Review of smoking cessation services in Scotland

Advisory Group report

September 2023

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Executive summary

Smoking tobacco remains the single largest preventable cause of death in Scotland with almost 8,300 smoking-attributable deaths annually. Although smoking rates have been falling since 2003, these reductions hide a widening difference in smoking rates between the most deprived and least deprived communities.

Smoking cessation services are delivered at local level by territorial NHS Health Boards and Community Pharmacies. Smoking quit attempts through smoking cessation services have been falling since 2011. Two previous reviews of smoking cessation services identified variations in performance and that most services are not achieving their targets. These services were disrupted during the COVID-19 pandemic and there is agreement nationally and locally on the need to reprioritise smoking as a key public health issue.

The Scottish Government commissioned Public Health Scotland (PHS) to carry out a review of smoking cessation services and make recommendations for the delivery of services going forward. A multidisciplinary advisory group was convened to undertake the review and the membership is described in **Appendix 4**.

The review consisted of a survey and focus groups of smoking cessation staff, conducted by Scottish Government. Analysis of routine data was carried out along with four meetings of the multidisciplinary advisory group to synthesise the key findings, clarify the problems services were facing and identify how to improve performance.

The recommendations are grouped under eight themes. All of the recommendations should be taken forward adhering to article 5.3 of the World Health Organization (WHO) Framework Convention on Tobacco Control:

1. National and local leadership

- Re-emphasise smoking as a public health priority nationally and locally to ensure that smoking rates remain on track to make Scotland tobacco-free by 2034.

- Establish a group that supports the leadership of the Minister for Public Health and Women's Health in delivering against the commitment in the Policy Prospectus Equality, Opportunity, Community to ensure that smoking rates remain on track to make Scotland tobacco-free by 2034.

2. Setting and achieving new targets

- Scottish Government, NHS and other stakeholders to work together to develop new three-year target(s) for smoking cessation and tobacco control.

- Boards to update their stop smoking cessation services in line with the NICE guidelines and prioritise the following areas: mental health, pregnancy, people who smoke who are hospitalised and people living in the 40% most deprived within-Board Scottish Index of Multiple Deprivation (SIMD) areas.

- Update performance management tools within the Outcomes Framework to improve monitoring.

3. Improving recruitment, retention and successful quits: NHS Boards and Community Pharmacy

- Promote the need for services to engage with their communities and the third sector, which have an important role to play in strengthening relationships.

- Engage with Healthcare Improvement Scotland to support Boards to develop quality improvement approaches.

- Review and develop core training and establish a national peer group for staff involved in smoking cessation, with a focus on provision for Community Pharmacy staff.

4. NHS 24's contribution to smoking cessation via omni-channel resources

- Explore alternative ways of engaging with the public and providing advice such as the use of a chatbot, reviewing the Scottish Care Information (SCI) gateway, allowing people to self-refer to their own local smoking cessation service and signposting people looking to quit smoking at a local level.

5. Data and referral systems

- PHS needs to ensure Boards, with appropriate training, can access detailed data to identify priorities for service improvement and achieving targets and provide performance indicators for individual services.

- Referral arrangements between smoking cessation services and primary and acute care need to be strengthened and further integrated. Routine enquiry, brief interventions and appropriate referrals with regards smoking need to increase.

6. Workforce skills

- An agreed minimum standard for training, which is consistent with best evidence, will need to be established and rolled out consistently across Scotland.

7. Promotion of smoking cessation services

- Subject to resource, maintain commitment to marketing in pharmacies and encourage all Health Boards to use Quit Your Way branding.

8. Vaping

- Hold a round table of key stakeholders in tobacco control to take stock of the current situation in Scotland relating to e-cigarettes (including the rise in vaping by young people) and establish a way forward that protects children and non-smokers, while also being cognisant that they are one potential route towards stopping smoking for adults who smoke. It should be noted that e-cigarettes are not available on prescription in Scotland at the time of this report's publication.

1. Introduction

Smoking is one of the single largest preventable causes of premature death and ill health in Scotland.[1] It causes approximately 8,260 smoking-attributable deaths every year in Scotland and is responsible for around 40,766 hospital admissions.[1]

Tobacco smoking is an important driver of inequality and disease. We know that tobacco smoking causes poor outcomes for several diseases, including lung cancer and chronic obstructive pulmonary disease. Research shows that these diseases have a high proportion of the disease burden attributable to inequalities in multiple deprivation.[2] Disability-adjusted life years (DALYs) are a measure of the burden of disease. DALYs measure years lost to living with and dying from disease. Research by PHS shows that 55% of DALYs in lung cancer are attributable to inequalities and 68% in chronic obstructive pulmonary disease.

Smoking rates have been consistently falling since 2003. However, these reductions mask a widening of inequalities in smoking. Figure 1 shows that smoking prevalence is falling in all socioeconomic groups, but it is falling fastest in least deprived communities.[3] Consequently, smoking rates are higher in more deprived areas and people living in those communities are at higher risk of experiencing high levels of smoking-related harms.

