



**Pilot Public-Private Partnership Programme  
on Smoking Cessation**

**Doctor's Manual**

**Third Edition  
(October 2019)**



衛生署  
Department of Health

*This Manual provides an overview and operational information on the Pilot Public-Private Partnership Programme on Smoking Cessation (SCPPP) for Enrolled Doctors.*

*It should be read together with the prevailing documents or information of the SCPPP, including but not limited to “**Terms and Conditions of Agreement for the Pilot Public-Private Partnership Programme on Smoking Cessation**”, “**User manual for Pilot Public-Private Partnership Programme on Smoking Cessation Doctor Module**” and “**Quick guide for Pilot Public-Private Partnership Programme on Smoking Cessation Doctor Module**” accessible via ‘**Manual & User Guide**’ under ‘User Documents’ in the Electronic Health Record Sharing System (eHRSS), as well as any other information related to the SCPPP issued by the Department of Health or released at the designated webpage of the SCPPP*

*([https://www.dh.gov.hk/english/useful/scppp/for\\_doctor.html](https://www.dh.gov.hk/english/useful/scppp/for_doctor.html))*

*The content herein may be updated from time to time in light of experience and operational needs. The latest version of this Manual will be uploaded to the designated SCPPP webpage.*

*Programme Office of the SCPPP*

*Department of Health*

*The Government of Hong Kong SAR*

*October 2019*

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**Annexes**

- Annex I      Sample of Participant Consent Form
- Annex II     Sample of Adverse Drug Reactions (ADR) Report Form

**Table**

- Table 1      Summary of workflow for change of personal and practice information of Enrolled Doctor in the SCP

**Abbreviations and Interpretations**

ADR	Adverse drug reactions
DH	Department of Health
eHR	Electronic Health Record
eHRSS	Electronic Health Record Sharing System
Enrolled Doctor	A Registered Medical Practitioner who has registered in the eHRSS, enrolled in the Primary Care Directory, and attended the refresher course on smoking cessation as specified by the Department of Health, and whose application to enroll in the SCPPP has been accepted by the Government.
HCI	Health Care Institution
HCP	Health Care Provider
HKIC	Hong Kong Identity Card
IT	Information technology
NRT	Nicotine Replacement Therapy
OCSSS	Online Checking System of the Eligibility of Non-permanent Hong Kong Identity Card holders for Subsidised Public Healthcare Services
OS	Operating system
Participant	An eligible person who has been successfully registered to participate in the SCPPP
PCD	Primary Care Directory
PO	Programme Office of the SCPPP
Quit Day	The target day for the SCPPP Participant to totally abstain from smoking, which is discussed and agreed between the Enrolled Doctor and the Participant. It is subject to adjustment during the second consultation (for once only) if the actual quit day is different from the original quit day set in the first consultation.
SCPPP	Pilot Public-Private Partnership Programme on Smoking Cessation

## 1. Overview

### 1.1 Background

1.1.1 To complement existing smoking cessation services, the Department of Health (DH) launched the two-year Pilot Public-Private Partnership Programme on Smoking Cessation (SCPPP) in December 2017 to test a new model of free and opportunistic smoking cessation services provided by private primary care doctors.

1.1.2 The pilot programme aims to improve access to smoking cessation service for smokers who may be hard to reach by other means.

1.1.3 Enrolled Doctors provide opportunistic assessment of the smoking status of their patients, identify motivational factors and barriers to quit smoking, offer smoking cessation counselling and pharmacotherapy (if indicated) for eligible smokers.

1.1.4 Hong Kong residents aged 18 or above who have a valid Hong Kong Identity Card (HKIC) or Certificate of Exemption; and have registered in the Electronic Health Record Sharing System (eHRSS); and are determined and ready to quit smoking, are eligible to participate in the SCP PP (as the Participants). For details, please refer to Section 2.

1.1.5 Enrolled Doctors must fulfill the following requirements:

- being a registered medical practitioner within the meaning of section 2(1) of the Medical Registration Ordinance (Cap. 161) (“Ordinance”);
- hold a valid practising certificate issued under the Ordinance;
- work in the private sector (including universities and non-governmental organisations);
- have registered in the eHRSS ([www.ehealth.gov.hk/en/home/index.html](http://www.ehealth.gov.hk/en/home/index.html));
- have enrolled in the Primary Care Directory ([www.pcdirectory.gov.hk](http://www.pcdirectory.gov.hk)); and
- have attended and passed the online refresher course on smoking cessation - “[Connecting with Patients for Tobacco Free Living](#)” provided by the Mayo Clinic of the United States.

For details of doctor enrolment, please refer to the “[Enrolment Guide for Doctors](#)” and the “[Covering Notes for Doctor's Application](#)”.

## 1.2 Roles and responsibilities of Enrolled Doctors

1.2.1 Enrolled Doctors must follow the requirements as stipulated in the Terms and Conditions of Agreement for the SCP PP and perform the following (but not limited to) roles and responsibilities:

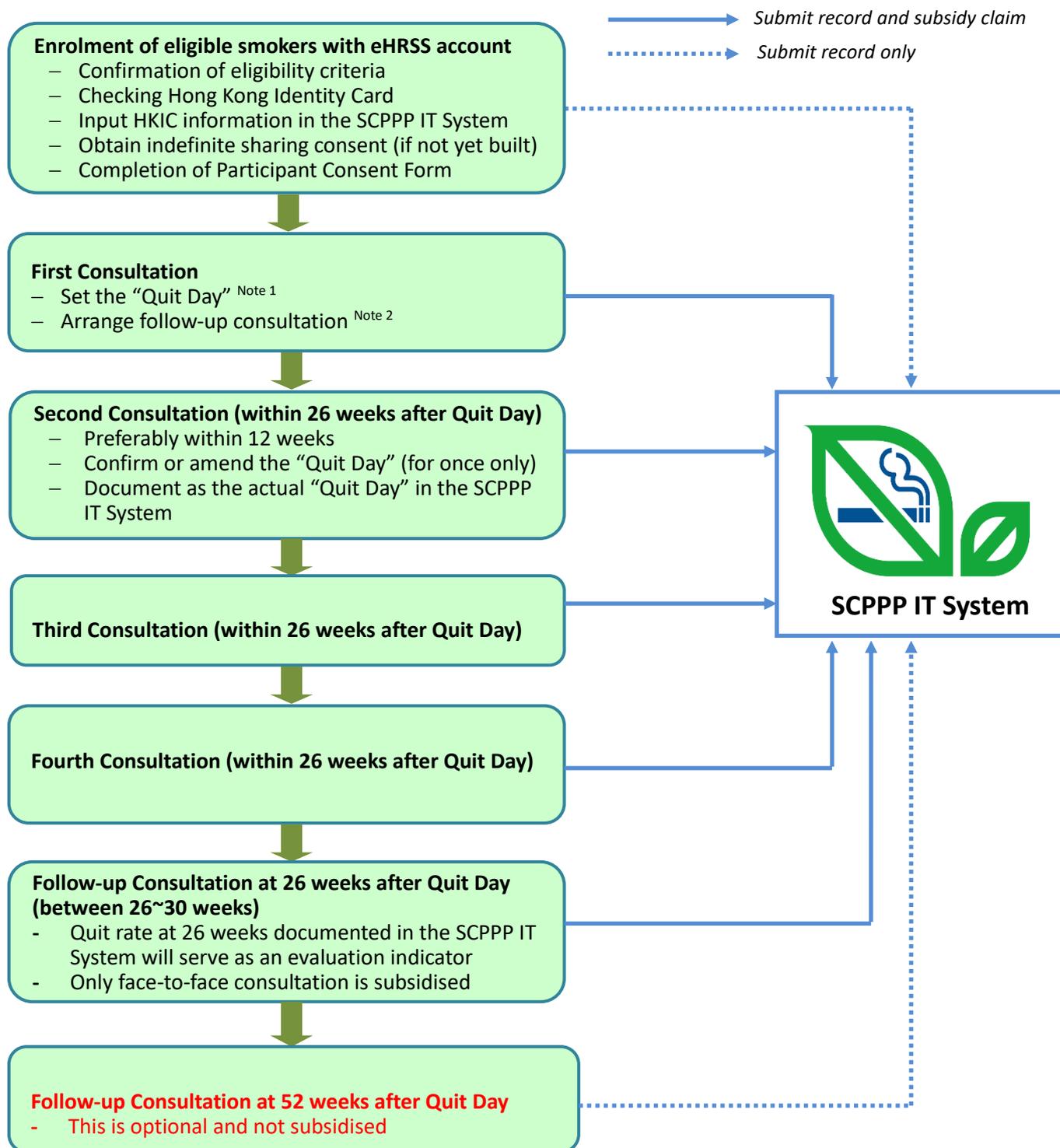
- (a) Enrol eligible persons as Participants in the SCP PP and perform all necessary enrolment and registration procedures.
- (b) Provide appropriate counseling to Participants to quit smoking and to implement the smoking cessation plan.
- (c) Perform clinical assessment for clinical indication and fitness for pharmacotherapy for smoking cessation; and prescribe the appropriate pharmacotherapy for smoking cessation.
- (d) Arrange follow-up consultations with Participants for providing assistance and support to Participants for quitting smoking or preventing relapse; as well as for monitoring medication use including adverse effects.
- (e) Remind Participants to attend follow-up consultations especially for those who had defaulted the required follow-up.
- (f) Exercise clinical judgment and be held fully accountable for the clinical care and management provided to the Participants in relation to the SCP PP.
- (g) Keep sufficient stock of pharmacotherapy for smoking cessation at the Health Care Institution (HCI).
- (h) Document the consultations and progress in the SCP PP IT System.
- (i) Submit Subsidy claims for consultations in relation to the SCP PP according to the required procedures.
- (j) Check and act on the [To-do List] as generated by the SCP PP IT System.
- (k) Notify DH staff of adverse drug reactions and incidents in relation to the SCP PP according to the required procedures.
- (l) Provide information for service monitoring and evaluation as requested by DH staff.
- (m) Comply with the instructions by DH staff for collection of signed Participant Consent Forms or other required documents in relation to the SCP PP.
- (n) Submit to the Government such information or documents as required by the DH staff from time to time in relation to the SCP PP.

