Users’ Views of Smoking Cessation Services Provided in Community Pharmacies
USERS’ VIEWS OF SMOKING CESSATION SERVICES PROVIDED IN COMMUNITY PHARMACIES

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The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.
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1 EXECUTIVE SUMMARY

1.1 Overall, smoking cessation services provided by community pharmacies were viewed very positively by service users. The accessibility and flexibility of the service, the personalised service provided by pharmacy staff and the provision of NRT products on prescription were found to be particularly important in shaping user satisfaction.

Methodology

1.2 The research comprised a series of 24 qualitative depth interviews with people who had used the service in October 2010. The sample was designed to obtain a range of views and experiences and was not intended to be representative of pharmacies and/or service users.

1.3 Participants were recruited using a three-stage sampling process, which involved: selecting a range of community pharmacies from across Scotland; inviting people who had used the service to take part in the research; and selecting a sample of potential participants for interviews.

1.4 Interviews were conducted by telephone between 14th February and 4th April 2011, by members of the Ipsos MORI research team.

Key findings

Accessibility of the service

1.5 The most common way for participants to find out about the service was in the pharmacies themselves, either through advertising posters or discussion with pharmacy staff. Participants also became aware of the service through referrals by GPs and word of mouth.

1.6 The accessibility of the service was one of its key attractions for participants because of the flexibility and convenience it afforded them. They liked the fact that they could enrol in the service immediately and then ‘pop in’ each week at a time that suited them.

1.7 The availability of NRT products on prescription increased the appeal of the service because the cost of buying these had previously been a disincentive to using NRT for participants.

Satisfaction with the service

1.8 Participants who took part in the research were overwhelmingly positive about the service and reported very high levels of satisfaction with almost all aspects. Service provision was broadly similar across most pharmacies, although there was some variation between those that were very busy and those that were less so.
1.9 Participants were particularly satisfied with the high levels of customer service provided to them by pharmacy staff. They described staff in very positive terms and particularly liked their friendly and informal approach.

1.10 Participants also expressed satisfaction with the confidentiality and privacy of the service. They were aware that pharmacies had a responsibility to ensure their details would be kept confidential. Where consultation rooms were used to hold discussions, participants tended to like the privacy this afforded them. However, not all pharmacies used consultation rooms, which made participants uncomfortable because other customers could potentially see that they were receiving the service or hear what was being discussed.

1.11 Satisfaction with the advice and information offered to participants was relatively high. However, there was some variation in the nature and extent of provision and some found the advice more useful than others. Few participants were given information about the health benefits of stopping smoking or the affect on their overall fitness. Others did not receive, or could not remember receiving, any information, advice or tips.

1.12 The choice of NRT products available and the ability to combine products was one of the main attractions of the service. Participants were given information about each of the products and decisions on which to use were made jointly between them and the pharmacist. This added to the flexibility and personalised nature of the service.

1.13 Participants were generally happy about the duration of the programme, although some felt that 12 weeks was not long enough to kick a lifelong habit. Regardless of whether or not they felt 12 weeks was long enough, participants said they would have liked the opportunity to attend a follow-up appointment or receive additional support if required.

1.14 Almost all participants said that they would recommend the service to other people who wanted to quit smoking and many had already done so.

**Effectiveness of the service**

1.15 A number of aspects of the service appeared to have an impact on its effectiveness, including the interaction with staff, the personalised and flexible service offered, the availability of NRT products on prescription and carbon monoxide testing.

1.16 The interaction with pharmacy staff and their availability on visits was important because it allowed participants to build relationships with staff. This provided a great deal of motivation to participants because they did not want to let staff down, while the encouragement and genuine interest they received from staff helped to motivate them further.

1.17 The availability of NRT products on prescription allowed participants to access products they may not have considered before and also provided them with the opportunity to use more than one product at a time. The perceived high
cost of buying NRT products had previously been a disincentive to using NRT for participants.

1.18 Carbon monoxide (CO) testing provided participants with additional motivation by allowing them to prove to pharmacy staff that they had not smoked. It also gave them a tangible measure of progress because they were able to see how much CO was leaving their system as a result of not smoking.

**Recommendations for service development**

1.19 Many aspects of the service appear to be working well and should be continued. However, the research also identified some areas for improvement:

- Advertising of the service should be focused on the key aspects of the service to highlight the benefits. This should focus on the aspects that people do not expect from the service, such as its convenience and flexibility, the support, encouragement and advice provided by pharmacy staff and the provision of NRT on prescription.

- Pharmacies should try to ensure continuity in the member of staff users’ are seen by, particularly in busier pharmacies. This would enable service users to build up relationships with staff, which would result in them feeling more supported and encouraged.

- At the end of the 12 weeks, pharmacies should develop a follow-up support plan with users to check their progress and to provide additional support if they need it. This would be tailored to suit the needs of the service user based on their past quit attempt experiences, their progress since enrolling in the pharmacy service and what they think might help them in the period after they finish.

- Users who fail in their quit attempt should be allowed to re-enrol in the service straightaway to allow them to continue in their quit attempt. However, pharmacists should retain some discretion to prevent abuse of the system.

- There should be increased link-up between smoking cessation services provided by pharmacies and other support services, such as Smokeline and specialist NHS services. Pharmacy staff should play a more active role in encouraging uptake of these services, which would help service users who are struggling with cravings or going through a particularly stressful period.

- In addition, pharmacy staff could provide more information to service users about specific health benefits of stopping smoking, such as reducing their risk of cancer and other diseases and the likely impact on their overall fitness. Staff could also provide advice on how to deal with side effects, such as weight gain.
- Any perceptions that the service lacks privacy may discourage some people from using the service or being open and honest about how they are progressing. Pharmacies should try to use consultation rooms where possible to ensure discussions are confidential.

- Pharmacies should also be encouraged to have CO testing machines available – and try to ensure that they are maintained and working at all times.
2. INTRODUCTION AND METHODOLOGY

2.1 This report summarises the findings of a research project to explore users’ views of smoking cessation services provided by community pharmacies. The project was commissioned by the Primary Care Division of the Primary and Community Care Directorate supported by Health Analytical Services. The research comprised telephone depth interviews with people who had accessed the smoking cessation service at a community pharmacy in Scotland.

Background

2.2 Despite a continuing decline in smoking rates in Scotland (from 30.7% of adults in 1999\(^1\) to 24.3% in 2009\(^2\)), levels of smoking remain high and this continues to have a significant influence on the health of the population. Indeed, smoking remains one of the principal preventable causes of illness and premature death in Scotland. It is estimated to be responsible for around 13,000 deaths annually, equating to nearly 25% of all deaths (with the figure rising to as much as 34% in some deprived areas\(^3\)). The economic consequences are also substantial: the direct cost of treating smoking related disease is estimated at £271m per annum (rising to approximately £1.1bn if indirect costs are taken into account\(^4\)).

2.3 Reducing smoking and tobacco-related harm is thus recognised as one of the main drivers to improving public health in Scotland and successive governments have committed to working towards a smoke-free Scotland.

