Isle of Man Government

Reiltys Ellan Vannin

Evaluation of Quit4You Stop Smoking Service

DEPARTMENT OF HEALTH AND SOCIAL CARE

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Content

Executive summary

Purpose of this report

This report reviews the actions resulting from the 2005 Tobacco Strategy (i), describes the current arrangements for delivery of specialist stop smoking services on island, benchmarks these against accepted quality standards and identifies gaps and options for future provision of services.

Process review

Actions taken to deliver Tobacco Strategy objective 4.2: Help people to stop or reduce smoking: co-ordinate and support development of smoking cessation services

1. Establishment of Quit4You specialist stop smoking service funded and directly delivered by Public Health Directorate to deliver community based one to one interventions from venues around the island.
2. Provision of specialist stop smoking practitioner training to health and care staff in a range of roles across health and social care (including primary care staff and pharmacies), with the intention that trained staff could offer stop smoking support within their work area (including DHSC delivered services, primary care and community pharmacies).
3. Provision of specialist stop smoking services (following the Quit4You model) within general practices and community pharmacies through local contract arrangements.
4. Co-ordination role delivered by the Public Health Directorate to encourage and strengthen provision of stop smoking advice and access to specialist service for priority groups including acute hospital patients, pregnant women through maternity services, and patients within mental health services.

Process outcomes

Quit4You service (Public Health delivered) established in 2007 and maintained. **Meets UK quality standards in respect of:**

- Quit rates
- Offer of pharmacotherapies and easy access to Nicotine Replacement Therapy
- Accredited training for advisors employed by Public Health
- Contact times for one to one interventions
- Referral to appointment times.

Does not meet standards in respect of:

- Maintaining stable and adequate staffing due to problems with recruitment/retention and reliance mostly on bank staff
- Treating at least 5% of the estimated local population who smoke per year
- Easy access to full range of pharmacotherapies particularly Champix.

Staffing is currently:

- Tobacco Lead (0.65 FTE)- manages and co-ordinates the service
- Small team of Specialist Stop Smoking Advisors at approximately 1.8 to 2FTE (1 X 0.75FTE permanent staff member and remainder Bank Staff)
- No administrative support and limited office cover.

(i) Objective 4.2: Help people to stop or reduce smoking: co-ordinate and support development of smoking cessation services, Isle of Man Government, Department of Health and Social Security, Tobacco Strategy, 2005, p.12.

Extending stop smoking practitioner training across a wide range of health and care staff: 190 staff undertook training in 2007. As this training was not aligned to change in job roles, objectives or time allocation, it did not deliver any measurable impact.

Quit4You delivery by general practices and community pharmacies: Six practices currently offer this under service level agreements with Public Health. No data has been submitted from three surgeries over the past year indicating that no service has been delivered. Quality assurance of these services is currently inadequate.

No community pharmacies currently offer Quit4You.

In general practice and particularly in pharmacies, there have been issues regarding the low numbers attending and resulting difficulty in maintaining competence.

Co-ordination to support and strengthen stop smoking provision within acute, maternity and mental health settings: securing engagement from service providers has been a consistent weakness of the current arrangements.

Activity and quit rates

Between 2012-2016, 1808 clients attended at least one session (average 362 per year). Of these, 1,466 (81.1%) were seen by the Quit4You service and 342 were seen in GP surgeries.

The numbers attending the service have decreased since 2012, which is a similar pattern to UK stop smoking services. Despite an 'opt-out referral scheme' to the stop smoking service, the number of pregnant women attending the service and quitting smoking was very low, highlighting an area where further work is required.

The majority of the clients (63.1%) self-referred to the service, with only a small number of referrals from Noble's (7.4%), GPs (4.5%) and other health professionals (3.2%). This highlights the opportunity for improvement in numbers of health and care professionals referring to the service.

The overall quit rate for the service from 2012-2016 was 53.7%, comparable to the England benchmark, and higher than England in recent years.

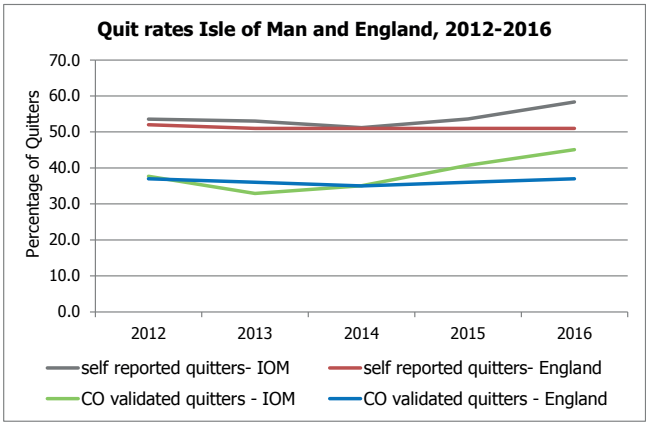


Figure 1: Quit4You Service Data and NHS Digital (6)

Costs

The Public Health Directorate currently funds the Quit4You service including: staff salaries, training, payments to GP surgeries for providing Quit4You, service resources (Carbon Monoxide monitors, leaflets), venue costs, and the design, development and advertising of the service and tobacco campaigns. Funding for medications (including vouchers

for Nicotine Replacement Therapy and medications prescribed in GP surgeries) are provided by Primary Care.

From 2012-2016, the yearly costs for Quit4You ranged from £89,690 to £115,192

In 2016, the cost of the stop smoking service per head of population was £1.57. This is lower than the national average in England of £2.53, indicating that less is spent on stop smoking services in the Isle of Man per head of population compared to England.

The cost per quitter from 2012-2016 in the Isle of Man has ranged from £579 to £896. This is higher than the England average although there are variations across England. Higher costs may be due to: higher banding and salaries in the Isle of Man, offering 'cut-down to quit' interventions and longer-term use of Nicotine Replacement Therapy within the Quit4You service, lower numbers attending, and because campaign and service resources are produced by the Quit4You service, rather than externally as in the UK.

Feedback from clients, professionals and the public

Analysis of 465 returned online surveys indicated:

- 95% of professionals and 76% of general public responders had heard of the Quit4You service.

Feedback from clients indicated:

- 90% would recommend the service
- 84% rated the service as very good or excellent
- 88% said they would go back to the service for help if they started smoking again.

Feedback from professionals indicated:

- 96% would recommend the service
- Only 24% had made a formal referral to the service
- Only 50% thought it was easy to refer.

Preferences for future services included:

- Easy access to local services in community centres
- Range of clinic options to suit different age groups and working patterns
- Some reservations expressed about services in GP surgeries or hospitals
- Pop-up clinics in town centres
- A variety of interventions to suit different individuals
- One-to-one appointments and drop-in clinics
- Telephone and online support
- Group sessions.

Recommendations

Face-to-face group or individual support combined with pharmacotherapy is the best evidenced intervention to support smoking cessation, when provided by trained practitioners who deliver stop smoking interventions as all or most of their role.

Securing provision of an appropriately resourced and managed service to deliver this support is the priority. A full time manager/coordinator or equivalent is recommended (ii).

(ii) The manager/co-ordinator role is responsible for delivery against the service specification (including performance and outcomes metrics) and works with Public Health and partners across DHSC, government and beyond to ensure targeting of priority/poorly served groups and strategic development of the service in response to new evidence.

Support should be offered over a minimum six week period and be available for all smokers to access, with extra effort engaging priority groups.

This service should not be directly delivered by Public Health but does need to retain a clear line of accountability to the Public Health Directorate.

A hospital based stop smoking advisor to provide support to hospital patients, pregnant women and people with long term conditions is also high priority to address the long standing gaps identified above.

This advisor could be employed by the hospital provided there are clear links to the specialist stop smoking service, or be employed by that service.

Stop smoking support should also be in place for in-patients of the mental health service.

Group interventions have a strong evidence base but are difficult to sustain on island due to limited demand at any given time. Consideration should be given to offering a range of interventions including one-to one, drop-ins, proactive telephone support and occasional groups.

There is limited evidence for text message support, online and mobile digital applications

PART 1 - Purpose of evaluation

1.1

To evaluate the local Quit4You Stop Smoking Service both quantitatively and qualitatively in order to determine the service's effectiveness and suitability for the Isle of Man (IOM) population, and whether there are any gaps. To investigate different models of stop smoking service delivery, and identify potential options for the IOM.

1.2. Objectives

- **Objective A:** To provide a brief history of the development of the Quit4You stop smoking service and describe the current service structure;
- **Objective B:** To summarise the costs of providing the Quit4You service including cost per quitter;
- **Objective C:** To summarise standard information about clients attending the Quit4You service from 2012-2016 (five years of data);
- **Objective D:** To analyse quit rates and other outcome measures (including behavioural changes) at one month follow-up (for 2012-2016);
- **Objective E:** To obtain feedback from clients, the general public and stakeholders regarding stop smoking services on the island (through online surveys and focus groups to assess their views of Quit4You, barriers and ideas for future services).
- **Objective F:** To undertake gap analysis of the service using National Institute for Health and Care Excellence (NICE) / National Centre for Smoking Cessation and Training (NCSCT) stop smoking guidance as a baseline;
- **Objective G:** To review the current model and structure of the Quit4You service, investigate different models of service delivery in the UK, and to identify options of various models of stop smoking service provision for the IOM (taking into account the local infrastructure, local context of other service providers, different client mixes and population needs).

1.3 Reasons for the evaluation

The Quit4You service has been running for 11 years and has developed significantly over that time period. There are wide variations in how stop smoking services are delivered, and traditionally, services have tended to evolve to suit local needs. Since Quit4You was launched, there has been no formal evaluation of the service, apart from general monitoring of quit rates, information about clients attending the service, and comparing rates to the UK.

With changes in the structure of the Directorate, there has been more emphasis on the importance of reviewing the projects and services we are providing. It is crucial for Government to be transparent, to look at outcome measures, value for money, and to consider staff, clients' and stakeholders' perceptions of what we provide.

The Director of Public Health has updated Public Health functions to be strategic rather than involve any direct delivery of services, so the Quit4You service is planned to be moved from the Public Health Directorate and provided elsewhere in the future. This review will also investigate other potential options for stop smoking service delivery.

1.4 Methodology

The local service evaluation was conducted by the Public Health Directorate from June 2017 to March 2018. No approval was sought from a Research Ethics Committee nor consent from clients, as this is required only for research and not service evaluations in the United Kingdom (UK)/IOM. Although ideally evaluations should be conducted by someone external to reduce bias, due to costs and recent difficulties with external providers' services, it was agreed by the Director of Public Health that this evaluation would be conducted internally. It was felt that external providers would need a significant amount of time to gain the same level of extensive knowledge of the service as the Tobacco Lead. The Director agreed that the quantitative data and questionnaires could be analysed without bias, however any qualitative data collection such as focus groups, should be completed independently.

Information on the history and structure of the service was provided by the Tobacco Lead.

1.4.1 Methodology for clients attending the Quit4You service and outcomes

The Quit4You service has a minimum dataset which was developed prior to the launch of the service and was based on best practice from both Scotland and England. Client records and General Practitioner (GP) surgery systems collect this minimum dataset as part of the service, which includes information at initial assessment and also one month follow-up.

The Quit4You service delivered by Public Health is currently using paper based records only, and client information has not been entered onto a database for several years. The service is due to commence on an electronic system called Educational Management Information System (EMIS) which is being rolled out to all community services across several years. The GP surgery service already uses EMIS.

A Quit4You client record is commenced when a client attends the service or there is extended telephone contact and the client intends to be part of the service. A record is not commenced for people contacting the service wanting information only.

In order to evaluate the service, all client paper records were sorted into year of first contact. The project scope was to review five calendar years of data from 2012 to 2016 as this was expected to provide a good level of data across the most recent years.

A coding system was developed to ensure that data was captured according to The Russell Standard (1).

The Russell Standard (1) defines a 'treated smoker' as a smoker who undergoes at least one treatment session on or prior to the quit date and sets a firm quit date. Smokers who attend an assessment session but fail to attend thereafter would not be counted. Neither are smokers who have already stopped smoking at the time they first come to the attention of the services. Performance data and quit rates for services should only be calculated on 'treated smokers'.

It is important to note that Stop Smoking Service data is calculated on all episodes of treated smokers. As it is common for some smokers to attend more than once, the figures do not depict total number of smokers, but rather, indicate the total number of quit attempts.

It is recognised that services may also wish to collect information on all clients attending the service for their own service evaluation even if they only attend one appointment and do not meet the above criteria of 'treated smokers'.

A specialist stop smoking advisor with knowledge of the client records coded all records according to The Russell Standard (1). All records with date of first contact between 2012 and 2016 were entered by an administrative officer onto an anonymous SharePoint Database (i.e. 'treated smokers' who set quit date and made quit attempt, or 'other' categories including seen once only and never returned, or quit before attending etc.). The GP service data was also entered onto this database.

In order to provide service delivery information, some analysis was conducted on all clients who attended the service over the five years even if they only attended once (n=1,808). However, quit rate and outcome data was limited to those defined as 'treated smokers' (n=1,333).

1.4.2 Methodology for service costs

Data from Axapta Finance records for the 'Director of Public Health (DPH) - Heath Improvement Smoking Cessation' budget were extracted for five financial years: April 2012 to March 2017. Budget categories were combined to simplify information about staff and other costs. Public Health England (PHE) Profile Indicator ID 91546 (2) definition was used to calculate 'Cost per Quitter'.

1.4.3 Methodology for clients', public and professionals' views about local stop smoking services

The project planned to collect information via online surveys and focus groups.

Online surveys were designed to assess current views of the service as well as broader information about the development of future stop smoking services. Three different versions of the survey were produced: for clients, professionals (including organisations that had never referred to the service), and the general public.

The survey was extensively promoted via a press release, social media and also via business cards (3000 copies) offering responders an opportunity to win a £50 Shoprite voucher. Although the survey was online only, people could phone or email if they had difficulties completing the survey online (n=5 were completed over the phone).

Due to the low numbers of people interested in attending a focus group, and the amount of qualitative information obtained from the surveys, it was agreed not to run focus groups.

Full methodology of the questionnaire design, testing and sampling can be found in **Appendix A.**

Part 2 - Findings

2.1 Objective A - Brief history of development of the Quit4You Stop Smoking Service

The Quit4You Stop Smoking Service was developed as one of the key objectives from the local Tobacco Strategy 2005[i]. At that time, there was no national stop smoking service on the Island and stop smoking support was provided via GP surgeries only. There were wide variations in the level of support provided across surgeries, and many didn't meet the recommendations for stop smoking services regarding training for staff, sessions offered, providing behavioural support and follow-ups.

Prior to developing the service, literature reviews were conducted, several services in the UK were investigated, and the Tobacco Lead visited two services in Shropshire and Stoke on Trent to learn more about their structure, development and experiences.

The Quit4You and Quit4Two Stop Smoking Service was developed and launched by the Public Health Directorate in February 2007. It was designed to meet current best practice guidelines for stop smoking services, and provide easy accessibility for stop smoking support around the Island, including vouchers for Nicotine Replacement Therapy and behavioural support.

In 2006 and 2007, approximately 190 professionals across the island were trained on a two day course to meet the Health Development Agency (HDA) standards[ii] for stop smoking advisors training at that time. These included: Practice Nurses, Pharmacists, Health Visitors, School Nurses, Youth Workers, staff from prison, mental health, hospital staff, drug and alcohol teams, staff welfare and dental services.

