

# SMOKING CESSATION

Special report editor  
Stuart Shepherd  
Sub editor  
David Devonport

**SPECIAL REPORT**

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## FOREWORD

# THE FIRST DAY OF A HEALTHIER LIFE

Stop smoking services have helped millions of people to kick the habit, improving their health and easing the long term strain on the NHS, writes Gillian Merron

**T**his month we are celebrating the 10 year anniversary of local NHS Stop Smoking Services. These revolutionised our approach towards helping people to stop smoking when they were established in 1999. Since then, the dedication of advisers, nurses, doctors, pharmacists and dentists has helped millions of people to quit.

The facts speak for themselves – during the past decade, smoking prevalence in the population has fallen from 28 per cent to less than 21 per cent. England has consolidated its position as a leader in global smoke free policy, going far further than many other EU countries. This combined with our excellent NHS Stop Smoking Services has made England a world leader in tackling the damage done by tobacco.

Healthcare professionals have played a vital role in this success. There are many innovative partnerships between practitioners and their local NHS Stop Smoking Services across

England, resulting in excellent referral rates.

Many healthcare professionals have trained to be able to deliver stop smoking advice themselves. Offering such support is highly cost effective and clinically proven. The role that healthcare professionals play in this vital work can only grow. In recent months, the Department of Health

This year also saw the launch of the NHS Centre for Smoking Cessation and Training, which will provide an accredited training system for NHS stop smoking practitioners. This will be headed by a consortium led by University College London, and will ensure England continues to make an important national and international

## **‘Innovative partnerships between practitioners and local services result in excellent referral rates’**

has put in place new approaches in primary and secondary care to recognise smoking as a key clinical issue requiring treatment or referral to a specialist.

The aim is to create a seamless service to ensure that whichever healthcare settings smokers come into contact with, they will be offered high quality, consistent advice and support to stop smoking, and guided into local NHS Stop Smoking Services.

contribution to this critical area of public health.

While there is undeniably a big job still to be done, particularly among the most deprived communities in England, I would like to personally congratulate and thank everyone who works and has worked to save lives and improve the health of thousands of people every year by helping smokers to quit. ●  
*Gillian Merron is minister of state for public health*



## **QUIT FOR GOOD**

There are more than 150 NHS Stop Smoking Services throughout the country, offering a range of free services, such as one-to-one or group support sessions with trained advisers.

Research shows that smokers are up to four times more likely to stop smoking successfully if they use their local NHS Stop Smoking Service. A total of 680,289 people in England set a quit date through these services in 2007-08 and more than half reported that they were still smoke free at their four week follow-up.

# LIFE SUPPORT



Sir Liam Donaldson talks about the role of policy, local services and healthcare professionals in driving up the number of people who have successfully quit smoking over the past decade

**You have been chief medical officer since the establishment of the local NHS Stop Smoking Services a decade ago. What do you think have been the most significant changes to smoking cessation policy that have directly affected smoking prevalence in this country during this time?**

Without doubt, the introduction of the smoke free law two years ago. It protects people from the harmful effects of secondhand smoke in public places and workplaces – 1 July 2007 was a historic day for public health in England.

The local NHS Stop Smoking Services have been absolutely crucial in maintaining the smoke free movement that this generated.

In 2007-08 alone more than 350,000 people quit smoking. Providing support to those who quit has been vital.

**How have the local NHS Stop Smoking Services contributed towards making England's approach to stop smoking interventions one of the best in the world?**

The UK is the only country in the world that has a network of free stop smoking services. These can be found in every region of the country and there are more than 150 local NHS Stop Smoking Services throughout England providing free support at GP practices, local community, sports and leisure centres, workplaces, dental practices, high street pharmacists, third sector organisations and children's centres – that kind of national reach is staggering.

I have seen group sessions in action, and the level and flexibility of support is world-class. Many advisers have tailored their approach to meet specific needs of their groups, such as mental health service

users, prison inmates and pregnant smokers.

Smokers are up to four times more likely to stop smoking if they use their local NHS Stop Smoking Service together with nicotine replacement therapy than they are if they use willpower alone.