2.4 It is widely accepted that an effective tobacco policy requires a broad-based package of actions including policies relating to the promotion, sale and price of tobacco products; control of smoking in public places; measures to educate and promote healthy lifestyles; and support mechanisms to help smokers to quit\(^5\). In line with this, recent policy in Scotland has adopted a multi-strand approach aimed at discouraging young people from starting to smoke (by raising the age for buying tobacco to 18 and legislating to restrict display of tobacco products), while also encouraging existing smokers to quit (by banning smoking in public places, as well as providing funding to Health Boards to develop smoking cessation services, and investing in the Smokeline telephone advice service).

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\(^2\) [http://www.scotland.gov.uk/About/scotPerforms/indicators](http://www.scotland.gov.uk/About/scotPerforms/indicators) [accessed May 2011]
Furthermore, several smoking-related targets are included in the National Indicators, against which the Scottish Government monitors performance. Initially set in 2005, the key indicator – to reduce the percentage of adults smoking to 22% by 2010 – was confirmed in the 2008 Smoking Prevention Action Plan. More recently, since its introduction in 2008, the Public Health Service (PHS) element of the Community Pharmacy Contract has encouraged the pro-active involvement of community pharmacy staff in supporting self-care public health, offering interventions to promote healthy lifestyles and establishing a health promoting environment across the network of community pharmacies.

The PHS comprises a number of services, including the provision of a 12 week smoking cessation programme in which people can visit their local pharmacist to discuss cessation strategies, be provided with personalised advice and support in their quit attempt, and be prescribed nicotine replacement therapy (NRT). The approach is designed to increase choice and improve access to NHS stop smoking services, improve the affordability of NRT, and cut down the workload of GPs. The specification for the provision of the service (NHS Circular PCA(P)(2008)17 Annex C) outlines the procedures for administering the service.

Smoking cessation and support services, such as those provided under the Community Pharmacy Contract, aim to play a pivotal role in supporting the national quit effort. By aiming to provide relevant, accessible, flexible, and free advice about stopping smoking, Scotland's 1,222 community pharmacies are increasingly used to provide a front-line source of assistance to help smokers quit. Indeed, the annual release of statistics from national smoking cessation monitoring in Scotland, covering the 2009 calendar year, shows:

- there were 69,882 quit attempts made with the help of NHS smoking cessation services in Scotland during the 2009 calendar year (an increase of 35% on 2008 figures)
- pharmacy services accounted for 56% of quit attempts made using NHS smoking cessation in Scotland in 2009 (and over 70% of quit attempts made in some NHS boards).

It was against this background that the Scottish Government commissioned Ipsos MORI to evaluate users’ views on smoking cessation services provided by pharmacists as part of the PHS element of the Community Pharmacy Contract.

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6 [http://www.scotland.gov.uk/About/scotPerforms/indicators](http://www.scotland.gov.uk/About/scotPerforms/indicators) [accessed May 2011]
Aims and objectives of the research

2.9 The overall aim of the research was to understand the experience and perceptions of users of the pharmacy-based smoking cessation services, in order to provide evidence for a review of PHS patient services being undertaken by the Scottish Government. This research on the views of service users was commissioned to compliment in-house research undertaken by Scottish Government on the uptake and outcomes, and stakeholder views, of the PHS service. A separate report, summarising the findings of both research exercises, will be published by the Scottish Government.

2.10 More specifically, the research explored service users’ views on:

- the accessibility of the service
- levels of satisfaction with service
- the effectiveness of the service
- potential improvements to the service.

Methodology

2.11 The research comprised a series of qualitative depth interviews with people who had used the service in October 2010. This timeframe was chosen because it allowed the research to include users who had reached different stages of the service, including the initial meeting and subsequent four- and twelve-week milestones, as well as those who had dropped out of the service before these milestones. The interviews were conducted in early 2011, which was recent enough to allow participants to have sufficient recall of their experiences. The sample was designed to obtain a range of views and experiences and was not intended to be representative of pharmacies and/or service users. Participants were recruited using a three-stage sampling process, which involved:

- selecting a range of community pharmacies from across Scotland
- inviting people who had used these pharmacies to take part in the research
- selecting a sample of potential participants for interviews.

Selecting pharmacies

2.12 The first stage involved selecting community pharmacies from across Scotland who had provided the PHS smoking cessation services in 2010. A sampling matrix was created to ensure a range of types of pharmacies were included in the sample, based on:

- the volume of claims (based on the number of smoking cessation claims submitted in July 2010\textsuperscript{11}. Pharmacies submitting 0-5 claims were excluded because they were deemed likely to be too small to allow recruitment of sufficient numbers of users)

\textsuperscript{11} At the time the sampling was undertaken, the July 2010 data was the most up-to-date available
- the deprivation level of the area in which they are based (5 levels: 20% most deprived through 20% least deprived)
- the urban/rural category of the area in which they are based (3 levels: urban, semi-rural and rural)
- whether it was an independent pharmacy or part of a larger chain of pharmacies (independent = 4 or fewer pharmacies; multiple = 5 or more pharmacies)
- health board area.

2.13 The deprivation and urban/rural classifications were in line with those used by the Information Services Division of NHS National Services Scotland based on each pharmacy’s postcode. The sampling matrix set out the criteria for selecting pharmacies to be included in the study and ensured a spread across the sample (of each of the five factors set out in paragraph 1.12).

2.14 A sample of 32 community pharmacies was drawn to match criteria in the sampling matrix. Pharmacies from 11 of the 14 Health Board areas in Scotland were selected – Orkney, Shetland and the Western Isles Health Boards were not included because they did not have any pharmacies with more than five claims in July 2010.

2.15 Selected pharmacies were sent an invitation to participate. This included a letter from Ipsos MORI, and a letter from Community Pharmacy Scotland. The letters included instructions on what would be required of pharmacies to help facilitate the research, and offered the opportunity to opt out. Five pharmacies opted out. These pharmacies were replaced by other pharmacies that matched the relevant sampling matrix criteria.

**Inviting service users to participate**

2.16 The second stage of sampling involved asking pharmacies to send an invitation pack to everyone who accessed the service in October 2010. Invitation packs were provided by Ipsos MORI. These contained a letter from Ipsos MORI explaining the purpose of the research and what would be involved, and a short questionnaire for service users to complete and return if they wished to participate (Appendix 1). In addition to contact details, the questionnaire collected data on gender, age, number of cigarettes smoked, number of previous quit attempts, when they began using the pharmacy service, how they rated the service overall, the forms of NRT they used, the key appointments they attended and whether they had stopped smoking or not. Female service users were also asked whether they had been pregnant at the time they accessed the service. Questionnaires were returned directly to Ipsos MORI. An incentive of £20 was offered to potential participants to thank them for their time and encourage participation from the broadest range of service users.

2.17 In total, 757 invitations were issued and 80 questionnaires were returned from which 24 were selected for interview. Participants were selected to ensure a spread of service users based on the key aspects outlined in paragraph 1.16 above. Details of the sample profile are provided below.
2.18 All interviews were conducted by telephone using topic guides designed by the research team and agreed by the Scottish Government (Appendix 2). Interviews were conducted between 14th February and 4th April 2011. Interviews lasted between 20 and 30 minutes and were conducted by members of the research team. With the permission of participants, interviews were recorded and transcribed for analysis.

