

Surveillance report Published: 31 March 2017

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Surveillance decision

To amalgamate by committee the tobacco suite of guidelines, with rescoping to handle gaps in the guideline portfolio. The restructuring of the tobacco guidelines will ultimately produce a consolidated and condensed product which will better meet audience needs. NICE guideline PH45 and NICE guideline PH48 will be refreshed as part of this process. The tobacco suite of guidelines consists of the following guidelines:

- Smoking: acute, maternity and mental health services (2013) NICE guideline PH48
- Smoking: harm reduction (2013) NICE guideline PH45
- Smokeless tobacco: South Asian communities (2012) NICE guideline PH39
- Smoking: stopping in pregnancy and after childbirth (2010) NICE guideline PH26
- Smoking prevention in schools (2010) NICE guideline PH23
- Smoking preventing uptake in children and young people (2008) NICE guideline PH14
- <u>Stop smoking services</u> (2008) NICE guideline PH10
- Smoking: workplace interventions (2007) NICE guideline PH5
- Smoking: brief interventions and referrals (2006) NICE guideline PH1

How we made the decision

We check our guidelines regularly to ensure they remain up to date. Two public health tobacco guidelines from the tobacco suite of guidelines underwent surveillance in 2015/2016:

- Smoking: harm reduction (NICE guideline PH45)
- Smoking: acute, maternity and mental health services (NICE guideline PH48)

Through the surveillance process it was recognised that there is considerable overlap across the suite of tobacco guidelines but also some potential gaps. As such, it was deemed important to also consider the previous review decisions for the entire portfolio of tobacco guidelines.

For details of the process and update decisions that are available, see <u>ensuring that</u> <u>published guidelines are current and accurate</u> in developing NICE guidelines: the manual.

Consideration of the evidence for PH45 and PH48

A brief overview of how new evidence impacts upon NICE guideline PH45 and NICE guideline PH48 is provided below. A more detailed summary of the evidence for PH45 and PH48 is provided in appendices $\underline{1}$ and $\underline{2}$, respectively.

Smoking: harm reduction (2013) PH45

- New published evidence was identified relating to the use of e-cigarettes for harm reduction. The evidence from 20 effectiveness studies on electronic cigarettes indicated that they are potentially effective at reducing cigarette consumption or increasing abstinence rates, whilst evidence from 25 safety studies indicated that on the whole they are safer than cigarettes. This evidence potentially directly impacts on:
 - Recommendation 1: Raising awareness of licensed nicotine-containing products
- If recommendation 1 was updated to reflect the new evidence on e-cigarettes, the following recommendations may also need some level of refreshing or updating:
 - Recommendation 2: Self-help materials advising on non-licensed nicotinecontaining products
 - Recommendation 3: Choosing a harm-reduction approach
 - Recommendation 8: Supporting temporary abstinence
 - Recommendation 9: People in closed institutions
 - Recommendation 10: Staff working in closed institutions
- New published evidence was also identified on electronic-cigarettes specifically in populations in closed institutions. Two studies indicated that electronic cigarettes are acceptable and effective for smoking reduction and abstinence. This evidence may potentially directly impact upon:
 - Recommendation 9: People in closed institutions

• Experts also provided evidence that indicated that electronic-cigarettes are effective for tobacco harm reduction and safer than conventional cigarettes. Furthermore, experts indicated that the omission of electronic-cigarettes from PH45 undermines the guideline in practice.

Please note, the current update of PH1 and PH10 includes consideration of evidence on electronic cigarettes. As such, any update of PH45 would only be considered after the update of PH1 and PH10 has been completed.

Smoking: acute, maternity and mental health services (2013) PH48

- A number of recommendations may require refreshing to reflect any changes made in the ongoing update of PH1 and PH10.
- There is a need to refresh the wording of recommendation 6 around varenicline to make consistent with the Summary of Product Characteristics.
- PH48 makes a number of cross-referrals to other guidelines, such as PH45. Hence, should further work be undertaken on electronic cigarettes then PH48 would require refreshing.

Previous review decisions for the tobacco guidelines

The following review decisions for the tobacco guidelines have already been made:

- <u>Smoking: brief interventions and referrals</u> (2006) NICE guideline PH1 and <u>stop smoking</u> <u>services</u> (2008) NICE guideline PH10 are currently in update and merger. This update and merger includes a consideration of the evidence base on electronic cigarettes.
- <u>Smoking: workplace interventions</u> (2007) NICE guideline PH5. Placed on the static list in September 2014.
- <u>Smoking: preventing uptake in children and young people</u> (2008) NICE guideline PH14. In November 2014, the review decision was to update the guideline to take account of new evidence relating to the use of new media for changing social norms around smoking, and the impact of smoking cessation campaigns aimed at adults on denormalising smoking and deterring children from taking up smoking.
- <u>Smoking prevention in schools</u> (2010) NICE guideline PH23. In April 2013, the review decision was to partially update the guideline in light of new evidence. Additionally a refresh of the guideline was also agreed to update the language and terms used in the guideline on schools, the NHS and local authorities to reflect recent changes in systems, structures, and the changed policy and delivery context.
- <u>Smoking: stopping in pregnancy and after childbirth</u> (2010) NICE guideline PH26. In August 2015, the review decision was to partially update PH26. This was initially going to be updated within the current update of PH1 and PH10. However, the scope of this update proved to be substantial and resource limitations resulted in the update being postponed.
- <u>Smokeless tobacco: South Asian communities</u> (2012) NICE guideline PH39. No review of the guideline has been undertaken due to PH39 meeting the criteria to be placed on the static list as it does not have an associated quality standard. However, it would be beneficial to consolidate this product within the proposed tobacco sub-theme.