1.2.2 Enrolled Doctors must follow the Code of Professional Conduct issued by the Medical Council of Hong Kong as the standard for locally registered medical practitioners to provide quality health care ([www.mchk.org.hk/english/code/index.html](http://www.mchk.org.hk/english/code/index.html)).

1.2.3 Enrolled Doctors must ensure that the services provided and clinic practice meet the prevailing clinical, personal data and privacy protection, Information Technology (IT) security and other standards stipulated in the prevailing or updated guidelines or Ordinances, such as (but not limiting to ):

- (a) Module on Smoking Cessation in Primary Care Setting under the Hong Kong Reference Framework for Diabetes Care in Adults in Primary Care Settings & Hong Kong Reference Framework for Hypertension Care in Adults in Primary Care Settings  
([https://www.fhb.gov.hk/pho/english/resource/files/Module\\_on\\_Smoking\\_Cessation.pdf](https://www.fhb.gov.hk/pho/english/resource/files/Module_on_Smoking_Cessation.pdf))
- (b) Related guidelines, Ordinances or information released in the website of the Office for Regulation of Private Healthcare Facilities  
([www.dh.gov.hk/english/main/main\\_orphf/main\\_orphf.html](http://www.dh.gov.hk/english/main/main_orphf/main_orphf.html))
- (c) Pharmacy and Poisons Ordinance (Cap. 138) and other regulations in the control of medicines ([www.drugoffice.gov.hk](http://www.drugoffice.gov.hk))
- (d) Personal Data (Privacy) Ordinance  
([www.pcpd.org.hk/english/data\\_privacy\\_law/ordinance\\_at\\_a\\_Glance/ordinance.html#1](http://www.pcpd.org.hk/english/data_privacy_law/ordinance_at_a_Glance/ordinance.html#1));
- (e) Baseline IT Security Policy (S17) and IT Security Guidelines (G3)  
([www.ogcio.gov.hk/en/information\\_security/policy\\_and\\_guidelines](http://www.ogcio.gov.hk/en/information_security/policy_and_guidelines))
- (f) Public-Private Partnership Programmes for Healthcare Services - Corruption Prevention Guide for Service Providers  
([https://cpas.icac.hk/UploadImages/InfoFile/cate\\_43/2017/fe651e90-a6a3-4294-828f-44f863e2c80e.pdf](https://cpas.icac.hk/UploadImages/InfoFile/cate_43/2017/fe651e90-a6a3-4294-828f-44f863e2c80e.pdf))

### 1.3 Major workflow



**Note 1:** “Quit Day” refers to the target day for the SCPPP Participant to totally abstain from smoking, which is discussed and agreed between the Enrolled Doctor and the Participant. It is subject to adjustment during the second consultation (for once only) if the actual quit day is different from the original quit day set in the first consultation.

**Note 2:** Reminders will be issued to the Enrolled Doctor in To-do List if the following follow-up consultations are not recorded in the SCPPP IT System as scheduled:

- Follow-up for first-time Champix® (varenicline) prescription within one week
- Second consultation preferably within 12 weeks
- Follow-up consultation at 26 weeks after Quit Day
- Follow-up consultation at 52 weeks after Quit Day

## 1.4 The SCPPP IT System

1.4.1 The SCPPP IT System which rides on the eHRSS is designated for the operation of the SCPPP.

1.4.2 Key functions of the SCPPP IT System:

- (a) To enroll Participants
- (b) To search and retrieve records of enrolled Participants
- (c) To maintain consultation records
- (d) To generate "To-Do List" as a reminder for Enrolled Doctors to facilitate timely follow-up actions
- (e) To generate list of Participants under the care of Enrolled Doctors of the same Health Care Provider
- (f) To submit and process subsidy claims
- (g) To input and submit update of profile information of Enrolled Doctors (upon vetting by DH)
- (h) To provide data for quality assurance, service monitoring and evaluation

1.4.3 System requirements:

For System Requirements of the eHRSS, please refer to the eHRSS website at [www.ehealth.gov.hk/en/ehr\\_related\\_information/faq/system\\_requirements.html](http://www.ehealth.gov.hk/en/ehr_related_information/faq/system_requirements.html).

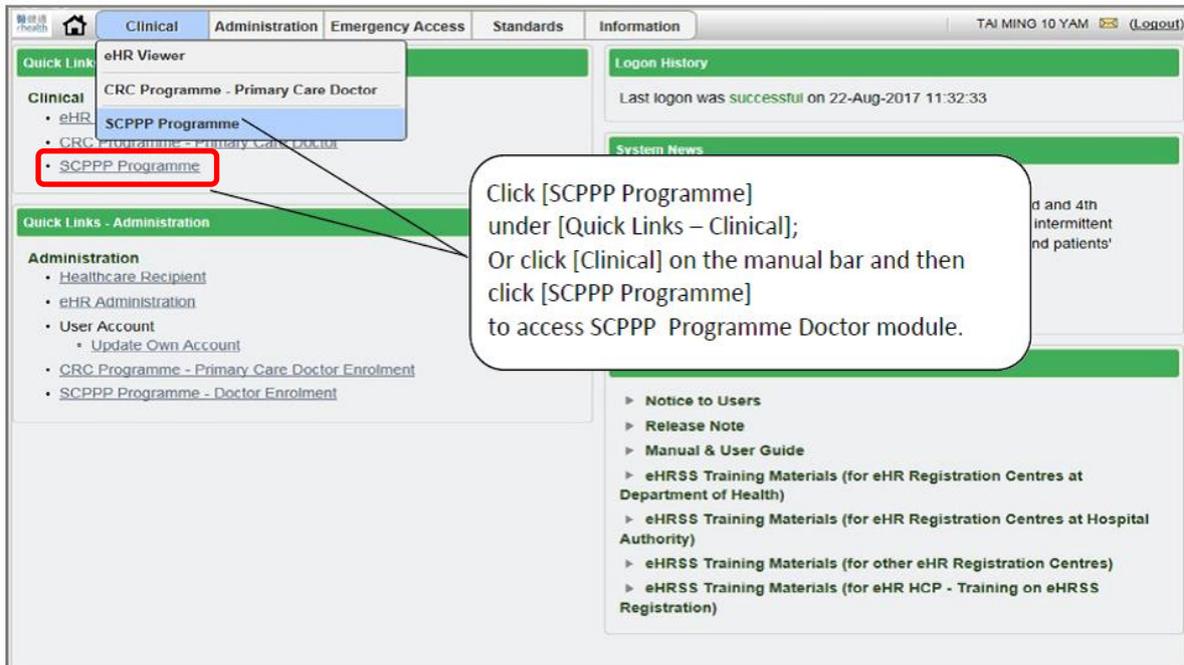
1.4.4 Enrolled Doctors must implement appropriate IT security measures in order to use the SCPPP IT System in a secure and safe manner, such as:

- (a) Minimum password strength with at least 9 mixed-case alphanumeric characters and to avoid using password of common structures;
- (b) Changing password at least every 90 days and disabling the "remember your password" setting;
- (c) Prohibiting the use of the same set of password in alternative accounts;
- (d) Regular verification of device operating system (OS) and browsers OS for updates to the latest edition;
- (e) Ensuring timely update of device OS and browsers OS upon the availability of new patch and testing their performances;
- (f) Regular (e.g. weekly) scanning devices using Anti-virus programme to ensure no computer virus, network worms, Trojan horses, logic bombs, spyware, adware or backdoor programs have been found;
- (g) Enabling real time anti-virus protection and definition updates.

#### 1.4.5 Access to the SCP PP IT System:

Enrolled Doctor can access the SCP PP IT system by login to the eHRSS ([www.ehealth.gov.hk](http://www.ehealth.gov.hk)), and then through the following ways:

- (a) Click [SCP PP Programme] under [Quick Links – Clinical], or
- (b) Choose [Clinical] on the eHRSS menu bar, then click [SCP PP Programme]



1.4.6 The “*User manual for Pilot Public-Private Partnership Programme on Smoking Cessation Doctor Module*” and “*Quick guide for Pilot Public-Private Partnership Programme on Smoking Cessation Doctor Module*” can be viewed and downloaded at ‘Manual & User Guide’ under ‘User Documents’ in the eHRSS.

## 2. Enrolment of eligible smokers

### 2.1 Confirmation of eligibility

2.1.1 The Enrolled Doctor must confirm eligibility of the smoker to enroll as a Participant in the SCPPP, according to the following criteria:

- (a) being a Hong Kong resident who is 18 years old or above; and
- (b) holds a valid Hong Kong Identity Card (HKIC) within the meaning of the Registration of Persons Ordinance (Cap.177) [except those who obtained their HKIC by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid]; or a valid Certificate of Exemption within the meaning of the Immigration Ordinance (Cap.115); and
- (c) has registered in the eHRSS with an active account; and
- (d) agrees to give indefinite sharing consent for the eHRSS to the Associated Health Care Provider (HCP); and
- (e) is a smoker, who is determined and ready to quit smoking; and
- (f) has never joined the SCPPP before.

