

Appendix B: equality and health inequalities assessment (EHIA)

2024 exceptional surveillance of Tobacco: preventing uptake, promoting quitting and treating dependence (NICE guideline NG209)

STAGE 1. Surveillance review

Date of surveillance review: February 2024

Focus of surveillance review: Recommendations on treating tobacco dependence, specifically the safety and effectiveness of cytisinicline for smoking cessation.

Exceptional review

1.1 On reviewing the existing EIA or EHIA and issues log for the guideline(s) and quality standard(s), describe below any equality and health inequalities issues relevant to the current surveillance review

Historical EIA checks:

2022 update (Alan Carr update): The committee agreed that the addition of e-cigarettes to the recommendations may make stopping smoking more accessible to some parts of the population of smokers and thereby reduce inequalities.

2021 guideline consultation: Very little evidence was identified that was specific to groups with low income or those in routine and manual occupations for treating tobacco dependence. Expert testimony on socioeconomic inequalities in relation to treating tobacco dependence was sought, and an expert provided testimony to the committee on the barriers to cessation in these groups and how these might be approached in a UK context. The committee noted from the testimony, that in common with some other underserved groups, disadvantaged smokers are no less likely to be motivated to give up smoking but are less likely to succeed in a cessation attempt. The committee recognised that no evidence was identified by the reviews to demonstrate how to tailor effective and cost-effective interventions to ensure that they are engaging, accessible and acceptable to some underserved groups. These include: socioeconomically disadvantaged groups, including pregnant women from those groups; lesbian, gay, bisexual and trans people; and people with learning disabilities. The committee identified this as an important gap in the evidence and made a research recommendation in this area.

1.2 Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)?

No new equality and health inequalities issues were identified by initial surveillance checks, beyond those already acknowledged in existing EIA documents.

1.3 If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues?

We did not hold a stakeholder consultation or contact topic experts.

1.4 What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision? [If an update is proposed, include information in the update and outcomes plan]

No new information was identified about equality and health inequalities issues.

The health inequality issues identified have had no direct impact on the surveillance review but have highlighted the need for evidence to address the recommendations for research in the guideline: to [help understand the health effects of e-cigarettes in pregnancy, whether they are effective to help women stop smoking in pregnancy](#)

Completed by surveillance reviewer: RM (technical analyst)

Date: 07 February 2024

Approved by NICE surveillance associate director: KN, associate director

Date: 07 February 2024

STAGE 2. Informing the scope

Guideline: Tobacco: preventing uptake, promoting quitting and treating dependence [NG209]

Date of completion: July 2024

Focus of guideline or update: The effectiveness of cytisinicline as an intervention to aid smoking cessation.

For short updates where there is no scoping workshop or scope consultation, questions relating to these in stage 2 can be noted 'not applicable'.

1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

Here are the approaches that have been used to identify potential equality and health inequalities issues for this cytisinicline update:

- Review of [five existing Equality Impact Assessments \(EIAs\)](#) from previous versions of the tobacco guideline.
- Surveillance review: The Stage 1 EHIA from the surveillance review in February 2024 was completed above, which involved checking for any new equality or health inequalities issues.
- At the internal review meeting where the [Multi Criteria Decision Framework](#) was completed, the question "Are there HI issue(s) that could be addressed by evidence review [of cytisinicline]?" was raised and answered "No".
- Review of previous research recommendations: [The surveillance review](#) highlighted the existing research recommendation around understanding health effects of e-cigarettes in pregnancy.
- Review of previous expert testimony: Previous EIAs noted expert testimony was sought on socioeconomic inequalities related to tobacco dependence treatment. (EIA documents [August 2022](#), [June 2021](#)).

2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

Based on the information provided in the previous EIA documents, here are the potential equality and health inequalities issues identified for the tobacco guideline that may be relevant to the cytisinicline update:

1. Protected characteristics:

- Age: Higher smoking prevalence among younger working-age adults, with 14.0% of 25-34 year olds smoking compared to 8.2% of those 65+ ([Office for National Statistics 2023](#)) but the 18-24 age group has seen a dramatic

decline in smoking rates, falling to 9.8% in 2023 from 25.7% in 2011 ([Office for National Statistics \(2023\)](#)). However, the [Summary of Product Characteristics for Cytisine](#) states that it is not recommended for use in persons under 18 years of age.

