

# National Standard for Tobacco Cessation Support Programme

STANDARDS  
DOCUMENT

**QUIT**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

The development of a National Standard for Intensive Tobacco Cessation Support Services is one of the key priorities of the HSE Tobacco Control Framework Implementation Group – a cross service group responsible for implementation of the HSE's Tobacco Control Framework. The work of the Tobacco Cessation Forum subgroup is acknowledged in the development of this resource.

Available online at [www.hse.ie/cessation](http://www.hse.ie/cessation)

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# Introduction

The Health Service Executive (HSE) provides services that improve, promote and protect the health and wellbeing of the public. 1 in every 2 smokers will die of a tobacco related disease and on average smokers lose 10 quality years of life. The HSE has adopted a health service wide Tobacco Control Framework (March 2010) to address this single greatest cause of ill health and mortality in the Irish population.

## Tobacco Control in the HSE

In line with the international evidence base, the HSE with other state and voluntary agencies engage in a wide range of tobacco control interventions. These include; increasing the price of tobacco through taxation, implementing smoke free policies and regulations, restricting the sale of products, implementing sustained mass media campaigns and education and cessation support programmes, which together have an influence on smoking prevalence.

The Tobacco Control Framework (TCF) which is based on the WHO MPOWER (2008) principles gives strategic direction to Tobacco Control in Ireland and outlines national standards for service provision within Irish Health Services.

## Specialist Cessation Services within the HSE

Tobacco cessation services are recognised as an important element of a comprehensive tobacco control strategy. The HSE provides and promotes a wide range of cessation services, ranging from online and social media supports on Quit.ie and Facebook, a QUITline phone support service, HSE quit clinics and courses, primary care supports provided by GPs, Pharmacists and Dentists, medication and tobacco replacement therapies.

This document sets out to define and describe the HSE's *National Standard For Tobacco Cessation Support Programmes* delivered by cessation specialists with dedicated time to deliver specialist support. The *Intensive tobacco cessation support service* is one element of a wide range of cessation services which the HSE offers as outlined above. This document describes the *role of a tobacco cessation specialist*, the elements of a *structured support programme* and the *modes of delivery* of this programme.

The structured support programme outlined in this document has been informed by the NICE programme guidance on smoking cessation (2006), the New Zealand smoking cessation guidelines (2007), the NHS Health Scotland and Ash Scotland planning and providing specialist smoking cessation services document (2010), the NHS Local stop smoking services delivery and monitoring guidance (2011/12) and the NHS standard treatment programme (2011), all of which are recognised as being evidenced based and cost effective.

# Section 1 HSE Intensive Tobacco Cessation Support Services

## 1.1 Overview

The HSE sets out to treat tobacco addiction as a care issue as per its Tobacco Free Campus Policy 2012. Nicotine addiction is undoubtedly difficult to overcome. The addiction has physical, psychological and emotional elements and a smokers' addiction should be considered within the broader environmental context. Most smokers make multiple attempts to quit before achieving long term success however long term success *is achievable* and thousands of Irish smokers quit successfully each year.

Every client who engages with HSE frontline services should be asked about their smoking status which should then be documented. They should be advised to quit and offered support to do so at every opportunity. This is called a Brief Intervention for tobacco cessation and is described in detail in Appendix 2.

Intensive cessation support services are provided by trained cessation specialists working in community or hospital settings or with the national QUITline. These intensive tobacco cessation support services work to the nationally agreed standards as set out in this document. Tobacco cessation services vary from region to region due to different levels of dedicated resources available. Delivery of cessation services may also vary and interventions can be face to face, over the phone, online or in a group. Tobacco cessation services are delivered by specialists who have undertaken nationally recognised training or equivalent and follow best practice guidelines for tobacco dependence treatment. Tobacco cessation specialists may also have other roles in terms of tobacco such as training, research, support for smoke free policy development and strategic planning for tobacco control.

## 1.2 Who provides the service?

Tobacco Cessation Specialists are trained to deliver intensive support directly to smokers to help them quit. The Tobacco Cessation Specialists' role incorporates dedicated time to deliver behavioural support which consists of advice, discussion and exercises to support smokers to quit.