**Sample profile**

2.19 Table 1, below, provides details of the sample profile.

<table>
<thead>
<tr>
<th>Table 1: Sample profile</th>
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<tbody>
<tr>
<td>Criteria</td>
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<tr>
<td>Gender</td>
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<td>Male</td>
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<tr>
<td>Female</td>
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<tr>
<td>Age</td>
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<td>16-24</td>
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<td>25-34</td>
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<td>35-44</td>
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<td>45-54</td>
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<td>55-64</td>
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<td>65+</td>
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<tr>
<td>Volume of claims from pharmacy</td>
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<tr>
<td>Small</td>
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<td>Small-medium</td>
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<tr>
<td>Medium</td>
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<td>Medium-large</td>
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<tr>
<td>Large</td>
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<tr>
<td>Deprivation (pharmacy)</td>
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<tr>
<td>1 – 20% most deprived areas</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
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<tr>
<td>5 – 20% least deprived areas</td>
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<tr>
<td>Urban/rural (pharmacy)</td>
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<tr>
<td>Urban</td>
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<tr>
<td>Semi-rural</td>
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<tr>
<td>Rural</td>
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<tr>
<td>Pharmacy type</td>
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<tr>
<td>Independent</td>
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<tr>
<td>Multiple</td>
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<tr>
<td>Number of milestone appointments</td>
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<tr>
<td>First only</td>
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<tr>
<td>First and second</td>
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<tr>
<td>All three</td>
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<tr>
<td>Number of previous quit attempts</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>1-3</td>
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<tr>
<td>4-5</td>
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<tr>
<td>6+</td>
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</tbody>
</table>

\(^{12}\) The service specification identifies key appointments at four and twelve weeks after the quit date

\(^{13}\) Four participants were unsure which/how many milestone appointments they attended
Limitations of the research

2.20 The research was designed to explore the perceptions and views of service users. It was not designed to measure the effectiveness of the service in terms of smoking cessation outcomes. Comments on the service reflect only the views and experiences of those who have accessed the service; people who have never heard of the service, or who have heard of it but have chosen not to use it, are not represented. We therefore cannot comment on levels of awareness of the service or the effectiveness of advertising and promotion. We also do not know why it does not appeal to some people or what the other barriers to access are. The research team tried to maximise the chances of encouraging those who were less satisfied or who dropped out of the programme to opt in to the research (by making clear in the letter that the research was interested in everyone regardless of whether or not they had completed the 12 weeks and by offering an incentive). However, there is a possibility that those less happy were less likely to take part, which would mean we have less information about negative experiences and ways in which the service can fail.

Structure of the report

2.21 The first section of the report examines the accessibility of the service before subsequent sections move on to explore users’ satisfaction with the service and its effectiveness. The final section of the report presents conclusions and recommendations for further development of the service.
3. ACCESSIBILITY OF THE SERVICE

3.1 This section looks at participants’ perceptions of the accessibility of smoking cessation services in community pharmacies, focusing on how they first became aware of the service, how easy or difficult it was to access and what the initial appeal was.

How did participants find out about the service?

3.2 Service users who took part in the research tended to become aware of the service while passing or visiting their pharmacy: they commonly reported seeing advertising posters in pharmacy windows or being told about the service by staff while they were in the pharmacy to buy NRT products or collect other prescriptions.

3.3 Referral to the service by GPs tended to be the exception rather than the rule. Indeed, some participants said that their GP had given them a prescription for NRT products but had not mentioned the pharmacy service. These participants felt that their GP should have told them about the service.

3.4 In other cases, participants were made aware of the service via word of mouth from family, friends and work colleagues – some of whom recommended the service after using it themselves.

3.5 However, in general, participants felt that the service was poorly advertised and that people who did not visit a pharmacy would be unaware that it existed.

“This is the thing with this scheme, it’s not really advertised enough. People don’t know [about it], there’s a lot of people at my husband’s work and they’re wanting to stop and they know nothing about the service.”

(Female, 45-54, small-medium volume pharmacy14)

How easy or difficult was it to access the service?

3.6 On the whole, participants tended to ‘stumble across’ the service and, as a result, many were surprised by its accessibility and convenience, and the provision of NRT products on prescription.

3.7 Participants found the service to be very accessible and highlighted the convenience and flexibility which it afforded them. The pharmacies they used were close to where they lived, which made it easy for them to fit their visit around other activities, such as commuting and shopping. Participants also liked the fact that they were not required to make an appointment and could

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14 Based on the volume of smoking cessation claims made by the pharmacy the participant attended.
pop in whenever it suited them. This was perceived by some to be more convenient than visiting their GP, where they would have had to work around available appointments. Some also described having a more formal relationship with their GP, which prevented them from being as open and honest when discussing their smoking.

“It was at my own discretion. I could go down any time and see him if I wanted to. It wasn’t a case of making an appointment, you didn’t actually have to make an appointment.”

(Male, 65+, small volume pharmacy)

“Well it is local, just two minutes from my house, so that was convenient for me.”

(Female, 45-54, small-medium volume pharmacy)

3.8 Participants described being able to enrol ‘there and then’ when they first visited the pharmacy. Once enrolled, there were differences in what happened next. Some, particularly those who used smaller or more rural pharmacies, had their first appointment straight away. However, others, particularly those who used larger or more urban pharmacies, had to wait a week before their first appointment. Some of these participants were told that they had to wait a week to allow them to cut down the number of cigarettes they smoke per day, while others were not given an explanation.

3.9 The ability to start using the service immediately was viewed very positively by those who were able to do so. It allowed them to capitalise on having the initiative to quit smoking, which they might otherwise have lost, or ‘talked themselves out of’. Among participants who had to wait, some felt frustrated at not being able to start straight away, while others liked the fact that they had a week to prepare themselves.

3.10 Participants were particularly surprised by the provision of NRT products on prescription (which made them free for those exempt from prescription charges, while standard charges - £3 in October 2010 - applied to those who paid for their prescriptions). The cost of buying NRT products had previously been a disincentive so the provision of these at prescription-charge rate increased the appeal of the service. Related to this, the choice of NRT products offered and the ability to combine two products at the same time, one as the main form of NRT treatment and the other as a back-up, was viewed very positively by participants. If buying at full price, they would tend not to buy two types due to the cost involved.
4. SATISFACTION WITH THE SERVICE

4.1 Users who took part in the research were overwhelmingly positive about the service and reported very high levels of satisfaction with almost all aspects. They were particularly satisfied with the high levels of customer service provided by pharmacy staff. Participants also expressed satisfaction with the confidentiality and privacy of the service, and the advice and information offered during the programme. As discussed above, the convenience with which they could access the service and the availability of different NRT products helped contribute to this. Almost all participants said that they would recommend the service to other people who wanted to quit smoking and many had already done so.

What happened during appointments?

