NICE National Institute for Health and Care Excellence

Indicator development programme

Consultation report

Smoking: cessation success in people with bipolar, schizophrenia and other psychoses

This paper presents consultation feedback received in response to the draft indicator on smoking cessation success in people with bipolar, schizophrenia and other psychoses. Consultation was held 29 February to 28 March 2024.

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Smoking: cessation success in people with bipolar, schizophrenia and other psychoses

IND2023-161: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months.

Indicator type

Network / system level indicator.

Summary of consultation comments

Stakeholders welcome the inclusion of this indicator, commenting it will enable the monitoring of quit rates among people with SMI. It was also noted that this will encourage a system level approach and encourage networks and systems to tailor services to support local need.

It was noted that nicotine in any product, not just tobacco with nicotine, that causes damage, therefore it was suggested that the indicator should include nicotine products such as cigarettes, vapes and smokeless tobacco.

One stakeholder agreed that this would not be an appropriate GP indicator, stating that GPs do not universally provide smoking cessation services and this population is often looked after by other services.

Some concerns were raised by stakeholders:

- Community mental health patients in most areas will not have access to specialist tobacco dependence treatment services. The indicator will only lead to improvements in outcomes for patients if people with SMI who smoke have access to services to help them quit.
- As this indicator is not tied to a specific activity it cannot be used to identify the cause of changes in quit rates for people with SMI.
- Disappointment that this indicator is not presented as suitable for use in QOF due to low numbers of patients at practice level.

Considerations for the advisory committee

The committee is asked to consider:

- If specialist tobacco dependence treatment services are not available, can this indicator drive improvement?

- Is it necessary for the indicator to be tied to a specific activity so it is possible to identify the cause of changes in quit rates for people with SMI, or is the outcome of smoking cessation for this population sufficient?

Appendix A: Consultation comments

ID	Stakeholder organisation	Comment	Response
1	Action on Smoking and Health	As the consultation paper acknowledges, smoking rates among people with SMI (defined as schizophrenia, bipolar affective disorder or other psychoses) are significantly higher than the general population. As a result, smoking accounts for two-thirds of the reduced life expectancy of people with SMI. This exacerbates health inequalities and puts avoidable strain on health and social care services. The introduction of this indicator would enable the monitoring of quit rates among people with SMI. While this will not necessarily allow for the evaluation of specific interventions it will make it possible to observe population-level trends which will be helpful for informing the development of interventions to reduce smoking prevalence among this population. The introduction of this indicator is particularly timely, given the rollout of tobacco dependence treatment services for smokers in inpatient mental health settings.	Thank you for your comment which was noted by the Indicators Advisory Committee (IAC).

ID	Stakeholder organisation	Comment	Response
2	Action on Smoking and Health	This indicator will only lead to improvements in outcomes for patients if people with SMI who smoke have access to services to help them quit. Although the NHS is currently implementing tobacco dependence treatment services for patients in inpatient secondary mental healthcare settings, funding for this support in community mental health settings has been withdrawn indefinitely (with the exception of the early implementer sites which will still be funded). This means that community mental heath patients in most areas will not have access to specialist tobacco dependence treatment services in community mental health settings, and will instead simply be referred to community stop smoking services which are less likely to be equipped to support people with SMI. Data on smoking prevalence among people with mental health conditions is patchy. The most recent publicly available data on smoking prevalence among people with SMI is taken from the Adult Psychiatric Morbidity Survey carried out in 2014. While NHSE holds this data, it is not publicly available and therefore cannot be used to monitor progress or hold services	Thank you for your comment which was noted by the Indicators Advisory Committee (IAC). This indicator is intended to be used at system / network level as part of quality improvement approaches. The committee noted that access to smoking cessation support is a barrier to effective smoking cessation. NICE will continue to explore additional indicators that could be used as part of quality improvement packages.

ID	Stakeholder organisation	Comment	Response
		to account. If this could be addressed, it would support improvements in the support given to patients with SMI who smoke. Because this indicator is not tied to a specific measure of activity (i.e. the provision of opt-our referral to stop smoking support) it can't be used to identify what is causing any changes in quit rates among people with SMI. This is made more challenging by the fact that quit rates are influenced by so many external factors. If the objective of this indicator is to improve the quality of support provided to patients with SMI who smoke, it may be more effective to have an activity measure rather than an outcome measure. For example, an activity measure of how many patients with SMI who smoke receive an opt-out referral to stop smoking support may be more effective in driving clinical activity.	
3	Association of Respiratory Nurse Specialists	As it is not just tobacco with nicotine that causes damage but nicotine in any product. Nicotine causes vaso-constriction causing CVD. So does vaping and all types of nicotine use e.g. chewing tobacco need to be illustrated.	Thank you for your comment. To reduce data burden and use existing data collection the indicator aligns with definitions used for existing QOF indicators on smoking.

ID	Stakeholder organisation	Comment	Response
		Maybe the wording needs to say nicotine products (such as, cigarettes, vapes, smokeless tobacco).	
4	Association of Respiratory Nurse Specialists	It is disappointing that smoking is not presented as suitable for use in QOF because of likely low numbers of patients at practice level when it is highlighted that the prevalence of smoking is higher amongst those with long term mental health conditions.	Thank you for your comment. The committee also reflected on whether cessation can be attributed solely to general practice. Given noted barriers in access to smoking cessation support services the committee agreed that the indicator should remain as intended for use at a network / system level.
5	Asthma + Lung UK	We also commend the proposed indicator for smoking cessation in people with schizophrenia, bipolar affective disorder, and other psychoses. Smoking is the biggest cause of lung disease, with 35% of all deaths from respiratory conditions linked to smoking. We support indicators that will help reduce the prevalence of smoking in any population, as smoking is the biggest cause of chronic respiratory disease.	Thank you for your comment which was noted by the IAC.
6	British Medical Association	GPs do not universally provide smoking cessation services and this cohort of patients is often looked after by other services it would therefore not be an appropriate GP based indicator. It would also have significant variation and increase inequalities rewarding practices	Thank you for your comment which was noted by the IAC. This indicator is intended for use at network / system level.

ID	Stakeholder organisation	Comment	Response
		who already have GP commissioned services for smoking cessation.	
7	Primary Care Cardiovascular Society	This indicator would encourage a system level approach and also networks/systems to tailor services to support local need	Thank you for your comment which was noted by the IAC.
8	Taskforce for Lung Health	We also commend the proposed indicator for smoking cessation in people with schizophrenia, bipolar affective disorder, and other psychoses. Smoking is the biggest cause of lung disease, with 35% of all deaths from respiratory conditions linked to smoking. We support indicators that will help reduce the prevalence of smoking in any population, as smoking is the biggest cause of chronic respiratory disease.	Thank you for your comment which was noted by the IAC.