## 1.3 How does the service operate?

Intensive cessation support may be delivered in a variety of ways – face to face (individually or in a group), by telephone, online or a combination of these. An intensive intervention is a consultation which lasts in excess of 10 minutes.

Interventions may be one-off or involve a number of structured consultations provided over a defined period of time i.e. a Cessation Support Programme.

## Delivery methods for intensive cessation support services

### a. Face to Face Support

An intervention offering one to one support in person, between a Tobacco Cessation Specialist and an individual who smokes, at a specified time and place.

### b. Telephone Support

Telephone support is defined as proactive, reactive or SMS based support provided by a Tobacco Cessation Specialist for smokers who want to quit. Tobacco Cessation Specialists can call the client following a referral from another service (a proactive service) or the client can call the service (a reactive service).

### c. Group Support

Group support offers support to a closed group of smokers in a structured format. Groups are facilitated by Tobacco Cessation Specialists and are held weekly (usually for 6 weeks).

### d. Online Support

Proactive or reactive support provided online (e.g. email) by a Tobacco Cessation Specialist for smokers who want to quit.

## 1.4 Once off intensive Interventions

Some clients may avail of a number of consultations but never enter a structured programme of support. Clients who are not ready to set a quit date and/or who decline follow up by their Tobacco Cessation Specialist will be:

- Encouraged to return to the service when they are ready
- Will receive guidance on how to re-enter the service when they are ready
- Will have the intervention and details recorded
- Will have their file closed

## 1.5 Cessation Support Programme

A Cessation Support Programme is a structured programme incorporating a series of contacts or consultations tailored to meet the client's needs. This programme involves ongoing support at intervals pre and post the client's quit date and for a period of one month following the quit date. Further support may be provided depending on individual client needs. The programme involves the monitoring of quit status at two further points (3 months and 12 months) for a period of up to one year after the quit date. The details of the structured cessation support programme are outlined in the following section.

# Section 2 National Standard for Tobacco Cessation Support Programme

## 2.1 Overview

Clients ready to quit, who wish to avail of ongoing support from a HSE cessation specialist are registered for a tobacco cessation support programme. Clients may be referred to this service from all services within the HSE or through self-referral. The purpose of the support programme is to enable the client to plan for and set a quit date, to provide encouragement, advice and motivation to quit and stay quit, and to assist the client in coping with cravings and withdrawal symptoms. Support programmes are client-centred, providing behavioural support, involving multiple sessions that are sensitive to the individual's preferences, needs and circumstances.

## 2.2 Best Practice in Intensive Tobacco Cessation Services

Smokers are offered pre quit date consultation/s which will include an assessment of motivation and readiness to quit.

Components of a tobacco cessation programme include:

- Informing the client of the structure and process of the programme taking account of the client's needs. This includes the completion of an intake form, gaining consent for follow up and service evaluation and proactively scheduling follow up appointments
- Reinforcing the motivation to quit and setting a quit date
- Building a repertoire of client coping strategies
- Assessing nicotine dependence and offering appropriate feedback
- Providing information on the nature of tobacco withdrawal and advice on the management of withdrawal symptoms, including assistance with choice of cessation medication and monitoring effective use of same
- Emphasising the 'not a puff' rule
- For face to face programmes undertaking regular carbon monoxide (CO) checks and giving feedback on progress
- Planning ongoing coping mechanisms and support at the end of the programme
- Assessing client satisfaction with the intervention provided

A smoking cessation pack is provided to every client accessing the HSE smoking cessation service. The pack comprises a range of self help smoking cessation leaflets.

## 2.3 Programme Outline

Clients who set a quit date and who agree to join a cessation support programme are offered at least seven cessation support contacts to provide the best chances of stopping smoking.

For those who are quitting, the first month is a critical period. A minimum of four support contacts will be offered during the first month at 1, 2, 3 and 4 weeks post quit date.

