Public Health Programme Guidance

Smoking cessation in secondary care – mental health services- Consultation on Draft Scope Stakeholder Comments Table 1st -29th September 2011

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British Dental Association	general	The BDA supports measures to promote cessation of tobacco products at every opportunity. We believe that effective communication with tobacco users, and other at risk populations, is of paramount importance. Dental professionals are aware of the dangers of tobacco use and, when able, provide appropriate brief smoking cessation advice and referrals. Embedding the identification and referral of smokers into secondary care could be a step forward in helping those who wish to curtail their tobacco use especially if effective treatment is not routinely offered to populations utilising these services. A concern is that professionals within health services are often working to their full capacity, in sometimes not ideal conditions, and may not be able to bear the burden of the necessary additional training and responsibilities. The cost implications and division of labour for such an embedding also needs to be explored. Attempts to identify smokers with a view to refer them for cessation services could stop patients from seeking and/or accessing medical care due to the sensitive nature of the subject, which in itself could have undesirable outcomes. When smoking cessation advice and interventions are offered and provided it is important that healthcare professionals give a consistent message to those who are in receipt of such services and that the methods being used are all inclusive. It is essential that the message all	Thank you for taking the time to read and comment on the draft scope. It is anticipated that the advisory committee that will be developing the guidance will consider the issues and unintended consequences that you identify. Some of the potential considerations are listed in Appendix B of the scope. The committee will consider the available evidence of effectiveness and cost effectiveness for smoking cessation interventions, including identification and referral,

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		smokers take away with them is that only complete cessation will do. Cutting down on the number of cigarettes smoked or changing to a lower-tar brand will not in itself yield a significant health benefit with smokers compensating for the reduced number or type of cigarettes by smoking each cigarette more intensively. Identification of the features of a successful and cost effective cessation program would be beneficial as would methods of increasing the attractiveness of such interventions to target populations to increase uptake.	
Cheshire and Merseyside Public Health Network (ChaMPs)	Section 3 f)	ChaMPs advise that the following wording be included: many mental health units have designated outdoor areas, (gardens or balconies) where “at risk” patients are taken to smoke and this needs to be addressed.	Thank you for taking the time to read and comment on the draft scope. Section 3 now includes a paragraph about staff knowledge and awareness of smoking cessation and smoke-free policies.
Cheshire and Merseyside Public Health Network (ChaMPs)	Section 4.2.2	ChaMPs advise that many mental health service users rely on smoking cessation via primary care, particularly access to NRT and Champix prescriptions and this needs to be addressed here.	Thank you. The focus will be guidance for secondary care services, as in the referral from the Department of Health. However, the scope does acknowledge the importance of collaboration on smoking cessation between primary and secondary care and of integrating smoking cessation information, advice and support within

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			care pathways see section 4.2.1a) The search strategy will be inclusive so studies of managing quit attempts between settings for the relevant population groups will be considered.
Cheshire and Merseyside Public Health Network (ChaMPs)	Section 4.2.2	ChaMPs advise that programmes aimed at preventing the uptake of tobacco be included; in particularly those that are related to CAMHS teams.	Thank you. We appreciate the importance of interventions aimed at preventing the uptake of tobacco. However it is important to produce a scope that is achievable within the available time and resources. Future guidance for secondary care settings may cover this topic.
Cheshire and Merseyside Public Health Network (ChaMPs)	Question 1 b)	ChaMPs advise that there is a definite need to address Nicotine Assisted Reduction (NARS) as an effective way to reduce smoking rather than simply aiming for a quit.	Thank you. It is important to produce a scope that is achievable within the available time and resources. Please note: there is NICE guidance currently in development on tobacco harm reduction (http://guidance.nice.org.uk/PHG/Wave23/23
Cheshire and	Question 4	ChaMPs highlights the need to include primary care.	Thank you, noted.

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Merseyside Public Health Network (ChaMPs)			
Cheshire and Merseyside Public Health Network (ChaMPs)	Expected outcomes	ChaMPs advise that the third bullet point include Nicotine Assisted Reduction (NARS) also for increased number of people provided with smoking cessation support.	Thank you. Please see above response.
Cheshire and Merseyside Public Health Network (ChaMPs)		ChaMPs recommend that an additional bullet point be included to address increasing number of staff trained to provide stop smoking support.	Thank you for your comment. This will depend on the evidence available.
Cheshire and Merseyside Public Health Network (ChaMPs)	Expected outcomes	ChaMPs recommend that smokefree policy be extended to include home visits and protection of community staff from secondhand smoke.	Thank you for your comment. Please see above response.
Cheshire and Merseyside Tobacco Alliance	Section 3 f)	The CMTA advise that the following wording be included: many mental health units have designated outdoor areas, (gardens or balconies) where “at risk” patients are taken to smoke and this needs to be addressed.	Thank you for taking the time to read and comment on the draft scope. Section 3 now includes a paragraph about staff knowledge and awareness of smoking cessation support and smoke-free policies.
Cheshire and Merseyside Tobacco Alliance	Section 4.2.2	The CMTA advise that many mental health service users rely on smoking cessation via primary care, particularly access to NRT and Champix prescriptions and this needs to be addressed here.	Thank you. The focus will be guidance for secondary care services, as in the referral from the Department of Health. However, the scope does acknowledge the importance of

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			collaboration on smoking cessation between primary and secondary care and of integrating smoking cessation information, advice and support within care pathways see section 4.2.1a) The search strategy will be inclusive so studies of managing quit attempts between settings for the relevant population groups will be considered for inclusion.
Cheshire and Merseyside Tobacco Alliance	Section 4.2.2	The CMTA advise that programmes aimed at preventing the uptake of tobacco be included; in particularly those that are related to CAMHS teams.	Thank you. We appreciate the importance of interventions aimed at preventing the uptake of tobacco. However it is important to produce a scope that is achievable within the available time and resources. Future guidance for secondary care settings may cover this topic.
Cheshire and Merseyside Tobacco Alliance	Question 1 b)	The CMTA advise that there is a definite need to address Nicotine Assisted Reduction (NARS) as an effective way to reduce smoking rather than simply aiming for a quit.	Thank you. It is important to produce a scope that is achievable within the available time and resources. Please note: there is NICE guidance in development on tobacco harm