The aim was for staff to deliver stop smoking interventions to their clients in various areas. However, it was soon realized that staff without dedicated time to deliver stop smoking work in their roles (e.g. those not directly employed as stop smoking advisors or contracted to provide this), had difficulty seeing clients for stop smoking support within their other commitments. They tended to offer brief interventions and refer to the Quit4You Team for full behavioural support.

Service Level Agreements were set up by Public Health with Pharmacies and GP surgeries, and at the time of the Quit4You launch, ten Pharmacies and seven GP surgeries offered the Quit4You service (funded by Public Health).

In 2007, the service launched its first drop-in clinics in Peel and Douglas and the Quit4Two pregnancy service, and in 2008, a young people's service was launched with School Nurses and Young Workers. Over the years, the Quit4You service has been reviewed and

[i] *DHSC, Tobacco Strategy, 2005 no longer available to access online. Copies available on request.*

[ii] *Health Development Agency (HDA) Standard for training in smoking cessation treatments 2003 - no longer available to access online.*

redeveloped to meet changing demands and new guidance. From 2007 to June 2015, the Quit4You team was comprised solely of Bank staff, which caused significant difficulties managing and maintaining a consistent service. In October 2014 a business case was approved for 1.5 FTE permanent staff, and eventually in July 2015, 2 x 0.75 FTE staff were employed. One of these staff members gained a senior position within the Directorate in 2016 and 1 x 0.75 FTE remained unfilled despite several recruitment attempts. To assist with service gaps, two new Bank staff were recruited and a 0.4 FTE one year post was appointed in July 2017.

2.1.1 Current service structure

The Quit4You service is currently funded, managed and co-ordinated by the Public Health Directorate. The service offers a combination of specialist behavioural support and stop smoking medications which has been shown to increase the chances of successfully quitting by around four times.

Currently the Quit4You service offers one-to-one appointments and drop-in clinics around the Island; a total of five sessions in Douglas, Peel, Ramsey and Port Erin every week. Appointments are also offered at Cronk Coar for those who find it difficult to access clinic times, and very occasionally home visits are provided to those who are not mobile, followed up by telephone support. Workplace group 'taster' sessions and support within the workplace for health events are provided when requested. There have only been a few stop smoking groups run over the years, where there has been large enough numbers in a workplace or community.

The majority of the service is one-to-one and drop-in, with some telephone and text support. There is no dedicated quit line. The office is not manned 9-5pm and there is no administrative support dedicated to this service, so calls often go to voicemail and advisors respond when they are back in the office.

The Quit4You service also offers 'Quit4Two' which provides specialist support to pregnant women, their partners and families who want to quit smoking. Quit4You contacts all pregnant women who smoke, live with someone who smokes, or have a CO reading higher than seven, via an opt-out referral process. Support is also provided to patients at Nobles Hospital and mental health inpatients when referrals are received, however there is no dedicated hospital stop smoking advisor.

Six GP surgeries currently offer Quit4You, however, only three of these GP surgeries have submitted any information in the past year, suggesting they are

not actively offering Quit4You services. All Pharmacies originally involved in offering Quit4You have since withdrawn from the scheme.

Feedback suggests this was due to time pressures (the amount of time spent with clients taking them away from dispensing) and having to book second cover with a locum pharmacist to free their time, which resulted in extra expenses if the client did not attend.

With changes in School Nursing staff, there are now few services offered specifically for young people (only one school nurse still sees some clients). Occasionally Quit4You Advisors visit the University College IOM (UCIOM) or a secondary school following a referral.

Table 1: Summary of current Quit4You service structure

Service model	Combination Public Health and GP surgery delivered
Public Health Quit4You staffing	**1 x 1.0 Full time equivalent (FTE) Tobacco Lead** HEO Civil Service [Established] *(65% of post related to Quit4You service/managing/campaigns etc*)* **1 x 0.75 FTE Specialist Stop Smoking Advisor** Band 6 MPTC [Established] *(98% of post related to service/campaigns*)* **1 x 0.4 FTE Specialist Stop Smoking Advisor** Band 6 MPTC [1 year contract] (*now ended)* **3 x Bank Specialist Stop Smoking Advisors (approx 0.7 FTE total)** Band 6 MPTC [Bank Staff] **Zero** administrative staff to support the Quit4You service.
Total Public Health Quit4You staffing	**Specialist Stop Smoking Advisors:** **1.85 FTE** hours on average in 2017 [0.75 FTE, 0.4 FTE and approx. 0.7 Bank hours]. *NB: Previous years: 2 x 0.75 FTE and 1 x 0.5 Bank staff = 2.0 FTE* **Tobacco Lead post:** **1 x 0.65 FTE** **TOTAL: 2.5 FTE approx.**
Other providers	GP Practices n=6 (only three have provided data in the last year) Pharmacies and other providers n=0
One to one / Drop-in	99%
Groups & telephone only support	1% (19 of 1,808)
Summary of service structure	• Five weekly community clinics (1 to 1 drop-in and appointments): Douglas (lunch and evening), Peel, Ramsey, Port Erin • Quit4Two pregnant women, partner and family appointments (and opt out referral scheme) • Appointments at Cronk Coar • Telephone support • Workplace sessions • Home visits (only occasional for first appointment if cannot travel) • Nobles Hospital inpatients and Mental health clients • UCIOM, secondary schools, nursing homes, care unit and other • Campaigns/Health events (e.g. Stoptober, workplaces/UCIOM).

* *See Appendix B*

2.2 Objective B - Costs of providing the Quit4You service

The Quit4You service including staff, training and resources is currently funded by the Public Health Directorate. Funding for medications (including vouchers for Nicotine Replacement Therapy [NRT] and medications prescribed in GP surgeries) is managed and provided by Primary Care.

Public Health funding covers a Tobacco Lead in Public Health who manages the service (and also has a wider tobacco control role), Specialist Stop Smoking Advisor salaries, payments to GP surgeries for providing Quit4You, Carbon Monoxide (CO) monitors and consumables, development, printing and purchase of stop smoking resources, advertising and tobacco control campaign work.

A summary of the costs of providing Quit4You for 2012 to 2017 are outlined in **Table 2**. As can be seen, the majority of the costs are staff costs. Fluctuations in these costs depict changing staff levels, and also changes in the Public Health Leadership which created uncertainty about the future of the service within the Directorate. There was a time period where the service was 'maintained' with no development and little advertising.

The majority of the Quit4You clinics are provided in 'free' premises (e.g. Peel Medical Centre, Ramsey Cottage Hospital, Southern Group Practice), however the Douglas clinic at the Promenade Methodist church charges a total of £36 for room hire for two clinics each week. This cost has remained the same since 2012, however the time period of the payments differ each year.

Public Health invested in the NCSCT online smoking cessation (3) packages as these are the only nationally accredited training packages available and reduce the costs of Consultants visiting the Island to deliver training. The cost of this package changed significantly over the five years, varying from around £1,000 to £5,000. The time period of these payments varied each year.

In 2015-2016, Public Health undertook a large campaign to promote and support the new smokefree cars legislation which came into place 30 March 2016 (4). This was linked to the No Smoking Day campaign 2016 and advertising the Quit4You service, as there had been little or no advertising for several years. Public Health also developed a new Quit4You logo and Quit planner, hence the advertising and resource costs are significantly higher that year.

In 2016, the advertising and resources budget was moved to a new central budget within 'Social Marketing', which is now used to deliver marketing across all of the directorate workstreams. Tobacco resources are distributed to various areas to support work by other health professionals and also promote Quit4You.

The CO monitors and consumables are used by the Public Health Quit4You team and are also provided by Public Health to GP surgeries, Maternity Unit, Prison, Mental Health and one school nurse to support their stop smoking work.

Payments to GP surgeries for providing Quit4You under the Public Health Service Level Agreements are listed as 'GP Surgery Enhanced Service'.

Webstar relates to the Pharmacy system which is used to process prescriptions and the Quit4You voucher scheme. Public Health funded the costs for the voucher scheme for a time period, however this ceased in 2014 and is now funded by Primary Care.

Table 2: Quit4You expenditure from 2012 to 2017

Item	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Quit4You team salaries *(incl. Superannuation / Annual Leave)*	£66,183.56	£67,439.25	£42,529.26	£55,491.24	£67,616.36
Tobacco Lead salary 0.65 FTE HEO	£27,203.80	£27,339.65	£27,886.30	£28,444.00	£29,069.95
Mileage allowances	£34,36.81	£2,744.54	£2,377.12	£2,109.90	£2,237.90
Hire charges Promenade Church	£2,170.00	£612.00	£2,916.00	£1,776.00	£1,836.00
CPD costs *(NCSCT online training package and conferences)*	£1,292.07	£3,005.00	£10,080.75	£2,000.00	-
Other CPD & travel costs *(hotel/transport/parking)*	£336.96	£754.82	£756.96	£95.01	£738.52
CO monitors and consumables	£511.00	£924.75	£224.00	£705.52	£1,114.00
Advertising *(radio, phone book)*	£1,581.00	£63.00	-	£4,133.00*	- **
Resources for clients and tobacco campaigns *(leaflets, client records, NRT vouchers, design and printing)*	£2,019.54	£1,675.51	£439.91	£6,062.44*	- **
Other *(Stationery / books / phone / recruitment costs etc)*	£494.35	£313.61	-£0.10	£125.04	£128.02
GP Surgery Enhanced Service	£4,120.00	£4,640.00	£2480.00	£2,400.00	£2,560.00
Webstar	-	£5,680.00	-	-	-
Total	£109,349.09	£115,192.13	£89,690.20	£93,146.71	£105,300.75

* *2015-16 included a large smokefree cars campaign to accompany the new legislation.*

** *Advertising and resources moved to Public Health Directorate - Social Marketing Budget.*

2.2.1 Cost per quitter

Costs per quitter were calculated using the Public Health Profile indicator 91546 (2) 'Cost per Quitter' definition. This includes all costs of running stop smoking services (salaries, resources, marketing and campaigns designed to increase attendance at local services such as Stoptober, training etc). It does not include pharmacotherapies or wider tobacco control measures.

Table 3: Isle of Man costs per quitter 2012 - 2016

Item	2012	2013	2014	2015	2016
Set quit date	353	328	254	194	204
Successful quitters*	189	174	130	104	119
Total tobacco costs (financial year)	£109,349.09	£115,192.13	£89,690.20	£93,146.71	£105,300.75
Cost per quitter	£579.00	£662.00	£690.00	£896.00	£885.00

* *Definition: At four week follow-up client says they have not smoked at all since two weeks after the quit date.*

The graph below compares the costs per quitter in the IOM to all of England and the North West.

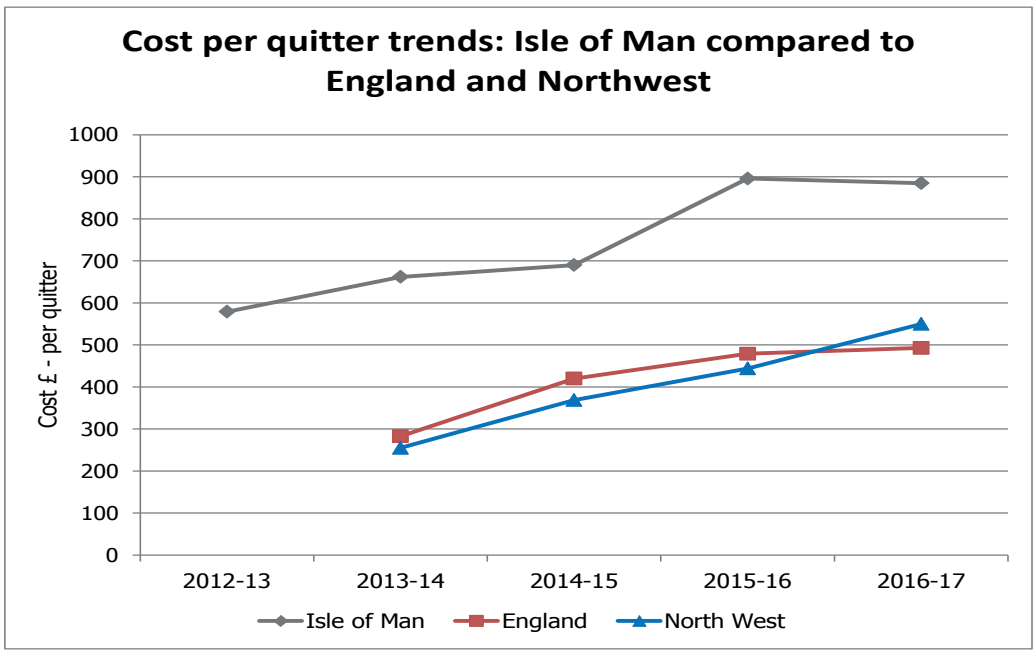


Figure 2: Public Health Profile indicator 91546 'Cost per Quitter' definition

2.2.2 Why are Isle of Man costs per quitter higher?

- IOM salaries are higher than UK in general, and IOM Specialist Stop Smoking Advisors may have a higher pay banding than some UK services.
- In the UK, campaigns such as Stoptober are designed nationally, and local services are supplied with free standardised NHS UK resources to use for their service. In the IOM, both campaigns and service resources have been produced locally as part of the local service. This adds significant staff time and resource costs for design, printing etc.
- Quit4You offers 'cut-down-to-quit' interventions and longer-term use of NRT within the service, which are not provided by stop smoking services in England and are referred to GP's instead. This means more time is spent by the stop smoking service with clients who are often complex and require extra support.
- It may also be due to lower numbers attending the service.

2.2.3 Stop smoking services cost per head of population

The PHE Spend and Outcomes Tool (SPOT) [5] calculates the cost of stop smoking services and interventions for the population.

For the IOM, in 2016, this measure was **£1.57 per head of population**. This is lower than the national average in England of £2.53, indicating that less is spent on stop smoking services in the IOM per population compared to England.

This figure was based on the total stop smoking service costs in 2016 (£105,300.8) divided by the total 18+ population from the Census Data IOM 2016 (67,100). There is some uncertainty regarding the definition for this indicator, and this calculation was based on the assumption that the denominator is the total 18+ population.

2.3. Objective C - Clients attending the Quit4You service 2012-2016

Information on clients who attended at least once: Service Delivery Data

In order to look at service delivery information, the first analysis presented was conducted on all clients who attended the service between 2012-2016 (five years), even if they only attended once (n=1808). This includes only those clients who had a client record created. These figures exclude those who contacted the service for advice only (email/phone etc), dropped into clinics but didn't want to start a client record, or attended a 'taster session' at a workplace for information but didn't want to 'sign up to the service'.

In total, 1,808 clients attended the service for at least one session between 2012-2016. These figures include 13.0% who had more than one quit attempt (and 87.0% who only had one quit attempt).

Clients were analysed by the type of programme they were on **(Table 4).** The majority were on the Quit4You clinic programme (67.8%), GP Surgery Enhanced Service programme (18.9%), or the Quit4Two pregnancy programme (5.8%). There were no Pharmacy clients.

Table 4: Type of Programme

Details	Number	Percentage
Quit4You CLINIC (Peel, Douglas, Ramsey and Port Erin)	1,225	67.8%
GP Surgery Enhanced Service	342	18.9%
Quit4Two (Pregnancy)	104	5.8%
Quit4You APPOINTMENT Cronk Coar	67	3.7%
Noble's Hospital	12	0.7%
Other	12	0.7%
IOM College	11	0.6%
Telephone only	9	0.5%
Workplace (group or one-to-one)	8	0.4%
Home Visit	7	0.4%
Missing	7	0.4%
School/Youth Club	3	0.2%
Geddyn Reesht	1	0.1%
Total	1,808	100.0%

Further details about the location of the sessions are shown in **Table 5.** Most clients were seen in Douglas clinic, followed by Ramsey, Peel and Port Erin.