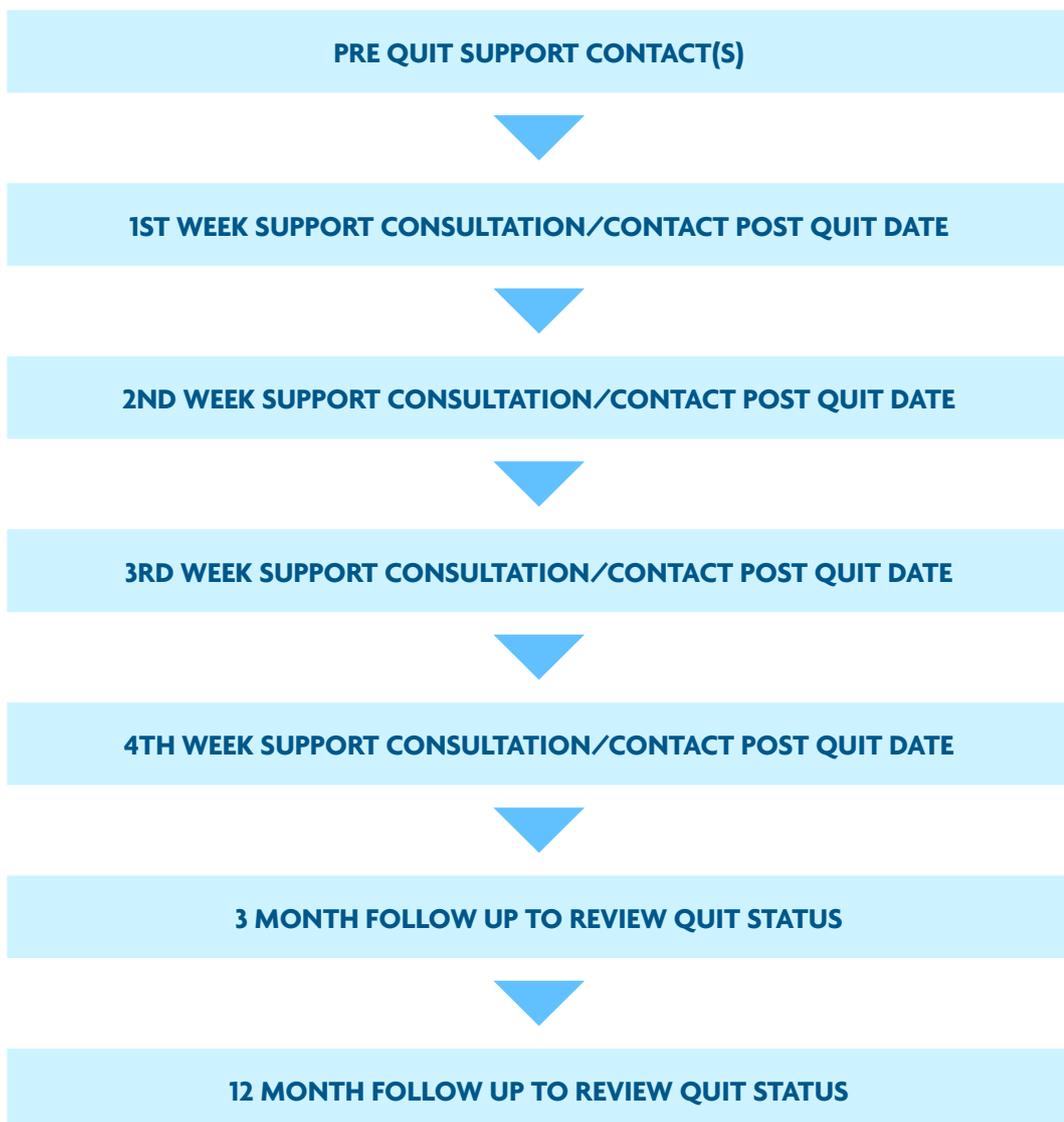
After 4 weeks some clients may require further support. This should be offered based on the specialist's professional experience of the client's particular needs.

For those smokers who are still quit at 1 month, two follow up/monitoring contacts are scheduled at 3 and 12 months post the client's quit date.

