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NICE National Institute for
Health and Care Excellence



Smoking: supporting people to stop

Quality standard

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This standard is based on TA123 and NG209.

This standard should be read in conjunction with QS21, QS25, QS41, QS10, QS15, QS22, QS82, QS92, QS96, QS52, QS68, QS79, QS81, QS88, QS108, QS102, QS100, QS99, QS95, QS80, QS110, QS9, QS146, QS156 and QS17.

Quality statements

Statement 1 People are asked if they smoke by their healthcare practitioner, and those who smoke are offered advice on how to stop.

Statement 2 This statement has been removed. For more details see [update information](#).

Statement 3 People in contact with healthcare practitioners who provide stop-smoking support are offered stop-smoking advice and interventions.

Statement 4 People who seek support to stop smoking and who choose to take pharmacotherapy are offered a full course.

Statement 5 People who smoke who have set a quit date have a carbon monoxide test 4 weeks after the quit date.

Quality statement 1: Identifying people who smoke

Quality statement

People are asked if they smoke by their healthcare practitioner, and those who smoke are offered advice on how to stop.

Rationale

There is evidence that people who smoke are receptive to smoking cessation advice in all healthcare settings. It is therefore important that healthcare practitioners proactively ask people if they smoke, and offer advice on how to stop.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people are asked if they smoke by their healthcare practitioner, and those who smoke are offered advice on how to stop.

Data source: Local data collection.

Process

a) Proportion of people who are asked if they smoke by their healthcare practitioner.

Numerator – the number of people in the denominator who are asked if they smoke by their healthcare practitioner.

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Denominator – the number of people who have face-to-face contact with a healthcare practitioner.

Data source: Local data collection. Data for general practice is published under SMOK001 collected as part of indicators no longer in QOF (INLIQ).

b) Proportion of people who smoke who receive advice on how to stop.

Numerator – the number of people in the denominator who receive advice on how to stop.

Denominator – the number of people who report that they smoke during face-to-face contact with a healthcare practitioner.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place for people to be asked if they smoke by their healthcare practitioner, and for those who smoke to be offered advice on how to stop.

Healthcare practitioners ask their patients if they smoke, and offer those who smoke advice on how to stop.

Commissioners ensure that they commission services where healthcare practitioners ask their patients if they smoke, and that they offer those who smoke advice on how to stop.

People are asked if they smoke by their healthcare practitioners, and those who smoke are offered advice on how to stop.

Source guidance

Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209 (2021), recommendations 1.11.1 and 1.11.2

Definitions of terms used in this quality statement

Healthcare practitioners

These include, but are not limited to, doctors, nurses, midwives, pharmacists, dentists, opticians and allied health professionals.

Advice

This can vary by healthcare setting. In the context of primary care settings, this would involve opportunistic advice offered to people who smoke about the interventions and support available to help them stop smoking. In the context of secondary care settings, advice may involve the practitioner providing people who smoke with information and referring them to local stop-smoking support. People who smoke should be advised to stop smoking in a way that is sensitive to their preferences and needs. They should be advised that stopping smoking in one go is the best approach.

The [National Centre for Smoking Cessation and Training](#) offers a practitioner training and assessment programme. [Adapted from [NICE's guideline on tobacco](#), recommendations 1.11.2, 1.12.1, 1.13.1, 1.14.3 and 1.14.5]

Equality and diversity considerations

Advice should be culturally appropriate and accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#) or the equivalent standards for the devolved nations.

Advice may include referral to evidence-based stop-smoking support. Such support should target minority ethnic and socioeconomically disadvantaged communities in the local population; it is important to ensure that services are easily accessible by people from these groups and that they are encouraged to use them.

LGBT+ groups have higher smoking prevalence rates than the general population, and as such, services should be accessible and commissioned to address this need.

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Healthcare practitioners should be sensitive to the issue of smoking in young people. NICE guidance recommends that young people aged 12 to 17 who smoke should be offered information, advice and support on how to stop smoking and be encouraged to use local evidence-based stop-smoking support, if available.

Practitioners should be aware that some pregnant women find it difficult to say that they smoke because the pressure not to smoke during pregnancy is so intense.

Quality statement 2: Referral to smoking cessation services

This statement has been removed. For more details see [update information](#).

