



Sláintecare.  
**Healthy  
Communities**

We Can  
**QUIT**

Induction document:  
How to set up and deliver a community  
and peer led stop smoking programme



Rialtas na hÉireann  
Government of Ireland



Rialtas Áitiúil Éireann  
Local Government Ireland

**TFI Programme**



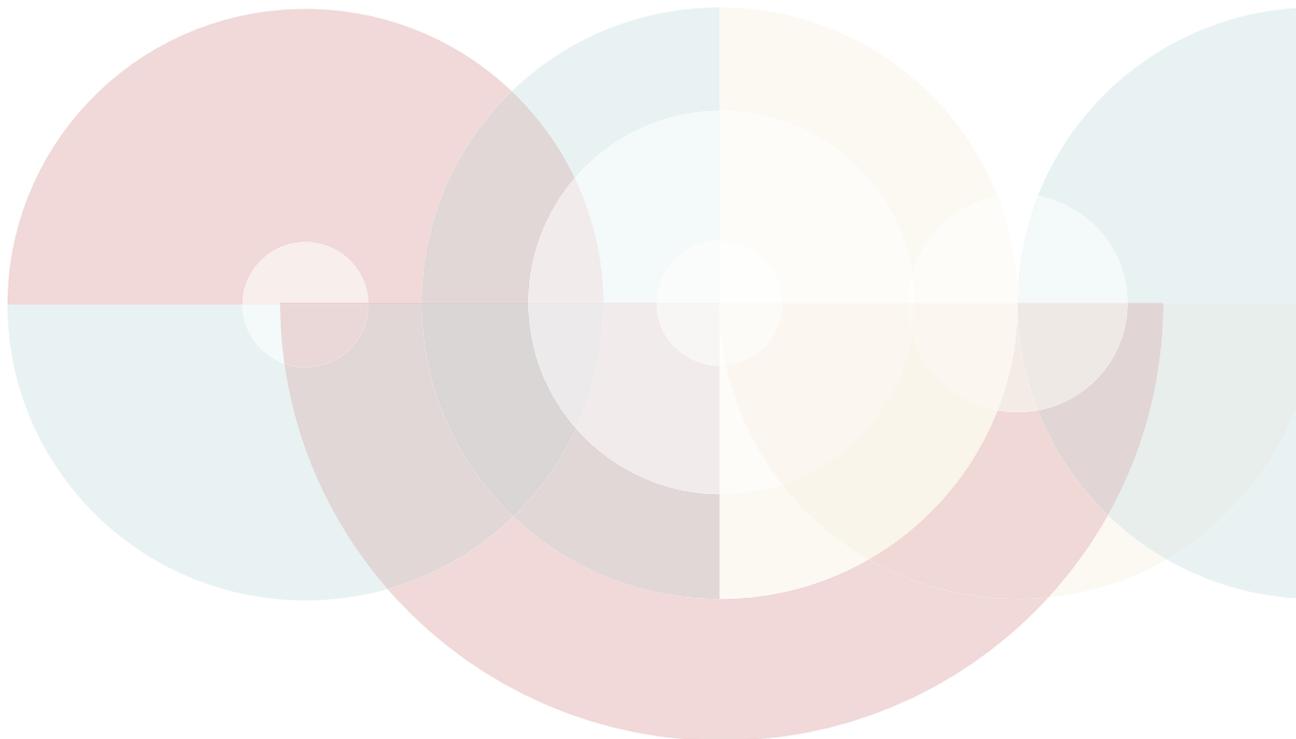
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## INTRODUCTION

We Can Quit is an evidence based stop smoking programme, designed to be delivered in the community by trained Community Facilitators through group work. It was originally developed by the Irish Cancer Society to support women living in disadvantaged communities who smoke and who want support to quit. Following the continued success and positive results of this programme, the HSE's Tobacco Free Ireland (TFI) Programme took over the coordination of We Can Quit in 2020. The We Can Quit model has since been adapted for men only groups and mixed gender groups.

We Can Quit follows the standard treatment programme for smoking cessation, with the addition of wrap around sessions focusing on other aspects of the individual's health and well-being.

This document explains how the programme is delivered, and includes information and steps on how to get started, who is involved and why, training requirements, and the resources required to deliver a successful programme.



## GETTING STARTED

### 1.1 Community Partnership Approach

The community partnership approach is an important aspect of the programme. This approach combines the skills and expertise of those working in the community with that of the HSE's stop smoking service. This creates a community-based response to high level national policies by promoting equality and mutual respect between the voluntary and statutory sectors.

This approach incorporates:

- The co-development of services between the statutory health service and the community and voluntary services.
- The co-delivery of the model between community development staff and health professionals.
- A non-judgmental and empowering approach based on equality between the service user and the service provider.

A Local Advisory Group or steering group (see 1.3), consisting of a variety of community partners should be set up to support the delivery of the programme. Organisations to consider include Local Area Partnerships, Family Resource Centres, Community Centres and other community organisations. They play a vital role in gaining access to the local community and provide an insight into the local needs. They know where the gaps lie in health provision and have an understanding of why individuals or communities may or may not engage with health services.

### 1.2 Key Stakeholders

There are four types of stakeholders in We Can Quit, and it is important that at least one of each is represented on the Local Advisory Group.