If a client explicitly requests not to be contacted or followed up at any stage during the programme please refer to section 2.7 for guidance on closing client files.

Pre-quit support contact(s)	QUIT DATE	4 support consultation/ contacts on a weekly basis in the first month post quit date	Follow up at 3 months to review quit status	Follow up at 12 months to review quit status
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**Flow chart of intensive cessation support programme**



## 2.4 Protocol for client follow-ups

Where possible, it is preferable for the specialist to see the client in person for follow ups, as this enables a carbon monoxide reading to be taken to validate the self reported smoking status. A validated CO reading is a reading which is <10ppm. If the client cannot be seen in person, the specialist should contact the client by telephone. If unsuccessful, a text, email or letter is sent to the client.

In summary, follow up interventions may therefore be conducted in person, by phone, by post or by electronic methods (e.g. by email or sms).

### 1 month follow up

All clients who set a date to quit are followed up 1 month (4 weeks) post quit date. The 1 month follow up will be carried out immediately upon, or very shortly after (-3 or +14 days after) the 1 month quit date.

### 3 month follow up

All clients who were still quit at 1 month will receive follow up support from a specialist. The 3 month follow up should be completed within 12 weeks of the quit date depending on the calendar month (-3 or +14 days after).

### 12 month follow up

The process of the 12 month follow up is similar to that performed at 3 months. Specialists follow up all clients who are still quit at 3 months. The 12 month follow up should be completed within 56 weeks of the original quit date. (-3 +30 days).

## 2.5 Unsuccessful contacts and lost to follow-up

Two attempts by phone (ideally on different days and different times) will be made to contact all clients who have been newly referred to the service or who have missed a scheduled consultation. Following the second unsuccessful attempt, a text, email or letter will be sent to the client to inform them that the service has been unable to make contact and information for re-entering the service will be provided.

In the case of 1, 3 and 12 month calls to assess quit status, the communication will ask clients to advise service of status.

Clients who cannot be contacted by phone and do not respond to the text/email/letter are documented as lost to follow-up and their file closed.

## 2.6 Client Documentation and Records Management

Specialists will maintain client records for all service users in accordance with the Data Protection Act 1988 and Data Protection (Amendment) Act 2003. A national IT system to support the delivery of cessation services is currently being scoped. In the interim existing client management systems should be maintained to record and report 1, 3 and 12 month quit status for clients who have participated in a cessation programme.



## 2.7 Closing Client Files

A client file is closed when a service is no longer being provided.

Files can be closed for a number of reasons:

- The client indicates that s/he no longer requires the service
- The client expresses that they are not ready to quit
- The client dies (RIP)
- Two incidences of non attendance in the case of face to face service
- The cessation specialist is unsuccessful in contacting the client as outlined in the protocol at 2.5
- 12 months post quit date

Upon closing a file, the client should be informed verbally or in writing (text, email or letter) that the file is being closed with contact information for re-entering the service if required.

A file should only be kept open for longer than one year in exceptional cases only, in consultation and with the consent of the client.

## 2.8 Monitoring & Evaluation

Activity and outcome data is reported on a monthly basis in accordance with requirements under the National Service Plan. The reporting template is at Appendix 4.

## 2.9 Review of Standard

It is proposed that the standard for the National Cessation Support Programme will be reviewed by the Tobacco Control Framework Implementation Group in 2015 or earlier if appropriate.

## References

Department of Health. 2011. *Local Stop smoking services: service delivery and monitoring guidance 2011/12*. London: NHS.

NHS Centre for Smoking Cessation and Training. 2011. *Standard Treatment Programme: One-to-one smoking cessation support*. London: NCSCCT.

NHS Health Scotland and Ash Scotland 2010: <http://www.healthscotland.com/uploads/documents/19844-PlanningAndProvidingSpecialistSmokingCessationServices.pdf>

Nice 2006b: <http://www.nice.org.uk/nicemedia/live/11676/34647/34647.pdf>

Ministry of Health. 2007. *New Zealand Smoking Cessation Guidelines*. Wellington: Ministry of Health.

