NICE National Institute for Health and Care Excellence

NICE quality standard

Smoking: reducing and preventing tobacco use

Quality standard

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Contents

This standard is based on PH5, PH14, PH23, PH48 and NG92.

This standard should be read in conjunction with QS22, QS43, QS92, QS102, QS100, QS99, QS95, QS146 and QS147.

Introduction

This quality standard is relevant to anyone involved in protecting health and promoting healthy behaviour among children, young people and adults. This includes people working in the NHS, local authorities, education and the wider public, private, voluntary and community sectors.

This quality standard covers reducing tobacco use, including interventions to discourage people from taking up smoking, tobacco control strategies and smokefree policies. It does not cover referral to and delivery of stop smoking services, which are covered by NICE's quality standard on smoking: supporting people to stop. It does not cover harm reduction approaches to smoking, which are covered by NICE's quality standard on smoking: harm reduction. For more information see the topic overview.

This quality standard covers all smoked tobacco products, including shisha, but does not cover smokeless tobacco or tobacco-free products such as e-cigarettes or shisha pens.

Why this quality standard is needed

Smoking is the main cause of preventable illness and premature death in England. It is the primary reason for the gap in healthy life expectancy between the rich and the poor.

Smoking contributes to a wide range of diseases, including cancers, respiratory diseases, coronary heart and other circulatory diseases, stomach and duodenal ulcers, erectile dysfunction, infertility, osteoporosis, cataracts, age-related macular degeneration and periodontitis.

Smoking can cause complications in pregnancy and labour, including ectopic pregnancy, bleeding, premature detachment of the placenta and premature rupture of the membranes. The health risks for babies of mothers who smoke are substantial.

Children who smoke become addicted to nicotine very quickly. They also tend to continue the habit into adulthood. Around two-thirds of people who have smoked started smoking before the age of 18. The Department of Health's Healthy lives, healthy people: a tobacco control plan for England

highlights that it is crucial to reduce the number of young people who start smoking. If young people see smoking as a normal part of everyday life, then they are much more likely to smoke themselves. This illustrates why it is important to alter the acceptance of smoking as a social norm. Recent research in social psychology and behavioural economics suggests that reducing the number of young people who take up smoking is best achieved by influencing the adult world in which they grow up.

Getting people of all ages to quit smoking is crucial in preventing other people from taking up the habit. Therefore this quality standard should be considered alongside NICE's quality standard on smoking: supporting people to stop. Some people may not be ready or may not want to completely give up tobacco or nicotine but may be interested in reducing harm from smoking. This is covered in the NICE quality standard on smoking: harm reduction, and should also be considered alongside this quality standard.

People with a longstanding mental health problem are twice as likely to smoke as those without a mental health problem. Not only is smoking more common in this group but the degree of addiction is greater. Mortality among people with serious mental illness is substantially higher than among the general population, and smoking is one of the factors contributing to this outcome.

This quality standard is expected to contribute to improvements in the following outcomes:

- smoking prevalence
- smoking prevalence within routine and manual groups
- smoking prevalence among children and young people
- smoking-related hospital admissions
- smoking-related mortality
- under 75 mortality rate from cardiovascular disease, respiratory disease, cancer
- life expectancy
- healthy life expectancy
- sickness absence.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Parts 1A, 1B and 2
- NHS Outcomes Framework 2014–15.

Table 1 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
1 Improving the wider determinants of health	*Objective* Improvements against wider factors that affect health and wellbeing and health inequalities *Indicators* 1.9 Sickness absence rate
2 Health improvement	*Objective* People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities *Indicators* 2.1 Low birthweight of term babies 2.3 Smoking status at time of delivery 2.14 Smoking prevalence – adults (over 18s)

4 Healthcare public health and preventing premature mortality	*Objective* Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities *Indicators* 4.1 Infant mortality* 4.3 Mortality from causes considered preventable** 4.4 Under 75 mortality rate from all cardiovascular diseases* 4.5 Under 75 mortality rate from cancer* 4.7 Under 75 mortality rate from respiratory diseases* 4.12 Preventable sight loss
Aligning across the health and care system * Indicator complementary with NHS Outcomes Framework ** Indicator shared with NHS Outcomes Framework	

