Smoking: harm reduction

NICE quality standard

Draft for consultation

February 2015

Introduction

This quality standard covers ways of reducing harm from smoking. In particular, this includes people who are highly dependent on nicotine and who may not be able (or want) to stop smoking in 1 step, who may want to stop smoking without giving up nicotine, who may want to reduce the amount they smoke without stopping, or who want to abstain temporarily from smoking.

The quality standard does not cover pregnant women or maternity services. Quality statement 5 in the NICE quality standard on antenatal care (NICE quality standard 22) sets out the high-quality requirements for ensuring that pregnant women who smoke are referred to an evidence-based smoking cessation service.

The quality standard does not cover referral to and delivery of stop smoking services, which is already covered by Smoking cessation: supporting people to stop smoking (NICE quality standard 43). The quality standard should be read alongside Smoking: reducing tobacco use in the community (NICE quality standard which will be published in 2015).

For more information see the Smoking: harm reduction topic overview.

Why this quality standard is needed

Tobacco smoking remains the single greatest cause of preventable illness and early death in England, accounting for 79,100 deaths among adults aged 35 and over in 2011. Smoking causes the majority of lung cancer cases in the UK (and is linked to many other cancers) as well as accounting for deaths from chronic obstructive pulmonary disease (COPD) and cardiovascular disease. Smoking has implications not just for the smoker, but also for those around them through second-hand smoke.

While the prevalence of smoking in the adult population in Great Britain shows a generally downwards trend, almost 20% of adults still smoke (Statistical bulletin: Adult Smoking Habits in Great Britain, 2013 Office for National Statistics). In addition, decreases have not been uniform across all groups. People from routine and manual occupational backgrounds are almost twice as likely to smoke as people from managerial or professional backgrounds. Nearly half of unemployed people and the majority of prisoners and homeless people smoke. Smoking levels are twice the national average among people with mental health problems and remain relatively high in some groups, including lesbian, gay, bisexual and transgender people.

The best way to reduce the occurrence of illnesses and deaths associated with smoking is to stop. In general, stopping in 1 step (sometimes called 'abrupt quitting') offers the best chance of lasting success (see the NICE guideline on smoking cessation). However, not everyone who smokes is able or wants to stop smoking. For such people, a harm reduction approach to smoking could be an option, even though this may involve the continued use of nicotine.

It is important to extend the reach of harm reduction approaches as widely as possible, particularly to people who would not necessarily consider using existing stop smoking services. This may involve using contacts between people who smoke and healthcare practitioners to raise the possibility of using a harm reduction approach. As stated in the Department of Health's (2012) report on The NHS's role in the public's health, healthcare professionals should 'make every contact count' by using every contact made with a person as an opportunity to maintain or improve their mental and physical health and wellbeing.

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

- consumption of tobacco-containing products
- cotinine levels in children
- life expectancy at 75
- smoking prevalence (all ages)
- smoking-related hospital admissions
- smoking-related morbidities

- smoking-related mortality

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 in 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 2015–16

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

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*** *2.9 Smoking prevalence – 15 year olds (Placeholder)* *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* (NHSOF 1.6i)* *4.3 Mortality rate from causes considered preventable ** (NHSOF 1a)* *4.4 Under 75 mortality rate from cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)* *4.5 Under 75 mortality rate from cancer* (NHSOF 1.4i)* *4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)* *4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5)* *4.12 Preventable sight loss*
* Indicator shared with the NHS Outcomes Framework (NHSOF). ** Complementary to indicators in the NHS Outcomes Framework	

Table 2 NHS Outcomes Framework 2015–16

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* i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung and colorectal cancer **Reducing premature death in people with mental illness** 1.5 i Excess under 75 mortality rate in adults with serious mental illness* ii Excess under 75 mortality rate in adults with common mental illness **Reducing deaths in babies and children** 1.6 i Infant mortality*
Alignment across the health and social care system * Indicator shared with Public Health Outcomes Framework (PHOF)	

Patient experience and safety issues

NICE has developed guidance and associated quality standards on patient experience in adult NHS services and service user experience in adult mental health services (see the NICE pathway on patient experience in adult NHS services and service user experience in adult mental health services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development source(s) for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for 'smoking: harm reduction' specifies that services should be commissioned from and coordinated across all relevant agencies involved in helping people to reduce harm from smoking. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people who smoke.

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 a high-quality harm reduction service for people who smoke 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 assessing, caring for and treating people who smoke 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 source(s) 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 supporting people who smoke. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. People who decline a referral to a stop smoking service are offered a harm reduction approach to smoking.