World Health Organisation 2008. WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva, World Health Organisation.

## Bibliography

L. Currie, S. Keogan, P. Campbell, M. Gunning, Z. Kabir, L. Clancy. 2008.

*An evaluation of the range and availability of intensive smoking-cessation services in Ireland.*

Irish Journal of Medical Science. DOI 10.1007/s11845-009-0356-y.

NHS Health Scotland 2010: [http://www.healthscotland.com/uploads/documents/19844-2012\\_RevisedDefinition\\_SpecialistSmokingCessationServices.pdf](http://www.healthscotland.com/uploads/documents/19844-2012_RevisedDefinition_SpecialistSmokingCessationServices.pdf)

NHS Health Scotland and Ash Scotland 2010: <http://www.healthscotland.com/uploads/documents/19844-HelpingSmokersToStop.pdf>

Nice 2008a: <http://www.nice.org.uk/nicemedia/pdf/PH010guidance.pdf>

Partnership Action on Tobacco and Health. 2012: [http://www.ashscotland.org.uk/media/4746/MDS\\_Guidelines\\_Oct\\_2012.pdf](http://www.ashscotland.org.uk/media/4746/MDS_Guidelines_Oct_2012.pdf)

The European Tobacco Cessation Clinics Assessment and Networking Project, 2010. *e.SCCAN 2010 Report*. Paris. ESCAN.

Tobacco Control Investing for health 2008: [http://www.westernifh.org/uploads/Reports/QualityStandardsfortheDeliveryofSmokingCessationServicesinNorthernIrelandJune2008\\_20081028110321.pdf](http://www.westernifh.org/uploads/Reports/QualityStandardsfortheDeliveryofSmokingCessationServicesinNorthernIrelandJune2008_20081028110321.pdf)

US Department of Health and Human Services. 1988. *The health consequences of smoking: nicotine addiction: A report of the Surgeon General*. Washington, DC, US Government Printing Office.

West, R. 2005a. *Assessing smoking cessation performance in NHS Stop Smoking Services: The Russell Standard (Clinical)*. London: Cancer Research UK and University College London.

West, R. et al. 2005b. *Outcome criteria in smoking cessation trials: proposal for the common standard*. *Addiction*, 2005. 100, 299-303.

# Appendix 1

## Tobacco Definitions

<b>Smoking Status</b>	Adult – Daily, Occasional Adolescent – Weekly
<b>Tobacco products</b>	Cigarettes Roll your own Cigars Pipe Smokeless Tobacco Products (e.g. Snuff, Snus, chewing tobacco)
<b>How to assess cigarette consumption</b>	No. of cigarettes per day No. of cigarettes per week Include Conversion Chart for Roll your own
<b>Phone support</b>	Telephone support is defined as proactive, reactive or text based support provided by a Tobacco Cessation Specialist for smokers who want to quit. Cessation specialists can call the client (a proactive service) or the client can call the service (a reactive service).
<b>Face to face support</b>	An intervention offering one to one support between a Tobacco Cessation Specialist and an individual who smokes, at a specified time and place.
<b>Group support</b>	Group support offers behavioural support to a closed group of smokers in a structured format. Groups are facilitated by a Tobacco Cessation Specialist, and are held weekly (usually for 6 weeks).
<b>Self-Help Resources</b>	Self help resources are: - Materials that can be used by individuals in a quit attempt without the help of health professionals, specialists or group support. Materials can be aimed at anyone who smokes or targeted to particular population groups (e.g. pregnant smokers, young people) or may be tailored to a specific condition e.g. asthma). - Materials can give information on the range of cessation support services available.