- **The lead community partner:** A well-established community and local development agency who acts as an anchor for the community intervention. They convene the Local Advisory Group, manage the local delivery funding and co-ordinate the delivery of the intervention. They manage the Community Facilitators, who are either employed by or contracted by the Lead Community Partner for the purposes of delivering We Can Quit. The Lead Community Partner also appoints the Local Coordinator. An organisation such as a Local Area Partnership, a County Council or one of the larger, well established community organisations would be best placed to fulfil this role.
- **Community stakeholders:** Any local community organisations within the target area who work with members of the target population as part of their normal service. Some of these stakeholders should be represented on the Local Advisory Group.

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- **Health and wellbeing stakeholder:** Any health professional who is a member of the Health and Wellbeing team and network at a Community Health Organisation (CHO) level. In the case of the Sláintecare Healthy Communities programme, it is likely to be the Sláintecare Healthy Communities Coordinator.
- **Community pharmacist:** A community pharmacist who agrees to provide additional support through brief interventions, dispensing stop smoking medication, and providing additional motivational and behavioural support to the participants of the programme.

### 1.3 The Local Advisory/Steering Group

The Local Advisory Group (LAG) is the steering group that oversees the development and roll out of the programme. The Lead Community Partner will coordinate the establishment of this group. They will also appoint a Local Coordinator (see 1.4) to sit on this group.

Membership of the LAG should be made up of a variety of stakeholders with relevant expertise in health, community development, addiction services, stop smoking services, etc. It is vital that there are representatives from the community and voluntary sectors, and from the statutory and/or local health sectors.

Representatives from the following organisations and interest groups have been identified as examples:

- Local Area Partnership
- County Council
- Local Sports Partnership
- Community and voluntary organisations
- HSE Health Promotion and Improvement – Sláintecare Healthy Communities Coordinator
- HSE Primary Care and Social Inclusion
- HSE Primary Care Social Team
- HSE Local Stop Smoking Service
- Local GP practice/primary care centre
- Public Health Nurse
- Community pharmacist
- Community centres and family resource centres
- Traveller development groups
- Addiction services
- Or any other relevant target group

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Establishing the LAG with representatives of key stakeholders and local community organisations is the first step in providing the supportive structures required for the development and delivery of this targeted community intervention. The membership within the LAG should have a combined knowledge of and expertise in, the local community, health promotion and smoking cessation.

It is important to ensure that all stakeholders and possible members have been considered and invited to participate. A Terms of Reference should be established and agreed by the LAG members. There is a sample Terms of Reference in Appendix 1. Each LAG should appoint a chairperson and secretary. The position of chairperson is best assigned to a representative from the Lead Community Partner and is usually the Local Coordinator from within the lead partner organisation.

### Frequency and timing of meetings

It is recommended that the LAG meets 4 to 6 times a year depending on the stage of operations. In the initial phases of setting up a LAG, it may be necessary to meet more frequently. The Local Coordinator may decide to hold additional operational meetings with the Community Facilitators.

## 1.4 The Local Coordinator

The Lead Community Partner appoints a Local Coordinator. The Local Coordinator coordinates the delivery of the programme, including the management of budgets/funding. The role includes:

- Finalising dates and times for courses
- Advertising the courses and providing promotional materials to stakeholders
- Managing the registration system for potential participants
- Supporting and managing Community Facilitators
- Booking venues
- Liaising with the community pharmacist
- Ensuring invoices for Community Facilitators and pharmacists are paid and budget is managed
- Ensuring sufficient resources are available for the duration of the course\*
- Booking guest speakers and external facilitators
- Reporting back to the LAG
- Any other coordination duties

\* The Participants' Books and the Community Facilitators' Packs can be ordered through [www.healthpromotion.ie](http://www.healthpromotion.ie)

## 1.5 The Community Pharmacist

The community pharmacist has an important role to play in the success of the programme. The pharmacy intervention not only adds value to the programme through the provision of stop smoking medications, but is also an opportunity to provide additional information, advice and behavioural support to the WCQ participants.

Time should be given to providing information about WCQ to the pharmacist and other pharmacy staff. The Local Coordinator must ensure that the community pharmacist is familiar with the 'Stop Smoking Medications Protocol' (Appendix 2). This outlines the role of the pharmacist and how and when to dispense the stop smoking medications. The HSE Sláintecare Healthy Communities (SHC) Coordinator will support the Local Coordinator with this engagement with the participating pharmacist.

## 1.6 Establishing We Can Quit

SET UP		
Initiation	Consultation and planning	Training and preparation
Expressions of interest to coordinate We Can Quit are submitted by community organisations to the HSE Community Health and Wellbeing team in the local CHO.	<ol style="list-style-type: none"> <li>1. Lead Partner Organisation selected.</li> <li>2. Local Advisory Group established.</li> <li>3. Terms of reference written and agreed.</li> <li>4. Communities and/or centres identified as potential sites for delivery of WCQ. Engagement with local community centres, Family Resource Centres, Sports Centres, health centres, etc.</li> <li>5. Community pharmacy identified and selected by the Lead Partner Organisation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Local coordinator selected to coordinate We Can Quit delivery.</li> <li>2. Suitable candidates identified to become WCQ Community Facilitators.</li> <li>3. Training delivered to Community Facilitators.</li> <li>4. GDPR and data processing agreements signed and access to quitmanager is arranged.</li> <li>5. Sites for delivery of WCQ agreed and notification to all stakeholders of same.</li> <li>6. All stakeholders start to promote the programme: talking to local people and other community organisations.</li> </ol>

