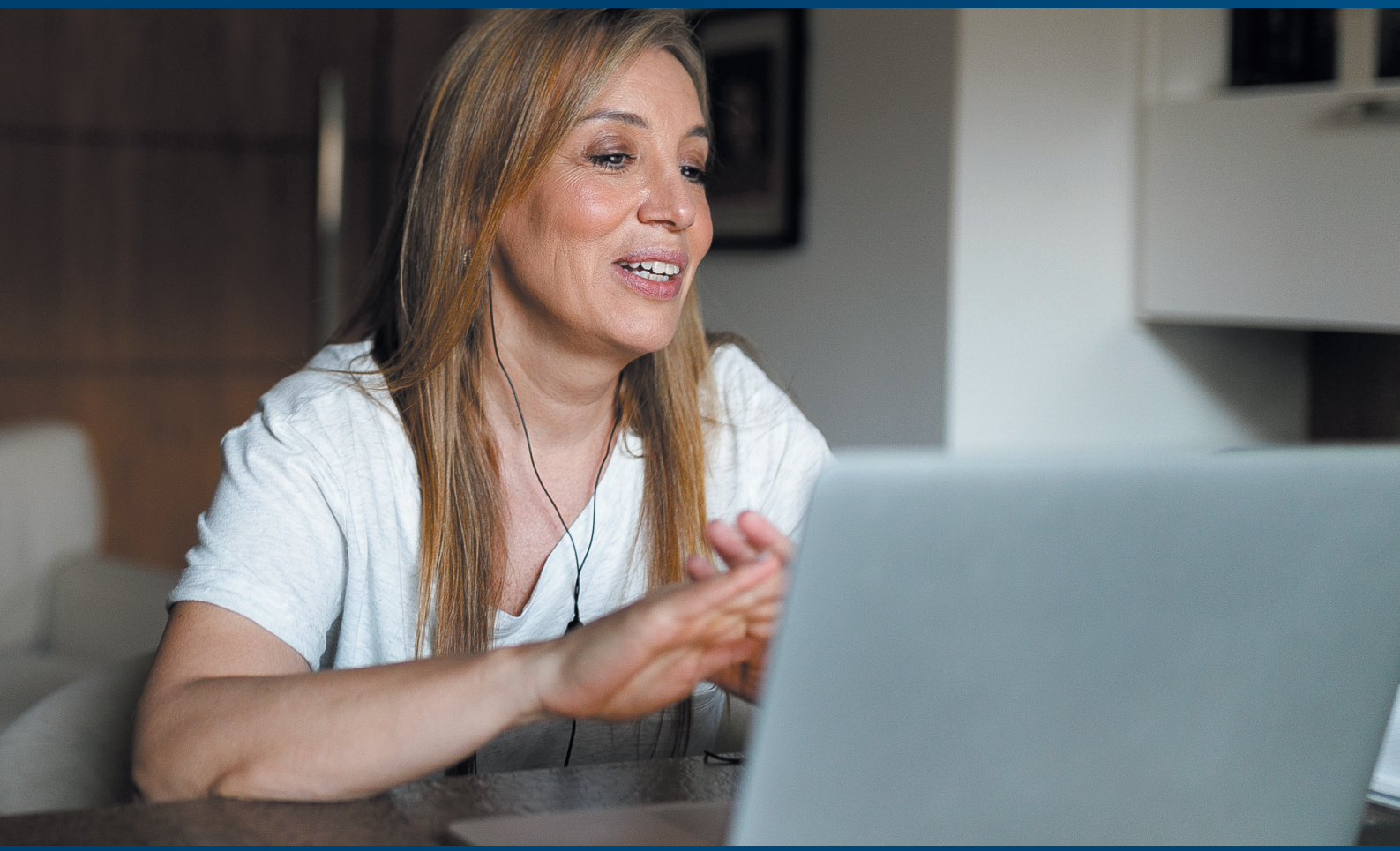
Remote consultations:
Delivering behavioural support and supply of NRT



