



Stop Smoking Advisor Practice Guidelines

Worcestershire Mental Health Partnership NHS Trust Information Reader Box

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Worcestershire Stop Smoking Advisor Guidelines

All healthcare professionals must exercise their own professional judgement when using guidelines. However any decision to vary from the guideline should be documented in the patient records to include the reason for variance and the subsequent action taken.

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1.0 Introduction

This document is to be used in conjunction with Worcestershire PGD for Nicotine Replacement Therapy for those healthcare professionals operating as Stop Smoking Advisors within NHS Worcestershire, and sets out best practice guidance and principles relevant to the provision of Stop Smoking interventions by NHS Stop Smoking Advisors within Worcestershire

- Smoking is one of the most significant contributing factors to life expectancy, health inequalities and ill health, in particular, cancers, coronary heart disease and respiratory disease. (NHS Stop Smoking Services; service and monitoring guidance 2010-11)
- The provision of support from an NHS stop smoking advisor has proven to increase the chances of a smoker giving up, by four times more than going it alone, and smoking has a high prevalence in areas of deprivation and among routine and manual workers in Worcestershire
- Reducing smoking is therefore a key health improvement performance indicator for Worcestershire and is given a high profile in the PSA (public service agreement), Local delivery plan within the NHS Operating Framework; the LAA targets (Local Area Agreements) and actively contributes to the Worcestershire Tobacco Control Strategy.

Key supporting documents are;

- NHS Stop Smoking Services; Service and monitoring guidance 2010/11
- NICE Public Health Guidance
- NCSCCT accreditation standards issued 2010
- Worcestershire Health Improvement Strategy 2008-2013
- Worcestershire Tobacco Control Strategy 2010-11
- ACPC prescribing guidelines for smoking cessation
- Worcestershire PGD for prescribing NRT
- NHS Operating Framework 2010/11

2. Purpose of the document

2.1 Changes to the way that NHS Worcestershire contracts Stop Smoking services, (April 2010), have resulted in a number of trained advisors operating within Worcestershire who are not operating under Tariff based contract arrangements., but who are still providing individual stop smoking advice and quit support to patients who wish to stop smoking within Worcestershire.

2.2 This document has been developed to provide up to date best practice guidance for those trained stop smoking advisors not operating under a specific Stop Smoking Service Provider contract with Worcestershire, to maintain consistency of the recommended Department of Health (DH) service model and ensure equity in the standard of provision across all settings.

2.3 It intends to offer support pathways to single advisors, and recommends that they register with NHS Worcestershire Public Health Healthy Lifestyles team to receive regular updates, newsletters, advisor forum invites and to facilitate access any further training and information as advised by the Nursing and Midwifery Council (NMC)

The NMC (2004) says that it is the responsibility of all Health Care Practitioners to:

- be familiar with new practice guidelines;
- ensure your local risk assessment tool incorporates the NICE guidance
- access training on a regular basis;
- give patients and carers appropriate information

The NMC also notes that NICE guidance does not override the individual responsibility of health professionals to make decisions appropriate to the needs of the individual patient.

*NICE Information for patients is available at www.nice.org.uk

3. Definitions

3.1 A Stop Smoking Advisor is an individual who is providing a service, has completed level 2 advisor training, and meets NCSCCT training accreditation standards, previously HDA standards (NCSCCT accreditation standards 2010)

3.2 Stop Smoking Service Contract is a tariff based provider contract with Worcestershire Public Health Lifestyles team. (Lifestyle Tariff –Stop Smoking Services Contract)

3.3 CO monitor is a calibrated device to measure carbon monoxide parts per million in expired breaths. An expired CO reading of less than 10ppm is considered to insignificant and can be counted as quit.

3.4 Quit eligibility is described in the Russell Standard (Appendix A) and measured at 4 weeks from the quit date set.

4. Competencies and accreditation

4.1 Advisors should have completed level 2 Stop Smoking Advisor training as per NCSCCT standards, and register with NHS Worcestershire Public Health Healthy Lifestyles team

4.2 Advisors will be competent to offer behavioural support, either group based or individual in a face to face environment, supplemented by telephone support if appropriate

4.3 Advisors will discuss all NICE approved medications as first line treatments and be confident in assessing nicotine dependency using a validated tool e.g. Heaviness of smoking index tool or the Fagerstrom Test as recommended by DH (Appendix B)

4.4 Advisors require the ability to collect data on 4 week quit rates in accordance with the Russell Standard (clinical) and be able to verify 85% of quits using a CO monitor.