## DELIVERY

Engagement and recruitment	Course delivery*
<ol style="list-style-type: none"> <li>1. Start dates and locations chosen.</li> <li>2. Community Facilitators selected to deliver the course.</li> <li>3. Registration system for interested participants set up and managed by the Local Coordinator.</li> <li>4. Promotion of the courses led by the Local Coordinator and the Community Facilitators, but supported by all stakeholders.</li> <li>5. Host centres, promote the course among their service users and within the community.</li> </ol>	<ol style="list-style-type: none"> <li>1. Local Coordinator ensures that all resources are ordered and made available to the Community Facilitators.</li> <li>2. Community Facilitators deliver the course.</li> <li>3. Local Coordinator to meet with Community Facilitators on a weekly basis or as often as required.</li> <li>4. Final week celebration of achievement.</li> </ol>

## MONITORING AND EVALUATION

### Course evaluation

1. Client records maintained on QuitManager and audited by TFI programme as per all services.
2. Completion of end of course [We Can Quit Participant Satisfaction Survey](#)
3. Use the information to improve and develop the programme.

\* [We Can Quit Checklist for delivering a course](#)

# THE COMMUNITY FACILITATOR

The Community Facilitator is a key strength of the WCQ delivery model. They live and/or work in the community and they therefore bring with them knowledge and expertise of the community. They play their part in raising awareness of health behaviours among their peers and are recognised as Community Champions. This experience, both personal and professional, coupled with achieving HSE Stop Smoking Advisor certification (through the completion of NCST) provides for best practise in delivering this health behaviour change intervention.

## 2.1 Recruiting Community Facilitators

Local knowledge and expertise are key to the success of the WCQ programme. Therefore, recruiting suitable candidates for the role of Community Facilitator is crucial.

The ideal candidate is a person to whom the men and women participating in the course can relate, and who understands the local situation and environment.

The community partners will support the recruitment of suitable facilitators. For communities where WCQ has been previously delivered, past participants should be considered.

## 2.2 Role of the Community Facilitator

Community Facilitators are responsible for the delivery of the WCQ programme. This involves the facilitation of a weekly, 90/120 minute group-based session and weekly one-to-one support. This one-to-one support can be provided by phone, text, email or face-to-face. They deliver the programme, in line with messages and activities presented in the WCQ resource pack, tailoring it to reflect the needs of the men and women in the group.

A full role description for the Community Facilitator is available in Appendix 3. Below are a few of the essential requirements or qualities required to fulfil the role:

- Female for women's only programme
- Male preferably for the men's only programme
- Current non-smoker: ex-smoker is preferable but must be quit at least 1 year
- Live and/or work in the local community
- Have some knowledge or understanding of gender and health – through personal experience or through training or work experience

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- Be willing to listen and learn from the experiences of others
- Be empathetic
- Be non-judgmental
- Group facilitation skills or willingness to engage in training to develop these skills
- IT skills and an ability to learn and engage in the use of the HSE's IT patient management system, QUITManager.

### 2.3 We Can Quit Community Facilitator – Train the Trainer

The We Can Quit Community Facilitator Train the Trainer incorporates all of the elements required to attain certification as a Specialist Stop Smoking Advisor:

- MECC (online)
- NCSCT: Practitioners Training (online)
- We Can Quit information session\* (online)
- NCSCT: Skills to Practice (face-to-face)
- QuitManager E-learning

The NCSCT application form must be submitted to the TFI programme for each individual new facilitator attending the training.

**Download TFI resources and forms:** [HERE](#)

**Access to MECC training is on:** [www.hseland.ie](http://www.hseland.ie)

**Access NCSCT Online Training:** [HERE](#)

\* The main topics covered in the We Can Quit information session are:

- Smoking status in Ireland
- Smoking and health
- Benefits of quitting
- Barriers to quitting
- Gender and health – Social Determinants of Health
- Cycle of change
- Role of the community partners
- Content of the We Can Quit programme (an overview of what is covered each week)

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The style of delivery includes a combination of tutor presentation, group participation, role play, group and individual presentation and peer feedback/evaluation. The personal experiences of the participants play a major role in formulating conversation and analysing attitudes and perceptions.

The timeframe and layout of the Train the Trainer programme are described in the table below.

Topic	Length of time	Type of training	Responsibility for delivery/support
<b>Induction</b>	1 hour	Group or individual and face-to-face or online	SHC <sup>1</sup> Coordinator
<b>MECC Level 1</b>	4 to 6 hours	Individual online e-learning	SHC Coordinator
<b>NCSCT Practitioner Training</b>	6 to 8 hours	Individual online e-learning	SHC Coordinator
<b>WCQ Information Session</b>	3 hours	Group online	TFI WCQ <sup>2</sup> National Coordinator
<b>NCSCT Skills to Practice</b>	2 days	Group face-to-face	TFI WCQ National Coordinator
<b>QuitManager</b>	2.5 hours	Individual online e-learning	TFI WCQ National Coordinator

All new We Can Quit Community Facilitators must deliver their first two courses with either an experienced We Can Quit Community Facilitator or a HSE Stop Smoking Advisor.

The timeframe for delivering all of the above should take 6 to 8 weeks, to allow all trainees sufficient time to complete the online elements. Additional support may be required for some trainees and consideration should be given for trainees personal and work responsibilities, ability to access IT systems and IT literacy skills. Please note all facilitators are required to have a work email address associated with the partner organisation with which they are contracted. Personal email addresses are not supported by the HSE for access to HSE IT systems such as QuitManager.

