# NHS Smoking Cessation Services United Kingdom

## *Which 'life stage' for CVDs prevention targets the intervention?*

All, with particular emphasis on pregnant women, those under 20 years of age, manual workers and people with low income.

## *Short description of the intervention:*

Since the publication in 1999, of the White Paper *Smoking Kills,* the UK Government has demonstrated a strong commitment to reducing smoking prevalence through the implementation of an advertising ban, raising tax on tobacco to increase its price, a ban on smoking in workplaces and enclosed public places and the creation of a network of smoking cessation services. NHS stop smoking services represents a unique national initiative to provide support for smokers who are motivated to quit. The service provision framework employed by smoking cessation clinics was originally based on the Maudsley model, an evidence-based approach to treating dependent smokers. This approach entails regular meetings (in a group or on an individual basis) with a trained adviser using structured, withdrawal-orientated behavioural therapy combined with smoking cessation medications such as nicotine replacement therapy (NRT), bupropion or varenicline.
Since the establishment of the services, the Department of Health (DH) in England has required local monitoring of the effectiveness of the smoking cessation services in all parts of the country. This involves regular reporting of the number of people setting a quit date and the number of 4-week quitters. This monitoring data provides an overview of the volume of clients treated by the services (over 2 million between 2003 and 2007) but has a number of limitations, not least the fact that it relies on self-reporting rather than carbon monoxide monitoring.
In addition to routine monitoring, the DH commissioned a national evaluation of NHS stop smoking services in England between 2001 and 2004. As part of the process of developing smoking cessation guidance in England, the National Institute for Health and Clinical Excellence (NICE) commissioned a systematic review of existing evidence. The review aimed to analyse available evidence on the effectiveness of intensive NHS treatments for smoking cessation and to consider the differential impact on different sub-populations. The review reported findings on the effectiveness of cessation interventions in clinical as opposed to research settings to provide evidence from "real-world" settings.
The NHS smoking cessation services continue to function. In terms of the questions asked by CHRODIS:
The aim of the intervention is to stop tobacco smokers from smoking. The target group is theoretically people of all ages, who smoke tobacco, but there is particular emphasis on pregnant women, those under 20 years of age, manual workers and people with low income. The design is the use of trained smoking cessation counsellors who work with groups or individuals. Recruitment is either by self-referral or by referral from any NHS clinician (General Medical Practitioners, General Dental Practitioners, Pharmacists, Health Visitors, etc.).
[This summary is taken from the introduction to a systematic review of the effectiveness of NHS smoking cessation services (Bauld et al. 2011)].

## *Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?*

Yes, it was developed in the light of previous practice and has developed over the last 15 years

## *Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?*

Yes its outcomes are **M**easurable in terms of the numbers who have stopped smoking. The numbers in the UK have decreased during the last 15 years so the intervention has been **A**ttainable. The results indicate that it has been **R**ealistic. It has also been **T**imely.

## *To which type of interventions does your example of good practice belong to?*

Policy/strategy. In 1999, the UK Government published a White Paper *Smoking Kills.* It has subsequently introduced a range of measures to reduce smoking prevalence including: an advertising ban, taxing tobacco heavily, banning smoking in workplaces and enclosed public places and developing a national network of smoking cessation services, which provide group and one-to-one counselling.

## *How is this example of good practice funded?*

The changes in legislation were part of the work of Parliament and were funded by the Parliamentary and Civil Service Budgets. The Smoking Cessation Service is funded by the NHS.

## *What is/was the level of implementation of your example of good practice?*

Legislative changes were at a national level. The Smoking Cessation Service is a central initiative implemented at a local level throughout the country.

## *What are the main aim and the main objectives of your example of good practice?*

- To reduce the numbers of smokers
- To assist those who wish to stop smoking to achieve this goal

## *Please give a description of the problem the good practice example want to tackle:*

A Health Development Agency report published in 2004, suggested that cigarette smoking was the leading cause of preventable death in England and was responsible for an estimated 86,500 deaths per year. Parrot & Godfrey (2004) estimated that smoking cost the NHS between approximately € 2 billion annually.

