NHS

Centre for Smoking Cessation and Training

Final report

For presentation to the Department of Health and for consideration by the NCSCT Steering Committee

31 March 2012

Contents

1. Introduction

This is the final quarterly report of the three-year Department of Health funded period of operation for the NHS Centre for Smoking Cessation and Training (NCSCT) and relates to the period 1 January to 31 March 2012.

This report will also act as a final report for the Department of Health, will summarise the main activities of the NCSCT between 1 April 2009 and 31 March 2012 as they relate to key performance indicators and will discuss the future direction of the centre.

This quarterly report will:

- Provide an account of the functions of the NCSCT for the preceding (fourth) quarter of 2011–12

- Summarise the activities of the NCSCT throughout the three-year Department of Health funded period (2009–10 to 2011–12)

- Assess NCSCT achievements as they relate to the original key performance indicators

- Provide a review of the developments of the NCSCT Training and Assessment Programme

- Outline progress with the NCSCT research plan

- Include reference to any NCSCT outputs

2. Background and Key Performance Indicators

The contract to run the NCSCT was awarded by the Department of Health (DH) to the consortium led by University College London (UCL) on 30 March 2009.

For reference purposes the Key Performance Indicators (KPIs), as agreed between UCL and DH, are listed here:

1. **Establish the NCSCT by 30 June 2009**

   KPI achieved and detailed in the first quarterly report (30 June 2009). Updates on the staffing and management of the NCSCT have been included in all subsequent quarterly reports.

2. **Establish effective communication relationships with important national stakeholders and outline strategy by 30 June 2009**

   KPI achieved and detailed in the first quarterly report (30 June 2009). Updates on the NCSCT communication and engagement strategy have been included in all subsequent quarterly reports.

3. **Establish internal quality assurance programme by 30 September 2009**

   KPI achieved. The NCSCT's quality management aspirations and strategy are detailed in the second quarterly report (30 September 2009). The NCSCT is an ISO 9001 certified organisation (the internationally recognised standard for quality management systems) and updates on the quality management system have been included in all subsequent quarterly reports.

4. **Have available results of training needs assessment by 30 September 2009**
   KPI achieved and the training needs assessment is presented as a separate report accompanying the second quarterly report (30 September 2009).

5. **Publish national standards for training for the NHS Stop Smoking workforce by 31 December 2009**

   KPI achieved and the NCSCT Training Standard was presented as a separate document accompanying the third quarterly report (31 December 2009). The Training Standard translated the identified smoking cessation competences developed by the NCSCT into learning outcomes and the NCSCT Training and Assessment programmes are all based upon these evidence-based behaviour change techniques. Hard copies of the Training Standard were disseminated to the field and it remains available on our website. The NCSCT Training Standard has been updated as new evidence on behaviour change techniques becomes available.

6. **Provide a costed training plan for NHS Stop Smoking workforce by 31 December 2009**

   KPI achieved. The NCSCT Costed Training Delivery Plan was presented as a separate document accompanying the third quarterly report (31 December 2009) and approved by the NCSCT Steering Committee. Progress against this plan and headline budget status has been reported in all subsequent quarterly reports.

7. **Develop a provisional exit strategy and sustainable long-term programme by 31 December 2009**

   KPI achieved and the NCSCT Exit and Sustainability Strategy is presented as a separate document accompanying the third quarterly report (31 December 2009). The NCSCT Exit and Sustainability Strategy was developed based on the identified training needs of NHS Stop Smoking Services (SSS) for the period to 31 March 2012 and the predicted needs of the NHS service network from 2012–2015. Whilst it was, and remains, difficult to predict the political and delivery landscapes that will apply beyond the current contract, it seems clear that a number of NCSCT products and services will continue to be relevant to service improvement.

8. **Pilot the training, and evaluate the training by 31 March 2010**

   KPI achieved and reported in the fourth quarterly report (31 March 2010).

9. **Establish methods for evaluating the effectiveness of training by 31 March 2010**

   KPI achieved and the methods for evaluating the NCSCT training and assessment programme are included as an appendix to the fourth quarterly report (31 March 2010). The programme for evaluating performance of practitioners taking the NCSCT online and face-to-face training courses has been continuously carried out and reported in subsequent quarterly reports.

10. **Commence delivery of Training from 1st April 2010**

    KPI achieved and reported in the fourth quarterly report (31 March 2010).

11. Complete delivery of training for the NHS stop smoking workforce by 31 March 2012

[Note: At the NCSCT Steering Committee meeting on 12 September 2011 it was agreed that the deadline for delivering the training could be extended until June 2012 because of the busy quit period for stop smoking services that runs from January to March]

To date (31 March 2012) 9,227 people have registered with the NCSCT and 4,998 have taken and passed the Stage 1 (knowledge) assessment. The Stage 2 (practice) assessment was launched on 31 March 2012 and practitioners gaining Full NCSCT Certification will be posted on the NCSCT website. To date (31 March 2012) 6,656 people have viewed the NCSCT Very Brief Advice (VBA) promotional film (30 seconds to save a life) and 1,981 have taken and passed the assessment of the VBA online training module. A secondhand smoke training module was completed on 31 March 2012 and will released in May 2012.