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			reduction (http://guidance.nice.org.uk/PHG/Wave23/23
Cheshire and Merseyside Tobacco Alliance	Question 4	The CMTA highlights the need to include primary care.	Thank you, noted.
Cheshire and Merseyside Tobacco Alliance	Expected outcomes	The CMTA advise that the third bullet point include Nicotine Assisted Reduction NARS also for increased number of people provided with smoking cessation support.	Thank you for your comment. Please see above response.
Cheshire and Merseyside Tobacco Alliance		The CMTA recommend that an additional bullet point be included to address increasing number of staff trained to provide stop smoking support.	Thank you for your comment. . This will depend on the evidence available.
Cheshire and Merseyside Tobacco Alliance	Expected outcomes	The CMTA recommend that smokefree policy be extended to include home visits and protection of community staff from secondhand smoke.	Thank you. See above response.
Croydon Tobacco Control Alliance.		An important facilitator and harm reduction mechanism would be to introduce wide and routine use of NRT with patients (medication considerations notwithstanding) to reduce smoking frequency, if achieving complete abstinence is not currently realistic. Smokers are generally very skilled at self-titration of nicotine and will smoke less if nicotine levels in the blood are maintained through NRT products.	Thank you for taking the time to read and comment on the draft guidance. With regard to harm reduction strategies, please see NICE guidance in development on tobacco harm reduction (http://guidance.nice.org.uk/PHG/Wave23/23

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Croydon Tobacco Control Alliance.	**SECTION 4.3 Question 5:** What barriers and facilitators affect the delivery of effective interventions?	There is a general feeling among many mental health professionals that patients in mental health secondary care have bigger issues to deal with and smoking cessation is a low priority. This reluctance to address smoking is understandable, if undesirable, as healthy behaviour change is frequently more difficult to secure with this group. Some mental health problems can affect the patient's ability to adhere to a programme and so intensive and persistent support is required, which may have to compete with other important priorities.	Thank you for this comment, noted.
GASP	3c	Shocking statistic that so many more smoke as an inpatient. Here lies a tale. It seems that NHS hospitalisation causes smoking!	Thank you for taking the time to read and comment on the draft scope. There may be a range of explanations for the high smoking rates amongst people in psychiatric units.
GASP	3e	Again – if motivation to quit is the same why is success so low. The message is always 'it cannot be done' and not told it can and to prove it here are some great examples of people who did it!	Thank you for your helpful suggestion. We cannot pre-empt the decisions of the advisory committee but they may consider evidence from practice when developing the guidance.
GASP	4.1.1	I agree with including family members. I have a sister with	Thank you, noted.

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		a daughter with schizophrenia. She gives her money to cover Cath's tobacco use and excuses her smoking as something she 'needs'. Nobody ever inspires Catherine to quit.	
GASP	4.1.2	Why not people who have quit for 12 months. These are the people we need to build up a portfolio of 'success stories'. Every hospital or NHS trust should gather up case studies, photos and testimonials of ex-smokers and compile highlights of their stories focussing on why and how they quit with tips for others.	Thank you for your comments. We have excluded long term ex-smokers of more than 12 months as there is good evidence to suggest that permanent cessation is high amongst this group.
GASP	4.2	See comments on the acute services. Make an activity to above suggestion – gathering and publicising and celebrating the success stories. Let's build up a catalogue of successes including people who do it in odd and quirky ways. Maybe reading Allen Carr works for lots of people so why do we recoil if anyone suggests they used his book?! Let's celebrate ex smokers not only count NHS successes.	Thank you, noted. We cannot pre-empt the decisions of the committee that will develop the guidance, but they will base their recommendations on the available evidence of effectiveness and cost effectiveness for smoking cessation interventions in secondary care mental health settings.
GASP	4.3	Lisa McNally has done some fantastic work with mental health service users and she does training and has published a book sharing her successes. This should be made more widely available.	Thank you, noted.
GASP		Also GASP has produced a leaflet on how to quit targeting Mental Health service users. Could this be a measure of success. Working through this with patients.	Thank you. There will be an opportunity for all stakeholders to comment on the draft guidance later in

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			the process. At that stage we would welcome suggestions for implementation tools.
GASP	1b	I collected up success case studies for the HEA many years ago and was impressed how many successes dedicated people were achieving. These were in day centres but also some specialist workers (eg Edit Bodis in Nottingham) are inspiring examples.	Thank you, noted. Please see above.
GASP	Question 5	NHS staff seem to be the weakest link!	Thank you, noted.
GASP	Outcomes	How many motivation testimonials have you collected and publicised? This can be an outcome – building a collection of 'good news stories'. They do exist if we look for them. And don't just use the 'NHS' successes.	Thank you for your comment. the advisory committee will look at a broad range of evidence, The evidence to be considered will be relevant to mental health care services.
Gateshead , South Tyneside and Sunderland Stop Smoking Service(Tier 3 only)	4.3	To fit with DOH Monitoring Guidance to define 'successful quit attempt' as quit at 4 weeks following the quit date	Thank you for taking the time to read and comment on the draft scope. The guidance will be informed by evidence of effectiveness and cost effectiveness identified from a range of sources, including reviews of different intervention types in secondary care, with different durations and definitions of quit attempts.

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Gateshead , South Tyneside and Sunderland Stop Smoking Service(Tier 3 only)	4.3	Outcomes – should include increased numbers of mental health service staff trained to deliver smoking cessation services (tier2)	Thank you for your comment. This will depend on the evidence available.
Heart of Mersey	Section 4.2.2	HoM advise that many mental health service users rely on smoking cessation via primary care, particularly access to NRT and Champix prescriptions and this needs to be addressed here.	Thank you for taking the time to read and comment on the draft scope. The focus will be guidance for secondary care services, including mental health care services, as in the referral from the Department of Health. However, the scope does acknowledge the importance of collaboration on smoking cessation between primary and secondary care services and integrating smoking cessation information, advice and support within care pathways see 4.2.1 a) . The search strategy will be inclusive so studies of managing quit attempts between settings for the relevant population groups will be considered.
Heart of Mersey	Section 4.2.2	HoM advise that programmes aimed at preventing the uptake of tobacco be included; in particularly those that	Thank you. We appreciate the importance of interventions aimed at

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		are related to CAMHS teams.	preventing the uptake of tobacco. However it is important to produce a scope that is achievable within the available time and resources. .
Heart of Mersey	Question 1 b)	HoM advise that there is a definite need to address Nicotine Assisted Reduction (NARS) as an effective way to reduce smoking rather than simply aiming for a quit.	Thank you. It is important to produce a scope that is achievable within the available time and resources. Please note: there is NICE guidance in development on tobacco harm reduction (http://guidance.nice.org.uk/PHG/Wave23/23)
Heart of Mersey	Question 4	HoM highlights the need to include primary care.	Thank you, noted.
Heart of Mersey	Expected outcomes	HoM advise that the third bullet point include Nicotine Assisted Reduction (NARS) also for increased number of people provided with smoking cessation support.	Thank you. It is important to produce a scope that is achievable within the available time and resources. Please see above response..
Heart of Mersey	Expected outcomes	HoM recommend that smokefree policy be extended to include home visits and protection of community staff from secondhand smoke.	Thank you. See above
Heart of Mersey, (HoM)	Section 3 f)	HoM advise that the following wording be included: many mental health units have designated outdoor areas, (gardens or balconies) where “at risk” patients are taken to	Thank you for the suggestion. Section includes a paragraph about staff knowledge and awareness of