**What role do healthcare professionals play in stop smoking interventions and how are**

**they supporting the work of stop smoking specialist advisers?**

They are absolutely central to success. When stop smoking messages are received from trusted healthcare practitioners, both motivation and the likelihood of action are increased.

Research demonstrates that patients expect to be asked about smoking while seeing a

healthcare professional, as they believe it to be part of the routine elements of their job – so doctors, nurses, pharmacists, dentists and midwives are all crucially placed and should always feel confident in making referrals.

The Department of Health has developed new systems to ensure that healthcare professionals are fully equipped to deliver consistent stop smoking advice and make referrals to NHS Stop Smoking Services whatever healthcare setting a patient might be in.

**'Smokers are concentrated in the most deprived communities, so smoking plays a huge role in health inequalities'**

Up in smoke: nicotine patches improve the likelihood of quitting



**How do you see smoking cessation policy and services developing over the next decade?**

Despite the success of the past 10 years, we must not sit on our laurels.

Smoking is still the main cause of preventable disease and premature death in the UK – more than 80,000 deaths each year are due to smoking.

Large numbers of smokers are often concentrated in the most deprived communities of the country and, as such, smoking plays a massive role in health inequalities.

Many recent developments in stop smoking policies have focused on the best ways to target these groups, and we need to continue to focus on eradicating these deep seated differences in the health of our population. ●

*Professor Sir Liam Donaldson is the chief medical officer for England and the government's chief medical adviser.*

**SMOKEFREE**

## CASE STUDIES

# A TEAM EFFORT

Now that the most motivated of former smokers have stubbed out their final cigarette, services are reaching out to the less enthusiastic would-be quitters

The Department of Health celebrated the remarkable success of the first 10 years of local NHS Stop Smoking Services with a competition to find the “local heroes” of the past decade: the doctors, dentists, pharmacists and specialist advisers who have worked together to develop the most innovative best practices and to support smokers within their local communities to become smoke free.

Entries have been judged by the UK's leading smoking cessation experts. The prize for the winning “champion referrers” and “champion advisers” are invitations as guests of honour to a prestigious 10 year anniversary event to be held at Westminster.

These are just two examples of the kind of best practice the judging panel received.

## Bringing a smile to Stoke

The oral health strategy for Stoke recommends that dental team members check the smoking status of their patients at every dental check up, and to advise them to go smoke free.

NHS Stoke on Trent has made stop smoking interventions a pivotal focus in recent months, piloting a scheme in seven dental practices. The scheme puts real impetus on dental practices not only to refer patients on to the NHS Stop Smoking Services but, where capacity allows, for example in the larger NHS dental practices, to also deliver intensive support themselves within the dental practice setting.

This has involved ensuring dental staff are aware of the standardised “three As” (ask, advise, act) guidance, allowing



Stained teeth: intervention by dentists has proved successful

them to refer patients on to their local NHS Stop Smoking Services. All dentists have been asked to attend training sessions towards this end.

Practices involved have been asked to nominate a “champion” who can report back to the primary care trust on weekly referral rates, in order to monitor success rates. Dental practices have also been encouraged to provide more in-depth advice to patients.

“Our increased focus on stop smoking interventions has seen dental nurses, therapists and even receptionists attending training sessions that equip them with the skills to deliver intensive interventions directly to patients,” says Jill Allbutt, senior health improvement specialist for oral health. “Early results from the ‘brief intervention monitoring forms’ being completed as part of the project show that by supporting NHS Stop Smoking Services, dental teams can have a massive

impact on smoking levels among their patients.”

NHS Stoke on Trent is closely monitoring the results of the pilot. As part of the project a questionnaire has been established to ascertain what level of stop smoking support practices are currently offering and how this has improved. This has allowed the PCT to track progress and improvements with spectacular results. In the first two months seven dental practices provided nearly 600 brief interventions. By August 2009, 138 people had been referred to the dental scheme with 35 quit dates set.