12. Establish accreditation systems for courses and providers by 31 March 2012

[Note: As our trainers are engaged in delivering the NCSCT face-to-face courses in behavioural support through to May 2012 (see above) we sought and gained approval from the NCSCT Steering Committee to pilot the online element of the Train the Trainers course before 31 March 2012 and hold the first face-to-face NCSCT Train the Trainers course in the summer of 2012]

Content for the online element of the NCSCT Train the Trainers course was made available to our lead trainers on 31 March 2012. This will be reviewed and revised by 30 April 2012 and then piloted by our wider group of trainers prior to the first face-to-face in the summer of 2012. Following a review of this process it is expected that the NCSCT Train the Trainers course will be made available before the end of 2012.

13. Throughout the life of the project: a) maintain communications with key stakeholders and the NHS stop smoking workforce; b) contribute to national policy as required and as appropriate

KPI achieved and where relevant these activities have been reported in all quarterly reports.

3. NCSCT Functions

Because much of the work of the NCSCT is on-going and developmental, each quarterly report has provided a review of NCSCT functions carried out during the previous quarter. This report does likewise but also attempts to describe what we foresee the functions of the NCSCT will be in the short to medium term future.

3.1 Personnel and Management

Unfortunately, in the absence of on-going funding there have been a number of forced redundancies during this quarter. We would like to express our thanks to the following staff for their hard work for, and commitment to, the NCSCT: Jennie Kenyon (Training Delivery Manager), Michelle Spencer-Williams (Operations Manager) and Máirtín McDermott (Research Associate).

From 1 April 2012 the NCSCT will no longer be hosted by UCL and this hosting facility will be provided by the NCSCT Community Interest Company.

3.2 Communication and Engagement

Key activities this quarter include:

- Six further face-to-face courses in behavioural support involving 175 staff from 35 services were run this quarter; a further four courses are planned through to May 2012 to complete the NCSCT training delivery plan. At this point the NCSCT will have delivered 37 face-to-face courses in behavioural support to over 1,000 practitioners from 100 services. An evaluation of the effectiveness of these courses is reported in section 4.2 of this report and a paper reporting these findings is under review with the Journal of Smoking Cessation.

- Selected presentations to the field this quarter include:

  - Workshop *Behaviour Change Techniques: a reliable method for specifying the content of complex behaviour change interventions* at the British Psychological Society's Division of Health Psychology conference (FL)

  - Presentation at the ASH Seminar on Smoking and Pregnancy (AMc)

  - Pre-conference workshop *Advancing the Science and Practice of Behavioral Support for Smoking Cessation* at the Society for Research on Nicotine and Tobacco (SRNT) Annual Meeting 2012 (SM, RW)

  - Symposium *Translating evidence of effectiveness of behavior change interventions for smoking cessation into a national programme* at the Society for Research on Nicotine and Tobacco (SRNT) Annual Meeting 2012 (SM, RW, AMc, FL, LB)

  - Symposium *Competence-based training for a national stop smoking service: an English case study* at the World Conference on Tobacco or Health (AMc)

- The third quarterly report of the third year of operation for the NCSCT relating to the period 1 October to 31 December 2011 was made available on the NCSCT website

- From the website going live on 25 June 2009 to date (31 March 2012) there have been a total of 112,176 site visits. This includes 26,436 this quarter (71% more than the previous quarter). From the website going live on 25 June 2009 to date (31 March 2012) there have been 49,259 unique visits to the website including 14,237 this quarter (75% more than the previous quarter)

- The website remains at the centre of what the NCSCT does and development this quarter to combine the training and research functions of the centre with the delivery functions of the NCSCT Community Interest Company has resulted in a comprehensive website that provides unparalleled training, research and delivery resources for the field

- Over the past quarter we have received 219 enquiries by telephone and 643 via email. We aim to answer all enquiries immediately; where this is not possible we provide a timeframe for when that enquiry will be answered

- There remains a high number of enquiries with the majority relating to the following issues:

  - Registrants being unable to access their account (e.g. forgetting passwords and/or username)

  - Registrants wanting to know when the Stage 2 Assessment will be available

  - Managers wanting to know whether a trainee has passed the assessment

- Other general enquiries that we received mainly concern eligibility for NCSCT training, when the Train the Trainer course will be available and what the future holds for the NCSCT

- Our strategy of emailing the large number of trainees last quarter who had registered with the NCSCT, but had not yet taken the Stage 1assessment, to encourage them to do so before the launch of the Stage 2 Assessment has led to a significant rise in the number of practitioners taking the Stage 1 Assessment (a 74% increase on the previous quarter)

- We also provided reports to each PCT on how many of their practitioners had registered with the NCSCT and how many had passed the Stage 1 Assessment. This has contributed to a significant increase in Stage 1 Assessment passes (a 79% increase on the previous quarter) with one service, in particular, increasing the number of NCSCT Stage 1 Certified practitioners by tenfold. Currently the PCTs with the highest uptake have over 100 advisors, both specialist and community, who are NCSCT Stage 1 Certified; one PCT has 232 practitioners who are NCSCT Certified

Our mailing list contains the contact details of nearly 10,000 practitioners, managers and commissioners and has been used by organisations, policy makers and academics as a means of communication to the field.

From 1 April 2012 the NCSCT will be known as the National Centre for Smoking Cessation and Training. Necessary changes will be made to the website and materials, and this change of name and future plans will be communicated to the field.