Table 5: Clinic and appointment locations*

Details	Number	Percentage
Douglas Quit4You clinic	524	29.0%
Ramsey Quit4You clinic	254	14.0%
Peel Quit4You clinic	211	11.7%
Port Erin Quit4You clinic	171	9.5%
Finch Hill Health Centre	170	9.4%
Quit4You clinic (unspecified)	104	5.8%
Public Health Cronk Coar	97	5.4%
Hailwood Medical Centre	64	3.5%
Village Walk/Laxey Health Centre	43	2.4%
Ballasalla Medical Centre	40	2.2%
Palatine Health Centre	23	1.3%
IOM College	13	0.7%
Telephone only	12	0.7%
Home Visit	7	0.4%
Noble's Hospital (patients)	7	0.4%
Noble's Hospital (staff)	5	0.3%
School/youth club	2	0.1%
Snaefell GP Surgery	2	0.1%
Missing	34	1.8%
Other	25	1.4%
Total	1,808	100.0%

* *The above figures are slightly different to **Table 4** due to some missing data for this question.*

Also, Quit4Two pregnancy clients may have been seen at clinics, Cronk Coar, other or telephone only, so these figures differ slightly from the 'Type of Programme' figures presented above.

Quit4You service statistics were reviewed by year to determine rates of attendance. It can be seen that numbers attending have decreased since 2012, which is a very similar picture to UK stop smoking services (6).

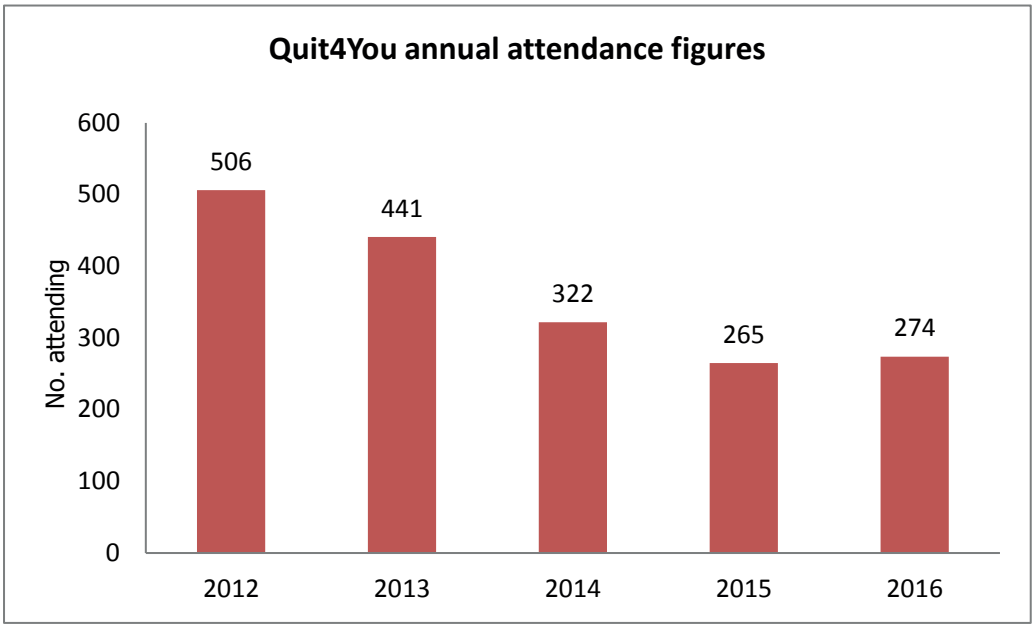


Figure 3: Quit4You Service Data 2012-2016

Clients were asked how they found out about the service **(Table 6)**. Where information was provided, the majority had heard about the service from friends or relatives, Practice Nurses or GP's. Several had previously attended the service. Noble's Hospital was also mentioned in 6.0% of cases and this was followed by radio and other advertisements, midwives, other health professionals and posters or leaflets.

Table 6: How did clients find out about the Quit4You service?

Communication Method	Number	Percentage
Friend/Relative	251	13.9%
Practice Nurse	225	12.4%
GP	207	11.4%
Previously attended	121	6.7%
Noble's Hospital	109	6.0%
Radio/Other advertisement	71	3.9%
Midwife	66	3.7%
Other health professional	52	2.9%
Poster or leaflet	44	2.4%
Other	43	2.4%
Work	33	1.8%
Internet	24	1.3%
Pharmacy	21	1.2%
School/IOM College	14	0.8%
Stoptober campaign	12	0.7%
Dentist	11	0.6%
Youth & Community	2	0.1%
Internet and posters	1	0.1%
Unknown/Missing	501	27.7%
Total	1,808	100.0%

The majority of the clients (63.1%) self-referred to the service **(Table 7)**. There were also some referrals from Noble's (7.4%), GPs (4.5%) and other health professionals (3.2%). The referrals from GPs include 'in house' referrals from GPs to Practice Nurses offering Quit4You. These figures do not include all referrals received from Noble's and other health professionals as clients contacted also chose not to attend the service. However, these figures still show scope for more improvement in numbers of health professionals referring to the service.

Table 7: Type of referral

How was client referred?	Number	Percentage
Self	1,140	63.1%
Unknown/missing	328	18.1%
Noble's Hospital	133	7.4%
GP*	81	4.5%
Other	59	3.3%
Other health professional	58	3.2%
Opportunistic	9	0.5%
Total	1,808	100.0%

** Includes in-house referrals from GPs to Practice Nurses offering Quit4You.*

There were slightly higher numbers of females (51.3%) than males (48.2%) attending the service. The majority (70.9%) of the clients were aged between 25 and 64 years.

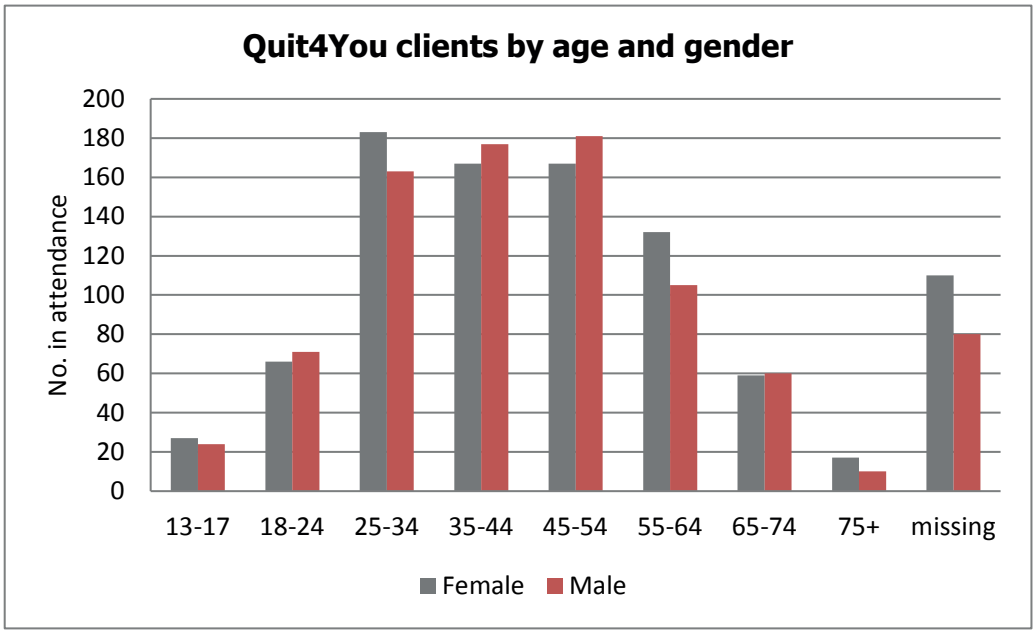


Figure 4: Quit4You Service Data 2012-2016

Nearly 60% of the clients were in paid employment or self-employed, and 10.2% were retired. A total of 6.0% were unemployed **(Table 8).** The IOM unemployment rate is generally around 1.0%, so the service has been successful at attracting those who were unemployed. However rates of smoking are also generally higher in those who are unemployed, so it is not known if the numbers attending are proportionate to those who smoke in the groups below.

Table 8: Employment status

Details	Number	Percentage
In paid employment	1,070	59.2%
Retired	185	10.2%
Sick/Disabled & Unable to work	128	7.1%
Unemployed	108	6.0%
Homemaker/full-time parent or carer	87	4.8%
Full-time student	54	3.0%
Other	23	1.3%
Self employed	8	0.4%
Secure Unit	2	0.1%
Not known/missing	143	7.9%
Total	1,808	100.0%

In total, 10.2% of clients were currently on medication for mental health problems and 3.1% were currently seeing a mental health professional. Again, this demonstrates that the service is attracting some clients with mental health problems, however, it is difficult to know if this is proportionate to the number of clients with mental health problems who smoke.

Clients were asked if they had made a serious attempt to stop smoking before coming to the service. The majority (77.6%) had tried to quit smoking before attending the service.

Clients were asked in their first session about their previous use of stop smoking medications. The majority (66.8%) had used Nicotine Replacement Therapy in the past, some (18.1%) had used Champix (Varenicline) and very few (8.1%) had used Zyban (Buproprion).

The majority of the clients smoked manufactured cigarettes, followed by hand rolled cigarettes (roll-ups). There were very small numbers who smoked cigars or pipes **(Table 9)**.

Table 9: Type of Tobacco

Details	Number	Percentage
Cigarettes	1,122	62.1%
Roll-ups	466	25.8%
Cigarettes and roll-ups	148	8.2%
Cigars	5	0.3%
Cigars and Pipe	3	0.2%
Cigarettes and cigars	2	0.1%
Pipes	2	0.1%
E-cigarette only	1	0.1%
Other*	5	0.3%
Missing	54	3.0%
Total	1,808	100.0%

** Includes roll-ups, cigars and pipe combinations.*

Over the five years, a total of 14.3% of clients also currently used electronic cigarettes. Routine recording of electronic cigarette use was only added in November 2013 making it difficult to analyse trends just yet. However in 2015 and 2016, almost one-third of clients were currently using electronic cigarettes (and smoking) when they first attended the service.

A significant proportion of clients also lived with someone else who smoked (35.1%), representing opportunities for spreading messages about healthy behaviours, however also potentially making it more difficult for clients to quit.

Nearly half of the clients smoked outside only (46.0%), and over a third smoked either in certain areas of the house (22.5%) or anywhere inside (16.1%) **[Table 10]**.

Table 10: Where do clients smoke when at home?

Details	Number	Percentage
Outside only (house smokefree)	832	46.0%
Restricted to certain areas in the house	407	22.5%
Anywhere inside	291	16.1%
Other	22	1.2%
Unknown/Missing	256	14.2%
Total	1,808	100.0%

2.4. Objective D - Quit rates and outcome measures for the Quit4You service 2012-2016

Information about 'treated smokers': performance and quit rate data

The analysis outlined above included all those attending the service 'at least once' in order to see who is coming to the service. The following analysis shows the breakdown used for the performance and quit rate data. In strictest terms according to The Russell Standard (1), 'treated smokers' are those undergo at least one treatment session prior to the quit date and set a firm quit date. If they had already quit when they first attended the service or attended an assessment session but failed to attend thereafter, they should be excluded.

The Quit4You service had many clients who attended several sessions and either commenced 'cut down to quit' programmes, and/or their records did not show a firm quit date (n=203+64). In the UK, it appears that these clients would not be included in their quit rate data, as services don't usually see clients for 'cut down to quit' - they are invited to the stop smoking service when they are ready to start their full quit attempt.

A decision was made locally to include them, as it was difficult to determine the exact pathway of quitting from some complex records, where clients had attended many appointments. However, **it is likely that including clients who may not have set firm quit dates, will result in lower quit rates than the UK services.**

Of the total 1,808 entries, the performance and quit data is based on 1,333 quit attempts from the top three categories in **Table 11**, which are being considered as 'treated smokers'.

Table 11: Quit plans - Quit4You service

Details	Number	Percentage
Attended and set quit date	1,066	59.0%
Cut down to quit and no firm quit date set*	203	11.2%
No firm quit date set*	64	3.5%
Seen once only and did not attend again	389	21.5%
Seen once only and wanted champix (did not return)	27	1.5%
Already quit when first attended	59	3.3%
Total	1,808	100.0%

** Quit date not found on client record*

It can be seen from the previous **Table 11** that there was quite a high percentage of clients who attended once and did not attend again (21.5%). This is typical for stop smoking services, and also for people considering changing a difficult behaviour.

There are also some missed opportunities with Quit4You clinics not being able to offer Champix. Clients wishing to use Champix have to return to their GP for prescriptions, and then miss receiving behavioural support from the service.

The following quit rate and outcome data is limited to those defined as 'treated smokers' (n=1333).

2.4.1 Number of quit attempts

It can be seen that the number of people setting a quit date has fallen from 2012 to 2015, however there was a slight increase in 2016. In comparison, the number of people setting a quit date in UK stop smoking services has fallen for five consecutive years since 2011-12, and also fell a further 15% in 2016-2017 (6).

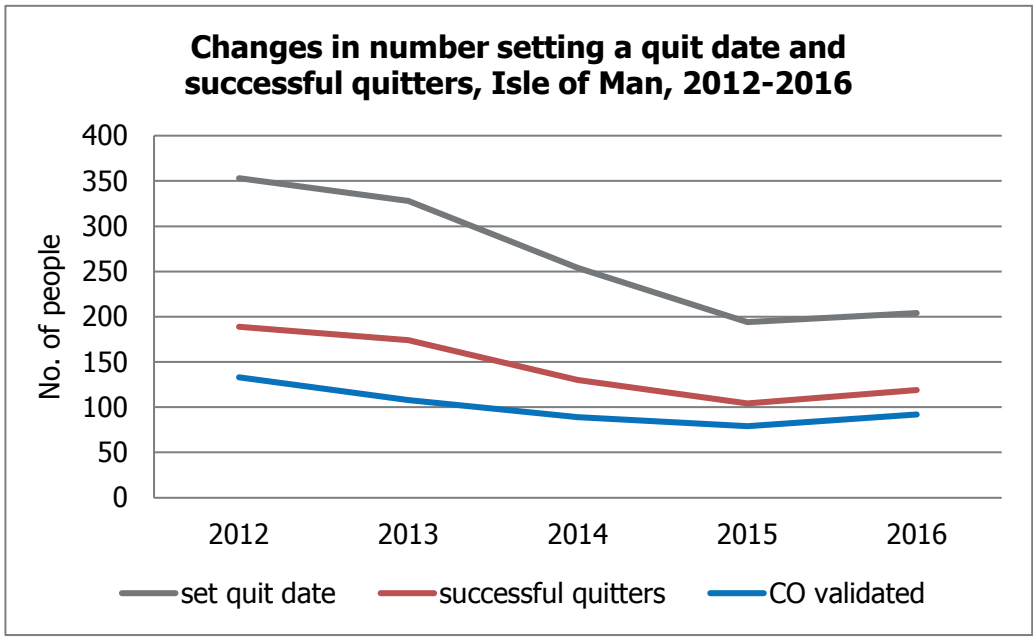


Figure 5: Quit4You Service Data 2012-2016

2.4.2 Quit rates

Although the number of people attending the service and therefore the overall number of successful quitters has dropped, Quit4You has actually seen a slight increase in the percentage of successful quitters over the last few years. In the UK, the number of successful quitters has fallen for five consecutive years.

In 2015 and 2016, the IOM quit rates were higher than UK Stop Smoking Services (6).

