HSC Public Health Agency

# Training Framework
# for Specialist Stop Smoking
# Services in Northern Ireland

TOBACCO

## 2015

smoke free

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## 1. Introduction

An important element of the Ten Year Tobacco Strategy[i] for Northern Ireland, launched on 12 February 2012, which the Public Health Agency (PHA) are tasked with implementing, is the delivery of sustainable, evidenced based stop smoking interventions. The strategy acknowledges that many people addicted to nicotine need help to stop smoking. Fundamental to the achievement of this objective is the appropriate education and training of health and social care professionals and others involved in the delivery of stop smoking counselling and support.

Within objective two of the Ten Year Tobacco Strategy[i] 'More Smokers Quitting' a key task to 'Update existing framework for training services' was identified.

The Ten Year Tobacco Strategy states:

*"Normal healthcare contact with patients/clients provides an excellent opportunity for healthcare professionals to offer brief opportunistic advice on giving up smoking. Specialist cessation interventions are usually in the form of clinics, or one-to-one sessions and are delivered by trained specialists who have received recognised training that meets the Regional Training Framework standard for this role'.*

It also states:

*'The Training Framework for Smoking Cessation Services in Northern Ireland 2003[ii] sets standards for Health and Social Care services in relation to service provision. The framework is also promoted as best practice among all individuals involved in developing and running smoking cessation services. While still a very relevant document, given new developments and guidance issued in this area in recent years, an updated framework is now required. Only services which comply with the standards in the Framework may be commissioned by the HSC and these services should be formally accredited".*

In Northern Ireland there are more than 650 free stop smoking services which are run by specially-trained staff who can advise on the best way to stop smoking. Services are offered in many community pharmacies; GP practices; HSC Trust premises; community and voluntary organisations and can be set up in workplaces. These services provide a combination of behavioural support and stop smoking medication.

In order to maximise effectiveness, the Stop Smoking Services in Northern Ireland should be run by trained stop smoking specialists and be compliant with:

1. The Quality Standards for the Delivery of Stop Smoking Services in NI, September 2011[iii].
2. The NI Formulary[iv] and all medications approved by the National Institute for Health and Clinical Evidence (NICE).

This document has been developed following a review of standards across the UK for specialist stop smoking training[v,vi,vii,viii], and analysis of the DHSSPS Monitoring guidance[ix], The Russell Standard[x], Local Stop Smoking Service Monitoring Guidance[xi] and Thorax guidelines[xii,xiii].

**Purpose of this document**

This Framework document lists the training standards / learning outcomes for stop smoking service providers. It is the outcome of a workshop held with key stakeholders on 25th November 2014 that reviewed the previous Regional Training Framework (April 2003) with current training standards across the UK and the Republic of Ireland.  The PHA acknowledges the contribution to its production of the five Health and Social Care Trusts, the Health & Social Care Board Cancer Focus Northern Ireland, Action Cancer, the British Lung Foundation, the British Heart Foundation and Queen's University Belfast.

The Training Standards describe the knowledge and skills necessary, and sets the minimum standards for delivering stop smoking interventions.  The Standards aim to promote quality and consistency of approach across NI in relation to both commissioning training and delivery of Specialist Stop Smoking services.

The contents of this Framework will be reviewed by the Tobacco Strategy Implementation Steering Group (TSISG) in 2020 as part of the overall monitoring of the TSISG Action Plan.

**2. Aim of Specialist Stop Smoking training programme**

To provide participants with the knowledge and skills base necessary to run effective specialist stop smoking services, either on a one to one or group basis.

### 3. Knowledge requirements

By the end of a specialist stop smoking training programme, participants should be able to fulfil the following requirements.

### 3.1 Smoking in the population
- Describe smoking prevalence and patterns of smoking (nationally and locally) and stop smoking rates and demographic characteristics over time such as gender, age, ethnicity and socio-economic status.
- Understand policy directives and political context (including legislation and targets).
- Understand marketing practices and target groups of tobacco industry,
- Discuss addiction and dependence issues (including the lack of understanding and empathy for smokers, compared to other substance abuse).
- Describe smoking and health inequalities.

### 3.2 Smoking and health
- Highlight the consequences of smoking - risks (including the effects of smoking on the body).
- Identify the potential adverse effects of smoking (including partner smoking) on fertility, pregnancy and during breastfeeding, including those on the mother, foetus, baby and siblings.

### 3.3 Why stopping smoking can be difficult
- Demonstrate comprehensive knowledge of smoking behaviour.
- Demonstrate knowledge of relapse prevention strategies.
- Demonstrate a basic knowledge of motivational interviewing.
- Describe what brief intervention is (the 4, 5 or 6 As).
- Describe background information to aid motivation (e.g. describe the health benefits of stopping smoking and the effects of passive smoking and the increased risk of premature death from smoking at different ages) and describe effectiveness of interventions to help trigger motivated client quit attempts.
- Understand withdrawal including symptoms and signs of withdrawal and how to cope with withdrawal.
- Emphasise to the client the importance of, and secure commitment to, the 'not a puff' rule once the quit date has been reached.
- Explain what is meant by tobacco addiction and nicotine dependence and how these develop.
- Understand the views and experiences of smokers (particularly young smokers and disadvantaged smokers) and the need for empathy.
- Understand what the barriers are to intervening and advising.
- Describe environmental, socio-demographic and psychological factors associated with cigarette addiction.

