Smoking Cessation Database – User Guide Version 8 – October 2013

If you have any questions regarding this user guide, or you experience any difficulties in using the database, please contact Adrian Hyndman (email: adrian.hyndman@nhs.net telephone: 0141 282 2275)

Smoking Cessation Database – User Guide

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National Minimum Dataset

Definition of a service to be included in the national minimum dataset monitoring

1. Introduction

The Smoking Cessation Database has been developed by the Information Services Division of NHS Scotland to facilitate data collection in smoking cessation services.

The database contains the **'minimum dataset'** (the mandatory client information required for national monitoring purposes, developed by PATH, see http://www.ashscotland.org.uk/ash/4241.html) and additional information that services may find useful for their own purposes.

The purpose of this manual is to provide a simple step-by-step-guide to using the system (primarily for admin/input staff who will be adding client data, but also for personnel wishing to access the system to view client data or run reports). Note: this is the **fifth version of the user manual**. The manual is available direct from the database under 'Help'.

If you have any comments or suggestions on how the guide might be improved (for example, any guidance that is missing) please get in touch.

2. System requirements

In order to use the database you will need:

- a web browser
- · access to the NHSnet network

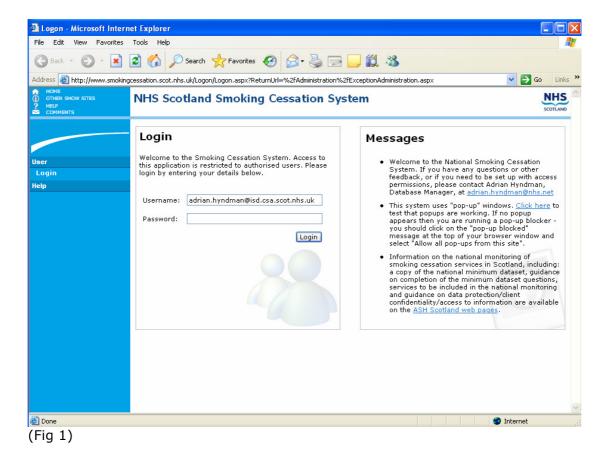
3. Logging on to the database

The database is available at www.smokingcessation.scot.nhs.uk

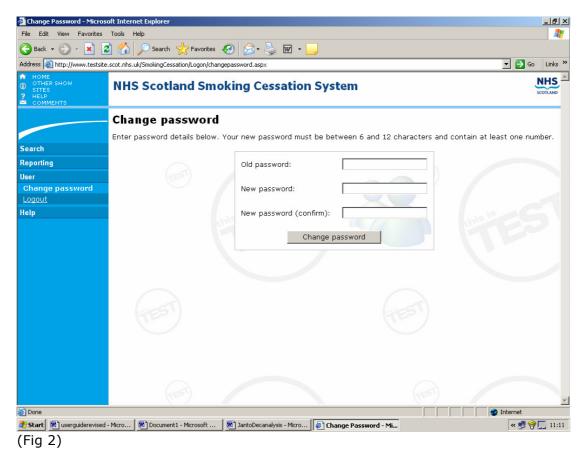
To use it **you will need a valid username and password**. Enter these at the login screen and click 'Login' (fig 1). If you do not have a username and password, contact your local Smoking Cessation Co-ordinator. ISD liaise with Smoking Cessation Co-ordinators on the setting up of security access rights for new users.

Enter your email address in the 'Username field' and your temporary password in the 'Password field'.

Note: a test version of the database is available at http://www.testing28.scot.nhs.uk. You can use this to get to know how to use the system, add and edit dummy records and try out the various system functions.

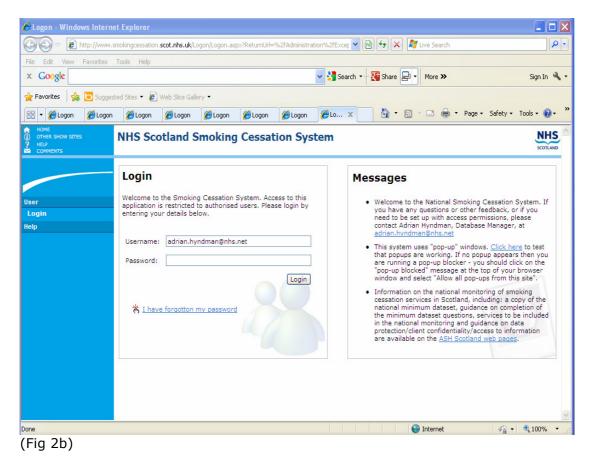


You will be asked to change your password (fig 2). Enter your 'temporary password' in the 'old password' field, followed by your new password. Re-enter new password to confirm. Note: passwords should be 6-12 characters long and contain at least one number.

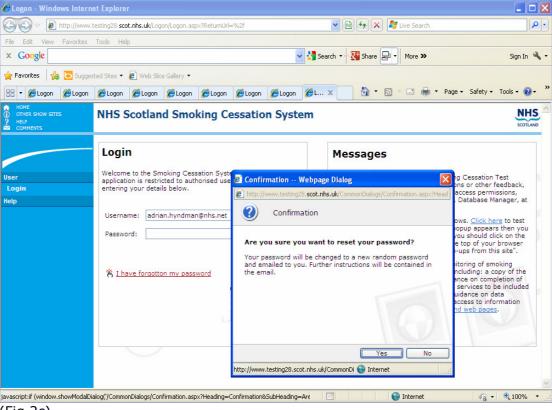


Changing Passwords: Users can change their password at any time by clicking on the 'User' option (in blue left hand column), followed by 'Change password'.

Reset passwords: Users can now reset their password in the event it has been forgotten by using the automated password reset option.



On the Login' screen (Fig 2b), enter a valid 'Username' and select the option 'I have forgotten my password'.



(Fig 2c)

You will then be asked to confirm that you do wish to reset your password (Fig 2c), select the option 'Yes'. At this point you will be sent an e-mail with a temporary password.

Once you have received the temporary password, return to the login screen (Fig 2b) and enter your 'Username' and temporary password and select option 'Login'. You will then be asked to change the password (Fig 2). Once complete, select the option 'Change password'.

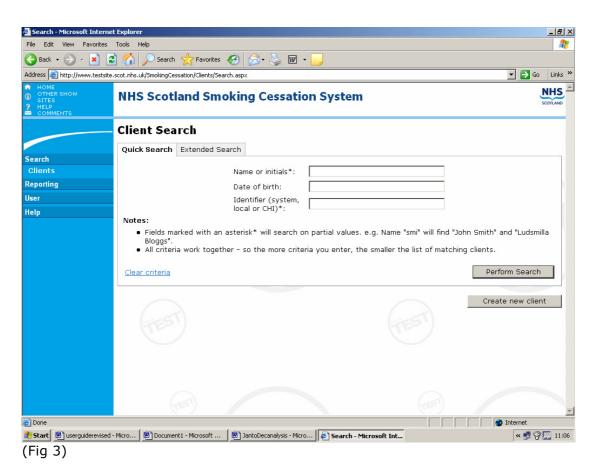
4. Adding a new client onto the database

On successful logon to the database you will enter the 'Client Search' screen (fig 3). Before adding a new client/quit attempt record, you will want to use the search facility to check whether that person is already recorded on the system. Users are encouraged, where possible, to use the 'quick search' as this runs faster and puts less pressure on the system. You can search on one, or a combination of: client name/initials; date of birth; and identifier (system ID, local ID or CHI number).

Dates can now be entered on the system in various formats, e.g. 21/03/06; 21/03/2006 or 21 March 2006.

Text size: please note that you can enlarge the text size on your computer screen at any time by clicking on 'view', then 'text size' then 'larger' etc....

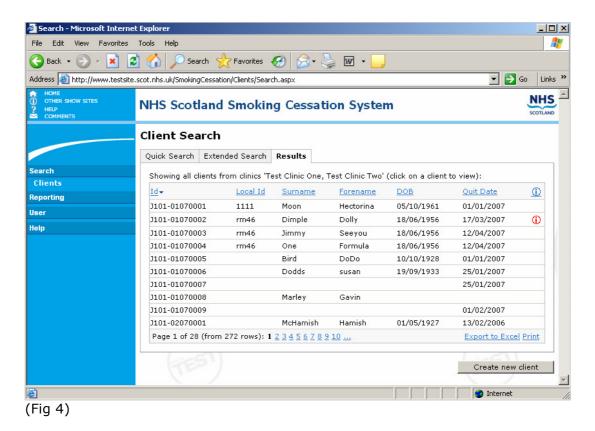
Please note also: once you have logged on to the database, if you do not use it for 30 minutes you will be automatically logged out and will need to log back in again.