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		smoke and this needs to be addressed.	smoking cessation support and smoke-free policies.
Nottinghamshire Healthcare NHS Trust	**General**	**Recommendations** Having looked at the nice guidance I would make the following recommendations: 1.) Recruit a stop smoking champion to encourage staff and patients to stop smoking within each of the mental health units. 2.) Level two train each champion to ensure they can deliver more intensive support to patients to ensure a more intensive programme can be offered. 3.) Look into the possibility of job swaps to develop staff further and give them a broader range of skills for example a mental health nurse to work within the New Leaf team and vice versa. 4.) Ensure a robust referral process is developed between the mental health units and New Leaf. 5.) Issue referral targets to workers. 6.) Further training needed for New Leaf staff to ensure better knowledge and competencies in delivering smoking cessation support within mental health settings. 7.) Ensure all staff are brief intervention trained within mental health settings so that they are confident in raising the subject of smoking with patients. 8.) Review and adapt the voucher scheme to ensure a longer period of NRT can be offered and any contra-	Thank you for taking the time to read and comment on the draft scope. We cannot pre-empt the deliberations of the Committee responsible for developing the guidance and recommendations. There will however, be an opportunity for all stakeholders to comment on the draft guidance in April-June 2013..

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		indications with psychiatric medications and noted.	
Nottinghamshire Healthcare NHS Trust	**(e)**	(Jochelson and Majrowski 2006; Siru et al 2009) suggest that recent studies show that people with mental health problems have the same motivation to stop as the general population. Although this evidence does suggest that people with mental health problems have the same motivation some evidence suggests that people with mental health problems need a much more intensive support programme than what local stop smoking services for example New Leaf offer (12 week programme). The support is also often needed more than once a week and a longer supply of Nicotine Replacement Therapy, Zyban or Champix is needed as some clients choose to reduce cigarettes and use NRT rather than an abrupt quit attempt. If a prolonged use of NRT was to be offered this would have cost implications and the voucher scheme would need to be reviewed and amended. When supporting clients with mental health problems in secondary care there are often barriers with regard to medication bringing the need for a multi disciplinary team who specialises in mental health to deliver the intervention. The NRT voucher scheme currently used by New Leaf and other smoking cessation providers across Nottinghamshire does not ask any questions with regards to psychiatric medications. This has been a barrier within the New Leaf service as New Leaf advisors need to be aware of any contra-indications with	Thank you for taking the time to read and comment on the draft scope. We cannot pre-empt the decisions of the committee that will develop the guidance, but it will be looking at the evidence of effectiveness and cost effectiveness. They will also be looking at the evidence of barriers and facilitators and consider recommendations about coordinating the use pharmacotherapies for smoking cessation. Thank you, noted

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		psychiatric medication and NRT, Zyban or Champix and Campion et al (2010) suggests that there may need to be a planned reduction of does of medication during a quit attempt again brining the need for a collaborative approach to delivering smoking cessation interventions within these settings. (McNeill 2004; McNally et al 2006) suggest that evidence shows that effective treatment is not routinely offered to people with mental health problems. There are some capacity issues with regards to offering these services within all secondary care mental health settings as the support needs to be intensive and due to staffing levels it is not always possible to offer such services in all settings. There are also issues with regards to the target and how much time can be allocated to certain target groups. Training is also an issue for the service. As service lead for New Leaf I strongly believe that we need to develop the smoking cessation and mental health services offered to clients within Nottinghamshire. This could be rolled out in a similar way to the quip project co-ordinated by the regional smoking cessation function.	
Nottinghamshire Healthcare NHS Trust	**(f)**	Although most NHS secondary care settings have smokefree policies it has been recognised that there have been some problems with compliance and enforcement. In order to ensure that effective delivery of stop smoking interventions can be delivered staff need to be on board. It has been noted from New Leaf workers in some settings smoking is used to diffuse	Thank you, noted.

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		situations and can be used as a way to control behaviour. Smoking prevalence amongst staff within secondary care mental health settings also needs to be considered and interventions offered.	
Nottinghamshire Healthcare NHS Trust	**4.2.1**	Temporary abstinence interventions are not recommended by the service as this would not be cost effective. It is important to work with the client to reach a 'quit date' and deliver relapse prevention techniques with the clients to enable them to stay smokefree.	We cannot pre-empt the decisions of the committee that will develop the guidance, but it will consider the available evidence of effectiveness and cost effectiveness for temporary abstinence interventions.
Nottinghamshire Healthcare NHS Trust	**4.2.2**	It is suggested that smoking cessation in primary care will not be covered in this guidance – there may be clients accessing mental health services through primary care. It is also suggested the obstetric care will not be covered – again this group may also be accessing services so needs to be considered.	Thank you. The focus will be guidance for secondary care services, as in the referral from the Department of Health. However, the scope does acknowledge the importance of collaboration on smoking cessation between primary and secondary care services and integrating smoking cessation information, advice and support within care pathways see 4.2.1 a) .

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		Programmes or interventions aimed at preventing the uptake of tobacco use will also not be covered – again this does need to be considered as there also needs to be a focus on preventing the uptake of tobacco use when accessing secondary care mental health services. Some clients do not smoke but start to smoke when accessing services or during a stay at a mental health unit as a coping mechanism and also because smoking prevalence is high within the settings.	We appreciate the importance of interventions aimed at preventing the uptake of tobacco. However it is important to produce a scope that is achievable within the available time and resources. .
Nottinghamshire Healthcare NHS Trust	**General**	Summary - In short the guidance smoking cessation in secondary care: mental health services aims to research and collate information on the following points: 1.) How do the effectiveness and cost effectiveness vary for different population groups or speciality care services? 2.) Are certain interventions more cost effective than others? 3.) How effective and cost effective are current interventions offered in secondary care mental health settings? 4.) What approaches are an effective and cost effective way to encourage secondary care mental health professionals to record the smoking status of the groups listed in 4.1.1 to offer them smoking cessation information, advice and support or to refer them to stop smoking services? 5.) How can community, primary and secondary care mental health service providers collaborate more	Thank you. Yes, the guidance will be informed by evidence of effectiveness and cost effectiveness identified from a range of sources.

