

Appendix 1: Service description and pathways

This document describes the various elements of support included as part of the community-based Smoking Cessation Service Specification.

Support to Stop (Abrupt quit) Programme

NICE guidance, including Harm Reduction guidance, identifies an abrupt approach to stopping smoking (quitting in one step) as the most effective way to stop smoking. This, therefore, remains the core service offer from Community Providers. There are some recent changes to the guidance following recommendations by the National Centre for Smoking Cessation (NCSCT). The Service and Delivery guidance (2014) and the Standard Treatment Programme, recommend that **weekly one to one support sessions should be offered up to four weeks** after the quit date; to include a combination of behavioural support and licensed pharmacotherapy. All licensed pharmacotherapy is available as first-line treatment and Providers shall not present any specific medication more favourably than another. Evidence shows that combination NRT has been shown to have an advantage over using single NRT.

Guidance recommends a minimum time allocated for each appointment as follows:

Session 1: Pre-quit Assessment (1 or 2 weeks prior to Quit Date) (30 minutes)
Session 2: Quit Date (20 minutes)
Session 3: 1-week post Quit Date (15 minutes)
Session 4: 2-weeks post Quit Date (15 minutes)
Session 5: 3-weeks post Quit Date (15 minutes)
Session 6: 4-weeks post Quit Date (4-week follow-up appointment -15 minutes)
Total: 6-weeks (1 hour 50 minutes)

Follow-on sessions shall be provided as per specification up to an optimum period of 12-weeks with the supply of pharmacotherapy as required. Carbon monoxide (CO) readings shall be taken throughout the support programme and monitoring returns with CO outcomes sent at the 4-6-week quit date and 12-weeks.

If the client relapses during the course of 12 weeks, record the outcome and offer a further abrupt quit attempt, if the Service User is motivated to continue with support. An exception to this is if the client has received varenicline (Champix®), NICE guidance recommends waiting for a period of up to 6 months before a second attempt (unless special circumstances have hampered the person's initial attempt to stop smoking, when it may be reasonable to try again sooner).

Cut Down to Stop (Quit) Programme

This Service is for people who are willing to engage with a Smoking Cessation Service Provider, but who do not feel ready to stop smoking, or perhaps they feel unable to stop in one step. The service offers a structured approach to cutting down on cigarette smoking (harm-reduction) over a period of up to 4-weeks. The service exists not as an end in itself, but seeks to engage people on a journey towards quitting for good. It is hoped therefore that service users may move seamlessly on to the Support to Stop 'Abrupt Quit' programme.

Suggested cut down (harm-reduction) approach:

- Week 1 Cut down in smoking by 0-25%
- Week 2 Cut down in smoking by 26-50%
- Week 3 Cut down in smoking by 51-75%
- Week 4 Cut down in smoking by 76-99%

Reassure people who smoke that licensed nicotine-containing products are a safe effective way of reducing the amount they smoke. Help people who are cutting down prior to stopping smoking to set a specific quit date and develop a schedule detailing how much they aim to cut down (and when) in the lead up to that date. After this period and if the client is motivated to quit then encourage them to enter the abrupt quit programme should be made. Failing this, the Provider should make a referral to LiveWell Dorset for assessment and follow up. Suggested products to use with the Cut Down to Quit Programme are the nicotine inhalator or gum with titration of dose and on-going weekly support. **NB. All forms of licensed NRT can be considered for a harm-reduction approach.**

Short-Term Abstinence Programme

This programme is suitable for clients who wish to stop smoking for a short period of time (up to 4-weeks), for example, during a period of admission to hospital. Reassure people who smoke that licensed nicotine-containing products are a safe effective way of reducing the amount they smoke. The client should be assessed as appropriate for the Short-Term Abstinence Programme and given a supply of nicotine replacement therapy to cover the abstinence period. Arrange a follow on appointment and provide encouragement to enter in to the Abrupt Quit Programme (as appropriate) or refer to LiveWell Dorset. An explanation should be given at the start of the programme, of the health benefits to quitting, how to manage nicotine withdrawal during the period of abstinence, combined with behaviour change coping strategies to prevent relapse. Where possible take carbon monoxide readings during the abstinence period to encourage further engagement and motivation to quit totally.