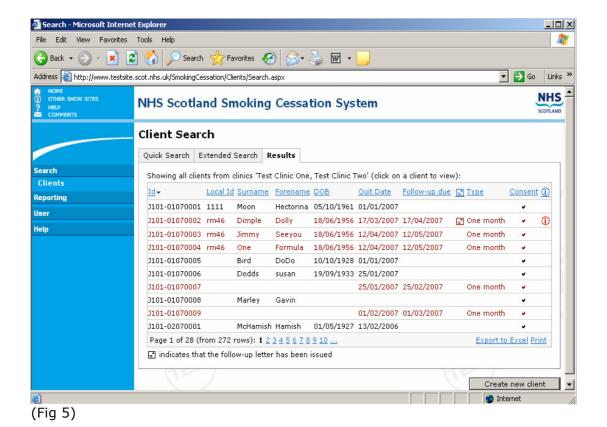
The more detailed **'extended search'** screen (fig 6, page 7) fulfills two functions – it **allows you to search for an individual client on the system** (with additional search criteria to that included on the 'quick search' screen), but it also **allows you to produce client listings** based on particular search criteria. Examples include: records where no quit date has been set; all clients due for

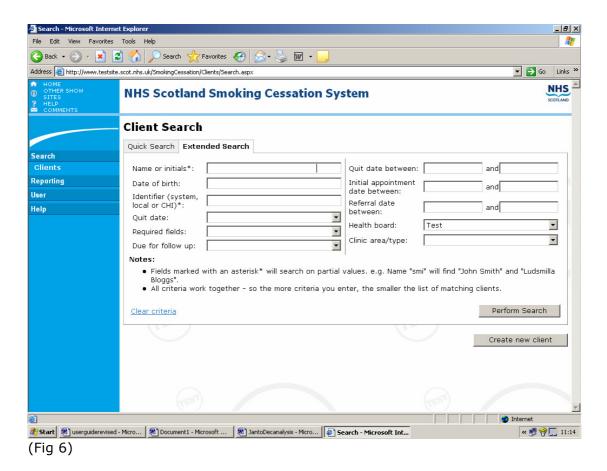
follow-up (either 'any', '1 month', '3 month' or '12 month'); records where one or more of the required fields/mandatory data items has not been filled in; all clients with a quit date in the period xx/xx/xx to xx/xx/xx or all clients with a referral date in the time period xx/xx/xx to xx/xx/xx. **Note: client listing results can also be printed off or exported to Excel.**

Note: the 'quick search' is limited in terms of the column headings it can report on (fig 4). For a more comprehensive listing users should choose the 'extended search' option.



Additional columns included in the 'extended search' (fig 5) include: Follow-up due, Letter sent icon, Follow-up Type, and Consent.





Note: some users will have access to only one clinic area/type, in which case their client search criteria will default to that particular clinic. However, if you have access to more than one clinic, before performing a search you will need to select a particular clinic to search on. The database is set up so that it can only search for clients within a particular clinic area/type (note: some NHS boards use a geographical 'area' split and others categorise by

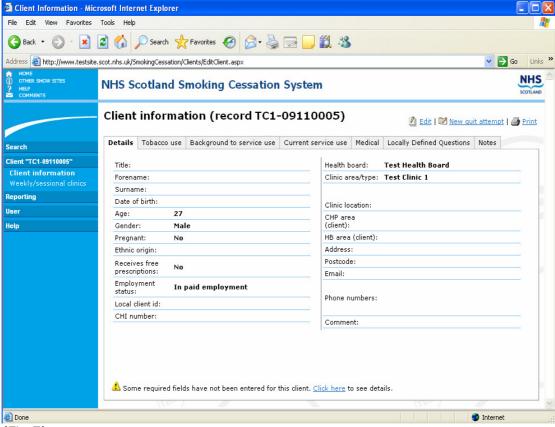
'type'). Some of the smaller boards have not specified separate clinic areas/types and so will be able to search across the whole NHS board area. Note: you can also **go below clinic area/type level** to search on records for a particular clinic location, GP practice or advisor (first select a 'clinic area/type' then you will be presented with the additional search options).

If, following your 'client search', you have not found that the person is already recorded on the system (for example, they may have been in contact previously/had previous quit attempts) to add their details click on 'Create New Client' (at bottom right of screen).

Important: there are limitations to the database in terms of identifying clients who have presented for support before/had a previous quit attempt (fig 7). If you have both their name and d.o.b there's a higher chance of identifying the right client. Name details, however, are not part of the minimum dataset for smoking cessation services and so may not be recorded on the system. If you only have d.o.b. you could pick up several clients with the same date and not be certain which, if any, is your client. Hint: if you record a 'local ID'/ref. number, unique to each client, this will help greatly with client matching (i.e. assign this local ID to them each time they present). The 'client ID' number, generated by the system, isn't unique to that client—if a client has two quit attempts, each will have a different client ID number. We have also included on the database a CHI number field. This again is a number unique to each individual.

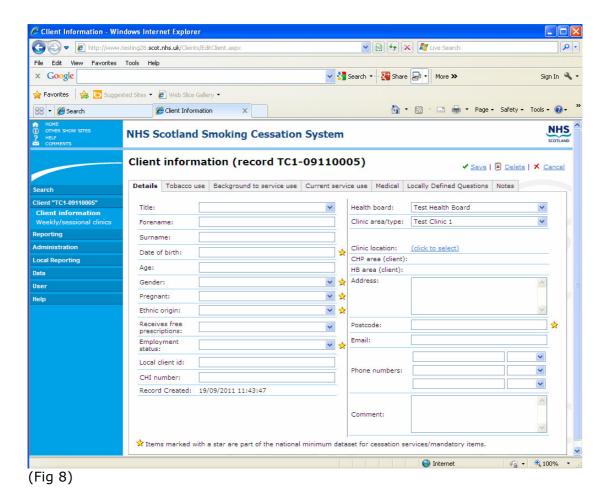
If client is not already on the system, follow the instructions below (if they are on the system you can add a new quit attempt/service usage for that person – see item 7.)

After clicking 'Create New Client' the first screen you will come to is 'Client Details' (fig 8).



(Fig 7)

If you wish to update or add to the record, **click on 'edit'** at top right and the screen view will change to that below. The mandatory, minimum dataset items are all highlighted with a gold star and you are now able to start inputting data.



By selecting the tabs at the top you can move between the six: client details, tobacco use, background to service use, current service use, medical info and notes screens (note: the 'additional' tab is not currently in use). You can wait until you have finished inputting data to all of them before clicking on the 'save' button at the top right, or you can save as you go along. Note: the follow-up screens and weekly/sessional clinics screen are accessed separately, from the blue, left hand column.

To start inputting data, first make sure you have switched to edit mode by clicking on 'edit'. Then simply click on the first field for which you wish to input information and type in details (or select the appropriate response from the options given in the drop-down list). The fields with a gold star beside them comprise the minimum data set (this applies to all screens). You should input data to all of these. With the additional, local use, data items, it is for individual NHS boards/services to decide how much of this extra information they wish to record. Warning: if you omit any minimum dataset items, this will be highlighted when you try to save the record. You will not be prevented from saving the record, but you will be advised as to which fields you have omitted and encouraged to fill these in now.

Continue to fill in all relevant details (all minimum dataset items, plus as many of the non-mandatory items as you wish to complete). After a field has been initially selected (by clicking on it with the mouse), pressing the tab key moves you to the next field in sequence, from left to right and from top to bottom. To go to the previous field, press and hold down the Shift key and press Tab. To continue moving back, continue to hold down Shift and press Tab again. The

mouse can also be used to select fields. When you have finished entering all the data onto the screen, click 'save and next' to move onto the next screen.

Where client is of 'no fixed abode' please record postcode as NF1 1AB.

Note: health board of service is generated automatically – from your own login permission details. Health board area (client) and CHP (community health partnership) area of the client are also generated automatically, from the client's postcode details.