- Demonstrate knowledge of the physical, psychological, pharmacological and social effects of tobacco use including any anticipated symptoms on stopping such as weight gain.
- Demonstrate knowledge of the importance of a balanced diet and physical activity when stopping smoking.

## 3.4 Stop Smoking treatments

- Highlight all NICE-approved medications in line with the NI Formulary for trained specialists. Provide a full description of each product, how it works, who it can / cannot be used with, and success rates.
- Highlight the role of harm reduction and that only an abrupt quitting service is currently funded in NI.
- Provide information which is factual and in line with the PHA position statement on e-cigarettes[xiv].
- Utilise knowledge of the timeliness and frequency of intervention – suggested annually.
- Explain why complementary therapies and unproven commercial treatment programmes for stopping smoking should not be made available on the NHS.
- Understand the health and safety issues relating to use of carbon monoxide monitors including calibration and hygiene issues.
- Utilise knowledge to deal appropriately with carbon monoxide readings and know acceptable cut off points.

## 3.5 The wider context
- Role of stop smoking services in wider tobacco control strategies.
- Cost effectiveness of stopping smoking vs other life saving critical interventions.
- Place their specialist service in the context of local and regional strategies and action plans.
- Demonstrate knowledge of the specific needs of certain client populations especially those of pregnant women who smoke, and how they might be best supported. Other client groups with specific needs might include young people, people from an ethnic minority background, people with a disability, particularly those who are deaf or with a hearing impairment or have mental health problems.

**4. Skills requirements**

**4.1 Assessment**
- Establish a rapport with client(s), ask open questions; know how to get started and the opening line.
- Assist client in identifying his/her reasons for wanting to stop smoking and address concerns they may have about possible negative aspects of stopping.
- Assess motivation and readiness to quit.
- Assess suitability of client for one to one or group therapy.
- With client - Affirm a strong commitment to start, continue or start a new quit attempt in line with the Quality Standards for the delivery of Stop Smoking Services in Northern Ireland.
- Rapidly assess and categorise smokers' level of nicotine addiction/dependence – using validated tools such as Fagerstrom and assess client's nicotine withdrawal symptoms.
- Assess past smoking behaviour, including past history of quit attempts.
- Assess client's current self-reported and CO validated smoking behaviour.
- Assess client's available social support (including assessment of client's contacts who smoke).
- Pragmatically assess a client's psychological state (e.g. depressed mood) insofar as it is relevant to the quit attempt.
- Assess client's suitability and experience regarding pharmacotherapy – usage, side effects, and benefits.

**4.2 Planning behavioural support**
- Plan and support implementation of the selected intervention (or series of interventions) relevant to the needs of an individual(s).
- Clarify goals of client(s), set relevant objectives and plan an appropriate evidenced based intervention(s).
- Utilise basic knowledge of behavioural change, for example, "cycle of change".
- Identify barriers to quitting.
- Accurately describe the process of stopping smoking in a way that reflects the extent to which attempts to stop can be arrived at suddenly or gradually, the importance of avoiding 'lapses' and dealing with cravings, the factors that promote and deter quit attempts and factors that protect against and promote relapse.
- Identify potential reasons for relapse and discuss potential ways of changing client's daily routines and physical environment in order to minimise exposure to smoking cues and avoid relapse/deal with cravings (e.g. remove ashtrays).
- Identify appropriate sources of information and support on stopping smoking across Northern Ireland.
- Provide advice on the client's use of social support from friends, relatives, colleagues or 'buddies'.
- Utilise listening skills, and be able to interpret smoker's response to the intervention.

- Describe the common reasons smokers give for why they smoke and how far these reflect the true effects of smoking.
- Assist client to set a quit date.

## 4.3 Delivery of behavioural support

*4.3.1 Directly addressing motivation in relation to smoking and stopping smoking*
- Elicit client views / questions on smoking and provide clear and accurate answers.
- Demonstrate the benefits and use of CO monitor / measurement to validate the quit attempt and motivate quitters in line with the most recent NICE Guidance[xv] for the general population and those who are pregnant.
- Deal appropriately with lapses / cravings to minimise likelihood of full relapse.
- Provide feedback on a client's performance and progress towards becoming a permanent non-smoker, including praise contingent on successfully remaining abstinent.
- Motivate clients to continue with quit attempt.
- Emphasise the importance of the 'not a puff rule'.

*4.3.2 Supporting the client to exercise self-control*
- Enhance client motivation and self-efficacy.
- Empathise with smokers.
- Suggest ways to minimise stress and other psychological demands so as to conserve mental resources. Also, for concerned clients, outline weight and alcohol/caffeine consumption control methods.
- Understand and suggest evidence based approaches on the use of pharmacotherapies to aid withdrawal.
- Assist client to develop relapse / withdrawal prevention strategies.
- Encourage ex-smoker identity – no longer part of your life.