Figure 1: Adult smoking prevalence in Scotland by quintile
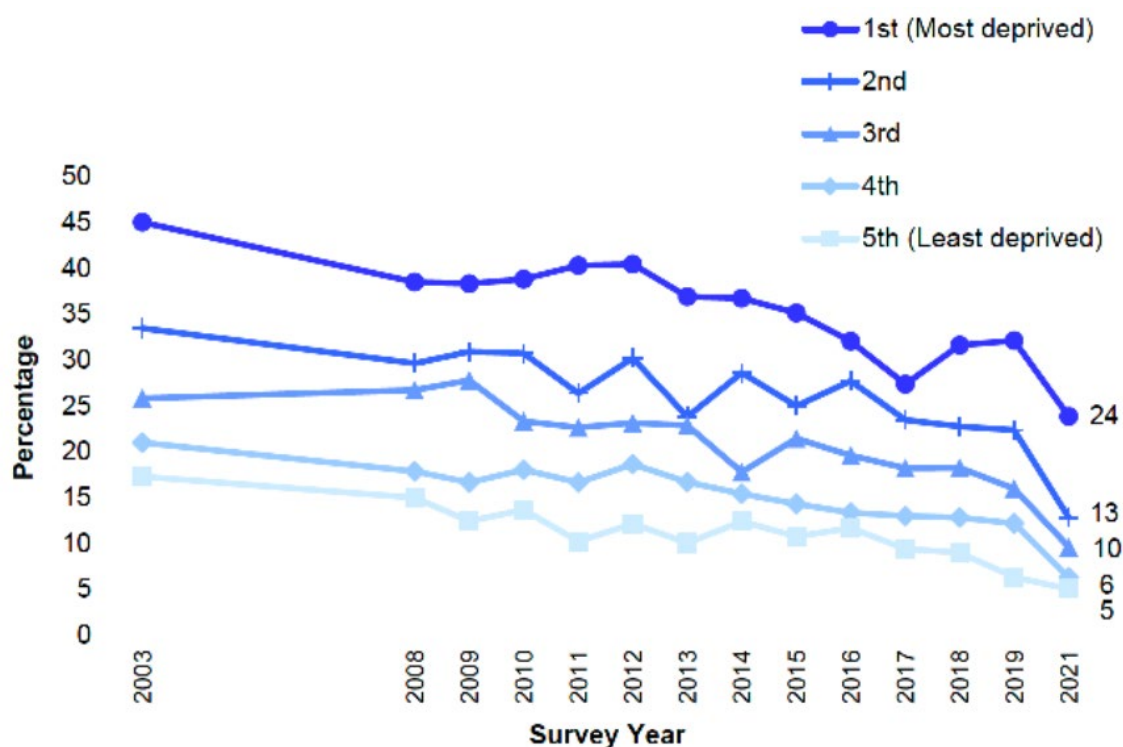
2. Smoking cessation services and Local Delivery Plan (LDP) Standards

In Scotland, smoking cessation services are delivered by the NHS to nationally agreed standards.[4] **Appendix 1** summarises how services are comprised.

Smoking cessation services have been set up to target more deprived areas where smoking prevalence is highest. The performance of smoking cessation services is assessed against Local Delivery Plan (LDP) Standards. These are priorities set and agreed between the Scottish Government and NHS Boards to provide assurance on NHSScotland performance.

The LDP standard for tobacco is:

> to sustain and embed successful smoking quits, at 12 weeks post quit, for people residing in the 40 per cent most-deprived datazones (60% for island Health Boards) in the NHS Board (i.e. two most-deprived local quintiles (three most deprived local quintiles for island Health Boards))[4]

Public Health Scotland data show that smoking quit attempts have been falling since 2011. Figure 2 illustrates that quit attempts have more than halved in the last 12 years. They have reduced from a peak of 121,385 quit attempts in 2011/12 to 31,359 quit attempts in 2021/22.[5] It should be noted that smoking prevalence has also reduced over this time period.