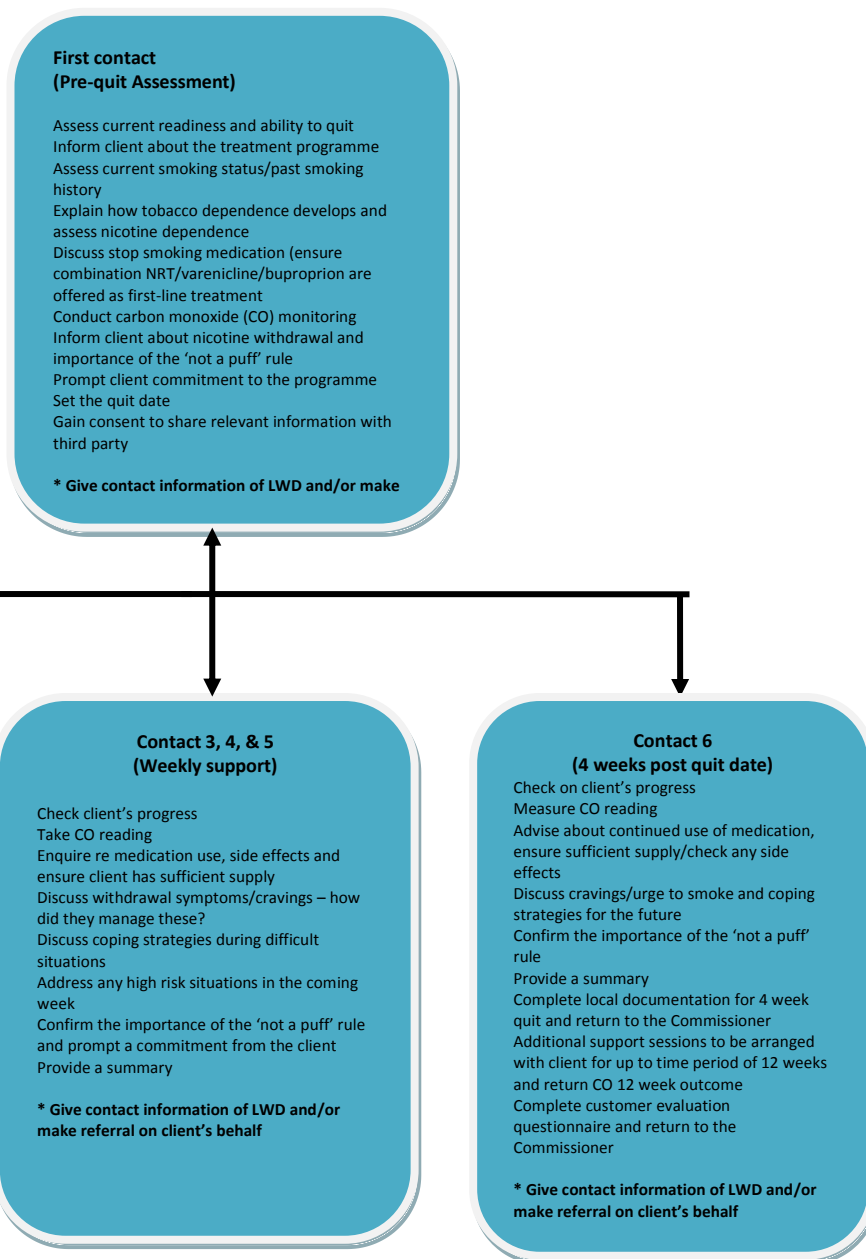
Note on the use of nicotine vapourisers (electronic cigarettes)

PHE, MHRA and NICE tobacco harm reduction guidance makes it clear that the use of nicotine vapourisers is considerably less hazardous than tobacco smoking. Commissioning arrangements should include offering behavioural support to clients who wish to use unlicensed, self-purchased products, whether this is in combination with or instead of a licensed product. A new Tobacco Products Directive regarding nicotine vapourisers to be licensed as a medicine will come in to effect from 2016.

Inform people that some nicotine-containing products are not regulated by the MHRA and therefore, their effectiveness, safety and quality cannot be assured. Also advise them that these products are likely to be less harmful than cigarettes.

If people no longer smoke cigarettes, but would like support with coming off nicotine-containing products (including e-cigarettes), they should be referred to LiveWell Dorset to access advice and support.

Pathway for Stop Smoking Support: Abrupt quit (quitting in one step)



If enhanced support is identified for clients in a high risk category e.g. mental health issues then a referral to LiveWell Dorset should be offered, if declined, give information re contacting LWD for future support. LWD is available for continued support at any stage of the stop smoking programme and at any time the client feels they would like to make direct contact.