4.2 Participants felt that the level of service was ‘above and beyond’ what they had expected, particularly the personalised nature of the service. Common experiences of the first visit included:

- being given details of how the service worked and what would be involved
- completing a standard form, either on their own or through a discussion with the pharmacist or pharmacy staff, which covered their smoking history and habits
- having a discussion with the pharmacist about different types of NRT products and how they work
- coming to a decision with the pharmacist as to which NRT products would suit them best
- being given information and advice on the health benefits of stopping smoking, how to deal with cravings and how to break smoking habits.

4.3 To a lesser extent, advice was also given on other support services available, such as the Smokeline helpline and local smoking cessation groups. Some were given a Carbon Monoxide (CO) test to show how much was in their system.

4.4 Some participants were given an appointment to see the pharmacist immediately, while others had to wait a week. It is not clear whether some of the former group, therefore, did not set a quit date but effectively started immediately. It may be worth considering whether these pharmacies could have offered the first appointment there and then, but set a quit date for a certain time ahead. This would capitalise on smokers’ motivation, whilst also allowing them to prepare strategies for dealing with cravings and times when they will be more tempted to smoke.

4.5 The experience of subsequent visits depended on the approach of each pharmacy and how busy the pharmacy was at the time. Participants described calling in when it suited them, often on a weekly basis, when they received their next week’s prescription of NRT. Participants also tended to have some kind of interaction with the pharmacist or pharmacy staff. This ranged from a
quiet word at the counter to a longer conversation on the shop floor or in a private room to discuss their progress. Further advice was given to participants to help them cope with cravings or address particular problems they were having, while some were given regular CO tests.

**Satisfaction with pharmacy staff**

4.6 Satisfaction with pharmacy staff was very high. When asked about the pharmacist or pharmacy staff who saw them, participants described them in very positive terms, using words such as ‘encouraging’, ‘helpful’, ‘knowledgeable’, ‘welcoming’, ‘interested’, ‘understanding’, ‘discrete’ and ‘non-judgemental’. They also highlighted the fact that staff were not condescending in any way. Participants felt that staff were very good at explaining what would be involved if they decided to sign up to the service and what would be expected of them. This helped to reassure them about the commitment involved and allowed them to make an informed decision about using the service. Staff made it clear that the service would be tailored to suit their needs as far as possible, which reassured them that the service would be flexible and informal. This proved very attractive to participants, who preferred it to attending their GP, which was seen as more formal.

“I explained to [the pharmacist] why I had started again and he knew that, he was aware of the circumstances and we spoke about stress, we spoke about what had caused me to start again, and I just got reassurance from him … this wasn’t a case of signing a form and walking away and so on, he was there if I needed extra support.”

(Male, 55-64, small volume pharmacy)

4.7 This friendly and informal approach, coupled with weekly visits, allowed pharmacy staff to build up relationships with participants. Staff would ask how they were getting on and offer encouragement. This made participants feel that staff took a genuine interest in how their quit attempt was progressing and that they had their personal support. This helped to instil confidence and a belief that they could succeed. Participants said they did not want to let staff down by smoking or failing in their quit attempt, which provided a great deal of motivation. This applied both to participants who were seen by counter assistants and those who saw the pharmacist, provided that they had continuity in the member of staff they saw each week.

“Going in and seeing someone every week because, you know, you don’t want to smoke because you don’t want to go in and feel as if you’ve let the person down, so you’re not going to have a cigarette.”

(Female, 35-44, small volume pharmacy)

4.8 However, in some cases, particularly among users of larger or busier pharmacies, participants expressed concerns about not being seen by the same member of staff and were frustrated at having to repeat details each week. This seemed to have a negative effect on engagement with the service.
because these participants were not able to build relationships to the same extent. The desire to ensure their quit attempt was a success in order not to ‘let down’ pharmacy staff was not mentioned by those who were seen by a different member of staff each week.

“You just kind of lose heart when you’re not getting the encouragement from them, it’s a case of going in and getting more and coming away.”

(Male, 55-64, medium volume pharmacy)

4.9 The level of engagement participants had with pharmacy staff appeared to be an important feature of the service. Continuity in the member of staff, the time taken to discuss their quit attempt, the extent to which they felt that staff had a genuine interest in them, and the motivation and encouragement they received directly from staff all had a major impact on participants’ satisfaction with the service.

4.10 Whether or not participants knew the pharmacy staff prior to attending the service did not seem to have an impact on their satisfaction. Those who knew their pharmacist beforehand said this helped because it made them more comfortable, while those who did not previously know them felt that was good because they could be more open and honest as a result. None of the participants who knew their pharmacist beforehand said they would rather have dealt with someone they did not know, and none of the participants who did not know their pharmacist said they would have preferred someone they did know.

Confidentiality and privacy

4.11 On the whole, confidentiality was not a major concern. Participants were aware that the pharmacy had a responsibility to ensure their details would be kept confidential and were confident that this would be the case. They also felt that pharmacists and staff were very discrete and respected their privacy.

4.12 However, there were some concerns over issues of privacy, which tended to depend on the availability and use of a private room in which to hold discussions. Some pharmacies did use a private room and participants tended to like the privacy this afforded them. Other pharmacies either did not have a private room, or did not use it, and participants tended to feel uncomfortable discussing their smoking on the shop floor. They did not like other customers being able to see that they were receiving the service or hear what was being discussed.

4.13 Some participants were uncomfortable about using private rooms that were also used as methadone clinics because they did not want other customers thinking that this was why they were attending the pharmacy. In pharmacies where this may pose a problem, advertising the smoking cessation service on the door of the room may help counter this impression.
Satisfaction with the advice and information provided

4.14 Satisfaction was relatively high regarding the advice and information provided by pharmacy staff. Participants felt that staff were very knowledgeable about NRT products and were able to recommend the best type of NRT to suit their needs. There was some variation in the nature and extent of provision of information, advice and tips. Advice was given on how to break smoking habits and ways in which participants could alter their lifestyle to help them quit. Tips included changing their routine, drinking fruit juice instead of coffee in the morning, doing something active to take their mind off smoking when they felt a craving, and throwing out ashtrays, lighters and matches. Participants were advised that cravings did not last long and would decrease in intensity the longer they went without smoking. Some found the advice and tips more useful than others. Few participants were given information about the health benefits of stopping smoking, such as reducing their risk of cancer and other diseases and the likely impact on their overall fitness. Others did not receive, or could not remember receiving any information, advice or tips.

4.15 However, there appeared to be little information provided about other forms of support. Although smoking cessation groups were sometimes mentioned by pharmacy staff, the Smokeline telephone helpline was only occasionally discussed and information leaflets were rarely given out. Information about these services tended to be given when participants first enrolled in the service and then not brought up again. Where additional support services were discussed, the information provided was described by participants as ‘basic’ and staff did not go into detail regarding ways in which these services could offer additional support to participants. Although some said they were not interested in groups or Smokeline, these services may have provided useful additional support when they were experiencing particularly intense cravings or had stopped attending the pharmacy service.