Note: you can add/amend the client's clinic on their 'client information' screen, for example, if client changes clinic area/type during the one quit attempt. The record/system ID is generated automatically too and comprises clinic name code plus the month and year the record was added to the system.

Note: **the comment section (fig 9)** at the bottom right of the screen is designed for users **to record critical, and perhaps temporary, information for a client**. This could relate, for example, to when to/when not to contact the client, a message about the client's poor medical health or information of a sensitive nature – hence the 'drop-down' yellow bar. If, during editing, you enter text here, and save, this field will be displayed as a yellow bar with the words "Click here". On doing so, the bar expands downwards to reveal the text entered; click again to close the slider. Also, the existence of this text is indicated on the blue menu bar on the left of the screen in red text.

When you run a list of clients due follow-up, for any records where info./alerts details are held, this will be highlighted in the last column under the (i) for information symbol (fig 5).

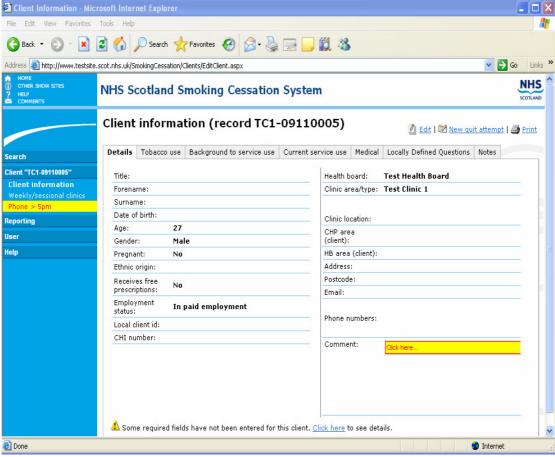


Fig 9

The next screen is 'Tobacco use' (fig 10). Again mandatory/minimum data set items are highlighted in yellow. Complete all of these and as many of the

additional items you wish to add. Note: the Fagerstrom Score is calculated automatically based on responses to the tobacco usage questions. There is also on-screen guidance (see bottom right of screen) on how to calculate 'average cigarettes smoked per day' for those smoking other forms of tobacco.

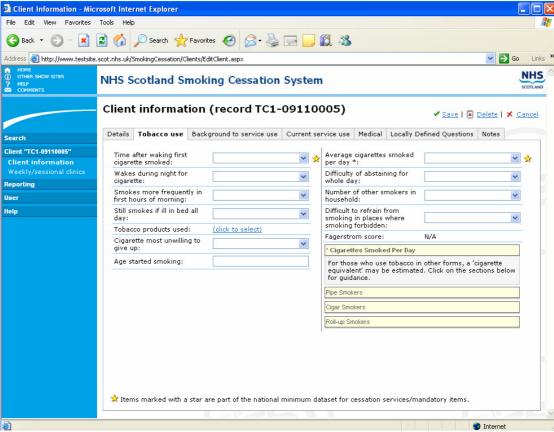
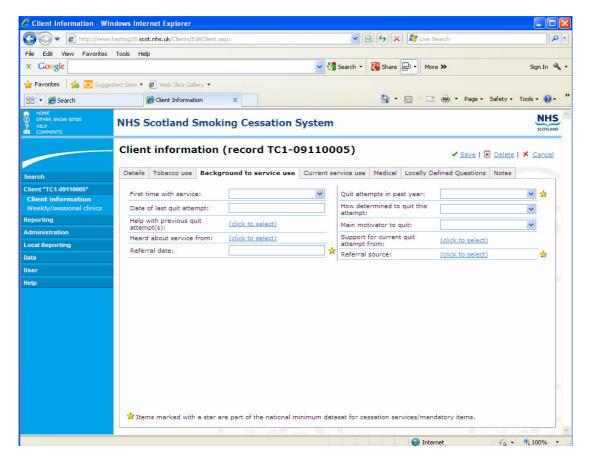


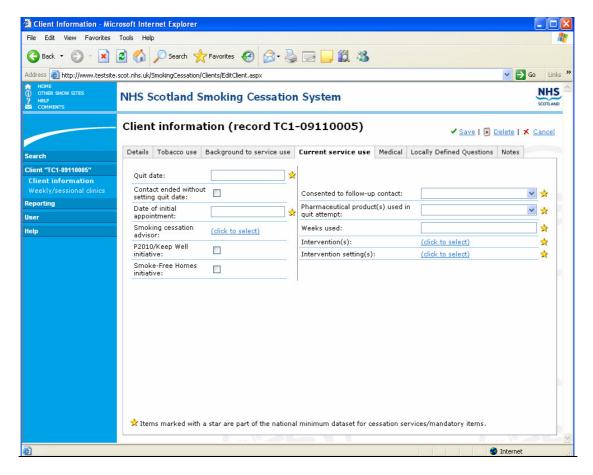
Fig 10

The next screen is **'Background to service use'** (fig 11). Ensure you complete the two minimum dataset fields ('quit attempts in past year' and 'referral date'), plus as many of the additional fields as you wish to record locally.



(Fig 11)

Then you come to the 'Current service use' screen, which includes a number of mandatory data items. Please note that 'pharmaceutical products used in quit attempt' and 'intervention(s)' used were formerly noted as mandatory items at the 'follow-up' stage. Due to problems with poor data completion (users perhaps neglecting to record the information for clients 'lost to follow-up'), these questions have now been made mandatory on the earlier 'Current service use' screen. Any changes/updates to pharmaceutical products used or interventions used during the quit attempt should be recorded on the 'Current service use' screen. Note: number of weeks pharmaceutical product was used should be entered in number format, e.g. 12.

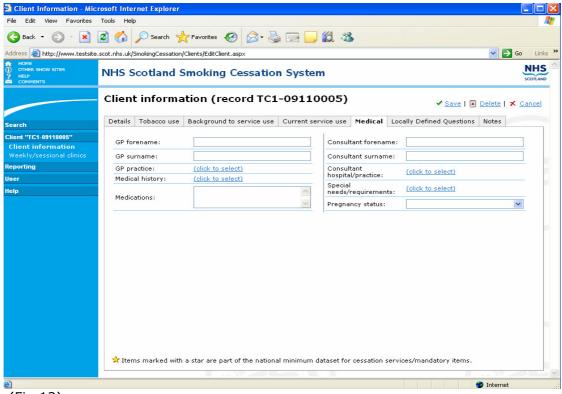


On this screen you will see that 'quit date' is a mandatory item. This is a very important field as it will be used to calculate dates for subsequent client follow-ups. A quit date may not be set at initial service contact, however, it is possible to go back into the client's details at a later date and set a quit date (via 'edit' client details). If a client never sets a quit date, you can click on the box 'contact ended without setting quit date'. Note, also: on the 'extended search' screen you can list all clients who do not have a quit date set (and do not have 'contact ended without setting a quit date' ticked).

You can record details of the advisor who is providing smoking cessation support to the client. To add an advisor's details for the first time you will need to add their name and/or ID, and any optional additional info you wish to record, and save. Once an advisor has been added to one client's record you can then select them from the pick-list and assign to other clients they are working with. Note: you can only assign one advisor to a client at any one time (although the 'weekly /sessional clinics screen' will allow you to record different advisors against different sessions with the client. This would be a way of recording, for example, where a client had had input from one worker and then another had taken over). Important: for simplicity, the 'practitioner type' field, which relates to the advisor, and which was originally noted as a separate field, is now contained within the smoking cessation advisor details. So, if you wish to record this information, you need to go to the 'advisor' field to do this. Please note also that, for pharmacy clients, rather than record the name of a particular pharmacist working with the client you can go into the smoking cessation advisor details and record 'practitioner type' as pharmacist and in the name field type the name of the pharmacy. This will allow you to extract stats/client listings by pharmacy. For any problems with duplicate entries, advisor names miss-spelt/incorrectly recorded etc., - contact ISD, ISD have access to the lists of smoking cessation advisors recorded on the database under each NHS board and can amend this info. centrally.