If participants do not have previous training in or experience of facilitating groups, then it is recommended that they attend facilitation skills training. The partner organisation may have access to trainers/courses for this purpose. See Appendix 4 for a sample Facilitation Skills training programme.

<sup>1</sup> Sláintecare Healthy Communities Coordinator

<sup>2</sup> Tobacco Free Ireland, We Can Quit Coordinator

### 2.4 Support for and Mentoring of Community Facilitators

Once a new Community Facilitator has successfully completed the training, they must be paired with either an experienced We Can Quit Community Facilitator or a HSE Stop Smoking Advisor to deliver their first two WCQ courses. When pairing Community Facilitators, it is preferable that at least one of them is an ex-smoker.

Ongoing support is provided by each of the partners but, in particular, by the Local Coordinator and the HSE designated Stop Smoking Advisor. During course delivery, the Local Coordinator and the Stop Smoking Advisor should check in weekly with the Community Facilitators. The level of support and mentoring required will depend on experience.

The following should be discussed:

- Planning and preparation for weekly sessions
- Resources required
- Guest speakers for the lifestyle sessions in the latter stages of the programme
- Finances available for the above – agreed in advance
- Sick leave as required – finding cover for sessions
- Any concerns that the Community Facilitators may have about the group
- The management of group dynamics and group boundaries
- Support and guidance as required for the Community Facilitator
- Information for ongoing referral pathways – phone numbers, services available, etc.

Issues may arise during the programme which fall outside the remit of the Community Facilitator as a Stop Smoking Advisor. For this reason, the Community Facilitators should know the referral pathways to other services and they should be supported to refer clients to these services, as appropriate. Examples of such services are the local inclusion office, drug and alcohol support services, the local Social Prescriber and Tusla.

At the end of each course, it is advisable to carry out a post course self-evaluation for each Community Facilitator. A copy of this is available on the [TFI We Can Quit resources page](#).

## DELIVERING WE CAN QUIT

Each course is facilitated by two Community Facilitators. The courses are delivered on a weekly basis, for consecutive weeks (breaks may be required due to school mid-term breaks). It is not advisable to run a course with more than one week of a break so that participants can be retained and momentum is not lost. If a one week break is unavoidable the facilitators must provide individual behavioural support over the phone for that week.

Course	Length of course
Women's only	12 weeks
Men's only	7 weeks with the option of an additional 3 weeks
Mixed gender	7 weeks with the option of an additional 3 weeks

Each face-to-face session lasts between 1 ½ hours to 2 hours, depending on the size of the group. The ideal number of participants is 15 (to allow for participant drop off) and a group should not be run with less than 8 participants attending on week 1.

The course can also be delivered online, if required. In this instance, the maximum number is 12 and the minimum number is 6.

Each course offers the following:

- Weekly group sessions – 1 ½ to 2 hours
- Weekly one-to-one support – via phone, text or face-to-face
- 12 weeks supply of stop smoking medication – combination NRT or Champix

### 3.1 The Venue

The courses take place in a community setting, ideally in centres where men or women already meet or where other community or health programmes and services are delivered. Examples of such venues are:

- Family Resource Centres
- Community Centres
- Community Health Centres
- Some adult education centres
- Community sports centres

Ideally these venues should have a smoke free policy. Where this is not the case, support should be provided to introduce a smoke free campus/venue. Having a stop smoking course taking place in the building is a great start.

### 3.2 Recruitment of Participants

The recruitment process should take a targeted and community wide approach. Each of the partner organisations and the Community Facilitators play an important part in this process. A variety of recruitment methods should be used in order to ensure that the message is spread as widely as possible:

- Word of mouth – Testimonials of past participants; Community Facilitators; employees in community centres/host venues
- Social media – targeted Facebook and other social media posts have proven to be highly effective
- Posters and leaflets
- Referrals from the GP, the community pharmacist, Community Health Workers, Social Prescribers, etc.
- Community health fairs
- Any other events or venues where men or women from the area may meet.

Often the recruitment process will attract a larger number of potential participants than the course can accommodate. However, some of those who initially registered may not attend.

It can be difficult to gauge the number of people who will attend the course after they have registered. The community partners and the Community Facilitators will often be better placed to make the decision on numbers. They will have experience and an understanding of the uptake and attendance of courses within their community.

Phone calls to registered participants in the days leading up to the start of a course can help clarify attendance and alleviate any pre course anxieties participants might have.

### 3.3 Course Delivery

One week in advance of the start date the Community Facilitators phone the interested participants.

The following is a check list for the Community Facilitator to cover with the participant over the phone:

- Congratulate the individual for registering for the course;
- Ensure that they have the correct start date, time and location;
- Explain that they are not expected to stop smoking before the course starts, that the quit date is week 3 and they will be supported to prepare for that during the course;
- If possible, complete registration\* and ensure that the information is entered onto the HSE Patient Management System (QuitManager) before the course starts;
- Send a reminder text the day before the course is due to start.

Throughout the delivery period of the course, the Community Facilitators should meet to plan and prepare for each session. For new Community Facilitators who have not worked together before, it is recommended that this would take between 60 and 90 minutes, every week, supported by the Local Coordinator.

Where possible, the community pharmacist would ideally visit the group on week 2. This needs to be arranged in advance.

The Community Facilitators need to ensure that they have the resources each week to deliver the sessions. If there are issues of any kind, they should contact the Local Coordinator.

