NICE National Institute for Health and Care Excellence

NICE quality standard

Smoking: harm reduction

Quality standard

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Contents

This standard is based on PH45.

This standard should be read in conjunction with QS22, QS43, QS82, QS15, QS17, QS28, QS52, QS102, QS95, QS146 and QS156.

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 one 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 sets out the high-quality requirements for ensuring that pregnant women who smoke are referred to an evidence-based 'stop smoking' service.

The quality standard should also be read alongside the NICE quality standards on smoking cessation: supporting people to stop smoking and smoking: reducing tobacco use.

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

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as national awareness campaigns, are therefore not covered by this quality standard.

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.

Although 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 in people with mental health problems, and remain relatively high in some groups, including lesbian, gay, bisexual and transgender (LGBT) people.

The best way to reduce illness and death associated with smoking is to stop. In general, stopping smoking in one 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, which 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 via exposure to tobacco smoke
- life expectancy at 75
- smoking prevalence (all ages)
- smoking-related hospital admissions
- smoking-related morbidity
- 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 improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for 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:

- Public Health Outcomes Framework 2013–16
- 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, 2013–16

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 and service user 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 pathways 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 are 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 sources for quality standards that impact on service user 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 working with 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 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.

List of quality statements

Statement 1. People who are unwilling or not ready to stop smoking are offered a harm-reduction approach to smoking.

Statement 2. People who are unwilling or not ready to stop smoking are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Statement 3. People who are unwilling or not ready to stop smoking are advised about using nicotine-containing products and supported to obtain licensed nicotine-containing products.

Statement 4. 'Stop smoking' services offer harm-reduction approaches alongside existing approaches to stopping smoking in one step.

Quality statement 1: Offering harm-reduction approaches

Quality statement

People who are unwilling or not ready to stop smoking 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 one step (see the NICE quality standard on smoking cessation: supporting people to stop smoking). However, not everyone who smokes feels able to, or wants to, stop, or they may want to stop but without giving up nicotine. It is important that these people are encouraged to try a harm-reduction approach to smoking. In addition, it is important to raise the option of harm-reduction approaches as widely as possible – that is, outside 'stop smoking' services, because people who are unwilling or not ready to stop smoking are less likely to access these services.

Quality measures

Structure

Evidence of local arrangements and written protocols to ensure that people who are unwilling or not ready to stop smoking are offered a harm-reduction approach to smoking.

Data source: Local data collection.

Process

a) Proportion of people identified as being unwilling or not ready to stop smoking 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 identified as being unwilling or not ready to stop smoking.

Data source: Local data collection.

b) Proportion of people who decline a referral to a 'stop smoking' service, and who are unwilling or

not ready to stop smoking, 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 and who are unwilling or not ready to stop smoking.

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, healthcare and public health practitioners, and commissioners

Service providers (such as primary and secondary healthcare providers, pharmacies, residential and domiciliary care providers, 'stop smoking' services and providers of secure mental health services) ensure that healthcare and public health practitioners are trained to offer and explain harm-reduction approaches to people who are unwilling or not ready to stop smoking.

Healthcare and public health practitioners (such as pharmacists, GPs, nurses, clinicians in NHS services, mental health care staff, staff in drug and alcohol services, 'stop smoking' advisers, ophthalmic practitioners and dental professionals) who determine whether service users smoke ensure that they understand and are able to explain harm-reduction approaches, and offer harm-reduction approaches to people who are unwilling or not ready to stop smoking while still prioritising stopping smoking as the best approach to take.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services from providers that train healthcare and public health practitioners to offer and explain harm-reduction approaches to people who are unwilling or not ready to stop smoking.

What the quality statement means for service users

People who smoke but aren't readyor don't want to quit are offered ways to reduce 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 (such as patches, gum and tablets) and 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 for 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 for as long as needed to prevent relapse) **or**
    - without using licensed nicotine-containing products.
- Smoking reduction:
    - with the help of 1 or more licensed nicotine-containing products (which may be used for as long as needed to prevent relapse) **or**
    - without using licensed nicotine-containing products.
- Temporary abstinence from smoking:
    - with the help of 1 or more licensed nicotine-containing products **or**
    - without using licensed nicotine-containing products.

[Adapted from Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45,

box 1]

People who are unwilling or not ready to stop smoking

This includes people who:

- may not be able (or do not want) to stop smoking in one step
- may want to stop smoking, without necessarily giving up nicotine
- may not be ready to stop smoking, but want to reduce the amount they smoke.

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

Stop smoking in one step

Stopping smoking in one step is the standard approach to stopping smoking currently offered by most 'stop smoking' services. The person makes a commitment to stop smoking on or before a particular date (the 'quit date'). This may 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 short amount of time afterwards.