Satisfaction with the types and availability of NRT

4.16 The choice of NRT products available and the ability to combine products was one of the main attractions of the service. Objective information about each of the products was provided by staff and they did not appear to push or pressure participants into using a particular type. Decisions on the type of NRT were made jointly by participants and pharmacists, and were selected to suit their lifestyles and preferences. Nicotine patches were the favoured choice for almost all participants, often because they had previously used them. Patches tended to be used as a main support, and combined with an inhalator, gum or lozenges as a back-up for when they needed extra help to combat cravings or get through a stressful period. Participants were also able to try alternative NRT products if they found their first choice was not suitable. This added to the flexibility and personalised nature of the service.
Satisfaction with the duration of the programme

4.17 Satisfaction with the duration of the programme varied. Participants were generally happy about attending the pharmacy weekly over a three month period — regardless of whether they had a discussion with staff each week or just went along to pick up their NRT. Having a week between appointments was felt to be appropriate because it helped participants to stay focused, made it easy for them to keep track of their progress and ensured that they received ongoing support throughout the initial stages of their quit attempt. As such, participants had the incentive of being able to say ‘I’ve still stopped’ each week, which allowed them to gradually build their confidence. This was aided by the convenience and flexibility of the service, which made it easy for participants to maintain their weekly visits because it did not have to be the same time each week.

4.18 There was a view that 12 weeks was not a long enough period in which to give up a lifelong habit. This view was especially prevalent among participants who had tried to quit previously, and those who had given up for long periods on previous quit attempts. They felt that they should have the option to continue using the service, even if it meant reducing the frequency of visits.

4.19 Regardless of whether or not they felt 12 weeks was long enough, participants said they would have liked the opportunity to attend a follow-up appointment or receive additional support if required. Some participants were told that they could pop in to the pharmacy for additional support after the 12 weeks if they needed it, however, this opportunity did not appear to have been offered to every participant. Types of ongoing support suggested by participants included being able to call in to the pharmacy for a discussion or a one-off NRT prescription, online support via websites, and a proactive telephone call from pharmacists at particular intervals to see how they were progressing in their quit attempt.

“Like I say, if you’re able to pop in when you’re feeling a bit stressed maybe to be able to pop in and get another pack of patches, maybe even if it’s three months after you’ve stopped.”
(Female, 35-44, small volume pharmacy)

“Also, when you finish, some sort of aftercare thing, after help, maybe just a phone call once a week just to say are you still stopped, it would keep you spurred to stay stopped.”
(Female, 45-54, small-medium volume pharmacy)

Likelihood of recommending the service to others

4.20 When asked if they would recommend the service to family or friends who wanted to stop smoking, participants were overwhelmingly positive, even if they had not been successful in their quit attempt. Indeed, many said they had already recommended the service and that some of those they told had since enrolled. Given that some participants initially became aware of the service through word of mouth, this would suggest that users of the service tend to
become positive advocates, even if they are not successful in quitting themselves.

“Boys I work with smoke and I’ve been at them, give it up, get to your pharmacy and get some patches and give it a go.”
(Male, 35-44, small-medium volume pharmacy)

4.21 Participants were then probed about what they had said, or would say, when recommending the service. The most common responses were that the service was convenient and flexible, and that people would receive a high quality, personalised service, NRT products on prescription, and all the support they need to help them quit. They would also emphasise the fact that staff were not condescending. There was a strong feeling among participants that they did not want to see the service cut in the current economic climate because they felt it would help a lot of smokers who wanted to quit.

“Why should they go? Well, you’re not judged, you’re not got at, you’re not being opinionated at, and you’ll get all the support you want, it’s as simple as that.”
(Male, 65+, large volume pharmacy)
5 EFFECTIVENESS OF THE SERVICE

5.1 Participants generally viewed it as an excellent service to use, but is it effective in helping people to stop smoking? As this was a qualitative study of the perceptions of 24 service users, it does not attempt to provide a measure of outcomes. Instead, it explores the ways in which the service appears to work and the ways in which it does not work.

5.2 A number of aspects of the service appear to have an impact on its effectiveness, including: the interaction with pharmacy staff and their availability on visits; the personalised service offered; receiving NRT products on prescription; and carbon monoxide testing.

Availability of pharmacy staff and their interaction with users

5.3 The interaction between users and pharmacy staff appeared to be a key factor in the effectiveness of the service (compared with, for example, using NRT on its own, visiting a GP or attending smoking cessation groups). On the whole, participants were able to build good relationships with pharmacists and pharmacy staff. This provided a great deal of motivation to them because they did not want to let staff down, while the encouragement and genuine interest they received from staff helped to motivate them further.

5.4 These relationships were particularly strong among participants who used smaller or more rural pharmacies because they often spoke to the same person each week, who in turn had more time to spend with them. It is unclear whether this was because these pharmacies were less busy or because they had fewer staff. Continuity in the member of staff participants saw each week, regardless of whether this was the pharmacist or a member of staff, was important in allowing participants to develop these relationships. In addition, other members of staff working in the pharmacy, who were not directly involved in the delivery of the service, also made time to talk to participants and provided additional encouragement. These interactions helped to provide participants with a support network to encourage and motivate them in their quit attempt.

“That wee bit encouragement does make a difference”.
(Female, 45-54, small-medium volume pharmacy)

5.5 Close relationships were not as evident where there was a lack of continuity in the member of staff participants saw, particularly among those who attended large or more urban pharmacies, which tended to be very busy. Often, users only saw the pharmacist at the beginning of the programme, if at all, and were not as able to discuss their quit attempt to the same extent as those who saw the pharmacist regularly. As a result, these pharmacies tended to offer a more basic service, where the pharmacist would complete the form, issue an NRT prescription and, in some cases, conduct a CO test. At subsequent appointments, users described simply visiting the pharmacy to collect their NRT and did not spend much time, if any, discussing their progress with staff.
“The girl just went behind the counter and said to me ‘can you wait five minutes and we’ll get [NRT] for you?’ and that was it.”
(Female, 65+, medium volume pharmacy)

Personalised and flexible service

5.6 One of the most positive aspects of the service was that participants felt it was tailored to them and their specific needs. In most cases, participants were: able to visit pharmacies that were conveniently located; able to visit at times which suited them; given access to the NRT products they wanted; and given advice that was relevant to them. They felt that they were ‘not just a number’ because staff were interested in trying to help them and offered genuine support.

Receiving NRT products on prescription

5.7 The availability of NRT products on prescription was a surprising bonus for participants. NRT products were perceived to be prohibitively expensive by many participants. As such, the service offered smokers access to NRT products that they might not previously have considered due to the perceived high cost, particularly if they want to use more than one NRT product at the same time. This also gave participants additional motivation in their quit attempt because they were aware that they would not have access to NRT products if they dropped out of the programme.

Carbon monoxide (CO) testing

5.8 Although not universally available or used in all pharmacies, CO testing proved to be very popular among participants who were able to use it. It provided participants with additional motivation in two ways. Firstly, it proved to the pharmacist that they had not smoked and so had not let them down. Secondly, it provided a tangible measure of progress because participants were able to see that the chemicals from cigarettes were leaving their bodies and that they were going to be healthier as a result. Overall, carbon monoxide testing gave participants a greater sense of achievement and provided further motivation to continue in their quit attempt.