Table 2 NHS Outcomes Framework 2014–15

Domain	Overarching indicators and improvement areas

1 Preventing people from dying prematurely	*Overarching indicator* 1b Life expectancy at 75 i Males ii Females *Improvement areas* **Reducing premature mortality from the major causes of death** 1.1 Under 75 mortality rate from cardiovascular disease* 1.2 Under 75 mortality rate from respiratory disease* 1.4 Under 75 mortality rate from cancer* **Reducing premature death in people with serious mental illness** 1.5 Excess under 75 mortality rate in adults with serious mental illness* **Reducing deaths in babies and young children** 1.6 Infant mortality*
Alignment across the health and social care system * Indicator shared with Public Health Outcomes Framework (PHOF)	

Coordinated services

The quality standard for smoking: reducing tobacco use specifies that services should be commissioned from and coordinated across all relevant agencies. An integrated approach to prevention, smoking cessation, harm reduction and shaping social norms is fundamental to reducing tobacco use.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing high-quality services that contribute to reducing tobacco use in the community are listed in related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in reducing tobacco use in the community should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in reducing tobacco use. If appropriate, professionals should ensure that family members and carers are involved in the decision-making process about interventions and initiatives that stop people taking up smoking, reduce tobacco use and help people quit completely.

List of quality statements

Statement 1 Schools and colleges deliver combined interventions to stop children and young people taking up smoking by improving their social competence and awareness of social influences.

Statement 2 Schools and colleges do not allow smoking anywhere in their grounds and remove any areas previously designated for smoking.

Statement 3 Trading standards identify and take action against retailers that sell tobacco products to people under 18.

Statement 4 Employers allow employees to access evidence-based 'stop smoking' support during working hours without loss of pay.

Statement 5 Healthcare services use contracts that do not allow employees to smoke during working hours or when recognisable as an employee.

Statement 6 Healthcare settings do not allow smoking anywhere in their grounds and remove any areas previously designated for smoking.

Statement 7 Secondary healthcare settings ensure that a range of licensed nicotine-containing products and stop smoking pharmacotherapies is available on site for patients, visitors and employees.

Statement 8 Local authorities use regional and local media channels to reinforce national tobacco reduction campaigns.

Statement 9 (placeholder). Preventing access to, demand for and supply of, illicit tobacco.

Quality statement 1: Schools and colleges: interventions

Quality statement

Schools and colleges deliver combined interventions to stop children and young people taking up smoking by improving their social competence and awareness of social influences.

Rationale

Schools and colleges have an important role in helping children and young people to understand the harm associated with tobacco products. Most schools and colleges have already implemented smokefree policies, and teaching about tobacco use and its impact is part of the curriculum. However, children and young people still face substantial pressures to start smoking from their peers, family members, the media and the tobacco industry. Combined interventions to improve social competence and to make students aware of the social influences that support smoking are effective in preventing children and young people from taking up smoking.

Quality measures

Structure

Evidence of arrangements within local schools and colleges to deliver combined interventions to stop children and young people taking up smoking by improving their social competence and awareness of social influences.

Data source: Local data collection.

Process

a) Proportion of schools and colleges that deliver combined interventions to stop children and young people taking up smoking by improving their social competence and awareness of social influences.

Numerator – the number in the denominator that deliver combined interventions to stop children and young people taking up smoking by improving their social competence and awareness of social influences.

Denominator – the number of schools and colleges in a specified geographic area.

Data source: Local data collection.

b) Proportion of children and young people who receive combined interventions to stop them taking up smoking by improving their social competence and awareness of social influences.

Numerator – the number in the denominator who receive combined interventions to stop them taking up smoking by improving their social competence and awareness of social influences.

Denominator – the number of children and young people in schools and colleges in a specified geographic area.

Data source: Local data collection.

Outcome

Proportion of children and young people who have tried smoking at least once.

Data source:Statistics on smoking, England 2014 covers the national prevalence of smoking among young people aged 16–19 and secondary school students (mostly aged 11–15).

What the quality statement means for schools and colleges

Schools and colleges deliver combined interventions to stop children and young people taking up smoking by improving their social competence and awareness of social influences.

What the quality statement means for children and young people

Children and young people take part in programmes at their school or college that help them to refuse offers of tobacco products by improving their self-esteem, how they cope with stress, and general social and assertive skills.

Source guidance

Smoking prevention in schools (2010) NICE guideline PH23, recommendations 2 and 3

Definitions of terms used in this quality statement

Schools and colleges

In this quality standard schools and colleges include:

- maintained and independent primary, secondary and special schools
- city technology colleges and academies
- pupil referral units, secure training and local authority secure units
- further education colleges
- 'extended schools' where childcare or informal education is provided outside school hours.