### 2.2 Checking Hong Kong Identity Card

2.2.1 The Enrolled Doctor has to check the original HKIC of the smoker and ascertain whether the person is the bearer of the identity document.

2.2.2 The Enrolled Doctor has to check the eligibility of non-permanent HKIC holders to ensure that validity period of stay has not expired on the date of receiving services under the SCPPP, according to the following procedures:

- (a) check the HKIC symbol i.e. the first alphabet denoting the residential status (as shown below);



- (b) If the smoker's HKIC symbol has “C” or “U”, the Enrolled Doctor has to call the Programme Office of the SCP PP (PO) (telephone: 2155 5902) during office hours (i.e. Monday to Friday from 9 am to 1pm and 2pm to 5:45 pm except public holidays) for verification of eligibility to join the SCP PP through the Online Checking System of the Eligibility of Non-permanent Hong Kong Identity Card holders for Subsidised Public Healthcare Services (OCSSS) in the DH.
  - (c) For those smokers with HKIC bearing “C” or “U” symbol which are confirmed valid through the OCSSS checking, they are eligible to proceed further for enrolment in the SCP PP.

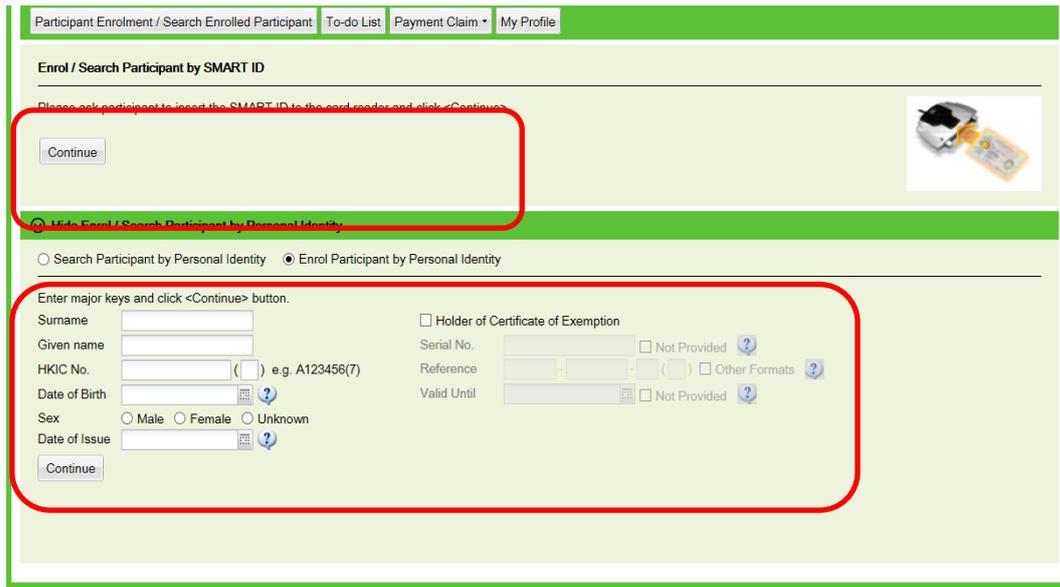
2.2.3 No payment will be made by the Government if the Enrolled Doctor did not confirm the eligibility status of smokers who had “C” or “U” symbol on the HKIC before enrolment.

### **2.3 Enrolment in the SCP PP at the eHRSS**

2.3.1 If the smoker has not yet registered in the eHRSS, he/she has to complete the eHRSS registration before enrolment in the SCP PP. For details, please refer to the website of eHRSS at [www.ehealth.gov.hk/en/home/index.html](http://www.ehealth.gov.hk/en/home/index.html).

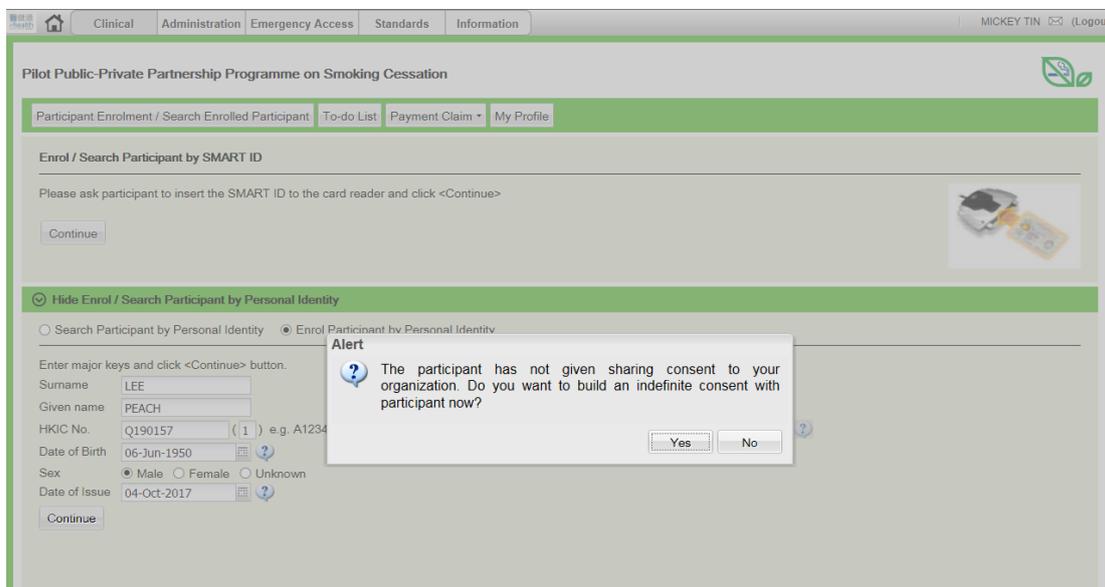
#### **2.3.2 Input HKIC information of Participant with active eHRSS account:**

- (a) Click [Participant Enrolment/Search Enrolled Participant];
- (b) Insert the smoker's HKIC into the card reader (*this is the recommended and default means of input; if the smoker has already registered in the eHRSS with an active account, the page for SCP PP enrolment will be shown directly*);
- (c) Manual input by selecting [Enrol Participant by Personal Identity] is allowed only if the chip of the HKIC is found faulty, use of card reader is not feasible, the smoker is a holder of Certificate of Exemption, or for other justifiable reasons;
- (d) Then click “Continue”.



2.3.3 Obtain indefinite sharing consent for the eHRSS (if not yet built) and input the means of consent:

- (a) Inserting HKIC into the card reader; or
- (b) Participant providing his/her access key; or
- (c) Signing the Sharing Consent Form



**eHR Registration System**  
 HCR Management | Record Info Update | Sharing Consent Management | PPI/SCHSA Stage | Utilities | (version 1.5.25 built on 18-Sep-2017)

**Sharing Consent**

**HCR Information**

eHR No.:	6738-1474-9499	English Name:	LEE, PEACH
HKIC No.:	Q190157(1)	Other Name:	
ID Doc Type:	HKID Card	Chinese Name:	李桃子
ID Doc No.:		Communication Means:	SMS
Sex:	Male	SMS Phone No.:	852-98765432
Date of Birth:	06-Jun-1950	Exact DOB:	EDMY
		Mobile Phone:	852-98765432
		Other Phone:	

**Sharing Consent**

Healthcare Provider	Healthcare Provider Chinese Name	Address	Phone	Consent Type
BELL ELSA (Official Name)	長壽安樂協會 (官方)	16/F, ONE KOWLOON, ONE KOWLOO...	32569901	<input checked="" type="radio"/> Indefinite Sharing Consent <input type="radio"/> One-Year Sharing Consent

**Authorisation Type**

Submission Method:

Application submitted by Authorised Person(AP) or SDM

Consent Means:  Smart ID Card  Access Key  Sign Consent Form

Please collect the following document(s).

Sharing Consent Form

2.3.4 Input of the HKIC symbol and confirm verification of the eligibility:

**Pilot Public-Private Partnership Programme on Smoking Cessation**

Participant Enrolment / Search Enrolled Participant | To-do List | Payment Claim | My Profile

**Enter Participant Information**

Name	LEE, PEACH (李桃子)
HKIC No.	Q190XXX(X)
Date of Birth	06-Jun-1950
Sex	Male
Date of Issue	04-Oct-2017
Holder of Certificate of Exemption	No
HKID Card Symbol	<input type="radio"/> A <input checked="" type="radio"/> C <input type="radio"/> R <input type="radio"/> U

By checking this box, I confirm that I will contact Programme Office and verify the eligibility of this participant.