3.3 Internal Quality Assurance Programme

A summary internal audit of the NCSCT's quality management system (ISO 9001) took place in February 2012 in accordance with P42 Internal Quality Audits procedure.

The audit enabled the NCSCT to assess the adequacy of the quality management system and the level of compliance. None of the findings from the audit were considered significant or raised any concerns. Actions have now been specified against the findings and these will be completed in the next quarter. There is also on-going work to refine our procedures as working practices are developed.

The next BSI Surveillance visit planned for March 2012 was postponed because of the disruption of redundancies and the exceptionally heavy workload of the NCSCT this quarter. At the time of writing a date has yet to be agreed for the next formal audit of the NCSCT quality management system.

3.4 NCSCT Outputs

The following briefing documents are all available in html and PDF versions on the resources section of the NCSCT website:

1. Smoking and bone health

2. Smoking reduction

3. Combination nicotine replacement therapy

4. Cardiovascular disease and varenicline (Champix)

5. Smoking cessation interventions involving significant others: the role of social support

6. Varenicline: effectiveness and safety

7. Cost effectiveness of stop smoking medications

The last briefing in the list was added during this quarter and two further briefings will be made available in the near future:

1. The 'not-a-puff' rule

2. Content, length and payments for smoking cessation interventions

An agreement has been reached with the *Journal of Smoking Cessation* to publish these briefings in the journal as research reports.

The following papers are either in preparation or have been submitted (listed last); or have been accepted for publication or are published in academic journals (listed in reverse date order):

Citations	Key findings
1. McDermott, M., West, R., Thomson, H. & McEwen, A. (In press) Translating evidence-based guidelines into practice: A survey of commissioners and managers of English Stop Smoking Services. *BMC Public Health*	A substantial part of commissioning of Stop Smoking Services in England appears to take place without adequate consultation of evidence-based guidelines or specification of the service to be provided. This may account for at least some of the variation in success rates.
2. Brose, L.S., McEwen, A. & West, R. (In press). Does it matter who you see to help you stop smoking? Short-term quit rates across specialist Stop Smoking Practitioners in England. *Addiction*	Individual specialist practitioner explained 7.6% of the variance in quit rates after adjusting for client demographics, intervention characteristics, and practitioner and service variables. It is important to examine what underlies these differences so as to improve selection and training.
3. Brose, L.S., West, R., Michie, S., Kenyon, J. A.M.K & McEwen, A. (In Press). Effectiveness of an online knowledge training and assessment program for stop smoking practitioners. *Nicotine and Tobacco Research,* Online first 16 Jan 2012, doi: 10.1093/ntr/ntr286	Knowledge required to deliver effective stop smoking intervention is improved by using the National Centre for Smoking Cessation and Training online training program for English smoking cessation practitioners. Practitioners with all levels of prior knowledge benefit.
4. McDermott, M., West, R., Brose, L.S. & McEwen, A. (2012) Self-reported practices, attitudes and levels of training of practitioners in the English NHS Stop Smoking Services. *Addictive Behaviors,* 37(4), 498–506. doi: http://dx.doi.org/10.1016/j.addbeh.2012.01.003	There are significant deficiencies in training and supervision of Stop-Smoking Practitioners in England, more so for 'community' (for whom smoking cessation is a small part of their role) than 'specialist' practitioners.
5. Lorencatto, F., West, R., & Michie S. (In Press) Specifying evidence-based behaviour change techniques for smoking cessation in pregnancy. *Nicotine and Tobacco Research,* Online first 7 Feb, 2012 doi: 10.1093/ntr/ntr324	Whilst behaviour change techniques associated with effective smoking cessation support in pregnancy can be identified from high quality randomised controlled trials, English Stop-Smoking Services appear to use only a proportion of these.
6. Beard E, McDermott M, McEwen A, West R (In Press) Beliefs of stop smoking practitioners in United Kingdom on the use of nicotine replacement therapy for smoking reduction. *Nicotine and Tobacco Research,* Online first 16 Dec 2011, doi: 10.1093/ntr/ntr260	A significant minority of stop smoking practitioners and stop smoking managers believe that NRT use for smoking reduction can be harmful to health and undermine smoking cessation.

