

# **National Institute for Health and Care Excellence**

## **Centre for Public Health**

*Review Decision: July 2014*

### **Consideration of an update of Public Health guidance on 'Workplace interventions to promote smoking cessation' (PH5)**

#### **1 Background information**

Guidance issue date: November 2007

1 year review date: 2008

3 year review date: 2011

3 year review date: 2014

#### **2 Introduction**

In 2006, the Department of Health asked NICE 'To produce intervention guidance on workplace health promotion with reference to smoking, and what works in motivating and changing employees' health behaviour.' The driver for the referral was the 2007 smoking ban in enclosed public places in England and Wales. Now virtually all workplaces are smokefree.

### **3. Process for reviewing published guidance**

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

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

- NICE normally convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including co-optees) of the original committee that developed the guidance, the review team that produced the original evidence reviews, and representatives of relevant government departments and Public Health England.
- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

NICE has not convened an expert panel in this instance. The rationale for this is that shortly after the publication of the original guidance a smoking ban was introduced making it illegal to smoke in all enclosed work places in England. Thus, the guidance has been largely superseded by legislation and further NICE guidance in this area.

### **4. Consideration of evidence and practice**

The evidence base about effective smoking cessation interventions is well established and NICE has produced further guidance on [Smoking cessation services](#) which details cost effective interventions.

Since 2007, NICE has published further relevant guidance and standards including:

- [Smoking cessation services](#) (PH10)
- [Tobacco: harm reduction approaches to smoking](#) (PH45)
- [Smoking cessation – supporting people to stop smoking](#) (QS43)
- [Smoking cessation in secondary care: acute maternity and mental health services](#) (PH48)

The original guidance contains 6 recommendations (summarised in Table 1) covering Employers, Employees and their representatives, NHS stop smoking services (which are now in practice referred to as Stop smoking services) and SHAs and PCTs (to ensure stop smoking services can respond to fluctuations in demand).

**Table 1: Summary of recommendations**

<b>Recommendation</b>	<b>Summary of actions</b>
Recommendation 1	Employers: publicise Stop Smoking Services, allow to attend in work time, Smoking Cessation policy
Recommendation 2	Employees wanting to stop smoking: Contact local smoking cessation services, such as the NHS Stop Smoking Services, for information, advice and support.
Recommendation 3	Employees and their representatives: Encourage employers to provide advice, guidance and support to help employees who want to stop smoking.

Recommendation 4	Superseded by PH10 – Guidance on smoking cessation services
Recommendation 5	Stop Smoking Service managers – to support employers in supporting employees to stop smoking
Recommendation 6	The recommendation was made to support the introduction of smoke-free legislation in England in July 2007. It is no longer relevant.

### ***First review 2011***

At its previous review in 2011, the expert panel concluded that there was no evidence or practice that necessitated the update of 3 of the recommendations (Recommendations 1, 2 and 3). Recommendation 4 had been superseded by other NICE guidance (PH10) and recommendation 6 was no longer relevant as it was made to support the smoke-free legislation. The remaining recommendation, recommendation 5, targets NHS stop smoking services in providing support for employers to help their employees to stop smoking. In 2011, the expert panel felt that due to uncertainties in the public health landscape due to reforms the recommendation did not need updating.

Since 2011, responsibility for stop smoking services has moved from NHS to local authorities and the recommendations could be refreshed to reflect this change in service provision.

The original guidance was published in advance of the smoking ban. Many anticipated barriers to the implementation of the smoking ban were not realised, and the team consider the guidance may be of limited use. A 2011 [Department of Health evidence review](#) of the impact of smokefree legislation in England reported a shift in attitudes from resentment of the ban to

acceptance of the changes, and a growing perception of the individual, health and environmental benefits of Smokefree.

While smoking remains the main cause of preventable deaths in UK and an important Public Health topic, the Centre for Public Health feel that there are still gaps in the portfolio of NICE products addressing smoking and tobacco more generally where resources would be better invested than in reviewing the guidance on workplace smoking, for example, electronic cigarettes, awareness raising around harms of Shisha smoking, or smoking among people living with a mental health condition in the community.

NICE currently has a suite of guidance in development based around the workplace, while not specifically addressing workplace smoking cessation these highlight the role of the workplace in contributing to the health and wellbeing of the workforce.

This is the first time that CPH has proposed placing a piece of guidance on a static list. It is suggested that once on a static list the guidance is reviewed on a 5 yearly cycle to determine whether it would benefit from undergoing a full published guidance review.

## **5 Stakeholder consultation**

In June 2014, a proposal was made to stakeholders to place the guidance on a static list to be reviewed on a 5 yearly cycle. 21 stakeholder organisations responded to the consultation including: ASH, Chartered Institute of Environmental Health, Public Health England, Royal College of Physicians and Public Health Agency for Northern Ireland. Of those who responded and expressed an opinion on the proposition of placing the guidance on a static list, two thirds were supportive (8/12) of the proposal. Those organisations that disagreed with the proposal provided no evidence suggesting that the recommendations in the guidance were inaccurate. The Cochrane Tobacco Addiction Group highlighted that the Cochrane review on Workplace interventions for smoking cessation had just been updated with no change in

the conclusions. Stakeholders raised some concerns about how this guidance fits in with other work that NICE has done in the area of Tobacco. However, given the move for recommendations to be accessed via NICE Pathways this alleviates some of these concerns.

Stakeholders also flagged that harm reduction approaches may be suitable for workplace settings; again through NICE Pathways this link is made with the guidance on Tobacco: harm reduction approaches to smoking (PH45). Additionally, stakeholders expressed a desire for NICE guidance on nicotine vaporisers (electronic cigarettes).

## **6 Equality and diversity considerations**

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

## **7 Review Decision**

The guidance will be placed on the static list

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