Figure 2: Number of smoking quit attempts in Scotland

Number of quit attempts made in NHS Stop Smoking Services, Scotland; 2010/11 - 2021/22
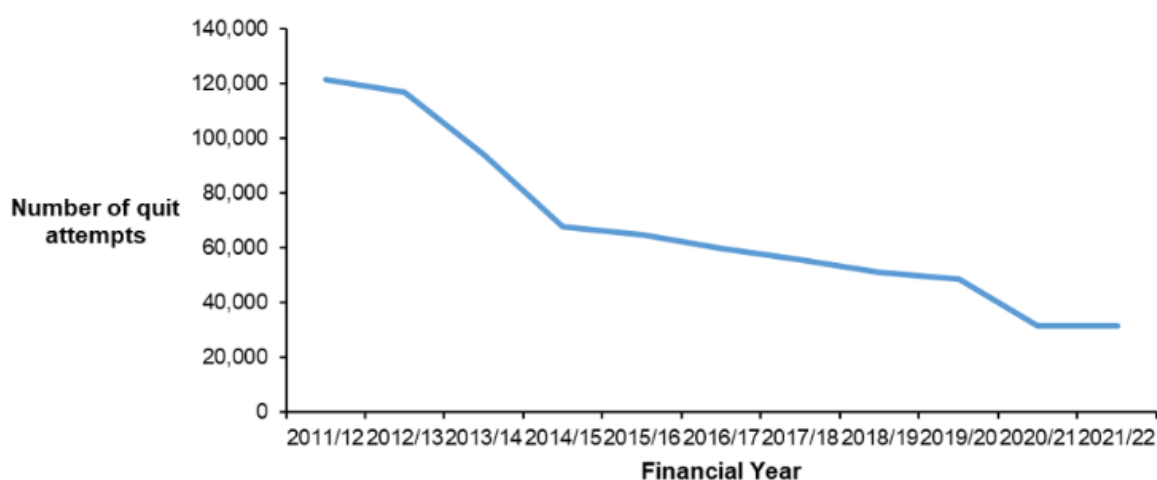
Source: **www.publichealthscotland.scot/publications/nhs-stop-smoking-services-scotland/nhs-stop-smoking-services-scotland-april-2021-to-march-2022/**

3. Previous reviews of smoking cessation services and Article 5.3

Two other reviews of smoking cessation services have been carried out in the last ten years. **Appendix 2** describes the broad focus of their recommendations. The Advisory Group has ensured that the work carried out in this review (2022–2023) builds on the two previous reviews (2013 and 2014). It examined the problems faced by services described in those reviews and scrutinised their recommendations regarding required service improvements, to assess whether they are still relevant today. The Advisory Group characterised these problems as being 'longstanding issues' and discuss them later in this report.

The WHO's Article 5.3, its implementation guidelines, and the guidance of the Conference of Parties of the WHO Framework Convention on Tobacco Control is the cornerstone of tobacco control internationally. It ensures that efforts to protect tobacco control from commercial and other vested interests of the tobacco industry are comprehensive and effective. Article 5.3 underpins this review of smoking cessation services and all the recommendations made in this review need to be taken forward, adhering to the article.

4. Methods

This review had four phases:

- Analysis of routine data on the performance of smoking cessation services.

- A survey and focus groups of smoking cessation staff, conducted by Scottish Government (the survey questionnaire is included in **Appendix 3**).

- Four advisory group meetings to use the findings from the Scottish Government survey and the analysis of routine data to identify priority areas for improvement for smoking cessation services.

- Participative work that the Poverty Alliance undertook for the Scottish Government with people with experience of poverty.

5. Findings

5.1: Analysis of routine data

This section presents statistics from NHS stop smoking services in Scotland, which are released quarterly and annually by Public Health Scotland. It describes the variability of performance across different regions of Scotland in the achievement of the Local Delivery Plan (LDP) Standard and the different model of service provision.

The LDP Standard is the benchmark for smoking cessation services in Scotland. It is therefore an important criterion for service performance. The national service specification for smoking cessation services specifies that all services need to include both Community Pharmacy and a specialist service (non-pharmacy).

Figure 3 shows the performance of smoking cessation services in each of the NHS Boards in Scotland against the smoking cessation LDP Standard (indicated by the 100% achieved dotted red line) for 2021/22. In the financial year 2021/22, NHSScotland achieved 78.3% (5,498 out of 7,026) of the required annual LDP Standard. Three out of fourteen NHS Boards met or exceeded their annual LDP Standard during the financial year 2021/22. NHS Board performance against their annual LDP Standard ranged from 44.4% to 149.1%. It is therefore important that the performance improves in the majority of NHS Boards.