Citations	Key findings
7. Michie S, Churchill S, West R (2011) Identifying evidence-based competences required to deliver behavioural support for smoking cessation. *Annals of Behavioral Medicine,* 41(1), 59–70, doi: 10.1007/s12160-010-9235-z	It is possible to identify competences recommended for behavioural support for smoking cessation and subsets of these supported by different types of evidence. This approach can form the basis for development of assessment and training of stop smoking specialists.
8. Brose L, West R, McDermott M, Fidler J, Croghan E, McEwen A (2011) *What makes for an effective stop-smoking service? Thorax.* 66(10), 924–6, doi:10.1136/ thoraxjnl-2011-200251	Routine clinic data support findings from randomised controlled trials that smokers receiving stop-smoking support from specialist clinics, treatment in groups and varenicline or combination NRT are more likely to succeed than those receiving treatment in primary care, one-to-one and single NRT.
9. Michie S, Hyder N, Walia A, West R (2011) Development of a taxonomy of behaviour change techniques used in individual behavioural support for smoking cessation. *Addictive Behaviors,* 36 (4), 315–319, doi: 10.1016/j.addbeh.2010.11.016	It is possible to develop a reliable taxonomy of behaviour change techniques used in behavioural support for smoking cessation which can provide a starting point for investigating the association between intervention content and outcome and can form a basis for determining competences required to undertake the role of stop smoking specialist.
10. West R, Evans A, Michie S (2011) Behaviour change techniques used in group-based behavioural support by the English Stop-Smoking Services and preliminary assessment of association with short-term quit outcomes. *Nicotine & Tobacco Research,* 13(12), 1316–1320, doi: 10.1093/ntr/ntr120	It is possible to code reliably group-specific behaviour change techniques for smoking cessation. Fourteen such techniques are present in guideline documents of which two appear to be associated with higher short-term self-reported quit rates when included in treatment manuals of English Stop-Smoking Services.
11. West R, Walia A, Hyder N, Shahab L, Michie S (2010) Behaviour change techniques used by the English Stop Smoking Services and their associations with short-term quit outcomes. *Nicotine and Tobacco Research,* 12(7), 742–747, doi:10.1093/ntr/ntq074	There is wide variability in the behaviour change techniques used by the English Stop-Smoking Services and this, and the number of sessions scheduled for treatment explains a significant proportion of the variation in success rates. In particular, emphasis in service treatment manuals on measuring expired-air carbon monoxide concentrations, advising on use of medication, relapse prevention and coping and helping the smoker develop an ex-smoker identity are associated with higher success rates.

Citations	Key findings
12. Brose, L.S., Michie, S., West, R. & McEwen, A. (Under review) Evaluation of face-to-face courses in behavioural support for Stop Smoking Practitioners. *Journal of Smoking Cessation*	Confidence ratings in ability to deliver smoking cessation support increased overall by 40% immediately after the course and the higher level of confidence was maintained at 3-month follow up. 92% agreed or strongly agreed that the course was very useful and 88% that it improved their skills.
13. Lorencatto, F, West, R., Seymour, N., & Michie, S. (In preparation). Developing a method for specifying the components of behaviour change interventions in practice: the example of smoking cessation.	
14. Lorencatto, F., West, R., Stavri, S., & Michie, S. (In preparation). How well is intervention content reported in published reports? *Assessing reporting standards for smoking cessation behaviour change interventions.*	
15. McDermott, M.S., Brose, L.S., West, R. & McEwen A. (In preparation). *Clinical practices of stop smoking practitioners in the English NHS Stop Smoking Services: An online survey*	
16. May, S., West, R., West, M., Croghan, E. & McEwen, A. (In preparation) *Performance of the English Stop Smoking Services 2001–2011: national database analysis*	

4. NCSCT Training and Assessment Programme

4.1 Training and Assessment Programme

The NCSCT Training and Assessment Programme offers an almost immediate opportunity of raising the quality of behavioural support delivered through NHS commissioned SSS. It does this by providing a training programme that meets the key knowledge-based learning outcomes contained in the NCSCT Training Standard and through assessing practitioners on this knowledge.

4.1.1 Report on uptake

Progress on the formal evaluation of the NCSCT online Training and Assessment Programme is reported in section six of this quarterly report. Table 1 below shows data up to and including 31 March 2012.

Table 1: Uptake of NCSCT Stage 1 Training and Assessment Programme

Current NCSCT Training and Assessment Programme release: 10/09/10 – 31/03/12	
Total trainees registered during period	9,227
Percentage non-NHS registrants	25%*
Number taking Formal Assessment	8,119 (88%)**
Number passing Formal Assessment	4,998 (62%)

*   Note: This may be an over-estimation as we believe a number of trainees have classified themselves as non-NHS when they are, in fact, working for an NHS commissioned service

** Note: This is an increase of six percentage points during this quarter

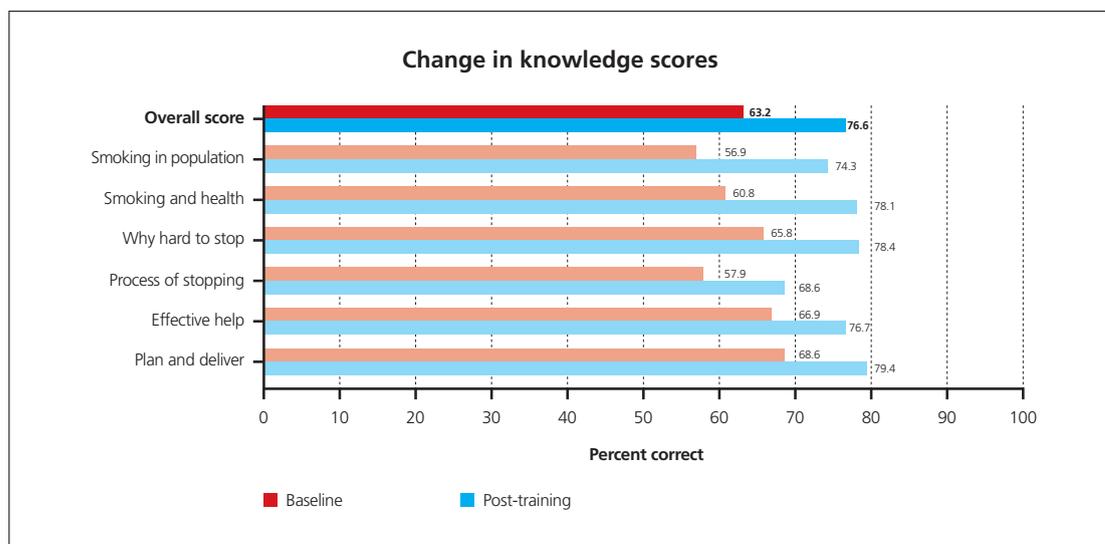### 4.1.2 Evaluation of NCSCT Stage 1 Training and Assessment Programme

The NCSCT online training course leads to an improvement in knowledge from baseline (training needs analysis) to formal assessment for practitioners. All subsection scores and the overall score improve significantly ($p < 0.001$).