“Going in there every Friday and knowing if I smoked a cigarette and breathed in that machine they would know, so that was something else that stopped me from doing it.”
(Male, 35-44, small-medium volume pharmacy)

5.9 CO testing machines did not always work, however, which disappointed participants because they wanted tangible evidence to show the pharmacy staff that they had not been smoking and also to measure their own progress. None of the participants said they did not like being tested.
Reasons for not completing 12 weeks

5.10 The reasons given by participants who stopped using the service before completing the 12 weeks were varied. Failed quit attempts were often due to participants experiencing stressful times in their lives, which caused them to start smoking again. Others realised that they were not ready to quit, or had not prepared themselves properly. Participants who had started smoking again did not blame the pharmacy or the service they received for their failure. Instead, they tended to express regret about failing and not being able to complete the programme, as well as feeling that they had let the pharmacy staff down.

5.11 There appeared to be inconsistency regarding whether or not participants who had failed in their quit attempt would be allowed to use the service again. Some participants said they would be allowed to continue with the service or start again if they had failed. However, others were told by their pharmacist that they had to wait six months before starting again. Participants who failed in their quit attempt would have liked to start the programme again and many felt that the six month gap was unfair because they were bound to have minor relapses while attempting to ‘kick a lifelong habit’. Therefore, being excluded from the programme for six months was more likely to have a negative affect on their overall quit attempt. Nonetheless, although they would have preferred to access the service more quickly, some said they would re-enrol in the service after the six months had lapsed.

5.12 A few participants had stopped smoking within the 12 weeks, were confident that they would stay stopped, and therefore felt they did not need to keep using the service. They did not want to feel as though they were wasting the pharmacists’ time or the resources available. These participants were told by the pharmacist that they could pop in at any time if they felt they needed extra support. This suggests that, in analysing outcomes, not attending the service for the full 12 weeks should not be assumed to mean a failed quit attempt.

Case studies

5.13 The following case studies provide examples of good and poor experiences of using the service. These are fictional examples based on participants’ experiences and are designed to illustrate ways in which the service works and does not work.

<table>
<thead>
<tr>
<th>Example of good service</th>
<th>Example of poor service</th>
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<tbody>
<tr>
<td>Selma first heard about the service from her friend who has now stopped smoking for six months after using it. She told her how easy it was to use and how friendly and helpful all the pharmacy staff were. On her first visit to the pharmacy, Selma is very nervous and does not know what to expect. She chats with a member of the pharmacy staff and is told what will happen.</td>
<td>Selma tells her sister Patty about the service she received from the pharmacy and how it helped her to stop smoking. Patty decides to give it a go and attends a different pharmacy. On her first visit, she is given a form to fill in and told to come back in a week. She is not told why she has to come back in a week or what she has to do during that time and feels lost.</td>
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be involved and what will be expected of her, before she agrees to enrol. The member of staff is very friendly and says she used to smoke so knows how hard it is. This makes Selma feel more comfortable and relieved that she is not going to be judged. Selma has a brief chat with the pharmacist in a private consultation room where she is told that the service will start in a week’s time, during which she should reduce the number of cigarettes she smokes per day and prepare herself for her quit attempt. She is given tips and advice on how to do this and makes an appointment to return to see the pharmacist. Selma is very encouraged by her visits and is very confident that she will be able to quit.

When Selma returns for her appointment a week later, she is again taken into the private consultation room by the pharmacist, where they chat in much more detail about Selma’s smoking habits and her motivation for quitting. A CO test is conducted and the data recorded. She is given information about all the different types of NRT and they both agree that she should use patches as her main treatment and the inhalator as a back-up. Selma is given further tips and advice about breaking habits and dealing with cravings and other side-effects, including weight gain. The pharmacist tells her about smoking cessation groups and Smokline and explains how they can help her. While waiting to collect her prescription, Selma has a chat with the member of staff who saw her the previous week who gives her encouragement and tells her just to pop in any time she needs some extra support.

Selma calls in to the pharmacy weekly and is greeted by the same member of staff who asks how she is getting on and offers encouragement. She is then taken into the consultation room by the pharmacist, where they discuss her
disappointed because she wanted to stop smoking there and then.

The following week she has a brief chat with the pharmacist on the shop floor where they go through the form. Patty feels uncomfortable because people in the queue can hear the conversation and she is embarrassed to say quite how much she smokes. The pharmacist tells Patty about the different types of NRT available and asks which she would like to use. She chooses patches and chewing gum and the pharmacist asks her to wait while the prescription is prepared.

During Patty’s visit she not given any information, tips or advice, there is no mention of other support services and she is not given a CO test because the machine is not working.

Once her prescription is prepared, Patty is told to come back in a week to collect her next batch. She returns every week and, each week, hands her prescription to a different counter assistant, who takes the prescription and asks her to wait. No-one asks her how she is getting on or offers any encouragement. She collects her prescription and leaves.

On her sixth visit, Patty mentions to the counter assistant that she is having some trouble with cravings when she first wakes up. The assistant says that she does not know what might help and asked to wait for pharmacist to see her. Patty collects her prescription and waits ten minutes but the pharmacist appears to be very busy, so she decides to leave.

On her last visit, she is told that this will be her final prescription and she’ll have to wait six months if she wants to use the service again. Patty still struggles with cravings in the morning and is unsure if she will be able to stay stopped after her NRT finishes. She would like advice on
progress and conduct a CO test. Selma is surprised how quickly the CO levels are coming down. She gets encouragement from this and the pharmacist, who tells her how well she is doing and encourages her to keep it up, reminding her of her original motivation to quit. This continues every week.

On the sixth week, Selma tells the pharmacist that she has really bad cravings when she wakes up in the morning. She is given tips on how to deal with these cravings and reassured that they will get easier after a while. The pharmacist reminds her that she can pop in any time if cravings persist and she feels she needs extra support to get through them.

On Selma’s last visit, she has a final chat with the pharmacist, who tells her how well she has done and conducts a CO test to show her how much CO has left her system since she stopped smoking. She is also told to visit anytime she feels she is struggling. Selma remains confident that she will quit and recommends the service to her sister Patty. what to do next. However, the pharmacist looks busy and she does not want to bother her. She collects her final prescription and leaves.
6 CONCLUSIONS AND RECOMMENDATIONS FOR SERVICE DEVELOPMENT

6.1 Participants were very positive about the smoking cessation service provided by community pharmacies. Satisfaction was high among almost all service users who participated in the research, even those who were unsuccessful in their quit attempt. Many aspects of the service appear to work well and should be continued, particularly the accessibility and flexibility of the service, the interaction with pharmacy staff and the provision of NRT. However, there are some aspects of the service which could be improved or developed further. This section discusses these aspects and presents recommendations for service development.

Focus advertising on key aspects of the service

6.2 It may be that focusing advertising on the aspects of the service that participants found particularly good – and were not necessarily expecting – would help to encourage uptake. Advertising could focus on its convenience and flexibility, the support, encouragement and advice provided by pharmacy staff, and the provision of NRT on prescription. Smokers who are thinking about quitting need to know what to expect from the service and that they are not going to be judged or given a ‘hard time’ about being a smoker.

