



# Quality Standards for the Delivery of Smoking Cessation Services in Northern Ireland

June 2008



# Introduction

Improving the health of all our people and reducing health inequalities is a key element of the Programme for Government and is the main aim of the Investing for Health Strategy<sup>1</sup>. Smoking, more than any other identifiable factor, contributes to the gap in healthy life expectancy between those most in need and those most advantaged. Tobacco control is one of the most effective and cost-effective steps that can be taken to improve the health of the population and reduce inequalities.

The Department of Health, Social Services and Public Safety for Northern Ireland (DHSSPSNI) has shown its commitment to addressing tobacco control by providing recurrent funding to the four Health & Social Services Boards (HSSBs) to address the Tobacco Action Plan. The funding is used to support cessation, prevention, policy development and training. It has enabled the establishment of Specialist Smoking Cessation Services in a range of settings, including GP practices, pharmacies, hospitals and communities.

Tobacco control activities are overseen locally by the Boards' Tobacco Control Groups (TCGs). The multi-agency groups

are chaired by the Commissioners for Health Promotion who oversee the allocation of funding and commission tobacco control initiatives and services on behalf of their respective Boards. The groups have representation from a range of agencies, including the Trusts, Ulster Cancer Foundation, Action Cancer, Environmental Health, Health Promotion, Education and Library Boards, Community Groups and representation from local Health Action Zones and Investing for Health Partnerships.

As a direct result of the partnership approach demonstrated by tobacco control services and the Tobacco Control Groups, there has been a year on year increase in the number of trained specialists who provide smoking cessation support and an annual increase in the numbers of people availing of cessation support.

The Tobacco Control Groups of the four HSSBs have worked consistently to address the needs of disadvantaged adults, pregnant smokers and young people. Services are accessible, available and targeted towards people who wish to quit.



An external evaluation of smoking cessation services within Northern Ireland was completed in 2006<sup>2</sup>. The evaluation recognised the pivotal role of local Tobacco Control Groups and the Regional Steering Group. The report highlighted successes including:

*“...evidence of broader memberships, increased focus, improved co-ordination and better partnership working.”*

*“...TCGs facilitated the establishment of services in the community and encouraged the targeting and supporting of the target groups for the Five Year Tobacco Action Plan (2003-08). It is estimated conservatively that at least 20% of project beneficiaries are drawn from the target groups.”*

The challenge remains to sustain and build on the current cessation services and develop more flexible, accessible and sustainable approaches to help smokers quit. There is a need to continue to provide a comprehensive cessation service for disadvantaged groups, including young girls and pregnant smokers and to address the needs of those smokers who are not in employment or are manual workers.

There is clear direction from Government to reduce levels of tobacco use, which is reflected in strategic documents on health issues. The DHSSPS Health and Wellbeing Improvement Plan sets the key target for 2008<sup>3</sup> for the Health Service, which is to:

**‘PSA 1.2: By March 2011, reduce to 21% and 25% respectively the proportion of adults and manual worker subset who smoke’.**

The following quality standards have been developed by the four HSSBs to ensure the delivery of high quality specialist smoking cessation services across Northern Ireland.

All smoking cessation service providers are required to comply with the requirements of each of the 17 standards.

#### REFERENCES

1 Department of Health, Social Services and Public Safety (2002). Investing for Health. Belfast: DHSSPS

2 McCready, Donnelly and Lowry (2006). Promoting Cancer Prevention in Northern Ireland Through a Co-ordinated Approach to Smoking Cessation Services. Belfast: HPSS