Guest speakers and/or guest facilitators need to be booked in advance. The Community Facilitators need to know before the course starts what external supports are available. Guest speakers/facilitators and the services that they may provide should be sourced locally so that participants can engage with these services outside of the WCQ programme.

Here are some examples of the community supports that may be available and which promote the holistic approach of WCQ.

- Sports Partnership or local fitness/sports group
- Healthy Food Made Easy
- Health and Social Care Team – stress management and self-care
- Past participant/role models speaking about their experience of quitting through the We Can Quit programme

\* You may use the [We Can Quit Registration form](#) to capture all of the information required for episode creation on QUITManager. Please note, once the information is entered onto QUITManager, this hard copy must be destroyed appropriately immediately.

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- Beauty and holistic treatments
- Meditation teacher
- Community dieticians
- Motivational speakers

In preparation for the final week 'Celebration', the participants can decide whether they would like to invite any family members or friends. Some groups may like a photographer. The photos can subsequently be shared with the participants. If consent has been given, the photos can also be used to promote future courses or posted on social media. A budget allocation has been identified within the overall WCQ budget for the celebration event.

Every participant who completes the course receives either a Quit Certificate or a Participation Certificate.

The participants should also be given the opportunity to share their journey with the wider group. Some may wish to speak publicly to the guests at the Celebration. The format for speeches, and presentations should be determined by the group and be kept as informal as possible for their comfort.

### 3.4 Resources for We Can Quit

The We Can Quit Community Facilitators' Pack and the We Can Quit Participant Books can be ordered through [www.healthpromotion.ie](http://www.healthpromotion.ie). These can only be ordered by either the Sláintecare Healthy Communities Coordinator or the Local Coordinator.

Other resources, such as leaflets and posters can also be ordered from this site. The Community Facilitators' Pack also has a list of other resources and information on how or where to order them.

If full registration of participants and information entered onto QUITManager was not completed before the course started, the facilitators should use the [We Can Quit Registration form](#).

This form captures all the information required to create the clients' episode on QUITManager. Once the information has been entered by the Community Facilitator onto QUITManager, the hard copy must be destroyed immediately.

## MONITORING AND EVALUATION OF PROGRAMME

Participants' progress and smoking status is recorded on the HSE's Patient Management System (QuitManager).

In addition to this, the participants should complete a short participant satisfaction survey. There is a QR code in the participants' book, which will take them to a link to this survey. Alternatively, the facilitators can give them a hard copy, which is available to download from the [TFI We Can Quit resources page](#). If the participants complete the hard copy, then the facilitator or the local coordinator must input this onto the online survey, before destroying the hard copy. If you would like a copy of the survey results for your area, please email [training.tfi@hse.ie](mailto:training.tfi@hse.ie) to request this information.

The Local Coordinator oversees the monitoring and evaluation of the programme. He/she reports feedback from this to the LAG and the HSE Sláintecare Healthy Communities Coordinator. The information gathered will help with the planning and development of future courses. It will highlight where improvements need to be made, what has been done well and whether any changes or adaptations need to be made.

At the end of the course, the Community Facilitators should complete the We Can Quit Community Facilitators' course evaluation. You can access this survey on the [TFI We Can Quit resources page](#).

An agreed template of We Can Quit KPIs covering We Can Quit activity will be reported nationally and returned by the local HSE Sláintecare Healthy Communities Coordinator.

## APPENDICES

### Appendix 1: Sample Local Advisory Group Terms of Reference

#### [Insert name of LAG] **We Can Quit Local Advisory Group Terms of Reference**

##### Background

Every year, in Ireland, approximately 4,500 deaths are attributed to a tobacco related disease.

We Can Quit (WCQ) takes a targeted community partnership approach to smoking cessation. The reason for this is two-fold: to address the stark differences in smoking rates and associated poor health outcomes for low income men and women and specific population groups and; to build local capacity to address tobacco related health inequalities and improve accessibility to health, social services and supports.

WCQ follows the approach set out in the Healthy Ireland strategy framework, particularly themes 2 and 3 and it aims to reduce the prevalence of chronic disease.

In each participating area, a Local Advisory Group (LAG) comprised of local community, statutory and voluntary leaders is set up to advise and provide local expertise on the development, promotion and delivery of the WCQ programme and other stop smoking supports in areas where the programme is needed most.

##### Role and Purpose of the LAG

- To oversee and support the development of an integrated, area-based recruitment strategy to promote and increase demand for the HSE funded stop smoking services and for targeted programmes like We Can Quit, within defined areas
- To provide local knowledge and expertise on the area, its community profile and population needs, and advise on suitable locations and venues for delivery of WCQ
- To contribute to the ongoing monitoring and evaluation process by ensuring that agreed HSE KPI's are followed throughout programmes and proposing recommendations for the future
- To advise on the delivery of key components of the WCQ model i.e. stop smoking medications, group support, one-to-one support, referral pathways for participants to welfare based community services, local providers of other healthy lifestyle programmes, etc.
- To agree on the target groups for participation and agree on a recruitment and selection strategy for Community Facilitators
- To assist with marketing strategy and local launch to ensure the widest possible awareness of the initiative amongst key community stakeholders and the public

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- To oversee and agree the spend of the WCQ budget and identify other complementary funding and in kind resources to support the sustainability of the programme in the catchment area
- The LAG will strategically link with other local community health partners
- To share the process and results of WCQ with the community through local community health channels.

