National Institute for Health and Clinical Excellence

PH INTERVENTION – SMOKING CESSATION
Consultation 31 May – 30 June 2005
Comments on the Scope by 30 June 2005

Stakeholder Comments

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Name:	**Lindsey Stewart, Jenny Mindell**
Organisation:	**Faculty of Public Health & Association of Public Health Observatories – joint response**
Section number Indicate **section number** or **'general'** if your comment relates to the whole document	**Comments** Please insert each new comment in a new row.
General	The Faculty welcomes the opportunity to comment on the scoping document from the National Institute for Health and Clinical Excellence (NICE) which will look at the "assessment of brief interventions and referral for smoking cessation in primary care and other settings, with particular reference to pregnant smokers and disadvantaged groups, with consideration of the tailoring and targeting of interventions". This response has been put together by members of the Faculty of Public Health and the Association of Public Health Observatories (APHO) with expertise and interest in the impact on public health of tobacco.
General	The Faculty and the APHO welcomes this document which outlines the scope of the proposed assessment of brief interventions and referral for smoking cessation.
General	The consultation document sets out a clear approach to the need for guidance specifically on brief interventions, and what will be included in such guidance. The Faculty and APHO believes the approach outlined is comprehensive and covers most of the key areas.
4	The scope states that the new guidance will recommend the type of interventions to be "provided by local organisations with public health responsibilities". The new guidance should make clear which organisations will be included in this, particularly those outside the NHS or traditional health promotion within the NHS.
4.1	We assume the guidance will also state which type of intervention(s) are best for particular settings, smokers and practitioners, and when it should be given.

4.1.1	The Faculty and APHO welcomes the inclusion of referral to NHS smoking cessation services within this guidance. It is important that brief interventions are understood as more that just 'ask and advise'. We would also recommend the inclusion of Quitline - either local or national telephone advice services to help people stop smoking, and stay stopped.
General	Will the guidance include assessment of measures to encourage self-referral? For example, paid advertising in local/national media aimed at stimulating cessation and/or self-referral to cessation services.
4.1.2	The Faculty and APHO welcome the proposal to develop in-depth programme guidance on smoking cessation and it would seem sensible to include guidance on pharmacotherapy within this. The Faculty and APHO look forward to commenting on this when it is issued for consultation.
4.2	The Faculty and APHO also welcome the focus on those groups where smoking rates are particularly high, and the groups outlined for particular focus seems sensible. We would also suggest including groups who may be on the periphery of, or outside, 'mainstream' services such as gypsy and traveller communities, refugees and asylum seekers. Whilst it may be more difficult to target these groups, nevertheless they are amongst some of the most disadvantaged within society and should be included. The Faculty and APHO understand the targeting of specific groups. However, we believe that children who smoke should also be included as they also need support to stop smoking. As there is evidence that teenagers are addicted to smoking and want help to stop. NICE should also examine the evidence for brief interventions for younger teenagers and whether these should be run in tandem with prevention strategies. Schools and after school clubs, would provide ideal settings for delivering brief interventions.
4.3	When considering comparators, the assessment and subsequent guidance should be explicit about: ▫ the study population (eg unselected smokers or those already expressing a wish to stop or seeking advice); ▫ the comparator used when quoting absolute and relative effects on an intervention; ▫ the context, including the era in which a study was conducted and whether effectiveness changes over time. Guidance should be based on the most current acceptable quality evidence. Unlike drug trials, studies of interventions to produce behaviour change often find low efficacy. However, quick, inexpensive interventions that have high reach can have substantial effects over a period of time even with relatively low efficacy and are therefore very cost-effective. The Faculty and APHO would also suggest the possible inclusion within the outcome measures, of moving people from being a 'contented smoker' (ie. unlikely to quit) to a 'dissonant smoker' (ie. uncomfortable with smoking) and from a 'pre-contemplator' to a 'contemplator'. As evidence shows that most smokers move through various 'stages' before they quit, we recommend that NICE also examines what evidence there is that brief interventions also help to move smokers along the cycle of change even if

	they do not quit on that occasion. (*Proschaska and Di Clemente)*
4.5	The questions for brief interventions are sensible and comprehensive. The Faculty and APHO have a number of comments and these are dealt with on a question-by-question basis: Q.1 We would suggest expanding the question to ask: "Which methods of brief intervention are effective at doing what?" Q.5 We would suggest expanding this question to ask: "To what extent is the effectiveness of a brief intervention influenced by a) previously received brief interventions, and b) other brief interventions (and which ones, over what time period)?" Q.9 We would suggest including the context of the intervention. For example, was the topic initiated by the health professional or the smoker, and/or, was smoking, and reasons related directly to smoking, the actual reason for the consultation? Q.11 If not already included within previous guidance, we would suggest asking whether or not cost/provision of free NRT affect different groups. Q.12 We would suggest including asking how various barriers to delivering smoking cessation could be overcome. Q.13 We assume 'and others' will explicitly include healthcare professionals working in secondary and tertiary care. We suggest the additional question: "What strategies/interventions are effective in encouraging smokers to self-refer?"
4.5.2	We would recommend the inclusion of 'prompts' within Question 1 (section 4.5.2).
General	It is important that the role and worth of smoking cessation services is clearly understood. One survey showed that people who had previously not considered smoking cessation services said they might consider them in the future, following being given details about the service.
General	Thought needs to be given of how the benefits (and short-term additional costs) will be costed for brief interventions with the outcome being an increase in referral or self-referral.
4.6	We welcome the comprehensive list of target audiences and settings for the guidance. We would recommend also including care settings and schools as areas for delivering brief interventions. We welcome that the guidance will also be produced in a format for the general public – it is important that people know the service options available to them to help them stop smoking.
4.7.2	The issue of discounting (p11) is crucial to whether long term health promotion interventions are cost-effective. Costs are incurred now but

	benefits accrue often much later, in contrast to acute treatment of life-threatening conditions, so health promotion interventions (although for a 'condition' with a 50% case-fatality rate) will always be disadvantaged compared with acute treatments if discount rates are used.
General	NICE are producing guidance on brief interventions and programme guidance on smoking cessation. The Faculty and APHO would ask whether or not NICE will be producing guidance on the prevention of smoking ie. stopping people before they start, and also guidance on the maintenance of cessation for recent ex-smokers. Guidance on these two key areas would augment the above guidance.
General	The Faculty and APHO welcome the opportunity to comment on this comprehensive scoping study for the production of guidance on brief interventions for smoking cessation. However, the consultation period is extremely short. It is therefore critical that in future, information is sent to stakeholders by the most time-effective means. Consultations should be sent electronically and not via post to ensure that the full consultation period is allowed. It would also be useful to receive a pre-alert eg a month or two beforehand – or when work on preparing the scoping document commences, so that stakeholders can plan ahead and incorporate responding to the consultation into their existing work schedules.
General	Although not directly relevant to this scope, we would highlight that smokefree workplaces have been shown to increase motivation to quit and to reduce 'relapse' among recent ex-smokers. We would therefore strongly recommend that smokefree workplaces (probably the best example of a brief intervention) is included in this scope – or if not, then in NICE's work on the broader public health programmes related to smoking cessation.

Please add extra rows as needed
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