Time spent on the training predicts improvement in knowledge ($r = 0.27$, $p < 0.001$).
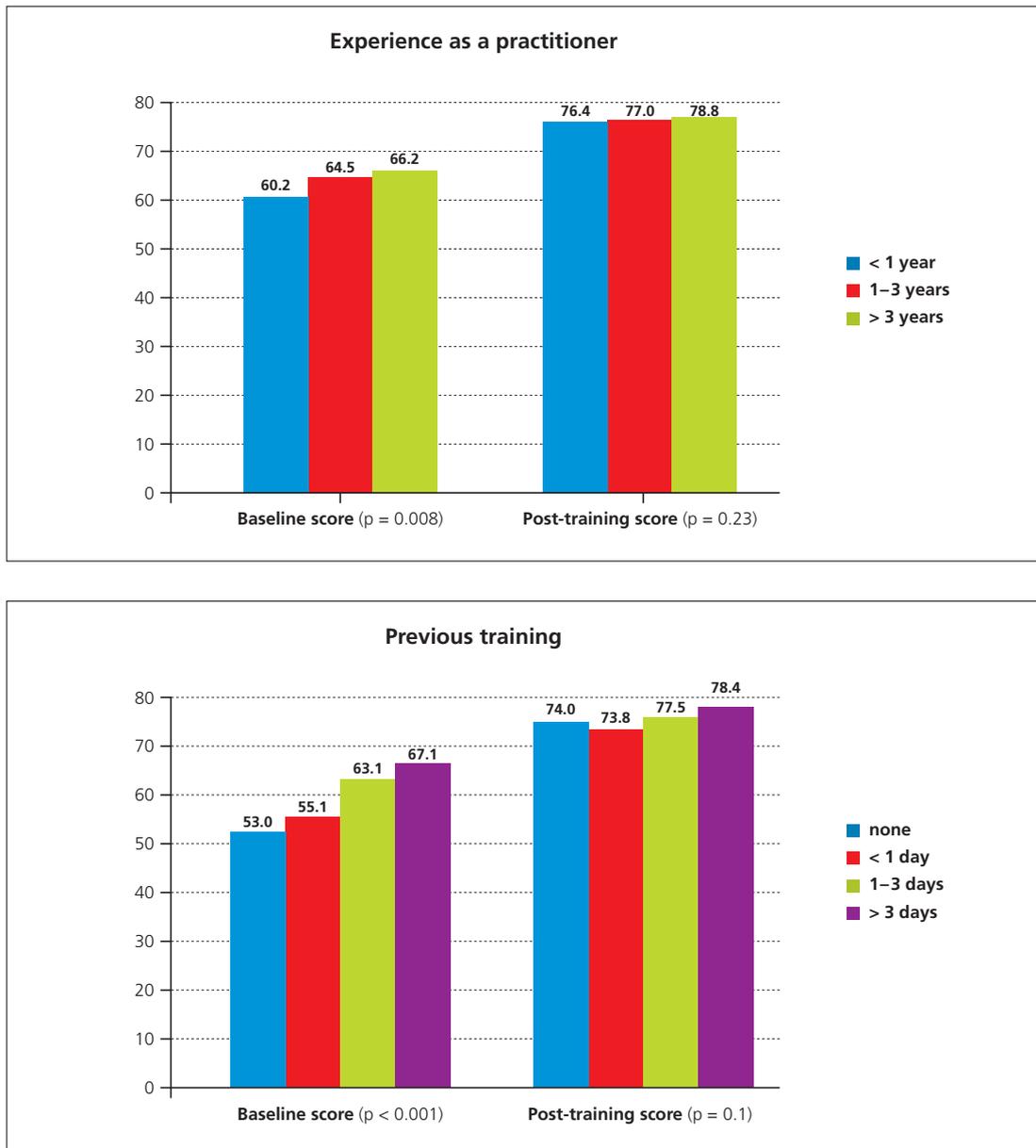
Before the training, knowledge differed with experience, prior training and amount of the role dedicated to smoking cessation. All groups improve and differences between groups of practitioners are minimised (see Figures 1 and 2).

The evaluation of the NCSCT online training and assessment programme has been published in Nicotine and Tobacco Research.