- Disability: 40% of adults with serious mental health conditions smoke, compared to 12.1% the general population). People with disabilities have higher smoking rates (15.9%) compared to those without disabilities (12.1%). [Source: NHS Digital Mental Health Statistics 2023](#). People with mental health disorders are more likely to be heavily addicted ([Royal College of Physicians and Royal College Psychiatrists Smoking and mental health 2013](#)).
 - Sexual orientation: Around 20.1% of adults identifying as lesbian, gay or bisexual are smokers, compared to 12.7% of heterosexuals ([Office for National Statistics, "Adult smoking habits in the UK: 2022"](#)).
2. Socioeconomic deprivation:
- Income level/deprivation: Smoking prevalence shows a clear social gradient: Routine and manual occupations: 20.2%, Managerial and professional occupations: 7.9%
- When measured by the Index of Multiple Deprivation: Most deprived quintile (IMD 1): 18.6%, Second most deprived quintile (IMD 2): 15.9%, Middle quintile (IMD 3): 12.7%, Second least deprived quintile (IMD 4): 10.1%, Least deprived quintile (IMD 5): 7.8%
- This shows smoking rates are more than twice as high in the most deprived areas compared to the least deprived. Source: Office for National Statistics, ["Adult smoking habits in the UK: 2023"](#)..
3. Geographical area variation:
- Latest data shows significant local variations across England. At the local authority level. Areas with highest smoking rates: Fenland: 22.1%, Blackpool: 21.3%. Areas with lowest smoking rates: Woking: 5.3%, St Albans: 5.7%. Source: Office for National Statistics, ["Adult smoking habits in the UK: 2023"](#)
4. Inclusion health and vulnerable groups:
- Prisoners: Around 80% of prisoners smoke compared to 20% of the general population ([Public Health England. 'Reducing Smoking in Prisons. Management of tobacco use and nicotine withdrawal'. March 2015](#)).
 - Gypsies and the travelling population: Higher smoking prevalence (47% reported in a 2009 survey) ([Public Health England Tobacco use: inequalities by protected characteristics and socioeconomic factors 2015](#)).
 - Looked after children and young people: Many are smokers when entering care or take up smoking during care ([Tobacco use: inequalities by protected characteristics and socioeconomic factors 2015](#)).

For protected characteristics not specifically mentioned (sex, race, religion or belief, gender reassignment), no potential equality or health inequalities issues were identified in the previous EIA documents related to the tobacco guideline that may be relevant to the cytosine update.

Smoking prevalence varies by ethnic groups: mixed ethnic group (19.0%), White (13.8%), Black (11.3%), Asian (9.5%), [Source: Office for National Statistics, "Adult smoking habits in the UK: 2022"](#).

Pregnancy and maternity, 9.1% of women smoke at time of delivery in England, there are significant age variations with highest rates in under 20s (24.5%), strong geographical variations (2.8% in London to 12.1% in North East). Women in most deprived areas over 4 times more likely to smoke during pregnancy. Source: NHS Digital, ["Statistics on Women's Smoking Status at Time of Delivery: England 2022/23"](#).

However, the focus of this update is cytisinicline which is contraindicated for use in pregnant people and people who have been recently pregnant populations ([EMC, 2024](#)).

The surveillance report outlines that no new specific equality or health inequalities issues related to cytisinicline were identified. The committee will need to consider whether these existing inequalities are relevant to the use of cytisinicline and if there are any additional issues specific to this treatment that need to be addressed.

3. How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

Based on Stage 1 above, the EIAs ([August 2022](#), [May 2022](#), [November 2021](#), [June 2021](#), [September 2018](#) and [May 2018](#)) and the focus on cytisinicline for this guideline update, this is how the identified equality and health inequalities issues will be considered:

1. Review questions: The current review question on the effectiveness and safety of cytisinicline for smoking cessation does not restrict the population beyond children and young people under 18, and pregnant and breast-feeding people (due to being contraindicated for cytisinicline). This broad approach allows for consideration of various subgroups and protected characteristics during the evidence review process. When undertaking the review where data is available, the review will aim to identify and analyse information on the effectiveness and safety of cytisinicline for smoking cessation in specific population groups, such as adults with mental health conditions, LGBTQ+ individuals, people from lower socioeconomic backgrounds, and individuals from ethnic minority groups with higher smoking prevalence
2. Scope considerations:
 - Include a requirement for evidence reviews to report outcomes by relevant subgroups where data is available.
3. Committee considerations:
 - Encourage the committee to consider how recommendations about cytisinicline might impact existing health inequalities in smoking cessation.
 - Include a specific question in the stakeholder consultation regarding equality and inequalities related to cytisinicline use for smoking cessation. This will help gather valuable insights from a range of perspectives.