Implementation

There was no implementation feedback received from within NICE for PH45 and PH48. However, feedback from topic experts on implementaing PH45 and PH48 was provided, see <u>views of topic experts</u>.

Anti-discrimination and equalities considerations

There has been no evidence to indicate that the guidelines do not comply with antidiscrimination and equalities legislation.

However, feedback from topic experts suggested that people who are institutionalised with severe mental health problems, or are serving custodial sentences in particular, tend not to receive adequate levels of help with smoking cessation or harm reduction. It was suggested by topic experts that NICE revisits PH45 and PH48 to ensure that these groups are provided with appropriate and effective levels and types of service commensurate with the particular needs of these individuals.

Feedback from topic experts also noted that whilst PH48 recommends universal delivery of cessation interventions to secondary care service users in reality this is still far from standard practice. This inconsistency tends to "perpetuate smoking among those with socioeconomic disadvantage, and those (in particular) with mental health problems". Additionally a potential inequality was noted in access to varenicline as the topic experts indicated that the majority of secondary care and mental health settings do not stock or provide varenicline.

Views of topic experts

Feedback from experts contacted as part of the surveillance process for PH45 highlighted that workshops and surveys from Action on Smoking and Health (ASH) suggest that the guideline has limited implementation due to the lack of recommendations around consumer e-cigarettes.

Feedback from topic experts on PH48 indicated that there is uncertainty about how to implement PH48 particularly with regard to smoke free policies and the increase in e-cigarette use. One expert also noted that it would be helpful for NICE to reflect on case studies of secondary care organisations that have succeeded in going "smoke free" and

use this data to update the guideline using these experiences and the challenges that were faced. Public Health England has published Use of e-cigarettes in public places and workplaces: Advice to inform evidence-based policy making (July 2016).

Implications for other NICE programmes

There are 3 quality standards that are related to the tobacco guidelines that could be influenced by any updates to the guidelines:

- Smoking: harm reduction (2015) NICE quality standard 92
- <u>Smoking: reducing and preventing tobacco use</u> (2015) NICE quality standard 82
- Smoking: supporting people to stop (2013) NICE quality standard 43

Overall decision

The surveillance process for NICE guideline PH45 and NICE guideline PH48 highlighted a body of evidence on electronic cigarettes, which is likely to directly impact upon recommendations within PH45. The feedback from experts indicated that electronic cigarettes are an important omission, particularly for PH45, which undermines the guideline in practice.

The surveillance process also highlighted that the update of NICE guideline PH1 and NICE guideline PH10 includes a consideration of evidence on electronic cigarettes, which may impact upon both PH45 and PH48, as well as other tobacco guidelines. It was also noted that NICE guideline PH14, NICE guideline PH23 and NICE guideline PH26 have recently had some form of partial update decision.

As such, the following decisions were made:

• Tobacco sub-theme suite of guidelines

Amalgamation by committee of tobacco sub-theme guidelines following publication of PH1 and PH10. This will reduce the cross-referring and duplication of work going forwards. As part of the amalgamation process, rescoping should be undertaken to prioritise and plan the partial updates of PH14, PH23 and PH26, as well as considering further work on electronic cigarettes that would update PH45. This process will also be an opportunity to identify and plan to manage other potential gaps within and across guidelines, such as:

- Reducing exposure to second-hand smoke (environmental tobacco smoke), updating recommendations already in place within PH26
- Services and pharmaceutical aids and new technologies (for example mobile phone texting, internet, new media interventions to deliver tailored/personalised support)
- Interventions for preventing weight gain during smoking cessation/reduction

• Smoking: harm reduction (PH45)

Refresh as part of tobacco sub-theme amalgamation. Consideration will need to be given to how recommendations are affected by the update of PH1 and PH10, which is currently in progress and includes electronic cigarettes. As part of the amalgamation process, rescoping to consider further work on electronic cigarettes that might be needed for PH45 and other tobacco guidelines should also be undertaken.

• Smoking: acute, maternity and mental health services (PH48)

Refresh as part of tobacco sub-theme amalgamation. Consideration will need to be given to how recommendations are affected by the update of PH1 and PH10, which is currently in progress, as well as any further work on electronic cigarettes.

Date of next surveillance

The timing of the next check to decide whether the guideline should be updated is to be confirmed.

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