[NICE guideline PH23]

Social competence interventions

A group of interventions that aim to help children and young people refuse offers to smoke by improving their general social competence. Programmes benefit from including social learning processes or life skills such as:

- problem-solving and decision-making
- cognitive skills for resisting interpersonal or media influences
- increased self-control and self-esteem
- coping strategies for stress
- general social and assertive skills.

These interventions can be peer-led or adult-led and can have tobacco products as a focus or be more general.

[Cochrane review and expert opinion]

Social influences interventions

Interventions that aim to increase awareness of social influences that promote tobacco use and

help students overcome these influences. Programmes adopt resistance skills training in which students are taught how to:

- deal with peer pressure
- deal with high-risk situations
- effectively refuse direct and indirect attempts to persuade them to use tobacco products.

[Cochrane review and expert opinion]

Equality and diversity considerations

Smoking rates are higher among those excluded from school and they will not be able to benefit from these interventions. Other activities carried out locally should address the needs of this group.

Quality statement 2: Schools and colleges: smokefree grounds

Quality statement

Schools and colleges do not allow smoking anywhere in their grounds and remove any areas previously designated for smoking.

Rationale

Most schools and colleges already have a smokefree policy in place, which includes having smokefree grounds. However, some of the smokefree grounds still allow smoking in designated smoking areas and may even provide smoking shelters. Allowing anyone to smoke anywhere in the school grounds at any time, makes it seem an acceptable activity. Providing outdoor smoking areas facilitates smoking.

Quality measures

Structure

Evidence of arrangements in local schools and colleges to operate smokefree grounds and remove any areas designated for smoking.

Data source: Local data collection.

Process

a) Proportion of schools and colleges that do not allow smoking anywhere in the grounds.

Numerator – The number in the denominator that do not allow smoking anywhere in the grounds.

Denominator – The number of schools and colleges in the specified geographic area.

Data source: Local data collection.

b) Proportion of schools and colleges with no designated areas for smoking.

Numerator – The number in the denominator with no designated areas for smoking.

Denominator – The number of schools and colleges in the specified geographic area.

Data source: Local data collection.

Outcome

Schools and colleges with smokefree grounds and no areas designated for smoking.

Data source: Local data collection.

What the quality statement means for schools and colleges

Schools and colleges ensure that smoking is not allowed anywhere in the grounds and that the smokefree policy applies to anyone using the premises for any purpose at any time. They should also remove any existing areas previously designated for smoking in the grounds.

What the quality statement means for children and young people

Children and young people attend schools and colleges that do not allow smoking anywhere in the school or the school grounds at any time. The schools and colleges do not have any areas in the grounds set aside for smoking.

Source guidance

Smoking prevention in schools (2010) NICE guideline PH23, recommendation 1

Definitions of terms used in this quality statement

Schools and colleges

In this quality standard schools and colleges include:

- maintained and independent primary, secondary and special schools
- city technology colleges and academies
- pupil referral units, secure training and local authority secure units
- further education colleges
- 'extended schools' where childcare or informal education is provided outside school hours.

[NICE guideline PH23]

Equality and diversity considerations

Smoking rates are higher among those excluded from school and they will not be able to benefit from these actions. Other activities carried out locally should address the needs of this group.

Quality statement 3: Underage sales

Quality statement

Trading standards identify and take action against retailers that sell tobacco products to people under 18.

Rationale

It is illegal to sell tobacco products to anyone under 18. Trading standards should work in partnership with retailers, police and the wider community to gather reliable information and take action against local retailers who sell tobacco to people under 18. This may include providing advice and guidance to the retailers, test purchasing and taking legal action.

Quality measures

Structure

a) Evidence of local arrangements to obtain and interpret information to identify retailers that sell tobacco products to people under 18.

Data source: Local data collection.

b) Evidence of local actions undertaken to prevent retailers from selling tobacco products to people under 18.

Data source: Local data collection.

Process

a) Proportion of tobacco test purchases with a recorded underage sale.

Numerator – The number in the denominator with a recorded underage sale.

Denominator – The number of tobacco test purchases carried out in a specified geographic area.

Data source:Tobacco Control Survey, England. Chartered Trading Standards Institute.

b) Proportion of retailers with a recorded underage sale followed up with advice to the retailer.

Numerator – The number in the denominator followed up with advice to the retailer.

Denominator – The number of test purchases with a recorded underage sale in a specified geographic area.

