

# **National Institute for Health and Clinical Excellence**

## **Centre for Public Health Excellence**

### ***Review decision***

**Review of Public Health guidance (PH10) – Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities**

#### **1 Background information**

Guidance issue date: 2008

3 year review: 2011

#### **2 Review decision**

The guidance will be partially updated.

#### **3 Consideration of the evidence and changes in policy and practice**

The expert group met in February 2011 to discuss current and ongoing research of relevance to the current recommendations.

##### **Recommendation 1**

The expert group suggested there was new evidence on performance targets and on through-put and success rates for smoking cessation treatment that would affect this recommendation.

##### **Recommendation 2**

There was also new evidence on pharmacotherapies for smoking cessation , on behavioural support, on training standards and on effective interventions with some disadvantaged groups that could affect this recommendation .

### **Recommendation 3**

The recommendation should be updated.

### **Recommendation 4**

There is new evidence on the use of varenicline for stopping smoking which may affect the recommendation, so it should be updated.

### **Recommendations 5 and 6**

The expert group noted that it would not be necessary to update these recommendations as new NICE guidance in development would consider these subjects.

### **Recommendation 7**

It was agreed that the recommendation did not need revision.

### **Recommendations 8 and 9**

The recommendations had been updated and expanded by guidance published in 2010, 'Quitting smoking in pregnancy and following childbirth' (PH26) (see <http://guidance.nice.org.uk/PH26>) and therefore did not require updating.

### **Recommendation 10**

The recommendation could be considered for an update. The expert group noted that a Cochrane review on behavioural support for young people had been published.

### **Recommendations 11 and 12**

The expert group's advice was that these recommendations should be updated. The revision could include very brief advice from health professionals.

### **Recommendation 13**

The context of this recommendation about planning of locally delivered services had changed, but the recommendation can be amended once the changes to the commissioning and delivery of services are clear.

### **Recommendations 14 and 15**

These recommendations on communications campaigns and smoking cessation services in residential or custodial care do not need to be updated.

### **Recommendation 16**

The recommendation on workplace smoking cessation needs no updating.

In the process of reviewing the evidence on effective smoking cessation interventions, it should be possible to look at the evidence on very brief advice to quit. If such interventions are found to be effective, they could be included in the descriptive list of effective interventions and referred to in appropriate recommendations, for example on training health professionals.

## **4 Implementation and post publication feedback**

About sixty enquiries were received from post-publication feedback, many of which were requests for printed copies or links to related products.

One enquiry about pre-operative smoking cessation necessitated two meetings of an expert panel made up of members of the Programme Development Group and experts who could give additional information. The question considered was whether Recommendation 6, on encouraging patients referred for elective surgery to quit, should be amended to include an indication of the time before surgery when cessation should no longer be attempted. A systematic review and meta-analysis concluded that it was safe

for physicians to advise patients to quit any time before surgery [Meyers K et al. (2011) Stopping smoking shortly before surgery and post-operative complications. Arch. Int. Med. doi:10.1001/archinternmed.2011.97]

No new evidence was identified through post publication enquiries or implementation feedback that would indicate a need to update the guidance.

## **5 Stakeholder consultation**

The proposal was made to stakeholders that the guidance should be partially updated. Fifteen stakeholder organisations responded, including six professional organisations and six commercial interests. The majority agreed with the recommendations of the expert group.

## **6 Equality and diversity considerations**

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

## **7 Conclusion**

There is new evidence that will affect the guidance. Some, but not all of the recommendations have, or will be, covered by other NICE guidance. Therefore, the guidance will be partially updated.

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