Figure 1: Change in knowledge score from before to after use of the online training programme

Change in knowledge scores

	Baseline	Post-training
Overall score	63.2	76.6
Smoking in population	56.9	74.3
Smoking and health	60.8	78.1
Why hard to stop	65.8	78.4
Process of stopping	57.9	68.6
Effective help	66.9	76.7
Plan and deliver	68.6	79.4

Percent correct

Figure 2: Differences in knowledge between subgroups of practitioners before using the online training (baseline/TNA score) and after using the training (FA score)

Experience as a practitioner

Baseline score (p = 0.008)   Post-training score (p = 0.23)

< 1 year
1–3 years
> 3 years

Previous training

Baseline score (p < 0.001)   Post-training score (p = 0.1)

none
< 1 day
1–3 days
> 3 days

4.1.3 Stage 2 Assessment (practice)

The aim of the online skills assessment is to assess practitioners' ability to identify evidence-based behaviour change techniques that contribute towards increasing smokers' chances of quitting. This quarter we have constructed the online assessment, tested it for functionality and piloted it with stop smoking practitioners.

The NCSCT Stage 2 (practice) Assessment was launched on 31 March 2012 and now enables those who have passed the Stage 1 (knowledge) assessment to achieve Full NCSCT Certification; the names of these practitioners will be posted on the NCSCT website.

4.2 Face-to-Face Training Programme

4.2.1 Training delivery plan

Six further face-to-face courses in behavioural support were run this quarter; a further four courses are planned through to May 2012 to complete the NCSCT training delivery plan. At this point the NCSCT will have delivered 37 face-to-face courses in behavioural support to over 1,000 practitioners from 100 services.

During the autumn of 2012 we plan to commence a face-to-face training programme for those services not offered courses as part of the DH funded programme and for new entrants to the field.

| Courses location	Date:
1. Leeds (pilot)	3 & 4 June 2010
2. Oldham (pilot)	24 & 25 June 2010
3. Lewisham (pilot)	1 & 2 July 2010
4. Camden (pilot)	8 & 9 July 2010
5. Somerset	5& 6 October 2010
6. Stoke-on-Trent	18 & 19 October 2010
7. Sandwell	18 & 19 November 2010
8. Telford	17 & 18 January 2011
9. Staffordshire	22 & 23 March 2011
10. Middlesborough	12 & 13 April 2011
11. Manchester	16 & 17 May 2011
12. Bolton	6 & 7 June 2011
13. London	20 & 21 June 2011
14. London	4 & 5 July 2012
15. Chester	13 & 14 July 2011
16. Birmingham	19 & 20 July 2011
17. Croydon	26 & 27 July 2011
18. Liverpool	3 & 4 August 2011
19. Brighouse	6 & 7 September 2011
20. Brands Hatch / Dartford	19 & 20 September 2011

Courses location		Date:
21.	Loughborough	29 & 30 September 2011
22.	Huntingdon	13 & 14 October 2011
23.	Coventry	24 & 25 October 2011
24.	Taunton	2 & 3 November 2011
25.	West Bromwich	17 & 18 November 2011
26.	Newmarket	7 & 8 December 2011
27.	London	14 & 15 December 2011
28.	Reading	10 & 11 January 2012
29.	Durham	19 & 20 January 2012
30.	London	6 & 7 February 2012
31.	London	27 & 28 February 2012
32.	Manchester	6 & 7 March 2012
33.	Leeds	19 & 20 March 2012
34.	Blackburn	2 & 3 April 2012
35.	Lancaster	12 & 13 April 2012
36.	Doncaster	24 & 25 April 2012
37.	Newcastle	1 & 2 May 2012

4.2.2 Evaluation of face-to-face courses in behavioural support

We ask course participants to rate their confidence in their competence in delivering the sixteen behaviour change techniques for which we have evidence of effectiveness: immediately prior to commencement of the two-day courses in behavioural support, at the end of the courses and three months later.

Confidence in all 16 evidence-based competences increased significantly from beginning to the end of the behavioural support courses (all p < 0.001). The three-month follow-up response rate was 80% and significant improvement in confidence compared to baseline was maintained at follow-up (see Figure 3).