Quality statement 3: Stop-smoking support

Quality statement

People in contact with healthcare practitioners who provide stop-smoking support are offered stop-smoking advice and interventions.

Rationale

People who smoke should have access to advice and interventions to help them to stop smoking, as appropriate for their age or if they are pregnant. They should be advised that varenicline, a combination of short-acting and long-acting nicotine replacement therapy (NRT) or nicotine containing e-cigarettes, when combined with behavioural support, are more likely to result in them successfully stopping smoking.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people in contact with healthcare practitioners who provide stop-smoking support are offered stop-smoking advice and interventions.

Data source: Local data collection.

Process

Proportion of people in contact with healthcare practitioners who provide stop-smoking support who are offered stop-smoking advice and interventions.

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Numerator – the number of people in the denominator who are offered stop-smoking advice and interventions.

Denominator – the number of people in contact with healthcare practitioners who provide stop-smoking support.

Data source: Local data collection. Quality Outcomes Framework (QOF) indicator SMOK004. NHS Digital's Statistics on NHS Stop Smoking Services in England reports on pharmacotherapy received.

What the quality statement means for different audiences

Service providers ensure that systems are in place for people in contact with healthcare practitioners who provide stop-smoking support to be offered stop-smoking advice and interventions.

Healthcare practitioners who provide stop-smoking support offer stop-smoking advice and interventions to people who smoke.

Commissioners ensure that they commission stop-smoking support that offers stop-smoking advice and treatment.

People seeing healthcare practitioners who provide stop-smoking support are offered stop-smoking advice and treatment.

Source guidance

- Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209 (2021), recommendations 1.12.2, 1.12.6 and 1.12.7
- Varenicline for smoking cessation. NICE technology appraisal guidance 123 (2007), recommendations 1.1 and 1.2

Definitions of terms used in this quality statement

Stop-smoking advice and interventions

The following should be accessible to adults who smoke:

- behavioural intervention:
 - behavioural support (individual and group)
 - very brief advice
- medically licensed products:
 - bupropion (see [BNF information on bupropion hydrochloride](#))
 - NRT – short and long acting
 - varenicline (see [BNF information on varenicline](#))
- nicotine-containing e-cigarettes.

In November 2021, varenicline was unavailable in the UK. See the [Medicines and Healthcare products Regulatory Agency \(MHRA\) alert on varenicline](#).

People who smoke should be advised (as appropriate for their age) that, when combined with behavioural support, the following options are more likely to result in them successfully stopping smoking:

- varenicline (offered in line with NICE's technology appraisal guidance; see [stop-smoking interventions in the NICE Pathway on tobacco use](#))
- a combination of short-acting and long-acting NRT
- nicotine-containing e-cigarettes.

NRT should be considered alongside behavioural support to help women stop smoking in pregnancy. Varenicline or bupropion should not be offered to pregnant or breastfeeding women or people under 18. [[NICE's guideline on tobacco](#), recommendations 1.12.2, 1.12.7, 1.20.6 and 1.20.11 and terms used in this guideline; pharmacotherapies]

Stop smoking support

Interventions and support to stop smoking regardless of how services are commissioned or set up.

Equality and diversity considerations

Pregnant or breastfeeding women should not be offered varenicline or bupropion. NRT should be considered alongside behavioural support.

Young people aged under 18 should not be offered varenicline or bupropion. NRT should be considered alongside behavioural support.

Quality statement 4: Pharmacotherapy

Quality statement

People who seek support to stop smoking and who choose to take pharmacotherapy are offered a full course.

Rationale

Pharmacotherapy interventions act as an aid to help people to stop smoking, and it is important that people who seek support to stop smoking receive the full course of their chosen pharmacotherapy to increase the chances of success.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people who seek support to stop smoking and who choose to take pharmacotherapy are offered a full course.

Data source: Local data collection.

Process

Proportion of people who seek support to stop smoking and who choose to take pharmacotherapy who receive a full course.

Numerator – the number of people in the denominator who receive a full course of pharmacotherapy.

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Denominator – the number of people who seek support to stop smoking and who choose to take pharmacotherapy.

Data source: Local data collection. [NHS Digital's Statistics on NHS Stop Smoking Services in England](#) reports on pharmacotherapy received.

What the quality statement means for different audiences

Service providers ensure that systems are in place so that people who seek support to stop smoking and who choose to take pharmacotherapy are offered a full course.