[Adapted from Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45]

Equality and diversity considerations

Advice should be culturally appropriate and readily available to people with additional needs such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. 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 2: Advice about nicotine

Quality statement

People who are unwilling or not ready to stop smoking are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Rationale

Nicotine is the main addictive chemical that makes stopping smoking difficult, but it is primarily the toxins and carcinogens in tobacco smoke – not the nicotine – that cause illness and death. 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 licensed nicotine-containing products.

Quality measures

Structure

Evidence of local arrangements and protocols to ensure that people who are unwilling or not ready to stop smoking are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Data source: Local data collection.

Process

Proportion of people identified as being unwilling or not ready to stop smoking who are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Numerator – the number in the denominator who are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Denominator – the number of people identified as being unwilling or not ready to stop smoking.

Data source: Local data collection.

Outcome

Awareness of people who smoke that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

*Data source:*Local data collection.

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

Service providers (such as primary and secondary healthcare providers, pharmacies, residential and domiciliary care providers, 'stop smoking' services and providers of secure mental health services) ensure that healthcare and public health practitioners are trained to advise people who are unwilling or not ready to stop smoking that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Healthcare and public health practitioners (such as pharmacists, GPs, nurses, clinicians in NHS services, mental health care staff, staff in drug and alcohol services, 'stop smoking' advisers, ophthalmic practitioners and dental professionals) who determine whether service users smoke advise people who are unwilling or not ready to stop smoking that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services from providers that train healthcare and public health practitioners to advise people who are unwilling or not ready to stop smoking that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

What the quality statement means for service users

People who aren't ready or don't want to quit smoking are advised that nicotine isn't the primary cause of health problems associated with smoking.

Source guidance

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

Definitions of terms used in this quality statement

People who are unwilling or not ready to stop smoking

This includes people who:

- may not be able (or do not want) to stop smoking in one step
- may want to stop smoking, without necessarily giving up nicotine
- may not be ready to stop smoking, but want to reduce the amount they smoke.

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

Equality and diversity considerations

Advice should be culturally appropriate and readily available to people with additional needs such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. 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: Advice about nicotine-containing products

Quality statement

People who are unwilling or not ready to stop smoking are advised about using nicotine-containing products and supported to obtain licensed nicotine-containing products.

Rationale

People can be unsure about the safety of using nicotine-containing products and about the difference between licensed and unlicensed nicotine-containing products. It is important to explain the potential benefits of and issues about using nicotine-containing products, and also to ensure that licensed nicotine-containing products are readily available to people who want to use them to reduce harm from smoking.

Quality measures

Structure

Evidence of local arrangements that people who are unwilling or not ready to stop smoking are advised about using nicotine-containing products and supported to obtain licensed nicotine-containing products.

Data source: Local data collection.

Process

a) Proportion of people identified as being unwilling or not ready to stop smoking who are advised about using nicotine-containing products.

Numerator – the number in the denominator who are advised about using nicotine-containing products.

Denominator – the number of people identified as being unwilling or not ready to stop smoking.

Data source:Local data collection.

b) Proportion of people identified as being unwilling or not ready to stop smoking who are supported to obtain licensed nicotine-containing products.

Numerator – the number in the denominator who are supported to obtain licensed nicotine-containing products.

Denominator – the number of people identified as being unwilling or not ready to stop smoking.

Data source:Local data collection.

Outcome

Uptake of licensed nicotine-containing products.

Data source:Local data collection.

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

Service providers (such as primary and secondary healthcare providers, pharmacies, residential and domiciliary care providers, 'stop smoking' services and providers of secure mental health services) ensure that healthcare and public health practitioners are trained to advise people who are unwilling or not ready to stop smoking about using nicotine-containing products to reduce the harm caused by smoking, and to either prescribe or supply licensed products or tell people where they can buy them.

Healthcare and public health practitioners (such as pharmacists, GPs, nurses, clinicians in NHS services, mental health care staff, staff in drug and alcohol services, 'stop smoking' advisers, ophthalmic practitioners and dental professionals) who determine whether service users smoke advise people who are unwilling or not ready to stop smoking about using nicotine-containing products to reduce the harm caused by smoking, and either prescribe or supply licensed products or tell people where they can buy them.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services from providers that train healthcare and public health practitioners to advise people who are unwilling or not ready to stop smoking about using nicotine-containing products to reduce the harm caused by smoking, and to either prescribe or supply licensed products or tell people where they buy them.