## *Is your example of good practice embedded in a broader national/regional/ local policy or action plan?*

Yes, as previously described it is part of a long-term Government initiative that was developed after the publication of the White Paper *Smoking Kills.*It is embedded at national and local levels

## *Implementation of your example of good practice is/was:*

It has been and is continuous over the last 15 years

## *During implementation, did specific actions were taken to address the equity dimensions?*

The legislation that has been passed covers the entire population. The smoking cessation service is available to the entire population of the country. It costs nothing to those who use it.

## *In design, did relevant dimensions of equity were adequately taken into consideration and targeted?*

Yes, the new laws and smoking cessation service have been designed to target all members of the community irrespective of gender, ethnicity, place of residence, etc.)

## *Which vulnerable social groups were targeted?*

All groups but with particular emphasis on pregnant women, those under 20 years of age, manual workers and people with low income. Referral to the Smoking Cessation Service can be made by any clinician (doctors, dentists, pharmacists, nurses, etc.) or directly by smokers themselves. By definition, it is therefore necessary for members of vulnerable social groups to make contact with clinicians. As most health care services are provided free at the point of delivery, there is no financial barrier to accessing care and the Smoking Cessation Service.

### *Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants, (e.g.. including social determinants) and using different strategies (e.g.. setting approach)?*

Smoking cessation counsellors are trained to advise smokers in a manner appropriate to their individual backgrounds and will tailor their advice accordingly i.e. use different strategies as required

### *Was an effective partnership in place?*

Yes, over the last decade, all clinicians in England have been made aware of the Smoking Cessation scheme and encouraged to refer their patients who smoke.

### *Was the intervention aligned with a policy plan at the local, national, institutional and international level?*

Yes, as previously explained the intervention was a direct result of a Government White Paper

### *Was the intervention implemented equitably, i.e. proportional to needs?*

Yes, any smoker can be referred to a Smoking Cessation counsellor or contact the service direct.

### *Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?*

Yes, it should be obvious to all stakeholders and those referred to smoking cessation counsellors that smoking is detrimental to health

### *Did the evaluation results achieve the stated goals and objectives?*

The evaluation is ongoing. Smoking Cessation counsellors have to report the numbers who they advice and the outcomes of their advice and annual statistics are published (see the list of references at the end of this report). In addition, a systematic review of *The effectiveness of NHS smoking cessation services* (Bauld et al. 2010) has been published . Further evaluations have also been performed, including one into cost effectiveness of the service (Stephens 2001).

### *Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?*

Yes, apart from structured reports to the NHS by every smoking cessation counsellor by 2007 the results of numerous studies which evaluated the intervention had been published. Since then further studies have been published

### *Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?*

Yes. The percentage of the population who smoke and the numbers you quit smoking each year after contacting the NHS smoking cessation service are monitored. As mentioned earlier, all smoking cessation counsellors are required to submit reports of the numbers of smokers referred to them and the outcomes. These reports are monitored and, over the years, the information received has been fed back to the counsellors to help them revise their practice as necessary.

## *Specifically, what has been measured / evaluated?*

The evaluations have been both external, usually by teams from academic institutions and internal via the data fed back to the NHS from the smoking cessation counsellors. Data have been collected on: numbers referred, their gender, age, ethnicity, etc., the numbers who have stopped smoking at various time-points after counselling, whether or not they were also prescribed nicotine substitutes, their satisfaction with the service, how many failed to attend for individual or group counselling, etc.

## *Evaluation of the impacts/effects/outcome:*

- Via periodic structured reports from the smoking cessation counsellors.
- Via some Randomised Controlled Trials
- Via a systematic review

Other. In 2008, the National Institute for Health and Clinical Excellence (NICE) published guidance on smoking cessation services. Four of the seven recommended treatments that have been proven to be effective, either separately or combined are provided by the smoking cessation service and are:

- individual behavioural counselling
- group behaviour therapy
- self-help materials
- telephone counselling

## *What are the main results/conclusions/recommendations from the evaluation?*

The main result has been a decline in the numbers of smokers in the UK. The conclusions are that the changes in legislation and the smoking cessation service have been effective in reducing the number of smokers in the UK.
The recommendations include those on proven effective treatments from NICE, that the service should continue and that it should continue to be monitored by the NHS for the Government.

