Appendix A: Competency framework for tobacco dependence treatment in secondary care: evidence and methods

1. Background

The NHS Long Term Plan has committed to delivering tobacco dependence treatment to all inpatients, pregnant women and high-risk outpatients by 2023-24. The recommended model is based on the delivery of 'opt-out' bespoke specialist interventions and follow-up, supported by the provision of nicotine replacement therapy (NRT), other licenced pharmacotherapies and other evidence-based interventions.

Frontline staff will need to be upskilled to be able to provide these interventions, and NHS England and NHS Improvement (NHSE&I) have commissioned the National Centre for Smoking Cessation and Training (NCSCT) to develop competency frameworks to support the training and development of NHS staff. This set of competency frameworks was initially developed by the NCSCT and has subsequently been adapted following further internal consultation with subject matter experts.

2. Requirements

The competency framework is applicable to the following interventions and roles:

- Delivering very brief advice on smoking (VBA)
- Providing a bespoke, in-depth tobacco dependence treatment intervention
- Leadership.

For the most part, delivery of these interventions is not restricted by role or grade, but rather determined by the competence attained through training and experience. The competences described in the framework are applicable to NHS staff at differing grades, but also to non-clinical and non-NHS staff.

The competency framework is organised by intervention and identifies the individual competences (knowledge and skills) required to deliver these interventions. The framework also identifies training and other resources where these competences can be gained, and suggestions for maintaining the competences.

Distinct competency frameworks have been produced for staff treating the following patient groups:
1. Inpatients of acute hospitals
2. Pregnant women (inpatient and outpatient)
3. Mental health service users (inpatient and outpatient)
4. Service users with learning disabilities (inpatient and outpatient)

5. High-risk outpatients (e.g. vascular, surgical, cancer, respiratory)

The decision on competence for prescribing stop smoking medications via a patient group direction (PGD) is made at a local level, but a template for competences needed to recommend and prescribe stop smoking medications is also available.

3. Competency framework development

Evidence-based behaviour change techniques (BCTs) have been established to support smoking cessation (Michie 2011a; Michie 2011b; Black 2020). These BCTs were identified based on an extensive review of treatment protocols and international guidelines, as well as evidence from randomized controlled trials and expert clinical opinion. While there are more than 71 BCTs, there are 16 individual BCTs for which there are good grounds to believe that they are the most effective (Michie 2011).

A five-step process was used to identify BCTs as follows.
Step 1: Generation of a comprehensive list of BCTs from all relevant sources
Step 2: Identification of a sub-set of currently recommended BCTs
Step 3: Identification of a sub-set of BCTs with evidence of intervention effectiveness
Step 4: Identification of a sub-set of BCTs with evidence of clinical effectiveness
Step 5: Evaluation and determination of the final set of BCTs.

The research underpinning the identified BCTs is presented in 'Identifying evidence-based competences required to deliver behavioural support for smoking cessation' (Michie S. et al, 2011).

For the preparation of the NHS competency framework for tobacco dependence treatment, the existing BCTs were reviewed and categorised based on intervention type (VBA or in-depth smoking cessation intervention), then identifying which patient group (inpatient, outpatient, pregnant women, mental health service users, persons with learning disabilities) the BCTs and associated competences are relevant to.

Where specific BCTs have not yet been identified for particular competences, the competences have been based upon best clinical practice with indications where this has been drawn from. In particular, the recent work from the University of Nottingham to identify BCTs for supporting smoking cessation among pregnant women has been used to tailor the competency framework for pregnant women so that it is aligned with the latest knowledge and best practice (Campbell 2018).

4.   Very brief advice on smoking (VBA): evidence

Very Brief Advice on smoking (VBA) is an evidence-based intervention designed to increase quit attempts among people who smoke (Michie 2011; Aveyard 2012; Stead 2013). VBA involves three steps: "Ask" patients about their tobacco use, "Advise" them that the best method of quitting is with a combination of medication and behavioural support, and "Act" on patients' response (i.e. supporting smokers with making a quit attempt or making a note in their records that the patient is not interested in quitting at this time). VBA is designed to be delivered by front-line staff to every patient in order to prompt quit attempts without taking up too much time. Smokers interested in quitting are then linked to available quit smoking support, either in-house or in the community. The National Centre for Health and Care Excellence recommends VBA be delivered at every opportunity to patients by health and social care workers (NICE 2018).