Agree to be approached for research related to SCPPP Programme?  Yes  No

Consent Form Language  Chinese  English

*First alphabet denotes residential status (HKID Card Symbol)*

2.3.5 Input of consent for being approached for research related to the SCPPP.

2.3.6 Once the above information has been inputted, the button “Print Consent Form” will be enabled.

## **2.4 Completion of Participant Consent Form**

- 2.4.1 The Enrolled Doctor has to explain to the smoker and ensure his/her understanding of the followings:
- (a) scope of services subsidised by the SCP PP;
  - (b) the content of the Participant Consent Form including but not limited to the Undertaking and Declarations, the Statement of Purpose;
  - (c) DH staff may contact the Participant for service monitoring and evaluation.
- 2.4.2 Samples of the Participant Consent Form (Annex 1) are available at the SCP PP webpage ([https://www.dh.gov.hk/english/useful/scppp/for\\_public.html](https://www.dh.gov.hk/english/useful/scppp/for_public.html)) for reference and facilitating the explanation of the content during enrolment.
- 2.4.3 The Enrolled Doctor then prints out TWO identical copies of the Participant Consent Form for checking and signing by the smoker.
- 2.4.4 SCP PP Participant No. will be automatically generated by the SCP PP IT System and it serves as the reference number of the enrolment.
- 2.4.5 Both copies of the Participant Consent Form must be signed.
- 2.4.6 If the smoker is illiterate but mentally fit to make consent, he/she can put a thumbprint on the space as signature. The process has to be witnessed and certified by a clinic staff or an accompanying relative.
- 2.4.7 One copy of the signed Participant Consent Form should be kept by the Participant; the other signed copy should be kept in safe custody by the Enrolled Doctor in order to be collected by DH staff on regular basis for monitoring purpose.
- 2.4.8 Once the smoker is enrolled into the SCP PP and has signed the Participant Consent Form, the Enrolled Doctor has to complete the enrolment procedure by clicking [Confirm Enrolment]. Thereafter, the enrolled smoker is referred to as "Participant" and the Enrolled Doctor can proceed to create the First Consultation Record by clicking [Go to Consultation].

## **2.5 Collection of Participant Consent Form**

- 2.5.1 The Enrolled Doctor should instruct clinic staff to keep ALL Participant Consent Forms in safe custody for protection of personal data.
- 2.5.2 DH staff regularly visit the clinic(s) of the Enrolled Doctor for collection of the hard copies of ALL signed Participant Consent Forms with prior arrangement and informing the list of Participants involved.
- 2.5.3 The Enrolled Doctor or clinic staff has to sign acknowledgement of collection of the forms during the visit.

### 3. Provision of smoking cessation service

#### 3.1 First Consultation

3.1.1 After the completion of enrolment, the Enrolled Doctor can create the First Consultation record and provide smoking cessation counselling:

- (a) Confirm that the informed consent have been obtained and signed;
- (b) Assess smoking status, past quit attempts, motivational factors and perceived barrier(s) to quit smoking;
- (c) Set an agreed realistic “Quit Day”
  - “Quit Day” refers to the target day for the Participant to totally abstain from smoking, which is discussed and agreed between the Enrolled Doctor and the Participant. It is subject to adjustment during the Second Consultation (for once only) if the actual quit day is different from the original quit day set in the first consultation.
  - The “Quit Day” can be on or after the First Consultation date.
- (d) Prescribe pharmacotherapy if clinically indicated
  - Nicotine Replacement Therapy (NRT) gum, patch, lozenge and Champix<sup>®</sup> (varenicline) are subsidized under the SCP PP, for up to 12 weeks in total.
  - Only one type of medication is allowed for each consultation.
  - The dosage regime is predefined and should be selected according to individual clinical condition.
- (e) Discuss with the Participant on an agreed follow-up date for the Second Consultation within 26 weeks after the Quit Day
  - Follow-up for first-time Champix<sup>®</sup> (varenicline) prescription must be **within the first week** of initiation of medication to assess for any serious side effects, as overseas reports suggest its association with psychiatric symptoms including depression and suicidal ideation. Maximum duration of first-time Champix prescription is one week.
  - Second consultation within 12 weeks after the Quit Day to provide timely counselling and support is recommended.
  - Reminder will be issued to the Enrolled Doctor in “To-Do List” if there is no follow-up consultation record saved in the SCP PP IT System after one week from the first Champix prescription or 12 weeks after the First Consultation.

**Pilot Public-Private Partnership Programme on Smoking Cessation**

**Consultation / Follow-up History**

1<sup>st</sup> 12-Oct-2017 (In progress)  
Doctor TIN, MICKEY

**1st Consultation**

Consent form signed after explanation of SCPPP Programme:  Yes

Consultation date: 12-Oct-2017

**Smoking status:**  
Age start smoking: 18 years old  
Average daily cigarette consumption in the PAST 30 days: 10 cigarettes/day

**Past quit attempt(s):**  
 No  
 Yes, total numbers of past quit attempt(s): [ ]  
Methods used in all past quit attempt(s):  
 Self-help  Professional counseling  
 NRT patch  NRT gum  
 NRT lozenge  Champix  
 Others: Bupropion

**Quit day:** 14-Oct-2017  
[Remark: Quit day cannot be earlier than 1st consultation date.]

**Motivation:**  
 Family advice  Smoking laws  
 Own health awareness  Healthcare professional advice  
 Ex-smoker's encouragement  Financial reason  
 Non-smoker's rejection  Others: Peer advice

**Perceived barrier:**

3.1.2 Steps for subsidy claim after data input in the SCPPP IT System (all consultation records **must be entered within three calendar days of consultations**):

- [Save Draft] to save the input (further editing is allowed before submission of subsidy claim);
- [Save and Submit] to save the record and submit subsidy claim;
- Check the box “I declare that the submitted information in the payment claim is true and correct”;
- [Proceed to Submit] to submit the finalised consultation record and related subsidy claim;
- [Print Summary] to print out hard copy of the consultation record for documentation purpose.

**Pilot Public-Private Partnership Programme on Smoking Cessation**

**1st Consultation**

Peer advice

**Perceived barrier:**  
 Withdrawal symptom(s)  Peer pressure  
 Mood or stress  Weight gain  
 Previous failure  Others: Fear of side effects of drugs

Please make sure that the submitted information is true and correct. Consultation records would be reviewed by the Government for monitoring. A claim found to be untrue would result in refund to the Government; and any further action to be taken by the Government.

I declare that the submitted information in the payment claim is true and correct.

[Close] [Proceed to submit]

**Planned follow-up date:** 18-Oct-2017

**Reimbursement from Department of Health:**  
Consultation: \$ 251  
Prescription: \$ 270 / week x 1 week(s)  
= \$ 270  
Total: \$ 521

[Close] [Print Summary] [Save Draft] [Save and Submit]

### 3.2 Second Consultation (within 26 weeks after Quit Day)

3.2.1 The Second Consultation aims to assess the progress and to provide timely counselling and support to the Participant for smoking cessation and preventing relapse:

- (a) Assess the smoking status in the past seven days.
- (b) Confirm the “Quit Day”
  - Amend it if the Participant actually have quitted smoking on a date later than the date previously agreed during the First Consultation.
  - Record the actual Quit Day in the Second Consultation record. It must be either the same or before the Second Consultation date for any subsidy claim(s) to be made. It will not be modifiable after submission.
- (c) Assess the use of pharmacotherapy including drug compliance and reasons for non-compliance, adverse effects etc.
- (d) Change type of pharmacotherapy if indicated (only allowed during consultations within 26 weeks after the Quit Day).
- (e) Discuss with the Participant on an agreed follow-up date.

The screenshot displays the SCPPP IT System interface for a 2nd Consultation. The patient's name is LEE, PEACH, and the doctor is MICKEY TIN. The form is titled "Pilot Public-Private Partnership Programme on Smoking Cessation". On the left, a "Consultation / Follow-up History" table shows two entries: a 1st consultation on 06-Oct-2017 and a 2nd consultation on 12-Oct-2017 (In progress). The main form area is for the 2nd Consultation, with a red box highlighting the "Consultation date" (12-Oct-2017) and "Actual quit day" (10-Oct-2017) fields. Below these fields, there are sections for "Did participant totally abstain from smoking in the past seven days?", "Clinical notes" (with a text area containing "Progressively reduced amount of cigarettes smoked but still strong craving."), "Previous medication" (listing Champix 0.5mg), "Drug compliance on medication prescribed during last visit" (with "Non-compliant" selected and "Others" specified as "full time driver, no time to take drug."), and "Prescription" (with "No (counseling only)" selected and "remaining medications: 11 week(s)" noted).

3.2.2 Steps for subsidy claim after data input in the SCPPP IT System are the same as the First Consultation (Section 3.1.2).

### 3.3 Third and Fourth Consultations (within 26 weeks after Quit Day)

- 3.3.1 The Third and Fourth Consultations may be conducted within 26 weeks after the Quit Day to monitor the progress and provide smoking cessation counselling to the Participants.
- 3.3.2 The workflow and record are similar to the Second Consultation, except that the actual Quit Day is pre-filled as the one set during the Second Consultation and cannot be edited.
- 3.3.3 Next Follow-up Consultation should be scheduled at 26 weeks after the Quit Day, not later than 30 weeks.

### 3.4 Follow-up Consultation at 26 weeks after Quit Day (between 26~30 weeks)

- 3.4.1 Follow-up Consultation at 26 weeks after the Quit Day (allowed between 26~30 weeks) aims to document the 26-week quit rate, as well as to provide additional counselling and support.
- 3.4.2 No NRT or Champix® prescription is allowed from 26 weeks after the Quit Day onwards, to minimize the risk of abuse.
- 3.4.3 Face-to-face consultation between 26~30weeks is subsidized after data input and submission of subsidy claim in the SCSPP IT System.
- 3.4.4 If face-to-face consultation cannot be conducted, follow-up by phone or other means is recommended and should be inputted in the SCSPP IT System, though not subsidised.

The screenshot displays the SCSPP IT System interface for a patient named CHIN, MELON. The top navigation bar includes 'Clinical', 'Administration', 'Emergency Access', 'Standards', and 'Information'. The patient's details are shown as HKIC No.: Q190115(6), DOB: 08-Aug-1980, Age: 37 years, Sex: M. The main content area is titled 'Pilot Public-Private Partnership Programme on Smoking Cessation' and is divided into two sections: 'Consultation / Follow-up History' and '26 Weeks Follow-up'.