Warning: on this screen is a question asking if client has given consent to be contacted for follow-up. This is now a mandatory item and it is important to note this as 'No' if the client has not given consent to follow-up to ensure that they are not contacted when they shouldn't be. You can also amend the response, e.g. if the client agrees to one month follow-up, but not later follow-As well as noting 'Consent=No' on the 'Current service use' screen, remember to record 'No - client did not consent to follow-up' against the question 'Successfully contacted for follow-up?' on the next follow-up due, to close the quit attempt off. Note: at 1 month follow-up the system lists clients noted as consent ='No' (see records marked 'X') as well as consent ='Yes' so that users can see, for example, where consent has perhaps been noted wrongly as No and needs to be amended and also to alert them to the need to close the quit attempt off (i.e. go to one month follow-up and note 'No - client did not consent to follow-up' against the question 'Client successfully contacted for follow-up?'). Clients where consent = blank also appear (note: these should be updated to Yes/No as appropriate in line with the MDS). At 3 and 12 month follow-up stages, however, if a client is still noted as 'No' they will not appear in the due follow-up listing.

The next screen is 'Medical Information' (fig 12. note: there are no mandatory items on this screen). You can use this screen to record the client's 'GP practice' (similar to 'smoking cessation advisor' field on current service use screen, select practice from list or 'add new practice'). For any problems with duplicate entries, practice details miss-spelt/incorrectly recorded etc.. – contact ISD. ISD have access to the lists of GP practices recorded under each NHS board and can amend this information centrally.



(Fig 12)

5. Locally Defined Questions

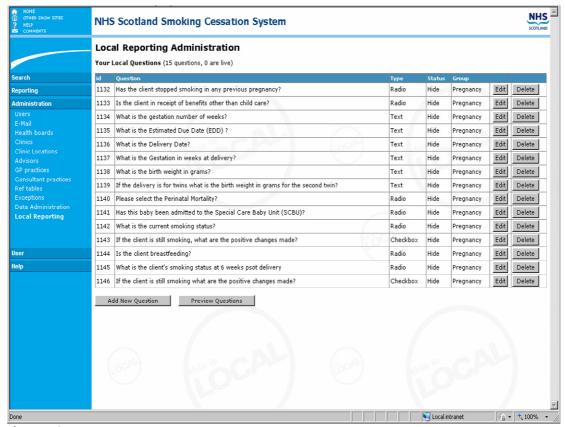
The final client information screen at this stage (i.e. before client follow-up stages) is 'Locally Defined Questions', capturing data unique to each Health board. Health boards will have the ability to add their own local questions, records responses against these questions and analyse the results. A new user role called 'Local Use Administrator' has been created, which will permit certain users in each Health board to add and remove question(s) and field(s) to record additional local data. These users will also have the option to preview the changes prior to publishing in the live database. This new user role will continue to have access to existing rights on the Smoking Cessation database.

Logging in

After logging in as normal, please select 'Local Reporting', then option 'Administration' from the blue navigation panel (fig 13)



This will present the main 'Local Reporting Administration' management screen (fig 14)



(Fig 14)

Local Reporting Administration Screen

This shows your locally configured questions. There are currently 26 pregnancy-specific questions already configured but set to HIDE. Boards can select as many or as few of these to use locally as they wish.

From this page you can:-

- Add a new question
- Preview locally configured questions (as they would appear on screen when live)
- Edit a question
- Determine the status of each question (Hide/Preview/Live)
- Delete a question permanently

Adding a New Question

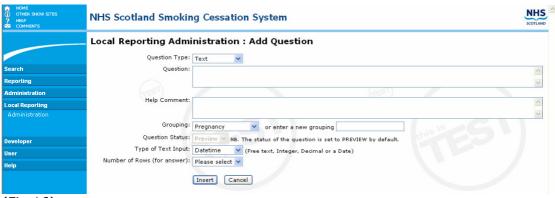
Start by selecting the option 'Add New Question' from the 'Local Reporting Administration' screen. This will present the 'Add Question' screen (Fig 15) (Note: All new questions are automatically preset to preview).

HOME OTHER SHOW SITES HELP COMMENTS	NHS Scotland Smoking Cessation System			
	Local Reporting Administration : Add Question Question Type: Please select V			
Search	Question:	^		
Reporting		~		
Local Reporting Administration	Help Comment:	<		
User	Grouping: Pregnancy or enter a new grouping			
Help	Question Preview V NB. The status of the question is set to PREVIEW by default.			
	Insert Cancel			
(Fig 15)				

There are three distinct question 'types' available to select from: Text, Radio button and Check boxes (each requiring a unique type of response when completed). Note: we strongly recommend that users have previously determined their questions structure, question type(s), and response options, prior to using this section. Note: once a question has been created, the only non-editable function is question 'type'. If you wanted to alter the question 'type' you would need to delete the question and start over.

The three question types are;

• **Text Question (fig 16);** this question type requires database users to type a response in the data field.



(Fig 16)

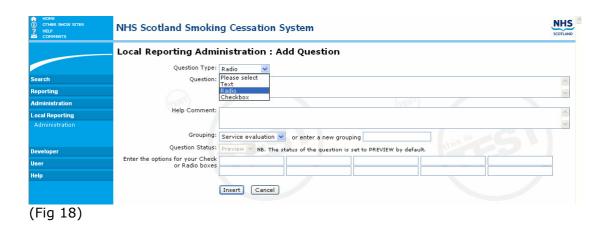
- Question Type: select 'Text' from the options available.
- Question: enter your question in this field.
- Help Comment: this field is optional. If you wish to provide guidance on a question e.g. Q. What was your overall experience of our service? (Help comment: How would you rate our service?)
- Grouping (i.e. topic): this field provides a means to group a set of questions together under a sub-heading. When a new Grouping is added (via the 'enter a new grouping' field) this Grouping then appears in the list of available 'Groupings' to select from.
- Question Status: this field is always set to PREVIEW by default.
- Type of Text Input: There are four options available here, depending upon the type of response you require
 - 1. Datetime Date required in dd/mm/yyyy format
 - 2. Integer Whole number (this includes 0)
 - 3. General text Free text field (local administrators can determine the numbers of rows available for data response)
 - 4. Decimal Decimal number

- *Insert:* by choosing this option, the user has now created a question which can be viewed in the preview screen.
- Cancel: selecting this option takes the user back to the Local Reporting Administration page, deleting the current question.



(Fig 17) Typical text box field, requiring the user to type their response.

 Radio button Questions (fig 18); A radio type question is indicated by a small circle beside the available choice options, from which only one can be selected by database users.



- Question Type: select 'Radio' from the options available.
- Question, Help Comment, Grouping and Question Status: refer to guidance under 'text' question type above.
- Enter Options for Radio boxes: Enter your response options in each of the available blank fields (max 10 responses)
- Insert & Cancel: refer to guidance under 'text' question type above.



(Fig 19). Typical radio button type question, only one option can be selected.

 Check box Questions (fig 20); A check box type question is indicated by the small square boxes beside available choice options, from which multiple ones may be selected.

HOME OTHER SHOW SITES HELP COMMENTS	NHS Scotland Smoking Cessation System	NHS
	Local Reporting Administration : Add Question	
	Question Type: Radio 💌	
Search	Question: Please select Text	^
Reporting	Radio Checkbox	~
Administration	(TEST)	
Local Reporting	Help Comment:	^
Administration		4
	Grouping: Service evaluation v or enter a new grouping	
Developer	Question Status: Preview Y NB. The status of the question is set to PREVIEW by default.	
User	Enter the options for your Check or Radio boxes	
Help		
	Insert Cancel	
(Fig 20)		

• Question Type: select 'Check box" from the options available (Thereafter refer to Radio button question guidance, above).

Attendance	
What appointment time would suit	you? What time is easiest to attend clinics?
Early morning 🗹 Late morning	g 🔲 Early afternoon 🔲 Late afternoon 🗹 Evening

(Fig 21) Typical check box type question, multiple options can be selected.

Preview Locally configured questions

To preview the newly created question(s) in a dummy record (as they would appear in a client record) (fig 22), select option 'Preview Question' from the Local Reporting Administration screen. This will list all new questions, with 'Preview' status, within their grouping(s).

