



Smoking Cessation: How are we doing?

- How can the practice improve its smoking cessation rates?
- How can the practice develop an effective smoking cessation culture?

Making every contact count – Ask, Advise, Act

When tackling smoking cessation and lifestyle behaviour general practices need to build a culture that supports continuous health improvement through the contacts it has with individuals.

There is a growing body of evidence demonstrating the effectiveness of encouraging people to make lifestyle behaviour change and a series of policy documentation and NICE guidance supporting this. The *Making Every Contact Count* strategy encourages conversations based on behaviour change methodologies to encourage and help people to make healthier choices to achieve positive long-term behaviour change.

In relation to smoking cessation healthcare professionals should offer Very Brief Advice (VBA):

- **Ask** individuals about their smoking and whether they wish to stop whenever there is an appropriate opportunity to do so
- **Advise** on how to stop smoking
- **Act** by offering those who wish to tackle their tobacco addiction a prescription for nicotine replacement therapy and providing information, signposting or referring individuals to the support they need.

Who in my practice population is currently smoking?

To improve smoking cessation rates it is important first to know who in the practice population is currently smoking.

We know from QOF data that in 2012/13 in England, 86% of people over the age of 15 had a smoking status recorded in the last 27 months. The variation in recording however varied from 54% to 100%.

Current smokers can be identified through asking during consultations, questionnaires filled in by new patients registering with the practice and even by asking patients through texting and email. It is also possible to check smoking status and the amount smoked by measuring carbon monoxide levels. When working with smokers who want to quit, the use of a carbon monoxide level is an essential part of the monitoring equipment. These are relatively cheap devices and can be used as part of day to day health check and monitoring processes.

The [PCRS-UK EQUIP module on smoking cessation](#) can guide the practice on making searches. Once an initial search has been done you can run a monthly or quarterly search so you can track its progress over time. Some ready-made searches can be downloaded to your software system. Once you are efficiently recording the smoking status of your practice population you can compare your practice smoking prevalence with your neighbouring practices. Does your prevalence of ex-smokers suggest that your stop smoking strategy is working? How does your prescribing of stop smoking medicines compare?

Who are our sick smokers?

It is also important to consider your long-term condition population who are smoking and track how successful you are at supporting people trying to quit in this group of sick smokers.

We know that quitting smoking is a high value intervention when it is done according to [NICE standards](#). We also know that even in very addicted smokers with severe lung disease that sustained quitting is possible.

Ask yourselves what proportion of your practice population with COPD and asthma is currently smoking?

Click [HERE](#) for information on what one CCG has discovered for their population with COPD.

How can we provide smoking cessation in the right way?

Practice Philosophy:

- The impact of tobacco on a practice population is so significant that every practice should have a lead clinician whose responsibility it is to create an environment where a supportive, non-judgemental approach is experienced by both patients and staff.
- Ask all clinicians in the practice: do you feel confident providing stop smoking support? Are you familiar with the evidence and what has been proven to work – even in highly addicted smokers?

Is there a whole system approach to helping people to become and stay ex-smokers?

- Look at your practice development and training programme. Are all your health professionals level 1 or VBA trained? Do your patients have access to a level 2 or 3 trained smoking cessation counsellor who is frequently updated?

Enable and support staff to quit smoking

- Successful quitters can help support in turn their families and local community. Often, our frontline staff are known in the wider community and their success and support can have a wider impact
- Ensure you have materials in waiting areas and on screens that gives positive messages about quitting

30-second Brief Intervention Advice
Do you smoke? [Record status for QOF – Read code 137 or 137L]
Would you like to stop?
Did you know the best way to stop is with a combination of support and treatment from a trained smoking cessation advisor?
Advise self-referral to an in-house or local stop-smoking advisor. [Record advice given for QOF – Read code 8CAL]

Further information:

- PCRS-UK practice improvement tool: EQUIP Effecting Quality in Practice. Module 1. Prevention and treatment is a modular based tool that can guide the practice through the steps that can improve smoking cessation rates. See <https://www.pcrs-uk.org/resource/Improvement-tools/equip-module-1-prevention>
- PCRS-UK Smoking Cessation – Quick Summary – See <https://www.pcrs-uk.org/smoking-cessation>
- NICE Guideline for Brief Intervention - <http://www.nice.org.uk/guidance/ph1>
- NICE Standards for supporting people to stop smoking - <http://www.nice.org.uk/guidance/qs43>
- National Smoking Cessation Training Centre (NCSCT - <http://www.ncsct.co.uk/>) – Brief Intervention video <http://youtu.be/2MuNG9Txdkg>
- Smoking cessation training video <http://youtu.be/ExueMI90SOY>

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Written by: Frances Robinson

Reviewed by: Anne Rodman and Stephen Gaduzo

Edited by: Dr Noel Baxter

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Registered Address: PCRS-UK, Unit 2 Warwick House, Kingsbury Road, Curdworth, Warwickshire B76 9EE
Telephone: +44 (0)1675 477600 Facsimile: +44 (0)121 336 1914 Websites: <http://www.pcrs-uk.org>
Email: info@pcrs-uk.org

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