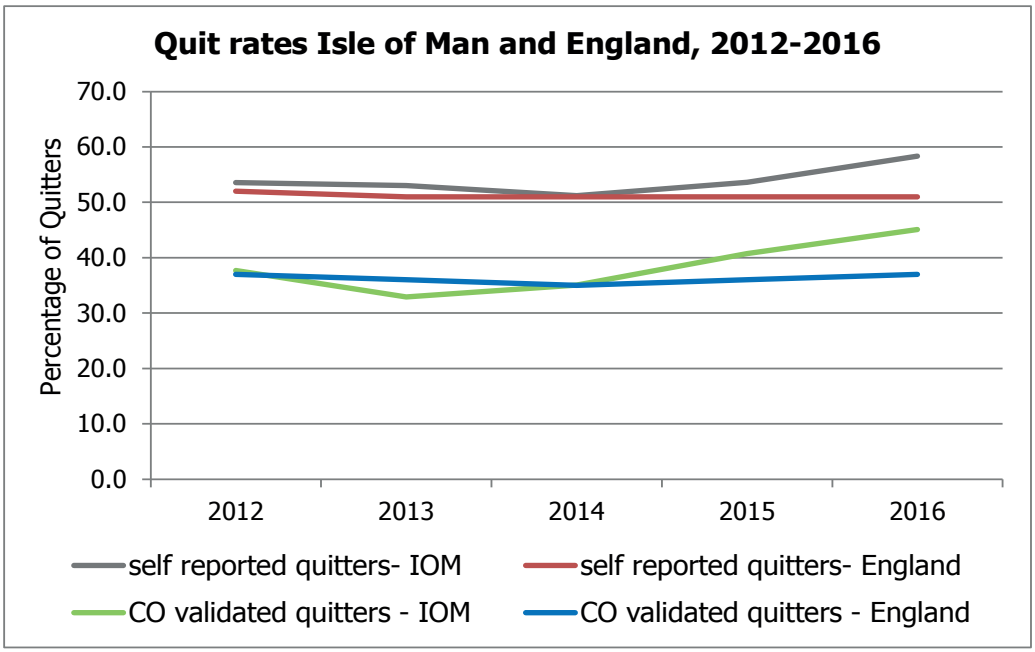


Figure 1: Quit4You Service Data 2012-2016 and NHS Digital (6)

2.4.3 Gender

A higher number of females set a quit date (700) than males (626). However quit rates for males were higher than females (55.6% and 51.9% respectively).

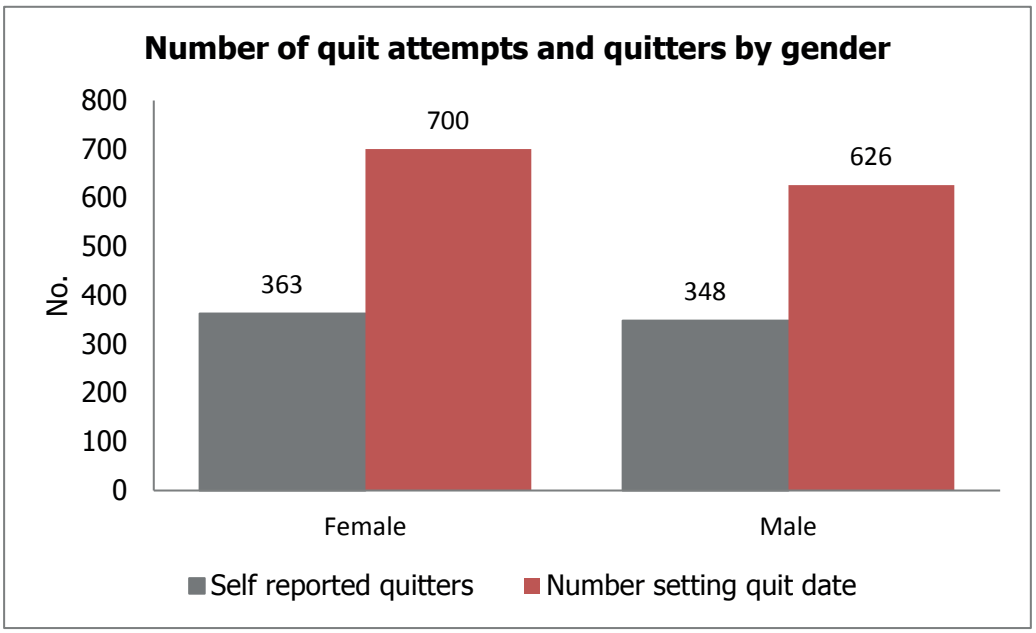


Figure 6: Quit4You Service Data 2012-2016

2.4.4 Age

The majority of quit attempts (59.3%) came from those aged 25 to 54 years.

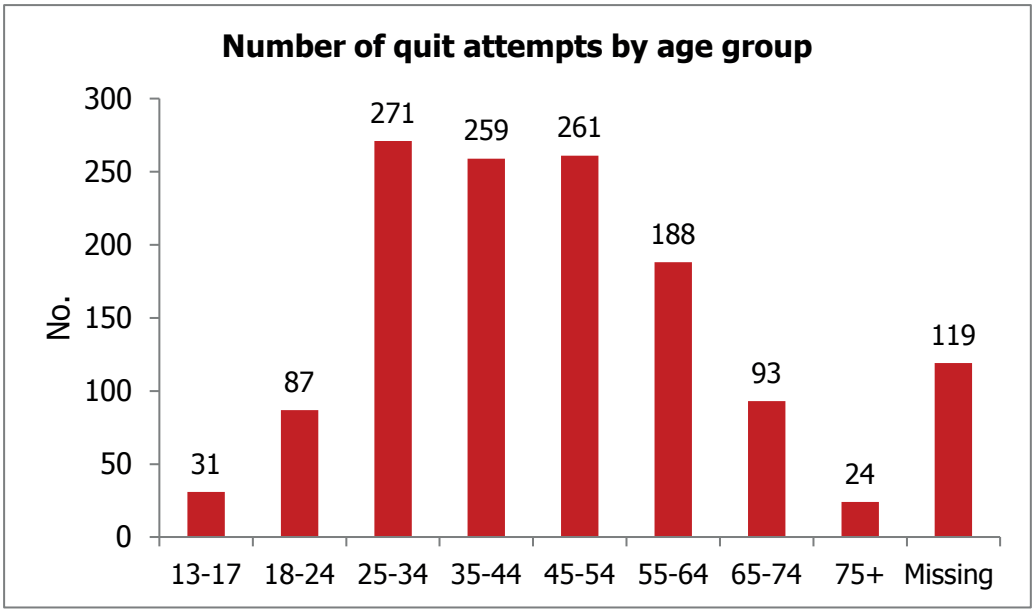


Figure 7: Quit4You Service Data 2012-2016

Quit rates were highest in those aged 35 to 54 years.

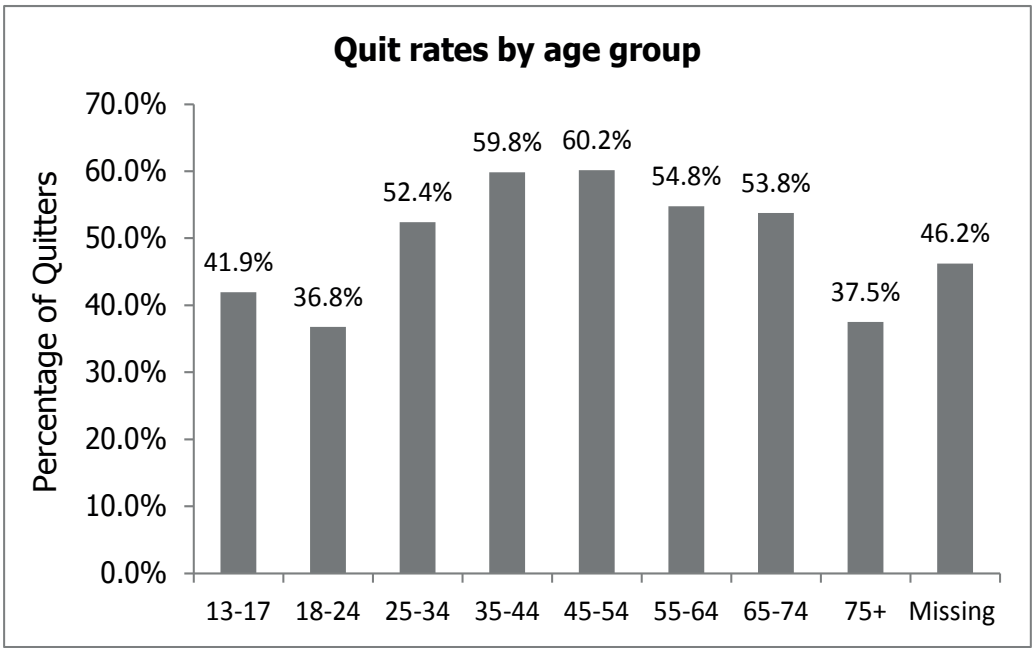


Figure 8: Quit4You Service Data 2012-2016

2.4.5 Employment status

The largest number of quit attempts came from those in who were in paid employment, followed by those who are retired.

Figure 9: Quit4You Service Data 2012-2016

The highest quit rates were amongst those in paid employment and those who were retired. Quit rates were lowest amongst full time students and homemakers/full time parents or carers. The analysis excluded 'self employed' and 'secure unit' as numbers were so low.

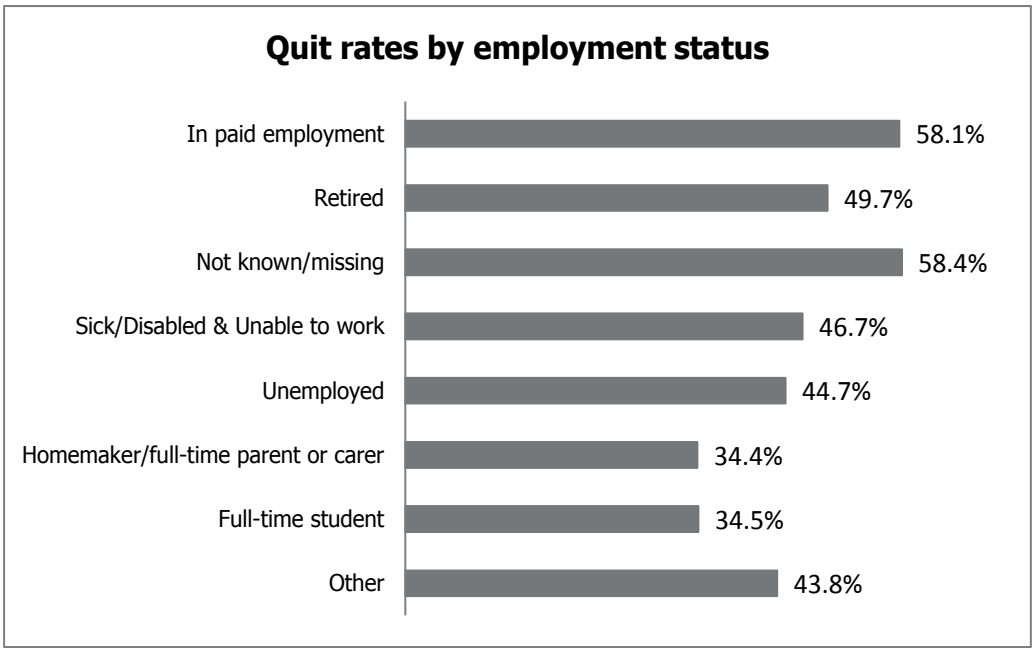


Figure 10: Quit4You Service Data 2012-2016

2.4.6 Pharmacotherapy

Combination NRT and single NRT only were the most commonly used pharmacotherapy methods. This was followed by Champix. These numbers also reflect the numbers attending community clinics (where only NRT is available) compared to GP surgeries (where Champix is available). Where clients used combination NRT, 85.5% used a patch plus another form of short-acting NRT.

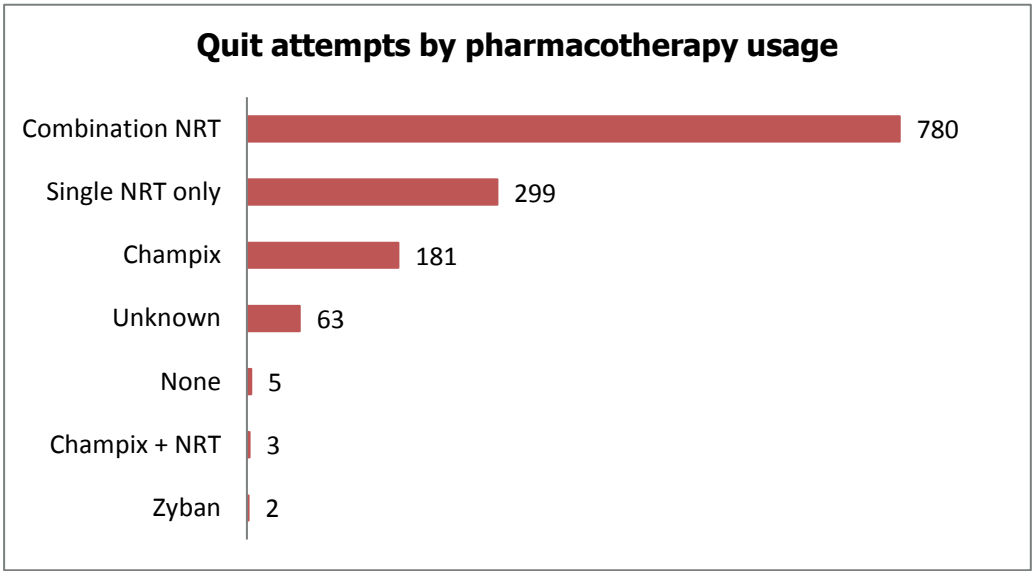
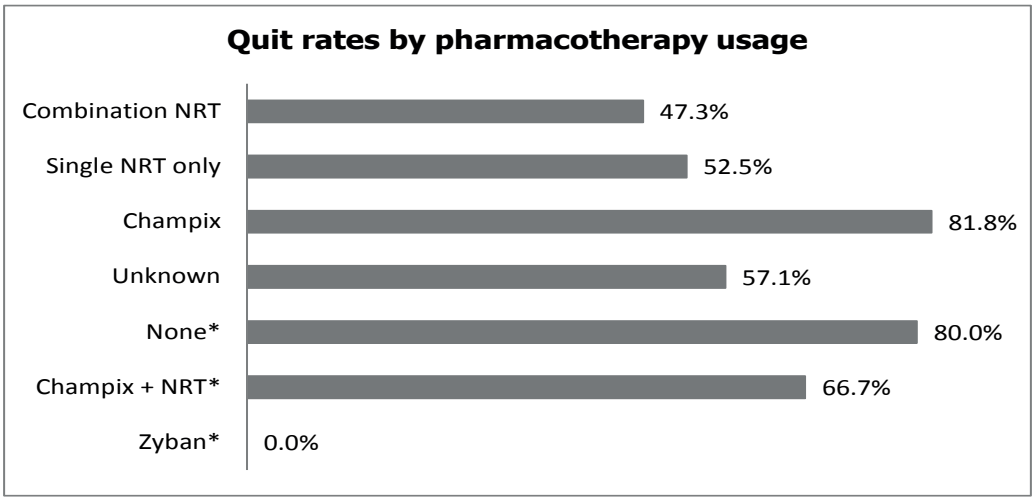


Figure 11: Quit4You Service Data 2012-2016

Quit rates were highest for those who used Champix, followed by Single NRT and then combination NRT. The other figures presented have too few numbers to be accurate (five or less in each category). It is likely that these figures are slightly skewed by GP surgery figures which included only those who set firm quit dates and were 'included on the Quit4You programme', whereas community services use more NRT, and also included those who cut down to quit and didn't set a firm quit date.