↑ HOME ① OTHER SHOW SITES ? HELP COMMENTS	NHS Scotland Smoking Cessation System	NHS
	Local Reporting Administration : Preview Questions	
	This is a preview screen, data is stored against a dummy client. Test out your questions here, testing the validation.	
Search	Friendly Client Id: TC-201090005 Forename: Selma Surname: Boulvere	
Reporting		
Administration	Attendance	
Local Reporting	What appointment time would suit you? What time is easiest to attend clinics?	
Administration	☐ Early morning ☐ Late morning ☐ Early afternoon ☐ Late afternoon ☐ Evening	
Developer	Service evaluation What was your overall experience with our service? How do you rate our service?	
User	What was your overall experience with our service? How do you rate our service? Excellent O Good O Average O Poor O Very poor O Not sure	
Help	Do you have any suggestions that could improve our service? Are there things we could do better?	
	Update Back to Admin	
(Fig 22)		

From this screen, the user has two options:

- Try out the questions available and select option 'Update' to record responses.
- To return to the administration screen by selecting option 'Back to Admin'.

Editing a Question

Identify the question that you require to amend and then select 'Edit' option, this takes you to the edit screen.



(Fig 23) Edit screen for text question



(Fig 24) Edit screen for either radio/check box question.

The time and date the question was originally created is recorded on the screen as 'Published', however, once a question status changes to 'Live', the date & time will change to reflect said change.

To change the status of the question, please select the option 'Status'. There are 3 options to select from, Hide, Preview and Live;

- Hide This status would be selected once a question has been fully developed by the user and is waiting for deployment to go live.
- Preview This status is automatically recorded against all new questions when first created. It presents the administrator with the option to view how the question would look or appear on screen, once deployed to 'Live'.
- Live Once a question is set to live, all users within the Health board, will have access to view and record data against said question on the database (Locally Defined Questions tab of client record).

As stated previously, question type (text, radio or check) is the only non editable function. If the question type requires to be changed, then please delete the question and start over. Otherwise, all other aspect of a question and response can be changed.

When all changes have been completed, please select the option 'Update', this will save any changes made. To return to the local reporting administration screen, please select option 'Back to Admin'.

Delete a Question

Identify the question that you require to delete and then select 'Delete' option. A warning will appear (fig 25), requiring the administrator to confirm the deletion. Select 'OK', to confirm.



(Fig 25)

Warning- if you delete a question, that question, and any responses recorded against it, will be removed.

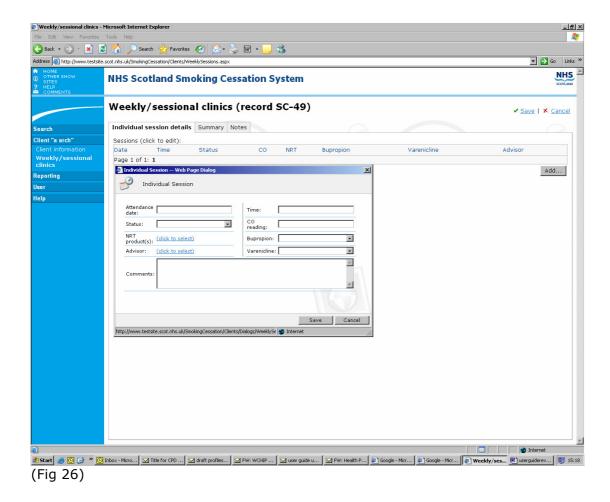
New Local Extract

A new extract called 'Locally Recorded Data (by Referral Date)' has been created and added to the "Local extracts" area of the Smoking Cessation Database. This extract will provide access to data from locally defined questions in that NHS board.

The final 'Notes' tab provides a case note recording facility where users can 'add' notes or 'edit' existing notes and format note details – bold type, bullets, italics etc.... The system also automatically records details of the user who added the note and the date/time added. You can change the order the notes appear by selecting either 'show earliest notes at top' or 'show latest notes at top'.

Weekly/Sessional clinics screen

The weekly/sessional clinics screen (fig 26) appears as the last item in the list of database screens, in the blue left hand column.

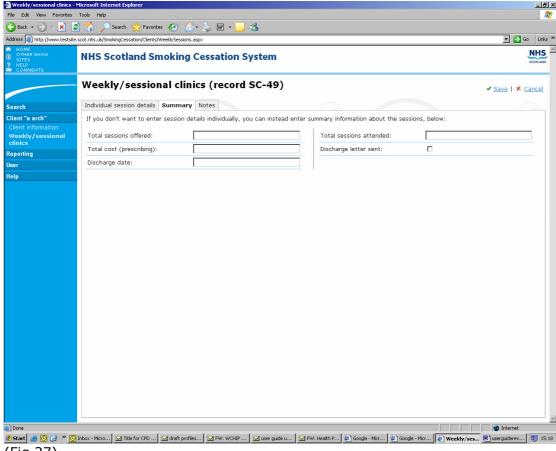


As with the medical information screen, this screen does not contain any mandatory data items. It has been developed purely to allow the recording of additional information to meet local service needs.

You can use the **'individual session details'** screen to record each appointment/session that a client is due to attend – date, time, whether the client attended or not and additional prescribing info. plus the smoking cessation advisor offering the client support (note: the advisor's details must already be stored on the system. See instructions on 'Current service usage screen').

To add an appointment/session, click on 'edit' then 'add', then type in as many of the details as you wish to record then press 'save'. Note: you can add several appointments/sessions at one time. You can also go into a particular session using 'edit' and add additional information, then 'save'. You will notice that each time you add an appointment/session, the **system automatically calculates total appointments made and total attended.**

For system users who want to record total number of sessions offered to the client and total attended, but without recording the detail of date of each appointment etc..., this can be done by entering the information direct to the **'summary' screen'** (fig 27) at the end of the client's service contact.



(Fig 27)

Additional fields included in this screen are: 'total cost (prescribing)' – to record total cost of prescribing for a client, space to record 'discharge letter sent' and 'discharge date'.

6. Editing a client's details

You may wish to edit a client's existing record/quit attempt, for example, to add a 'quit date', update their address details, or add a 'follow-up' record. First, use the 'Client search' facility ('quick search') to find the client - see instructions on page 5. You can search on one or a combination of client name/initials; local ID, client ID or CHI, or date of birth. To edit address details, go to Client details screen, amend address then save. To add a 'quit date', go to 'Current service use' screen, input 'quit date' in appropriate field and then save. To add a follow-up record go to 'follow-up' screens - see also instructions at item 6.

Warning: if a client has had more than one service usage episode/quit attempt, check the record date(s) to make sure you edit the latest quit attempt rather than an earlier episode.

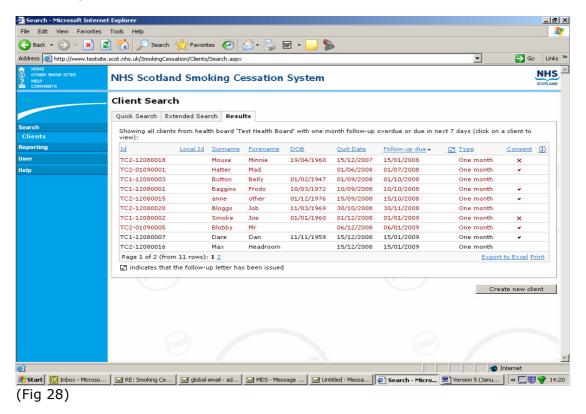
7. Client Follow-up

On the database 'Extended Search' screen the 'Due for follow-up' drop-down list allows you to list all clients, in a particular clinic, who are due: 1 month, 3 month, 12 month or 'any' follow-up (based on their quit date). For 1 month follow-up this will be all clients due within the next week or overdue. At 3 and 12 month follow-ups it is all clients due within the next two weeks, or overdue.

Warning: at 1 month follow-up the system lists clients who are noted as consent to follow-up ='Yes', 'No' or 'blank' (fig 28) to allow the user to check that consent

is recorded correctly and amend as necessary (see page 12). At 3 & 12 months, however, the system only lists those noted as consent = 'Yes' or 'blank'.