## Success in Warwickshire

In one year, staff at a GP practice in Warwickshire have transformed their smoking cessation services. From a quit rate that dropped to as low as 6 per cent in one quarter, the practice went on to increase full year results to an astounding 56 per cent. Also, the number of

people dropping out of an attempt dropped from 59 to 15 per cent.

By working with the surgery and meeting with staff members on an individual basis, Warwickshire stop smoking services were able to develop an action plan in partnership with the practice manager and delivery staff.

Following delivery of the action plan, advisers visited the GP practice on a regular basis to discuss its implementation and address problems as they arose. By developing a close working relationship with the surgery all improvement measures outlined in the plan met the needs of both the healthcare practitioners and their service users.

Measures such as extending initial assessments to half an hour allowed the surgery to dramatically increase the number of smokers they supported in achieving a four week quit target.

“The approach has ensured that everyone on the team is part of the process and can support smokers to quit and stay smoke free”, says Dawn Powers, specialist smoking cessation adviser for NHS Warwickshire.

Other actions included a phone call from the practice receptionist the day before or on the morning of an appointment, which significantly cut down the number of people who did not turn up. Follow-up phone calls, rather than letters, to those who miss appointments also reduced the number of people losing contact with the service.

“Now everybody can see how successful they are,” added Ms Powers. “Staff at the practice are more confident and motivated, which is great news for those seeking to go smoke free.” ●

# WHERE NOW FOR TOBACCO CONTROL?



Increasing the reach of smoke free legislation could further reduce smoking prevalence. But support must be ready for the next wave of quitters, says Robert West

Over the past decade, the number of people smoking in the UK has plummeted, with smoking prevalence among the general population dropping from 28 per cent to below 21 per cent. Building on the UK's cutting edge smoke free policies, the development of NHS Stop Smoking Services has been pivotal to this success.

However, now is not the time to be complacent. While smoking levels declined sharply in 2007 when England went smoke free, as expected the rate of decline has now levelled out.

With smoking leading to approximately 82,900 deaths in 2007, it is still the main cause of preventable morbidity and premature death in England and as a result, requires innovation in services

Over the coming years, in order to continue the decline in the number of people dying from smoking, the broader public health approach to further reductions in the prevalence of smoking should consist of three approaches.

The first approach should be to reduce smoking uptake among young people or "turning off the tap at source". The second should involve motivating smokers to attempt to quit.

Ways of achieving this are likely to include extending the reach of smoke free legislation, perhaps into cars where children are present, as they have done in Canada. Or, by introducing tighter controls on tobacco smuggling, which effectively will represent a huge price increase for many smokers who would, in turn, be more motivated to quit. And of course, by continuing to develop innovative public health marketing campaigns.



**'Now is not the time to be complacent. While smoking levels declined sharply at first, they have now levelled out'**

The third and final public health approach must be to continue to extend and strengthen the development of NHS Stop Smoking Services and their links with primary and secondary healthcare practitioners, to provide evidence based support to smokers who want to quit but cannot do it by themselves. Smokers have been found to be up to four times more likely to stop smoking successfully if they use the NHS services.

To ensure that Stop Smoking

Services are best placed to meet this demand, one future development is already well under way.

The creation of the NHS Centre for Smoking Cessation and Training will see the development of competency portfolios for the whole range of specialists working in smoking cessation – from the head of tobacco control with management and commissioning responsibilities to the frontline specialists delivering group and one-to-one

sessions in a multitude of healthcare settings.

While the professionals in these jobs are already highly skilled, for those who don't yet have the necessary competencies and for people new to the profession these training courses will bring nationally recognised qualifications and continuing professional development opportunities in a way that we haven't seen before.

So it is good news for the immediate future, but what of the long term?

As smoking prevalence is further reduced by improved access to professional NHS Stop Smoking Services, the remaining people still smoking in 2020 are more likely to also be receiving treatment for other conditions or addictions.

As a result, links between NHS Stop Smoking Services and mental health, for example, will have to be strengthened by placing smoking cessation specialists alongside healthcare colleagues as part of a multidisciplinary team. The cost effectiveness of smoking cessation treatment is very good and currently the cost per life year gained for a smoker who quits is something like £1,000.