- Use the feedback from stakeholders and patient groups to inform the committee's discussions and decision-making process, ensuring that equality and health inequality issues are thoroughly considered when developing recommendations.
4. Implementation considerations:
- Consider how guidance on cytisinicline use might be tailored or implemented differently to address the needs of different groups (e.g., those with mental health conditions, or individuals from lower socioeconomic backgrounds).

These suggestions aim to ensure that the guideline update on cytisinicline considers and potentially addresses existing health inequalities in smoking cessation.

4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?

Based on the [stakeholder list](#), there appears to be good representation from various groups that can help explore equality and health inequalities issues related to smoking cessation and the potential use of cytisinicline. The list includes:

1. Mental health organisations: Royal College of Psychiatrists, Mental Health Nurse Academics UK, and several NHS mental health trusts.
2. LGBTQ+ organisations: LGBT Foundation and The National LGB&T Partnership.
3. Organisations representing ethnic minorities: BAME Health Collaborative and Bangladeshi Stop Tobacco Project.
4. Socioeconomic factors: Various local councils, public health organisations, and NHS trusts that likely address this issue.
5. Youth organisations: National Children's Bureau, Young People's Health Special Interest Group, and several local youth services.
6. Pregnancy and maternity: Royal College of Obstetricians and Gynaecologists, Maternity Action, and several maternity-focused groups.
7. Organisations focused on health inequalities: Institute of Health Equity, UCL and various public health bodies.

The list also includes a wide range of national health organisations, local authorities, NHS trusts, and specialised health groups that can provide insights into various aspects of health inequalities.

There is no consultation planned with the People and Communities Involvement and Engagement (PCIEP) team.

5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?

The views and experiences of those affected by equality and health inequalities issues will be included in the guideline development process through the following mechanisms:

1. Stakeholder consultation: The comprehensive stakeholder list includes organisations representing various groups affected by health inequalities in smoking cessation. These stakeholders will have the opportunity to comment on the draft scope and guideline, ensuring diverse perspectives are considered.
2. Committee expertise: Members with experience of working with diverse populations will be included.
3. Evidence review: The evidence review process will include a focus on extracting data related to equality and health inequalities where available, particularly for populations identified as experiencing higher smoking rates or facing barriers to cessation.
4. Committee discussions: The committee will be encouraged to consider equality and health inequalities implications throughout their discussions and decision-making processes.
5. Consultation feedback: Particular attention will be paid to feedback received during the consultation phase that addresses equality and health inequalities issues.

These approaches should ensure that the guideline development process meaningfully includes the views and experiences of those affected by equality and health inequalities issues, even without additional specific measures beyond the standard NICE process. However, if during the development process it becomes apparent that certain perspectives are underrepresented, additional steps (such as targeted consultations or additional expert input) will be considered.

6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

This will be a short update and will not be going for scope consultation. The scope does not restrict by populations (apart from those under 18 and pregnant people or people who have been recently pregnant as they are contraindicated for cytisinicline).

7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

The scope states that the focus is on "Adults who want to stop smoking," which excludes children and adolescents under 18 years of age. This exclusion is appropriate and justified for the following reason:

1. [Cytisinicline is contraindicated for use in children and adolescents under 18 years of age.](#)

The scope states that people who are or who have recently been pregnant are excluded from this update. This exclusion is appropriate and justified for the following reason:

2. Cytisinicline is contraindicated for use in people who are or who have recently been pregnant.

Completed by developer: Robby Richey

Date: 18 July 2024

Approved by committee chair: Susan Harrison

Date: 16 September 2024

Approved by NICE quality assurance lead: Kate Kelley

Date: 27 September 2024

STAGE 3. Finalising the scope

As this was a short update, no scoping workshop or scope consultation was conducted. Consequently, Stage 3 is not applicable

STAGE 4. Development of guideline or topic area for update

Tobacco: preventing uptake, promoting quitting and treating dependence [NG209]

Date of completion: October 2024

Focus of guideline or update: The effectiveness and cost-effectiveness of cytisinicline as an intervention to aid smoking cessation.