Figure 3: Scotland and NHS Board performance against the 2021/22 LDP Standard
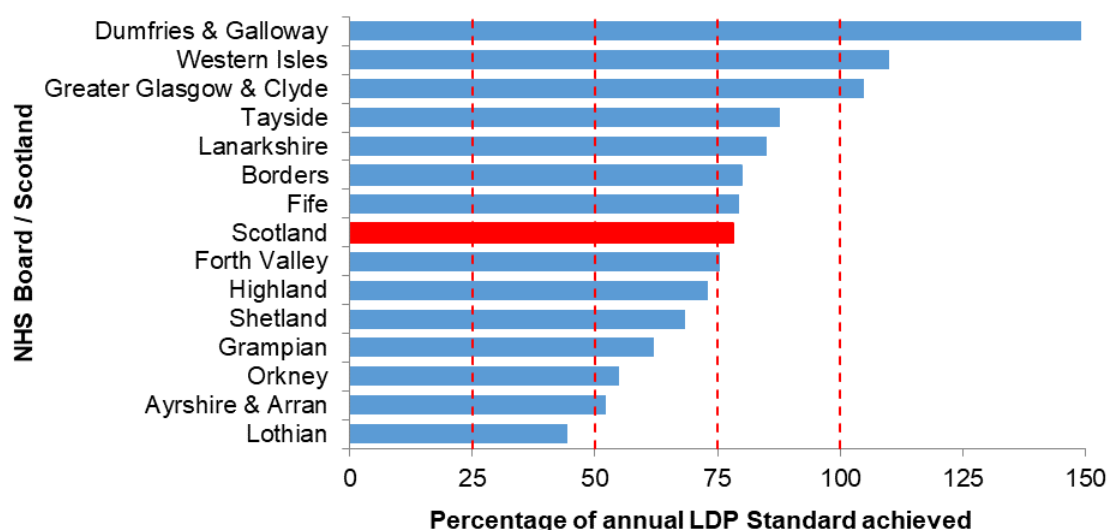
National service specification and guidelines for smoking cessation services in Scotland advise that both Community Pharmacy and specialist services need to co-exist within NHS Boards. Analysis of routine data shows that the type of service provided by Boards across Scotland varies widely. Figure 4 shows the distribution of quit attempts via pharmacy and specialist service across the different Scottish Health Boards. In Tayside, 100% of quit attempts are supported through Community Pharmacy, whereas in the Western Isles, 6% of quit attempts are achieved through this service. It is important that services are designed, in line with specifications and guidelines, to meet the needs of their local populations.

Figure 4: Distribution of quit attempts via pharmacy/specialist services: NHS Board 2021–22
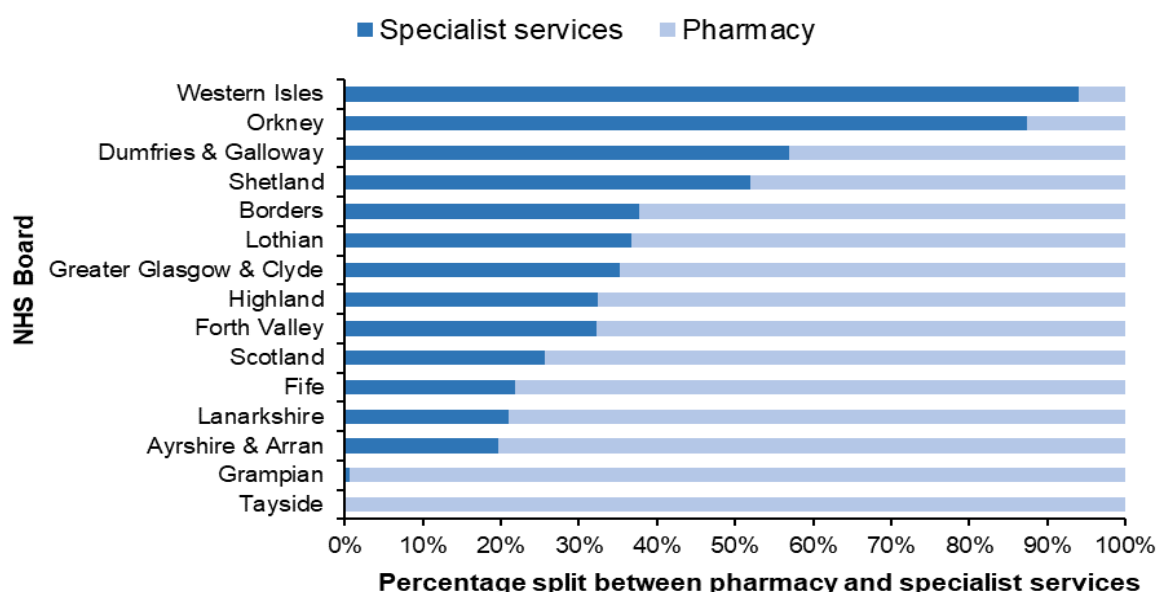
5.2: Overview of findings from survey and focus groups

An online qualitative questionnaire and focus groups were undertaken in October and November 2022. All NHS Boards in Scotland were given the opportunity to participate in both elements of the research. Responses were received from all NHS Boards.

The aims of the research were to understand:

- the impact of the COVID-19 pandemic on services

- the progress regarding remobilisation of services post-pandemic

- what the Scottish Government and others could do to further support Boards and improve delivery.

Key findings from the research can be grouped under the following headings:

- Services right now

- What worked well during the pandemic

- Main challenges

- Asks of the Scottish Government

The following sections present the feedback smoking cessation coordinators provided in the qualitative questionnaire and focus group discussions. Their views do not necessarily represent those of the Advisory Group.

Cessation services right now

- COVID-19 impacted on service delivery.

- Recovery post-pandemic response has been mixed.

- Variation in provision despite NICE guidelines.

- Leadership is needed from NHS Boards, Scottish Government and PHS.

- Resilient – considering how they had responded to the impact of the pandemic and adapted services.

- Optimism that services should and could be prominent again.

What worked well during the pandemic

- Diversification of service offered.