3 Department of Health Social Services and Public Safety (2008). Health and Wellbeing Improvement Plan. Belfast: DHSSPS



# The Quality Standards

1. Staff providing specialist cessation advice and support should have attended a minimum of a two-day recognised training programme or a recognised training course. This training must be in keeping with the NI Regional Training Framework for Specialist Smoking Cessation (April 2003). Staff should ensure continuing competency in delivering the service and may need to complete refresher training.
2. The staff providing specialist smoking cessation support should have allocated time to deliver the service.
3. All services are expected to aim for at least a quit rate of 45 -50% at four weeks. Services who have quit rates of less than 35% will be subject to review by the HSSBs.
4. The service must be delivered in accordance with an agreed protocol for one-to-one or group intervention, which adheres to the DHSSPS Monitoring Guidelines (Nov 2001).
5. Service providers will be required to complete the data monitoring by using the electronic system ([www.stopsmokingni.com](http://www.stopsmokingni.com)). In exceptional cases the service provider should send a hard copy of completed monitoring forms to the HSSB. Service providers must ensure that each quarter the data is on the system by the specified dates.
6. Service providers will be required to return client data at four and 52 weeks (using the DHSSPS approved monitoring return forms). Returns should be entered onto the electronic system by the end of each calendar month. Payments claims and reports must be submitted promptly and within time-scales set by the HSSBs.
7. Specialist services are required to focus primarily on the target groups set out in the DHSSPS Priorities For Action targets, as well as in the DHSS&PS Tobacco Action Plan 03/08. These are: manual workers who smoke, disadvantaged adults who smoke, pregnant smokers, children and young people.
8. Only smokers ready to set a quit date should be registered for specialist support. Smokers should be offered an initial consultation of at least 15 minutes duration, which includes assessment of motivation and readiness to quit. If suitable, a quit date should



be set and advice regarding therapeutic interventions e.g. NRT/Bupropion/Varenicline given. Smokers may be referred to a General Practitioner / Pharmacist for further guidance.

9. Structured weekly support should be offered for at least four weeks after quit date.
10. Clients should be offered a total individual contact time of at least 1.5 hours, with a minimum of 15 minutes initial consultation. Some of the support may be provided by telephone contact, if more suitable for the client.
11. Where cessation support is offered on a one-to-one basis, a suitable area, which is quiet and private, must be available.
12. The four-week follow up must be carried out promptly, at the latest, 6 weeks after a quit date. A client is considered to have successfully quit smoking if they have not smoked at all for 14 days prior to the 4 week quit date.
13. Service providers will be required (in accordance with local protocols) to undertake carbon monoxide validation of quit attempts at 4 weeks and to record the outcome on the monitoring form (in accordance with the Infection Control Crest Guidelines). A carbon monoxide reading of less than 10ppm validates non-smoking status.
14. A minimum of 6 months must lapse before a client who has previously participated in a specialist smoking cessation programme can be reregistered with a smoking cessation service.
15. All service providers are expected to achieve a 52 week quit rate of 20%. The 52 week follow-up must be carried out promptly either in person with the client or via telephone. Only smokers who have quit smoking at 4 weeks should be reviewed at 52 weeks.
16. Equality, Human Rights and Data Protection legislations must be adhered to in service provision. Equality monitoring forms must be given to smokers availing of specialist cessation services, along with a prepaid envelope.
17. Service providers are required to keep copies of consultation forms and client details to facilitate evaluation and review by HSSBs.



# Contact Details by Health Board



**Eastern Health & Social Services Board**



**Northern  
Health and  
Social Services  
Board**

Eastern Health & Social Services Board  
Champion House  
12-22 Linenhall Street  
Belfast  
BT2 8BS

T: 028 9055 3963

Northern Health & Social Services Board  
The Chalet  
County Hall  
182 Galgorm Road  
Ballymena  
BT42 1QB

T: 028 2531 1169





**Southern  
Health  
& Social  
Services  
Board**



**W E S T E R N**  
HEALTH AND SOCIAL SERVICES BOARD

Southern Health & Social Services Board  
Tower Hill  
Armagh Community Hospital  
BT51 9DR

T:028 3741 4557

Western Health & Social Services Board  
2nd Floor  
Anderson House  
Market Street  
Omagh  
BT78 1EE

T:028 8225 3951