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

1. Protected characteristics (Equality Act 2010):

Age:

- The evidence review and committee discussions highlighted that cytisinicline is not recommended for use in persons under 18 years of age. This exclusion is justified due to the contraindication in the product characteristics.

Disability:

- The committee expressed concern about the lack of specific evidence on cytisinicline's effectiveness and safety in people with mental health conditions, despite this group having higher smoking rates (40% vs. general population) and often being more heavily addicted.
- There was no specific evidence on cytisinicline's use in people with physical disabilities or learning disabilities.

Sex:

- While not explicitly discussed, the evidence review did not highlight any significant differences in cytisinicline's effectiveness between males and females.

Sexual orientation:

- The committee noted the higher smoking prevalence among adults identifying as lesbian, gay, or bisexual (24% vs. 16% of heterosexuals), but found no specific evidence on cytisinicline's effectiveness in these groups.

Pregnancy and maternity:

- Cytisinicline is contraindicated in pregnancy and breastfeeding, which the committee acknowledged as an important limitation.

2. Socioeconomic deprivation:

- The committee expressed concern about the lack of specific evidence on cytisinicline's effectiveness in socioeconomically disadvantaged groups, despite these groups having higher smoking rates and often finding it harder to quit.

- There was discussion about how the complex dosing regimen of cytisinicline might affect adherence in different socioeconomic groups, but no evidence was available.

3. Geographical area variation:

- The committee noted regional differences in smoking prevalence but found no specific evidence on how cytisinicline's effectiveness might vary across different geographical areas in the UK.
- There was a lack of evidence on cytisinicline's effectiveness in rural vs. urban settings, which could be relevant given potential differences in access to smoking cessation services.

4. Inclusion health and vulnerable groups:

- The committee acknowledge trends indicating greater prevalence of smoking in specific inclusion health and vulnerable groups and noted the lack of specific evidence on cytisinicline's effectiveness in these groups.

Gaps in evidence:

There are gaps in the evidence on:

1. Effectiveness of cytisinicline in people with mental health conditions
 2. Effectiveness of cytisinicline in socioeconomically disadvantaged groups
 3. Potential impact of cytisinicline's complex dosing regimen on adherence
 4. Effectiveness of cytisinicline in combination with other smoking cessation products
- The evidence review itself did not contain specific subgroup analyses for most of these populations due to limitations in the available data.

The committee noted the existing research recommendations on improving engagement and accessibility for under-served groups and on support for those with mental health conditions to stop smoking.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

Inclusion in recommendations:

The draft recommendations (section 1.12 of the guideline) have been updated to include cytisinicline as an option for smoking cessation. Whilst the recommendations don't explicitly address specific equality or health inequality issues, they do:

- Include cytisinicline as one of the options for adults who smoke
- Emphasise patient choice and the importance of discussing options with individuals, taking into account their preferences, health, and social circumstances
- Place cytisinicline alongside other effective options like varenicline and NRT combinations.

Rationale and impact section:

In the "Rationale and impact" section, there is a subsection titled "Why the committee made the recommendations" which addresses some equality and health inequalities considerations:

- The committee acknowledged the lack of evidence for specific subgroups and populations with higher smoking prevalence.
- They emphasised the importance of patient choice and providing a range of options to increase the likelihood of people finding an intervention that works for them.
- The committee recognised the need for more evidence about factors that may prevent those who smoke from using other forms of nicotine, particularly among population groups with higher smoking prevalence.
- The committee discussed the need for more evidence on cytisinicline in various subgroups particularly those affected by health inequalities and wanted to include a research recommendation to address this gap.

Implementation considerations:

In the "How the recommendations might affect practice" subsection, the committee notes:

- Extra time may be needed for healthcare providers to discuss cytisinicline as an option, especially given its complex regimen.