- Consensus that a blended, evidence-based model was effective.

- Use of technology, such as telephone/Near Me consults, had both pros and cons.

- Good examples of innovation in delivery.

Main challenges

- Reduced referrals from acute settings.

- Good joint working with pharmacy but room for improvement.

- Need for clear pathways for priority groups – for example maternity and mental health.

- Clearer guidance required on e-cigarettes, including use as a cessation tool.

- Lack of national available training.

Asks of the Scottish Government

- Leadership and strategic direction.

- PHS needs to be a key player.

- More support.

- Review of Local Outcomes Improvement Plans (LOIPs), key performance indicators (KPIs) and funding arrangements.

- Equitable access to training.

- Review and update policy on e-cigarettes, including reconsideration of them as a cessation tool.

- Guidance and training on how to discuss risks of e-cigarette use with young people.

- Need way of implementing findings of the review post April 2023.

- Mechanism to drive change and innovation in tobacco control in Scotland.

5.3: Advisory Group meetings

A series of four Advisory Group meetings of smoking cessation experts was held between November 2022 and March 2023. The purpose of the first meeting was to convene the group and reach a shared agreement on the focus of the review of smoking cessation services. The findings from the survey of smoking cessation staff

were presented by Scottish Government. Data on the performance of smoking cessation services were presented by NHSScotland.

Section 5.1 illustrates key messages from the analysis of performance data, namely that most services have not achieved their targets. Secondly, that there is a wide variability in both practice and performance. The findings of the survey have been presented in section 5.2. It describes several key elements which need to be improved in smoking cessation services and across the whole public health system.

The second meeting explored best practice. The chair of the national smoking cessation coordinators group provided examples of best practice and the pathway towards improvement. NHS 24 then presented on the role of the national smoking cessation helpline and how it could be used more effectively. Lastly, Public Health Scotland presented data on smoking prevalence from the most recent Scottish Health Survey.

The third meeting considered smoking cessation. NHS Lothian presented on the current target, its strengths and weaknesses and options for future targets. Community Pharmacy Scotland then presented on smoking cessation in Community Pharmacy, the challenges and opportunities they face and how work could be improved in the future. Finally, Scottish Government presented on funding and guidance for smoking cessation services, including strengths and weaknesses of the current context.

The final meeting focused on improvement priorities. NHS 24 presented on how the national smoking cessation helpline could be changed and integrated with smoking cessation services. Potential new digital innovations were also presented for the group to consider. Scottish Government then presented a synthesis of improvement priorities from the analysis of routine data that had been carried out, the survey of smoking cessation staff and the outputs of the three previous meetings.

5.4: Participative work by the Poverty Alliance

The Poverty Alliance undertook participative workshops for the Scottish Government with people with experience of poverty. They were undertaken during the wider context of the cost-of-living crisis in the UK.

Participants were asked for their views on smoking cessation services, particularly how services need to be designed and delivered to better meet their needs. Five broad themes emerged from the participative work led by the Poverty Alliance:

1. Poverty and smoking are inextricably linked. Experiencing poverty can make it more likely for someone to smoke and can make it harder to quit.

2. Smoking is entwined with poverty, trauma, and poor mental health – all of which are associated with stigma.

3. It follows that, to most effectively support people living in poverty in Scotland to be free from smoking, we must design policies and interventions that simultaneously aim to reduce smoking and reduce poverty and the stressors associated with living with poverty.

4. Smoking cessation services should link to support that helps people exit poverty and to mental health support. This should be designed in partnership with people with experience of poverty and smoking.

5. Interventions and services must be implemented in a stigma-free and trauma-informed way.

6. Discussion and recommendations

This section synthesises the findings from the survey of smoking cessation coordinators, the analysis of routine data, the Advisory Group meetings and the participative work the Poverty Alliance undertook with people with experience of poverty. It groups the findings into eight broad themes and sets out key recommendations for action.

6.1 National and local leadership

During the COVID-19 pandemic, Scottish Government and local and national public health teams focused their resources on responding to the public health emergency that the country faced. Work on smoking was paused or reduced to a minimal level across the country and teams were redeployed to various other roles, for example health protection. Consequently, smoking has been less of a public health priority over the last two years than it would normally be.

The survey of smoking cessation coordinators and the Advisory Group meetings highlighted the need for a renewed focus on tobacco control and for reinvigorated leadership on smoking at national and local levels. The following recommendations were made:

- Re-emphasise smoking as a public health priority, building on Scottish Government (SG) 'asks' of NHS Boards in forthcoming SG planning guidance and outcomes framework (SG lead; 2023–24). By Boards, we mean territorial and specific special Boards i.e. PHS, NHS 24, NHS Healthcare Improvement Scotland and National Education Scotland (NES) (SG lead; 2023–24).

- Establish a new group that supports the leadership of the Minister for Public Health and Women's Health in delivering against the commitment in the Policy Prospectus Equality, Opportunity, Community to ensure that smoking rates remain on track to make Scotland tobacco-free by 2034 (SG lead; 2023–24).