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		effectively to provide seamless smoking cessation services? 6.) What barriers and facilitators affect the delivery of effective interventions? 7.) What are the effects of nicotine intake, or changes in levels of nicotine intake, on the mental and physical health of patients and service users who are on medication and receiving support from mental health services?	
Nottinghamshire Healthcare NHS Trust	**Question 1a**	**How effective and cost effective are smoking cessation interventions in helping people from the groups listed in 4.1.1 to quit?** Smoking Cessation interventions will be cost effective in the long term at helping people from the groups listed in 4.1.1 to quit as the interventions would get someone to quit smoking which would in the long term reduce costs to the NHS as illness probability would be reduced from smoking related illness. However in the short term it may not be cost effective as longer use of NRT would need to be provided. There will also be a training need for staff to enable them to deliver more intensive support to these groups.	Thank you for your comment, noted. If we have understood your question correctly: when looking at the cost effectiveness of NRT duration of use will be an important consideration. We cannot pre-empt the deliberations of the Committee responsible for developing the guidance and recommendations. There will however, be an opportunity for all stakeholders to comment on the draft guidance from April-June 2013..

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Nottinghamshire Healthcare NHS Trust	**Question 1b**	**How effective and cost effective are interventions for temporary abstinence from smoking in secondary care mental health settings?** I would question whether it is cost effective to get someone to stop smoking on a temporary basis as if they are not planning to stop for the long term they will return to smoking and risk of illness ect will again increase. However if temporary abstinence were used to encourage the client to attempt to stop smoking with a view to stopping smoking for the longer term this would be more cost effective.	Thank you for your comment, noted. Recommendations will be based on the best available evidence of effectiveness and cost effectiveness. Please note, cutting down prior to quitting is beyond the current scope but will be covered in NICE programme guidance on 'Tobacco: harm reduction approaches to smoking', see: http://guidance.nice.org.uk/PHG/Wave23/23
Nottinghamshire Healthcare NHS Trust	**Subsidiary questions**	**How do the effectiveness and cost effectiveness vary for different population or speciality care services?** Specific groups for example mental health clients will need more intensive support and often require longer periods of NRT which does incur greater costs however this will reduce costs in the longer term. **Are certain interventions more effective and cost effective when used in combination?** New Leaf believe that combination therapy of NRT products give a far greater quit rate than one NRT product alone for heavy smokers. Often New Leaf advisors will ask the clients GP	Thank you, noted. Please see above. Please see above.

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		to prescribe a second product for the client if they are struggling with just using one product as we cannot currently offer two products on the voucher scheme. I have raised this with the PCT and Jo Hopkin is now looking into how the voucher scheme can be adapted. After reading the guidance and the questions posed I would recommend that New Leaf has a specialist mental health worker sitting within its service who would dedicate their time to working with secondary care mental health and mental health units supporting clients to stop smoking and building links with staff to ensure effective and robust referral pathways. There could be a programme rolled out similar to the quipp programme run by the regional smoking cessation team where by all staff across secondary care mental health are trained to level 2 standard and are supported by the service to engage with clients and encourage them to stop smoking.	Please see above.
Pfizer UK	4.1.1 and 4.2.1	Pfizer welcome that the guidance will focus on the links between smoking cessation and temporary abstinence interventions. It will be vitally important the guideline include information regarding patients who have undergone a period of temporary abstinence and are subsequently willing to undergo a smoking cessation attempt. Smoking cessation	Thank you for taking the time to read and comment on the draft scope. Your comments are noted. We cannot pre-empt the deliberations of the Committee responsible for developing the guidance and recommendations. The issues that

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		or temporary abstinence in secondary care offers an excellent 'teachable moment' for smokers. The literature supports the notion that patients are at a high level of motivation to undergo a quit attempt after a period of temporary abstinence. Temporary abstinence owing to hospitalisation can increase the motivation to quit definitely.[1] It will be important for this guideline to cover interventions offered at discharge so that potentially motivated quitters are not without support and access to appropriate treatment, including pharmacotherapy, as they transition out of the secondary care environment. 1. Rigotti N, Munafo M et al. Interventions for smoking cessation in hospitalised patients. Cochrane Database System Review. Issue 4. 2003	you raise are within the scope may be included in the draft guidance, depending on the evidence available. Please note, there will be an opportunity for all stakeholders to comment on the draft guidance from April-June 2013.. Thank you, noted.
Pfizer UK	4.3, question 4	Pfizer strongly support the intention to improve the transition from the acute setting to community or hospital-based stop-smoking services. Pfizer highlight the importance of smoking cessation training to all members of the secondary care team, and the alignment of patient pathways to ensure the continuity of a smoking cessation attempt from secondary care into primary care. This will ensure that smoking cessation	Thank you, noted. Thank you. These are important considerations. Please see our response above.

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		treatment offered to patients in the secondary care setting isn't limited by prescribers' concerns that treatment may cease upon discharge from the secondary care setting.	
Pfizer UK	4.3, question 9	It will important that any recommendation of temporary abstinence is not misinterpreted by some smokers as permission to continue smoking after discharge. Pfizer again stress that the guideline should highlight the need for continued and integrated access to smoking cessation services and appropriate pharmacotherapy upon discharge from the secondary care setting.	Thank you, however as previously stated we cannot pre-empt the deliberations of the Committee responsible for developing the guidance and recommendations.

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Positively UK	General	There are high rates of smoking amongst HIV positive people: this in addition to being HIV positive puts this cohort of patients at higher risk of developing CVD, including type 2 diabetes, than much of the general population. HIV treatment centres in acute settings provide an ideal setting to provide information and support to HIV patients to quit. Whilst the funding towards HIV prevention is unlikely to allow for smoking cessation work however this guidance will facilitate and reinforce the need for mental health services to address smoking cessation amongst their HIV positive patients who smoke and discourage any collusion between staff and smokers. Strong links between mental health services and community HIV advocacy projects may assist in promoting smoking cessation amongst mental health patients who smoke through the use of peer mentors or other interventions.	Thank you for taking the time to read and comment on the draft scope. We cannot pre-empt the deliberations of the Committee responsible for developing the guidance and recommendations. There will however, be an opportunity for all stakeholders to comment on the draft guidance from April – June 2013..
Positively UK	4.1 Groups covered 4.4.1	It needs to be clearer that the Smokefree guidance will apply in the home or other enclosed non-clinical setting or premise where a staff member may be visiting a patient including community HIV projects.	Thank you for your comment. Agreed, these settings will be relevant to the guidance. Section 4.2.1 identifies relevant activities; this section includes reference to smokefree strategies when visiting service users

