1. Competency framework for tobacco dependence treatment: learning disability services

Introduction

The NHS Long Term Plan has committed to delivering tobacco dependence treatment to all inpatients, pregnant women, long-term users of specialist mental health and learning disability services. Frontline staff will need to be upskilled to be able to provide these interventions, and NHS England and NHS Improvement (NHSE&I) have commissioned a series of competency frameworks to support the training and development of staff.

This document describes the competences required to successfully deliver:
1. Very brief advice on smoking (VBA)
2. Stop smoking intervention
3. 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, along with suggestions for maintaining the competences.

The decision on competence for prescribing stop smoking medications via a patient group direction (PGD) is made at a local level, but a separate template has also been drawn up. For this, see *Template competency framework for recommending and prescribing stop smoking medications* (Appendix C).

For information on the development of this competency framework, see *Competency framework for tobacco dependence treatment in secondary care: Evidence and methods* (Appendix A).

The range of mental health and learning disability settings vary, and advisers will need to ensure that they have the skills appropriate to the specific setting. Tobacco Dependence Advisers will need to be adequately trained and have an understanding of the specific patient cohorts to equip them in providing the best support to patients.

1.1 Very brief advice on smoking (VBA) for individuals with a learning disability

Description: Very brief advice on smoking (VBA) is an evidence-based intervention proven to prompt quit attempts. It is designed to be delivered to **all** patients seen in clinical or community settings. VBA involves establishing smoking status of all patients, advising on the best method of quitting for those who report recent smoking and referring them to specialist stop smoking support. This could be an in-house NHS tobacco dependence treatment service or a local authority commissioned Stop Smoking Service.

Staff group: All NHS staff who have contact with persons with a learning disability.

Patient group: Individuals with a learning disability in both the inpatient and outpatient settings.

Behaviour Change Techniques: Behaviour Change Techniques (BCTs) to support the delivery of VBA have been established, see *Competency framework for tobacco dependence treatment in secondary care: Evidence and methods* (Appendix A). The relevant BCT codes are found in brackets after each competence. The full list of BCTs can be found in *Behaviour change techniques for smoking cessation* (Appendix B).

Stop smoking tobacco dependence) intervention	Purpose	Patient group	Competences (BCT code)
General	Demonstrate adequate knowledge about smoking and nicotine dependence	All persons with a learning disability	• Demonstrate an understanding of consequences of smoking and benefits of smoking cessation to client's overall health with a focus on smoking related co-morbidities (BM1) • Demonstrate an understanding of how tobacco dependence develops and knowledge of nicotine withdrawal symptoms (RC6)

			• Demonstrate ability to boost client's motivation and self-efficacy (BM2) • Demonstrate an understanding of particular health inequalities and where there is higher smoking prevalence in some health conditions for people with a learning disability • Demonstrate an understanding of factors which are associated with smoking among persons with a learning disability (e.g. coping, social environment, dependence) • Demonstrate ability to appropriately tailor interactions to patients with a learning disability including short-term planning, more frequent follow-up, use of visual aids, role play (RD1) • Demonstrate ability to use effective communication techniques to engage patients who smoke and involve carers as appropriate in stop smoking plan • Be able to signpost to accessible information such as easy read materials in line with the Accessible Information Standard • Be familiar with stop smoking medications and guidance on the use of e-cigarettes (vapes)
Ask	Establish and document smoking status	All persons with a learning disability	• Demonstrate ability to assess and record current and past smoking behaviour including use of e-cigarettes (vapes) from patients and, where appropriate, carers (RI1)
Advise	Motivate quit attempt and inform of support available	All persons with a learning disability who report current smoking or who have recently quit (within the past four weeks)	• Be able to provide personally relevant information on consequences of smoking and the importance of smoking cessation and withdrawal symptoms in a manner that can be understood by the patient (BM1 and RC6) • Demonstrate ability to inform patient of what help is available (A5) • Where a patient chooses to do so, be able to advise on use of e-cigarettes (vapes) in line with NICE guidance

