## Appendix E – Dataset to be shared with the NHS trust tobacco dependency team

**PRIVATE & CONFIDENTIAL**

*Tobacco Dependency Team**Pharmacy Name*

*NHS Trust Name Practitioner Name*

***N****HS Trust Address*  ***Direct Line:***

*NHS Trust Postcode* ***Email***

Our Ref: *Insert*

Date: *Today’s Date*

Dear Tobacco Dependency Team

**RE: Pt name, Pt Address Date of Birth**

**Hospital Number**

**Ptname** was identified as a smoker and was offered behavioural support and stop smoking medication whilst an inpatient at the **XXXX** Hospital.

Upon discharge **Ptname** was referred to this Pharmacy for ongoing support with their quit attempt.

Please update your records with the following: (select the applicable response)

* **Ptname** advised that they did not want to participate in the service/did not want to stop smoking at this stage.
* **Ptname** was not contactable/did not attend their appointment.
* **Ptname** has been supplied Nicotine Replacement Therapy (NRT) to support their quit attempt.
* **Ptname** has recorded a successful 4 week quit attempt.
* **Ptname** has recorded a successful 12 week quit attempt.

**Ptname** has been ***successful / unsuccessful*** with their quit attempt and discharged from the service.