- Re-establish and further develop a national network for professionals working in the field of tobacco control, including Community Pharmacy representation.

- Re-establish and further develop a national network for tobacco control leads/coordinator (PHS lead; 2023–24).

- Re-establish PHS capacity and restore lost institutional tobacco control knowledge to support implementation of the review recommendations, including data improvement, consistent with drive to re-establish smoking as a priority (PHS lead; 2023–24).

- Secure expert professional advice for tobacco control policy (SG lead; 2023–24).

6.2 Setting and achieving new targets: Improving recruitment, retention and successful quits – NHS Boards

Routine data show that most smoking cessation services are not achieving their targets (Figure 3). New targets for smoking cessation services need to be identified. This review recommends that a collaborative approach between Scottish Government and local and national NHS Boards is used to develop new targets and that multi-year targets should be considered rather than single-year targets. The survey of local smoking cessation services and Advisory Group meetings identified that four areas should be prioritised by services: mental health, pregnancy, smokers who are hospitalised and people living in the 40% most deprived within-Board Scottish Index of Multiple Deprivation (SIMD) areas. Communities need to be at the heart of improving the performance of smoking cessation services, and services need to engage with the communities that they support, as part of the improvement process.

This review also identified that Scottish Government needs to monitor performance reporting of smoking cessation services more closely. The survey of smoking cessation services identified that staff training needs to be improved and rolled out across all Boards. Lastly, the Advisory Group meetings identified that support is needed by Healthcare Improvement Scotland to lead and support services to improve their performance. The specific recommendations were as follows:

- Scottish Government, NHS and other stakeholders to work together to develop new three-year target(s) for smoking cessation to drive improvements in quits and reduce inequalities (SG lead; 2023–24).

- In line with this, Boards to update their three-year tobacco control action plans and prioritise the following areas: mental health, pregnancy, smokers who are hospitalised and people living in the 40% most deprived within-Board Scottish Index of Multiple Deprivation (SIMD) areas (NHS Boards lead; 2023–24).

- To support improvements in provision for target groups, all Boards to self-evaluate against relevant sections of the NICE guidelines (NHS Boards lead; 2023–24).

- Update performance management tools within the Outcomes Framework in order to improve monitoring (SG lead; 2023–24).

- Recommend to Boards use of improvement methodology in order to understand and address unwarranted variation, supported locally by NHS Boards Quality Directorates or equivalent (SG and PHS lead; 2023–24).

- Set out national training available [from NES] to NHS Boards to build capacity around use of improvement methodology, especially for smaller boards.

- Set up new Smoking Cessation Review Monitoring Group to examine and report on whether the recommendations of the review are implemented (SG lead; 2023–24).

- Services need to remain open to including new evidence-based cessation products and interventions, for example Cytisine, as they become available (NHS Boards lead; 2023–24).

- Services need to engage with the communities that they support, as part of the change/improvement process. The third sector has a key role to play in the engagement process given their experience and expertise in this area (NHS Boards lead; 2023–24).

- Engage with Healthcare Improvement Scotland to lead and support Boards to improve performance. High-performing services could be given the opportunity to become test sites to identify best practice that can be used by other Health Boards to improve performance. There are four key areas of focus: increasing quit attempts, reducing variation in successful quit rates, strengthening partnership with Community Pharmacy nationally and locally, and reducing variation in performance between and within NHS Boards. (SG lead; timeframe to be confirmed).

6.3 Improving recruitment, retention and successful quits: Community Pharmacy

The national service specification details how services need to be delivered and what data need to be collected and reported on by smoking cessation services. The Advisory Group meetings identified that the service specification needs to be reviewed and updated. The smoking cessation service survey and the Advisory Group meetings identified that staff training needs to be updated. Lastly, the Advisory Group identified that the current Pharmacy Care Record (PCR) system has several limitations and needs to be improved. This review makes the following recommendations:

- Review national service specification and develop a condensed set of core requirements. These are to include referrals to and from Boards, shared care, data recording and carbon monoxide (CO) monitoring (SG Pharmacy Policy lead; to be completed in 2024/25).

- Review existing and develop core training and national peer group for staff involved in smoking cessation with a focus on provision for Community Pharmacy staff (SG Pharmacy Policy lead; to be completed in 2024/25).

- Secure commitment within PCR development programme to improve useability of system (SG Pharmacy Policy lead; included in e-Pharmacy workplan for 2023/24).