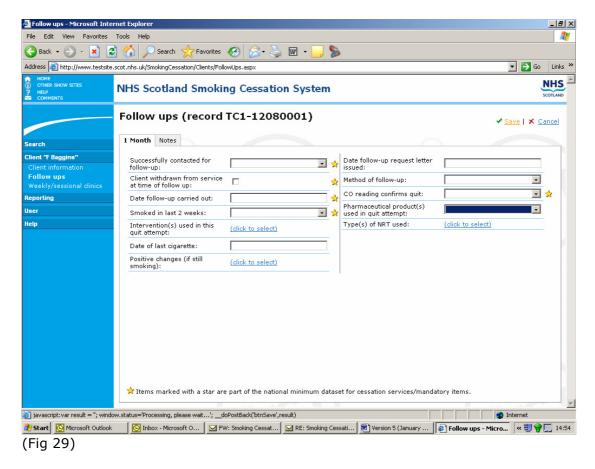
You can also click on any of the data headings to amend the order in which the clients appear (e.g. click on surname to list alphabetically by surname). Note: an envelope symbol appears beside the follow-up type information where a follow-up letter has already been sent, but follow-up details not yet input (perhaps letter not returned). Where an 'i' for information appears in the last column this means that comments/important information are noted against this client on the client details screen which you may wish to read before contacting the client.



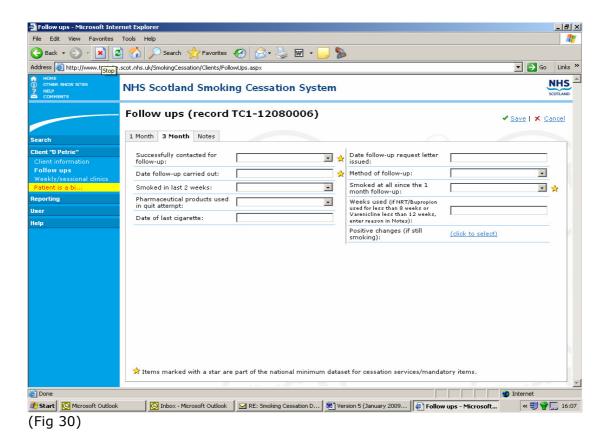
For each follow-up listing you will see that **there is also a facility to print out details.** Simply click on 'print'. The printable list includes contact details such as : address, telephone numbers and advisor details. Click on 'print this report' message at top of screen. Please note also the tip at the top of the page suggesting you change page setup to landscape to ensure all details fit on the page. You can also export the data to Excel.

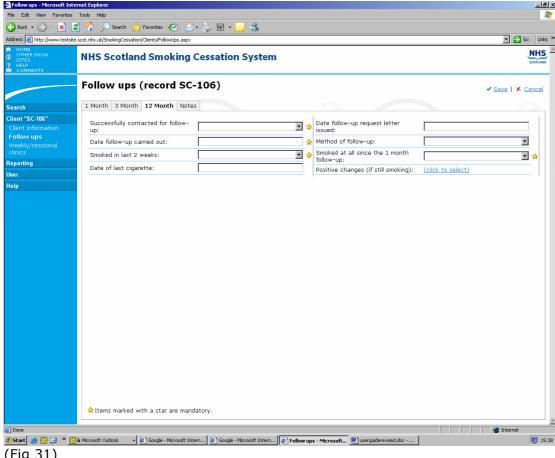
Listed below are **the three follow-up screens** (figs 29, 30 & 31) – each containing minimum dataset items plus additional local use questions. As with the other client data screens, simply input data for the required client (taking care to complete all the minimum dataset fields) then save.

Important: you must complete the 'client successfully contacted for follow-up' field. If you do not, the record will continue to appear in the list of those 'due for follow-up'. Enter 'Yes' where client could be contacted (either face to face, by phone or via letter) and proceed to fill in the remaining fields. Where unable to successfully contact the client, record 'No-lost to follow-up' 'No – no consent to follow-up' or 'Client died' as appropriate. At the follow-up stages, users may also wish to update details of pharmaceutical products used in quit attempt, e.g. to record total number of weeks product was used (go to 'Current service use' screen and enter number of weeks, in number format, e.g. 10). The one month follow-up screen shows the pharmaceutical product(s) used as currently recorded on the 'Current service use' screen (details automatically feed through from earlier screen). If these details are not up-to-date, the user should go to the 'Current service use' screen to update the info. recorded.



Please note that the 'Client withdrawn from service at time of follow up' question is a check-box, rather than a drop-down list. If the client is still in service at time of follow-up this box should not be ticked.





(Fig 31)

8. Adding a new service usage/quit attempt for an existing client.

To add another quit attempt for an existing client, use the search facility to bring up the client's record (see notes in paragraph below). Once you have accessed their client information, click on the 'New quit attempt' option at the top of the screen. Important: before doing this please check that the client does not have an existing 'open' quit attempt that is still to be closed off. For example, the client may have had a previous guit attempt (less than a year ago), could have initially quit smoking then relapsed since three month follow-up and now re-presented to service for another quit attempt. You should go to the previous quit attempt record and note under 12 month follow-up that the client had started smoking again/this quit attempt was a fail. Unless you do this there is the risk that the client will be contacted regarding follow-up for their previous quit attempt as well as for their current one.

When you create a new quit attempt record for an existing client the database will copy over the client details and medical information from their original record plus 'date of last quit attempt' (which appears on background to service use. If any of these details have changed, e.g. client has moved address, simply update as necessary, then save.

Important: there are limitations to the database in terms of identifying clients who have presented for support before/had a previous quit attempt. If you have both their surname and d.o.b there's a higher chance of identifying the right client. Surname, however, is not a minimum dataset item and so may not be recorded on the system. If you only have d.o.b. you could pick up several clients with the same date and not be certain which, if any, is Hint: if you record a 'local ID'/ref. number, unique to each client, this will help greatly with client matching (i.e. assign this local ID to them each time they present, e.g. use their CHI number). ID' number, generated by the system, isn't unique to that client-if a client has two quit attempts, each will have a different client ID number.

9. Client listing function ('Extended search' screen)

On the 'Extended search' screen there are various client listing facilities. For a particular clinic area/type, you can list, for example: all clients for that clinic; clients who do not have a 'quit date' set; clients due for each of the 1, 3 and 12 month follow-ups, clients with a referral date/initial contact date/quit date between xx/xx/xx date and xx/xx/xx date.

When you use any of these listings, you can click on any of the data headings to amend the order in which the clients appear (e.g. click on surname to list alphabetically by surname). This can be helpful, for example, in identifying duplicate clients added in error.

If you do wish to delete a duplicate client record you can do so by editing the client and clicking the 'Delete' button

For the various client follow-up listings:

- The 1 month follow-up will list all clients due within one week from now or already due/overdue. Those highlighted in red are clients who are already due/overdue; those in black are due in the coming 7 days.
- At 3 and 12 month follow-up the listing timescale is clients due within two
 weeks from now or already due/overdue. Once again those who are
 already due/overdue are highlighted in red. Where an envelope symbol
 appears this means that a follow-up letter has been sent to the client.

There is the facility to print out the listings of clients due 1,3 or 12 month follow-up. Simply click on 'print' at foot of screen, then 'print this report' icon in top right of the screen.

Please note that at the 1 month follow-up stage the system lists all clients, even those who are noted as 'Consent to follow-up' = 'No'. This is to allow the system user to check that this is indeed correct. The database defaults this question to a No response. If all these clients were excluded from the 1 month follow-up listing there would be a risk of missing out clients who were in fact required to be followed up. Listing out all, but highlighting where consent is noted as 'No' allows the user to go back and change this to a Yes, where necessary.

At 3 and 12 month follow-up stage only clients with 'Consent to follow-up' = 'Yes' are listed. It is important therefore that any errors in consent to follow-up recording are fixed at the 1 month follow-up stage.

10. Deleting a client's record from the system

You can delete a record, for example, where a duplicate client has been added in error) via the data entry screen. Once you have found the client, the option to 'delete' appears a button at the bottom of the screen. Click on 'delete' then OK to confirm.

11.Reporting

The smoking cessation database has various 'reporting' functions. These are accessible under the 'reporting' heading in blue left hand column.

