

1. Competency framework for tobacco dependence treatment: inpatients of acute hospitals

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 competences 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).

1.1 Very brief advice on smoking (VBA) for hospital inpatients

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 admitted to hospital. VBA involves establishing smoking status of all patients, advising on the best method of stopping for those patients who report recent smoking and acting upon the patient's response to this advice. VBA in the inpatient setting has three main goals: 1) manage patient's nicotine withdrawal; 2) motivate quit attempts; and 3) link patient to specialist tobacco dependence treatment support during admission.

Staff group: All NHS staff who have contact with inpatients.

Patient group: All inpatients. Families and carers of inpatients where appropriate.

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 patients	<ul style="list-style-type: none"> • Demonstrate an understanding of consequences of smoking and benefits of smoking cessation to patient's current condition and overall health (BM1) • Demonstrate an understanding of how tobacco dependence develops and knowledge of nicotine withdrawal symptoms (RC6) • Demonstrate ability to boost patient motivation and self-efficacy (BM2) • Demonstrate ability to appropriately tailor interactions with patients (RD1)

			<ul style="list-style-type: none"> • Be familiar with stop smoking medications and guidance on the use of e-cigarettes (vapes)
Ask	Establish and document smoking status	All admitted patients	<ul style="list-style-type: none"> • Demonstrate ability to assess and record current and past smoking behaviour including use of e-cigarettes (vapes) (RI1)
Advise	Motivate quit attempt and inform of support available	All patients who report current smoking or who have recently quit (within the past four weeks)	<ul style="list-style-type: none"> • Be able to effectively advise patients and visitors that the hospital 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 • Be able to provide personally relevant information on consequences of smoking, importance of stopping smoking and withdrawal symptoms (BM1 and RC6) • Demonstrate ability to inform patient of what help is available including stop smoking medications and specialist support (A5) • Where a patient chooses to do so, be able to advise on use of e-cigarettes (vapes) in line with NICE guidance
Act	Act on patient's response to Advise	All patients who report current smoking or have recently quit (within the past four weeks)	<p>Clinical staff</p> <ul style="list-style-type: none"> • 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 able to instruct patient on correct use of NRT products (A1) • Be familiar with significant drug interactions and medications requiring monitoring following tobacco dependence treatment <p>All staff</p> <ul style="list-style-type: none"> • Be aware of process for arranging an opt-out referral to the hospital-based tobacco dependence practitioner (A5) • Be aware of process for documenting in patient notes what action has been agreed (P1) • Be aware of process to follow if patient 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>. Additional eLearning is being produced by NHSEI in line with these competencies and will be shared on the [Community of Practice](#).

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, and
- be observed delivering VBA to at least two patients by a trained colleague.

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

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.

The clinical case of providing stop smoking support to patients – National Centre Smoking Cessation and Training (NCSCT) [Note: this can be made available for hosting on e-LFH]	https://www.ncsct.co.uk/usr/pub/hospitalised-patients.pdf
Secondary care fact sheets – National Centre Smoking Cessation and Training (NCSCT)	https://www.ncsct.co.uk/pub_secondary-care-resources.php
The Greater Manchester CURE Project e-learning module 1 on VBA	https://thecureproject.co.uk/training/
South Yorkshire and Bassetlaw QUIT Training: Module 1	https://sybics-quit.co.uk/healthcare-professionals/training
Nicotine and addiction fact sheet - Action on Smoking and Health (ASH)	https://ash.org.uk/wp-content/uploads/2019/10/NicotineAndAddiction.pdf
Briefing: electronic cigarettes - Action on Smoking and Health (ASH) (2018)	https://ash.org.uk/wp-content/uploads/2019/04/E-Cigarettes-Briefing_PDF_v1.pdf
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 inpatients who smoke and an opt-out referral for the delivery of bedside evidence-based tobacco dependence treatment, including behavioural support and stop smoking medications. The initial focus will be on managing nicotine withdrawal while in hospital, followed by motivating and supporting quit attempts. The intervention will take the form of an initial consultation to establish the patient’s tobacco dependence treatment plan with follow-up consultations conducted to monitor and adjust the plan as needed. Treatment will be delivered on an opt-out basis. Links to support following discharge from the hospital will be a fundamental component of the intervention.