			Inpatients: • As appropriate, be able to effectively advise patients that the facility is a smokefree site and that help is available to both manage not being able to smoke whilst in hospital (temporary abstinence) and to assist with a quit attempt
Act	Act on patient's response to Advise	All persons with a learning disability who report current smoking or have recently quit (within the past four weeks)	**Clinical staff** • Be familiar with the contraindications and special considerations for first line stop smoking medications • Be confident in discussing the role of stop smoking medications in supporting stopping (i.e. managing withdrawal and cravings) in a manner than can be understood by patients (A1) • Be familiar with effects of smoking cessation on psychotropic and other medications, and medications requiring monitoring following smoking cessation, and communication with other team members on this topic • **For inpatient settings:** be confident in initiating nicotine replacement therapy (NRT) to manage withdrawal from tobacco within 48 hours of admission based on patient's level of nicotine dependence (A1) • Be aware of mental capacity and consent relating to use of communications/language as well as reasonable adjustments. Depending on the individual or setting, communications may need to involve family members or carers **All staff** • Be able to discuss with patients who smoke preparing for an admission to a smokefree setting including developing an advance plan for tobacco dependence treatment

			• Be aware of process for arranging a tobacco dependence treatment intervention; either as an opt-out referral to an in-house service or to the local Stop Smoking Service (A5) • Be aware of process for documenting what action has been agreed in client notes (P1) • Be aware of process to follow if client does not want any support at this time (A5)

Recommended training and skills assessment: The recommended training for this competency is the e-LFH 'Introduction to treating and preventing ill health by risky behaviours – tobacco and alcohol' and "Very Brief Advice on Smoking". This training can be accessed at https://portal.e-lfh.org.uk/register. Whilst not specifically designed for learning disability services, the knowledge and the principles are transferable, although they may need to be adapted by learning disability staff.

In order to demonstrate competency in the delivery of VBA, staff should:
- successfully complete online training and any associated assessment
- observe the delivery of VBA from a trained colleague
- be observed delivering VBA to at least two patients by a trained colleague.

Maintaining competency: Annual refresher training in the delivery of VBA.

Additional training and resources: Below is a list of supplementary online training and print resources currently available to support staff in the delivery of VBA. Please note that these resources are developed by third parties and whilst all are experts in the field, they need to be read and implemented in the context of NICE guidelines.

What are the clinically significant drug interactions with cigarette smoking?	https://elearning.ncsct.co.uk/usr/docs/UKMI_QA_Drug-interactions-with-smoking-cigarettes_update_Nov-2017.pdf

1.2 Tobacco dependence intervention

Description: The tobacco dependence (stop smoking) intervention involves the appropriate assessment of persons with a learning disability who smoke, and the delivery of evidence-based stop smoking support, including behavioural support and first line stop smoking pharmacotherapy. The intervention will take the form of an initial consultation to establish the patient's treatment plan with follow-up consultations conducted to monitor and adjust the plan as needed. For persons with a learning disability, the use of differing styles of communication e.g. visual aids and role-play to assist with communication is recommended as well as the involvement of carers and other forms of social support.

Staff group: Staff responsible for delivering individual tobacco dependence interventions.

Patient group: Individuals with a learning disability in both the inpatient and outpatient settings who smoke or who have quit in the previous four weeks.

Behaviour Change Techniques: Behaviour Change Techniques (BCTs) to support the delivery of VBA have been established, see *Competency framework for tobacco dependence treatment in secondary care: Evidence and methods* (Appendix A). The relevant BCT codes are found in brackets after each competence. The full list of BCTs can be found in *Behaviour change techniques for smoking cessation* (Appendix B).