<p><b>Quit Date</b></p>	<p>A quit date is the day after the client’s last cigarette and not the set or designated quit date.</p>
<p><b>Quit</b></p>	<p>The definition of ‘Quit’ has been adapted from the Russell Standard (West et al 2005).</p> <p>A. Self-reported Quit</p> <p>This is defined as a self-report of smoking not more than five cigarettes from the quit date. A standard abstinence question is;</p> <p>‘Have you smoked at all since (date of start of abstinence period)</p> <p>A: No, not a puff;                  B: 1-5 cigarettes;                  C: More than 5 cigarettes?’</p> <p>Answer A or B can be classified as Self-reported Quit.</p> <p>B. Validated Quit</p> <p>A self-reported quit that is validated with a CO monitor reading of less than 10ppm is classified as a Validated Quit.</p>
<p><b>Slip</b></p>	<p>This occurs when the client makes a self-declaration of smoking 1-5 cigarettes since their quit date, examines and understands why it happened, continues their efforts and returns to their tobacco free status.</p>
<p><b>Relapse</b></p>	<p>A relapse is the norm when discussing nicotine dependence and is defined as the resumption of regular smoking even if at a lower level.</p>



# Appendix 2

## Brief Interventions for Smoking Cessation

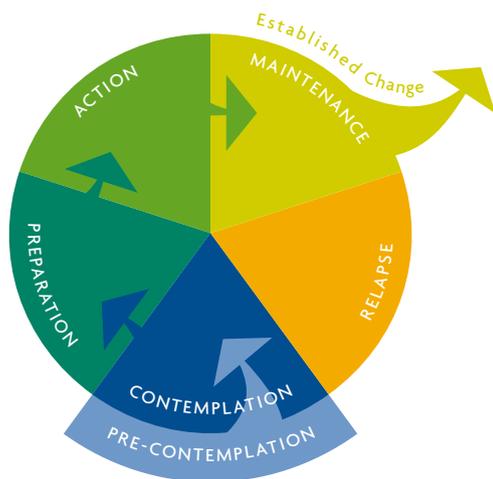
A brief intervention (BI) as described below does not form part of an intensive tobacco cessation support service per se but rather an evidenced based technique to raise the issue of smoking and offer the smoker a referral to cessation support services which can offer a variety of behavioural and pharmacotherapy supports. A BI may be the only support a smoker who engages with HSE services receives, requires or wishes to receive i.e. they do not wish to be referred to the intensive tobacco cessation support service. Every client who engages with HSE front line services should be asked about their smoking status, advised to quit and offered support to do so at every opportunity. The TCF sets out to train front line staff in brief intervention skills and to incorporate this skill set into the core work of relevant HSE staff as there is strong evidence to support its effectiveness. Brief interventions for smoking cessation are described in detail below.

Brief interventions involve opportunistic advice, discussion, negotiation or encouragement and referral to more intensive treatment, if appropriate. They are delivered, using a client centred approach, by a range of hospital, primary and community care staff e.g. Doctors, GPs, Pharmacists, Nurses, social and healthcare professionals etc. For smoking cessation, brief interventions typically take between 3 and 10 minutes and may include one or more of the following:

- Simple opportunistic advice to stop
- Recording clients smoking status in clinical records
- Motivational Interviewing techniques
- An assessment of the client’s commitment to quit
- An offer of pharmacotherapy and/or behavioural support
- Provision of self help materials and referral to more intensive support

The components of a Brief Intervention are often demonstrated using the Brief Intervention Framework. The five components of the Brief Intervention framework (5As) are:

- A**sk        Ask about smoking behaviour
- A**dvice     Offer clear, non judgemental advice to quit and provide information on the benefits of quitting
- A**ssess     Assess interest in quitting and readiness to change
- A**ssist     Assist motivation to quit by providing information on local support service
- A**rrange    Arrange personal appointment