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

Patient group: All patients who report current smoking or who have quit within four weeks prior to admission.

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 patient in the development of their treatment plan	Demonstrate ability to: <ul style="list-style-type: none"> • Describe to the patient and family members what to expect from the stop smoking intervention (BM1) • Enhance patient’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 family (RC9)

		<ul style="list-style-type: none"> • Be familiar with latest evidence-based practices for supporting smoking cessation among inpatients • Inform partners and/or family members of risks of smoking and what local support is available to help them to stop smoking
Assessment	Conduct assessment of patient's needs in order to develop tailored treatment plan	<p>Demonstrate ability to:</p> <ul style="list-style-type: none"> • Assess current and past smoking behaviour including level of tobacco dependence (RI1) • Assess commitment, readiness and ability to quit smoking (RI2) • Assess past history of quit attempts (RI3) • Assess physical and mental functioning (RI10)
Behavioural support	Deliver evidence-based stop smoking support to patients at the bedside	<p>Demonstrate ability to:</p> <ul style="list-style-type: none"> • Provide personally relevant information on consequences of smoking and importance of quitting tailored to patient's medical condition (BM1) • Provide information on nicotine addiction, withdrawal symptoms and the quitting process (RC6) • Develop a personal treatment plan (BS3) • Emphasise the importance of the 'not a puff' rule (BM10) • Help patients develop strategies to cope with barriers, cues to smoke and relapse triggers and advise on changing routines (BS1, BS7) • Facilitate and advise on use of social support (from friends, relatives, colleagues and 'buddies') (A2) • Prompt commitment from the patient to the 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	<p>Demonstrate ability to:</p> <ul style="list-style-type: none"> • Explain role of stop smoking medications in supporting quit attempt (A1) • Assess contraindications to stop smoking medications and patient's past experience (A1)

		<ul style="list-style-type: none"> • Enable local procedures to provide medications at bedside (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 appropriately on adjusting medication usage in light of their experiences (A1) • Provide instructions on use of stop smoking medication following discharge from hospital (A1) • 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	<ul style="list-style-type: none"> • Demonstrate appropriate documentation of patient treatment plan (P1)
Follow-up support	Arrange for follow-up support for four weeks post-discharge	<ul style="list-style-type: none"> • Be able to coordinate referral to available locally agreed follow up pathway e.g. local authority stop smoking service or community pharmacy (A5) • Demonstrate ability to communicate information on follow up support to patient (A5)

Recommended training and skills assessment:

Recommended eLearning is being produced by NHS England and NHS Improvement in line with these competencies and will be shared on the [Community of Practice](#). In the interim, please refer to training available from the NCSCCT, the CURE and QUIT projects, as well as other supplementary resources, as set out below.

In order to demonstrate competency in the delivery of the stop smoking intervention, NHS staff should:

- successfully complete online training and any associated assessment
- complete face-to-face skills training course
- observe the delivery of a tobacco dependence intervention from an experienced practitioner, and
- be observed conducting at least two tobacco dependence interventions and be provided with feedback on intervention delivery by an experienced practitioner.

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 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.