6.4 NHS 24 contribution to smoking cessation via omni-channel resources

The Health Information Service staffing resource is considered under the wider Service Delivery Workforce plan. NHS 24 Health Information Service is aspiring to use all digital resources while continuing to provide a webchat option and ensuring telephony provision for those unable to access digital/online services. In relation to supporting smoking cessation for the citizens of Scotland, this will be an expert signposting service to access local services within the territorial Health Board areas. NHS 24 will continue to engage and support colleagues within territorial Health Boards to agree referral pathways between NHS 24 and smoking cessation options for those wishing to access them. Subject to the outcome of the current organisational review, the recommendations are to:

- develop a chatbot to access information automatically with back-up live chat or telephony via the chatbot to speak with an advisor (NHS 24 lead; 2023/24)

- allow people to self-refer to their own local smoking cessation through C2BC via NHS inform or signposted to their local pharmacy (NHS 24 lead; 2023/24)

- have NHS 24 operators trained 'in house' to develop their signposting skills. The formal national training would no longer be considered as required for this new role when new staff are recruited as they will adapt more for signposting to the appropriate services and areas (NHS 24 lead; 2023/24)

- reconsider NHS 24's role in coordinating and distributing quit packs (NHS 24 lead; 2023/24).

6.5 Data and referral systems

Data and referral systems need to be improved. Public Health Scotland is reviewing the way that smoking cessation data are presented on its smoking cessation dashboard. Work is being carried out with smoking cessation staff in territorial Health Boards to develop the dashboard further to enable more detailed analysis to be done by services. Primary care and acute care remain key settings for smoking cessation.

The survey of smoking cessation staff identified that during the COVID-19 pandemic, connections between smoking cessation services and primary and acute care have been weakened. There needs to be a new focus on rebuilding relationships between these services and increasing referral from primary and acute settings to smoking cessation services. The following recommendations were agreed:

- PHS needs to further develop dashboard in collaboration with Boards, with appropriate training, to ensure they can access detailed enough data to identify priorities for service improvement and achieving targets (PHS lead; 2023–24).

- PHS needs to expand dashboard to allow performance indicators for individual service elements at local and individual level Community Pharmacy reports. (PHS lead; 2023–24).

- PHS dashboard to be monitored and regularly updated (PHS lead; 2023–24).

- Relationships between smoking cessation services and primary and acute care need to be strengthened to ensure that at every healthcare opportunity smoking is raised, appropriate referrals are made and adequate support is provided to people to support healthy behaviour change (NHS Boards lead; 2023–24).

6.6 Workforce skills

The review identified that the uptake of national training is variable. Work needs to be done to promote training and encourage territorial Health Boards to implement a regional approach to training. Work also needs to be done to ensure there is a focus on training in Community Pharmacies. The recommended actions are to:

- agree a minimum standard for training, which is consistent with best evidence, to be established and rolled out consistently across Scotland

- ensure training of Community Pharmacy staff is prioritised and simplified to cover specific elements (Community Pharmacy; 2023/24):

- o cessation support theory

- o service requirements

- o PCR use

- develop national training offer for Community Pharmacy and monitor uptake. Consideration to be given to appropriate resource and infrastructure to support ongoing face-to-face training (Community Pharmacy; 2023–24)

- encourage Boards to take a regional approach to training using national materials where appropriate (NHS Boards; 2023–24).

6.7 Promotion of smoking cessation services

The review identified that there is a gap around the promotion of smoking cessation services. The Advisory Group recommended that, subject to resource, new work could be done to promote smoking cessation services nationally and locally, with a clear focus on consistently using the Quit Your Way branding. The recommendations for promotion were as follows:

- Subject to resource, maintain commitment to marketing in pharmacies (SG lead; 2023–24).

- Subject to resource, develop annual national marketing plan and refresh assets for use by Boards and other stakeholders (SG/PHS lead; 2024–25).

- All Health Boards to use Quit Your Way branding (NHS Boards lead; to be achieved by end March 2024).

6.8 E-cigarettes

The recent rise in e-cigarette use among children has caused concern across the public health community. Data from the recent Health and Wellbeing Census show that 4% of 13-year-olds and 10% of 15-year-olds reported being regular vapers.[1] This development has changed the discourse on e-cigarettes.

This review focused on smoking cessation products that are currently available on prescription. Consequently, the Advisory Group agreed that e-cigarettes would be outside the remit of a review of smoking cessation services. However, they also recognised that this is an ongoing issue which will need to be addressed. The Advisory Group recommended that a group is convened as a matter of urgency to consider the matter further and identify how to establish a way forward. The specific recommendation was:

- Hold a round table of key stakeholders in tobacco control, including Scottish Government, NHS, third sector and academia, to take stock of the current situation in Scotland relating to e-cigarettes (including the rise in vaping by young people) and establish a way forward that protects children and non-smokers while also being cognisant that they are one potential route towards stopping smoking for adult smokers. It should be noted that e-cigarettes are not available on prescription in Scotland at the time of this report's publication (SG/PHS lead; 2023–24).

7. Conclusions

This review has identified that most Health Boards are not achieving their smoking cessation targets. Service provision also varies widely between different Health Boards. These issues are not new but have been exacerbated by the COVID-19 pandemic.