NCSCT

Remote consultations:
Delivering behavioural support and supply of NRT

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About the National Centre for Smoking Cessation and Training

The National Centre for Smoking Cessation and Training (NCSCT) is a social enterprise set up to:

- help stop smoking services to provide high quality behavioural support to smokers based on the most up-to-date evidence available
- contribute towards the professional identity and development of stop smoking practitioners and ensure that they receive due recognition for their role
- research and disseminate ways of improving the provision of stop smoking support

www.ncsct.co.uk

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1. Background

In light of the rapid spread of coronavirus, the NCSCT have recommended that stop smoking services suspend providing face-to-face support until further notice. However, it is still vitally important that we continue to provide support to clients who want to stop smoking or who are in the process of quitting.

Quitting smoking is one of the most important things that a person can do for their health. We also know that smoking impairs the immune system and that smokers are at greater risk of:

- getting acute respiratory infections
- infections lasting longer
- infections being more serious than it would be for someone who does not smoke[1]

Smokers could therefore be more vulnerable to infections like COVID-19.

We have a vital role to play in preventing the spread of COVID-19 to smokers, and in helping smokers become and remain smokefree so that they are less at risk of serious health consequences from the virus and smoking-related illness in general.

It is recommended that behavioural support continues to be provided via telephone, or alternatives such as video chat, to maintain contact where possible.

This discussion document explores points to consider when providing remote consultations and some of the possible alternatives to face-to-face consultations.

2. Delivering behavioural support remotely

Provision of behavioural support via telephone can be effective in helping people to stop smoking. There is good evidence that providing behavioural support by telephone, particularly when combined with stop smoking medications, increases both compliance with stop smoking medications and short and long-term smoking abstinence.[2,3] As is the case with face-to-face support, we know that multiple contacts improve the effectiveness of this support.[3]

Video-based communication (video chats) may also be helpful in delivering behavioural support remotely. While there is relatively little research looking at the effects of video support for quitting, the available evidence has shown it to be **comparable to telephone support.**[3] Video has the added advantage of supporting non-verbal communication as obviously the client and the practitioner can see each other.

Clients themselves may have a preference for how you stay in touch with them remotely. For video conferencing, there are also considerations in terms of client access and knowledge of using video conferencing software and technology.

Remote consultations via telephone or video chat should be arranged for **a set day and time** using a similar contact schedule as used for face-to-face support: **before their quit date, on their quit date and weekly for at least four weeks post-quit date.** It is important to ensure that the client knows that this is an appointment time, specifically set aside for them, to encourage them to answer calls and engage in the behavioural support being delivered. **Access to stop smoking medications should also be available to clients** (see page 11).

Service policies that apply to face-to-face consultations (e.g. safeguarding, record keeping etc.) would also apply to remote consultations, in addition to the considerations discussed in this document.

Services should also carry out risk assessments when setting up remote consultation protocols, in particular for home working, given the current restrictions imposed in response to COVID-19.

The NCSCT *Standard Treatment Programme and Standard Treatment Programme for Pregnant Women* can be used to guide the delivery of an evidence-based behavioural support programme, whatever the route of delivery. The only significant difference is that it will not be possible to carry out carbon monoxide monitoring. However, all other behaviour change techniques can be adapted for remote delivery.

Self-reported smoking status alone, without carbon monoxide (CO) testing, is used to assess smoking status and clients should be asked to be honest when reporting this. For example:

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

To get an accurate response it is often useful to clarify the client's response by offering them the following options or by asking them to confirm that they have not had even one puff on a cigarette:

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

3. Accessing technology

Remote behavioural support can be provided via the following means:

- Telephone: landline or mobile phone
- Video chat: face-to-face conversations held over mobile phones, tablets and computers by means of webcams and dedicated software (e.g. Facetime, WhatsApp, Skype and Zoom)

The most accessible alternative to face-to-face consultations is telephone support as many practitioners have access to a work mobile phone system that can be used for this purpose. Some services also currently provide elements of their services via telephone and are experienced in doing so.