Data source:Tobacco Control Survey, England. Chartered Trading Standards Institute.

c) Proportion of individuals sanctioned for persistently selling tobacco to people under 18.

Numerator – The number in the denominator sanctioned for persistently selling tobacco to people under 18.

Denominator – The number of individuals identified as persistently selling tobacco to people under 18 in a specified geographic area.

Data source:Tobacco Control Survey, England. Chartered Trading Standards Institute.

d) Proportion of tobacco sales outlets sanctioned for persistently selling tobacco to people under 18.

Numerator – The number in the denominator sanctioned for persistently selling tobacco to people under 18.

Denominator – The number of tobacco sales outlets identified as persistently selling tobacco to people under 18 in a specified geographic area.

Data source:Tobacco Control Survey, England. Chartered Trading Standards Institute.

Outcome

Incidence of underage tobacco sales.

Data source: Local data collection.

What the quality statement means for local trading standards and local retailers

Local trading standards work in partnership with retailers, the police and the wider community to

gather reliable information and take action against local retailers who sell tobacco to people under 18.

Local retailers are subject to test purchase operations and if underage tobacco sales are recorded, further action is taken. They work with local trading standards in order to comply with the legislation. If the retailers are found persistently selling tobacco products to people under 18, they can be sanctioned by magistrates' courts.

What the quality statement means for children and young people

Children and young people find it hard to buy tobacco products and hard to start or carry on smoking. This means that they are better protected from smoking-related harm.

Source guidance

Smoking: preventing uptake in children and young people (2008, updated 2014) NICE guideline PH14, recommendation 5

Definitions of terms used in this quality statement

Identifying retailers

Local trading standards, the police, HM Revenue and Customs, voluntary and community groups work in partnership to obtain, interpret and act on reliable intelligence to identify retailers that sell tobacco products to people under 18.

Trading standards also work with local retailers to increase awareness of, and compliance with, the tobacco legislation.

[NICE guideline PH14 and expert opinion]

Taking actions against retailers

Actions taken against retailers include:

- undertaking test purchases to detect breaches in the law at retailers identified by local intelligence
- raising awareness of tobacco legislation among retailers and providing advice to those

- retailers found selling tobacco to anyone under 18
- using sanctions and taking legal action against retailers.

Trading standards can apply to the magistrates' court to impose fines or sanctions on the retailers. The maximum fine is £2500. When a person is convicted of making an illegal sale to anyone under 18 and, on at least 2 other occasions within a 2-year period, has committed other similar offences (these do not need to have resulted in a conviction), a sanction may be applied for. The magistrates' court can issue a Restricted Premises Order or a Restricted Sale Order, or both.

Restricted Premises Order – The retail premises is prohibited from selling tobacco products for a period of up to 12 months.

Restricted Sale Order – A named person is prohibited from selling tobacco or managing premises in relation to the sale of tobacco products for a period of up to 12 months – the business may still sell tobacco but the individual may not.

[Responsible tobacco retailing, 2014 and expert opinion]

Equality and diversity considerations

Smoking is more common in socially deprived areas and children and young people from poorer socioeconomic backgrounds take up smoking at an earlier age. Targeting retailers with awareness-raising campaigns can potentially have more impact in disadvantaged areas.

Quality statement 4: Workplace policy

Quality statement

Employers allow employees to access evidence-based 'stop smoking' support during working hours without loss of pay.

Rationale

Many employers already have a policy outlining support to help employees to quit smoking. However, in practice, employees find it difficult to get time off to access 'stop smoking' services when needed. NHS and local authority employers should set an example in implementing this quality statement.

Evidence shows that people who smoke take an average of 30 minutes in cigarette breaks within business hours each day. A typical 'stop smoking' intervention lasts 30 minutes, once a week for the first 4 weeks after the quit attempt, then less frequently for a further 8 weeks. By enabling employees to access 'stop smoking' services, employers are likely to realise substantial benefits, such as increased productivity, decreased sickness rates and improved adherence to smokefree policies. More details about the economic gains for the employers can be found using NICE's tobacco return on investment tool.

Quality measures

Structure

Evidence of HR policies that allow employees to access 'stop smoking' support during working hours without loss of pay.

Data source: Local data collection.

Process

a) Proportion of employees who wanted to access 'stop smoking' support during working hours and did so.

Numerator – The number in the denominator who accessed 'stop smoking' support during working hours.

Denominator – The number of employees who wanted to access 'stop smoking' support during working hours.

Data source: Local data collection.

b) Proportion of employees who accessed 'stop smoking' support during working hours without loss of pay.