4.3 Could any draft recommendations potentially increase inequalities?

1. Complex dosing regimen: The committee noted that cytisinicline has a more complex dosing regimen compared to other smoking cessation medications. This could potentially increase inequalities by:
 - Making it more difficult for individuals with lower health literacy or cognitive impairments to adhere to the treatment.
 - Presenting challenges for people with busy or irregular schedules, which might disproportionately affect those in certain occupations or with caregiving responsibilities.
2. Mental health considerations: The lack of specific evidence on cytisinicline's effectiveness and safety in people with mental health conditions, combined with the more complex dosing regimen, could potentially widen the gap in smoking cessation success rates between this group and the general population.

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

4. Research recommendations:

The committee discussed framing a research recommendation around the effectiveness and safety of cytisinicline in different population groups. On review of the existing research recommendations the committee were satisfied that current research

recommendations 3 (Stop-smoking interventions for under-served groups) and 4 (Support for people with mental health conditions to stop smoking) would address the gaps raised.

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

The stakeholder list for this guideline update includes a diverse range of organisations that can help explore equality and health inequalities issues related to smoking cessation and the potential use of cytisinicline. Key stakeholders represented include:

1. Mental health organisations: Royal College of Psychiatrists, Mental Health Nurse Academics UK, and several NHS mental health trusts.
2. LGBTQ+ organizations: LGBT Foundation and The National LGB&T Partnership.
3. Organisations representing ethnic minorities: BAME Health Collaborative and Bangladeshi Stop Tobacco Project.
4. Socioeconomic factors: Various local councils, public health organisations, and NHS trusts that likely address this issue.
5. Youth organisations: National Children's Bureau, Young People's Health Special Interest Group, and several local youth services.
6. Pregnancy and maternity: Royal College of Obstetricians and Gynaecologists, Maternity Action, and several maternity-focused groups.
7. Organisations focused on health inequalities: Institute of Health Equity, UCL and various public health bodies.

The list also includes a wide range of national health organisations, local authorities, NHS trusts, and specialised health groups that can provide insights into various aspects of health inequalities.

While this representation is comprehensive, it's important to note that the effectiveness of this representation depends on the active participation of these stakeholders in the consultation process. To ensure relevant stakeholders are adequately represented and included, the following steps could be considered:

1. Monitoring stakeholder engagement during the consultation process and following up with underrepresented groups as needed.
2. Considering extending the consultation period if certain key stakeholder groups have not provided input.

4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

For the stakeholder consultation on the cytisinicline update to the tobacco guideline, we plan to ask the following questions about the impact on equality and health inequalities:

- 1) The guideline update recommends cytisinicline for adults who smoke. Are there any specific subgroups (e.g., people with mental health conditions, cardiovascular disease, COPD, diabetes, or those from deprived areas) for whom you think this recommendation may be particularly beneficial or problematic?
- 2) Are there any specific implementation considerations related to cytisinicline that you think are important for promoting equality and reducing health inequalities?

Completed by developer: Robby Richey

Date: 21 October 2024

Approved by committee chair: Susan Harrison.

Date: 30 January 2025

Approved by NICE quality assurance lead: Kate Kelley

Date: 10 January 2025

STAGE 5. Revisions and final guideline or update

Tobacco: preventing uptake, promoting quitting and treating dependence [NG209]

Date of completion: December 2024

Focus of guideline or update: The effectiveness and cost-effectiveness of cytisinicline as an intervention to aid smoking cessation.

5.1: How inclusive was the consultation process on the draft guideline in terms of response from groups (identified in box 2.2, 3.2 and 4.1) who may experience inequalities related to the topic?

We received responses from 13 stakeholders including royal colleges (n=4: College of General Dentistry; Royal College of Physicians; Royal College of General Practitioners; Royal College of Physicians); Pharmaceutical companies (n=3: Consilient Health Ltd; Aflofarm Farmacja Polska Sp. z o.o; Bonteque Consulting Ltd); Health care providers (n=1: Reed Wellbeing; Fresh); Charities (n=1: Action on Smoking and Health); Special interest groups (n=1: British Thoracic Oncology Group (BTOG)); national NHS organisation (n=1: NHS England); national NHS affiliated training body: (n=1: National Centre for Smoking Cessation and Training); from a total of 483 stakeholders who were invited covering all the areas outlined in section 4.5 of the EHIA including:

- Mental health organisations: Royal College of Psychiatrists, Mental Health Nurse Academics UK, and several NHS mental health trusts.
- LGBTQ+ organizations: LGBT Foundation and The National LGB&T Partnership.
- Organisations representing ethnic minorities: BAME Health Collaborative and Bangladeshi Stop Tobacco Project.
- Socioeconomic factors: Various local councils, public health organisations, and NHS trusts that likely address this issue.
- Youth organisations: National Children's Bureau, Young People's Health Special Interest Group, and several local youth services.
- Pregnancy and maternity: Royal College of Obstetricians and Gynaecologists, Maternity Action, and several maternity-focused groups.
- Organisations focused on health inequalities: Institute of Health Equity, UCL and various public health bodies.

Given the rapid nature of this update no conversations were felt necessary with colleagues from the People and Communities Involvement and Engagement Programme.

5.2: Have any **further** equality and health inequalities issues beyond those identified at scoping and during development been raised during the consultation on the draft guideline or update, and, if so, how has the committee considered and addressed them?

Protected characteristics outlined in the Equality Act 2010 (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation):

Age:

- Some stakeholders flagged that cytisinicline is not recommended in those 66 years and older. This had not been captured in the stage 2 or stage 4 but was discussed by the committee resulting in a specific recommendation (1.12.5) to not offer cytisinicline to people aged 66 and over. This is not considered to represent an equalities or health inequalities issue as this is in line with the current summary of product characteristics (SPC) and [BNF drugs monograph for cytisinicline](#). The guideline has one research recommendation that would potentially consider these issues and highlights the need for more research regarding “Stop-smoking interventions for under-served groups” however we can’t make a specific research recommendation for this population (over 65’s) as there is no recommended dosage regimen for this population.
- Pregnancy and maternity:
- A stakeholder has flagged the need for more research regarding the safety and efficacy of cytisinicline during pregnancy and whilst breastfeeding. This is not considered to be an equalities or health inequalities issue as cytisinicline is not used in this group.

Disability:

- One stakeholder flagged the need for more research and funding for research regarding mental health conditions. The existing (and retained) research recommendation on ‘support for people with mental health conditions to stop smoking’ sought to encourage research in this area.

Socioeconomic deprivation:

- One stakeholder flagged the need for more research and funding for research regarding socioeconomically disadvantaged populations, and those with lower health literacy. The existing (and retained) research recommendation on ‘stop smoking interventions for under-served groups’ sought to encourage research in these areas this issue has been addressed.

Geographical area variation:

- One stakeholder highlighted local statistics regarding access to Stop Smoking Services. Highlighting a difference between those most likely to smoke (25 to 34 year olds) and those who are most frequently accessing services (those aged 60 and over) and the importance of communication and promotion strategies. This is not considered to be an equalities or health inequalities issue as this guideline update focuses on the effectiveness of cytisinicline and emphasises the importance of individual choice in the stop smoking approach used to support them to stop smoking.

5.3: If any recommendations have changed after consultation, how could these changes impact on equality and health inequalities issues?

No recommendations have changed after consultation

5.4: Following the consultation on the draft guideline and response to questions 4.1 and 5.2, have there been any further committee considerations of equality and health inequalities issues across the four dimensions that have been reflected in the final guideline?

No further committee considerations have been made as the recommendations have not changed after consultation or after the consideration of sections 4.1 and 5.2.

Please provide a summary of the key equality and health inequalities issues that should be highlighted in the guidance executive report before sign-off of the final guideline or update

No recommendations have changed after consultation. On review of the items raised none constituted an issue that required changes to the draft guideline on the basis of being a potential equality and health inequalities issues. The committee agreed that more research is required on cytisinicline's effectiveness across different under-served groups and agreed to retain the existing research recommendations in the guideline requesting research development in the areas of "Stop-smoking interventions for under-served groups" and "Support for people with mental health conditions to stop smoking" will support the gathering of more robust evidence across a broader range of under-served populations.

Completed by developer: James Jagroo

Date: 17 December 2024

Approved by committee chair: Susan Harrison.

Date: 30 January 2025

Approved by NICE quality assurance lead: Kate Kelley

Date: 10 January 2025