As video chat is less frequently used within stop smoking services, it is recommended that IT departments establish which virtual software is supported and can be downloaded. IT departments may also be able to create user guides for both practitioners and clients with instructions on accessing and navigating the virtual calling system.

4. Considerations for practitioners

4.1 Technology

- Establish the communication method best suited to the client, based on availability of technology and the client's communication needs considering any communication difficulties, sensory impairment or disability
- Ensure that you have the right equipment (e.g. phone, headset, external microphone, speakers, and webcam)
- If using online video chat, ask clients to have alternative forms of communication with them (e.g. telephone) in case of a technical difficulty so that you can call the client and continue with the appointment
- Test the technology first with colleagues before using for appointments
- Do not use your personal mobile or home phone, or disclose your video calling access password to any third party
- Consider updating the service website with information regarding provision of support via telephone and video chat

4.2 Before the appointment

- Provide the client with information regarding their appointment day and time as you would for face-to-face consultations; consider sending an electronic reminder the day before the scheduled appointment
- The appointment should be private. You should ensure that no one else can overhear or see the consultation or will interrupt you during it (a sign on the door, which should be closed, may help)
- Ensure that the client is in a private environment too or that they are happy to talk if not in a private space

If using online video chat:

- Try to have the camera positioned directly above the computer screen in the centre
- Consider where you deliver the consultation – this should be in an area where ideally nothing can be viewed in the background behind you (i.e. try and position yourself with a wall a few feet behind you)
- Ensure that the room is well-lit but avoid sitting with your back to a window or bright light – it makes it difficult for the other person to see you properly
- Consider what is surrounding you during the consultation – is there anything that would disclose personal information like who you live with (e.g. family photographs)?

4.3 During the appointment

- Ensure that you have access to the client's clinical notes from previous sessions
- Follow the NCSCT standard treatment programme – omitting tasks that cannot be completed due to remote delivery (e.g. CO monitoring)
- Advise clients on any changes to the process for obtaining stop smoking medication
- If you are completing an electronic record form during the appointment, inform the client of this so that they know that you will be looking at the screen and typing from time to time
- Don't overload the client with information. As with face-to-face appointments, it is important to provide time and space for their responses by pacing the conversation
- Providing a verbal summary intermittently during the appointment, but particularly at the end, is important to ensure that key points have not been missed due to technical interference
- Confirm (and record in notes) that the client is happy to use the same contact method again
- As with face-to-face consultations, be careful to never give out details like your personal address, phone number or email

4.4 After the appointment

- Record keeping is important to avoid the need for clients repeating themselves and it improves the feeling of continuity
- You must make sure that the records you are responsible for are completed, stored, transferred, protected and disposed of in line with data protection laws and other relevant regulations regardless of where you are working from
- With video chats, ensure that the previous client has logged off before commencing your next appointment with a different client

5. Considerations for clients

5.1 Technology

- Establish whether the client has a device that supports remote consultation (e.g. telephone, video calling or access to the video chat software that you are using)
- Ensure that the client knows how to use the technology, and how to download and navigate the application
- Create an easy to follow client guide (ideally with step by step screen shots) and talk them through this via telephone if they are unsure
- Provide guidance on the secure use of the chosen platform (speak to local IT regarding any anti-spyware or anti-virus requirements)

5.2 Client consent

- Informed consent is required. Clients should be provided with information about all options available to them and how the different virtual platforms work in a way that they can understand, and their consent documented
- Clients should be aware that the use of any virtual system is voluntary, and you can switch to telephone should they wish to do so
- Service consent forms should be updated to include the additional media platforms that you are using

