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# Training Framework for Smoking Cessation Services in Northern Ireland

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# **CHAPTER 1**

## **INTRODUCTION**

- 1.1 An important element of the Tobacco Action Plan, which was issued for consultation in August 2002, is the delivery of sustainable, evidenced based smoking cessation interventions. The Action Plan acknowledges that many people addicted to nicotine need help to stop smoking. Fundamental to the achievement of this objective is the appropriate education and training of health and social care professionals and others involved in the delivery of smoking cessation counselling and support.
- 1.2 This Framework document represents the outcome of a workshop held on 6-7 November 2001, and subsequent consultation. The Department of Health, Social Services & Public Safety (DHSSPS) acknowledges the contribution to its production of the four Health and Social Services Boards, the Ulster Cancer Foundation, the Health Promotion Agency and Ms Ann McNeill, independent consultant and honorary senior lecturer at St George's Medical School, London University.
- 1.3 **Although the document sets standards for use throughout the HPSS its application should be promoted as best practice among all individuals delivering smoking cessation services.**

## **AIMS**

- 1.4 The training framework:
  - sets minimum standards for the different levels of smoking cessation interventions;
  - describes the knowledge and skills necessary to deliver high quality smoking cessation interventions to regional standards;
  - promotes consistency of approach across the Province in the delivery of smoking cessation training programmes; and
  - provides guidance as to how existing programmes might be evaluated at local level.

## **Levels of Interventions**

- 1.5 There are two levels of intervention:
  - a) *Brief Opportunistic advice* - mainly delivered during the course of routine consultation by a range of healthcare professionals;
  - b) *Specialist cessation interventions* - delivering intensive advice and support, either on a one to one basis, or in groups, by individuals who

have been specially trained and have the dedicated time to provide this service.

- 1.6 The Training Framework describes the knowledge and skills base necessary for the delivery of the two levels of intervention. The minimum standards for each level of intervention are contained in Appendix A. These standards are also contained in the departmental monitoring guidance on smoking cessation services, which was widely distributed in December 2000.
- 1.7 The contents of this Framework will be reviewed by the Tobacco Action Plan Implementation Group in 2005 as part of the overall monitoring of the Plan.

# COMPONENTS OF TRAINING PROGRAMMES FOR BRIEF OPPORTUNISTIC ADVICE

## **CHAPTER 2**

2.1 **Aim of training programme** - To provide participants with the basic knowledge and skills base necessary to deliver brief opportunistic advice during routine consultation.

2.2 **Knowledge, skills and attitudes** - By the end of the training programme in brief opportunistic advice, course participants should have achieved the key components\* as a minimum outcome and should be able to: -

- \*describe the aims of brief intervention during routine consultation;
- describe background information to aid motivation (e.g. the health benefits of cessation and the effects of passive smoking) and help trigger quit attempts (low success, but huge reach and therefore potential for large impact at population level);
- \*describe what brief intervention is (the 4, 5 or 6 As);
- understand, and comment on, tobacco issues – rates of starting and stopping smoking (nationally and locally), risks (including the effects of smoking on the body), policy directives and political context (including legislation and targets), marketing practices and target groups of tobacco industry, addiction and dependence issues (including the lack of understanding and empathy for smokers, compared to other substance abuse), smoking and health inequalities;
- understand the views and experiences of smokers (particularly young smokers and disadvantaged smokers) and the need for empathy;
- \*provide information on all effective therapies including behavioural support and pharmacotherapies such as bupropion and nicotine replacement therapies (NRT);
- utilise basic knowledge of behavioural change, for example, “cycle of change”;
- \*raise the issue of smoking with client – keep a record in notes or on a card. Discuss the use of prompt cards for healthcare professionals and patients;
- \*understand what the barriers are to intervening and advising;

- \*integrate smoking cessation advice into routine consultation. Know how best to raise the issue and relate to an individual's special health and/or social circumstances;
- utilise knowledge of the timeliness and frequency of intervention – suggested annually;
- promote a team approach to brief opportunistic interventions (local policy), be aware that others may have asked about smoking recently;
- \*identify barriers to quitting;
- \*identify appropriate referral pathways and sources of information on availability of specialist support locally, helplines, self-help methods, other resources and materials available;
- \*identify the potential adverse effects of smoking and pregnancy including those on mother, foetus, baby and siblings;
- \*record information and provide an audit trail;
- \*ask open questions, know how to get started and the opening line;
- \*utilise listening skills, and be able to interpret smoker's response to the intervention;
- \* assess motivation and readiness to quit;
- \*rapidly assess and categorise smokers' level of nicotine addiction;
- empathise with smokers;
- \*supply basic information on pharmacotherapies to clients and know of their potential use in pregnancy;
- make the most of opportunities as they arise; ask about smoking as part of the daily routine;
- \*record the intervention and its outcome in a simple and retrievable manner;
- keep up to date with changes in evidence base and policy;
- identify the attitudes of healthcare professionals towards smoking;
- create a positive change in health professional's attitude towards smoking; and