### Stages of Change

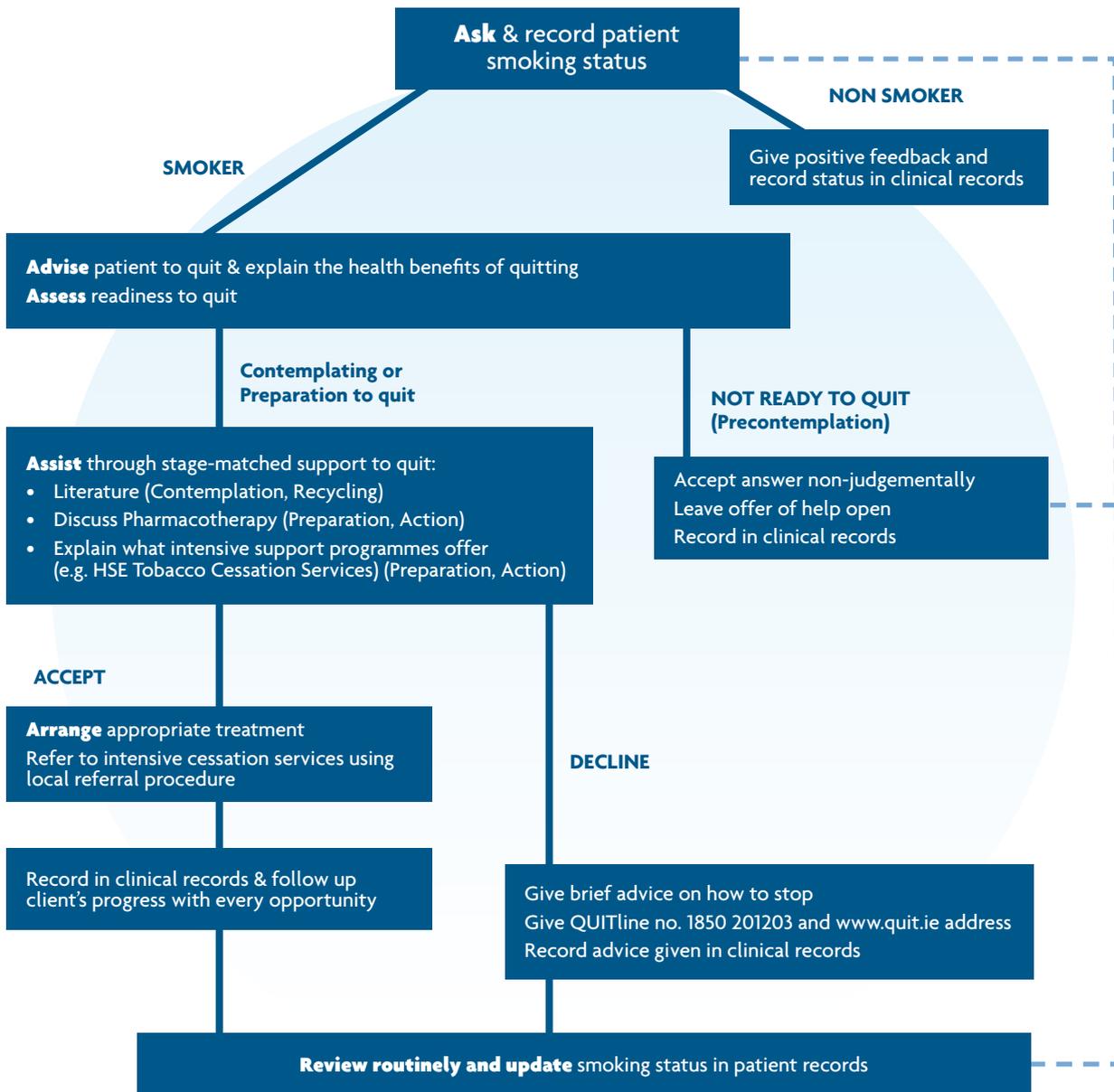
Smokers typically go through six stages in the process of quitting, each involving different issues and challenges. To be effective brief interventions need to be stage matched in accordance with these six stages