5.3 Privacy and confidentiality

- Aim to maximise client privacy. Client confidentiality is required by law. A remote consultation should be treated like any other consultation in terms of privacy, confidentiality and safeguarding policies
- Be careful not to disclose where you are calling from to any third party
- Advise clients that the virtual system is not a specific NHS system (if it's not) and direct clients to the virtual system privacy notice to ensure that they are happy with the system's privacy policy
- As with a face-to-face consultations, advise the client that notes are kept to facilitate behavioural support
- Establish that the client has privacy and is unlikely to be disturbed so that they can focus on the appointment
- Client video appointments should not be recorded without permission
- Clients should log out of the virtual system when not in use

6. Supplying nicotine replacement therapy

The guidance below is to assist services who have previously supplied medication to clients but are now establishing (or considering) mailing NRT and vapes to service users.

There is no specific MHRA guidance on mailing vapes like there is for NRT. It is worth establishing and maintaining links with local vape shops who, whilst currently closed, may still be taking telephone and online orders.

Varenicline (Champix) can still be obtained via clients' GP and it may be worth contacting local surgeries to see what systems they have in place for supply of this medication.

Similarly, if your service offers a voucher system then get in touch with local community pharmacies to establish how supply of NRT can be managed.

It is permissible to post NRT to service users, subject to the following requirements:

- The service must keep their stock stored in a locked cupboard in premises owned or managed by the service provider (e.g. not the practitioners home)
- The packaging must not be tampered with before it is sent to the service user

Additionally, we suggest that the following should be adopted as best practice:

- The posted supply of products should be part of an agreed quit attempt, with regular check-ins to or from the stop smoking service
- Stocks should be ordered via an approved supplier who can guarantee timely delivery in quantities (large or small) that match the needs of the service
- Deliveries should be checked against the delivery note and any discrepancies dealt with
- Stock should be monitored and rotated according to good housekeeping rules to avoid wastage of expired products (use oldest first and check use-before dates)
- Items that are running low should be re-ordered as soon as necessary, bearing in mind that delays could occur if wholesale distribution is disrupted
- Out of date stock must be removed from storage and returned to the supplier for disposal
- A signing-in and out process should be established
- The chosen products should be posted to the home address of the individual in plain secure packaging
- Complaints about the non-arrival of products should be monitored to reduce the possibility of fraudulent activity
- Attention should be given to discussing how to use stop smoking medication during remote consultations, specific instructions and checking client understanding is particularly important via telephone where there are no visual prompts
- A system should be in place to ensure regular review of service users' progress and their need for further products

7. Behavioural support apps

7.1 NHS Smokefree app

The NHS Smokefree app is free and designed for those who want to stop smoking. The app provides a 4-week quit programme consisting of practical support, encouragement and tailored advice; the support offered is evidence-based but not live.

Users can track their progress, see how their health is improving, how much money they have saved and receive virtual badges to mark progress.

Information on how to access the app, plus other NHS Smokefree resources, are available here: **www.nhs.uk/smokefree**

7.2 Smoke Free app

What's offered
Full access to all features of Smoke Free on a cost price basis for the duration of COVID-19. Features include: progress indicators (e.g. time smoke free, money saved, health improvements made), a 100-day quit smoking programme, an automated chat-bot and live text chat with stop smoking practitioners.

Both the automated chatbot and real-life stop smoking practitioners follow the NCSCT's Standard Treatment Programme. Practitioners are available from 6am to midnight, five days a week and for most of the weekend. The chatbot and automated features are available whenever a user wants.

About Smoke Free
Smoke Free follows NICE guidance, incorporates most of the behaviour change techniques used in face-to-face services and has evidence of effectiveness from two RCTs.[4,5] It is the most highly ranked stop smoking app available for iOS and Android, has been downloaded over 4.5 million times and has an average user rating of 4.7 out of 5, from over 175,000 ratings.

To get the app organisations should contact Dr David Crane: **david.crane@smokefreeapp.com**
End users should go to: **smokefreeapp.com/quit**

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