- implement smoking cessation as an implicit part of practice.
- 2.3 **Target Participants** - HPSS staff who have direct contact with service users including nurses, health visitors and midwives, pharmacists, doctors, dentists, allied health professionals, social workers, occupational health staff, in addition to lay health and social care workers including youth workers, where appropriate. (See 1.3).
- 2.4 **Duration of training (approximately 3 hours)** - the duration of the training may be flexible, depending on the model used, the existing level of knowledge of participants and the degree of ongoing support provided. In addition, local circumstances might identify a greater need for the delivery of “awareness raising” courses. These may be of shorter duration, may only cover core components but provide some measure of ongoing support.
- 2.5 **Training Settings** - training may be delivered in different settings depending on local and regional circumstances. Examples could include delivery within a Local Health and Social Care Group incorporating general medical, dental and pharmacy practice together with other members of the primary care team, The delivery may be on a unidisciplinary or multidisciplinary basis. Other settings include HSS Trusts, in addition to voluntary, community and workplace settings, and academic establishments
- 2.6 **Commissioning and provision of training for brief opportunistic advice** - as part of implementation of the Tobacco Action Plan, HSS Boards should promote the local availability and uptake of brief intervention training. This should be built into commissioning arrangements with HPSS organisations. Through implementation of the Tobacco Action Plan, the DHSSPS will promote use of the Framework document, and actively encourage undergraduate and post graduate establishments to include brief intervention training as part of their programme for training current and future health and social care staff.
- 2.7 **Monitoring and evaluation of brief intervention training** - every effort should be made to ensure that courses provided through HPSS resources meet the standards outlined in this document. Monitoring and evaluation of the training and/or its implementation can be done in a number of ways including: -
- ensuring that basic knowledge and skills, as outlined in this document, are included in the training programme at a level relevant to the audience;
  - recording the numbers trained to give brief advice;
  - recording participants’ views on the training (customer satisfaction);
  - assessing the number of smokers reporting receiving such advice;

- recording the number of smokers referred to specialist services and the source of the referral; and
- auditing the recording of current smoking status in patients' notes and the outcome of the brief intervention.



# COMPONENTS OF TRAINING PROGRAMMES FOR SPECIALIST CESSATION

## **CHAPTER 3**

- 3.1 **Aim of training programme** - to provide participants with the knowledge and skills base necessary to run effective specialist cessation services, either on a one to one or group basis.
- 3.2 Participants are likely to have undertaken some form of basic training in smoking cessation and have had some previous experience in the delivery of smoking cessation advice.
- 3.3 Specialist cessation training course organisers will wish to consider the use in training programmes of role play and case studies, in addition to the demonstration of pharmacotherapies by a pharmacist or other suitably experienced professional.
- 3.4 **Knowledge, skills and attitudes** - the knowledge and skills base, described below, represents the gold standard for specialist cessation training. By the end of a specialist cessation training programme, participants should be able to: -
- describe *baseline knowledge* as outlined in brief intervention training;
  - place their specialist service in the context of local and regional strategies and action plans;
  - identify appropriate models of intervention, sources of information and support to enable their service to run effectively and efficiently;
  - understand the benefits of teamwork and be able to identify key personnel at local level;
  - demonstrate a basic knowledge of motivational interviewing;
  - demonstrate comprehensive knowledge of smoking behaviour;
  - demonstrate knowledge of the physical, psychological, pharmacological and social effects of tobacco use including any anticipated symptoms on stopping such as weight gain;
  - describe use of effective pharmacotherapies including practical knowledge and demonstration of use of range of products, their contraindications, interactions and side effects. Knowledge of relevant clinical guidelines;
  - describe the positive health benefits of quitting;

- demonstrate knowledge of withdrawal including symptoms and signs of withdrawal and how to cope with withdrawal. Understand the use of pharmacotherapies to aid withdrawal;
- demonstrate knowledge of the importance of a balanced diet when stopping;
- demonstrate knowledge of key points in the DHSSPS monitoring guidance, including data protection and equality issues;
- demonstrate the benefits and use of CO monitors both to aid the quit attempt, and also their use in monitoring;
- understand the health and safety issues relating to use of monitors including calibration and hygiene issues;
- describe when an individual would benefit most from the delivery of individual support or group intervention;
- identify reasons for relapse, and know of relapse prevention strategies which could be tailored to individual needs;
- demonstrate knowledge of the specific needs of certain client populations especially those of pregnant women who smoke, and how they might be best supported. Other client groups with specific needs might include young people, people from an ethnic minority background, people with a disability, particularly those who are deaf or with a hearing impairment or have mental health problems;
- demonstrate the baseline skills, as outlined in the brief intervention training section;
- establish a rapport with client(s), clarify goals of client(s), set relevant objectives and plan an appropriate evidenced based intervention(s), having assessed the client's level of addiction and motivation;
- assess client's suitability for pharmacotherapy and where appropriate, provide information on, and be able to demonstrate how to use a range of products;
- provide advice, where appropriate, on the use of pharmacotherapies in pregnancy, having taken account of the evidence of effectiveness, the licensed indications for use and local protocols;
- assess suitability of client for one to one or group therapy;
- plan and support implementation of the selected intervention (or series of interventions) relevant to the needs of an individual(s);