Ideally, smoking cessation services need to aim for both a high quit rate and a wide reach to make a greater contribution to reducing smoking and health inequalities in their local communities. There are areas that exhibit best practice, meet their targets and have strong relationships across community pharmacy, primary and acute care and with their local communities. We need to spread those approaches to areas that are struggling and support them to improve. The challenge is going to be identifying what needs to change precisely and then delivering change quickly so that performance improves, and more services operate optimally.

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September 2023

Appendix 1: Smoking cessation services

- Specialist smoking cessation services that offer structured behavioural support delivered in groups or 1:1, together with licensed pharmacotherapy (nicotine replacement therapy or bupropion). This support is delivered by specially trained staff in a variety of NHS and non-NHS settings.

- The national Community Pharmacy smoking cessation service, which complements the specialist smoking cessation services and provides a course of advice and nicotine replacement therapy (NRT) over a period of up to 12 weeks.

- NHS 24 – telephony and webchat service (Quit Your Way Scotland) provide support and a referral service to clients. NHS 24 is unable to collect the data on success of quit attempts. NHS 24 provides contact data to Boards via SCI Gateway in relation to smoking cessation enquiries.

- Smoking cessation services collect data about their clients and the extent to which those clients successfully quit smoking. Data collection is carried out at NHS Board level and feeds into the national smoking cessation database managed by Public Health Scotland.

Appendix 2: Focus of previous reviews of smoking cessation services

A review of smoking cessation services was published by NHS Health Scotland in 2013.[6] It set out a range of recommendations under nine broad headings:

- Service provision

- Referrals

- Attracting, engaging with and retaining clients

- Work with target groups

- Pharmacotherapies and prescribing

- Follow-up

- Carbon monoxide (CO) monitoring

- Collection of client feedback

- Training needs

The second review, which was carried out a year later in 2014,[7] focused its recommendations for action in three areas:

- Reducing variation in outcomes and improving consistency between services

- Increasing reach and success, particularly with priority groups

- Improving processes within services and training for staff

Appendix 3: Smoking cessation lead survey questions

Cessation survey

General information

1. Board name

Tell us about your services

2. Were your services reduced during the pandemic?

3. What improvements have been made to your services since the start of the pandemic?

4. What are any of the negative changes in the services you provide since the start of the pandemic?

Referral routes

5. What level of referrals do you receive from online platforms such as the Quit Your Way (QYW) websites or the 'click to be contacted' function on the NHS inform website?

6. Can you give an indication of the level of referrals you receive from telephone services, including what services these are?

7. What level of referrals do you receive from health professionals, if possible broken down by type of professional?

8. Have you seen a change in how individuals are referred since the start of the pandemic, including possible reasons for changes?

9. Are there any referral routes not discussed that you want to reflect on?

Working with wider partners

10. How does your service work with local pharmacies and are there any improvements/issues you would like to highlight?

11. What could pharmacies promoting services among core groups do to improve uptake of cessation services?

12. How could the services in your area work more effectively together in the short to medium term?

13. How could the services in your area work more effectively together in the medium to long term?

Cessation aids

14. What has been the impact in your area of the lack of availability of Varenicline?

15. What support/information is given to patients in your area around the different cessation aids, including vaping?

16. What can Scottish Government do to help smoking cessation coordinators on the range of different cessation aids, including vaping?

17. Are there any concerns by practitioners, in your area, over the use of vaping in cessation attempts?

Targets

18. Did you achieve your cessation targets during 2021/22?

19. If No, how have they been impacted?

20. What are your views on the current cessation target set by Scottish Government?

21. What do you think should be included as part of a cessation target?

Support to the network

22. What other support could the Scottish Government offer to smoking cessation coordinators?

23. Are there any changes or potential improvements to overall services you would like to see taken forward and how can Scottish Government provide support?

24. Would you like to be part of a focus group to discuss in more detail?

General feedback

25. Is there anything else you would like to feed back about?

Contact details

26. Name

27. Email address

Appendix 4: Advisory group membership

Name	Organisation
Dr Garth Reid (Chair)	Consultant in Public Health, Clinical and Protecting Health Directorate, Public Health Scotland
Catherine Aglen	Pharmaceutical Advisor (Community Pharmacy), Pharmacy & Medicines Division, Scottish Government
Susan Birse	Health Improvement Principal, Public Health, NHS Highland
Fiona Dill	Team Leader, Tobacco, Health Improvement Division, Scottish Government
Sheila Duffy	Chief Executive, ASH Scotland
Shirley Mawhinney (née Mitchell)	Senior Health Improvement Manager, NHS Lanarkshire
Adam Osprey	Policy and Development Pharmacist, Community Pharmacy Scotland
Robbie Preece	Health Improvement Lead, Tobacco Control, NHS Lothian, Public Health & Health Policy
Ruksana Sarwar	Tobacco & Alcohol Unit, Health Improvement Division, Population Health Directorate, Scottish Government
Vincent Smith	Service Delivery Manager, NHS 24
Melanie Weldon	Tobacco & Alcohol Unit, Health Improvement Division, Population Health Directorate, Scottish Government

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