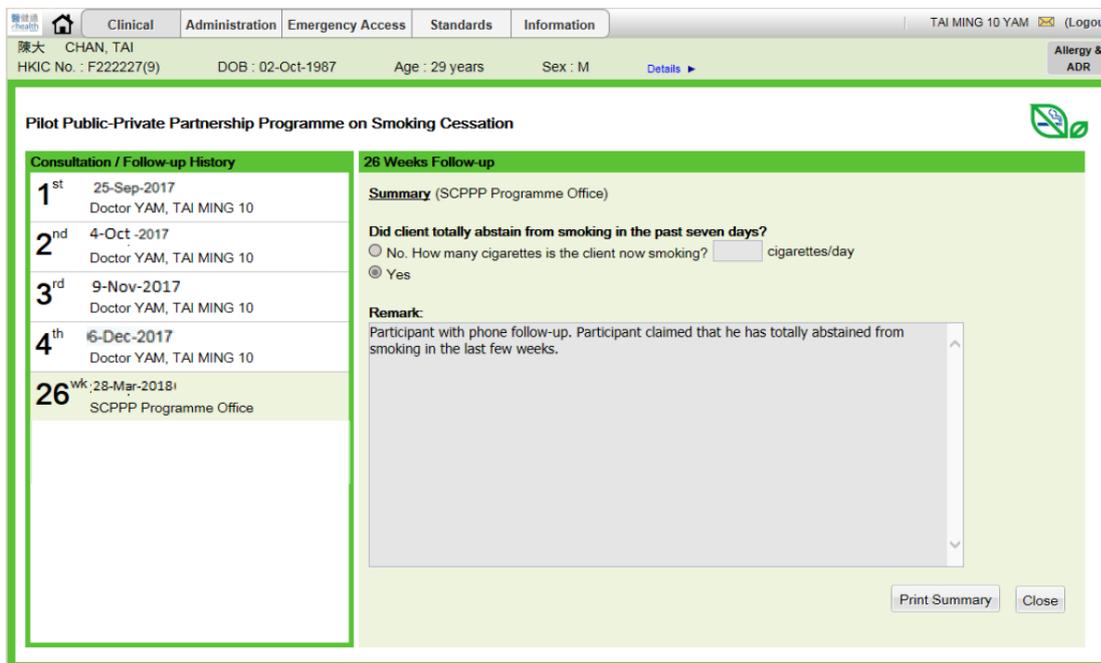
The 'Consultation / Follow-up History' section lists five consultations:

Consultation	Date	Doctor
1 <sup>st</sup>	31-Jul-2016	Doctor TIN, MICKEY
2 <sup>nd</sup>	07-Apr-2017	Doctor TIN, MICKEY
3 <sup>rd</sup>	16-Jul-2017	Doctor TIN, MICKEY
4 <sup>th</sup>	17-Jul-2017	Doctor TIN, MICKEY
26 <sup>wk</sup>	13-Oct-2017 (In progress)	Doctor TIN, MICKEY

The '26 Weeks Follow-up' section contains the following fields:

- Consultation date:** 12-Oct-2017
- Actual quit day:** [Field] [Quit day set in 1st consultation: 13-Apr-2017]
- Delivery of consultation:** A dropdown menu with options: 'Face-to-face in clinic (reimbursable)', 'Contact by phone (not reimbursable)', and 'Other means (not reimbursable)'. This menu is highlighted with a red box.
- Smoking status:** 'How smoking?' with a checkbox for 'Yes' and a field for 'cigarettes/day'.
- Clinical notes:** A text area for notes.
- Previous medication:** A text area containing '1st Consultation: NRT patch 14mg / 24 hours daily x 6 weeks'.
- Reimbursement from Department of Health:** A field for reimbursement details.

3.4.5 If there is no record of follow-up by the Enrolled Doctor after 30 weeks after the Quit Day, the PO will follow up the Participant and input the information in the SCPPP IT System. The consultation record completed by PO will be marked with “SCPPP Programme Office” and can only be viewed (not edited) by the Enrolled Doctor.



### 3.5 Follow-up Consultation at 52 weeks after Quit Day (between 52~56 weeks)

3.5.1 Follow-up Consultation at 52 weeks after the Quit Day (allowed between 52~56 weeks) aims to document the 52-week quit rate.

3.5.2 Although this follow up at 52 weeks is not subsidized, the Enrolled Doctor is still strongly recommended to follow up the Participant by phone call or during consultation, and input the smoking status/ quitting progress in the 52-week consultation record in the SCPPP IT System.

3.5.3 If there is no record of follow-up by the Enrolled Doctor after 56 weeks after the Quit Day, PO will follow up the Participant and input the information in the SCPPP IT System. The consultation record completed by PO will be marked with “SCPPP Programme Office” and can only be viewed (not edited) by the Enrolled Doctor.

### 3.6 Checking the To-do List

3.6.1 The To-do List serves to remind the Enrolled Doctor to follow up the Participants or other outstanding tasks:

- (a) Verify eligibility with DH for Participants whose HKIC card symbol is “U” or “C”
  - the records will appear in the To-do List once the First Consultation is submitted
  - payment for subsidy claim will only be proceeded after the verification and manual removal of the record from the To-do List
- (b) Follow up within one week of first time Champix® prescription to assess for compliance and possible adverse effects;
- (c) Follow up Participants within 12 weeks from the First Consultation;
- (d) Follow up Participants at 26 weeks after the actual Quit Day;
- (e) Follow up Participants at 52 weeks after the actual Quit Day, either by phone or face-to-face consultation;
- (f) Submit saved consultation record.

3.6.2 For (b) to (e), the records will appear in the To-do List if the follow up is not recorded in the SCPPP IT System by the scheduled date.

3.6.3 Actions for (b) to (e):

- Arrange and record the follow up in the SCPPP IT System (submit by clicking the “Consultation Note” icon), or
- manually remove the record from the To-do List by ticking the box [Done] and [Save] after completing the task.

Participant Name	HKIC No.	Sex	DOB	Phone	Last Consult. HCl Name	Consult. Note	Done
<b>Verify eligibility with SCPPP Programme Office (2 Items)</b>							
CHIN, BANANA (鐘香菊)	Q190XXX(X)	M	08-Aug-1980	22332233	BELL ELSA		<input type="checkbox"/>
CHIN, BERRIES (鐘黑莓)	Q190XXX(X)	M	08-Aug-1980	22332233	BELL ELSA		<input type="checkbox"/>
<b>1st week of Champix prescription (2 Items)</b>							
CHIN, BANANA (鐘香菊)	Q190XXX(X)	M	08-Aug-1980	22332233	BELL ELSA		<input type="checkbox"/>
HON, LYCHEE (韓荔枝)	Q190XXX(X)	M	09-Sep-1990	98765432	BELL ELSA		<input type="checkbox"/>
<b>Follow up participant 12 weeks from 1st Consultation date (2 Items)</b>							
HON, LEMON (韓檸檬)	Q190XXX(X)	M	09-Sep-1990	98765432	BELL ELSA		<input type="checkbox"/>
POON, PEACH (潘桃子)	Q300XXX(X)	M	01-Jan-1946	97865432	BELL ELSA		<input type="checkbox"/>
<b>Follow up participant 26 weeks from Actual quit day (1 Item)</b>							
HON, LYCHEE (韓荔枝)	Q190XXX(X)	M	09-Sep-1990	98765432	BELL ELSA		<input type="checkbox"/>
<b>Follow up participant 52 weeks from Actual quit day (1 Item)</b>							
HON, PINEAPPLE (韓菠蘿)	Q190XXX(X)	M	09-Sep-1990	98765432	BELL ELSA		<input type="checkbox"/>
<b>Submit saved consultation record (2 Items)</b>							
CHIN, PEACH (鐘桃子)	Q190XXX(X)	M	08-Aug-1980	54434323	BELL ELSA		<input type="checkbox"/>
CHIN, PEAR (鐘梨)	Q190XXX(X)	M	08-Aug-1980	55344344	BELL ELSA		<input type="checkbox"/>

Total 10 record(s)

### **3.7 Management and notification of adverse drug reactions and incidents**

- 3.7.1 The Enrolled Doctor has to monitor the use of pharmacotherapy especially for any adverse drug reactions (ADR), in particular to psychiatric symptoms associated with Champix® (varenicline).
- 3.7.2 The Enrolled Doctor has to exercise clinical judgment and manage any ADR accordingly. Cessation of medication or switch to another form of pharmacotherapy should be determined according to individual clinical indications.
- 3.7.3 ADR should be documented in the consultation record.
- 3.7.4 ADR can be reported to the Drug Office of DH online or by paper form for surveillance purpose (Annex II).  
([www.drugoffice.gov.hk/eps/do/en/healthcare\\_providers/adr\\_reporting/adr\\_report\\_for\\_m.html](http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/adr_report_for_m.html))
- 3.7.5 A duplicate copy of the completed DH ADR Report Form should be sent to PO by fax (2893 7966) or email ([scppp@dh.gov.hk](mailto:scppp@dh.gov.hk)) for notification, with the SCP PP Participant No. written in Section (A) Patient Information – Patient initials or ref. no of the ADR Report Form.
- 3.7.6 Apart from ADR, the Enrolled Doctor has to notify DH of any significant incidents affecting the safety and privacy of SCP PP Participants, and to undertake investigation and remedial measures as appropriate.
- 3.7.7 Any enquiries on the SCP PP by the media or other sources must be reported to DH.

