

National Institute for Health and Clinical Excellence

PH PROGRAMME – SMOKING CESSATION
Consultation 9th January – 6th February 2006
Comments on the Scope by 6th February 2006

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

- Please put each new comment in a new row.
- Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column

Name:	Dr Jenny Mindell on behalf of
Organisation:	Faculty of Public Health
<p align="center">Section number</p> <p>Indicate section number or 'general' if your comment relates to the whole document</p>	<p align="center">Comments</p> <p align="center">Please insert each new comment in a new row.</p>
General	The Faculty welcomes the opportunity to comment on the scoping document from the National Institute for Health and Clinical Excellence (NICE) which looks at developing public health programme guidance on the “best provision of smoking cessation services”. This response has been put together by members of the Faculty of Public Health with expertise and interest in the impact on public health of tobacco.
General	The Faculty welcomes this document which outlines the scope of the proposed guidance which will make recommendations on the optimal provision of smoking cessation services within primary care and in particular groups such as pregnant smokers and hard to reach communities.
General	The consultation document sets out a clear approach on the need for guidance, and what will be included in such guidance. The Faculty believes the approach outlined is comprehensive and covers most of the key areas.
2 (a)	The scoping document should consider the latest White Paper 'Our Health, Our Care, Our Say. Clearly the proposed NICE guidance will need to inform the roll-out of the proposed changes in primary care.
2 (c)	Public health programme guidance should cover relevant activities of an organisation and its personnel that can make a difference to public health – even if public health is not a formal part of their remit. Perhaps the scoping document should read 'professionals whose remit might potentially have an impact on public health'. For example, transport planners may not see public health as part of their job but they can make a positive contribution to helping break down barriers to walking and cycling (which promote physical activity).

Appendix E SCP Stakeholder Comments Form

4.1.1	The list of groups to be covered – particularly those noted as ‘hard to reach communities’ – is broad-ranging and this is welcomed, particularly as these groups are amongst those which suffer the highest levels of health inequalities. The Faculty would add children and young people who are already regular smokers to this list. Most tobacco control measures targeted at children and young people are for primary prevention, and do not address the problems faced by children and young people who are regular smokers.
4.2.1	The Faculty is particularly pleased with the broad scope taken by the guidance on what constitutes a smoking cessation service. It is also delighted at the inclusion of workplace policies, including smokefree workplaces – an important element of any smoking cessation programme.
4.2.1	<p>The inclusion of “mass media events etc” is welcomed as these can play an important part in promoting and supporting attempts to quit smoking.</p> <p>Once NICE has established the evidence for good practice in supporting smokers to quit, two other sets of evidence should be included:</p> <ol style="list-style-type: none"> 1. Interventions that reduce relapse. This includes evaluating individual-level interventions aimed at recent quitters, as well as population-level interventions, for example smokefree work places and public places. 2. Interventions that increase the take-up of effective services, particularly in economically deprived populations and socially excluded groups. For example, if NHS Stop-smoking Services are found to be cost-effective, what is known about increasing self-referral or effective referral by professionals or others?
4.6	The list of those included within the ‘target audience and settings’ should be broadened. For example, if guidance states that smokefree workplaces and public places promote smoking cessation or reduce relapse, local authority staff <i>not</i> responsible for smoking cessation are a necessary target audience. The guidance should specify who might be classified as ‘indirect’ to ensure that they are aware of any guidance that may be relevant to them and require their action.

Please add extra rows as needed

Please email responses to smokingcessationprog@nice.org.uk