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			at home or in community settings.
Positively UK	4.4.1	It needs to clear if this will apply to all people working mental health care settings including volunteers, contract staff and staff working in commercial franchises e.g. WH Smiths or Costa Coffee etc in addition to the salaried NHS employees.	Thank you for the suggestion. The scope includes support staff, volunteers, agency/locum staff and those employed by contractors.
Positively UK	4.4.1	Attitudes to smoking and tobacco use vary across ethnic groups and cultures: some people smoke shisha or chew tobacco rather than pipes, cigars and cigarettes and unaware of the harm this causes. There need to be consistent messages within healthcare settings and from staff about the harm caused by all tobacco use, even though the focus of this guidance is on smoking cessation. The specific mental health needs of HIV people may need to be considered. There are high levels of mental ill-health amongst HIV positive people; (HIV still carries a large amount of stigma) therefore there will be HIV positive mental health patients in secondary mental health services who may need specific support.	Thank you, noted. When developing the guidance the committee will take into account any cultural or equity issues that may affect the uptake of interventions. In addition where it is appropriate, fieldwork may be commissioned to test the feasibility of the recommendations in practice.. Other NICE guidance in development; it will consider interventions to reduce the use of smokeless tobacco products used by different ethnic groups (see http://guidance.nice.org.uk/PHG/Wave23/20
Positively UK	4.2 Activities 4.2.1 b)	A way to support implementation of Smokefree strategies and interventions in secondary care mental health settings is to get buy-in and involvement of staff (restricting staff smoking breaks alone could cause resentment) therefore consideration should be given to:	Thank you for these suggestions. If there is evidence of such approaches, these will be considered by the committee that develops the guidance.

Stakeholder Organisation	Section Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		• offering on-site smoking cessation support/ services • incentives to encourage staff to stop smoking educating staff working with mental health patients about the specific risks associated with being an HIV positive smoker • building strong links with HIV community advocate projects that provide can provider peer mentoring and other support to encourage HIV positive patients to stop smoking • provide Level 1 & 2 smoking cessation training for all staff working with patients and the public to widen access to smoking cessation support • consider development of in-house Health Champions (accredited by RSPH) to provide brief advice and signpost other staff and patients to smoking cessation services • consider development of Health Trainer role amongst paid/unpaid staff cohort to support other staff and patients to stop smoking (the latter three are professional development incentives) Consideration of the development of special links with community HIV organisations who can support and provide training to staff on how to motivate HIV positive patients to change their behaviour	

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Stakeholder Organisation	Section Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Positively UK	4.3 Key Questions and outcomes	Perhaps questions to consider might include: How do we motivate patients with mental health problems to stop smoking when the treatment of their mental health condition is their main concern?	Thank you for your comment. If available, this information will be retrieved as part of the evidence reviews within the framework of questions already outlined. The list of overarching questions provides examples of the types of questions and outcomes to be considered and was not intended to be exhaustive.
Primary Care Cardio Vascular Society	General	Although this scope covers secondary mental health settings promoting care networks, effective patient pathways and collaborative working with primary care stop smoking provision (e.g. GPs, pharmacy, community services etc) would be beneficial, particularly for patients who may be accessing mental health services and primary care services at the same time: • it may facilitate consistency in smoking cessation messages across all NHS commissioned services • have the potential to ensure there is seamless access to stop smoking support for patients on discharge or who are outpatients • enable patients who smoke to be better informed of smoking restrictions and what measures are in place to support them not to smoke in secondary mental health settings if they are being referred for	Thank you for taking the time to read and comment on the draft scope. We cannot pre-empt the deliberations of the Committee responsible for developing the guidance and recommendations. There will however, be an opportunity for all stakeholders to comment on the draft guidance from April- June 2013.

Stakeholder Organisation	Section Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		treatment • Provision of joint smoking cessation training for staff from mental health, acute and primary care settings on encouraging and supporting patients to stop smoking will help provide consistency in messages for patients Encourage mental health trusts/ providers to be part of their local Smokefree/ tobacco control programmes. Consider the best way in which to engage mental health service providers in local cardiac networks to assist in facilitating their better understanding and involvement in the management of patients CVD risk.	
Primary Care Cardio Vascular Society	4.1 Groups covered 4.4.1	It needs to be clearer that the Smokefree guidance will apply in the home or other enclosed non-clinical setting or premise where a staff member may be visiting a patient	Thank you for your comment. Agreed, these settings will be relevant to the guidance. However, 4.2.1 identifies activities; this section includes reference to smoke-free strategies when service users at home or in community settings.
Primary Care Cardio Vascular Society	4.4.1	It needs to clear if this will apply to all people working mental health care settings including volunteers, contract staff and staff working in commercial franchises e.g. WH Smiths or Costa Coffee etc in addition to the salaried NHS employees.	Thank you for the suggestion. The scope includes support staff, volunteers, agency/locum staff and those employed by contractors.

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Stakeholder Organisation	Section Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Primary Care Cardio Vascular Society	4.4.1	Attitudes to smoking and tobacco use vary across ethnic groups and cultures: some people smoke shisha or chew tobacco rather than pipes, cigars and cigarettes and unaware of the harm this causes. There need to be consistent messages within healthcare settings and from staff about the harm caused by all tobacco use, even though the focus of this guidance is on smoking cessation.	Thank you, noted. When developing the guidance the committee will take into account any cultural or equity issues that may affect the uptake of interventions. In addition where it is appropriate fieldwork may be commissioned to test feasibility of the recommendations in practice.. Other NICE guidance in development; it will consider interventions to reduce the use of smokeless tobacco products among ethnic groups (see http://guidance.nice.org.uk/PHG/Wave23/20).
Primary Care Cardio Vascular Society	4.2 Activities 4.2.1 b)	A way to support implementation of Smokefree strategies and interventions in secondary care mental health settings is to get buy-in and involvement of staff (restricting staff smoking breaks alone could cause resentment) therefore consideration should be given to: • offering on-site smoking cessation support/ services • incentives to encourage staff to stop smoking • provide Level 1 & 2 smoking cessation training for all staff working with patients and the public to widen access to smoking cessation support • consider development of in-house Health	Thank you for these suggestions. If there is evidence of such approaches, these will be considered by the committee that develops the guidance.

