

Smoking cessation interventions and services



Consultation on draft guideline – deadline for comments 5pm on Wednesday 1 November 2017 email: SmokingCessationServices@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.2. Would implementation of any of the draft recommendations have significant cost implications?3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Royal Pharmaceutical Society</p>

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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		N/A		
Name of commentator person completing form:		Tanya Rogers		
Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
			General	We would like to emphasise the role of pharmacists and pharmacy staff providing specialist stop smoking services and ability to identify vulnerable patients, across many settings – community, GP practice, care homes, custodial settings.
1	Full (40 pages)	4	Recommendation 1.1.3	Suggestion to include substance misuse patients, pharmacists are the first point of contact for these patients and will have regular contact with them, and opportunities to offer advice.
2	Full	5	1.2.1	Community Pharmacists are ideally placed as the first point of contact for patients, to ask patients if they smoke and offer advice to stop smoking. They do this as part of their consultation when handing out prescriptions and when undertaking medication reviews esp. patients who medicines for health conditions made worse by

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				smoking or who have a smoking related illness. Pharmacist and pharmacy staff can identify patients requesting OTC treatments or advice for NRT, or for ailments which may be associated with smoking such as coughs.
3	Full	5	1.2.2	Suggestion that instead of referring to specialist stop smoking services, pharmacies can offer an in-house service which is more convenient for the patient, or they can refer to a pharmacy that does. We suggest that the guidance highlights where one may find a list of specialist of stop smoking services for ease of signposting, such as those that have completed the required NCSCT's qualified training. Recommend to make it easier to have list of specialist services readily available for signposting NCSCT's qualified.
4	Full	7	1.3.5	Highlight all prescribers can prescribe these medicines not just GPs. We are concerned that this recommendation may imply that only GPs and not NMP can prescribe these medicines.
5	Full	7	1.3.6	Our recommendation is to consider mentioning the important safety information MHRA/CHM advice for prescribing varenicline.
6	Full	8	1.3.8	Pharmacists and pharmacy staff are ideally placed in community pharmacy to offer advice on using nicotine replacement products.
7	Full	8	1.3.10 & 1.3.11	Signposting to behavioural support or in house.
8	Full	9	1.3.12	Text messaging -what would this involve? Guidance needs to be clearer. Would texts be motivational or reminders? Concerned not all would be responsive such those who do not use/favour technology or have mobile phones, would rather a more traditional approach, consider alternatives such as phone call follow up or face to face. Signposting to a helpline.
9	Full		1.3.13 & 1.3.14	What is difference between brief and very brief advice? Would all prescribers not offer the same advice? And refer when necessary? Do GPs not offer text messaging support whereas other prescribers do? We are concerned this recommendation may imply that a different level of care will be offered depending on the prescriber in question. If brief/very brief advice provided does this mean they in addition require referral to specialist service for full advice? Does brief advice cover behavioural therapy? Referral for this? Concerned this statement may cause confusion.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.

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NICE National Institute for
Health and Care Excellence

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- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons).
We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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