### Membership

Membership will consist of organisations and individuals with relevant expertise. Membership should be confined to no more than 15 people. Representatives from the following organisations and interests have been identified:

- Lead Community Partner
- HSE Primary Care and Social Inclusion
- HSE Health Promotion and Improvement – Sláintecare Healthy Communities Coordinator
- Local Stop Smoking Service
- Local GP practice/primary care centre
- Public Health Nurse
- Community pharmacist
- Local Community Partners [Insert names of organisations]

### Duration of the Advisory Committee

One year initially. This will be reviewed by members at the end of each year. The time commitment and number of meetings per year, will be discussed and agreed by members at the first Advisory meeting of each year.

### Quit Manager and Reporting to HSE

All We Can Quit figures will be submitted to the HSE via Quit Manager.

### Chairing of Meetings

The position of chairperson will be held by [Insert name of person from the Lead Community Partner]

### Meeting Convenor/ Secretariat

The secretariat will convene the meeting and ensure that a record of the meeting is taken, and minutes are distributed in advance of each meeting. The minutes will contain items discussed and actions. The role of secretariat will be decided at the first meeting and will be the responsibility of the lead partner organisation.

### Communication

Information will be shared with members via email. In addition, every effort will be made to maximise the use of technology to support virtual meetings, to keep members apprised of project developments and to make the best use of members' time.

### Appendix 2: Pharmacy Stop Smoking Medication Protocol

The aim of the pharmacy intervention is to add value to the provision of stop smoking medication (SSM), and the group based community programme, by providing additional information advice and behavioural support to We Can Quit (WCQ) participants when receiving their 12-week supply of SSM during pharmacy visits.

#### 1. Introduction to the Pharmacy service

Welcome the WCQ participant - ask them to take a seat if the dispensary is busy and give them an idea of the waiting time.

#### 2. Build Confidence

- Congratulate the client on their decision to quit smoking.
- Provide positive reinforcement of what has been spoken about within their peer support group.
- Acknowledge the difficulty of what they are attempting, but stress that they can do it.
- Reassure the client that you (their pharmacist), their Community Facilitators and their colleagues in their peer support group are there to help them.

#### 3. Make and assessment for SSM

Assessing an individual's dependence on nicotine can predict the severity of withdrawal symptoms they may experience. Refer to Participant **Passport to Quit** (Hand held record) to ascertain the following:

- The Fagerstrom Test result for Nicotine Dependence will give an indication of the level of nicotine dependence the client has and can be used to guide the amount of SSM the pharmacist should recommend.
- Time to first cigarette after waking and number of cigarettes smoked are the most distinctive indicators of nicotine dependence.
- Take note of previous quit attempts, if any? What worked?
- Is the participant on any other medication?
- **Does the participant have a medical card? If yes, please refer to point 5 below.**
- NB: certain medications may be affected if the client successfully quits smoking and may require a review of overall medications by GP.
- In consultation with the participant, select and agree upon suitable Stop Smoking products.
  - Examples of SSM will have been discussed with the clients within their groups.
  - Counsel on the appropriate use of the product. If possible, demonstrate use of product and emphasise the importance of using the correct amount for the correct length of time.

The following are particularly difficult times in their Quitting process:

- **Day 3** – withdrawal and cravings
- **Week 3** – chance of developing cough/chest infections etc.
- **Month 3** – relapse prevention

### 4. Prescribe

The We Can Quit Programme offers varenicline or combination NRT on the basis that combined pharmacotherapy and behavioural support is up to 4 times more effective than quitting unaided. Varenicline should be the first line of treatment. If varenicline is not suitable, combination NRT treatment should be recommended. See [Stop Smoking National Clinical Guideline](#) for more information.

#### 1st visit (approx. week 2-3 of the programme)

- Once the client is comfortable, informed and satisfied, provide two weeks supply of recommended SSM, recording the supply on their Patient Medication Record and **Passport to Quit** (see point 5 below for GMS card holders).
- Remind client of the additional services that they can avail of within the Pharmacy.
- Remind participants to keep their Passport to Quit safe and to present it each time they attend the pharmacy. They should also show this to the WCQ Community Facilitator.
- Emphasise the “not a puff” rule.

**2nd visit (approx. week 3-4 of the programme):** In conjunction with the participant, reassess the appropriateness of the SSM. If the first two weeks supply was not suitable, alternative SSM may be selected and supplied for another 2 weeks. If SSM is suitable, determine how the client is feeling, addressing concerns and difficulties they may be experiencing. Supply another four weeks.

**3rd visit (approx. Week 6 - 8 of the programme):** At this point, address whether titration of their SSM needs adjustment and supply another four weeks.

**4th visit (approx. week 10 of the programme):** Determine if further titration may be necessary. Supply the final 2 weeks of SSM. This may be the last consultation with the client in this WCQ programme, but remind the client that the pharmacist and pharmacy colleagues are always available to discuss their smoking cessation or any other aspect of their health.

### 5. Refer

To make the GMS card holders experience as easy as possible, participants with a GMS card may be advised by the Community Facilitators to speak with the pharmacist prior to attending their GP, to further discuss their SSM needs. You, their pharmacist, will advise on the best SSM option for the participant during step 1.

When assessments are made, pharmacists should write in the letter provided, their recommendation for SSM, and participants can then bring this with them to their GP. Alternatively, ask permission from the participant to contact their GP to discuss prescribing SSM, and arrange for easy collection of prescription.