Figure 3: Change in mean confidence in competence scores, before and after face-to-face course and three months after the course
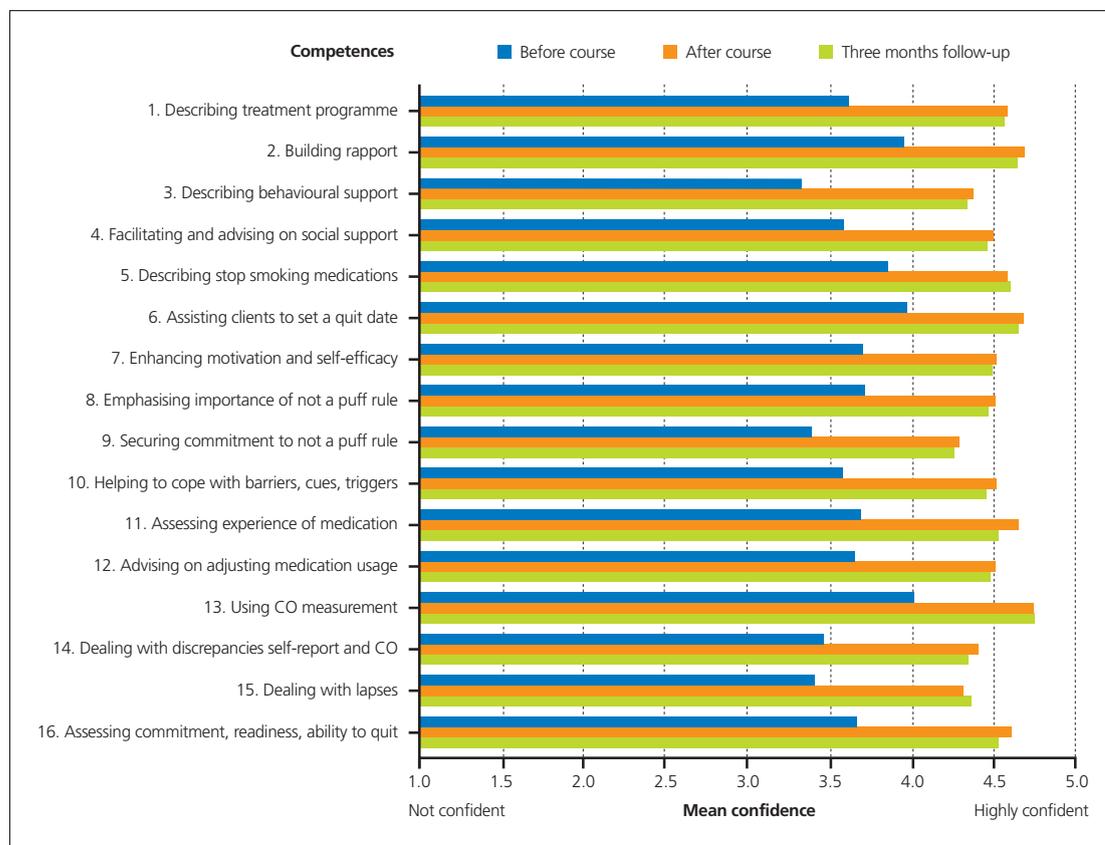
Courses continue to be evaluated very positively in terms of whether they are perceived by participants as being useful, interesting and enjoyable. Individual course elements are rated highly and the demand for course places is high.

Table 2 includes ratings from course participants for the first 28 courses following the pilot courses.

Table 2: Summary of course evaluations, maximum n = 746

Part 1 - Possible range of scores from 1 'Strongly disagree' to 5 'Strongly agree'.				
Question	N	Mean	SD	Percent 'agree' or 'strongly agree'
Course was very useful	740	4.39	0.73	90.5
Course was very interesting	740	4.36	0.69	91.8
Course was very enjoyable	739	4.37	0.71	91.5
Course has improved my skills	737	4.34	0.82	86.4
Would recommend course	734	4.40	0.75	87.6
Course catering	740	4.18	0.92	81.2
Course venue	739	4.46	0.70	92.4

Part 2 - Possible range of scores from 1 'Not useful' to 3 'Very useful'.				
Question	N	Mean	SD	Percent 'agree' or 'strongly agree'
Day 1 overview	679	2.62	0.52	98.1
Day 1 communication I – interviewing	735	2.62	0.55	96.7
Day 1 communication II – making changes	735	2.65	0.53	97.1
Day 1 responding to client questions	733	2.69	0.50	98.4
Day 1 pre-quit assessment session I	736	2.57	0.58	95.1
Day 1 pre-quit assessment session II	736	2.51	0.63	92.8
Day 1 summary	710	2.60	0.54	97.5
Day 2 review of day 1	644	2.53	0.57	96.4
Day 2 medications	738	2.54	0.67	90.5
Day 2 quit date session	736	2.50	0.62	93.1
Day 2 post quit session 1	740	2.60	0.55	96.6
Day 2 final post-quit session	739	2.59	0.56	96.2
Day 2 review of skills	724	2.64	0.52	97.7

4.3   Specialty Modules

We have two specialty training and assessment modules ready for uploading: one for pregnancy and the post-partum period (led by Professor Linda Bauld) and one for mental health (led by Professor Ann McNeill). We are also about to start the development of a specialty course on pharmacotherapy (led by Dr Andy McEwen and Dr Hayden McRobbie) and an update course (in partnership with Professor Peter Hajek).

These modules have been developed outside of, but alongside, the contractual KPIs.

4.3.1   Smoking cessation and mental health

The mental health specialty training and assessment module has been uploaded and proofed. We will wait to launch this specialty module until after significant numbers of practitioners have passed the NCSCT Stage 2 Assessment (as this will be a pre-requisite for accessing this course). We expect this to happen in the summer of 2012.

4.3.2   Smoking cessation and pregnancy and the post-partum

The pregnancy specialty module is undergoing some final revisions to the practice section and some supplementary information is being added. We will wait to launch this specialty module until after significant numbers of practitioners have passed the NCSCT Stage 2 Assessment (as this will be a pre-requisite for accessing this course). We expect this to launch in the autumn of 2012. We have approached the Royal College of Midwives for endorsement of this module and to enquire about the allocation of continuing education credits.

4.3.3   Stop smoking medications

Both our Stage 1 Assessment and our face-to-face courses have revealed significant gaps in knowledge and skills relating to stop smoking medications. To address this, the NCSCT plans to develop a free, comprehensive online specialty module that includes:

■ a repository of information on medications used to help smokers stop

■ video clips to demonstrate key interventions with smokers when explaining medications, and when dealing with frequently asked questions

We are planning for this course to be made available in the autumn of 2012.