Numerator – The number in the denominator who did not lose pay.

Denominator – The number of employees who accessed 'stop smoking' support during working hours.

Data source: Local data collection.

What the quality statement means for commissioners

Commissioners of 'stop smoking' services ensure that there is capacity within the 'stop smoking' services to deliver support to employers who want to help their employees to stop smoking.

What the quality statement means for employers and employees

All employers encourage employees who smoke (including students, apprentices and volunteers) to access 'stop smoking' support. They facilitate employees to access 'stop smoking' services by allowing them to attend during working hours without loss of pay. Employers may choose to organise on-site 'stop smoking' services if that is feasible.

Employees who smoke can attend 'stop smoking' services during working hours, without losing pay.

What the quality statement means for managers of 'stop smoking' services

'Stop smoking' services proactively engage with local businesses by offering their support and promoting their services. In particular, they target businesses with high numbers of staff working in routine and manual jobs. This may mean that 'stop smoking' services are provided on site and there is increased demand on the service.

Source guidance

Smoking: workplace interventions (2007) NICE guideline PH5, recommendations 1 and 5

Equality and diversity considerations

Smoking is significantly more prevalent among people in routine and manual occupations. Targeting businesses that employ large numbers of people who work in routine and manual jobs has a potential to make a substantial difference.

Reducing smoking among people who are not employed is not specifically addressed by current guidelines, but smoking prevalence in this group is high. 'Stop smoking' services, Job Centre Plus and other organisations working with people who are unemployed have an opportunity to work together to enable people who are not employed to access 'stop smoking' services.

Quality statement 5: Healthcare services: employee contracts

Quality statement

Healthcare services use contracts that do not allow employees to smoke during working hours or when recognisable as an employee.

Rationale

Healthcare services have a duty of care to protect the health of people who use or work in their services and to promote healthy behaviour among these groups. Healthcare services set an example to the wider community and ensure that 'no smoking' is the norm. Using contracts that do not allow employees (including contractors and volunteers) to smoke during working hours or when recognisable as an employee, reflects the services' commitment to implementing and enforcing a smokefree policy.

Quality measures

Structure

Evidence of arrangements within healthcare services to use employee contracts (including contractor and volunteer contracts) that do not allow smoking during working hours or when recognisable as an employee.

Data source: Local data collection.

Process

Proportion of healthcare services that use employee contracts (including contractor and volunteer contracts) that do not allow smoking during working hours or when recognisable as an employee.

Numerator – The number in the denominator that use employee contracts (including contractor and volunteer contracts) that do not allow smoking during working hours or when recognisable as an employee.

Denominator – The number of healthcare services in the specified geographic area.

Data source: Local data collection.

Outcome

Staff, contractors and volunteers found smoking during working hours or when recognisable as an employee.

Data source: Local data collection.

What the quality statement means for directors and senior managers of healthcare services or their representatives, commissioners and people who work in healthcare services

Directors and senior managersof healthcare services or their representatives ensure that contracts that do not to allow smoking during working hours or when recognisable as an employee are used and enforced for all employees (including contractors and volunteers).

Commissioners ensure that they commission healthcare services that use and enforce employee contracts (including contractor and volunteer contracts) that do not allow smoking during working hours or when recognisable as an employee.

People who work in healthcare services (including contractors and volunteers) do not smoke during working hours or when recognisable as an employee as set out in their contracts.

What the quality statement means for patients and visitors

Patients and visitors of healthcare services are in a setting in which employees (including contractors and volunteers) do not smoke.

Source guidance

- Smoking: acute, maternity and mental health services (2013) NICE guideline PH48, recommendations 11, 12 and 16
- Stop smoking interventions and services (2018) NICE guideline NG92, recommendation 1.12.1

Definitions of terms used in this quality statement

Healthcare services

All publicly funded community, primary, secondary and tertiary healthcare services.

[Adapted from NICE guideline PH48]

Quality statement 6: Healthcare settings: smokefree grounds

Quality statement

Healthcare settings do not allow smoking anywhere in their grounds and remove any areas previously designated for smoking.

Rationale

Healthcare services have a duty of care to protect the health of people who use or work in their services and to promote healthy behaviour among these groups. Healthcare settings set an example to the wider community and ensure that 'no smoking' is the norm. Many healthcare services already have a smokefree policy in place, which includes smokefree grounds. However, some still facilitate smoking in their grounds by providing outdoor smoking areas, such as smoking shelters or designated smoking points.