Cut Down to Quit Programme (4 weeks)

First contact (Pre-quit Assessment)

Assess current readiness and ability to cut down *
Inform client about the treatment programme
Assess current smoking status/past smoking history – help them to set goals and discuss reduction strategies
Explain how tobacco dependence develops and assess nicotine dependence
Discuss stop smoking medications
Conduct carbon monoxide (CO) monitoring
Discuss coping strategies during difficult situations
Address any high risk situations in the coming weeks
Provide a summary
Gain consent to share relevant information with third party
Provide summary

*** Give contact information of LWD and/or make referral on client's behalf if further support is requested at any stage throughout the programme**

Second contact

Confirm readiness and ability to cut down
Ensure sufficient supply of NRT medication (inhalator/gum, correct usage and expectations)
Discuss withdrawal symptoms/cravings/urges to smoke
Look at coping strategies especially when dealing with client's smoking contacts
Conduct CO monitoring
Confirm the importance of the agreed cut down approach
Prompt a commitment from the client re motivation to cut down
Explore potential quit date
Discuss plans and provide a summary

*** Give contact information of LWD and/or make referral on client's behalf**

Contact 3, 4, & 5 (Weekly support)

Check client's progress and amount of cut down
Take CO reading
Enquire re medication use, side effects and ensure client has sufficient supply
Discuss withdrawal symptoms/cravings – how did they manage these?
Discuss coping strategies during difficult situations
Address any high risk situations in the coming week
Confirm the importance of continuing to cut down as agreed
Prompt a commitment from the client
Explore potential quit date
Provide a summary

*** Give contact information of LWD and/or make referral on client's behalf**

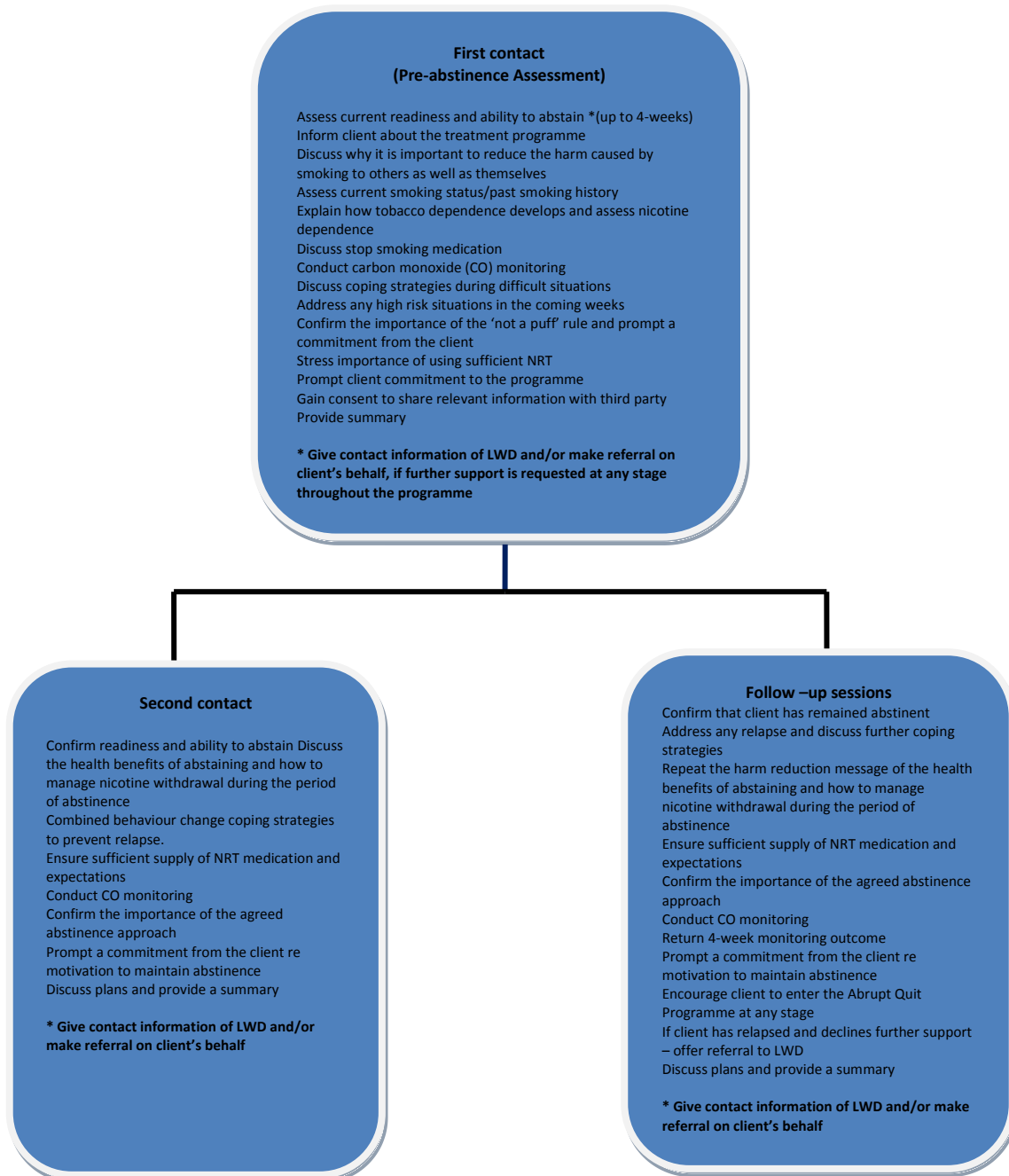
Contact 6 (End of 4 weeks Cut Down to Quit Programme)