Healthcare practitioners offer a full course of pharmacotherapy to people who seek support to stop smoking and who choose to take pharmacotherapy.

Commissioners ensure that they commission services that offer a full course of pharmacotherapy to people who seek support to stop smoking and who choose to take pharmacotherapy.

People who seek support to stop smoking and who choose to take medicine to help them quit are offered a full course of treatment.

Source guidance

- [Tobacco: preventing uptake, promoting quitting and treating dependence](#). NICE [guideline NG209](#) (2021), recommendations 1.12.2, 1.14.10, 1.14.20, 1.14.26, 1.20.8 and 1.20.11
- [Varenicline for smoking cessation](#). NICE [technology appraisal guidance 123](#) (2007), recommendations 1.1 and 1.2

Definitions of terms used in this quality statement

Pharmacotherapy

This covers medication licensed for smoking cessation such as varenicline or bupropion,

as well as nicotine replacement therapy (NRT). In November 2021, varenicline was unavailable in the UK. See the [MHRA alert on varenicline](#).

NRT should be considered alongside behavioural support to help women stop smoking in pregnancy. Varenicline or bupropion should not be offered to pregnant or breastfeeding women or people under 18. [[NICE's guideline on tobacco](#), recommendations 1.12.4, 1.20.6 and 1.20.11 and terms used in this guideline; pharmacotherapies]

Equality and diversity considerations

There should be a discussion about risks and benefits of using NRT in young people aged 12 to 17 and pregnant or breastfeeding women.

Quality statement 5: Outcome measurement

Quality statement

People who smoke who have set a quit date have a carbon monoxide test 4 weeks after the quit date.

Rationale

Recording smoking status using carbon monoxide testing after 4 weeks provides an incentive for people who are attempting to stop, and is an objective way to measure individual and service level outcomes.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that people who smoke who have set a quit date have a carbon monoxide test 4 weeks after the quit date.

Data source: Local data collection.

Process

Proportion of people who smoke who have set a quit date who had a carbon monoxide test 4 weeks after the quit date.

Numerator – the number of people in the denominator who had a carbon monoxide test 4 weeks after the quit date.

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Denominator – the number of people who smoke who have set a quit date.

Data source: Local data collection. [NHS Digital's Statistics on NHS Stop Smoking Services in England](#) reports on people setting a quit date and outcome per 100,000 smokers.

Outcome

4-week quit rates.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that systems are in place so that people who smoke who have set a quit date have a carbon monoxide test 4 weeks after the quit date.

Healthcare practitioners ensure that people who smoke who have set a quit date have a carbon monoxide test 4 weeks after the quit date.

Commissioners ensure that they commission services for people who smoke who have set a quit date to have a carbon monoxide test 4 weeks after the quit date.

People who smoke who have set a quit date have a carbon monoxide breath test 4 weeks after their quit date.

Source guidance

[Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209](#) (2021), recommendations 1.22.22 and 1.22.23

Definitions of terms used in this quality statement

Carbon monoxide test

Self-reported smoking abstinence is checked using a carbon monoxide test. Success is

defined as the person having less than 10 parts per million (ppm) of carbon monoxide in their exhaled breath at 4 weeks after the quit date. This does not imply that treatment should stop at 4 weeks.

Urine or saliva cotinine tests should be used in pregnant women, if possible, because these are more accurate than carbon monoxide tests. [[NICE's guideline on tobacco](#), recommendations 1.20.2 and 1.22.23]

Equality and diversity considerations

If possible, pregnant women should have a urine or saliva cotinine test to biochemically validate smoking abstinence as these are more accurate than carbon monoxide tests.

Update information

November 2021: Changes have been made to align this quality standard with the updated [NICE guideline on tobacco](#). Statement 2 on referral to smoking cessation services has been removed as it is no longer supported by the guideline recommendations.

Statements 3, 4 and 5 have been updated to reflect changes to the terminology used in the guideline. Links, definitions, quality measures and source guidance sections have also been updated throughout.

Minor changes since publication

March 2018: Source guidance sections and definitions have been updated to reflect the NICE guidance on stop smoking interventions and services.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on tobacco use](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact products for the source guidance](#) to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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.

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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](#)
- [NCSCCT](#)
- [Primary Care Respiratory Society UK](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Royal College of Physicians \(RCP\)](#)
- [College of General Dentistry](#)