Stakeholder Organisation	Section Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Champions (accredited by RSPH) to provide brief advice and signpost other staff and patients to smoking cessation services • consider development of Health Trainer role amongst paid/unpaid staff cohort to support other staff and patients to stop smoking (the latter three are professional development incentives)	
Primary Care Cardio Vascular Society	4.3 Key Questions and outcomes	Perhaps questions to consider might include: How do we motivate patients with mental health problems to stop smoking when the treatment of their mental health condition may be their main concern?	Thank you for your comment. The scope sets out the overarching questions to be covered in the guidance and the evidence reviews. Each overarching question is underpinned by a set of detailed research questions The evidence reviews will address these detailed questions to inform the development of the recommendations. The list of overarching questions in the scope is not intended to be exhaustive.
Royal College of Nursing	General	The Royal College of Nursing welcomes proposals to develop this guidance in particular when it can provide guidance and support to nurses in this difficult area. It is	Thank you for taking the time to read and comment on the draft scope.

Stakeholder Organisation	Section Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		timely.	
Royal College of Nursing	general	This is an area that for many providers remains unresolved and contentious.	Agreed.
Royal College of Nursing	general	The draft scope is comprehensive and the focus of this guidance is welcomed.	Thank you.
Royal College of Paediatrics and Child Health	General	Overall we agree this is a very important area for intervention, with evidence that current practice is sub-optimal.	Thank you for taking the time to read and comment on the draft scope.
Royal College of Paediatrics and Child Health	4.1.1	We believe the scope is appropriate.	Thank you.
Royal College of Paediatrics and Child Health	4.1.1	We note that young people are included - it is important to disaggregate them in considering interventions because the evidence base for this group is quite different to that for adults. *Ref.* *"Smoking cessation services for young people." Gill Grimshaw, Alan Stanton* *BMJ 2008;337:a1394, doi: 10.1136/bmj:a1394* *"Tobacco cessation interventions for young people" Gill Grimshaw, Alan Stanton, Cochrane database of systematic reviews, 2009*	Thank you, noted. The undertaking the evidence review will respect the distinction between interventions for children and those for adults.

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Royal College of Paediatrics and Child Health	4.3	We would be very interested in the answers to these questions in relation to children and adolescents attending Tier 3 and Tier 4 CAMHS.	Thank you. We will endeavour to find evidence to answer these questions for all groups included in the scope of the guidance. The evidence reviews will be available from April 2013.
Royal College of Paediatrics and Child Health	4.3	It follows from the above that the first subsidiary question under question 1a should be changed from a “may consider” to “will consider”. Simply applying what works with other age groups to young people is likely to be ineffective and possibly damaging.	Thank you for your suggestion, the scope has been appropriately amended. Thank you. We cannot pre-empt the decisions of the committee that will develop the guidance, but they will be looking at a range of evidence and will consider a need for recommendations targeting different groups, for example based on age.
Royal College of Paediatrics and Child Health	Expected outcomes	These need to stress that we are looking for 6 or 12 months continuous cessation, not (as is sometimes reported) point prevalence of cessation at these times. In other words, long term cessation should not be implied if someone is not smoking 12 months after a quit attempt, but smoked for 11 of those 12 months.	Thank you for the suggestion. The scope has been amended; it now refers to continuous abstinence.

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		1. Ref: 2. *West R, Hajek P, Stead L, Stapleton J. Outcome criteria in smoking cessation trials: proposal for a common standard. Addiction 2005;100:299-303.*	
Royal College of Physicians		Royal College of Physicians wishes to endorse the response submitted by the UK Centre for Tobacco Control Studies	Thank you, noted.
Royal College of Psychiatrists	4.1.1	First bullet says this guidance covers all users of secondary mental health services. As above, most people with mental disorder are treated in primary care while many will move between primary and secondary care. Therefore, this guidance also needs to include those with mental disorder being managed in primary care to ensure consistency of management and minimise risk of relapse.	Thank you. The focus will be guidance for secondary care services, including mental health care services as in the referral from the Department of Health. However, the scope does acknowledge the importance of collaboration on smoking cessation between primary and secondary care services and integrating smoking cessation information, advice and support within care pathways, see 4.2.1 a).
Royal College of Psychiatrists	4.2.1a	Also needs to include evidence for prevention of uptake of smoking given high rates of smoking for mental disorder.	Thank you. We appreciate the importance of interventions aimed at

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		Given the 6 fold increased smoking rate in children with conduct disorder and 4 fold increased smoking rates in children with emotional disorder, this is particularly important before adulthood. Furthermore, evidence is limited on treatment once smoking has started. Also need to include evidence for smoking reduction.	preventing the uptake of tobacco. However it is important to produce a scope that is achievable within the available time and resources.
Royal College of Psychiatrists	4.2.1b	Need to include interventions for staff that are seen smoking or smell of smoke, this undermines impact of any intervention for patients.	Thank you, noted.
Royal College of Psychiatrists	4.2.2	Need to include interventions for those with mental disorder in primary care since most patients from secondary care will be discharged back to primary care (see 2b) so management needs to be consistent for the same patients in primary and secondary care. Suggest need to include prevention for sustainable reduction in tobacco consumption in this group (see comments in 4.2.1a).	Thank you. Please see above.
Royal College of Psychiatrists	4.3	Also need effectiveness and cost effectiveness of cut down to quit.	Cutting down prior to quitting will be covered in NICE public health guidance on 'Tobacco: harm reduction approaches to smoking', see:

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			http://guidance.nice.org.uk/PHG/Wave23/23
Royal College of Psychiatrists	2b	The section states that the guidance will cover people with severe mental illness. I strongly suggest that this guidance needs to cover more than severe mental illness. Recent analysis of the adult psychiatric morbidity survey finds that while 42% of adult tobacco consumption in England was by those with mental disorder, 31% of adult tobacco consumption in England was for common mental disorder (McManus et al, 2010). Smoking rates are 40% in those with psychosis who represent 1% of the population (McManus et al, 2010). However, this compares to the following smoking rates for other disorders which have much higher prevalence (McManus et al, 2010): • Smoking rates of 32% for common mental disorder (population prevalence 16%) • Smoking rates of 69% for drug dependence (population prevalence 3%) • Smoking rates of 46% for alcohol dependence (population prevalence 6%) • Smoking rates of 30% for alcohol problems (population prevalence 30%) The guidance also needs to cover more than mental	Thank you. Please see above responses.

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		health settings - most people with mental disorder are managed soley by primary care and those managed by secondary care are discharged back to primary care. However, there is often joint management across primary and secondary care and relapse be very common in this population as for others. Therefore, management needs to be consistent across both settings.	
Royal College of Psychiatrists	4.3	Question 2a. Need a question about effectiveness of NHS Stop Smoking services for this group Question 6 – it would be helpful to identify what the proportion of premature mortality in those with different mental disorder is due to smoking Expected outcomes: An important outcome as well as indicator of smoking culture is reduction in staff smoking.	Thank you. This would be covered by question 1a. Thank you, noted. We will endeavour to identify current epidemiological data for people with mental health problems The scope sets out the overarching questions to be covered in the guidance and the evidence reviews. Each overarching question is underpinned by a set of detailed research questions The evidence reviews will address these detailed questions to inform the development of the recommendations.

