



Quality Standards  
for the Delivery of Specialist Stop Smoking  
Services in Northern Ireland  
September 2011

# Introduction

Cigarette smoking is the major cause of preventable ill health in Northern Ireland. It accounts for 2400 premature deaths every year. Fifty percent or one in every two smokers will die prematurely due to their addiction; many will suffer chronic ill health and poor quality of life before their death (DHSSPS, 2007; ASH, 2008). Approximately 340,000 people smoke in Northern Ireland or 24% of the population over 16yrs.

The Public Health Agency (PHA) commissions specialist stop smoking services across Northern Ireland. It has enabled the establishment of specialist stop smoking services in a range of settings including GP practices, pharmacies, hospitals and community settings. Tobacco control activities are overseen locally by the PHA's Tobacco Control Groups. The multi-agency groups oversee and advise on tobacco control initiatives.

The provision of specialist stop smoking services has grown substantially in the last ten years. To date the PHA has commissioned specialised stop smoking services from over 600 service providers based in settings such as GP surgeries, community pharmacies, hospitals, community centres and work places. Since their foundation 10 years ago, this service has supported over 126,000 people to stop smoking, with over 50% of these clients remaining quit at 4 weeks (DHSSPS, 2010).

Commissioners and providers have worked together during this period of time to achieve optimum outcomes; using evidence-based interventions, focusing jointly on increasing reach and access for smokers from target groups, improving data quality and ensuring that resources are allocated appropriately.

Evidence-based guidelines (Thorax) and NICE guidance inform how services are delivered and the availability of stop smoking aids. Key policies and strategies relating to this work in Northern Ireland are:

- Service Framework for Respiratory Health and Wellbeing (DHSSPS, 2009)
- Service Framework for Cardiovascular Health and Wellbeing (DHSSPS, 2009)
- Service Framework for Cancer Prevention, Treatment and Care (DHSSPS, 2011)
- Caring for People Beyond Tomorrow: A Strategic Framework for the Development of Primary Care (DHSSPS, 2005)
- A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025 (DHSSPS, 2004)
- Investing for Health (DHSSPS, 2002)
- Ten Year Tobacco Control Strategy (DHSSPS, in development)
- Fair Society, Healthier Lives: The Marmot Review (The Marmot Review, 2010)



# The Quality Standards

All stop smoking services are required to comply with the requirements of each of the following 18 standards.

1. Specialist stop smoking services should be available for the whole population but service providers are required to focus primarily on the target groups set out in the DHSSPS Ten Year Tobacco Strategy.

These include people who smoke and are:

- disadvantaged
  - routine and manual workers
  - pregnant women
  - children and young people
2. Staff providing specialist stop smoking advice and support are required to 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 Stop Smoking (April 2003). Staff should ensure continuing competency in delivering the service and are responsible for ensuring they complete refresher / update training every three years.
  3. The service is delivered in accordance with an agreed protocol for one-to-one or group intervention, based upon the DHSSPS Monitoring Guidelines (2001).
  4. The staff providing specialist stop smoking support should have allocated time to deliver the service.

5. Clients should be offered a total individual contact time of 1.5 hours. Some of the support may be provided by telephone contact if more suitable for the client.
6. For all Stop smoking support, offered on a one to one basis, a specific area will be provided in which a conversation can be conducted in private, free of interruptions and without the possibility of being overheard. Strict confidentiality will be observed in respect of any personal information relating to the client.
7. Only smokers motivated, ready to quit and prepared to set a quit date should be registered for specialist support. Smokers should be offered an initial consultation of at least 15 minutes; this should include 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 or Pharmacist for further guidance. If a smoker is referred to you (for guidance / product dispensing only) from another stop smoking service provider, you **MUST NOT** enter this person onto the electronic system and must not claim payment for them. Guidance of this type does not warrant submission of a claim under the Stop Smoking Service delivery protocols.
8. Specialist stop smoking services should be provided over a 6 – 12 week period, with structured support being offered for at least 4 weeks after the quit date.
9. The 4 week follow up must be carried out promptly and at the latest 6 weeks after a quit date. A client is considered to have



successfully quit smoking if they have not smoked in the third and fourth week after the quit date.