Stop smoking (tobacco dependence) intervention	Purpose	Competences
General communication and engagement	Engage client in the development of their treatment plan	Demonstrate ability to: • Be aware of mental capacity and consent relating to use of communications/language as well as reasonable adjustments. Depending on the individual or setting, communications may need to involve family members or carers • Describe to patients and family members what to expect from the tobacco dependence intervention (BM1) • Enhance client's motivation and self-efficacy (BM2) • Build rapport (RC1)

		• Communicate in an empathic and non-judgmental manner, using reflective listening and providing reassurance throughout (RC7 and RC10) • Elicit the patient's views and questions on smoking and smoking cessation, answering questions in a clear and accurate manner (RC2 and RC8) • Summarise information for patients and carers (RC9) • Ensure any associated materials are available in an easy read format in line with the Accessible Information Standard • Demonstrate an understanding of factors which are associated with smoking among persons with a learning disability (e.g. coping, social environment, dependence) • Demonstrate ability to tailor interactions to patients with a learning disability including short-term planning, more frequent follow-up, use of visual aids, role play (RD1) • Inform partners, carers and/or family members of risks of smoking and what local support is available to help them to stop smoking
Assessment	Conduct assessment of client needs in order to develop tailored treatment plan	Demonstrate ability to: • Assess current and past smoking behaviour including level of tobacco dependence (RI1) • Assess commitment, readiness and ability to stop smoking (RI2) • Assess past history of quit attempts (RI3) • Assess social cues and social environment
Behavioural support	Deliver evidence-based stop smoking support to patients	Demonstrate ability to: • Develop a personal treatment plan (BS3) • Provide personally relevant information on consequences of smoking and importance of stopping tailored to client's needs (BM1) • Provide information on nicotine addiction, withdrawal symptoms and the quitting process (RC6) • Emphasise the importance of the 'not a puff' rule (BM10) • Help patients develop strategies to cope with barriers, cues to smoke and relapse triggers (BS1)

		• Facilitate and advise on use of social support (from friends, relatives, colleagues and 'buddies') (A2)
		• Prompt commitment from the patient to treatment plan and '[not a puff]' rule (BM6)
		• Deal appropriately with 'lapses' to minimise the likelihood that they will lead to full 'relapse' (BS2)
		• Offer/direct towards written support materials (RC5)
Prescribe and/or dispense stop smoking medication	Promote effective medication use	Demonstrate ability to: • Explain role of stop smoking medications in supporting quit attempt (A1) • Assess contraindications to stop smoking medications and patient's past experience (A1) • Enable local procedures to provide medications (A3) • Provide instructions on correct use and dosage of stop smoking medications (A1) • Assess patient's experience with using stop smoking medications, including usage, side effects and perceived benefits (A4) • Advise patients on medication use and adjust medication dose/use in light of their experiences (A1) • Be aware of significant drug interactions associated with stopping smoking and their relevance to patient • Where a patient chooses to do so, be confident in discussing their use of e-cigarettes (vapes), including the selection and use of these devices, as well as e-liquid strength
Documentation	Document clinical interaction and treatment plan	• Demonstrate appropriate documentation of patient treatment plan (P1)

Recommended training and skills assessment:

The recommended training for this competency is the e-LFH 'Introduction to treating and preventing ill health by risky behaviours – tobacco and alcohol' and "Very Brief Advice on Smoking". This training can be accessed at https://portal.e-lfh.org.uk/register. Whilst not specifically designed for learning disability services, the knowledge and the principles are transferable, although they may need to be adapted by learning disability staff. As learning becomes available, it will be shared on the Community of Practice.

In order to demonstrate competency in the delivery of the stop smoking intervention, NHS staff should:
- successfully complete the online training assessment
- complete face-to-face skills training course
- observe the delivery of a stop smoking intervention from an experienced practitioner, and
- be observed conducting at least two stop smoking interventions and be provided with feedback on intervention delivery.

Maintaining competency: The online or equivalent face-to-face course should be repeated at least once a year.

Additional training and resources: Below is a list of supplementary online training and print resources currently available to support staff in the delivery of individual stop smoking interventions. Please note that these resources are developed by third parties and whilst all are experts in the field, they need to be read and implemented in the context of NICE guidelines.