5.   Smoking cessation (tobacco dependence treatment) interventions: evidence

There is strong evidence to show that the combination of behavioural support and licenced stop smoking medications can significantly increase success with quitting (Stead 2016). Such interventions should be delivered by staff specifically trained to deliver tobacco dependence interventions and make use of evidence-based BCTs in order to increase a person's odds of quitting successfully (Michie 2011). Within the NHS, this intervention will take the form of an initial consultation to conduct an appropriate assessment and establish the patient's stop smoking treatment plan, with follow-up consultations conducted to monitor and adjust the plan as needed.

In the inpatient setting, the initial focus will be on managing nicotine withdrawal whilst in hospital, followed by motivating and supporting quit attempts (Reid 2010). Best practice indicates that patients should receive bedside stop smoking counselling and access to stop smoking medications while in hospital and follow-up support for at least a month following discharge from hospital (Rigotti 2012; Reid 2010). As such, the competency framework for inpatients is tailored to align with these established best practices.

In the outpatient setting, the focus is on supporting quit attempts using evidence-based treatment. It is known that some groups of smokers will require more individualised and intensive counselling than the general population of smokers. These groups include individuals with mental health issues, as well as pregnant women, surgical patients and certain patients with chronic diseases such as COPD (Chamberlain 2017; Thomsen 2014; Jiménez-Ruiz 2015; Campbell 2018).

There is limited information and evidence to guide practice in terms of tailoring tobacco dependence interventions for persons with learning disabilities, and as such the competency framework has been tailored to address good communication practices and factors such as social support and peer influence that have been shown to be highly associated with smoking behaviours in this population (Kerr 2013).

6. Leadership: evidence

Administrative and clinical leadership have a fundamental role to play in supporting the success of the NHS plan to deliver evidence-based stop smoking support to all inpatients. This includes responsibilities for: supporting the introduction of the necessary policies and procedures to facilitate the delivery of tobacco dependence interventions in hospitals and hospital units, ensuring NHS staff are motivated, have the competences (knowledge and skills) and opportunity to deliver the clinical service (VBA and stop smoking intervention), as well as monitoring delivery of the intervention against established benchmarks. Moreover, leadership has an important role to play in establishing the supportive culture required for the delivery of evidence-based stop smoking support as a new standard of care. There is research to show that key opinion leaders and champions within organisations can play an important role in increasing the quality of intervention delivery and ultimately the outcomes (Papadakis 2016).

The recommended competences for clinical and administrative leadership have been identified through a combination of expert opinion, real world experience and research. These competences reflect both the need to have a good working understanding of nicotine addiction and the principles and evidence in terms of smoking cessation in secondary care. The competences also reflect knowledge and skills from the quality improvement field that are relevant to introducing new processes and policies as identified in the NHS Clinical Leadership Competency Framework (NHS 2011).

7. Competency framework: NHS context and future development

The original competency framework documents submitted by the NCSCT have been reviewed by NHS England and NHS Improvement and, where relevant, adapted following subject matter expert input or for additional NHS delivery context.

The tobacco dependence treatment model recommended by the national Prevention Programme team will continue to be refined throughout the implementation process, and this first iteration of the Competence Framework will be updated in light of any significant changes if required. Feedback by frontline services through the Community of Practice will be key to ensuring the required knowledge and skill competences are covered within the training.

The national programme team has also commissioned an e-Learning resource to accompany the recommended delivery model and support NHS staff in developing the required knowledge and skills that will facilitate delivery of tobacco dependence treatment interventions. These resources will be made available via the Community of Practice, and if possible, through the e-Learning for Health (e-LFH) platform.

8. Required Training and training assets

The e-LFH 'Introduction to treating and preventing ill health by risky behaviours – tobacco and alcohol' and 'Very Brief Advice on Smoking' modules have been identified as training that meets the requirement for the VBA competency framework in an inpatient setting. However,

whilst significant elements are transferable, it is not specifically tailored to other populations of smokers including mental health service users, pregnant women, persons with learning disabilities and patients seen in outpatient settings.

Training resources commissioned by the national Prevention Programme team are being developed, and in the interim, the recommended training from other available training resources that aligns with the knowledge and skills competences has been identified in the respective competency frameworks.

The NCSCT have also developed a Training Standard, which lists the learning outcomes of training courses for stop smoking practitioners and can be found here: https://www.ncsct.co.uk/publication_ncsct-training-standard-learning-outcomes-for-training-stop-smoking-practitioners.php.