Quality measures

Structure

Evidence of arrangements within healthcare settings to operate smokefree grounds and remove any areas previously designated for smoking.

Data source: Local data collection.

Process

a) Proportion of healthcare settings that do not allow smoking anywhere in their grounds.

Numerator – The number in the denominator that do not allow smoking anywhere in their grounds.

Denominator – The number of healthcare settings in the specified geographic area.

Data source: Local data collection.

b) Proportion of healthcare settings with no designated smoking areas.

Numerator – The number in the denominator with no designated smoking areas.

Denominator – The number of healthcare settings in the specified geographic area.

Data source: Local data collection.

What the quality statement means for directors and senior managers of healthcare services or their representatives, commissioners and people who work in healthcare services

Directors and senior managersof healthcare settings or their representatives ensure that smoking is not allowed anywhere in the grounds of healthcare settings. They ensure that the smokefree policy applies to anyone using the premises for any purpose at any time. They should also remove any areas in the grounds previously designated for smoking.

Commissioners ensure that their contracts with healthcare services include smokefree grounds and removal of any existing areas designated for smoking in the grounds.

People who work in healthcare services (including contractors and volunteers) are not allowed to smoke anywhere in the grounds of their healthcare setting. The setting does not have any areas set aside for smoking.

What the quality statement means for patients and visitors

Patients and visitors of healthcare settings are not allowed to smoke anywhere in the grounds of the healthcare setting.

Source guidance

- Smoking: acute, maternity and mental health services (2013) NICE guideline PH48, recommendations 11, 12 and 16
- Stop smoking interventions and services (2018) NICE guideline NG92, recommendation 1.12.1

Definitions of terms used in this quality statement

Healthcare settings

All publicly funded community, primary, secondary and tertiary healthcare facilities, including buildings, grounds and vehicles.

[Adapted from NICE guideline PH48]

Equality and diversity considerations

People who are unable to leave the healthcare setting because of disability, vulnerability or detention under the Mental Health Act will have to abstain from smoking, unlike other people who can leave the grounds to smoke if they wish. Additional support should be provided for people unable to leave the healthcare setting, as defined in NICE guideline PH48.

Quality statement 7: Healthcare settings: nicotine-containing products and stop smoking pharmacotherapies

Quality statement

Secondary healthcare settings ensure that a range of licensed nicotine-containing products and stop smoking pharmacotherapies is available on site for patients, visitors and employees.

Rationale

Secondary healthcare services have a duty of care to protect the health of people who use or work in their services and promote healthy behaviour among these groups. Most secondary and tertiary healthcare settings already have a smokefree policy in place, which includes smokefree grounds. Facilitating abstinence (long-term or temporary) among patients, visitors and employees (including contractors and volunteers) will help ensure compliance with smokefree policies.

Quality measures

Structure

a) Evidence of local arrangements to ensure that 'stop smoking' pharmacotherapies and licensed nicotine-containing products are stocked by pharmacies within secondary healthcare services.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that a range of licensed nicotine-containing products is available for sale within secondary healthcare services for visitors and employees.

Data source: Local data collection

Process

a) Proportion of secondary healthcare settings that stock pharmacotherapies and licensed nicotine-containing products.

Numerator – The number in the denominator that stock pharmacotherapies and licensed nicotine-containing products.

Denominator – The number of secondary healthcare settings in the specified geographic area.

Data source: Local data collection.

b) Proportion of secondary healthcare settings that sell nicotine-containing products to visitors and employees.

Numerator – The number in the denominator that sell nicotine-containing products to visitors and employees.

Denominator – The number of secondary healthcare settings in the specified geographic area.

Data source: Local data collection.

What the quality statement means for directors and senior managers of secondary care services or their representatives, commissioners and people who work in secondary healthcare services

Directors and senior managersof secondary care services or their representatives ensure that compliance with a smokefree policy is facilitated by a range of licensed nicotine-containing products and 'stop smoking' pharmacotherapies being available on site for patients, visitors and employees.

Commissioners ensure that their contracts with secondary healthcare settings facilitate compliance with a smokefree policy by including on-site provision of licensed nicotine-containing products and 'stop smoking' pharmacotherapies for patients, visitors and employees.

People who work in secondary healthcare services (including contractors and volunteers) are helped to stick to the smokefree policy by being able to obtain a range of licensed nicotine-containing products and 'stop smoking' therapies on site.