## *Is the evaluation report available, preferably in English or at least an English summary?*


- Bauld l., Bell K., McCullough l., Richardson l., Greaves L. (2010) The effectiveness of NHS smoking cessation services: a systematic review. *Journal of Public Health*; 32: 71-82.
- National Institute for Health and Clinical Excellence (2008) Smoking cessation services - Guidance (guidelines ph10) at www.nice.org.uk/ph10 accessed on 9 June 2015
- Statistics on NHS Stop Smoking Services, England - April 2013 - March 2014 at www.hscic,gov.uk/catalogue/PUB14610 accessed on 9 June 2015.


## *Was there a follow-up (describe how) or is any follow-up evaluation planned in the future?*

As previously described, the service is continuously monitored by the NHS

## *Who implemented the intervention?*

The smoking cessation service was planned centrally by administrators, psychologists and clinicians and is run by administrators and trained counsellors who may or may not have a clinical background such as nursing. Referral to the service is from clinicians working in the NHS.

### *What core activities are/have been implemented?*

- A media campaign to publicise the service
- Training sessions and events for clinicians to raise their awareness of the service
- Training for the counsellors
- Numerous websites and publications

### *Did the intervention achieve meaningful participation among the intended target population?*

Yes, the latest data for the year April 2013 to March 2014 report that during this period 586,337 people set a quit smoking date with the NHS stop smoking services and 300,539 (%1%) successfully quit.

### *Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?*

Pregnant women, those under 20 years of age and manual workers were identified as those with a greater need.

### *Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?*

Yes. The referring clinicians can be described as intermediaries

### *Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?*

Yes, the service is funded by the NHS and an early evaluation (Stephens 2001) indicated that it was very costs effective. It has continued and institutional ownership guarantees its funding and human resources.

### *Is there a broad support for the intervention amongst those who implement it?*

Yes, the smoking counsellors are dedicated to their task, especially those who were previously smokers themselves.

### *Is there a broad support for the intervention amongst the intended target populations?*

Yes, Stephens (2001) found a 48% success rate after one month. In the year April 2013 - March 2014, 586,337 people set a date to stop smoking through the NHS Stop Smoking Service of whom 51% succeeded in stopping smoking.

### *Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?*

In spite of economic pressures, the funding has been forthcoming from the NHS for 15 years so it seems reasonable to conclude that the estimation has been adequate.

### *Were sources of funding specified in regards to stability and commitment?*

See the answer to the previous question

### *Were organisational structures clearly defined and described?*

Yes, these were planned centrally and implemented locally

### *Is the potential impact on the population targeted assessed (if scaled up) ?*

Yes, the monitoring reports sent by the smoking cessation counsellors give an ongoing national picture of past and present impact on the targeted population.

## *Are there specific knowledge transfer strategies in place (evidence into practice)?*

The results of external evaluations and the internal monitoring are fed back to the funders, administrators and counsellors

## *Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?*

As the counselling service provides national coverage and universal availability, it is difficult to see how it can be scaled up.

## *What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?*

- Strong policy from the Government and sufficient funds.
- Recognition from the population of the nature of the problems caused by smoking

## *What were , in your opinion, the main lessons to be learned?*

As nicotine is such an addictive substance, the need to offer long-term, supportive and easily available help to those who wish to stop smoking and to continue to provide this service in the long-term.

## *Web page related to the intervention*

There are numerous web-pages - Google NHS Stop Smoking Services

## *References (with possible links) to the most important articles or reports on the intervention*


- Bauld l., Bell K., McCullough l., Richardson l., Greaves L. (2010) The effectiveness of NHS smoking cessation services: a systematic review. *Journal of Public Health*; 32: 71-82.
- National Institute for Health and Clinical Excellence (2008) Smoking cessation services - Guidance (guidelines ph10) at www.nice.org.uk/ph10 accessed on 9 June 2015
- Statistics on NHS Stop Smoking Services, England - April 2013 - March 2014 at www.hscic,gov.uk/catalogue/PUB14610 accessed on 9 June 2015.
- Stephens J. (2001) Costs effectiveness of NHS smoking cessation services. London, King's College www.ash.org.uk accessed via Google on 9 June 2015


## *Other relevant documents:*

Google NHS Smoking Cessation Services

## *Contact details for further information*

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