The first option under reporting is **'letters'** (fig 32). **'Client summary'** prints out a summary of all details held on the system for a particular client. Click on 'client summary', use search screen to find client(s) whose details you wish to list, select client names(s) by ticking box below 'ID', then 'generate letter/report'. Note: you

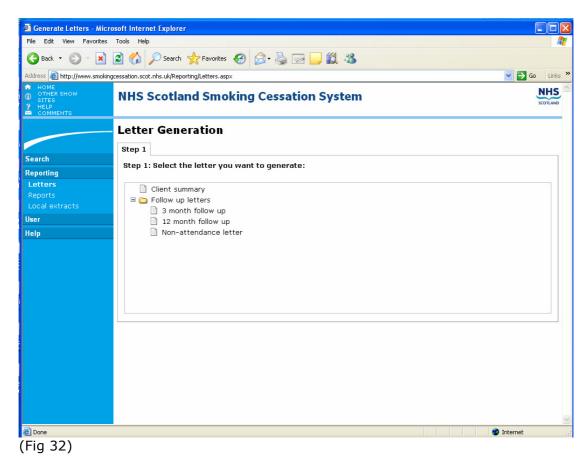
can also print out a summary of details held on a particular client at any point when you are in a particular client record by clicking on 'print' at top right of screen.

The database also allows you to generate follow-up letters (3 month follow-up or 12 month follow-up only – it is assumed that 1 month follow-up will not tend to be via letter). Select either '3 month follow-up' or '12 month follow-up' as appropriate. You will then be directed to the 'Extended search' screen where you can enter '3 month follow-up' or '12 month follow-up' in the 'due follow-up' field (and perhaps other search criteria, if needed). Then click on 'search' at bottom right of screen. Click on 'select all' to select all records listed, or if you wish to select only certain records, click on box below 'Id' to select the records you wish to generate letters for. For example, you may wish to exclude clients who have an envelope symbol beside their record highlighting that a follow-up letter has already been sent.

You can either 'generate letter' direct from the database (using a customised letter template, where available) or more commonly 'export for merge'. Exporting for mail merge offers the user more flexibility – allows you to use your own customised letter template which can be updated/amended locally.

To generate 'non-attendance letter' instructions are similar to those above for producing follow-up letters.

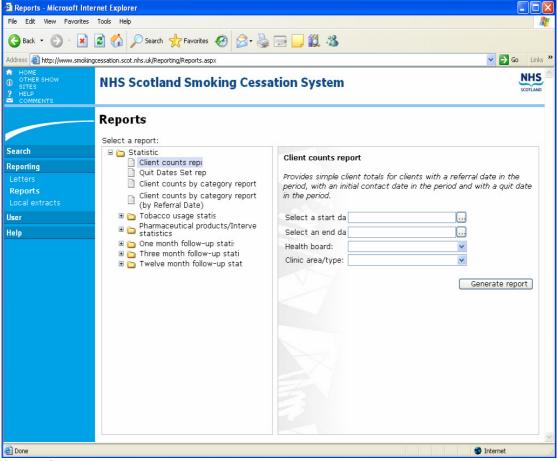
Important: records will continue to be listed in the 'due follow-up' reports until you have gone into their follow-up details and noted them as 'successfully contacted for follow-up' = 'Yes' or 'No-lost to follow-up'. All quit attempt records should be closed with an outcome.



The second option available under 'reporting' is **reports** (fig 33). The database provides a series of standard statistical reports that users can run for their area. These range from the basic 'client counts report' (which gives total number of records with a 'referral date', 'initial contact date' and 'quit date' in a particular

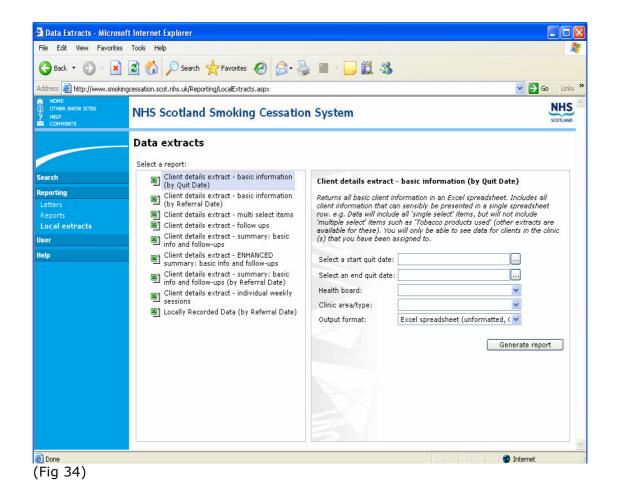
time period) to more detailed analyses such as 1 month quit outcomes, 3 month quit outcomes and 12 month quit outcomes.

To run a report, first select the report you wish to run (for the more detailed reports you will also need to select whether you wish to run 'by gender', 'age' split etc....). Then, on the right of the screen enter the start and end dates and desired geographical area. Note: if you select a particular clinic area/type you can then go below this level to report on a particular 'clinic location', 'GP practice' or smoking cessation 'advisor'. The clinic area/type(s) you can report on will be restricted to those areas for which you have access rights



(Fig 33)

Lastly under 'reporting' is the 'extracts' facility (fig 34). Instructions for running the extracts are similar to those for producing standard 'reports' – see details above. Whilst the 'reports' allow users to run a number of standard statistical analyses at the push of a button, the 'extracts' facility is there for more detailed/adhoc local analyses. Select the extract you wish to run, then required date range, geographical area, then 'output format' (select either 'formatted' or 'unformatted' depending on the version of Excel you have on your computer – see instructions on screen). Then, select either 'open' or 'save'. Note: in the date fields (once you have accessed the extract) you may need to extend column width to view info. You can now, using Excel, sort the order the data appears in, select out particular cases etc... Or, you can undertake further analyses either in Excel or via export to another analysis package.



If you experience difficulty producing local extracts it may be that the PC the database is being run on is out of temporary disk space. We would suggest, clicking on 'Start', choose 'Programs', 'Accessories', 'System Tools' and click on 'Disc Cleanup'. A window will then open, inviting the user to free-up disc space from a number of sites. Click in the appropriate box for 'Temporary Internet Files' and then click 'OK'. A warning will then appear asking the user to confirm that they wish to proceed, choose 'Yes'. Disc Cleanup will now begin. If you are unsure about the process, talk to someone in network support who could point you at the temp directory and clear it out.

12. Helpful hints for using the database

- Warning: once you have logged on to the database, if you do not use it for 30 minutes you will be automatically logged out and will need to log back in again. You may get a runtime error message appear on the screen.
- If you experience difficulty producing local extracts, it may be that the PC the database is being run on is out of temporary disk space. We would suggest, Program Files -> Accessories -> System Tools -> Disk Cleanup. (See section 10, page 25 for full instructions)
- If you come across any errors or problems when using the system please contact ISD (see contact details on front page). If an 'error' message appears on the screen (other than the situation described above) it's helpful if you can copy the content of this into your email message. This helps to identify what the problem is. You may also find that if you log out of the database and log back in again the error disappears.
- If you experience problems with the system appearing to run slowly, you
 can use the following test to check on the speed of your local internet
 connection which could be the cause of this
 http://www.bandwidthplace.com/speedtest/.
- Always check to make sure that 'pop-ups' are enabled on your computer (see warning on login page) as the system uses pop-ups and you may be unable to use certain functions if pop-ups are not enabled.
- Text size: please note that you can enlarge the text size on your computer screen at any time by clicking on 'view', then 'text size' then 'larger' etc....
- Changing Passwords: Users can change their password at any time by clicking on the 'User' option (in blue left hand column), followed by 'Change password'.
- You can access the database user manual at any time via 'Help'.
- The 'quick search' is limited in terms of the column headings it can report on. The 'extended search' client listings include additional columns of information.