** Figures are very low (five or less) so not accurate*

Figure 12: Quit4You Service Data 2012-2016

The overall quit rate for the service from 2012-2016 was 53.7%. Quit rates were higher for those who attended the GP Surgery Enhanced Service (73.4%) and lower for those who attended the general Quit4You service (46.9%). However when the analysis excluded those who were on 'cut down to quit' (n=203) or 'no firm quit date' (n=64), the community figures increased to 63.3%. (NB: Rest of analysis does include these clients).

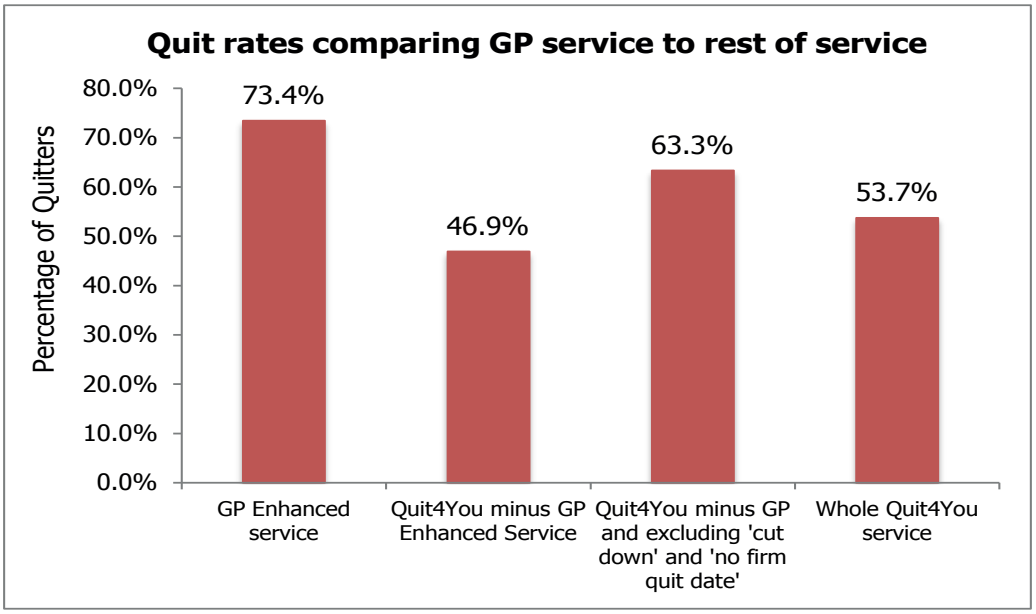


Figure 13: Quit4You Service Data 2012-2016

The differences in these quit rates may reflect the type of clients attending each service and also the availability of Champix. It is important to note that the GP Surgery Enhanced Service data submitted to Public Health only includes those who attended and set a quit date. The specialist community Quit4You service is often referred more complex clients who have tried many times to quit previously or who have been told they must quit smoking. These figures therefore include those referred for health reasons or due to pregnancy who did not really wish to quit, as well as people with mental health problems and/or multiple chronic health conditions who require extra support to succeed. The community service is therefore required to offer greater flexibility regarding quit programmes like 'cut down to quit' in order to increase confidence and encourage clients to attend.

2.4.7 Other changes made since attending the service

Clients were also asked at their one month follow-up if they'd made any other changes since attending the Quit4You service. In total, one third of clients (449 of 1,333) had made one or more positive changes since attending the service. This included: making more areas of their home smokefree (17.7%), changing their eating habits (16.9%) or physical activity levels (14.0%). There was also a significant benefit of other people in the client's social network also quitting smoking (11.0%).

Table 12: Other changes since attending Quit4You service

Details	Number	Percentage*
More areas of home now smokefree	236	17.7%
Made changes to eating habits	225	16.9%
Made changes to physical activity	186	14.0%
Partner/family/friend now quitting smoking	147	11.0%
Other	32	2.4%

* *Percentages are based on total quit attempts n=1333.*

2.4.8 Pregnant women

Despite the opt-out referral scheme for all pregnant women, it can be seen that the number of pregnant women attending the service is very low and figures have decreased over the years.

In total, of 84 women who attended more than once over the five years, only 17 quit smoking. UK services have also found that women who are still smoking when pregnant, often have complex issues, and there are significant difficulties trying to engage women to attend and make a quit attempt.

Table 13: Pregnant women attending service

Item	2012	2013	2014	2015	2016	Total
Number of pregnant women who attended once only and didn't attend again	8	3	4	1	3	19
Number of pregnant women who attended service and 'cut down to quit but didn't set quit date'	9	12	6	7	5	39
Number of pregnant women who attended service and didn't set firm quit date	2	3	4	1	1	11
Number of pregnant women who attended service and set a quit date	10	11	7	4	2	34
Number of pregnant women who set quit date with Quit4You service and were quit at one month	7	5	2	3	0	17
Total Number of pregnant women who attended service at least once	29	29	21	13	11	103

2.5 Objective E - Feedback from clients, the general public and professionals- online surveys

In total, 465 survey responses were received. Of those who answered the smoking status question for the public survey (96 skipped question), 78% were smokers or ex-smokers indicating that the majority were from the target group.

Table 14: Survey response totals

Details	General Public	Professionals	Clients
Total survey responses	274	124	67
Response rate	not known	not known	36% (67/187)

2.5.1 Knowledge about the Quit4You service

- 95% of professionals and 76% of the general public had heard of the Quit4You stop smoking service (before receiving the survey)
- 90% of professionals compared to only 54% of the public were aware the service is a free service*
- The general public were much less aware of each of the services offered by Quit4You than professionals. Only 38% of the public were aware that Quit4You offers 'free drop-in clinics and one-to-one appointments', whereas 80% of professionals were aware of this *
- Awareness that Quit4You offers 'group sessions in workplaces' and 'behavioural support for people using electronic cigarettes to quit smoking' were particularly low.

2.5.2 Clients' feedback

- 75% of clients were satisfied or very satisfied with the support they received
- 90% would recommend the service to other smokers who want to stop smoking
- 88% said they would go back to the service for help if they started smoking again
- 91% felt they would be welcomed back by the service if they returned for help in the future

* *Percentages based on numbers answering the question.*

- 84% rated the service as very good or excellent*
- 70% waited less than a week for their first appointment, with a further 21% waiting only 1-2 weeks, and 94% were happy with this.

* *Percentages based on numbers answering the question.*

The key themes were about how supportive and encouraging the service was, that it is non-judgemental, and that staff were helpful, understanding and knowledgeable.

Positive comments:

'Super friendly and supported, never judged and very positive attitudes with no pressure'

'Very helpful and non judgemental'

'Lovely people who try very hard to find the best way for you without having a big struggle'

'They were kind and understanding and didn't judge'

'They understood it wasn't easy and supported me no matter what'

'They were incredibly helpful and supportive, never judgemental'

'Great advice and lots of help and encouragement'

'Staff are well informed and give good advice, help and support'

'You gave me every tool I could ask for plus all the best support from very nice people'.

There were very few negative comments about the service, apart from a few people mentioning privacy of the rooms at some of the clinics (where other people could overhear) or that the service was not for them or didn't help.

Negative comments:

'I'm not sure it's the best option for everyone'

'Did not find it helpful although some of the information was a help'

'The door was left open so there was not much privacy. Other clients could hear my conversation'.

'My only problem was that the door was left open in the room….people waiting and hospital staff could probably hear our consultation'.

The eight people who had ticked 'very unsatisfied' with the service, all gave extremely positive comments for the rest of the survey about how brilliant the service was, and the excellent support provided.

2.5.3 Professionals' feedback

- 96% of professionals would recommend the Quit4You service to people who want to stop smoking*
- Of those who had heard feedback about the service (n=39), 69% was positive, 26% neutral and 5% negative*
- Only 24% of professionals had made a formal referral to the service, 52% had signposted/recommended the service, and 43% had never signposted or referred clients to the service* (NB: could tick more than one option re ways they referred).
- Only 50% thought it was easy to refer to the service, 47% were unsure*
- The most common reasons for not referring or signposting 'often', related to clients not wanting to quit, not knowing how to refer, not knowing Quit4You contact details or about the service. Others felt it was not appropriate for their role (e.g. admin staff, student nurses), that people should pay for NRT, they advise their clients to see their GP, or only suggest to those interested in quitting.

* *Percentages based on numbers answering the question.*

Positive comments about Quit4You from their clients were related to encouragement of the service, non-judgemental attitudes and accessibility of clinics.

'About the non-judgemental, yet effective approach of the team, including easy access'

'Helpful, friendly and non judgemental'

'I've had several discussions with patients that said the service was a tremendous help for them to quit their addiction'

'Everybody who used the services says it helped them quit even if they didn't use it to it's fullest potential'

'It is accessible, the clinics in localities promote accessibility and therefore engagement'.

Responses from clients about why they 'didn't attend the service or only attended once' included: it wasn't the right time for them to quit, they decided the sessions would not help them, they said they'd quit to please someone else, timing or childcare. Comments included:

'Motivation changed'

'Anything new can be a scary barrier for the vulnerable group we work with'

'Client tried it and said it did not work for them'

'Sessions at inconvenient time'

'Unable to get childcare to attend the session'.

2.5.4 Where stop smoking services should be provided

All three groups were asked where they thought stop smoking services should be provided - they were able to tick all options they felt were relevant **(Table 15).** GP surgeries and Community centres received most support whilst pubs received the least support.

Many people provided comments to this question. The majority of comments received were about making the access to services as easy as possible, that it should be local, in community centres, in comfortable locations, and that there needs to be a wide range of options to suit all ages, people who work etc.

Some people commented that it should not be at GP surgeries or hospitals if you are not sick or don't like these places. Several people suggested pop-up clinics/ shops in town centre, main streets etc or anywhere that has maximum footfall and is visual to increase awareness.

Table 15: Preferred stop smoking service locations*

Details	General Public	Professionals	Clients
GP surgeries	60.2%	66.1%	70.1%
Community Centres	49.6%	60.5%	68.7%
Pharmacies	50.7%	49.2%	38.8%
Hospitals	33.9%	46.8%	43.3%
Schools/IOM College	44.5%	61.3%	46.3%
Workplaces	35.0%	62.1%	35.8%
Pubs	20.8%	22.6%	9.0%
Other **	5.5%	4.8%	3.0%
Skipped question	66	25	7
Answered question	208	99	60
Total responses	274	124	67

* *Percentages are based on total responders to each survey.*

** *Included 'all of the above', anywhere, everywhere, youth clubs, dentists, beauty salons, non-health care places, coffee places, schools*

2.5.5 How stop smoking services should be provided

All three groups were asked what they thought were the best ways to provide services to people who smoke - they were able to tick all options they felt were relevant **(Table 16)**.

Drop-in Clinics and one-to-one appointments received the most support. Clients were more likely to want telephone support and online support than group support, although 27% were still interested in group support.

Most of the comments for 'other' related to providing a wide variety of services and options or 'all of the above', in order to cater for different needs. Some people commented that no services should be provided.

Table 16: Preferred stop smoking service interventions*

Details	General Public	Professionals	Clients
Drop in Clinics (1-to-1)	54.4%	63.7%	77.6%
Appointments (1-to-1)	51.1%	54.0%	50.8%
Pop-up clinics	31.8%	44.4%	29.9%
Telephone support	28.5%	38.7%	32.8%
Group support	39.1%	43.6%	26.9%
Online support (e.g. closed groups)	47.1%	45.2%	40.3%
SMS/Text	24.1%	32.3%	32.8%
Email	21.9%	26.6%	17.9%
Other	7.3%	6.5%	7.5%
Skipped question	66	23	6
Answered question	208	101	61
Total responses	274	124	67

* *Percentages are based on total responders to each survey.*

2.6 Objective F - Gap analysis of the service using NICE/NCSCT stop smoking guidance as a baseline

As no one specific tool was found suitable for the gap analysis, the latest 'NCSCT: Local Stop Smoking Services, Service and delivery guidance 2014' (7), as well as NICE guidance PH10 (8) and NICE Quality Standards QS43 (9), were used to develop a list of baseline targets and standards.

A full table assessing these criteria can be found in **Appendix C**. A summary of some of the key points are outlined below.

Targets that are being met:

- Quit rates (minimum successful quits CO validated at four weeks met)
- Licensed pharmacotherapies available for at least duration recommended by product specification, and for more than one treatment episode
- CO monitors available to all advisors, used regularly as motivational tool
- Routine CO monitoring for all pregnant women with opt-out referral process
- Four week follow-ups written into contracts for providers and linked to payments
- Standardised quantitative nicotine dependence measures are used
- All Public Health Quit4You advisors have full NCSCT training and certification (3)
- Interventions are based on evidence and NICE guidance (8, 9)
- One-to-one interventions meet standards of minimum recommended contact time
- All licensed pharmacotherapies available as first line treatments (however some extra difficulty re accessing Champix and Zyban see next page)
- Referrals contacted within two days and appointments within one week (in most cases).

Targets that are not being met or only partially met:

- Staffing levels for Quit4You service not adequate or sustainable
- Not currently treating 5% of the adult smoking population each year
- Brief interventions and referrals by all health and social care professionals are not systematically completed - no mandatory training or contractual/performance requirements (this has impacted numbers attending the service)
- Weekly support for first four weeks of quit attempt not always met - 71% of Public Health provided Quit4You service met this criteria, versus only 22% of GP service

- Public Health provided Quit4You service unable to provide Champix - so not all approved stop smoking medications are easily accessible as first line.
- There has been limited population data to identify and target priority groups. The service could be more targeted to priority groups- there are still large gaps in secondary care, routine and manual workers, mental health, pregnancy etc.
- Need regular monitoring of quality, performance and outcome measurements
- Regular update training, shadowing, ongoing supervision and mentoring is required to those delivering Quit4You outside of Public Health
- Quit4You provides a range of interventions, but not all (currently there are limited groups, proactive telephone support, text or online support).

2.7 Objective G - To review the current model and structure of the Quit4You service, investigate different models of service delivery in the UK and to identify options of various models of stop smoking service provision for the Isle of Man

The evaluation demonstrates that the Quit4You service has achieved quit rates comparable to the UK, is well known by professionals and the public, and is regarded as a high quality service that people would recommend to others.

The feedback received from clients who attended the service was particularly good, with very positive comments about the support, encouragement and advice received; the understanding, knowledge and non-judgemental attitudes of the staff; and the accessibility of clinics.

Although there is good awareness of the Quit4You service, there is less awareness of each of the individual options provided by the service, particularly from the public, indicating the need for continued marketing of the service.

Quit4You has met the aim of providing an easily accessible service across the whole Island, with trained and experienced advisors, and easy access to NRT. There is currently limited population data to identify and target priority groups. However, there are gaps targeting the usual priority groups for stopping smoking which require improvement from all health and social care professionals, and may require different staffing by a stop smoking service (e.g. hospital, pregnant women, routine/manual workers, people with mental health problems etc).

Although Quit4You has provided a high quality service, in more recent years it has not reached the target of accessing 5% of the smoking population. There needs to be more work focusing on brief interventions, referrals and marketing in order to increase the numbers attending the service. There also needs to be more work identifying and engaging the target groups.

The current structure of the service is a small team of Specialist Stop Smoking Advisors employed by the Public Health Directorate providing the majority of the service, as well as some GP surgeries offering Quit4You under a Service Level Agreement. The key difficulties with the current structure of the service, has been the sustainability of staffing levels within Public Health. Providing a specialist service based mostly on Bank staff has created ongoing problems.