Statement 2. People who decline a referral to a stop smoking service are advised that most health problems associated with smoking are caused by components in tobacco smoke other than nicotine, and about using nicotine-containing products.

Statement 3. Stop smoking services provide harm reduction approaches alongside existing approaches to stopping smoking in 1 step.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Questions about the individual quality statements

Question 4 For draft quality statement 1: In order to make this quality statement measureable, the setting where it occurs needs to be defined. Which healthcare practitioner(s) carrying out this statement would give it the most impact (e.g. GPs, pharmacists, etc.)?

Question 5 This quality standard should be read closely in conjunction with NICE's quality standard on smoking cessation (Smoking cessation: supporting people to stop smoking [NICE quality standard 43]). With this in mind, should this topic be published as a separate quality standard or be incorporated within the existing NICE quality standard on smoking cessation? Please state the reasons for your answer.

Quality statement 1: Harm reduction approach

Quality statement

People who decline a referral to a stop smoking service are offered a harm reduction approach to smoking.

Rationale

The best way for a person to reduce illness and mortality associated with smoking is to stop smoking in 1 step. People who smoke should be offered a referral to an evidence-based smoking cessation service (quality statement 2 in smoking cessation: supporting people to stop smoking). However, some people are not ready or don't want to stop smoking, and so would be unlikely to accept an offer to use stop smoking services. It is important that these people are encouraged to try a harm reduction approach to smoking.

Quality measures

Structure

Evidence of local arrangements and written protocols to ensure that people who decline a referral to a stop smoking service are offered a harm reduction approach to smoking.

Data source: Local data collection.

Process

Proportion of people who decline a referral to a stop smoking service who are offered a harm reduction approach to smoking.

Numerator – the number in the denominator who are offered a harm reduction approach to smoking.

Denominator – the number of people who decline a referral to a stop smoking service.

Data source: Local data collection.

Outcome

Uptake of smoking harm reduction approaches.

Data source: Local data collection.

What the quality statement means for service providers, health and public health practitioners and commissioners

Service providers (such as primary and secondary healthcare providers, pharmacies, local authorities, residential and domiciliary care providers, prisons, providers of secure mental health services) ensure that health and public health practitioners are trained to offer and explain harm reduction approaches to people who decline a referral to a stop smoking service.

Health and public health practitioners ensure that they understand and are able to explain harm reduction approaches, and that they offer harm reduction approaches to people who decline a referral to a stop smoking service, while ensuring that they still prioritise stopping smoking as the best approach to take.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services from providers that train healthcare practitioners to offer and explain harm reduction approaches to people who decline a referral to a stop smoking service.

What the quality statement means for patients, service users and carers

People who smoke and don't want to go to a stop smoking service are offered ways of reducing their harm from smoking that don't necessarily mean having to give up nicotine. These are called 'harm reduction approaches', and include things like cutting down, using licensed nicotine-containing products and/or stopping smoking for a while.

Source guidance

- Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45, recommendation 3.

Definitions of terms used in this quality statement

Harm reduction approach

Harm reduction approaches to smoking include:

- Stopping smoking, but using 1 or more licensed nicotine-containing products as long as needed to prevent relapse.
- Cutting down before stopping smoking ('cutting down to quit')
  - with the help of 1 or more licensed nicotine-containing products (which may be used as long as needed to prevent relapse)
  - without using licensed nicotine-containing products.
- Smoking reduction
  - with the help of 1 or more licensed nicotine-containing products (which may be used as long as needed to prevent relapse)
  - without using licensed nicotine-containing products.
- Temporary abstinence from smoking
  - with the help of 1 or more licensed nicotine-containing products
  - without using licensed nicotine-containing products.

[Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45, box 1]

Stop smoking in 1 step

Stopping in 1 step is the standard approach to smoking cessation currently adopted by the vast majority of NHS-commissioned stop smoking services. The person makes a commitment to stop smoking on or before a particular date (the quit date). This may, or may not, involve the use of nicotine replacement therapy (NRT) products or medication (varenicline or bupropion) in the lead up to the quit date and for a limited period afterwards.

[Tobacco – harm-reduction approaches to smoking (2013) NICE guideline PH45].

Stop smoking services

Stop smoking services provide a combination of behavioural support and pharmacotherapy to aid smoking cessation. The behavioural support is free but pharmacotherapy may incur a standard prescription charge. The evidence-based

treatment is based on the National Centre for Smoking Cessation and Training (NCSCT) standard programme and involves practitioners trained to its standards or the equivalent.

[Tobacco – harm-reduction approaches to smoking (2013) NICE guideline PH45].