## **4. Accounting procedures**

### **4.1 Subsidy for consultations**

4.1.1 A maximum of five consultations and 12-week course of pharmacotherapy are subsidised under the SCPMP (including the First to the Fourth Consultations within 26 weeks and the Fifth Consultation at 26 weeks after the Quit Day to assess the quit rate).

4.1.2 Subsidy for Consultations:

- (a) First to Fourth Consultation: HK\$257 per session
- (b) Face-to-Face Fifth Consultation to assess 26 week quit rate: HK\$214

4.1.3 Subsidy for Pharmacotherapy (up to a maximum of 12 weeks):

- (a) NRT lozenges: HK\$200/week
- (b) NRT gum: HK\$230/week
- (c) NRT patch: HK\$230/week
- (d) Champix®: HK\$270/week

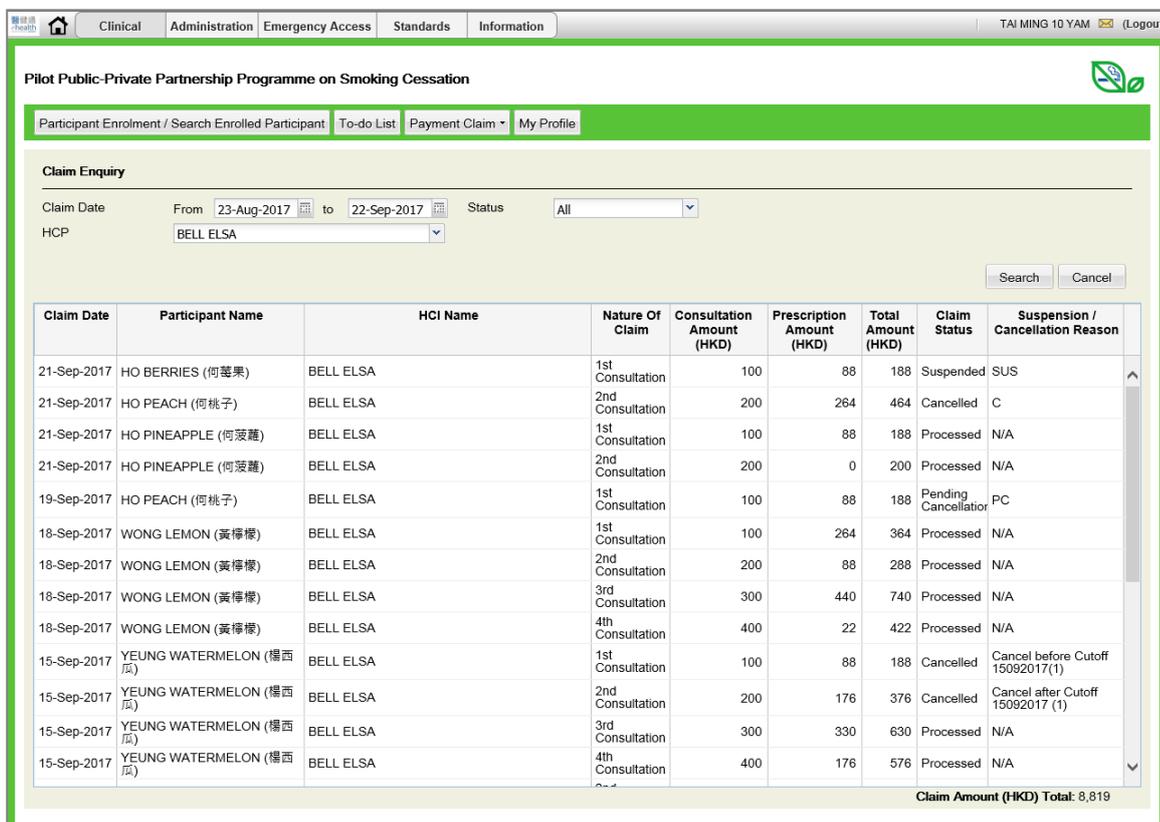
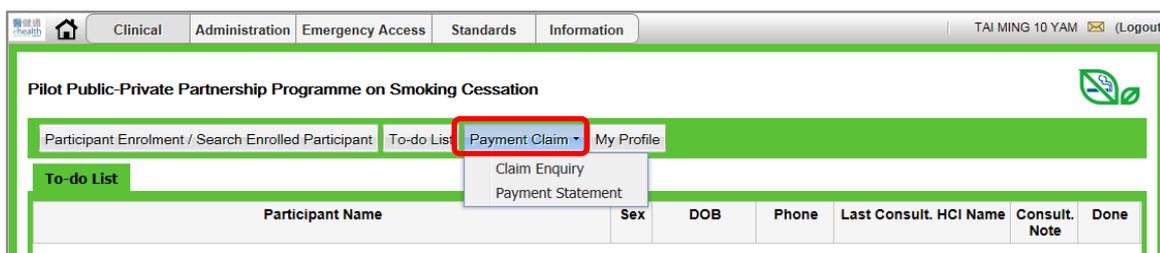
4.1.4 Follow up consultations not conducted in person (face-to-face) or additional encounters with the Participants by the Enrolled Doctor are not subsidised by the Government.

### **4.2 Submission of subsidy claims**

4.2.1 All subsidy claims must be submitted through the SCPMP IT System of the eligible duly completed and recorded consultations, as follows:

- (a) [Save and Submit] to save the record and submit subsidy claim;
- (b) Check the box "I declare that the submitted information in the payment claim is true and correct";
- (c) [Proceed to Submit] to submit the finalised consultation record and related subsidy claim.

4.2.2 Enrolled Doctors can view the payment statements processed and the payment status via [Payment Claim] function in the SCPMP IT system.



### 4.3 Payment by the Government

- 4.3.1 The Government will process and settle submitted claims on a monthly basis.
- 4.3.2 Claims for subsidy by the Enrolled Doctor for the services provided in a particular month will be settled within 30 calendar days after the last day of that month (i.e. the payment cut-off day).
- 4.3.3 After the Government completes the payment process, the Enrolled Doctor will be informed through the SCPPP IT System by an inbox message and payment statement.
- 4.3.4 The Government has no obligation to pay the subsidy to the Enrolled Doctor if the consultations and services provided are not eligible for subsidy claims. For details, please refer to the “Terms and Conditions of Agreement for the SCPPP”.

## **5. Service monitoring and evaluation**

### **5.1 Monitoring of service provision and subsidy claims**

- 5.1.1 In order to safeguard the use of public money, DH regularly monitors the service provision to ascertain whether the claimed transactions did take place and to ensure that they were properly supported and paid accurately.
- 5.1.2 The Enrolled Doctor must ensure fulfillment of the requirements for the provision of services under the SCPMP before submitting the subsidy claims.
- 5.1.3 The Enrolled Doctor has to inform the Participants that DH staff will conduct telephone follow up with them for service monitoring, opinion survey and other support and advice as appropriate.

### **5.2 Opinion surveys**

- 5.2.1 Opinion surveys will be carried out to gauge feedback from the Participants and Enrolled Doctors.
- 5.2.2 Enrolled Doctors will be contacted by email and /or phone for opinion surveys.

### **5.3 Outcome evaluation**

- 5.3.1 Quit rate at 26 weeks and 52 weeks after Quit Day will be assessed as part of the evaluation of the SCPMP.
- 5.3.2 The Enrolled Doctor should record the results in the consultation record in the SCPMP IT System to facilitate the capture of the indicators.

## **6. Update of information**

### **6.1 Change of Personal and Practice Information of Enrolled Doctor**

6.1.1 Depending on the type of personal and practice information to be changed or updated, the Enrolled Doctor should submit request for change of information in one of the following ways:

- (a) to eHR Registration Office by phone or email,
- (b) via login to the eHRSS account,
- (c) via SCPPT IT System or
- (d) written request to PO by email.

Table 1 summarises the means and steps to change each of the personal and practice information.

6.1.2 For change of bank account information which is related to payment of subsidy to the bank account of the Enrolled Doctor or his Associated HCP (as the case may be), the Enrolled Doctor must submit the change request via the SCPPT IT System at least 2 weeks before the last day of each month (the payment cutoff date) for processing and approval by PO. If the change request is submitted less than 2 weeks before the last day of each month, the payment of subsidy might not be proceeded in the subsequent month.