**Please note:** Participants can receive a **maximum 12-week** supply of combination NRT or Champix.

There is an excel template for the purposes of invoicing. Please contact the Local Coordinator for a copy of this.

### Appendix 3: Role Description for the We Can Quit Community Facilitator

#### Introduction

We Can Quit (WCQ) is a community-based stop smoking programme. The purpose of the programme is to support women and men living in communities where smoking prevalence is highest, to quit smoking and improve their overall health and well-being. The community partnership approach used to deliver the programme has been designed to increase awareness and add value to existing services and programmes that combat social exclusion and address the health and well-being of the population. The programmes follow evidence informed, best practice standards in smoking cessation and gender based health.

#### Reporting

The Community Facilitator will report to the Local Coordinator.

The Local Coordinator sits on the Local Advisory Group, which oversees the direction and delivery of the local stop smoking community programme. He/she provides local leadership and articulates the need for community based responses to tackle tobacco use in areas where smoking prevalence rates are high.

The Advisory Group is made up of representatives from community development organisations, local area based partnerships, county councils, the HSE and/or other relevant local organisations.

#### Training

In preparation for programme delivery, all suitable candidates will be required to complete an extensive training programme. The training includes a variety of online, face-to-face, individual and group elements.

Ongoing training via webinars, symposiums and training materials will be provided.

#### Time Commitment

- Recruitment and information sessions, including registration of participants. This work is estimated to take 6 to 10 hours and is done prior to the programme.
- Programme delivery. This involves the facilitation of a weekly, 90/120 minute group based session; the provision of weekly one-to-one support to participants, either by phone, text, email or face-to-face; the administration tasks associated with the HSE's Patient Management System (QuitManager). This takes 3 to 6 hours per week for the duration of the course.
- Post programme completion of evaluations and a programme debrief, estimated to take 1-2 hours.

### Main Duties

The Community Facilitator is responsible for the overall delivery of the course with their co-facilitator. This involves the facilitation of a weekly, 90/120 minute group based session; and the provision of weekly one-to-one support to participants, either by phone, text, email or face-to-face.

In addition to the above the Community Facilitators main duties are described below.

The Community Facilitator will:

- Provide leadership by raising awareness of the stop smoking programmes and the issue of smoking prevalence in your community, through local community networks
- Encourage those who smoke in the community to look at the issue of tobacco and consider if they would like support to stop smoking
- Support the participant recruitment and retention processes of the programmes
- Plan activities and invite guest speakers – with the support of the Local Coordinator
- Record participants' progress, including quit status, on the HSE's Patient Management System (QuitManager) on a weekly basis
- Ensure that everyone gets a chance to participate, that the ground rules for the group are adhered to and to support sharing opportunities in a safe and confidential way
- Encourage group decision-making processes and devolve responsibility to the group to make decisions about the content of the lifestyle focused sessions in the latter weeks of the course
- Identify and discuss any additional needs or social supports for individual participants and agree a suggested pathway for referral, if appropriate
- Communicate confidence and self-belief in the participants around their ability to change
- Record any important health service related community issues arising for the group and report them through the Local Coordinator to the appropriate channels
- Advocate for community involvement on the issue of smoking and healthy lifestyles.

### Person Specification

#### Essential

- Understands the context of the social, environmental and historical factors that influence health behaviours in any given community setting (social determinants of health)
- Empathetic, with the ability to distinguish between the smoking behaviour and the person who smokes and who wants support to quit
- Experience of delivering community based programmes aimed at combatting social exclusion and isolation

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- Good knowledge of community development/community education approaches to learning and proven group facilitation skills
- Interested in generating new knowledge and contributing to the evidence on the issue of smoking and gender in disadvantaged communities
- Access to a computer, laptop, tablet with internet access
- Basic IT skills and a willingness to be trained on the Patient Management System, QuitManager
- Current non-smoker: Ex-smoker is preferable and must be quit at least 1 year

### Desirable

- Previous experience working on projects that have addressed gender issues in a sensitive way

### Other essential requirements

- A partner organisation email address (not a personal or social email)
- Access to a mobile phone, either personal or owned by the partner organisation and an ability to download an app
- These are both required to gain access to The HSE patient management system, QuitManager.

## Appendix 4: Sample Facilitation Skills Programme outline

<b>Title:</b>	<b>Developing Facilitation Skills – We Can Quit</b>
<b>Duration</b>	4 half-day sessions or 2 full day sessions.
<b>Aim</b>	The aim of this programme is to introduce the learner to the concept of facilitating adult education and to develop facilitation skills.
<b>Module 1 – Topics</b>	<p><b>What is Facilitative Training?</b></p> <ul style="list-style-type: none"> <li>● Ice breakers and introduction exercises</li> <li>● What is the facilitative style of training?</li> <li>● The role of the Facilitator</li> <li>● Learning styles</li> <li>● Linking theory to practice</li> <li>● Reflective practice.</li> </ul>
<b>Module 2 – Topics</b>	<p><b>Facilitation Methods and Building Confidence</b></p> <ul style="list-style-type: none"> <li>● Being in the spotlight!</li> <li>● Confidence building exercises</li> <li>● Common facilitation methods</li> <li>● Facilitation resources and aids</li> <li>● Linking theory to practice.</li> </ul>
<b>Module 3 – Topics</b>	<p><b>Programme Planning &amp; Group Dynamics</b></p> <ul style="list-style-type: none"> <li>● Planning and preparing for a session</li> <li>● Timing and session planning</li> <li>● Group dynamics</li> <li>● Linking theory to practice.</li> </ul>
<b>Module 4 – Topics</b>	<p><b>Communication &amp; Anti-Discrimination</b></p> <ul style="list-style-type: none"> <li>● Communication skills</li> <li>● Communication exercises</li> <li>● Working in an inclusive manner</li> <li>● Close and celebrate.</li> </ul>
<b>Teaching methods</b>	<p>The teaching methods will be highly interactive and engaging, learning will be facilitated as much as possible:</p> <ul style="list-style-type: none"> <li>● Facilitation</li> <li>● Group Work</li> <li>● Brainstorm</li> <li>● Games</li> <li>● Demonstration</li> <li>● Group Discussion</li> <li>● YouTube Videos</li> <li>● Buzz Groups</li> <li>● Lecture</li> <li>● Peer to Peer Learning.</li> </ul>
<b>Assessment methods</b>	Learner observation.

