

Public Health Interventions Advisory Committee

Evidence Consultation – Stakeholder Response Table

28 November to 28 December 2006

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Nursing			<p>The Royal College of Nursing welcomes the opportunity to review this document.</p> <p>There are no specific comments to submit at present on the Evidence Summary. The RCN plans to submit comments on the draft guidance when it becomes available for consultation.</p>	Noted, thank you.
Northamptonshire PCT		Statement 1, Page 3	<p>We agree that more intensive interventions result in higher successful quit rates as these allow for more time to be spent with a specialist and other quitters, providing more support. From the workplace groups our service has run so far, we have achieved success rates of 58% - 100%.</p> <p>Advantages of workplace groups are that employees can attend a group in a familiar environment and do not have to go out of their way i.e. travel or attend in personal time. Workplace groups also benefit from greater camaraderie or rapport, as bonds may already exist between group members</p> <p>However, workplace groups also have disadvantages, as some employees may not wish to divulge certain information in front of their colleagues or managers. As a result they may be put off taking advantage of workplace stop smoking support. Therefore our service also offers 1:1 clinics in the workplace as an alternative to the group setting. It may be easier for some companies to release employees for 15-30 minutes separately to attend 1:1 sessions rather than collectively for 1 hour.</p>	Thank you for these helpful comments.
		Statement 2, Page 3	<p>We agree that brief interventions do have a place and may benefit smokers who have not yet made a conscious decision to quit (pre-contemplation).</p>	Noted, thank you.

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			<p>We do believe that once they have then made their decision to actively quit, more intensive support (group or 1:1) will improve their chances of a successful quit attempt and should be available</p> <p>It is important that different levels and types of support are available but it is equally important that employers do not pressurise employees into attending such support. This will waste company time, employee's time and the time of the person giving the support.</p>	
		Statement 3, page 4	<p>From my experience of running groups and 1:1 stop smoking support I have found that men do appear more confident and are quite often quick to make their decision to stop. Women on the other hand, tend to prepare more for their quit attempt and as a result remain motivated for longer.</p> <p>We agree that younger smokers would probably respond better to more intensive intervention. Their motivation and reasons for attending need to be scrutinised closely as in my experience younger smokers tend to be less determined (generally no health scares yet to shock them) and often relapse due to peer pressure. We agree that an older smoker is more likely to achieve successful abstinence.</p>	Noted, thank you.
		Statement 5, Page 4	<p>We agree that work needs to be done to ensure that employees from minority ethnic backgrounds are not excluded or prevented from accessing support. Materials in other languages should definitely be made available and 1:1 session may be more appropriate unless large enough numbers for a group.</p> <p>If there is a need for an interpreter will the company or NHS be expected to pay for this?</p>	<p>Noted, thank you.</p> <p>Employers are not required to make any</p>

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				provision for smoking cessation support under the new legislation. Currently, the NHS is not required to fund interpreters for their stop smoking services. However, where the need is justified NICE would consider this to be an example of good practice.
		Statement 8, page 5	To increase smoking compliance amongst employees, work places should consider offering cessation support and / or designated areas and shelters in which to smoke.	Noted, thank you.
		Statement 9, Page 5	<p>We believe it is important to offer 1:1 support as well as groups as some individuals feel uncomfortable in group settings and providing personal information in front of work colleagues, managers etc.</p> <p>As a service we train staff to level 2 so that they become Associate Stop smoking Advisors. If companies have Occupational Health staffs that are willing to attend this training they can then provide on going stop smoking support within the company.</p>	Noted, thank you for these helpful comments.
Smokefree Cambridgeshire and Peterborough		Statement 1, Page 3	This evidence is highly applicable to the development of guidance but consideration should be given to the implications that intensive interventions have on staffing/capacity within stop smoking services.	Noted, thank you. We will pass this comment to the NICE Implementation Team.
		Statement 2, Page 3	Our experience supports this evidence. We consider this to be applicable to the development of guidance.	Noted, thank you.
		Statement 4, Page 4	These studies do seem applicable but consideration should be given to the practicality of providing interventions tailored to the age of clients if included in guidance. We believe that this would be impractical in a workplace setting where the workforce includes a wide spectrum of ages.	Noted, thank you.

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		Statement 8, Page 5	Inclusion in guidance of best practice regarding enforcing smoke free policies that go beyond the requirements of legislation (such as NHS sites which have smoke free buildings and grounds) would be welcomed.	Noted, thank you. We will pass this comment to the NICE Implementation Team.
		Statement 9, Page 5	We support this evidence and believe it to be applicable to the development of guidance but consideration must be given to staffing implications/capacity issues for NHS Stop Smoking Services if these measures are to be recommended.	Noted, thank you.
		Statement 10, Page 5	If financial incentives are to be recommended in guidance this will need to be very clear to ensure equity across all PCTs.	Noted, thank you.
		Statement 11, Page 6	We support the inclusion in guidance of recommendations for smokers not ready to quit and have found there to be a demand for this kind of support within our area. However, it must be taken into account that resourcing these types of intervention is in direct conflict with Department of Health four week quit targets.	Noted, thank you.
		Statement 13, Page 6	We strongly support the evidence that the personal attitude of the employer is key to the success of stop smoking interventions in a workplace setting and suggest this is included and highlighted within guidance.	Noted, thank you.
		Statement 14, Page 7	Our experience supports the evidence that small enterprises are far less likely to offer smoking cessation support but that these kind of enterprises have substantial needs. We would therefore welcome guidance on supporting SMEs.	Noted, thank you.
		General Comments	Within the evidence review there is no inclusion of studies which compare the effectiveness of stop smoking services providing support within workplaces versus Stop Smoking Services training staff within workplaces (e.g. Occupational Health or other	Noted. The review team were unable to find any published evidence that compared in-house provision with external provision.

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			interested staff) to provide stop smoking support. It is probable that there are no studies of this kind available. However, it would be useful for this to be considered within the guidance.	
The British Association for Stop Smoking Practitioners (BASSP)			The BASSP has no further comments to make at this stage of the process	Noted, thank you.