National Institute for Health and Care Excellence

**Tobacco: treating dependence (update)**

**Consultation on draft quality standard – deadline for comments** 5pm on Friday 12 August 2022

**Please email your completed form to**:[QualityStandards@nice.org.uk](mailto:QualityStandards@nice.org.uk)

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

Use the form to comment on the content of the quality standard (i.e. the statements and other sections e.g. rationale, measures etc.), as well as answer the following questions:

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

**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

**Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

**Questions about the individual quality statements**

**Question 4** For draft quality statement 1: We have added a definition of ‘key points of contact’ as a guide to when people should be asked about their smoking as a minimum. Are there other key points of contact that should be included?

**Question 5** For draft statement 2: Is data collected around the use of smokeless tobacco, including provision of advice and support on quitting?

**Question 6** For draft statement 2: Is it feasible to measure quit rates in people who use smokeless tobacco using local data collection?

**Question 7** For draft statement 3: Is it appropriate to include people who use smokeless tobacco in the population for this quality statement?

**Question 8** For draft statement 4: Is the action in quality statement 4 appropriate for people who use smokeless tobacco?

**Question 9** For draft statement 4: The process measure for quality statement 4 measures the receipt of a harm-reduction approach to stopping smoking. Is this recorded by services currently, and if not, is it feasible to collect data on this?

**Question 10** For draft statement 5: Process measure a) measures receipt of behavioural support within 24 hours of admission to hospital. How achievable is this for the majority of services?

**Question 11** For draft statement 5: We have suggested measurement of the proportion of people who smoked on admission to hospital who received stop-smoking support for at least 4 weeks after discharge and abstinence at 4 weeks to support outcomes for this quality statement. Do you agree with the use of these outcome measures and are the data sources appropriate to support these?

**Local practice case studies**

**Question 12** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form.

# Organisation details

|  |  |
| --- | --- |
| **Organisation name**  (if you are responding as an individual rather than a registered stakeholder please leave blank) |  |
| **Disclosure**  Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry. |  |
| **Name of person completing form** |  |
| **Supporting the quality standard**  Would your organisation like to express an interest in formally supporting this quality standard? [More information.](https://www.nice.org.uk/standards-and-indicators/get-involved/support-a-quality-standard) |  |
| **Type** | **[Office use only]** |

# Comments on the draft quality standard

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| --- | --- | --- |
| **Comment number** | Statement or question number  Or ‘general’ for comments on the whole document | Comments Insert each comment in a new row.  Do not paste other tables into this table because your comments could get lost – type directly into this table. |
| *Example 1* | *Statement 1* | *This statement may be hard to measure because…* |
| 1 | General |  |
| 2 | Question 1 |  |
| 3 | Question 2 |  |
| 4 | Question 3 |  |
| 5 | Question 4 |  |
| 6 | Question 5 |  |
| 7 | Statement 1 |  |
| 8 | Statement 2 |  |
| 9 | Statement 3 |  |
| 10 | Statement 4 |  |
| 11 | Statement 5 |  |
|  |  |  |

# Insert more rows as needed

# Checklist for submitting comments

* Use this form and submit it as a Word document (not a PDF).
* Complete the disclosure about links with, or funding from, the tobacco industry.
* Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
* Do not paste other tables into this table – type directly into the table.
* **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
* Do not include medical information about yourself or another person from which you or the person could be identified.
* Spell out any abbreviations you use

Please return to [QualityStandards@nice.org.uk](mailto:QualityStandards@nice.org.uk)

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.