10. 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 PHA/HSCB.
11. Service providers will be required to undertake carbon monoxide validation of quit attempts at 4 weeks and to record the outcome on the monitoring form (in accordance with Crest Guidelines on Infection Control). A carbon monoxide reading of less than 10ppm validates non-smoking status (DH, 2010). Carbon monoxide monitors must be calibrated according to manufacturer's recommendations for use.
12. All service providers are expected to achieve a 52 week quit rate of 20%. The 52 week follow-up is to 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.
13. A minimum of 6 months must lapse before a client who has previously participated in a PHA funded specialist stop smoking programme can be re-registered with a PHA stop smoking service. A client may be accepted prior to the 6 month re-entry in exceptional circumstances following consultation with your local PHA office.
14. Service providers will be required to use the electronic system ([www.stopsmokingni.com](http://www.stopsmokingni.com)) to collect the following monitoring data:
  - Client details – form 1
  - Four week follow up form
  - 52 week follow up form (only for clients that have successfully quit at 4 weeks)

All returns should be submitted by the end of each calendar month.

15. Payments claims must be submitted to the PHA monthly as indicated in the schedule for submission of claims. Failure to complete, maintain and submit appropriate records may result in non-payment.

#### Schedule for submission of claims

Quit date set during this month	Latest date for submission of claim to the PHA (or first working day thereafter)
January	21 March
February	21 April
March	21 May
April	21 June
May	21 July
June	21 August
July	21 September
August	21 October
September	21 November
October	21 December
November	21 January
December	21 February

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 stop smoking services, along with a prepaid envelope for return.
17. Service providers are required to keep copies of consultation forms and client details to facilitate review by PHA/HSCB.
18. The PHA reserves the right to suspend/terminate the contract of any service provider that fails to meet any of these standards.

Contact Details for Stop Smoking Services are available on the following website [www.want2stop.info](http://www.want2stop.info)



# References

Action on Smoking and Health (ASH). 2008. Beyond Smoking Kills: Protecting Children, Reducing Inequalities. London:ASH

Department of Health, Social Services and Public Safety. 2003. A Regional Training Framework for smoking cessation . Belfast: DHSSPS

Department of Health, Social Services and Public Safety. 2004. A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025. Ref: 92/2004. Belfast: DHSSPS

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Department of Health, Social Services and Public Safety. 2006. Guidelines for the Prevention of infection and decontamination of respiratory equipment in NI. Belfast: DHSSPS

Department of Health. 2007. Review of the Health Inequalities Infant Mortality PSA Target. London: Department of Health

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Department of Health, Social Services and Public Safety. 2010. Statistics on Smoking Cessation Services in Northern Ireland. Statistical Bulletin PHIRB 5/2010. Belfast: DHSSPS

Fair Society, Healthy Lives. The Marmot Review. The Marmot Review, February 2010.

West R, Mc Neill A, Raw M (2000) Smoking Cessation Guidelines for Health Professionals: An Update. Thorax 2000; 55 (12), pp. 987-999.

Department of Health, Social Services and Public Safety. 2001. DHSSPS Smoking Cessation Services: Service and Monitoring Guidance 2001/02.



# Contact Details by PHA

## Locality Tobacco Control Teams

### **Belfast Area**

18 Ormeau Avenue  
BELFAST  
BT2 8HS  
Tel: 028 9031 1611

### **Northern Area**

County Hall  
182 Galgorm Road  
BALLYMENA  
BT42 1QB  
Tel: 028 2531 1192

### **South Eastern Area**

Lisburn Health Centre  
LISBURN  
BT28 1LU  
Tel: 028 9151 0199

### **Southern Area**

Tower Hill  
ARMAGH  
BT61 9DR  
Tel: 028 3741 4557

### **Western Area**

Gransha Park House  
15 Gransha Park  
Clooney Road  
L'Derry  
BT47 6FN  
Tel: 028 7186 0086