What the quality statement means for patients and visitors

Patients in secondary healthcare services can obtain a range of licensed nicotine-containing products and 'stop smoking' pharmacotherapies onsite at all times. This helps them follow the smokefree policy within the healthcare grounds.

Visitors can obtain a range of licensed nicotine-containing products onsite at all times. This helps

them follow the smokefree policy within the healthcare grounds.

Source guidance

Smoking: acute, maternity and mental health services (2013) NICE guideline PH48, recommendations 8 and 11

Definitions of terms used in this quality statement

Secondary healthcare settings

All publicly funded secondary health and tertiary care facilities, including buildings, grounds and vehicles. This includes drug and alcohol services in secondary care, emergency care, inpatient, residential and long-term hospital care for severe mental illness, psychiatric and specialist units and secure hospitals, and planned specialist medical care or surgery. It also includes maternity care provided in hospitals, maternity units, outpatient clinics and in the community. Care can be planned or emergency care. Planned secondary care generally follows a referral from a primary care provider, such as a GP.

[NICE guideline PH48]

Licensed nicotine-containing products

Licensed nicotine-containing products are a safe and effective way of reducing the amount people smoke. They can be used as a complete or partial substitute for tobacco, either in the short or long term.

Some nicotine-containing products are not regulated by the Medicines and Healthcare products Regulatory Agency (MHRA) and, therefore, their effectiveness, safety and quality cannot be assured. These products are likely to be less harmful than cigarettes. For further details, see the MHRA website.

Different forms of nicotine-containing products include:

- patches
- gum
- inhalator

- lozenges
- nasal spray.

[Adapted from NICE guideline PH48 and NICE guideline PH45]

If alternative nicotine-containing products (such as e-cigarettes) gain licensing authorisation in the future, this quality statement will be reviewed.

'Stop smoking' pharmacotherapies

Pharmacotherapy is the treatment of addiction through the administration of drugs. 'Stop smoking' advisers and healthcare professionals may recommend and prescribe licensed nicotine-containing products, varenicline or bupropion, as an aid to help people to stop smoking. Licensed nicotine-containing products may also be offered to support temporary abstinence from smoking in the secondary healthcare setting.

[NICE guideline PH48]

Equality and diversity considerations

People whose drug treatment is affected by smoking may need to have the dosage of their drugs adjusted. This is particularly important for people with mental health problems taking antipsychotic medication.

Quality statement 8: Media campaigns

Quality statement

Local authorities use regional and local media channels to reinforce national tobacco reduction campaigns.

Rationale

There is evidence that social marketing and media campaigns can stop people from taking up smoking and can be effective in changing smoking behaviour in those who already smoke. National campaigns that aim to reduce smoking in the community are run on a regular basis by the Department of Health and Public Health England. These should be communicated to local authorities in advance so that the campaign messages can be promoted and reinforced regionally and locally by all partners working together on tobacco control.

Quality measures

Structure

a) Evidence of local authorities using regional or local media channels to reinforce messages from national tobacco reduction campaigns.

Data source: Local data collection.

b) Evidence of regional and local activities to reinforce national tobacco reduction campaigns.

Data source: Local data collection.

What the quality statement means for local authorities and Public Health England

Local authorities supported by Public Health England use regional and local media channels to reinforce messages from national tobacco reduction campaigns. They may work in partnership to commission regional providers to improve cost effectiveness and consistency of the messages.

What the quality statement means for adults, children and young people

Adults, children and young people come into contact with campaign messages that put them off taking up smoking and encourage them to quit if they already smoke.

Source guidance

- Smoking: preventing uptake in children and young people (2008, updated 2014) NICE guideline PH14, recommendations 1, 2 and 3
- Stop smoking interventions and services (2018) NICE guideline NG92, recommendation 1.10.2

Definitions of terms used in this quality statement

Reinforcing national tobacco reduction campaigns locally

Reinforcing national tobacco reduction campaigns locally is likely to include some or all of the following:

- Production and dissemination of local press releases.
- Completion of radio and television interviews.
- Delivery of local promotional events in community settings, for example, sports stadia, supermarkets, shopping centres and markets.
- Production and dissemination of e-information and e-mail footers.
- Dissemination of information through social media streams.

[NICE guideline PH14 and expert opinion]

Equality and diversity considerations

Smoking is more common in socially deprived areas and among people in routine and manual jobs. When developing campaigns, consideration should be given about how to target these groups, with what messages and via which media. Local campaigns should use local intelligence to tailor the activities so that they are effective for the local population.