What the quality statement means for service users

People who aren't ready or don't want to quit smoking get advice about using nicotine-containing products as a way of reducing the harm from smoking, both for them and for those around them. They are also helped to get hold of licensed nicotine-containing products – for example, by being prescribed these products or being told where they can buy them.

Source guidance

- Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45, recommendations 3, 5 and 6.

Definitions of terms used in this quality statement

Advice about using 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 them that these products can be used as a complete or partial substitute for tobacco, in either the short or the 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 so their effectiveness, safety and quality cannot be assured, but that these products are likely to be less harmful than cigarettes.

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

Licensed nicotine-containing products

These are products that contain nicotine but do not contain tobacco. They deliver nicotine without the harmful toxins found in tobacco. Nicotine-containing products that are licensed have been given marketing authorisation by the MHRA, such as nicotine replacement therapy (NRT; examples include transdermal patches, gum, inhalation cartridges, sublingual tablets and nasal spray). Nicotine-containing products that are not regulated by the MHRA, such as electronic cigarettes, are also available (unlicensed nicotine-containing products). For further details, see the MHRA website. [Adapted from Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45]

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

People who are unwilling or not ready to stop smoking

This includes people who:

- may not be able (or do not want) to stop smoking in one step
- may want to stop smoking, without necessarily giving up nicotine
- may not be ready to stop smoking, but want to reduce the amount they smoke.

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

Supported to obtain licensed nicotine-containing products

If possible, supply or prescribe licensed nicotine-containing products. Otherwise, encourage people to ask their GP or pharmacist for them, or tell them where they can buy the products themselves.

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

Equality and diversity considerations

Advice should be culturally appropriate and readily available to people with additional needs such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. 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 4: Integrating harm-reduction approaches into 'stop smoking' services

Quality statement

'Stop smoking' services offer harm-reduction approaches alongside existing approaches to stopping smoking in one step.

Rationale

Stopping smoking in one 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 unwilling or not ready to stop smoking in one step. While it is important that 'stop smoking' services offer harm-reduction approaches to smoking, this should not be the only place where these approaches are offered. As set out in quality statement 1, healthcare and public health practitioners outside 'stop smoking' services should also offer harm-reduction approaches (when appropriate) to reach people who do not use these services.

Quality measures

Structure

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

Data source: Local data collection.

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

Service providers ('stop smoking' services) train healthcare and public health practitioners to offer harm-reduction approaches to people who are unwilling or not ready to stop smoking.

Healthcare and public health practitioners working in 'stop smoking' services ensure that they offer harm-reduction approaches to people who are unwilling or not ready 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 to people who are unwilling or not ready to stop smoking.

What the quality statement means for service users

People who use 'stop smoking' services have the option of harm-reduction approaches if they don't think they can quit smoking in one step or don't want to quit.

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 for 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 for as long as needed to prevent relapse) **or**
  - without using licensed nicotine-containing products.
- Smoking reduction:
  - with the help of 1 or more licensed nicotine-containing products (which may be used for as long as needed to prevent relapse) **or**
  - without using licensed nicotine-containing products.
- Temporary abstinence from smoking:
  - with the help of 1 or more licensed nicotine-containing products **or**
  - without using licensed nicotine-containing products.

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

Stop smoking in one step

Stopping smoking in one step is the standard approach to stopping smoking currently offered by most 'stop smoking' services. The person makes a commitment to stop smoking on or before a particular date (the 'quit date'). This may 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 short amount of time afterwards.

[Adapted from 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 help people to stop smoking. The behavioural support is free but pharmacotherapy may have 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 equivalent.

[Adapted from Tobacco: harm-reduction approaches to smoking (2013) NICE guideline PH45]

Equality and diversity considerations

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 have higher smoking prevalence rates than the general population. 'Stop smoking' services should be promoted, accessible and commissioned to address this need.

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.

Information for the public

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

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:

- 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
- Public Health England (2014) Electronic cigarettes
- Health and Social Care Information Centre (2013) Statistics on smoking, England – 2013
- Office for National Statistics (2013) Opinions and lifestyle survey, smoking habits amongst adults 2012
- Royal College of Psychiatrists (2013) Smoking and mental health
- 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

- Smoking: reducing tobacco use (2015) NICE quality standard 82
- 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
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Chronic obstructive pulmonary disease (2011) NICE quality standard 10 [Scheduled for update 2016]
- Chronic heart failure (2011) NICE quality standard 9 [Scheduled for update 2016]
- Stroke (2010) NICE quality standard 2 [Scheduled for update 2016]

In development

- Acute heart failure – diagnosis and management in adults. Publication expected December 2015

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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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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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.

- British Thoracic Society
- Society and College of Radiographers
- Faculty of General Dental Practice