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Royal College of Psychiatrists	4.3	Question 8. Need to distinguish whether policy is just for indoors or if also includes grounds. Suggest refer to Lawn S, Campion (2010) Factors associated with success of smoke-free initiatives in Australian psychiatric inpatient units. *Psychiatric Services*, 61(3), 300-305.	Thank you for your comment. This distinction will be reported in the evidence reviews..
South West Yorkshire NHS Partnership Foundation Trust	**Question 10:**	Smokefree policies are in place.	Thank you for taking the time to read and comment on the draft scope.
South West Yorkshire NHS Partnership Foundation Trust	**Question 10:**	It can be difficult to enforce in secure units due to staffing levels on the wards. This may mean smokers are not able to leave the ward for a smoke as there are not enough staff to accompany them (comment from staff)	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 10:**	This takes away the patients 'human rights' (comment from service user)	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 10:**	For patients able to leave the wards this is not a problem (general view).	Thank you, noted.
South West Yorkshire NHS Partnership	**Question 2a:**	Using CQuIN monies to identify smokers to refer to services is not cost effective. This should be a part of their role as a health care professional and can create barriers	We cannot pre-empt the deliberations of the Committee responsible for developing the guidance and

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Foundation Trust		to supporting someone to have good physical health alongside their mental health.	recommendations. There will however, be an opportunity for all stakeholders to comment on the draft guidance from April-June 2013ater in the process. The scope sets out the overarching questions to be covered in the guidance and the evidence reviews. Each overarching question is underpinned by a set of detailed research questions The evidence reviews will address these detailed questions to inform the development of the recommendations.
South West Yorkshire NHS Partnership Foundation Trust	**Question 2a:**	Using CQuIN monies to incentivise referrals into services is not cost effective as the services take a large amount of time either screening referrals or supporting half hearted quit attempts. This is also not encouraged in the DH monitoring and service guidance.	Thank you, noted. See above responses.
South West Yorkshire NHS Partnership Foundation Trust	**Question 2b:**	For the year 2011-12 the commissioners have incentivised referral of in patient smokers to local stop smoking services using the CQuIN scheme, which helps to 'focus the mind' of the health care professionals. Whilst this	Thank you, noted. See above.

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		makes staff raise the issue of smoking, the staffs feel the acute admission phase is not the best time to discuss stopping smoking with in patients as they have so many other processes for the patients to go through.	
South West Yorkshire NHS Partnership Foundation Trust	**Question 2b:**	From a stop smoking service view point this using CQuIN payments to encourage referrals into services may mean unmotivated smokers are referred to services and the services can spend a lot of time contacting smokers who don't want to stop or seeing smokers who are not motivated to stop, which can create a lot of waste in the system which is clearly not cost-effective.	Thank you, noted. See above.
South West Yorkshire NHS Partnership Foundation Trust	**Question 2b:**	There is smoking cessation information available on the wards for smoking in patients which is kept in a file on the ward but not used systematically on admission.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 2b:**	Nicotine replacement therapy is available on prescription for in patients wanting to stop smoking, but offered/used very little.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 3:**	Making this a part of the client record keeping with a field that cannot be bypassed and from which reports can be run (if completed electronically)	Thank you, noted.
South West	**Question**	Making local brief interventions training for smoking	Thank you, noted. See above.

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Yorkshire NHS Partnership Foundation Trust	**3:**	cessation mandatory for all MH staff (preferable face to face training)	
South West Yorkshire NHS Partnership Foundation Trust	**Question 3:**	For stop smoking services to routinely record where their referrals come from (this includes primary care services) and for this to be provided to commissioners as part of their contracts.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 4:**	All MH front line staff should attend a brief intervention training session to provide them with the knowledge and skills regarding smoking and mental health and where smokers can be referred to, what is available and what to expect when patients are referred into services as there is patchy knowledge regarding this	We cannot pre-empt the deliberations of the Committee responsible for developing the guidance and recommendations. There will however, be an opportunity for all stakeholders to comment on the draft guidance from April- June 2013..
South West Yorkshire NHS Partnership Foundation Trust	**Question 4:**	Some Primary care teams (GP's) provide stop smoking services commissioned under a Local enhanced service agreement which can create barriers across communities as they tend to be less amenable to referring patients needing intensive support to specialist services.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 4:**	All staff interested in providing a stop smoking service should attend local stop smoking services training to accredit them to run in house stop smoking services *and* complete the online NCSCT training prior to being	Thank you, noted. Please see above.

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		commissioned to provide a service, plus attend annual updating sessions once commissioned	
South West Yorkshire NHS Partnership Foundation Trust	**Question 4:**	GP's could be more agreeable to prescribing medication for their patients that are being seen by the specialist services that don't have prescribers within the team. Patients waiting to see GP's can create huge barriers and some relapse very early in their quit attempts because of this. Some GP's insist that the patients are seen in house as they are paid for this through the local enhanced service agreement. This can mean that patients are not given a choice of which service they can access and may reduce their chances of a successful outcome.	Thank you, noted. However, the guidance will be aimed at secondary care staff.
South West Yorkshire NHS Partnership Foundation Trust	**Question 4:**	All health care professional providing stop smoking services and commissioner of stop smoking services or providing CQuIN targets, should be familiar with relevant NICE guidance and annual DH guidance for stop smoking services to enable them to maximise contracts etc and therefore smokers chances of quitting.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 4:**	Specialist services should be provided with dedicated marketing budgets to market local services to their communities.	Thank you, noted. Please see above
South West	**Question**	Service users felt there was an increase in awareness of	Thank you for this comment.

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Yorkshire NHS Partnership Foundation Trust	**4:**	pharmacies providing stop smoking services and NRT but unsure if this has impacted on clients with mental health issues?	
South West Yorkshire NHS Partnership Foundation Trust	**Question 4:**	Staff felt this may be highlighted when undertaking reviews and the Local enhanced service agreements, but probably opportunistic.	Thank you, please see above responses
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	Respite care is considered different as this is the patients home and their stay can be prolonged in some cases. Smokefree policies in these areas can be difficult to implement as the staff have no control over who is accessing or leaving the buildings.	Thank you for this comment, noted. Thank you for this comment, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	In patients report that they may feel 'picked on' for smoking and some felt strongly that smoking is a lifestyle choice for them.	Thank you, please see above responses. The scope sets out the overarching questions to be covered in the guidance and the evidence reviews. Each overarching question is underpinned by a set of detailed research questions The evidence reviews will address these detailed questions to

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			inform the development of the recommendations.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	Some patients use their cigarettes as a way of managing their condition.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	Cigarettes can be used as a 'currency' when an in patient.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	Some facilities still retain smoking rooms for patients to use (long term accommodation/ respite).	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	Some staff not aware of how or who to refer to.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	Some medical staff don't see this as part of their role and don't actively encourage smoking cessation.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	CQuIN targets means smokers are referred to enable the organisation to achieve a target and receive money, rather than focussing on the intervention and the quality/appropriateness of the care for the patient	Thank you, noted.