It is also important that primary and secondary care organisations recognise that the harder to reach groups of smokers will cost the most to treat. But the benefits, particularly for the disadvantaged smokers, will be greater as well. Increasingly, these will be people who simply cannot stop smoking without professional support. ● Professor Robert West is director of tobacco studies at the Cancer Research UK health behaviour unit, University College London.

## DEVELOPMENTS

# BRIGHT SPARKS

Smoking is a pivotal clinical issue that has far reaching health implications for patients. By learning from latest best practice, more smokers can access the help they need to successfully quit

Smokers attend healthcare appointments with various practitioners and at a range of hospitals, clinics and surgeries. Every time they do, healthcare professionals have an opportunity not only to offer them advice about the health benefits of going smoke free but also to point them towards the nearest NHS Stop Smoking Service.

On too many occasions this opportunity has been overlooked. However, new approaches implemented by the Department of Health across primary and secondary care are set to ensure that wherever and whenever a smoker finds themselves receiving healthcare they are offered high quality, consistent stop smoking advice and support.

## THE THREE AS

A key component of the recommended stop smoking interventions in both primary and secondary care is the "Three As" approach. This takes into account the time pressure that all healthcare professionals are under and demonstrates how an effective intervention can be made in as little as 30 seconds.

**ASK** and record the patient's smoking status.

**ADVISE** the patient of health benefits of quitting. Stopping smoking is the best thing they can do for their health.

**ACT** on the patient's response including referral to the NHS Stop Smoking Service.

## The primary care approach

A new system has been developed to ensure that stop smoking interventions by healthcare professionals are routine and systematic, providing a tailored and consistent approach to patient referral in primary care. This recognises that smoking is a key clinical issue requiring treatment or referral to a specialist, joining standard issues such as hypertension or high cholesterol.

This approach has increased referrals to local NHS Stop Smoking Services (which provides the best chance of success for the smoker) on average by up to 49 per cent in pilot areas in the Yorkshire and Humber region.

The system ensures that basic advice on stopping smoking is offered to all smokers, which doubles the likelihood of a quit attempt. Practices that have this systems-based approach in place are expected to see improved quit rates in their patients.

The supportive delivery system consists of 10 components, such as senior level commitment, written protocols, training and NHS Stop Smoking information, to ensure that successful smoking advice becomes routine.

It also seeks to establish a practice environment in which smoke free is the norm, and where good performance is rewarded with quality and outcomes framework points, increasing the potential revenue for this work and attracting funding to the practice.

## 'It only takes a small amount of time to change a smoker's life and refer them to stop smoking services'

The approach takes into account the limited time that healthcare practitioners have to discuss preventive issues with patients and outlines the most effective advice in the time that is available, based on a tiered approach that establishes three different levels of intervention:

- Brief advice for all smokers. This is based on the "Three As" (ask, advise, act – see left) guidance and allows healthcare practitioners to deliver advice to smokers in as little as 30 seconds and including an offer of referral.

- A resource-intensive brief intervention of five to 10 minutes with offer of referral for smokers who already have, or who are at high risk of developing, a smoking related disease.

- A highly resource-intensive intervention for patients who are already motivated to quit – if the practitioner is trained to deliver a full cessation course.

The important point behind all three interventions is that it takes only a small amount of time to change a smoker's life and refer them to their local NHS Stop



Smoking Service, which could be provided in-house by trained staff or externally by the local core service. National evaluation of this roll-out is due to take place in April 2010, and it is hoped that referrals will increase nationally to an average of around 30-50 per cent.

## Secondary care intervention

A new stop smoking pilot was announced by the Department of Health in June to similarly standardise stop smoking advice in secondary care.