The period of time when the Public Health Quit4You Specialist Stop Smoking service ran most smoothly, was with a structure of 2 x 0.75 FTE permanent Specialist Stop Smoking Advisors and 0.5 FTE Bank staff. This provided good office cover, ability to develop services and campaigns, and also flexible staff to cover clinics and appointments. A full time coordinator or equivalent is also recommended by NICE for stop smoking services (7).

Local experience has also demonstrated that staff delivering stop smoking services (not just very brief advice but full stop smoking support) within their current roles (e.g. Health visitors, school nurses, youth workers etc) is not sustainable or possible.

NCSCT Research (7: p.27) shows that 'although offering greater reach and accessibility, interventions delivered by stop smoking practitioners whose main job is not stop smoking provision (e.g. practice nurses, community pharmacy staff, etc) are in general less effective than interventions delivered by specialist stop smoking practitioners for whom it is the sole or main part of their job'.

Although several Pharmacies and GP surgeries previously offered Quit4You under a Service Level Agreement, the majority have dropped out of the scheme. There were issues with low numbers attending the Pharmacy service in particular, which impacts on competency and updated skills required to offer specialist stop smoking support. If services are provided within the community by Pharmacies and GP surgeries, good support, supervision, mentoring, monitoring and regular update training arrangements need to be in place.

A recent review about integrated 'lifestyle' services, where interventions target multiple risk factors, found that NCSCT smoking cessation interventions (10) by themselves are more cost-effective than multiple risk behaviour interventions. Whilst there is some evidence to support multiple risk behaviour interventions that target poor diet and physical inactivity, there is little evidence that targeting tobacco use in this manner is either effective or more cost-effective than single risk behaviour interventions. The review recommends that stop smoking services should be treated separately and not paired with other lifestyle programmes.

NCSCT (11) provides strong evidence that stop smoking services are both effective at supporting smokers to quit in the long term and very cost-effective. Local authorities looking to reduce the impact of smoking in their community are advised to invest in programmes that support existing smokers to quit, because the evidence-base for the stop smoking services is stronger than the evidence for smoking prevention programmes.

PHE has recently reviewed 'Models of delivery for stop smoking services. Options and Evidence' (12). The document outlines considerations for commissioners of local services, including type of interventions and evidence for their effectiveness and different stop smoking service models.

2.7.1 Stop smoking interventions

In terms of interventions, the PHE 'Models of delivery for stop smoking services. Options and Evidence' (12) document highlights the following:

Table 17: Type of Intervention

Details	Evidence of effectiveness	When done properly, boosts quit rates by ...
Face-to-face group support with pharmacotherapy	A	300%
Face-to-face individual support with pharmacotherapy	A	200-300%
Supported use of pharmacotherapy**	A	50-100%
Telephone support (proactive 6-12 weeks)	A	50-100%
Text message support	B	40-80%
Online (websites)	B	Unknown
Mobile digital applications	C	Unknown

* *All refer to abrupt quit model, setting quit date and not smoking a puff after that date.*

** *Just needs one appointment to get started and one follow-up to check progress. Can be provided through GP prescriptions or pharmacies. Varenicline and dual NRT must be available.*

The Quit4You service has mainly been providing 'face to face individual support with pharmacotherapy' and some limited proactive telephone support. There are opportunities to promote more proactive telephone support as an option for all clients, with appointments at times to suit the service/clients. This is another option for clients who find childcare or travel difficult, and can reduce did not attend rates and costs of travel. It requires good systems to show and describe NRT, however videos could assist.

Quit4You has not run many groups over the years partly due to not having enough numbers interested at one point in time. PHE models for delivery (12) recommend that groups are more applicable in areas or settings with a fairly large pool of smokers, with a minimum of eight recommended to start a closed group. More recently for Stoptober 2017, four groups were trialled in community locations such as pubs and a workplace. In total, 24 people attended, and half of those quit smoking. Although one group stopped due to low numbers, it was felt that if the group was held at the right time to attract enough people

(e.g. Stoptober, New Year etc), and with good publicity, it could be successful. Groups were given less support in the online surveys by clients, compared to professionals and the general public.

PHE also suggests an option of a lower 'step down' approach for those only wanting to use pharmacotherapy without much behavioural support. This includes having one appointment to get started and one follow-up to check progress- either through GP prescriptions or pharmacies. It is considered 'brief support + medication' to ensure the person is taking the right product and follows the full course.

2.7.2 Recommendation

Ideally, a range of interventions shown in **Table 17** (page 48) should be offered by stop smoking services, particularly focusing on the top four interventions that have the highest evidence base. Where population levels are low like the IOM, it may be most suitable to run some groups only for certain times of the year or places where there are more than eight people wanting to join, and focus the majority of the time on other interventions that offer the highest evidence base. This includes: specialist one-to-one + pharmacotherapy, pharmacotherapy with brief support, and proactive telephone support. Consideration may be given to a tiered approach (see **Model B,** Table 18), with a range of options that clients choose, however this model has not yet been evaluated.

2.7.3 Stop smoking services models

PHE (12) discusses a range of service models recommendations for commissioning. A summary is provided below.

Table 18: Summary of stop smoking service models

Model Description	Summary	Commissioning recommendation
A. Universal evidence-based service with specialist behavioural support and pharmacotherapy over (at least) a 6 week period, available for all smokers to access.	Trained practitioners for whom delivering stop smoking interventions forms all or most of their role. Follows quality standards. May include telephone and text messaging and sub-commissioning of stop smoking interventions in certain settings.	Provides best quality outcomes and is recommended approach. **Should always be first option**. If funds not available for full universal service, then consider providing this level of quality to priority groups.
B. Stop Smoking +: a proposed new model for stop smoking services*.	Three tier approach following evidence base but with financial restrictions in mind. i) Evidence based specialist support provided as 'A'; ii) Brief support + medication; iii) Self-support. All options explained including success of each, and smokers make choice which route to follow.	Provides specialist support to smokers who would benefit most based on motivation, willingness to engage etc, however need to ensure disadvantaged and priority smokers are supported to receive Option 1, or risk of inequality. Any implementation should be evaluated for efficacy and cost implications. **Model not yet evaluated.**
C. Integrated lifestyle/ wellbeing services	Two options i) On making contact with umbrella organisation, individuals triaged into specific treatment programme (like A); ii) Multi-behaviour change interventions, generic training in risky behaviours.	Option 1 has advantages of savings re administration etc, as long as Model A quality is still maintained. Option 2 is NOT found to be effective or cost effective in supporting smokers to stop.
D. Pharmacy only services	Pharmacies provide Model A service above- there is evidence that this is effective when staff appropriately trained, monitored and mentored - arrangements need to be in place.	Relying on this setting only for service provision limits the scale and quality of interventions. Numbers accessing any one pharmacy is likely to be small. Consideration needs to be given to ensure priority groups are being reached.
E. Hospital 'in-house' stop smoking services	Targeting services at smokers in the healthcare system, including hospital in-patients can reduce inequalities.	Consider joint commissioning of services, particularly for priority populations such as pregnant smokers, those with mental health conditions, and those with long-term conditions.

** This model has not yet been evaluated*

NICE Guidance [92] produced in March 2018 (13), recommends that evidence based stop smoking interventions and services are available for everyone who smokes. It also recommends prioritising specific groups who are at high risk of tobacco-related harm.

These may include:

- People with mental health problems
- Pregnant women who smoke
- People who misuse substances
- People with health conditions caused or made worse by smoking
- People with a smoking-related illness
- Populations with a high prevalence of smoking-related morbidity or particularly high susceptibility to harm
- Communities or groups with particularly high smoking prevalence (e.g. manual workers, travellers, lesbian, gay, bisexual and trans people)
- People in custodial settings
- People living in disadvantaged circumstances

In addition to the above, the NCSCT guidance (7) also lists:

- Routine and manual workers
- Unemployed
- Sick or disabled
- People in secondary care
- Black and minority ethnic groups

2.7.4 Recommendations

OPTION 1:

Model A (Table 18) is still the recommended approach providing the best quality outcomes, and should be considered the first option. This is a specialist stop smoking service available to everyone who smokes, and is provided by a team of specialist advisors.

If this option is chosen, the following needs consideration:

- Co-ordinator of the service, NICE (8) recommends full-time co-ordinator or equivalent
- Small team of specialist advisors who deliver this as all or most of their job
- Joint commissioning of hospital based advisor (**Model E**) linking with community service for Hospital/pregnant women/mental health inpatients/ people with long term conditions
- Specialist service delivered in variety of community locations easily accessible to all smokers, but also targets priority groups
- Staffing levels adequate to maintain good service including cover for annual leave/sickness etc
- Provision of a range of interventions including: one-to-one/drop-in, proactive telephone support and occasional groups
- Possible commissioning of a small number of Pharmacies or GP surgeries to offer this intensive 6-12 week service around the island?
- Online support, self help resources, up to date website etc
- Where this service would be based: within DHSC, outside of Government (third sector), or other commissioned service?

This option would build on the current model of the Quit4You service, but would benefit from a hospital based advisor, targeted work with a small number of Pharmacies/GP surgeries (if this was agreed as required), and more options for clients with regards to proactive telephone support and some group work.

OPTION 2

Model B (Table 18) is a consideration if **Option 1** cannot be met for everyone wishing to quit smoking. It incorporates a smaller version on **Option 1**, with a tiered approach. It must be noted that this model has not yet been evaluated, so **Option 1** is still the preferred evidence-based option.

If **Option 2** is chosen, the following needs consideration:

- The majority of the points in Option 1 relating to providing a specialist service (coordinator, adequate staffing, providing range of locations and interventions)
- Small team of specialist advisors who focus on priority groups and those needing extra support only
- Commissioning of a small number of Pharmacies or GP surgeries to offer the 'brief support plus medication' model for those who only want to use pharmacotherapy without much behavioural support. This includes having one appointment to get started and one follow-up to check progress- either through GP prescriptions or pharmacies.
- Whether this 'brief support plus medication' is already in standard contracts for GP surgeries (and doesn't require commissioning)
- Development of a Patient Group Direction (PGD) for varenicline and buproprion (to be used by advisors and pharmacies)
- Self-help options: maintenance of updated resources, website options etc.
- Ensuring disadvantaged and priority smokers are supported to receive option 1, or risk of inequality

This model provides greater choice for those wishing to stop smoking but do not want weekly appointments and prefer to focus on pharmacological options. It also offers more intensive support to those who need it. As this model has not yet been evaluated, it would require full evaluation for efficacy and cost implications.

OTHER OPTIONS

Model C - The IOM does not have any integrated lifestyle/wellbeing services at present, so Model C is not an option.

Model D - Pharmacy only stop smoking services are an option, however, relying on this setting alone limits the scale and quality of interventions. Numbers accessing any one pharmacy is likely to be small, so training, mentoring and monitoring would be critical. This setting would also not be appropriate to target priority groups. It is unlikely that Pharmacies could provide services outside of the pharmacy, such as other community locations, workplaces, hospital, nursing homes, schools etc. Pharmacies may also not be able to provide the extra support and time required for sessions for hard to reach groups. A Pharmacy only service is not recommended for the IOM.

Cease all stop smoking services - This would be detrimental to the health and wellbeing of residents of the IOM and result in long-term future costs to the health services.

Smoking remains the most important cause of preventable ill health and premature death in the UK today. Smoking kills half of all long term users, and causes a wide range of diseases and conditions. On the IOM, nearly 10,000 adults are current smokers. The 2016 IOM Health and Lifestyles Survey (14) found a smoking prevalence of 14.5% in the adult population. For those who smoke, quitting is often the single most effective method of improving current health and preventing illness. Supporting existing smokers to stop is also one of the most effective ways of preventing the uptake of smoking.

Ceasing stop smoking services would not be in line with the Department of Health Strategy and Public Health priorities and is **not recommended**.

Appendix A

Methodology for clients', public and professionals' views about local stop smoking services

a) Questionnaire Design

Research was undertaken to look at other questionnaires available online to measure client satisfaction for stop smoking services. The May et al journal article (15) was obtained to look at methodology for these surveys, and the NCSCT standardised questionnaires (brief and full version available from www.ncsct.co.uk) were utilised. Evaluation surveys from two UK Stop smoking services were also obtained. The Tobacco Lead collated relevant questions from all these surveys, and adapted them to meet local needs. Open ended questions were also added to provide extra qualitative information. The surveys were designed to assess current views of the service as well as broader information about the development of future stop smoking services. Three different versions of the survey were produced: for clients, professionals (including organisations that had never referred to the service), and the general public. Where possible, questions were repeated across the three surveys. However the client survey also included questions about their satisfaction and experience with the service they received, the professionals' questionnaire also asked questions about referrals and support they required, and the general public questionnaire also asked about their awareness of stop smoking services.

The Quit4You team reviewed the draft surveys and made comments about questions to add or change. The survey was designed as an online survey on Survey Monkey. It was adapted several times and tested by various staff within the Public Health Directorate, before being made live on 12 January 2018 to 12 February 2018.

Although paper copies of the survey were not available, each letter and correspondence asked people to phone or email if they had difficulties completing the survey online. In total, five telephone interviews were completed by independent members of the Directorate with people who were unable to complete the survey online.

b) Focus Groups

It was planned to hold three different groups for clients, professionals/organisations and people who smoke or recently quit without using the Quit4You service. It agreed for an external facilitator to run the focus groups. Meetings were held with the Quit4You team to gather thoughts about questions for the groups. Information was collated and a meeting held with the external facilitator.

The discussion groups were advertised in all letters and emails about the review to clients and professionals, on social media, the Quit4You website, via a press release, and also at the end of every online survey. However, the uptake of interest was very low, with only one member of the public, one health professional and seven clients expressed an interest to attend. Due to the low numbers and the amount of qualitative information obtained from the surveys, it was agreed not to hold any discussion groups.

c) Sampling - Clients

Clients who had attended the service since May 2017 were contacted, as it was felt this sample was recent enough to provide information about current services. This included those who attended both Public Health provided services and GP Quit4You services.

Clients who had attended the Public Health provided Quit4You service at least once since May 2017 were sent a letter inviting them to take part in an online survey and to attend a discussion group. As part of the consent procedure undertaken in their first Quit4You appointment, clients are informed that they may be contacted for feedback about the service. They are also asked if they are happy to be contacted at their postal address. In the sample above, there was a portion of clients who had not ticked 'yes or no' to the question asking if they were happy to be contacted at their postal address, so these clients were phoned by the team to check if they consented to a letter.

For the Public Health provided service, there were a total of 187 clients from May 2017. Of these, 165 were sent a letter inviting them to take part. These were posted between 12 January and 23 January 2018. The remaining 22 clients either did not consent to receive information in the post, could not be reached to ask if they were happy to receive post (phone number disconnected or not answered), and a few requested not to be disturbed as they were currently receiving treatment for serious illnesses or awaiting diagnosis.

For the GP surgery service, client EMIS numbers provided on invoices and data received since May 2017 were extracted. Of the five GP surgeries offering Quit4You, only three surgeries had submitted invoices for clients seen since May 2017, and this resulted in a total of 23 clients for the GP surgery sample.

As Quit4You does not have access to client details from the GP surgery service, Practice Managers were sent information regarding the evaluation and a pack with letters ready to post to patients. Practice Managers were provided with the EMIS numbers from the sample and requested to send the letters to these patients if they consented to receiving post. One patient did not consent to this.