Has the client now quit?
Check on client's progress and options (if relapsed consider referral to LWD)
Measure CO reading
Advise about continued use of medication check any side effects
Discuss cravings/urge to smoke and coping strategies for the future
Confirm the importance of not smoking
Obtain agreement from client to enter the Abrupt Quit programme and follow as per pathway (tailor to client need)
Return 4-week monitoring outcome
If client has relapsed and declines further support – offer referral to LWD
Provide a summary

*** Give contact information of LWD and/or make referral on client's behalf**

If enhanced support is identified for clients in a high risk category e.g. mental health issues then a referral to LiveWell Dorset should be offered, if declined, give information re contacting LWD for future support. LWD is available for continued support at any stage of the stop smoking programme and at any time the client feels they would like to make direct contact.

Short-term Abstinence Programme (up to 4-weeks)



If enhanced support is identified for clients in a high risk category e.g. mental health issues then a referral to LiveWell Dorset should be offered, if declined, give information re contacting LWD for future support. LWD is available for continued support at any stage of the stop smoking programme and at any time the client feels they would like to make direct contact.

The final two diagrams show the relationship between community-based smoking cessation providers and LiveWell Dorset (referred to here as the 'Health Improvement Hub' or just the Hub).

Descriptor of services within the tobacco pathway

LiveWell Dorset

Brief Intervention / Risk Perception

Who? Those not yet ready to quit
What? 20 minute intervention over the phone.
How? Utilises interactive web-based resource and COM-B questionnaire. Determines next step in support pathway

Enhanced Support

Who? Those who are highly addicted (must have tried and failed the standard 12-week quit at least once) or those with a mental health problem.
What? Coaching intervention over the phone or on a face-to-face basis. Planned follow-up calls fortnightly during the course of 12 weeks.
How? Runs in conjunction with 12-week standard quit and cut down to stop interventions in the community. Coach utilises full set of COM-B diagnostic/support tools.

E-cig to nicotine free

Who? Those wanting to overcome long-term addiction to e-cigarettes or NRT.
What? Coaching intervention over the phone. Planned follow-up calls and support given in line with agreed individual plan.
How? Utilises COM-B questionnaire may require liaison with a community provider if NRT is required as part of the individual plan.

Note

This diagram summarises the range of services that support smokers to quit or to reduce their consumption of tobacco / nicotine containing products. Clearly, the ultimate goal is for people to quit smoking completely and overcome their dependence on nicotine. By commissioning a range of service options, PH Dorset is keen to offer support to smokers, even if they do not feel ready to make a life-long quit attempt. We aim to positively engage people that smoke regardless of where they are on their journey towards becoming smoke-free.

(Based on NICE Guidance, PH 10 and PH45)

Community-based services

Support to quit

Who? Those wanting support in making an attempt to quit smoking
What? Initial consultation together with choice from full range of pharmacotherapy followed by 12-week programme of support to quit.
How? Established programme delivered by trained (tier-2) smoking cessation advisors

Cut down to stop

Who? Those not quite ready to quit but wanting to cut down on the number of cigarettes they smoke.
What? Initial consultation together with supply of NRT (gum or inhalator) to support a 4-step programme—titration of dose and ongoing support.
How? Support offered by trained advisor (tier-2) over agreed period (up to 4 weeks) alongside regular supply of NRT with view to supporting the individual to make a subsequent quit attempt

Short-term abstinence

Who? Those not yet ready to quit but who want to abstain for a period of time.
What? Initial consultation together with choice from full range of NRT followed by agreed programme of support to abstain.
How? Individually agreed programme delivered by trained (tier-2) advisor. Seek to engage individual in making a subsequent quit attempt

Figure 2: Smoke-stop support pathway