**Table 1. Summary of workflow for change of personal and practice information of Enrolled Doctor in the SCP PP**

Information to be changed		Means of request submission	Steps	Supporting document(s) to be submitted to PO
(i)	Doctor's contact number	to eHR Registration Office by phone or email	<ul style="list-style-type: none"> <li>- Phone: 3467 6230</li> <li>- Email to <a href="mailto:ehr@ehealth.gov.hk">ehr@ehealth.gov.hk</a></li> </ul>	N/A
	HCP's correspondence address			
	HCI's telephone number			
(ii)	Doctor's email address	via login to the eHRSS account	<ul style="list-style-type: none"> <li>- Use the "Update Own Account" function in eHRSS</li> </ul>	N/A
(iii)	Doctor's correspondence address	via SCP PP IT System	<ul style="list-style-type: none"> <li>- Click [My Profile] on menu bar</li> <li>- Click [Edit]</li> <li>- Select the appropriate tab page: [Personal Particulars] or [HCP &amp; HCI] or [Bank Information]</li> <li>- Enter the updated information in the appropriate fields</li> <li>- Click [Submit] to submit the amendment request</li> <li>- Click [Print Appendix A and Appendix B] to print updated transaction documents for enrolment (if applicable)</li> <li>- Please refer to section 6.1.3 for the on-screen workflow</li> </ul>	- Copy of address proof (e.g. public utility bill)
	Doctor's fax number			NIL
	Relationship between parties			NIL
	Personal particulars of HCP in-charge			NIL
	Adding HCP <sup>1</sup>			<ul style="list-style-type: none"> <li>- Duly signed and completed Appendix A<sup>2</sup> and Appendix B<sup>3</sup> of transaction documents for enrolment</li> <li>- Certified true copy of bank correspondence</li> <li>- Copy of address proof of the HCP</li> </ul>
	Adding HCI <sup>1</sup>			<ul style="list-style-type: none"> <li>- Duly signed and completed Appendix A<sup>2</sup> and Appendix B<sup>3</sup> of transaction documents for enrolment</li> <li>- Certified true copy of bank correspondence</li> </ul>
Bank account information				
(iv)	Removal of HCP/HCI	written request to PO by email	<ul style="list-style-type: none"> <li>- Email : <a href="mailto:scppp@dh.gov.hk">scppp@dh.gov.hk</a></li> </ul>	N/A

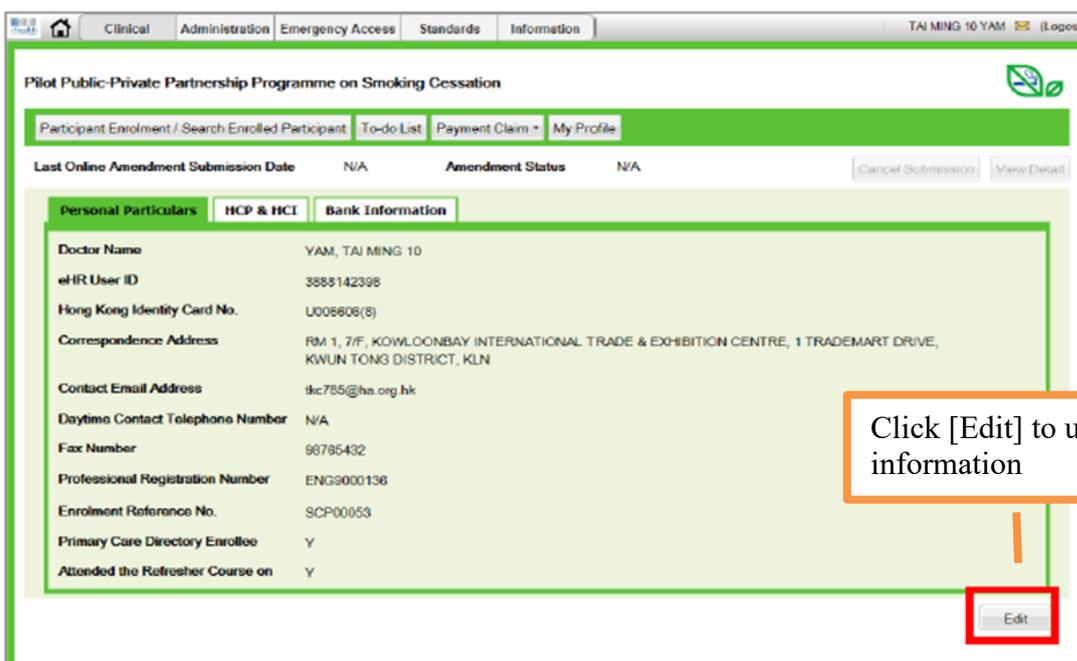
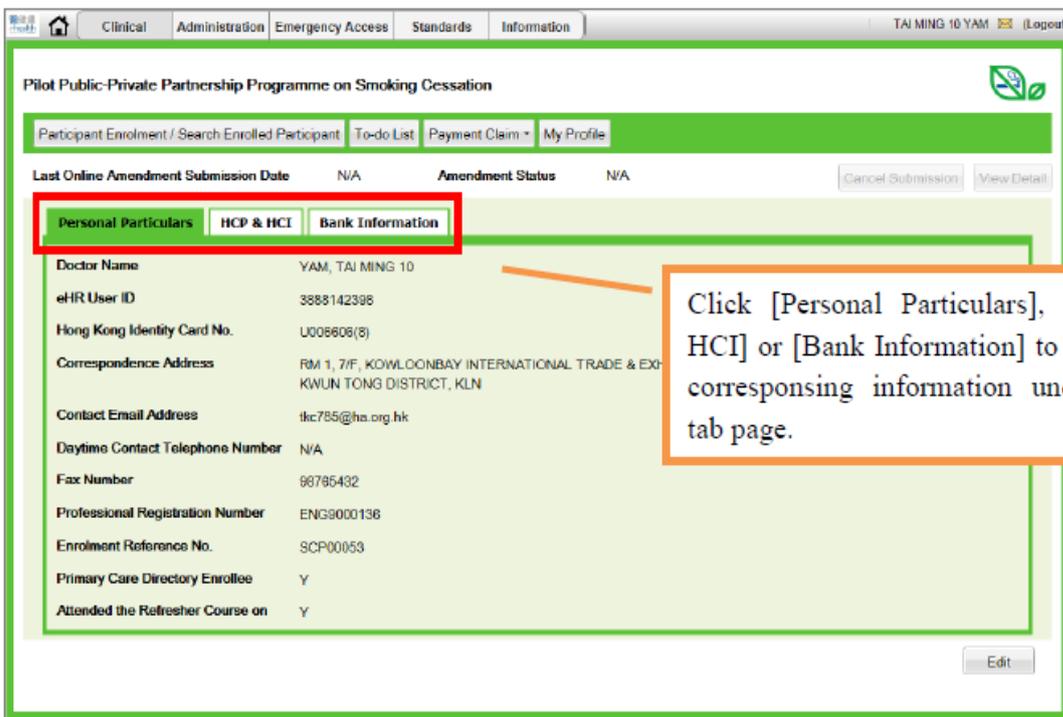
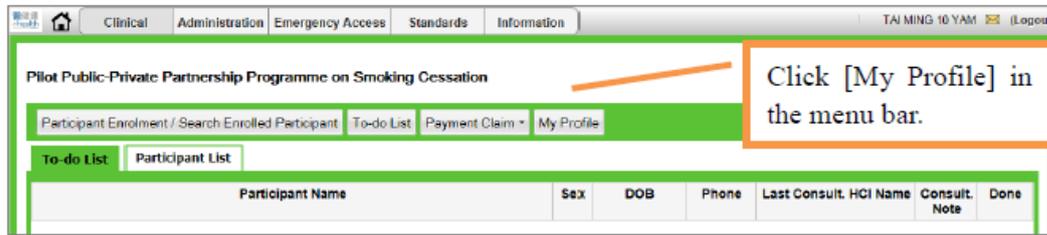
<sup>1</sup> Enrolled Doctor should ensure that the HCP/HCI has registered with the eHRSS and the HCP has been affiliated with the doctor according to the guidelines from eHR Registration Office.

<sup>2</sup> Appendix A of the transaction documents for enrolment is the **Application Form for doctors** ([https://www.dh.gov.hk/english/useful/scppp/SCPPP\\_Appendix\\_A\\_Application\\_Form\\_SAMPLE.pdf](https://www.dh.gov.hk/english/useful/scppp/SCPPP_Appendix_A_Application_Form_SAMPLE.pdf))

<sup>3</sup> Appendix B of the transaction documents for enrolment is the **Authorisation Form for Payment of Subsidy to a Specified Bank Account** ([https://www.dh.gov.hk/english/useful/scppp/SCPPP\\_Appendix\\_B\\_Authorisation\\_Form\\_for\\_Payment\\_SAMPLE.pdf](https://www.dh.gov.hk/english/useful/scppp/SCPPP_Appendix_B_Authorisation_Form_for_Payment_SAMPLE.pdf))

6.1.3 On-screen workflow for submission in SCPPP IT System:

Enrolled Doctors can view their personal particulars, HCP & HCI information and bank information via [My Profile] function in the SCPPP IT system.



Pilot Public-Private Partnership Programme on Smoking Cessation

Participant Enrolment / Search Enrolled Participant | To-do List | Payment Claim | My Profile

Last Online Amendment Submission Date: N/A | Amendment Status: N/A

**Personal Particulars** | HCP & HCI | Bank Information

Doctor Name: YAM, TAI MING 10  
eHR User ID: 3888142398  
Hong Kong Identity Card No.: U006606 ( ) e.g. A123456(7)  
Correspondence Address: Room/Flat: RM 1 | Floor: 7/F | Block: | Building: KOWLOONBAY INTERNATIONAL TRADE & EXHIBITION CENTRE | Estate/Village: | Street No.: 1 | Street/Road: TRADEMART DRIVE | Subdistrict: | District: KWUN TONG DISTRICT | Region: KLN  
Contact Email Address: tkc785@ha.org.hk  
Daytime Contact Telephone Number: N/A

Back | Next | Save Draft | Submit | Cancel

Select the appropriate tab page

Click [Next] to edit [HCP & HCI] or [Bank Information] tab page.

Click [Save Draft] to save the changes tentatively.

Click [Cancel] for not saving any edited information.

Pilot Public-Private Partnership Programme on Smoking Cessation

Participant Enrolment / Search Enrolled Participant | To-do List | Payment Claim | My Profile

Last Online Amendment Submission Date: N/A | Amendment Status: N/A | Cancel Submission | View Detail

**Personal Particulars** | HCP & HCI | **Bank Information**

Bank Account Number: | Bank Code: 004 | Branch Code: 012 | Account No.: 11222233  
Bank Name: Testing Bank  
Branch Name: Testing Branch  
Bank Account Name in English: Clinic 19

Back | Next | Save Draft | Submit | Cancel

Click [Submit] to submit the changes to SCPPP Programme Office.