“I expected quite a grilling about smoking and … if I wasn’t able to give up I would get another bit of a grilling, but it was nothing like that at all, it was so nice and friendly and very relaxing.”

(Female, 45-54, small-medium volume pharmacy)

Continuity of staff

6.3 As discussed above, the interaction users have with staff is a key component in the effectiveness of the service: it enables users to build up a relationship with staff, and results in them feeling more supported and encouraged. Therefore, it is important that pharmacies provide some degree of continuity in the member of staff who sees users on a weekly basis. Many pharmacies already appear to be doing this, but all pharmacies should try to find ways to provide this continuity. Service users do not necessarily have to be seen by the pharmacist themselves, so long as the member of staff dealing with them is trained. Clearly, this has to be balanced against maintaining the flexibility for service users to pop in when they like, and it is up to individual pharmacies to find the best way they can provide continuity.

Additional support after completing the 12 weeks

6.4 Providing additional support after participants had completed the 12 weeks was identified as one of the main improvements that would help users continue in their quit attempt. Participants mentioned that being able to pop in to the pharmacy weeks or months after they finished the service would help, particularly if they were feeling vulnerable or needed help to get them through
a difficult period. Suggestions as to how this might work included being able to have a chat with the pharmacist face-to-face or over the phone, or being able to collect a ‘one-off’ NRT prescription. A proactive call from the pharmacist at a particular interval (e.g. three or six months after using the service) to see how users were progressing and to check if they need any further support was also suggested.

6.5 We recommend that pharmacists help service users to develop an exit plan or follow-up support plan on their last appointment. This should be tailored to the suit the needs of the service user based on their past quit attempt experiences, their progress since enrolling in the pharmacy service and what they think will help them in the period after they finish. It might include:

- making it clear that they can call in at any point for a chat or some extra encouragement
- a follow-up appointment at a specific point (e.g. four weeks later)
- making an agreement for the pharmacist to phone them (or vice versa) to see how they are getting on and if they need any extra support. This could be a one-off or a regular call after an agreed timeframe
- making provisions for users to access extra prescriptions of NRT if they need it. This could be limited to a one-off prescription or a particular number during a set period.
- providing more detailed information about Smokeline and smoking cessation groups to encourage users to use them if needed.

Access for those who fail first time around

6.6 Pharmacies appeared to have different procedures in place regarding whether or not users had to wait six months to use the service again if they failed in their first quit attempt. Some said they were allowed to continue using the service if they failed, while others were told that they would have to wait for six months before being allowed to enrol again. This may be due to variations in NHS board areas. In cases where service users have smoked while using the service, the specification for the provision of the service\textsuperscript{15} states that pharmacists should follow local NHS board procedures where applicable. Where procedures are not in place, pharmacies are advised to allow users to begin a new quit attempt ‘at any point thereafter’. We would recommend that this procedure be applied across all health board areas to ensure that service users’ can continue in their quit attempt. Pharmacists should be allowed some discretion to prevent any abuse of the system.

Linking with other services

6.7 In addition to the smoking cessation service provided by pharmacies, users have a variety of support options to help them quit, including specialist NHS smoking cessation services and the Smokeline telephone helpline. There is potential to increase the extent to which users access a number of support options during their quit attempt. Participants reported being provided with

\textsuperscript{15} NHS Circular PCA(P)(2008)17 Annex C
only basic information about the availability of other services, which meant that they lacked awareness of the types of support these services provided. Pharmacy staff should be positive and informative when discussing other services and recommend that users take advantage of them if they are struggling with cravings or going through a particularly stressful period. This would also help to address the users’ needs for additional support once they finish using the pharmacy service.

**Information on tips and health benefits**

6.8 Pharmacy staff also have an ideal opportunity to provide further information, advice and tips to users to help them in their quit attempt. This includes more information about the health benefits of stopping smoking, such as reducing their risk of cancer and other diseases and the likely impact on their overall fitness, which would help to emphasise what users already know and help increase awareness of aspects they know less about.

6.9 While some participants said they were provided with information, advice and tips, others received very little or none at all. Pharmacy staff could provide more on dealing with cravings, stress and the side-effects of quitting, such as weight gain.

6.10 However, in providing information and advice, pharmacy staff must avoid coming across as too formal or ‘preachy’ to ensure that the service maintains its relaxed and informal nature.

**Ensuring privacy**

6.11 While satisfaction with the privacy of the service tended to be high, there were instances where private rooms were not used. Any perceptions that the service lacks privacy may discourage some people from using the service or being as open and honest about how they are getting on. Therefore, pharmacies should try to use private consultation rooms where available or make other provisions to ensure that discussions with service users are conducted out of earshot of other customers.

**Ensure CO testing machines are available and working**

6.12 CO testing was found to be effective in giving participants further encouragement by demonstrating that the level of CO in their bodies was continually reducing. Therefore, if possible, all pharmacies should be encouraged to have a testing machine – and to try to ensure that it is maintained and working at all times because participants reported being disappointed when machines were not working.
APPENDIX 1 SERVICE USER RECRUITMENT LETTER AND QUESTIONNAIRE

The stop smoking service provided by your pharmacy

Dear Sir/Madam

Ipsos MORI Scotland, the independent research agency, has been asked by the Scottish Government to conduct research with people who have used the stop smoking service provided by pharmacies. We are interested in finding out what people think about the service and what could be done to improve it in the future.

The pharmacy you attended has been selected to take part in the research and has sent this letter to you, on our behalf, as you have attended the service in the past few months. Please be assured that the pharmacy has not given us your details.

As someone who has attended the service, your views are very important and we would really like to speak to you. The research would involve taking part in a telephone conversation with a researcher which would last around 20 minutes. It would take place at a time that suits you and would cover your views on the stop smoking service at your pharmacy. To thank you for giving up your time to take part in the research, we would send you £20 in the form of a cheque or postal order.

We are interested in the views of everyone who used the service at all – from people who only attended one appointment to people who completed the programme. We are also interested in people who did not manage to quit on this attempt and people who did stop smoking.

If you are interested in taking part in the research, please complete the enclosed short questionnaire and return it to us in the prepaid envelope provided. As we are looking to speak to a range of different types of people, we cannot guarantee that you will be selected to take part in the research. I apologise if you are not selected and would like to thank you for taking the time to complete the questionnaire. Alternatively, if you would prefer to give your answers by phone, please call 0808 238 5376 (this number is free from landlines) or 0131 220 5699 and ask for Kate.

All the information you give in the questionnaire and the telephone conversation will be kept in the strictest confidence and will be used for the purposes of this research project only. You will not be identified in any reports arising from this research, and no one at the pharmacy you attended will know what you said. It would be helpful for us to record our discussion so that we don’t need to write too many notes, but if you would prefer we didn’t, that’s fine.

Please post your questionnaire or phone us as soon as possible and no later than Wednesday 23rd March. If you have any queries about the research please contact, in complete
confidence, Kate Sewel from Ipsos MORI on 0808 238 5376 or 0131 220 5699, or by email: kate.sewel@ipsos.com.