Appendix 1

The Minimum Dataset for Scottish Smoking Cessation Services August 2013

For Office Use Only					
1. Client ID:					
2. Health Board area:			3. Clinic area/typ	3. Clinic area/type:	
		Client Inf	ormation		
4. Date of birth://		5. Gender: □ Male □ Female		6. If female, pregnant? □ Y □ N □ Unknown	
7. What is the client's ethn (Choose one section from			best describes th	ne client's	ethnic group or background):
A. White □ Scottish □ Other British □ Irish □ Gypsy/Traveller □ Polish □ Other white, please specify	<i>groups</i> □ Any	mixed or multiple Egroups, please S	C. Asian, Asian Sco Asian British Pakistani, Pakistan Cottish or Pakistan Indian, Indian Scondian British Bangladeshi, Scottish Chinese, Chinese Cottish or Chinese Other Asian, Asia Scottish or Asian British or Asian British or Asian British	ani i British ottish or h or British	D. African ☐ African, African Scottish or African British ☐ Other African, please specify
E. Caribbean or Black Caribbean, Caribbean Scottish or Caribbean British Black, Black Scottish or Black British Other Caribbean or Black, please specify	□ Ar Arab	ab, Arab Scottish or British her, please specify			
		С	☐ Not Disclosed		
8. Employment status (please of the plant of	parent c	□ Fu or carer □ Ur	ull-time student nemployed ermanently sick or c	disabled	

Tobacco Use and Quit Attempts				
10. On average, how many cigarettes does the client usually smoke per day?	11. How soon after waking does the client usually smoke their first cigarette?	12. How many times has the client tried to quit smoking in the past year? ☐ No quit attempts ☐ Once ☐ 2 or 3 times ☐ 4 or more times ☐ Unknown		
☐ 10 or less ☐ 11-20 ☐ 21-30 ☐ More than 30 ☐ Unknown	☐ Within 5 minutes ☐ 6-30 minutes ☐ 31-60 minutes ☐ After 60 minutes ☐ Unknown			
	Intervention Details			
13. Referral source				
□ Self-referral □ Dentist □ GP □ Health visitor □ HealthPoint □ Hospital □ Midwife □ Pharmacist □ Practice nurse □ Prison □ Smokeline □ Stop smoking roadshow □ Incentive Scheme □ Other (please specify) □ Stop Smoking roadshow □ Incentive Scheme				
14. Date referred to service: //_ 15. Quit date://_ 16. Date of initial appointment://_				
17. Does the client consent to follow				
□Yes	□ No			
18. Pharmaceutical usage				
□ NRT only (one product at any one time) □ Varenicline only □ NRT and Varenicline (change in product) □ NRT and Bupropion (change in product) □ NRT and Bupropion (change in product)				
Total number of weeks of known pr	roduct use			
19. Intervention(s) used in this quit attempt				
☐ One to one sessions ☐ Group support (closed groups) ☐ Telephone support ☐ Group support (open/rolling groups) ☐ Couple/family based support ☐ Other (please specify)				
20. Intervention setting(s)				
□ Primary Care □ Hospital - Inpatient □ Hospital - Outpatient □ Workplace □ Educational establishment □ Non-NHS community venue □ Home □ Other (please specify)				
21. Shared care between pharmacy and non-pharmacy services?				
□ Yes				
	1-Month Follow-Up			
22. Was the client successfully co	ntacted for 1-month follow-up?			
☐ Yes☐ No (Client did not consent to foll☐ Unknown	□ No (Client lost to follow up) ow up) □ No (Client died)			

	23. Date follow-up carried out:
	//
-	24. Client withdrawn from service at time of follow-up?
	□ Yes
Ī	25. Has the client smoked at all (even a puff) in the last 2 weeks?
	□ Yes □ No □ Unknown
	26. CO reading confirms quit?
	☐ Yes ☐ No ☐ CO reading not taken
	3-Month Follow-Up
	27. Was the client successfully contacted for 3-month follow-up?
	☐ Yes ☐ No (Client lost to follow-up) ☐ No (Client did not consent to follow-up) ☐ No (Client died) ☐ Unknown
	28. Date follow-up carried out:
	//
	29. Has the client smoked at all since the 1-month follow-up?
	□ No □ Yes, between 1 and 5 cigarettes in total □ Yes, more than 5 cigarettes □ Unknown
	12-Month Follow-Up
	30. Was the client successfully contacted for 12-month follow-up?
	□ Yes □ No (Client lost to follow-up) □ No (Client did not consent to follow-up) □ No (Client died) □ Unknown
ľ	31. Date follow-up carried out:
	//
Ī	32. Has the client smoked at all since the 1-month follow-up?
	□ No □ Yes, between 1 and 5 cigarettes in total □ Yes, more than 5 cigarettes □ Unknown

Source: PATH (Partnership Action on Tobacco and Health)

DEFINITION OF SPECIALIST/INTENSIVE SMOKING CESSATION SUPPORT REVISED BY DATABASE PROJECT BOARD – APRIL 2012.

Specialist smoking cessation services (SCSs) offer intensive, evidence-based support in line with the definition and recommendations throughout *A Guide to Smoking Cessation in Scotland 2010 (NHS Health Scotland and ASH Scotland)* http://www.healthscotland.com/documents/4661.aspx.

The term 'NHS smoking cessation services' assumes that any intensive smoking cessation support provision within an NHS Board area (i) will form part of that NHS Board's SCSs and that (ii) it will be delivered to the same standards.

The national community pharmacy smoking cessation scheme offers 12 weeks of structured behavioural support (ordinarily 1:1) and NRT in accordance with national service specifications. Further details are available from Community Pharmacy Scotland or from the local NHS Board Consultant in Pharmaceutical Public Health.

Smoking cessation services vary from region to region and evolve over time according to need. However, the following are integral components:

- provide intensive support
- operate to nationally agreed standards as outlined above
- an NHS supported service
- staff who have:
 - o attended nationally recognised training
 - o dedicated time to deliver group and/or 1:1 support which is:
 - for a series of planned/scheduled sessions in which a target quit date is set and support provided throughout the quit attempt through multisession, intensive, structured behavioural support
 - offered in conjunction with pharmacotherapy (as appropriate)
 - with follow-up of the client at one month, three months and one year post quit-date and with outcomes recorded.

The following definition therefore applies to all forms of intensive/specialist support including those from specialist NHS smoking cessation services and the national pharmacy smoking cessation scheme:

A specialist/intensive service is...

- dedicated (and for short or longer sessions)
- provided by specially trained staff
- providing an enhanced level of smoking cessation support beyond that provided as part of routine care such as brief interventions and/or the provision/prescribing of pharmacotherapy.

...an NHS supported service...

 normally funded by the NHS, but may include services trained by the NHS (e.g. the national pharmacy scheme), or working to the same levels.

...with staff who have attended nationally recognised training and who have dedicated time...

 nationally recognised = complying with the Scottish national smoking cessation training standards eg PATH (Partnership Action on Tobacco and Health)

- modules, equivalent local training or NHS Centre for Smoking Cessation and Training (NCSCT) training and that is commensurate with the type of support provided
- pharmacists would ideally undertake the above training and may also wish to undertake the NES (NHS Education for Scotland) distance learning pharmacy pack
- additional, specialised training should be undertaken if working with specific groups
- training should reach or be designed to reach national standards in Scotland
- relevant updates/CPD should be undertaken regularly.

... to deliver group and 1:1 support...

- evidence and current guidelines support face-to-face group and 1:1 support where practically possible, supplemented with proactive telephone support where desirable and because of geographical constraints
- generally, specialist SCSs provide group support, the national pharmacy scheme provides 1:1 support, and telephone support is provided as a supplement to or substitute for (if practically not possible to provide continued) face-to-face support in rural and remote areas following on from initial face-to-face sessions.

...for a series of planned/scheduled sessions in which a target quit date is set and support provided throughout the quit attempt through multi-session, intensive, structured behavioural support ...

- Ordinarily, there is at least one pre-quit session and at least four post-quit sessions. For specialist SCSs, this is normally a minimum of four 1:1 sessions or seven group sessions.
- For pharmacy services as part of the national scheme, this would involve weekly behavioural (ordinarily 1:1) support, normally over a 12-week period.
- In both cases, this excludes opportunistic and brief advice work, but allows expert practitioners (the staff defined above with regards to training and time) to use clinical judgement.
- The first session involves assessing the client and ideally takes place at least one week before the quit date is set for, and subsequent sessions generally encourage, advise and motivate the client to quit and stay quit e.g. through assisting them to cope with cravings and withdrawal symptoms.
- Relevant data/details are recorded to enable full completion of the national minimum dataset including the quit date.

...and in conjunction with pharmacotherapy (as appropriate)...

- Discussion of the option of different forms of pharmacotherapy with the client in order that adviser and client can reach the choice of which form (if any) might be best, including the option of combination NRT.
- Pharmacotherapy should be prescribed in conjunction with the setting of a quit date, on an abstinent-contingent basis, in line with A Guide to Smoking Cessation in Scotland 2010's Planning and Providing Specialist Smoking Cessation Services component pgs 21-23, and supplied in accordance with local prescribing guidance, formularies and/or protocols.

...where the client is followed up at 1 month, 3 months and 1 year post-quit date and outcomes recorded.

- self report cessation outcomes
- carbon monoxide (CO) validation at one month.