Equality and diversity considerations

Advice should be culturally appropriate and accessible through appropriate pathways to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English, as well as identified higher smoking prevalence groups. These include lesbian, gay, bisexual and transgender (LGBT) people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups.

Question for consultation

In order to make this quality statement measureable, the setting where it occurs needs to be defined. Which healthcare practitioner(s) carrying out this statement would give it the most impact (e.g. GPs, pharmacists, etc.)?

Quality statement 2: Advice about nicotine-containing products

Quality statement

People who decline a referral to a stop smoking service are advised that most health problems associated with smoking are caused by components in tobacco smoke other than nicotine, and about using nicotine-containing products.

Rationale

Nicotine is the main addictive chemical that makes stopping smoking difficult, but it is not the cause of most health problems associated with smoking. People who smoke often have misconceptions about the role of nicotine in causing harm, and this can act as a barrier that prevents them from considering the use of nicotine-containing products. People may be confused about the safety of using nicotine-containing products and also the difference between licensed and unlicensed nicotine-containing products.

Quality measures

Structure

Evidence of local arrangements and protocols to ensure that people who decline a referral to a stop smoking service are advised that most health problems associated with smoking are caused by components in tobacco smoke other than nicotine, and about using nicotine-containing products.

Data source: Local data collection.

Process

Proportion of people who decline a referral to a stop smoking service who are advised that most health problems associated with smoking are caused by components in tobacco smoke other than nicotine, and about using nicotine-containing products.

Numerator – the number in the denominator who are advised that most health problems associated with smoking are caused by components in tobacco smoke other than nicotine, and about using nicotine-containing products.

Denominator – the number of people who decline a referral to a stop smoking service.

Data source: Local data collection.

Outcome

Uptake of nicotine-containing products by people who smoke.

Data source: Local data collection.

What the quality statement means for service providers, health and public health practitioners, and commissioners

Service providers (such as primary and secondary healthcare providers, pharmacies, local authorities, residential and domiciliary care providers) ensure that their staff are trained to advise people who decline a referral to a stop smoking service that most health problems associated with smoking are caused by components in tobacco smoke other than nicotine, and about the potential of using nicotine-containing products to reduce the harms caused by smoking. Service providers should also ensure that relevant information is available and that staff are trained to understand and explain this information.

Health and public health practitioners advise people who decline a referral to a stop smoking service that most health problems associated with smoking are caused by components in tobacco smoke other than nicotine, and about the potential of using nicotine-containing products to reduce the harms caused by smoking.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services from providers who train staff to advise people who decline a referral to a stop smoking service that most health problems associated with smoking are caused by components in tobacco smoke other than nicotine, and about the potential of using nicotine-containing products to reduce the harms caused by smoking. Commissioners should also ensure that they commission services that

provide relevant information and that train staff to understand and explain this information.

What the quality statement means for patients, service users and carers

People who smoke and don't want to go to a stop smoking service are advised that nicotine doesn't cause most health problems associated with smoking, and that nicotine-containing products can be a safe and effective way of reducing the harm from smoking, both for the person who smokes and for those around them.

Source guidance

- Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45, recommendations 1 and 5.

Definitions of terms used in this quality statement

Advice on the use of nicotine-containing products

- Reassure people who smoke that licensed nicotine-containing products are a safe and effective way of reducing the amount they smoke. Advise that they can be used as a complete or partial substitute for tobacco, either in the short or long term. Reassure them that it is better to use these products and reduce the amount they smoke than to continue smoking at their current level.
- Tell people that 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. Also advise them that these products are likely to be less harmful than cigarettes.

[Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45, recommendation 5]

Equality and diversity considerations

Advice should be culturally appropriate and accessible through appropriate pathways to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English, as well as identified higher smoking prevalence groups. These include lesbian, gay, bisexual and transgender (LGBT)

people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups.

Quality statement 3: Integrating harm reduction approaches into stop smoking services

Quality statement

Stop smoking services provide harm reduction approaches alongside existing approaches to stopping smoking in 1 step.

Rationale

Stopping smoking in 1 step is the standard approach currently offered by stop smoking services, with harm reduction approaches to smoking being a relatively underused approach. The integration of harm reduction approaches to smoking into current services will ensure that they are available as an option to people who use these services and who are not ready or don't want to stop smoking in 1 step.

Quality measures

Structure

Evidence of local arrangements that stop smoking services offer harm reduction approaches to smoking alongside existing approaches to stopping smoking in 1 step.

Data source: Local data collection.