Yours faithfully

Kate Sewel

Kate Sewel, Senior Research Executive, Ipsos MORI Scotland
Stop smoking service provided by your pharmacy

I am happy to take part in a telephone conversation with a researcher.

Name ......................................... Signed .............................................

Date .............................................

Daytime phone number we can contact you on ............................................

Evening phone number we can contact you on .............................................

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF AND YOUR

EXPERIENCE OF THE STOP SMOKING SERVICE AT YOUR PHARMACY.

IF YOU HAVE BEEN THROUGH THE STOP SMOKING PROGRAMME AT YOUR

PHARMACY ON MORE THAN ONE OCCASION, PLEASE ANSWER ABOUT YOUR

MOST RECENT TIME.

PLEASE ANSWER HONESTLY - WE ARE LOOKING TO SPEAK TO A RANGE OF

PEOPLE SO THERE ARE NO ‘RIGHT’ ANSWERS TO THE QUESTIONS.

1) Are you male or female?

Male ☐ Female ☐

2) What age are you? [ ]

3) Before attending the stop smoking service at your pharmacy, how many cigarettes
did you smoke a day on average?

10 or less ☐ 11-20 ☐

21-40 ☐ 41 or more ☐

4) How many times had you tried to stop smoking before attending the stop smoking
service at your pharmacy?

None ☐ 1-3 ☐

4-5 ☐ 6 or more ☐

5) Was this the first time you used the pharmacy stop smoking service?

Yes ☐ No ☐
6) Overall, did you think the stop smoking service at your pharmacy was...?

- Good
- Average
- Poor

7) Which method of NRT did you use? Please tick all that apply

- Patches
- Inhalators
- Gum
- Nasal spray
- Lozenges
- Microtabs (tablets)
- Something else – please write in______________________________

8) Did you also attend a stop smoking group?

- Yes
- No

9) In which month did you start the stop smoking programme at your pharmacy?

- July 2010
- August 2010
- September 2010
- October 2010

10) The stop smoking service at your pharmacy involves attending appointments over a 12 week period. Which of the following appointments with your pharmacist did you attend? Please tick all that apply

- Initial appointment/s before quit date
- Appointment 4 weeks after quit date
- Final appointment 12 weeks after quit date

11) Did you stop smoking while you were using the stop smoking service at your pharmacy?

- Yes
- No

IF YOU ANSWERED YES AT QUESTION 11, PLEASE ANSWER QUESTION 12.

12) Have you stayed stopped since you finished the stop smoking service at your pharmacy?

- Yes
- No
ANSWER QUESTION 13 ONLY IF YOU ARE FEMALE
13) Were you pregnant when you attended the stop smoking service at your pharmacy?

Yes
No
I’d rather not say
INTRODUCTION

Introduce self and Ipsos MORI

Thank participant for taking part, should take around 20 minutes

Explain purpose of the interview

Explain confidentiality and anonymity

Obtain permission to record.

BACKGROUND AND DECISION TO QUIT

Can I just check whether you are smoking just now?
   How long did/have you smoked for?
   How many cigarettes did/do you smoke per day? Different at weekends/when socialising?
   Does anyone else in your household/family smoke?

Had you tried to quit smoking before you used the stop smoking service at your pharmacy?
   Roughly how many times?
   Have there been times when you’ve managed to stop smoking for a while?
   Did you use any form of support? NRT? Other stop smoking products e.g. Varenicline or Zyban? Groups? GP? Smokeline?

Was there anything in particular that made you decide to quit this time?
   Is that different from previous attempts?

[If stopped] How confident do you feel that you will stay stopped on this attempt?
   Is that different from previous attempts?

SEEKING HELP TO QUIT

When you decided to quit smoking this time, where did you first go for help?
   GP? Online? Smokeline? Friends/Family? Local stop smoking service?
   Did you try other methods before using the pharmacy service?

How did you find out about the pharmacy service?
What were you told about it?
Was this enough information or was there anything else you would have wanted to know before you decided to use it?

Why did you decide to use the pharmacy service?
What appealed to you about it?
Why did you go to that particular pharmacy?

Was there anything you were concerned about?

Did you think it would really help?

ATTENDING THE SERVICE

Tell me about your first visit to the pharmacy service...

How did you feel?

Was it what you expected?
Did anything surprise you?

[If not already covered] Probe for facts about visit (when, where, waiting time, who appointment was with etc)

What was the pharmacist like?
Knowledgeable? Off-putting? Annoying? Didn’t understand/listen to you?

Did you feel comfortable discussing your smoking with the pharmacist?
Did you have any concerns before going?
Did you feel everything you said would be confidential?

Did you know the pharmacist prior to attending the service?
Did this make it easier or more difficult?

What kinds of questions did the pharmacist ask you?
Were you asked anything you didn’t expect to be asked?
How did you feel about that?

Did you ask any questions?
[If yes] What did you ask about?

Did you have a quit date in mind before you went?
Did you discuss this with the pharmacist?

Did you have another appointment before your quit date?
What happened at this appointment?
Did you discuss which types of NRT would be best for you?
   Were you happy with the decision?
   If not, which mode of NRT would you have preferred?

Did the pharmacist suggest any other services to help you stop smoking?
   Did they suggest you should attend groups?
   Did they suggest you should call Smokeline
   Were you given any phone numbers?
   Were you given any leaflets/booklets to read?
   Did you do any of these things?

Did you talk about anything else?
   How useful was this?

How did you feel immediately after your appointment?
   How confident were you about stopping smoking?

Did you attend any other appointments with the pharmacist?
   How many? How long after the first one?

[Interviewer note: discuss each subsequent appointment separately]

How did you feel about going to these appointments?

Could you tell me a bit about these appointments?
   What did you do/discuss?
   Did you speak to the same person as the first visit?
   How did you feel after you had been to the appointment?
   Would you like to have had more/fewer appointments or was it ok?

Did you ever feel that you needed support to stay stopped in between appointments?
   What did you do?
   Did you ever go to the pharmacy for support in between appointments?
   Were they able to help you?

How often did you collect your NRT from the pharmacy?

What happened when you went to collect your NRT?
   Did you just go in and collect it or did you have a chat with the pharmacist about how you were getting on

THOSE WHO DROPPED OUT OF THE PROGRAMME

Could you tell me a bit about why you didn’t attend all of your appointments with the pharmacist?
Did you discuss your decision with the pharmacist?
Did the pharmacist encourage you to go back?
Is there anything you think the pharmacist could have done that might have encouraged you to go back?

SUMMING UP AND IMPROVEMENTS

[If still smoking] Do you think you will try to quit again?
   Would you use the pharmacy service if you were to try to quit again?
   Is there anything the pharmacy could have done better to help you quit?

[If not smoking] What do you think helped you to quit smoking?

Would you recommend the service to a friend or relative who wanted to stop smoking?

What is the best thing about using the pharmacy service to quit smoking?

And what is not so good about using the pharmacy service to quit smoking?

If you were to use the service again, what would you like to see changed that might improve the service?

Is there anything else you would like to say before we finish?

Thank and close