4.5 Advisors are required to submit data on individuals accessing the service, to contribute to the performance dataset required by the Department of Health (DH) using the 'Gold Standard Monitoring Form'.(page 105 Stop Smoking Services guidance).This encompasses all DH monitoring requirements, and must be submitted to DH by NHS Worcestershire at quarterly intervals.

The dataset information will also be used to monitor and evaluate advisor quit rates achieved against standards expected for service delivery. Quit rates are measured as a key vital signs for Worcestershire and is a national performance key indicator

5. Risk assessment

GP's and or medical personnel involved with the patient should always be informed if NRT or any other medication is recommended or prescribed.

5.1 Nicotine replacement therapy (NRT) carries relatively small risks to the general population; there is however an increased risk to the foetus in pregnancy.

Advisors should refer to current Worcestershire ACPC guidelines and Worcestershire PGD for nicotine replacement therapy. (Worcestershire PCT Intranet policies and procedures)

5.2 Specific guidelines apply in pregnancy (Nice public health guidance document PH 10)

5.3 Stopping smoking can adversely affect some specific medications and medical conditions.

Advisors should refer to current Worcestershire ACPC guidelines (Worcestershire PCT Intranet policies and procedures/ medicine management & pharmacy/area prescribing committee/central nervous system/smoking cessation/prescribing guidelines)

5.4 Use of Varenicline (Champix), and Bupropion (Zyban) remains controversial for patients with mental health conditions and it is therefore advised that it should only be prescribed by a medical professional or mental health specialist with prescriptive authority

5.5 Any risks identified should be documented in accordance with NHS Worcestershire policies and procedures.

5.5 CO monitors should be recalibrated every 6 months, single use mouthpieces should be used, and infection control protocols enforced to ensure no unintended cross infection occurs.

6. Documentation

6.1 All data transferred should be subject to best practice guidelines and relevant legislation such as the Data Protection Act and the Caldicott Principles.

6.2 Individual patient activity will be recorded using the gold standard format recommended by DH and supplied by NHS Worcestershire in duplicate. The top copy of which should be sent to NHS Worcestershire Healthy Lifestyle team for inclusion in quarterly data submission, the other for patient/client records.

7. Infection control

7.1 Infection control mechanisms must be in place which comply with the Health Act 2008, the Code of practice for the prevention and control of Healthcare Associated Infections, adhere to all national and local policies, and implement best practice from Saving Lives in respect to hand hygiene.

7.2 The CO monitor adaptor should contain a one way valve which should be sterilised according to manufacturer's instruction, and single use mouthpieces provided for patient/client to insert into the machine and remove after use. Monitors should be wiped down after every session with non-alcohol wipes.

8. Summary of service

- Patient/client is referred to advisor, consults and consents to treatment/intervention for stop smoking support
- Patient/client participates in regular structured sessions which include offer of all first line pharmacology* and behavioural support (as per current DH service guidance)

- Pharmacology is supplied (direct supply), facilitated by NRT voucher, as per PGD or a prescription is requested (Specific guidelines apply in pregnancy)

Either

- Patient/client reaches 4 weeks post quit (day 25-42) and quit is verified by CO reading where possible (85% minimum verification)

Or

Patient /client fails to quit at this attempt (not quit)

Or

Patient/client fails to engage (lost to follow up)

- ALL Data from patients/clients setting a quit date, regardless of end status is should be submitted to NHS Worcestershire to meet designated quarterly deadlines for DH submission
- Quit support should be continued where possible to 12 weeks as per best practice recommendations to encourage patient/client to remain quit. These quits are not yet required for submission to DH, but are reported to increase likelihood of the quit being sustained

Sample delivery model and care pathway appendix C

**note risk exceptions in mental health and pregnancy*

9. Monitoring

9.1 The data return form will provide the monitoring tool for quit rates, and performance rates of less than 35% will trigger an advisor competency review.

10. Reference documents

Assessing smoking cessation performance in NHS Stop Smoking Services: The Russell Standard (Clinical)

www.scsrn.org

NHS Stop Smoking Services, Service and monitoring guidance 2010/11

www.dh.gov.uk/publications

NCSCT Learning Outcomes for Training Stop Smoking Specialists

www.ncsct.co.uk

NICE public health (PH) guidance documents

www.nice.org.uk

PH 10

Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities (Feb 2008)

PH23

How to stop smoking in pregnancy and following childbirth (June 2010)

PH1

Brief interventions and referral for smoking cessation in primary care and other settings (March 2006)

Nursing and Midwifery Council Code of Conduct (Nov 2004)

www.nmc-uk.org

Worcestershire ACPC prescribing guidelines February 2010

Worcestershire PCT intranet-Medicine Management & Pharmacy-smoking cessation

Worcestershire PGD for NRT

Worcestershire PCT intranet-policies and procedures