What the quality statement means for service providers, health and public health practitioners, and commissioners

Service providers (stop smoking services) train staff to offer harm reduction approaches to smoking to people who are not ready or don't want to stop smoking.

Health and public health practitioners working in stop smoking services ensure that they offer harm reduction approaches to smoking to people who are not ready or don't want to stop smoking.

Commissioners (local authorities) ensure that service specifications include a requirement that providers of stop smoking services offer harm reduction approaches to smoking, while ensuring that investment in harm reduction

approaches does not detract from, but supports and extends the reach and impact of, existing stop smoking services.

What the quality statement means for patients, service users and carers

People using stop smoking services have the option of harm reduction approaches if they feel unable to stop smoking in 1 step or if they don't want to stop.

Source guidance

- Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45, recommendation 11.

Definitions of terms used in this quality statement

Harm reduction approaches

Harm reduction approaches to smoking include:

- Stopping smoking, but using 1 or more licensed nicotine-containing products as long as needed to prevent relapse.
- Cutting down before stopping smoking ('cutting down to quit')
  - with the help of 1 or more licensed nicotine-containing products (which may be used as long as needed to prevent relapse)
  - without using licensed nicotine-containing products.
- Smoking reduction
  - with the help of 1 or more licensed nicotine-containing products (which may be used as long as needed to prevent relapse)
  - without using licensed nicotine-containing products.
- Temporary abstinence from smoking
  - with the help of 1 or more licensed nicotine-containing products
  - without using licensed nicotine-containing products.

[Tobacco – harm-reduction approaches to smoking (2013) NICE guideline PH45, box 1]

Stop smoking in 1 step

Stopping in 1 step is the standard approach to smoking cessation currently adopted by the vast majority of NHS-commissioned stop smoking services. The person makes a commitment to stop smoking on or before a particular date (the quit date). This may, or may not, involve the use of nicotine replacement therapy (NRT) products or medication (varenicline or bupropion) in the lead up to the quit date and for a limited period afterwards.

[Tobacco – harm-reduction approaches to smoking (2013) NICE guideline PH45].

Stop smoking services

Stop smoking services provide a combination of behavioural support and pharmacotherapy to aid smoking cessation. The behavioural support is free but pharmacotherapy may incur a standard prescription charge. The evidence-based treatment is based on the National Centre for Smoking Cessation and Training (NCSCT) standard programme and involves practitioners trained to its standards or the equivalent.

[Tobacco – harm-reduction approaches to smoking (2013) NICE guideline PH45].

Equality and diversity considerations

Lesbian, gay, bisexual and transgender (LGBT) groups, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups have higher smoking prevalence rates than the general population. Services should be accessible and commissioned to address this need.

Status of this quality standard

This is the draft quality standard released for consultation from 5 February to 5 March 2015. It is not NICE's final quality standard on smoking: harm reduction. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 5 March 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from July 2015.

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.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? 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 health, public health and social care practitioners and people who smoke is essential. Treatment, care and support, and the information given about it, 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 who smoke 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.

- Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45

Policy context

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

- Public Health England (2014) Electronic cigarettes
- European Commission (2014) Revision of the tobacco products directive
- Health and Social Care Information Centre (2014) Statistics on NHS stop smoking services in England - April 2013 to December 2013
- Office for National Statistics (2013) Opinions and lifestyle survey, smoking habits amongst adults 2012
- Royal College of Psychiatrists (2013) Smoking and mental health
- Health and Social Care Information Centre (2013) Statistics on smoking, England - 2013
- Department of Health (2011) Healthy lives, healthy people: a tobacco control plan for England
- Medicines and Healthcare products Regulatory Agency (2010) The use of nicotine replacement therapy to reduce harm in smokers
- Royal College of Physicians (2007) Harm reduction in nicotine addiction: helping people who can't quit

Definitions and data sources for the quality measures

- Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45

Related NICE quality standards

Published

- Peripheral arterial disease (2014) NICE quality standard 52
- Smoking cessation: supporting people to stop smoking (2013) NICE quality standard 43
- Hypertension (2013) NICE quality standard 28
- Antenatal care (2012) NICE quality standard 22
- Lung cancer (2012) NICE quality standard 17

- Chronic obstructive pulmonary disease (2011) NICE quality standard 10
- Chronic heart failure (2011) NICE quality standard 9 [Scheduled for update]
- Stroke (2010) NICE quality standard 2

In development

- Smoking – reducing tobacco use in the community. Publication expected in 2015

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Acute heart failure

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 4. Membership of this committee is as follows:

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

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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: tobacco harm-reduction approaches.

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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