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse



# Appendix 3a

## Brief Intervention Framework (Community Care) and Pathway to Tobacco Cessation Services



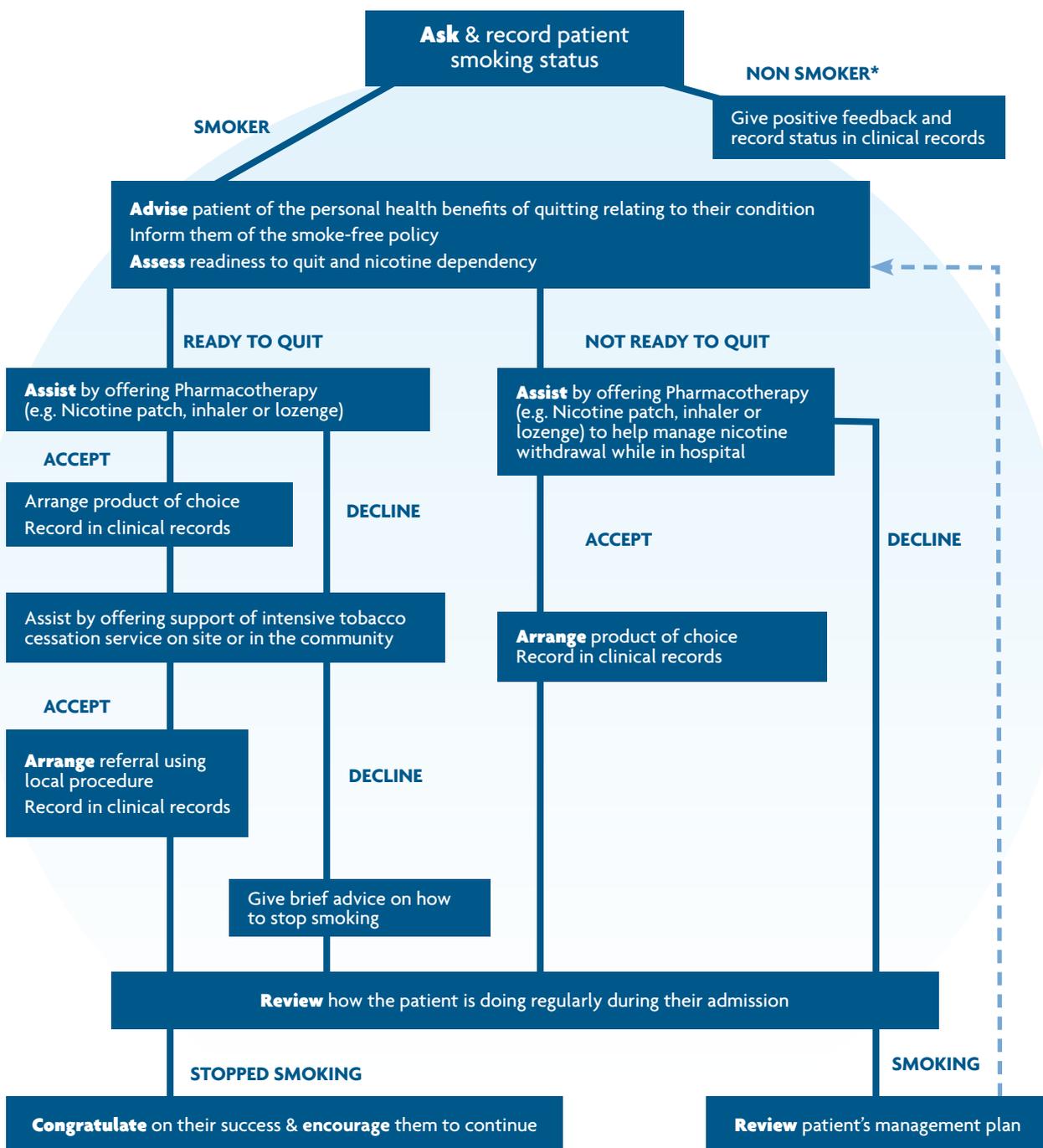
*(Based on NICE public health intervention guidance – Brief interventions and referral for smoking cessation in primary care and other settings).*



Appendices

# Appendix 3b

## Brief Interventions Framework (Acute Care Services) and Pathway to Tobacco Cessation Services



\* If the patient is a recent non-smoker (i.e. recently quit prior to their admission to hospital) they may still require Pharmacotherapy while they are an in-patient. These patients should be offered Pharmacotherapy (e.g. nicotine patch, inhaler or lozenge) and cessation support in line with the above recommendations for smokers.





# Notes







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