What are the clinically significant drug interactions with cigarette smoking?	https://elearning.ncsct.co.uk/usr/docs/UKMI_QA_Drug-interactions-with-smoking-cigarettes_update_Nov-2017.pdf
South Yorkshire and Bassetlaw QUIT Programme Training: eLearning modules on mental health inpatient pathways	https://sybics-quit.co.uk/healthcare-professionals/training

Below are some example links to established resources that could be utilised by professionals in delivering tobacco dependence treatment services. To note, these refer to local authority services but could be adapted when developing easy read materials about other support available.

Stop Smoking (easy read) developed in partnership with Macmillan Cancer Support	https://be.macmillan.org.uk/downloads/cancerinformation/easyread/MAC16340%20Stop%20smoking%20-%20WEB%20PDF%2009.08.19.PDF
Stopping Smoking: a photo journey for people with a learning disability	https://www.rdash.nhs.uk/wp-content/uploads/2014/02/DP6851-Stopping-smoking-photo-journey-04.18.pdf

1.3 Leadership

Description: Administrative and clinical leadership have a fundamental role to play in supporting the success of the NHS plan to deliver evidence-based stop tobacco dependence treatment to people with a learning disability. This includes responsibilities for: supporting the introduction of policies and processes for the delivery of tobacco dependence interventions, ensuring that NHS staff are motivated to deliver support, have the competence (knowledge and skills) and opportunity to deliver the clinical service (VBA and tobacco dependence intervention), and 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 tobacco dependence support as a new standard of care for persons with a learning disability.

Staff group: Administrative and clinical leadership.

Patient group: Individuals with a learning disability in both the inpatient and outpatient settings.

Activity	Purpose	Competences
Culture, communication, staff engagement	Demonstrate knowledge of the importance of addressing tobacco use with patients Engage clinical teams in the delivery of evidence-based smoking cessation interventions to patients	• Demonstrate an understanding of how the NHS goals related to delivering stop smoking interventions contribute to organisational performance targets and the success of the NHS Long Term Plan • Demonstrate an understanding of benefits of stopping smoking among persons with a learning disability • Demonstrate understanding of tobacco dependence, nicotine withdrawal and cravings • Understand what is involved in the delivery of VBA and the stop smoking intervention • **For inpatient settings:** engage clinical teams in understanding the importance of managing nicotine withdrawal and supporting patients with not smoking while in facility (temporary abstinence) and/or stopping smoking • Oversee that staff are informed about administrative and clinical leadership's commitment to this new standard of care • Identify clinical and administrative leads/champions who will have the lead role in supporting tobacco dependence treatment

Managing services	Support planning for service delivery Ensure timely, high quality delivery of VBA and stop smoking interventions Ensuring patient safety	• Identification of responsible staff who will deliver VBA and tobacco dependence interventions • Ensure timely access to stop smoking medications for managing nicotine withdrawal • Ensure timely delivery of VBA and tobacco dependence interventions • Identification of the documentation processes to be used to record delivery of VBA intervention and tobacco dependence interventions • Oversee that mentorship and on-the-job training are provided to staff to improve service quality • Oversee that feedback on performance is provided to staff
Training	Ensure staff have the knowledge and skills to deliver service	• Ensure all frontline staff complete the appropriate training and have met basic competence for the delivery of VBA • Ensure staff who will be delivering specialist tobacco dependence interventions have completed the appropriate training and have the required competences • Be able to coordinate access for staff to annual refresher training and assessment
Monitoring	Monitor performance against established benchmarks	• Understand who is/is not engaging with services and proactively looking to improve both access and outcomes – especially in groups with high level of health inequalities • Conduct service audit to improve service delivery • Seek feedback from staff on service delivery • Seek feedback from patients and family on service delivery
Quality improvement	Conduct service review to ensure high quality service delivery	• Identify areas of poor/reduced performance • Identify factors responsible for poor/reduced performance • Engage staff in problem solving • Introduce quality improvement cycles to address areas of poor/reduced performance

Recommended training and skills assessment: it is key that leaders understand the roles being undertaken and it is recommended to undertake the associated e-LFH e-learning 'Introduction to treating and preventing ill health by risky behaviours – tobacco and alcohol' and "Very Brief Advise on Smoking". This training can be accessed at https://portal.e-lfh.org.uk/register