Practitioner training - National Centre for Smoking Cessation and Training (NCSCT)	https://elearning.ncsct.co.uk/practitioner_training-registration
The Greater Manchester CURE Project e-learning module 2	https://thecureproject.co.uk/training/
South Yorkshire and Bassetlaw QUIT Training: Module 2 – acute trust inpatient pathways	https://sybics-quit.co.uk/healthcare-professionals/training
The clinical case of providing stop smoking support to patients (NCSCT)	https://www.ncsct.co.uk/usr/pub/hospitalised-patients.pdf
Secondary care resources – National Centre for Smoking Cessation and Training (NCSCT)	https://www.ncsct.co.uk/pub_secondary-care-resources.php
Nicotine replacement therapy (NRT) - Electronic Medicine Compendium	https://www.medicines.org.uk/emc/search?q=nicotine
Varenicline (Champix) - Electronic Medicine Compendium	https://www.medicines.org.uk/emc/product/266/smpc
Bupropion (Zyban) - Electronic Medicine Compendium	https://www.medicines.org.uk/emc/product/3827/smpc
Briefing: electronic cigarettes - Action on Smoking and Health (2018) (ASH)	https://ash.org.uk/wp-content/uploads/2019/04/E-Cigarettes-Briefing_PDF_v1.pdf
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

1.3 Leadership

Description: Administrative and clinical leadership have a fundamental role to play in supporting the success of the NHS plan to deliver evidence-based tobacco dependence support to all inpatients. This includes responsibilities for: supporting the introduction of the necessary policies and processes to support 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 tobacco dependence intervention) to inpatients; 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.

Staff group: Administrative and clinical leadership at all levels of the hospital.

Patient group: All inpatients.

Activity	Purpose	Competences
Culture, communication, staff engagement	<p>Demonstrate knowledge of the importance of addressing tobacco use in the inpatient setting</p> <p>Engage clinical teams in the delivery of evidence-based smoking cessation interventions to patients</p>	<ul style="list-style-type: none"> • Demonstrate an understanding of how the NHS goals related to delivering tobacco dependence interventions to all inpatients contribute to hospital performance targets and the success of the NHS Long Term Plan • Demonstrate an understanding of the importance of addressing tobacco use among inpatients and managing nicotine withdrawal • Understand what is involved in the delivery of VBA and the stop smoking intervention • Establish the importance within clinical teams of managing nicotine withdrawal to support temporary abstinence (not smoking while in hospital) and ideally quitting smoking • Oversee that staff are informed about hospital 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 smoking cessation
Managing services	Support planning for service delivery	<ul style="list-style-type: none"> • Identification of responsible unit staff who will deliver VBA and tobacco dependence interventions

	<p>Ensure timely, high quality delivery of VBA and stop smoking interventions</p> <p>Ensuring patient safety</p>	<ul style="list-style-type: none"> • 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 and tobacco dependence interventions • Oversee that mentorship and that on-the-job training is provided to staff to improve service quality • Oversee that feedback on performance is provided to staff
Training	<p>Ensure staff have the knowledge and skills to deliver service</p>	<ul style="list-style-type: none"> • Ensure all frontline staff complete the appropriate training and have met basic competences for the delivery of VBA • Ensure staff who will be delivering specialist tobacco dependence interventions have completed the appropriate training and have the competences required to conduct the bedside intervention • Be able to coordinate access for staff to annual refresher training and assessment
Monitoring	<p>Monitor performance against established benchmarks</p>	<ul style="list-style-type: none"> • Understand who is/is not engaging with services and proactively look 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	<p>Conduct service review to ensure high quality service delivery</p>	<ul style="list-style-type: none"> • 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 Advice on Smoking’. This training can be accessed at <https://portal.e-lfh.org.uk/register>

In order to demonstrate competency, leadership should:

- successfully complete the online training including assessment, and
- observe the delivery of VBA and tobacco dependence intervention from a trained colleague.

Maintaining competency: The online or equivalent face-to-face training 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 competencies.

The clinical case of providing stop smoking support to patients – National Centre Smoking Cessation and Training (NCSCT)	https://www.ncsct.co.uk/usr/pub/hospitalised-patients.pdf
Secondary care fact sheets – National Centre Smoking Cessation and Training (NCSCT)	https://www.ncsct.co.uk/pub_secondary-care-resources.php
Briefing: nicotine and addiction - Action on Smoking and Health (ASH)	https://ash.org.uk/information-and-resources/fact-sheets/nicotine-and-addiction/