## Appendix 5: Sample Letter to GP

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Re: We Can Quit – Stop smoking programme**

Dear Doctor \_\_\_\_\_,

I am writing to let you know that \_\_\_\_\_ has enrolled in the community stop smoking programme called 'We Can Quit'. The programme is delivered by the HSE in partnership with **{INSERT YOUR ORGANISATION HERE}**. The participants are offered a combination of behavioural support, one-to-one support and stop smoking medication, which includes varenicline (Champix) or combination nicotine replacement therapy (NRT), free of charge.

We have discussed all the available options with \_\_\_\_\_ and he/she would like to try:

\_\_\_\_\_  
\_\_\_\_\_

I would be grateful if you would consider the above and discuss the most suitable options with

\_\_\_\_\_  
and provide him/her with a prescription for same. If you have any queries you can contact me or the Pharmacist on the numbers below.

Thank you for your support.

Yours sincerely,

**Insert Facilitator name**  
**Insert phone number**

**Insert Pharmacist name**  
**Insert phone number**

Appendix 6: Sample We Can Quit Community Facilitator Application Form

# Application Form

## 'We Can Quit' Community Facilitator

### Contact Details

Name: .....

Address: .....

.....

.....

Telephone: .....

E-mail: .....

### Please complete the following questions:

1. Describe your community work experience paid and unpaid to date & any skills you have that you think may be useful for this work:

.....

.....

.....

2. Describe any training/education you have completed: (please include any accredited training qualifications, if any):

.....

.....

.....

3. Why do you want to train to be a We Can Quit Smoking Community Facilitator?

.....

.....

.....

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4. What in your life experiences will you draw on to support you in this role with your community?

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5. Please tell us why you want to make a difference to the health of your community and how you think the 'We Can Quit' programme might help?

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6. Please tick one of the following: Are you...

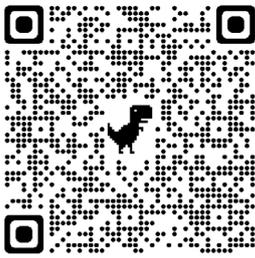
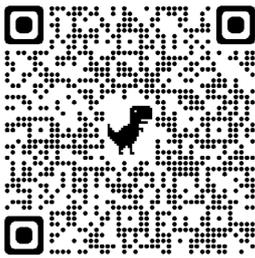
A smoker    A non- smoker    An ex-smoker?

If you have ticked ex-smoker, please tell us how long you have been quit?

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Please send completed application forms by [insert date] to [insert contact name] at or drop it into [insert community centre or other drop-in centre] or Phone: [insert number] for more information.

## Appendix 7: Links to Useful Resources

Link	QR Code
<p><b>We Can Quit: Participant registration form</b>  <a href="http://www.hse.ie/eng/about/who/tobaccocontrol/resources/wcq-participant-registration-form-2022.pdf">www.hse.ie/eng/about/who/tobaccocontrol/resources/wcq-participant-registration-form-2022.pdf</a></p>	
<p><b>We Can Quit: Checklist for delivering a course</b>  <a href="http://www.hse.ie/eng/about/who/tobaccocontrol/resources/we-can-quit-checklist-for-delivering-a-course.pdf">www.hse.ie/eng/about/who/tobaccocontrol/resources/we-can-quit-checklist-for-delivering-a-course.pdf</a></p>	
<p><b>We Can Quit: Resources page</b>  <a href="http://www.hse.ie/eng/about/who/tobaccocontrol/resources/we-can-quit-resources.html">www.hse.ie/eng/about/who/tobaccocontrol/resources/we-can-quit-resources.html</a></p>	
<p><b>We Can Quit: Participant satisfaction survey</b>  <a href="http://www.smartsurvey.co.uk/s/WeCanQuitParticipantSatisfactionSurvey/">www.smartsurvey.co.uk/s/WeCanQuitParticipantSatisfactionSurvey/</a></p>	
<p><b>We Can Quit: Community Facilitators' Course Evaluation</b>  <a href="http://www.smartsurvey.co.uk/s/WeCanQuitCommunityFacilitatorCourseEvaluation/">www.smartsurvey.co.uk/s/WeCanQuitCommunityFacilitatorCourseEvaluation/</a></p>	
<p><b>Link for ordering We Can Quit Participants' book</b>  <a href="http://www.healthpromotion.ie">www.healthpromotion.ie</a></p>	