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South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	NRT is available on prescription for those smokers wanting to stop whilst in hospital.	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	Easy access to a stop smoking specialist services Information and leaflets readily available	Thank you, noted.
South West Yorkshire NHS Partnership Foundation Trust	**Question 5:**	Staff should value smoking cessation for their patients as part of their 'holistic' health.	Thank you, noted. Please see above.
South West Yorkshire NHS Partnership Foundation Trust	**Question 9:**	In patient smokers smoking in their rooms and hiding lit cigarettes under clothes when a healthcare professional enters the room. Risk of fire.	Thank you, noted.
The Roy Castle Lung Cancer Foundation	General	While we welcome this opportunity to focus on mental health services the majority of patients within acute care will not fall into this category. Each hospital is like a small town and as such presents the same challenges as its local community. Choosing to focus on such a specific area is likely to result in significant gaps and is a lost opportunity to develop a seamless service between hospital and primary care.	Thank you for taking the time to read and comment on the draft scope. The guidance will cover secondary care mental health care settings. As such it is very broad in its scope. It also aims to address how hospital and primary care providers can collaborate more effectively to provide seamless smoking cessation services.

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			Please note: Complementary guidance on 'smoking cessation in acute and obstetric services' will be developed at the same time as the current guidance in mental health services (see http://guidance.nice.org.uk/PHG/Wave23/22).
UK Clinical Pharmacy Association (UKCPA) Respiratory Group	General	UKCPA welcome this scoping document; we have no comments to make at this stage.	Thank you for taking the time to read the draft scope and your support.

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University of Nottingham Division of Epidemiology and Public Health UK Centre for Tobacco Control Studies	general	It appears worth considering the inclusion of evidence/best practice examples regarding smoking reduction (with the ultimate goal of cessation), as opposed to smoking cessation alone, as this has shown to be of relevance in this population – this is essential for the focus on temporary abstinence when 'smoking cessation' information is inappropriate	Thank you for taking the time to read and comment on the draft scope. Thank you for raising this important point. Please note the scope has been amended the scope to make it clear that temporary abstinence relates to interventions to support people where there are smoking restrictions, not as part of a harm reduction strategy. Please note: there is NICE guidance in development on tobacco harm reduction (http://guidance.nice.org.uk/PHG/Wave23/23
University of Nottingham Division of Epidemiology and Public Health UK Centre for Tobacco Control Studies	2.d.	There is a concern that the evidence base to establish 'effectiveness' (and cost effectiveness) in the strict sense may, for some sections, be very small or even non-existent. Best practice examples should also be considered at this stage, to fill potential gaps (until further research has been carried out).	Thank you, The advisory committee developing the guidance will consider a broad range of evidence.
University of Nottingham	general	Mental healthcare staff demonstrate a lack of specific knowledge about the dangers of smoking to mental health,	Thank you for your comment. The scope has been appropriately

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Division of Epidemiology and Public Health UK Centre for Tobacco Control Studies		the benefits of stopping or reducing their smoke intake and the relationship between smoking/smoking cessation and medication. This should be included under section 3	amended.

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University of Nottingham Division of Epidemiology and Public Health UK Centre for Tobacco Control Studies	4.2.1.	Although this is implied, emphasis should be placed on offering support to staff smokers in said settings.	Thank you. The groups that are included are listed in section 4.1.1. This includes all staff working in secondary care mental health settings.
University of Nottingham Division of Epidemiology and Public Health UK Centre for Tobacco Control Studies	general	Potential levers to influence a change in culture in mental health settings (i.e. though targets/incentives: CQUIN) should be explicitly explored	Thank you for your comment. Related issues will be addressed by Questions 3 & 5 in the scope. The search strategy will be inclusive so if there are studies of incentives/targets they will be considered for inclusion.
University of Nottingham Division of Epidemiology and Public Health UK Centre for Tobacco Control Studies	4.2.1.a	Note comment 1 above – to include harm reduction. Particular attention should be paid also to the link between inpatient/community and primary care settings, and to effective communication pathways between those (to include GPs). The focus on 'quit attempts' and 'smoking cessation in the bullet points will not cover the need for temporary abstinence support.	See above. The search strategy will be inclusive so if there are studies of managing quit attempts between settings for the population groups outlined in the scope they will be considered for inclusion.
University of Nottingham	4.3.	Question 10: in this context, issues around staff smoking prevalence, as well as mandatory staff training for all	Thank you for your comment. If available, this information will be

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Stakeholder Organisation	Section Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Division of Epidemiology and Public Health UK Centre for Tobacco Control Studies		clinical groups could be explicitly explored. In addition the barriers for NHS Stop Smoking Services to treat smokers with mental health problems (who are likely to require more intensive and prolonged treatment) should be made explicit.	retrieved as part of the evidence reviews within the framework of questions already outlined. The scope sets out the overarching questions to be covered in the guidance and the evidence reviews. Each overarching question is underpinned by a set of detailed research questions The evidence reviews will address these detailed questions to inform the development of the recommendations. The list of overarching questions is not intended to be exhaustive.
University of Nottingham Division of Epidemiology and Public Health UK Centre for Tobacco Control Studies	4.3.	Question 6 and 7: nicotine is the psychoactive component (thus relevant for the 'self medication hypothesis'); however, clinically, the more important (or at least equally important) issue is related to hydrocarbon agents in tobacco smoke that induce liver enzyme activity and change metabolism and required doses of antipsychotic medication. To capture both, one could change the questions to read 'what are the effects of **tobacco consumption**, or change in levels of tobacco consumption, on the mental and physical health of patients and users, **and on the required doses of antipsychotic medication**?'	Thank you for the suggestion. The scope has been amended to include a question about tobacco consumption, in addition to nicotine intake. The search strategy will be inclusive so if there are studies which refer to the implications for prescribing pharmacotherapies for the population groups outlined in the scope they will be considered for inclusion.

Public Health Programme Guidance

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