*4.3.3 Promoting effective medication use and other supporting activities*
- Provide information (in line with the NI Formulary[iv]) on all effective therapies including behavioural support and pharmacotherapies such as nicotine replacement therapies (NRT), buproprion and varenicline.
- Provide behavioural support to clients wishing to use unlicensed nicotine containing products (such as e-cigarettes) as part of a quit attempt.
- Mental Health - describe effects of stopping smoking on dosages of drugs used to treat mental health conditions, for example, psychotic disorders.
- Provide advice, where appropriate, on the use of pharmacotherapies in pregnancy, cardiovascular disease and to *Under 16s*, having taken account of the evidence of effectiveness, the licensed indications for use and Northern Ireland protocols.
- Describe use of the full range of effective pharmacotherapies including practical knowledge and demonstration of use of range of products, their contraindications, drug interactions and side effects.

- Advise clients appropriately on adjusting stop smoking medication in light of their experiences.
- Monitor continued suitability of chosen pharmacotherapy.

*4.3.4 General communication*
- Describe to client expectations re stop smoking programme, length and content.
- Non-judgemental and use reflective listening.
- Market services internally and externally, based on capacity and resources.

*4.3.5 Professional practice*
- Keep up to date with changes in evidence base and policy and complete update training in line with the Quality Standards for the Delivery of Stop Smoking Services in N Ireland.
- Demonstrate knowledge of key points in the Quality standards for the Delivery of Stop Smoking Services in Northern Ireland including data protection and equality issues.
- Assess and monitor stop smoking services in line with the Elite Electronic Monitoring System.
- Organise local specialist stop smoking services.
- Liaise with other professionals in the development of local services.
- Use computer technology, to enhance efficiency and effectiveness of service.
- Regularly reflect on own practice and quit rates of clients and assess possible areas for improvement.

## 4.4 Group-based behavioural support
"Group intervention" knowledge and skills are desirable, not least to promote mutual support and sharing of experiences. Such skills are, of course, only necessary if the trainee is going to organise and manage stop smoking support groups. Depending on the previous experience and skills of the individual trainee, an enhanced training programme may be required. Knowledge and skills could include: -

*4.4.1 Planning behavioural support in (closed) group contexts*
- Describe when an individual would benefit most from the delivery of individual support or group intervention.
- Assess client suitability for group support.
- Plan, organise, establish and run a stop smoking group.
- Organisation of infrastructure and group setting to ensure maximum participation and safety of group.
- Identify potential difficulties associated with providing group based support, such as patient recruitment and organisational logistic demands, and how these can be addressed.

*4.4.2 Maximising motivation to quit within the (closed) group context and enhance mutual group support and/or bonding*
- Active encouragement of all members of the group to participate.
- Encourage clients to make public promises / contracts with other group members. Use name badges, encourage clients to talk about themselves.

- Use of techniques and aids, to encourage participation and cohesiveness within groups.
- Follow up missing members to maintain motivation.

*4.4.3 Supporting activities in the (closed) group context*
- Manage problems of co morbidity (psychological and physical) within group appropriately.
- Basic use of group dynamics theory.
- Use of range of methodologies to evaluate group outcomes.
- Foster a sense of responsibility to the group.
- Encourage group members to share their CO readings.
- Facilitate choice of medications in a group context.

*4.4.5 Communication in the (closed) group context*
- Possess skills to communicate, facilitate and control groups.
- Encourage sharing of experiences and ways of dealing with cravings.

## 5. Target participants

Individuals who have an interest in tobacco control and have some previous experience of stop smoking advice. Trainees should have the capacity, resources and dedicated time to develop and /or maintain a local sustainable and accessible specialist stop smoking service.

## 6.  Duration of training

Experience from elsewhere suggests that it is likely to take approximately 15 hours to deliver a basic specialist stop smoking training programme.   A method of updating participants is considered a mandatory component of the programme.

## 7. Training requirements

Any courses for specialist stop smoking providers who will deliver services in Northern Ireland, delivered electronically or face to face, must meet the standards identified in this document.

All participants must complete an assessment (e.g. multiple choice questions) to demonstrate they have the knowledge and skills required to deliver a specialist stop smoking service and to demonstrate successful completion of the course.

## 8.  Monitoring

For monitoring purposes data will be collected on:
1.  Number of current providers assimilated in line with new training standards.
2.  Number of new providers trained in line with the new training standards.
3.  Record name, profession and date of training for each participant.
4.  As part of quality monitoring of services the PHA will monitor quit rates for service providers.  Those rates should be in line with the Quality Standards for the Delivery of Stop Smoking Services in Northern Ireland.


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## 9 References

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[vii] NCSCT Training Standard: Learning Outcomes for Training Stop Smoking Practitioners. 2013. NCSCT.

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[xv] NICE public health guidance 48 : Smoking cessation in secondary care: acute, maternity and mental health services Issued: November 2013