While many hospitals in England refer patients to local NHS Stop Smoking Services, until now there has been no system in place to make advice



A breath of fresh air: stop smoking services can include carbon monoxide monitoring

## STOP SMOKING INTERVENTION THE LATEST RESEARCH EXPLAINED

**Amanda Parsons is a postgraduate researcher at the UK Centre of Tobacco Control Studies. She and her colleagues are currently examining possible new interventions for smoking cessation services.**

**Is harm reduction, which currently does not play a part in smoking cessation strategy, likely to contribute to national approaches to tobacco control in the future, especially as a means of supporting those people who up until now have not been able to quit?**

The prevalence of smoking has reduced markedly in the past few decades. We cannot be entirely sure about it, but a lot of the 21 per cent of the population that continue to smoke are likely to be those who have a severe addiction to nicotine.

Initially, we will study if a reduction programme offers health benefits to people who are in the chronic disease stage.

It may be something that could offer benefits to people who are severely addicted and find that existing frontline stop smoking treatments do not help them to quit.

However, any such move would have to be considered against the strong and evidenced health benefits that come from stopping smoking altogether rather than simply reducing the number of cigarettes smoked.

**Do people on reduction programmes eventually go on to quit smoking completely?**

There is some evidence people on reduction programmes do go on to quit. But we need to develop a better understanding as to what extent this might be true, because there is a concern that people who would otherwise have quit smoking completely would only cut down the number of cigarettes they smoked each day instead.

The problem here is that there is also evidence to show that when smokers reduce the number of cigarettes they smoke they compensate by drawing on the cigarette more deeply. Levels in the blood of a particular metabolite of nicotine called cotinine don't appear to reduce proportionately. So even if people reduce the number of cigarettes they are smoking it might not have a health benefit.

There is still a gap in the literature on this and none of these studies have compared the health outcomes of those who cut down against those who did not.

Even if it didn't have a positive impact on health though, if it helped people who were not going to quit to actually go on to quit it could be a useful additional intervention in the smoking cessation specialist's toolkit.

I would stress, however, that this has to be offset against the risk of preventing people from quitting who otherwise would have done. Do we risk seeming to be giving out a public health message that says: "It's OK to smoke as long as you cut down"?

This would be contrary to the existing evidence and public health messaging and could risk confusion, which we would certainly want to avoid.

We have compelling evidence that at the individual level there is no such thing as a 100 per cent safe level of smoking – this needs to remain a consistent message.

**Do worries about gaining weight put people off attempting to quit smoking?**

Weight is a very significant concern for lots of smokers and does put them off stopping smoking. The experience of weight gain also prompts some smokers who have quit to start smoking again. A high proportion of smokers put on weight when they stop smoking and a lot of them put on a substantial amount of weight.

There isn't much evidence to suggest what might be the best way to tackle this. Preliminary studies are under way here and it appears feasible that in the future smoking cessation and weight management support could be offered at the same time.

Low calorie diets that cause the body to produce ketones may be one answer. It appears that they could be responsible for suppressing feelings of hunger during nicotine withdrawal. It will be some time yet before we have definitive tests that tell us if a low-calorie diet really does limit weight gain in the early stages of stopping smoking and if that effect is permanent. The concern is that it might disrupt the quit attempt, that it all becomes too much and the person walks away from both the smoking cessation and the weight management.

routinely available. Smokers are more likely to experience post-operative complications, longer hospital stays, slower wound healing and readmission, so increasing referrals will benefit patients and the health service.

The approach is being trialled in 35 hospitals across England. It aims to ensure every patient is offered an opportunity to quit. In each hospital, a co-ordinated network of professionals, from local advisers to hospital staff, will be working towards the same aim of increasing referrals to the NHS Stop Smoking Services. A "hospital champion" will also be identified to act as a link person for all stop smoking activity.

Under the pilot, hospitals will receive guidance and resources to help healthcare practitioners to communicate the effects of smoking on recovery time and the effectiveness of surgery, and remind patients of the no smoking policy in hospitals and their grounds. Leaflets will also be distributed highlighting the NHS support that is on offer. Again, the "Three As" approach will be used to advise patients of the health benefits of quitting and the support available through the local NHS Stop Smoking Services. If referrals are successfully increased in pilot hospitals, the approach will be rolled out further towards the end of the year. ●