Service	Public Health Quit4You service	GP Quit4You service
Total number in initial sample from May 2017	187	23
Number that did not consent to letter	22	1
Total sample letter posted to	165	22

Practice Managers all confirmed that they posted the letters between the 26 and 29 January 2018. The letters included information about the online survey and the discussion groups.

In order to increase response rates, clients from the Public Health Quit4You service who had mobile phones were texted reminders about the survey and the survey link (between 1 February and 8 February).

d) Sampling - Professionals/organisations

A large list of professionals/organisations was created based on those who work with clients who smoke and may potentially refer. This included a wide range of health and social care professionals plus employment services, prison/probation etc within Government, as well as those external to Government- such as GP surgeries, pharmacists, opticians, dentists, vape shops and third sector organisations. Those who had previously referred to the service including staff from Nobles, workplaces, dentists etc were also included. Emails were forwarded to Managers and asked to cascade to their teams. It is therefore unknown how many emails were distributed, although several managers confirmed they had cascaded them to their teams (e.g. podiatry, hospice, Social Services). See distribution list.

All surveys to professionals and organisations were sent via email with the survey link and an invitation to also attend a discussion group. The only paper copy versions were sent to Opticians.

e) Sampling - General public

This was the most difficult group to access and considerable effort was made to plan how we might engage people who smoke, and in particular, groups that have higher smoking rates including people with mental health problems, people who are unemployed and/or on benefits, probation clients, and drug and alcohol clients.

It was agreed that we could offer a £50 Shoprite voucher prize draw as an incentive to those who completed the survey, particularly aimed to attract these groups. The same prize was offered to everyone who completed the survey or took part in the discussion groups (including clients and professionals).

Small bright business cards were produced (3,000 copies) to advertise the review, prize draw and survey. This directed people to the Quit4You website which had all three survey links and information about the discussion groups.

To access the general public who smoke, Shoprite and Ellan Vannin petrol stations agreed to place the cards at their counters selling tobacco, and promote to the general public who were purchasing cigarettes.

Other professionals and organisations also agreed to help distribute the cards advertising the review to their clients, including staff at: vape shops, the Job Centre, Benefits Office, Disability Employment Advisors, Mental health services, Probation service, Drug and Alcohol services, Griah and David Gray House, Nobles and Ramsey Cottage Hospital.

Paid advertisements were placed on Facebook targeting smokers and these coincided with peaks of survey entries.

A press release, information on Government website, Quit4You website and the PH social media sites were also utilised to advertise to the general public.

Appendix B

Quit4You Stop Smoking Service Specialist Stop Smoking Advisor and Tobacco Lead roles

Specialist Stop Smoking Advisor Post - 0.75 FTE

Type of work	Description	Time spent*
Client related work	**Clinical time:** includes clinics, appointments, groups, travel time, phone consultations, workplace sessions, public events etc	45%
	Indirect Clinical time: admin related to clients: follow-ups (did not attends, one month); responding to queries and referrals (phone calls/ emails); providing info/quit kits/scripts etc	25%
Campaign work, meetings, CPD, links with other agencies	**Other Quit4You time:** campaigns like Stoptober, supporting legislation, team meetings, CPD, audits/research, liaising with other professionals and organisations, providing peer support/shadowing etc	28%
Other public health work (not Quit4You)	**Public Health work not specific to Quit4You:** PH meetings, other reporting, PH/DHSC general emails	2%
Total		100%

**Approximate percentages based on an average year.*

In total, around 98% of this role is currently spent on Quit4You related work. During campaign periods, these hours increase from 0.75 FTE utilising extra Bank hours in order to cover both client related and campaign work- so the percentage of time spent on Campaign work increases. Also, the other team members increase Bank hours to cover clinics.

Health Psychologist and Tobacco Lead Post - 1.0 FTE

Type of work	Description	Time spent*
Quit4You service related work	Managing team and current service	25%
	Strategic planning and development of the service	9%
	Training, development and updates to Quit4You team and other relevant professionals/organisations	4%
	Marketing of the service and development and evaluation of campaigns like Stoptober	17%
	Evaluation of the service	6%
	Development of electronic records and reporting system	4%
	Total	**65%**
Other tobacco control related work	New tobacco control legislation and related campaigns**	17%
	Working with other organisations- tobacco control	7%
	Budget management**	2%
	Other Media work- Promoting tobacco control agenda	1%
	Total	**27%**
Other Public Health work and CPD	General Public Health work and CPD	8%
	Total	**8%**
Total		**100%**

* *Approximate percentages based on 2016-2018. For full details see next table*

** *There is some overlap between Quit4You service related work and tobacco control work for budget management and tobacco legislation campaigns*

In total, around 65% of the Tobacco Lead's role is currently spent on Quit4You service related work.

Further details on the Health Psychologist and Tobacco Lead Post - 1.0 FTE

	Description	Overall time*
Quit4You service related work	**Managing team and current service** • Recruitment, selection and development of team of specialist stop smoking advisors; • Organising and chairing regular team meetings, agendas, actions, CPD • Regular 1-to-1's with team, PDR's • Daily contact with team regarding clients, office work, projects, clinical supervision • Identifying training/development needs and organising and facilitating CPD • Managing client/staff issues • Organising rotas for clinics and office cover • Arranging cover for annual leave/sick leave, cancelling clinics if required • Attending to urgent calls/emails when no office cover available.	25%
	Strategic planning and development of the service • Ensuring the service is underpinned by evidence of local need and also evidence- based interventions. • Developing new service guidelines and procedures based on updated guidance from NICE or PHE: updating current ones and ensuring they are disseminated and adhered to (e.g. NRT PGD, risk assessments, CO monitor policies, referrals/flow chart procedures, records retention) • Providing consultation and advice to organisations (e.g. smoking cessation best practice guidance) • Liaising with relevant professionals and organisations to promote and further develop the service, based on latest evidence and good practice • Stakeholder engagement and partnership working (e.g. pregnancy pathway, mental health inpatient unit, prison and hospital services) • Development/reorganisation of services to target priority groups- ensuring service is accessible to all.	9%
	Training, development and updates to Quit4You team and other relevant professionals/organisations • Keeping up to date with latest research and disseminating latest guidance and updates from NICE, PHE etc to advisor network. • Organising accredited training (e.g. NCSCT) and ensuring training information is disseminated. • Organising training and development for new stop smoking advisors (including induction/shadowing). • Organising update and brief intervention training sessions- (previously delivered face-to-face brief intervention training to Doctors/nurses at hospital)	4%

	Description	Overall time*
Quit4You service related work	**Marketing of the service and development of campaigns** • Developing and disseminating Quit4You service materials (e.g. Quit planner, business cards, poster advertising clinics) • Developing campaigns like Stoptober (and previously No Smoking Day) with Quit4You Team • Evaluating campaigns and writing evaluation reports • Using marketing opportunities throughout the year (press releases/responding to media/UK campaigns/local legislation/ paid advertisements) • Updating Quit4You website	17%
	Evaluation of the service • Responsible for collection of service statistics and monitoring of the stop smoking service from all those offering Quit4You • Undertake monitoring, performance management and benchmarking of the service to UK standards • Evaluating the service including client, professional and public feedback, service statistics etc.	6%
	Development of electronic records and reporting system • Work with GTS to move the Quit4You service from paper based system onto electronic records to improve clinical efficiency, service monitoring, and referral pathways.	4%
Other tobacco control related work	**New Tobacco control legislation and related campaigns** • Working with other Departments to develop and implement new tobacco control legislation (e.g. smokefree cars, banning cigarettes at point of sale, banning cigarette vending machines, upcoming e-cigarette legislation) • Providing consultation and advice regarding evidence base for legislation • Supporting the legislative process and assist with responses to political/public queries • Developing campaigns and assisting with support materials linked to new legislation appropriate to the target group (e.g. smokefree cars secondhand smoke campaign, and materials to retailers re point of sale displays). Link with the Quit4You service to promote quitting smoking. • Evaluating campaigns and writing evaluation reports • Working with organisations to develop communication plan and dissemination of new legislation information to appropriate groups • Liaising with UK re IOM joining the WHO Framework convention for Tobacco Control	17%

	Description	Overall time*
Other tobacco control related work	**Working with other organisations** • Providing consultation and evidence based advice to organisations relating to tobacco control (e.g. smokefree policies and associated smoking cessation best practice, updates about electronic cigarettes) • Assisting with tobacco control harm reduction strategies and best practice for implementation: e.g. e-cigarette pilot project at prison • Tobacco control needs assessment- collating information from all organisations • Work with OFT regarding underage sales of tobacco (currently limited input from Public Health) • Work with Customs and Excise regarding illicit tobacco (currently limited input from Public Health).	7%
	Budget management • Manage tobacco control budget which in 2017 is mostly Quit4You related as campaign budget is now under Social Marketing.	2%
	Media work- Promoting tobacco control agenda • Responding to media queries- press releases, radio interviews, newspaper interviews	1%
Other public health work and CPD	**General Public Health work** • PH Directorate meetings • One-to-One meetings with DPH • Health Improvement Learning Sets • CPD- conferences, forums, seminars, reading updates • Providing updates and reports for PH business plan, DHSC meetings etc.	8%

* *Approximate percentages based on an average year.*

Baseline targets	Guidance from?	Met?	Description
Staffing levels			
Ensure NHS stop smoking services provide a good service by maintaining adequate staffing levels, including a full-time coordinator (or the equivalent).	NICE PH10 (8)	No	Staffing levels have been a significant issue with the Quit4You service as the service was run only with a team of bank staff until more recently. There is now only 1 x 0.75 FTE permanent posts and the remaining advisors are bank staff. Over the years there have been significant changes with staffing resulting in ongoing recruiting and retraining issues. The tobacco lead is not a full-time coordinator of the service and has a role for wider tobacco control issues in public health. Depending on the current projects, it can be difficult for both strands to be maintained adequately.
Measuring success			
Stop smoking services should aim to treat at least 5% of the smoking population (adults) each year	NICE PH 10 (8)	No	IOM Census Data 2016 (16) = 83,314. Under 18's = 16,214. Total 18+ = 67,100. IOM Health and Lifestyle Survey 2016 (14) has shown 14.5% of the adult population smoke, which = 9,729.50. A total of 5% of the estimated local population of people who smoke or use tobacco in any form each year would = 486 clients a year. Data from 2012 and 2013 are around this target number, however 2014 to 2016 are below this target.
Four week quit rates remain the national outcome measure for stop smoking services and should be collected by all services	NCSCT: Local stop smoking services. Service and delivery guidance 2014 (7: pg. 7)	Yes	Collected according to Clinical Russell Standard (1)
Of those accessing stop smoking services and setting quit date, 35% should be successful quits (CO validated at four weeks)	NICE PH 10 (8)	Yes	Quit rates for the service for 2012-2016 at four weeks were 54% (716/1333). Of these, 501 were CO validated which is 38% (501/1,333). The service meets this baseline with 38% as successful quits that are CO validated at four weeks

Smoking status at four weeks from the quit date should be CO validated in a minimum of 85% of cases.	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 30 - NB. this is latest version)	No	70% of reported quits at four weeks were CO validated (which is similar to England rates). On database, 1,333 clients were counted as 'treated' smokers (this excludes those who attended once only and didn't make quit attempt, but does include those who cut down to quit and may not have set firm quit date). Of these 1,333 clients, 716 reported they had quit at four week follow-up. 501 of these had CO readings of ten or less (i.e. verifying smoking status). 501/716 = 70%.
Clients should be contacted as soon as referrals are received and in no case later then two working days from receipt of referral.	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 30)	Yes/ partially	This occurs in majority of cases, however there have been some occasions with limited office cover where it may be three working days. The Quit4You service has limited office cover as there is only one permanent staff member employed working 28.125hrs between Tuesday to Friday (not 9-5pm) who may be busy at clinics or in client appointments. The phone is not 'manned' between 9am-5pm, so it often goes to voicemail and is only accessed when staff are back in the office. Sometimes clients who are referred cannot be reached - staff will continue trying to call them three times over different days/times before sending a letter, so this may end up being after two working days.
After receiving a referral, clients should be offered an appointment within one week.	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 30)	Yes/ partially	Public Health provided Quit4You- appointments are offered within one week where possible. Five different clinics are held weekly around the island and appointments offered at Cronk Coar, however the next appointment slot available may depend on where clients prefer to access the service. There are two drop-ins in Douglas every week so clients can attend these. On rare occasions the following weeks' clinic may be fully booked, however, where possible, the service tries to extend the clinic to cater for last minute bookings. It is unknown how quickly clients receive appointments at their GP surgery.
Number of sessions			
All interventions should be multi-sessional, offering weekly support for at least the first four weeks following the quit date. Clients should be offered and encouraged to receive weekly support sessions.	NCSCT: Local stop smoking services. Service and delivery guidance (7: pgs. 29 & 49)	Yes - public health provided. No - GP surgery provided	Yes this is offered by the Public Health Quit4You team and advised to clients to obtain maximum benefit, although some clients prefer to attend fortnightly. GP surgeries offering Quit4You have been advised to offer weekly appointments as part of their contract. The data collected showed 78% (266/342) of GP service clients had received less than four appointments by their one month follow-up, whereas 29% (280/982) of Public Health provided Quit4You service clients had received less than four appointments at their one month follow-up. Clients may not take up the offer of appointments each week and prefer fortnightly appointments. The Quit4You team have discussed whether we should only provide one week NRT instead of two weeks to encourage weekly appointment, however sometimes this doesn't provide enough cover for people and results in extra prescription costs for clients.

Services should undertake 'minimum support' for the first 6 weeks. One-to-one behavioural support sessions should be as follows: session 1: pre-quit; session 2: quit date; session 3: one week post-quit; session 4: two weeks post-quit; session 5: three weeks post quit; session 6: four weeks post-quit	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 30)	Partially	Quit4You doesn't regularly see clients on their actual quit date (as this depends which clinic they attend). Clients are seen pre-quit and then offered a minimum of weekly appointments for first four weeks of their quit attempt, then this may be changed to fortnightly. However, there is no limit to number of sessions offered and the service is tailored to the client's needs. GP surgery service level agreements specify that the service must provide a minimum of five sessions. This includes an initial assessment and follow-up appointments. Patients must be offered weekly appointments for at least the first four weeks of a quit attempt, and ongoing support throughout their quit attempt
One-to-one interventions provided should have a potential client contact time of at least 1 hour 50 mins (from pre-quit preparation to 4 weeks after quitting)?		Yes public health provided. Unknown GP surgery provided.	Quit4You clinics provide a minimum of 30 minutes for the initial assessment, followed by minimum of 15 minutes for follow-up sessions. The service focuses on offering quality time with clients rather than 'number' of quits. For complex clients and if clinics are less busy, this may be extended to 1 hour for initial assessment, and 30-40 minutes for follow-up sessions. GP surgeries should offer an initial assessment of 20-30mins (double appointment slot), and follow-up appointments of 10-15mins (single appointment slot). It is unknown if all GP surgeries offering Quit4You are meeting this requirement. The time the GP surgeries are able to provide is generally less than what the Quit4You service can offer at community clinics, which lends itself to more complex clients requiring extra behavioural support.
Interventions			
Stop smoking services should provide a range of interventions, in line with evidence based principles to ensure that clients have the opportunity to choose a service that best suits their needs. This may include: closed groups, one-to-one, proactive telephone support (all high evidence base), text-based telephone support, open (rolling) groups, reactive telephone support, online, drop-in and couple/family support.	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 29 & 48) and NICE PH 10 (8)	Partially	A range of services are provided around the island, however these are mostly one-to-one appointments or drop-in clinics. There have been limited groups (due to numbers in the local population)- apart from some workplaces, however these have often turned into drop-in or 1-to-1. There is currently limited proactive telephone support or text-based telephone support due to staffing levels. There is no online support (apart from reactive emails in response to queries). Some couple/family support is provided at clinics if people prefer to attend with someone else.