- monitor continued suitability of chosen pharmacotherapy;
- motivate clients to continue with quit attempt;
- assist client to develop relapse prevention strategies;
- monitor CO levels and provide feedback to client;
- organise local specialist cessation services;
- liaise with other professionals in the development of local services;
- use computer technology, where appropriate, to enhance efficiency and effectiveness of service;
- provide data collection and monitoring returns in accordance with DHSSPS monitoring guidance;
- market services internally and externally, based on capacity and resources;
- identify the attitudes of healthcare professionals towards smoking;
- create a positive change in health professional's attitude towards smoking; and
- implement smoking cessation as an implicit part of practice.

### **Knowledge and skills for group interventions**

“Group intervention” knowledge and skills are desirable, not least to promote mutual support and sharing of experiences. Such skills are, of course, only necessary if the trainee is going to organise and manage smoking cessation groups. Depending on the previous experience and skills of the individual trainee, an enhanced training programme may be required. Knowledge and skills could include: -

- basic use of group dynamics theory;
- organisation of infrastructure and group setting to ensure maximum participation and safety of group;
- active encouragement of all members of the group to participate;
- use of techniques and aids, to encourage participation and cohesiveness within groups; and

- use of range of methodologies to evaluate group outcomes.
- 3.5 **Target Participants** - HPSS staff who have some previous experience in delivery of smoking cessation advice, and who have the capacity, resources, dedicated time, and capability to develop and /or maintain a local sustainable, and accessible specialist cessation service.
- 3.6 **Duration of training** - Experience from elsewhere suggests that it is likely to take approximately 2-3 days to deliver a basic specialist cessation training programme. However, as with training for brief interventions, the duration of training will depend on local needs. In addition, it should take account of the level of experience of participants, and their existing skills and knowledge, in addition to the availability of financial and time resources. Therefore, some components of the training may be tailored to local need and could be delivered flexibly, for example, by distance learning techniques. These could be assessed for competency with a short written questionnaire. Within specialist cessation training programmes, there is a need for inclusion of role-playing and the examination of case studies. Where possible, these tools should be included. In addition, a method of updating participants is considered a mandatory component of the course. This may be facilitated locally by the HSS Board Smoking Cessation Coordinator together with ongoing advice and support, possibly in collaboration with other service providers.
- 3.7 **Training Settings** – any courses for specialist cessation training, delivered locally, regionally or nationally, must meet the standards identified in this document.
- 3.8 **Monitoring and evaluation of specialist cessation training programmes** - every effort should be made to ensure that specialist cessation training programmes funded through HPSS resources meet the standards outlined in the framework.
- 3.9 Monitoring the training and/or its implementation could be done in a number of ways including: -
- ensuring that course content contains the knowledge and skills relevant to the development and maintenance of specialist services;
  - recording the numbers trained to give specialist support;
  - recording participants' views on the training – inclusion of an evaluation sheet;
  - providing a written assessment (e.g. multiple choice questions) to demonstrate successful completion of the course;
  - assessing the proportion of quitters in services run by those trained; and

- providing feedback via the Smoking Cessation Coordinators at Board level, on the ongoing training and support needs of individuals who provide specialist cessation support.

Any concerns about the standard of specialist cessation courses, funded through HPSS resources, will be taken forward through the DHSSPS Smoking Cessation Working Group.

## **1. Brief Interventions**

### **Minimum Standards for HPSS Services**

- The use of evidence based guidelines.
- All smoking cessation advisers should be trained to carry out their role.
- Delivery of brief opportunistic advice during routine consultation.

## **2. Specialist Cessation Services**

### **Minimum standards for HPSS Services**

- The use of evidence based guidelines.
- All smoking cessation advisers should be trained to carry out their role.
- An initial consultation with the client of greater than 15 minutes' duration to include assessment of motivation and readiness to quit, agreement of quit date and assessment and advice on suitability of NRT/bupropion.
- Completion of Minimum Data Set as outlined in DHSSPS Monitoring Guidance.
- Proactive use of carbon monoxide monitoring.
- The offer of structured weekly support for at least the first 4 weeks.
- Follow-up at 52 weeks following quit date. The initial contact could be by telephone/letter with those with continued abstinence coming in for CO validation and further support.

## REFERENCES

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