Resources currently available on e-LFH that were developed, or contributed to, by the NCSCT

HEE Smoking in Pregnancy Programme (12-part online training and training video)	https://www.e-lfh.org.uk/programmes/smoking-in-pregnancy/
Introduction to treating and preventing ill health by risky behaviours – tobacco and alcohol	https://portal.e-lfh.org.uk/register
Very Brief Advice on Smoking	https://portal.e-lfh.org.uk/register

NCSCT training resources for treating smokers in the general population

Stop Smoking Practitioner Training and Assessment Programme	https://elearning.ncsct.co.uk/practitioner_training-registration
Stop Smoking Medications	https://elearning.ncsct.co.uk/stop_smoking_medications-launch
Very Brief Advice on Smoking (developed for primary care settings)	https://elearning.ncsct.co.uk/vba-launch
Standard Treatment Program	https://www.ncsct.co.uk/publication_ncsct-standard-treatment-programme.php

NCSCT training resources for treating pregnant women

Very Brief Advice on smoking for pregnant women	https://elearning.ncsct.co.uk/vba_pregnancy-launch
Pregnancy and the post-partum period specialty module (Post-certification module for individuals who have completed the Stop Smoking Practitioner Training and Assessment)	https://elearning.ncsct.co.uk/pregnancy_specialty_module-launch
Stopping smoking in pregnancy: a briefing for maternity care providers	https://www.ncsct.co.uk/publication_briefing_for_midwifery_staff.php
Standard Treatment Program for Pregnant Women - NCSCT	https://www.ncsct.co.uk/publication_ncsct_stp_pw.php

NCSCT training resources for treating inpatients/outpatients

The clinical case for providing stop smoking support to patients	https://www.ncsct.co.uk/usr/pub/hospitalised-patients.pdf
Secondary care fact sheets	https://www.ncsct.co.uk/pub_secondary-care-resources.php

NCSCT training resources for treating mental health service users

Mental health and smoking cessation specialty module (Post-certification module for individuals who have completed the Stop Smoking Practitioner Training and Assessment)	https://elearning.ncsct.co.uk/mental_health_specialty_module-launch
Smoking cessation and mental health: A briefing for frontline staff	https://www.ncsct.co.uk/publication_Smoking_cessation_and_Mental_Health_briefing.php
Smoking cessation and smokefree policies: Good practice for mental health services	https://www.ncsct.co.uk/usr/pub/Smoking%20cessation%20and%20smokefree%20policies%20-%20Good%20practice%20for%20mental%20health%20services.pdf

In particular, we would highlight that the NCSCT Stop Smoking Practitioner Training offers training in all of the competences required to provide a bespoke, in-depth smoking cessation intervention.

We also highlight that the NCSCT updated its Smoking in Pregnancy training courses and resources in 2019 which include: Evidence briefing for maternity care providers, VBA for pregnant women e-learning, Smoking in Pregnancy specialty e-learning, and the Standard Treatment Programme for Pregnant Women. The NCSCT was also contracted by Health Education England (HEE) to produce a 12-part e-learning and training video (*"A lifetime of difference")* for maternity care professionals that is currently housed on e-LFH. We feel that the existing suite of resources for Smoking in Pregnancy are sufficient to meet the current needs of the NHSE in terms of VBA and the bespoke, in-depth smoking cessation intervention. Given the very important work of the UK Pregnancy and Smoking Challenge Group, the relevant resources produced by the Challenge Group have also been selected and included under supplemental resources.

The NCSCT also has specialist training in mental health and briefings for both frontline mental health workers and mental health administrators and clinical leaders. These resources are also consistent with the needed knowledge and skills training for NHS staff who work with mental health patients.

Our current VBA training, as has been discussed with NHSE, was primarily designed for the primary care or outpatient setting and as such a new e-learning tailored to the inpatient setting is recommended.

Please note the NCSCT will be updating our suite of secondary care resources that offer summaries for all of the high-risk populations being targeted in the outpatient setting. These resources have been identified in the supplemental materials section of the competency framework and can be made available for uploading to e-LFH.

9. Additional notes
The current Competency Framework was designed for all NHS staff to deliver. However, for smoking in pregnancy there are specific responsibilities that have been formally delegated to midwives. This is highlighted in NICE guidelines (https://www.nice.org.uk/guidance/ph26) (Note. These guidelines are due to be updated in 2021, so please ensure you are referring to the latest version). Consideration should be given as to whether those competences associated with responsibilities delegated to midwives should be identified as such in the competency frameworks.

The NICE guidance for Smoking in Pregnancy also indicates that in-depth smoking cessation intervention should be offered to pregnant women who currently smoke (identified from carbon monoxide testing or self-report) or who have quit in the past two weeks. However, the recommended NHS LTP intervention classifies current smokers as anyone who has smoked in the 28 days immediately prior to admission / booking.

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