Pharmacotherapies			
All licensed stop smoking pharmacotherapies should be available as equal first-line options	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 33)	Partially	The community Quit4You clinics can only provide NRT via voucher, and clients have to see their GP for prescriptions for Champix/Zyban. Although the team discuss Champix etc at clinics, the service is potentially more biased to NRT at present due to the way it is set up. Clients who want to use Champix don't tend to access the Quit4You community clinics, as they also have to attend their GP surgery for Champix prescriptions. GP surgeries offering Quit4You can provide all options.
All pharmacotherapies should remain available for at least the duration recommended by the product specification	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 33)	Yes	The Quit4You PGD is for NRT only and outlines usual supply as per manufacturer, but also allows supply up to a maximum of one year for those who require it for relapse prevention/ maintenance of quitting. This is generous supply in comparison to UK services, however UK services may then refer to GP surgeries for longer term prescribing (as it comes under different budgets). In the IOM the budget for pharmacotherapies all comes under primary care whether people are accessing Quit4You clinics or GP surgeries.
Accessing approved stop smoking medications should be an easy process	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 33)	Partially	NRT is obtained via voucher from pharmacy, however clients have to make appointment to see GP/Practice Nurse for Champix/Zyban. This adds extra barriers for clients wishing to use Champix, and means that they don't tend to come to the Quit4You clinics as well as access their GP surgery. This means that those on Champix may not be receiving the full package of behavioural support unless their GP surgery is a Quit4You surgery.
Pharmacotherapies should be available for more than one treatment episode? (i.e. if patient relapses during treatment and is committed to stop again, can they access medication?)	NCSCT: local stop smoking services. Service and delivery guidance (7: pg. 33)	Yes	Quit4You allows NRT supply to all clients committed to quit smoking and does not specify any time frame before new quit attempt can be completed. An assessment of what is most appropriate for that client would be undertaken.
CO Monitoring			
All stop smoking practitioners must have access to a functioning CO monitor at every consultation. Systems should be in place to ensure that CO monitors are calibrated according to manufacturer's instructions	NCSCT: local stop smoking services. Service and delivery guidance (7: pg. 52)	Yes	All practitioners delivering Quit4You have been provided with a CO monitor from public health. PH maintains a list of calibration dates and regularly calibrates monitors where required (some new monitors no longer require calibration). This is included in GP service level agreements.

CO testing should be carried out on all adult smokers as a minimum at baseline (pre-quit) and four weeks validation (post quit). CO monitoring should be used as motivational and reinforcing intervention.	NCSCT: local stop smoking services. Service and delivery guidance (7: pg. 52 & 53).	Yes/ partial	Quit4You staff report that a CO reading is offered and taken where possible at each Quit4You appointment and recorded in notes. Occasions when CO monitoring cannot be completed include telephone appointments or when the client is very unwell. Notes have not been audited to see if this is the case. Unknown if this is completed at every appointment in GP surgeries by Quit4You Practice Nurses. See above re CO validated quit rates.
All pregnant women should be offered a CO test at maternity booking and those identified as smokers should receive a routine referral to their local stop smoking service	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 53)	Yes	Routine CO monitoring at maternity booking and an 'opt out' referral scheme to the Quit4You/ Quit4Two service is in place for all pregnant women who smoke, recently quit, have CO reading 7 or higher or who live with someone who smokes.
Payments to providers			
Payment should only be made to providers under contractual arrangements if a full monitoring form is completed and submitted to commissioner. Four weeks follow-up must be written into the contract trying to contact client three times and encouraged to attend for CO verification	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 53)	Yes	Written into all GP service level agreements regarding 4 week follow-up. Data must be submitted before payment is made to GP surgery to ensure data is provided. Brief checks completed on number of sessions and completeness of data prior to payment
Nicotine dependence measures			
Nicotine dependence should be assessed quantitatively (using Heaviness of Smoking Index [HSI] or the Fagerstrom Test for Cigarette Dependence [FTCD])	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg 49)	Yes	The service uses the HSI (shortened version of FTCD). Analysis of the five years of Quit4You data shows gaps and suggests this could be improved.

Identification and referral of smokers			
The systematic provision of very brief advice and routine referral of smokers to stop smoking service providers should be written into all provider contracts and support by appropriate training and established formal referral systems	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 13)	No	Nothing written into contracts and little support from managers in many areas to deliver training as part of mandatory training. There are no 'systems' like Health Checks, Quality and Outcomes Framework or CQUIN in the IOM that can be used to drive referrals of smokers into evidence based services
All local health and social care professionals should be aware of the very brief advice model and routinely refer smokers to local stop smoking service providers	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 13). NICE PH 10 (8)	No	Brief interventions and referrals are not completed in the majority of areas, and not systematically completed by health and social care professionals, which has impacted on number of referrals.
Formalised referral systems, electronic or otherwise, enable monitoring of referral sources and identification of areas in which referral rates could be improved.	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 13).	Partially	Quit4You does have paper referral forms, but these are rarely used apart from Noble's Hospital and some dentists. Most health and social care professionals tend to signpost but not formally refer. There are no electronic systems in place to make this process easier for health professionals. It is hoped that EMIS community web will link with other services better, assisting with electronic referrals in the future.
Is referral process easy (people more likely to refer if associated paperwork/electronic programmes are simple and easy to use)		Partially	Referral forms designed for Noble's with space for their patient labels - they only have to add phone number and sign. These paper forms can be faxed/emailed/posted. People can also just phone Quit4You with contact details of client. There is no electronic referral system currently, which means that staff often 'signpost' or provide Quit4You leaflet, but do not formally refer. Few referrals are received from the community services
Are treatment outcomes routinely fed back to referrers?		No	Quit4You hasn't had any electronic systems enabling the service to complete this easily without tracking paperwork from all clinics. When the service joins the EMIS computerised system that is also used by GPs and community services, it is hoped this can be improved.

Marketing and mass media campaigns are effective in prompting quit attempts and reducing smoking prevalence. Are these invested in and undertaken regularly?	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 21).	Partially	Stoptober is invested in yearly, and previously no smoking day was a regular campaign. There is little all year round investment in media campaigns for tobacco or advertising of stop smoking services.
Evidence			
Are interventions provided based on current evidence base and NICE Guidance?		Yes/ partially	Quit4You delivers evidence based approach to quitting smoking in terms of pharmacotherapy plus behavioural support being the best way to quit smoking. See Joint Strategic Needs Assessment (JSNA) questions/answers (18). There are some gaps.
Is stop smoking service provision guided by a treatment manual outlining the elements of behavioural support programme and when and how they should be applied?		No	Quit4You doesn't have it's own service specific treatment manual, but uses the NCSCT (3) 'Standard treatment programme' for learning and practice. Although staff feel that they cover these topics, from this manual, one new staff member shadowing reported that this is not always easily seen in appointments.
Training			
All staff involved in delivery should have been trained to the NCSCT training standard (3) and should obtain full NCSCT certification	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 29)	Yes/ partially	Yes - the Public Health Quit4You team have all completed each of the NCSCT training modules (3) available and are fully certified by NCSCT. Not all GP surgery staff have completed NCSCT certification (some were trained in Public Health funded courses prior to this package being available)
In addition to completing national online training, it is also recommended that practitioners receive face-to-face training, and participate in period of shadowing and observation before providing support unsupervised. Ongoing supervision and mentoring is also important to ensure providers retain core skills and knowledge and are made aware of developments in the field. Practitioners should receive support and supervision and participate in update training at least once a year.	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 27 & 29)	Partially/ no	The Public Health Quit4You team have CPD/supervision with the full team every 6 weeks. New staff joining the Public Health Quit4You team shadow more experienced team members for a couple of months before providing support unsupervised. This is also encouraged for new staff in community or GP surgeries, however they may only attend a couple of sessions and haven't had coordinated ongoing support over the more recent years. Email updates are sent to network of advisors by the tobacco lead if there is any significant new guidance. Face-to-face training has not been delivered for many years to stop smoking advisors, with the focus on funding the NCSCT online package as this is accredited. Many years ago public health coordinated a network of advisors meetings (practice nurses, Quit4You team, health visitors etc), however with fewer people delivering Quit4You in the community, these ceased. There has been a lack of ongoing supervision, mentoring and refresher updates to providers of Quit4You outside of the Public Health Directorate. Many have not attended update training for several years.

Targeting priority groups			
Stop smoking services should ensure they are easily accessible by people from priority groups (e.g. Routine and manual smokers, secondary care, pregnant women, mental health, substance misuse, prisoners, black and minority ethnic groups).	NCSCT: Local stop smoking services. Service and delivery guidance (7: pg. 60-77)	Partially/No	Although Quit4You caters for a range of easy accessible services, and there has been some work in secondary care, pregnant women and mental health, there are still large gaps and there is little targeted work. There are particular gaps in secondary care, for routine and manual workers, mental health.
Is there population data to determine if there are certain geographical areas or types of smokers where smoking prevalence is higher than others? Determine the characteristics of the local population of people who smoke or use other forms of tobacco. Determine the prevalence of all forms of tobacco use locally.	NCSCT: Stop smoking services- needs analysis: a toolkit for commissioners (17), and NICE PH 10 (8)	No	Until recently, there was no local data about smoking prevalence, areas or types of smokers since 2009. A recent lifestyle survey 2016 (14) has provided some information about prevalence and age groups/gender, but no other information about priority groups.
Does the stop smoking service data evidence that the identified target groups are accessing the service with good success rates? Ensure NHS stop smoking services target minority ethnic and socioeconomically disadvantaged communities in the local population.	NCSCT stop smoking services- needs analysis: a toolkit for commissioners (17), and NICE PH 10 (8)	No	Services have not specifically targeted groups apart from pregnant women. Access and success rates are low in this group. PH has tried to create better links with secondary care, mental health etc, however there are still gaps. Without knowledge of this data in general population of smokers, it is difficult to determine whether priority groups are access the service.
Audits/evaluation			
Audit performance data routinely and independently and make the results publicly available. Have service providers been independently audited at regular intervals?	General best practice (no specific guideline)	No	The Quit4You service and the GP service have never been independently audited, and this is the first full evaluation of the service. Quit rates have been provided over the years when requested and were fed back to GP surgeries in the first few years of the service. There has not been a culture of requesting performance data previously (see overleaf).

Contract management: quality, performance and outcomes			
Are providers regularly monitored for quality, performance and outcomes?	NICE PH 10 (8)	No	GP's providing the Quit4You service have never been monitored for performance and outcome related to their service level agreement. The public health provided service has also rarely been asked to provide information on outcome and performance. Without electronic systems, this data collection has not been possible until information was inputted for this current evaluation. This is partly due to the culture of services in the IOM not providing performance data, and lack of 'true' commissioning. Service level agreements for the GPs and pharmacies were developed long before these were commonplace in the IOM, however these have not been regularly reviewed for quality and performance.
Other nice guidance/gaps			
Other specific NICE Guidance and recommendations regarding pregnant women, young people, mental health, secondary and primary care, workplaces	Questions from tobacco control JSNA support pack (18)		See: Tobacco Control: JSNA support pack (18) document named: IOM responses to JSNA support pack (18)
Workplace interventions			
Offer support to employers who want to help their employees to stop smoking. Where appropriate and feasible, provide support on the employer's premises.	Nice PH 5 workplace interventions (19)	Yes/ partially	Quit4You offer sessions in workplaces including one-off taster sessions, and groups/drop-ins or appointments where numbers are high enough (10 or more). Quit4You offers sessions for health and wellbeing days and for Stoptober etc. Apart from one particular work related campaign for Stoptober 2016, Quit4You does not proactively approach workplaces, due to lack of staff capacity in the current service. However Quit4You responds to queries from workplaces and arranges sessions based on demand and capacity. This is often the larger workplaces, and possibly misses the groups below that should be targeted to reduce health inequalities.

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For more details on the Island's Smoking Service, Quit4You visit:

www.Quit4You.gov.im

Evaluation and Report undertaken by:

Anita Imberger,
Health Psychologist and Tobacco Lead

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Glossary of Terms

Champix (Varenicline): is one of the approved prescription only medications used to help people quit smoking. Champix is a safe and effective medicine that both reduces nicotine withdrawal symptoms and blocks some of the 'rewarding' effects of smoking.

Carbon Monoxide (CO) Monitor: is a handheld electronic device that measures the amount of carbon monoxide in people's breath. It is used in stop smoking services as both a motivational and reinforcing tool, and also as a way of validating quit rates. Smokers obtain higher readings than non-smokers, and CO readings of less than 10ppm are required to validate a non-smoker reading.

Electronic Cigarettes: are an electronic device used to simulate the experience of smoking. They have a cartridge with a heater that vaporizes liquids usually containing nicotine and flavourings, instead of burning tobacco. Although they are not yet licensed to help people quit smoking, evidence suggests that e cigarettes are substantially less harmful to health than smoking, but are not risk free.

Nicotine Replacement Therapy (NRT): is a medically approved way of providing some of the nicotine that people get from smoking cigarettes. There are a range of different types of NRT that deliver a 'clean' therapeutic dose of nicotine, without the harmful tar and carbon monoxide contained in cigarette smoke. NRT roughly doubles a patient's chances of quitting smoking, by reducing the severity of withdrawal symptoms and helping to deal with urges to smoke.

Pharmacotherapies: are therapies using pharmaceutical drugs or medicines, as distinguished from behavioural therapy, which is talking therapy used to enhance motivation and support. Three pharmacotherapies are currently recommended as 'first line' treatments to help people quit smoking: Nicotine Replacement Therapy, Varenicline and Bupropion.

Very Brief Advice: Is a simple form of advice designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker. It follows a 3A model: Ask, Advise, Act. Evidence shows very brief advice prompts clients to make a quit attempt, and that smokers are nearly twice as likely to try to stop if they have been offered support and treatment compared to just being advised to quit. Free online training is available at: http://elearning.ncsct.co.uk/vba-launch

Zyban (Buproprion): is one of the approved prescription only medications used to help people quit smoking. It's not fully understood how Zyban helps people quit smoking, however it is known to increase the levels of two chemicals in the brain. This seems to reduce people's desire to smoke and help enhance ability to resist cravings.

Acronyms

DHSC	Department of Health and Social Care
DPH	Director of Public Health
EMIS	Education Management Information System
FTCD	Fagerstrom Test for Cigarette Dependence
HDA	Health Development Agency
IOM	Isle of Man
NICE	National Institute for Health Care and Excellence
NCSCT	National Centre for Smoking Cessation and Training
PH	Public Health
PHE	Public Health England
UCIOM	University College Isle of Man
UK	United Kingdom

Abbreviations

AL	Annual Leave
FTE	Full Time Equivalent
CPD	Continued Professional Development
CO	Carbon Monoxide
E-Cigarettes	Electronic Cigarettes
GP	General Practitioner
HEO	Higher Executive Officer
HSI	Heaviness of Smoking Index
JSNA	Joint Strategic Needs Assessment
MPTC	Manx Pay Terms and Conditions
n=	Number of
No.	Number
NRT	Nicotine Replacement Therapy
PDR	Performance Development Review
PGD	Patient Group Direction
SPOT	Spend and Outcomes Tool

Isle of Man Government

Reiltys Ellan Vannin

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DEPARTMENT OF HEALTH AND SOCIAL CARE
Public Health Directorate, Cronk Coar, Noble's Hospital
Strang, Douglas, Isle of Man, IM4 4RJ.

www.gov.im/publichealth

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