Quality statement 9 (placeholder): Illicit tobacco

Quality statement

Preventing access to, demand for and supply of, illicit tobacco.

What is a placeholder statement?

A placeholder statement is an area of care that has been prioritised by the Quality Standards Advisory Committee but for which no source guidance is currently available. A placeholder statement indicates the need for evidence-based guidance to be developed in this area.

What is illicit tobacco?

- Cigarettes
    - 'Illicit white' cigarettes have no legal market in the UK. UK duty has not been paid and the appropriate health warnings and images may not be present. Some of these products may be legally sold in countries outside the UK.
    - Counterfeit cigarettes are illegally manufactured and sold by a party other than the original trademark or copyright holder. This can also include the counterfeiting of 'illicit white' cigarettes.
- Genuine cigarettes intended for sale in another country may have been smuggled into the UK or duty free cigarettes may be sold illegally rather than kept for personal use.
- Hand-rolling tobacco
    - Non-UK hand-rolling tobacco brands are not intended for sale in the UK.
    - Counterfeit hand-rolling tobacco is, like cigarettes, illegally manufactured and sold by a party other than the original trademark or copyright owner. It can also include the counterfeiting of non-UK products. Genuine or UK hand-rolling tobacco brands include products intended for both the UK and non-UK markets.

[Tackling illicit tobacco for better health]

Rationale

Illicit tobacco products make tobacco more accessible to children and young people, and those from socioeconomic groups already experiencing significant health inequalities. Illicit tobacco products are often half or a third of the price of duty-paid products and can be accessed from a wide range of unregulated suppliers. Preventing children and young people and adults from accessing illicit tobacco is likely to have a significant effect on the rates of smoking and smoking uptake.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See NICE's how to use quality standards for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals, public health and local authority staff, trading standards officers, the police, licensing authorities, HM Revenue and Customs, head teachers, teachers, school governors and others who work in (or with) schools and people in the community is essential. Information and support should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People in the community should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Stop smoking interventions and services (2018) NICE guideline NG92
- Smoking: acute, maternity and mental health services (2013) NICE guideline PH48
- Smoking prevention in schools (2010) NICE guideline PH23
- Smoking: preventing uptake in children and young people (2008, updated 2014) NICE guideline PH14
- Smoking: workplace interventions (2007) NICE guideline PH5

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2013) Reducing smoking
- Department of Health (2012) Stop smoking service: monitoring and guidance
- Department of Health (2011) The tobacco control plan for England
- Department of Health (2011) Guidance for providing and monitoring stop smoking services, 2011 to 2012

Definitions and data sources for the quality measures

- Responsible Tobacco Retailing: Tobacco licensing. 2014
- The Health and Social Care Information Centre: Statistics on smoking, England 2014 cover prevalence of smoking among young people 16–19 and secondary school children (mostly

- aged 11–15)
- Smoking: acute, maternity and mental health services (2013) NICE guideline PH48
- Smoking prevention in schools (2010) NICE guideline PH23
- Smoking: preventing uptake in children and young people (2008, updated 2014) NICE guideline PH14
- Smoking: workplace interventions (2007) NICE guideline PH5

Related NICE quality standards

This quality standard will be developed in the context of all topics in the NICE library of quality standards because reducing tobacco use in the community is relevant to a wide range of conditions and diseases and general health and wellbeing.

- Smoking: harm reduction (2015) NICE quality standard 92
- Smoking: supporting people to stop (2013) NICE quality standard 43
- Antenatal care (2012, updated 2016) NICE quality standard 22
- Lung cancer in adults (2012) NICE quality standard 17
- Chronic obstructive pulmonary disease in adults (2011, updated 2016) NICE quality standard 10

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

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Mrs Geeta Kumar
Clinical Director, Women's Services (East) Betsi Cadwaladr University Health Board

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Clinical Lead, Education For Health

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Psychosocial Interventions Development Lead, South West Yorkshire Partnership NHS Foundation Trust

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Health Improvement Principal, Sheffield City Council

The following specialist members joined the committee to develop this quality standard:

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Ms Jo McCullagh
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Update information

Minor changes since publication

March 2018: Source guidance sections have been updated to reflect the NICE guidance on stop smoking interventions and services.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE Pathway on smoking.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Association of Directors of Public Health (ADPH)
- British Thoracic Society
- Public Health England

- Royal College of General Practitioners (RCGP)
- Royal College of Physicians (RCP)
- Faculty of General Dental Practice