National Institute for Health and Clinical Excellence

Centre for Public Health Excellence

Review consultation document

Review of Public Health guidance (PH10) – Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities

1 Background information

Guidance issue date: 2008
3 year review: 2011

2 Process for updating guidance

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including cooptees) of the original committee that developed the guidance, the review team that produced the original evidence reviews, and representatives of relevant government departments.
NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).

NICE may amend its proposal, in light of feedback from stakeholder consultation.

NICE determines where any guidance update fits within its work programme, alongside other priorities.

3 Consideration of the evidence and practice

The expert group discussed current and ongoing research of relevance to the current recommendations.

The evidence base for the effectiveness of smoking cessation services had grown in the period since publication of the guidance. The expert group noted that the structural changes in the commissioning and provision of services was changing but the implications of these changes were still unclear.

Recommendation 1

The expert group suggested there was new evidence on performance targets and on throughput and success rates for smoking cessation treatment that would affect this recommendation.

Recommendation 2

There was also new evidence on pharmacotherapies for smoking cessation, on behavioural support, on training standards and on effective interventions with some disadvantaged groups that could affect this recommendation.

Recommendation 3

The recommendation could stand as written, but it was noted by the expert groups that current UK research on proactive telephone quitlines would be published in the near future.
Recommendation 4

There is new evidence on the use of varenicline for stopping smoking which may affect the recommendation. There is also new evidence on the use of nicotine replacement therapy for gradual quit attempts. However the use of nicotine replacement therapy for cutting down on smoking will be considered in new guidance on harm reduction approaches to smoking and then stopping - gradual quit attempts and for nicotine assisted.

Recommendations 5 and 6

The expert group noted that there was new evidence that would affect the recommendations, however, NICE will be developing guidance on harm reduction approaches to smoking and on smoking cessation in secondary care which will update and expand these recommendations.

Recommendation 7

It was agreed that the recommendation did not need revision.

Recommendations 8 and 9

The recommendations had been updated and expanded by guidance published in 2010, ‘Quitting smoking in pregnancy and following childbirth’ (PH26) (see http://guidance.nice.org.uk/PH26). and therefore did not require updating.

Recommendation 10

The recommendation could be considered for an update, The expert group noted that a Cochrane review on behavioural support for young people had been published.

Recommendations 11 and 12

The context of training those professionals who provide advice and guidance on stopping smoking had changed and new training standards had been
developed, so the expert group’s advice was that these recommendations should be updated.

**Recommendation 13**

The context of this recommendation about planning of locally delivered services had changed, but the recommendation can be amended once the changes to the commissioning and delivery of services are clear...

**Recommendations 14 and 15**

These recommendations on communications campaigns and smoking cessation services in residential or custodial care do not need to be updated.

**Recommendation 16**

The recommendation on workplace smoking cessation needed no updating.

**4 Implementation and post publication feedback**

About 60 enquiries were received from post-publication feedback, many of which were requests for printed copies or links to related products.

One enquiry about pre-operative smoking cessation necessitated two meetings of an expert panel made up of members of the Programme Development Group and experts who could give additional information. The question considered was whether Recommendation 6, on encouraging patients referred for elective surgery to quit, should be amended to include an indication of the time before surgery when cessation should no longer be attempted. A systematic review and meta analysis concluded that it was safe for physicians to advise patients to quit any time before surgery [Meyers K et al. (2011) stopping smoking shortly before surgery and post-operative complications. Arch. Int. Med. doi:10.1001/archinternmed.2011.97].

No new evidence was identified through post publication enquiries or implementation feedback that would indicate a need to update the guidance.
5 Related NICE guidance


- School-based interventions to prevent the uptake of smoking among children. Public health guidance 23 Published February 2010 See http://guidance.nice.org.uk/PH23

- Identifying and supporting people most at risk of dying prematurely Public health guidance 15 Published September 2008 See http://guidance.nice.org.uk/PH15

- Preventing the uptake of smoking by children and young people Public health guidance 14 Published July 2008 See http://guidance.nice.org.uk/PH14

6 Equality and diversity considerations

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

7 Conclusion

The expert panel noted that there was new evidence on smoking cessation services and pharmacotherapies that would affect the guidance. The context in which services would be commissioned and delivered would change which would necessitate editorial amendments to the other recommendations. NICE will be developing two new pieces of public health guidance, on harm reduction and on smoking cessation services in secondary care which will consider the evidence relevant to two of the recommendations and therefore
replacing them. Guidance on quitting smoking in pregnancy and after childbirth had been published in June 2010, updating two of the recommendations in PH10. It was therefore concluded that only some of the recommendations required updating.

8 Recommendation

The guidance should be partially updated.

9 Next steps

Following consultation on this draft review proposal, the final recommendation will be made to NICE’s Guidance Executive. Following that, the outcome will be made available on the website.

Centre for Public Health Excellence (CPHE)

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