After submitting amendment request, you may view the amendment status or cancel submitted amendment under [My Profile].

Amendment status is updated as here.

Click [Cancel Submission] for cancelling previous submitted amendment.  
Click [View Detail] for the details of submitted amendment.

Personal Particulars	
Doctor Name	YAM, TAI MING 10
eHR User ID	3888142388
Hong Kong Identify Card No.	U008608(8)
Correspondence Address	RM 1, 7/F, KOWLOONBAY INTERNATIONAL KWUN TONG DISTRICT, KLN
Contact Email Address	tkc785@ha.org.hk
Daytime Contact Telephone Number	N/A
Fax Number	98785432
Professional Registration Number	ENG8000136
Enrolment Reference No.	SCP00053
Primary Care Directory Enrollee	Y
Attended the Refresher Course on	Y

After clicking [View Detail], the amendment made will be highlighted in blue.

Amendment made will be highlighted in blue.

HCP & HCI	
HCP Name (HCP ID)	BELL ELSA (6515286304)
HCP Official Name	BELL ELSA (Official Name)
Address	FLOOR 18/F, ONE KOWLOON, ONE KOWLOON, 1 DISTRICT, KLN
Business Registration Number	BR112233
HCP In-charge Name	DR YAM TAI MING
HCP In-charge Position	DR
HCP In-charge Email	hsw407@ha.org.hk
HCP In-charge Telephone Number	98785432
HCP In-charge Fax Number	98785432
Applicant's Relationship with HCP	Sole proprietor
HCI Name [Chi. Name] (HCI ID)	BELL ELSA [長者安居協會] (2082284955)

Click [Print Appendix A and Appendix B] for printing an updated enrolment form (apply to amendment status: Pending for vetting).  
Click [Edit] to continue the amendment (apply amendment status: Drafted).  
Click [Back] to leave the page [View Detail].

## 6.2 Withdrawal from the SCPMP

- 6.2.1 Under the two-year SCPMP, Enrolled Doctors have to follow up the Participants for up to 1 year after actual Quit Day.
- 6.2.2 Under unforeseen and exceptional circumstance (such as cease to practice in Hong Kong) where an Enrolled Doctor needs to withdraw from the SCPMP, 14 days' prior written notice to the Government is required, either by post or email.
- 6.2.3 Before withdrawal from the SCPMP, the Enrolled Doctor has to discuss with the Participants under his/her care on the follow up plan and inform PO during the submission of withdrawal request.
- (a) Follow up by another Enrolled Doctor is preferable.
    - Updated list of SCPMP Enrolled Doctors is available at <https://apps.pcdirectory.gov.hk/public/search/govprogdirectsearch.aspx?gp=scpmp&l=en>
    - The Participants can visit any Enrolled Doctor after the effective date of withdrawal of the original Enrolled Doctor.
  - (b) If the Participants are not taking any pharmacotherapy and strongly decline follow up by another Enrolled Doctor, they should be informed that DH staff will follow up them at 26 week and 52 week by phone for assessment of smoking status.

## **7. Frequently asked questions**

### **7.1 Is there any restriction on type or brand of pharmacotherapy for the Participants?**

The pharmacotherapy to be subsidised under the SCPMP include Champix and NRT gum/patch/lozenges. They must be registered pharmaceutical products with the Drug Office of DH. The list of registered pharmaceuticals for smoking cessation is available in the database at the website of Drug Office. ([https://www.drugoffice.gov.hk/eps/do/en/consumer/search\\_drug\\_database.html](https://www.drugoffice.gov.hk/eps/do/en/consumer/search_drug_database.html))

### **7.2 Can a family member or carer enroll for the eligible smoker?**

No. The Enrolled Doctor has to check the original HKIC of the eligible smoker to ascertain the identity. Under normal circumstances, the eligible smoker has to insert his/her HKIC into the card reader by himself/herself for the enrolment.

### **7.3 Is it compulsory to deliver all the Second, Third and Fourth Consultations?**

Follow up consultations are important for assessing the progress and providing timely counselling and support to the Participants for smoking cessation and preventing relapse. Under the SCPMP, the Second, Third and Fourth Consultations within 26 weeks after the Quit Day are fully subsidised. Enrolled Doctors should base on individual clinical needs to determine the appropriate follow up plan.

- First-time users of Champix must be followed up within one week to assess for adverse side effects.
- The Second Consultation within 12 weeks after the Quit Day is recommended, during which the “Quit Day” is confirmed or adjusted if the actual Quit Day is different from the original one set in the First Consultation.
- The Third and Fourth Consultations can be arranged to follow up the progress where indicated.

### **7.4 Can the Enrolled Doctor charge co-payment from the Participant?**

Under the SCPMP, the Government fully subsidise the smoking cessation service including enrolment, a maximum of five consultations and 12-week course of pharmacotherapy (including the First to the Fourth Consultations within 26 weeks and the Fifth Consultation at 26 weeks after the Quit Day to assess the quit rate). The Enrolled Doctor must not charge any co-payment fees for the enrolment and smoking cessation services under the SCPMP on top of the Government subsidy.

### **7.5 Whom may the Enrolled Doctor contact for questions concerning the SCPMP?**

Enrolled Doctor may contact the PO by the following means:

Telephone No.: 2155 5902

Fax No.: 2893 7966

Email Address: [scppp@dh.gov.hk](mailto:scppp@dh.gov.hk)

Address: Programme Office

Pilot Public-Private Partnership Programme on Smoking Cessation  
Department of Health

Suites 901-4, 9/F, AXA Tower, Landmark East,  
100 How Ming Street, Kwun Tong, Kowloon



**Adverse Drug Reactions (ADR) Report Form (Sample)**



Report can be returned by fax to 2319 6319  
 For Follow-up report (see Guidance).  
 Please provide previous case Ref. No.: \_\_\_\_\_

**Department of Health  
 Adverse Drug Reactions (ADR) Report Form**

Please read the following instructions:

1. Please read the Guidance for Healthcare Professionals (<http://www.drugoffice.gov.hk/adr.html>); and Guidance for Pharmaceutical Industry ([http://www.drugoffice.gov.hk/adr\\_industry.html](http://www.drugoffice.gov.hk/adr_industry.html)) before completing the ADR report form.
2. ADR can be briefly described as a noxious and unintended response to a pharmaceutical product (i.e. drug or vaccine).
3. If the ADR of a newborn/child may be related to the mother, please submit a separate report for the mother.
4. Please provide information to every section.
5. **Full name and any kind of personal identifier of the patient**, such as identity card number and hospital admission number, **should not be provided** on the report form.
6. Information of individual reporter will be treated in strict confidence. Please read the Statement of Purposes overleaf in respect of the collection of your personal data.
7. As limited space is provided, please use another page for additional information if necessary.
8. For further enquires, please contact the Pharmacovigilance Unit of Drug Office of the DH at 2319 2920.

SCPPP  
 Participant No.  
 (戒煙服務計劃  
 參加者編號)

**Section (A): Patient Information**      00000001      ← (Please read instruction 5 above)

Patient initials or ref. no.: \_\_\_\_\_

Sex:  M  F  Unknown    For woman, is she pregnant?  No  Yes  Unknown

Weight (if known): \_\_\_\_\_ kg    Date of birth: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or age (at last birthday): \_\_\_\_\_

Ethnic group:  Chinese  Asian (Not Chinese)  African  Caucasian  Eurasian  Unknown  Others \_\_\_\_\_

**Section (B): About the Adverse Drug Reaction**

Date of onset of ADR: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Description of event: \_\_\_\_\_

ADR category (for vaccine related ADR only):  
 Allergic reaction  Local reaction  Systemic reaction  Neurological disorders

Severity (can tick more than 1 box if appropriate):  
 Life threatening     Prolonged Hospitalization     Hospitalized on: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Hospitalization NOT required

Laboratory result (if applicable): \_\_\_\_\_

All Drug Therapies/Vaccines Prior to ADR (Please use trade names and, for vaccine, indicate batch number. Please <u>circle</u> the suspected drug.)	Daily Dosage (dose number for vaccines e.g. 1 <sup>st</sup> DTP)	Route	Date Begun	Date Stopped	Reason for Use

**Section (C): Treatment & Outcome**

Treatment for ADR:  No  Yes. Details (including dosage, frequency, route, duration) \_\_\_\_\_

Laboratory result (if applicable): \_\_\_\_\_

Outcome:  Recovered on: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     Not yet recovered  Unknown  Died on: (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sequelae:  No  Yes:  Persistent disability  Birth defect  Medically significant events    Details: \_\_\_\_\_

Allergies or other relevant history (including medical history, liver/kidney problems, smoking, alcohol use etc) \_\_\_\_\_

**Section (D): Reporter Details (Please read instruction 6 above)**

Name of Reporter and Organization: \_\_\_\_\_      Sector of service:  Private  Public

Occupation:  Doctor  Chinese medicine practitioner  Dentist  Pharmacist  Nurse  Others \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Tel. no.: \_\_\_\_\_      Fax. no.: \_\_\_\_\_      Email: \_\_\_\_\_

Also report to:  Manufacturer  Distributor/Importer  Others \_\_\_\_\_      Date of this report: \_\_\_\_\_

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Adverse Drug Reactions (ADR) Report Form is available at the website of Drug Office of DH ([www.drugoffice.gov.hk/eps/do/en/healthcare\\_providers/adr\\_reporting/adr\\_report\\_form.html](http://www.drugoffice.gov.hk/eps/do/en/healthcare_providers/adr_reporting/adr_report_form.html))