4.3.4   Update courses

In recognition of the need for practitioners to keep their knowledge and skills current we plan to pilot a one-day update course in partnership with the Royal London Clinic. The course will be aimed at practitioners and managers and will include new developments in relevant smoking cessation research, practical sessions on treatment, and discussions of participants' experience; plus specialty interest groups. We plan to run the course outside of London before the end of 2012.

5. NCSCT Work on Key Performance Indicators to 31 March 2012

5.1 Complete delivery of training for NHS Stop Smoking workforce

The online NCSCT Training and Assessment Programme has now had 9,277 registrants and will continue to be developed in light of formal evaluations and trainee feedback. Launch of the Stage 2 (practice) Assessment on 31 March 2012 now allows eligible practitioners to achieve Full NCSCT Certification and meets the criteria for fulfilling this KPI. Work has already begun on version 6 of the programme and this will be developed for 2012.

The revised delivery plan to extend the provision of face-to-face training courses in behavioural support to May 2012 was accepted by the DH and the NCSCT Steering Committee last quarter. The Key Performance Indicator will be met by 2 May 2012. Progress on delivering this plan is described in section 4.2.1 of this report.

[Achieved on completion of agreed training delivery plan]

5.2 Establish accreditation systems for courses and providers

We are undertaking a survey of international trainers to explore this issue in collaboration with major partners (Society for Research on Nicotine and Tobacco [SRNT], Association for the Treatment of Tobacco Use and Dependence [ATTUD] and Global Bridges).

The course content for the online element of the NCSCT Train the Trainers course has been drafted and was made available to our lead trainers on 31 March 2012. This will be reviewed and revised by 30 April 2012 and then piloted by our wider group of trainers prior to the first face-to-face in the summer of 2012. Following a review of this process it is expected that the NCSCT Train the Trainers course will be made available before the end of 2012.

Listed below are the aims, objectives and processes of the NCSCT Train the Trainers course.

Background:

- A Train the Trainers course has been approved by DH and the NCSCT Steering Committee as an alternative to us developing a system for trainer accreditation (which was one of our KPIs)

- The main demand for this training has come from stop smoking services who want to 'deliver the NCSCT training locally'

- Essentially this course should prepare local trainers to deliver training to community practitioners

Aim:

To increase capacity to deliver evidence-based smoking cessation training for community practitioners at a local level and according to the NCSCT Training Standard.

Objectives:

1. To develop an online training module based on the standard treatment programme (STP)

2. To assess knowledge of the key behavioural changes techniques used within the STP by responses to frequently asked questions

3. To develop a one-day face-to-face course to train in the delivery of evidence-based smoking cessation interventions

4. To allow trainees to observe and participate in a NCSCT two-day face-to-face training course

5. To evaluate training skills in the delivery of the core competencies as outlined in the STP

6. To develop and maintain an annual renewal process

Process:

1. Entry requirements

   ■ Full NCSCT Certification

   ■ NHS-SSS experience

2. Online learning and assessment

   ■ An online learning module will be developed based on the STP. This will focus on the behavioural change techniques required at each treatment session and how these can be taught to practitioners

3. One-day face-to-face training course

   ■ This course will address how to provide training in the five core competencies delivered in the standard two-day NCSCT course

4. Two-day NCSCT course as second trainer

   ■ Trainees will have the opportunity to participate as a second trainer on the standard NCSCT course (to be confirmed)

5. Assessment of their own training course

   ■ Trainees will develop and run their own 'local' training course and be assessed using a standard assessment tool

6. Trainees will participate in an annual renewal of their certification. This will involve:

   ■ Peer and trainee review of a nominated training session which will be submitted to the NCSCT, or

   ■ Participation in an annual training update

Our trainers are engaged in delivering the NCSCT face-to-face courses in behavioural support through to May 2012 (see section 4.2 of this report). Because of this we plan to develop and pilot the online element of the Train the Trainers course during the spring of 2012 and hold the first face-to-face NCSCT Train the Trainers course in the summer of 2012.

[Achieved on completion of agreed Train the Trainers course delivery plan]

5.3   Throughout the life of the project:

5.3.1 Maintain communications with key stakeholders and the NHS Stop Smoking workforce

See section 3.2

5.3.2 Contribute to national policy as required and as appropriate

In addition to ad-hoc consultations with DH the NCSCT has working closely with the NCSCT Community Interest Company to develop online training courses in very brief advice on smoking and smokefree homes. The NCSCT has also been involved in the piloting of the Routes to Quit (RtQ) by developing training for Tailored Quit Plan assessors and by participant evaluation.

[Achieved]

6. NCSCT Research and Evaluation

A programme of research and evaluation has been identified to assess the effectiveness of the NCSCT Training and Assessment Programme and to investigate key components of behavioural support and their correlates. The table below shows the project titles and current progress with the individual projects.

PN	Title	Progress
1	**Validation of Stage 1 Assessment**	This project aims to examine to what extent the Stage 1 Final Assessment (FA) scores are associated with measures of practitioner performance and knowledge relevant to their role. 1. For the first of these objectives we are waiting for data from the first 1000 practitioners undertaking the FA for whom we have self-reported individual practitioner quit rates and the first 500 practitioners undertaking the FA for whom we have individual practitioner quit rates from services that use Quit Manager (both samples must have treated at least 30 smokers in the past 12 months). We anticipate having sufficient data to start analysis during the next quarter. [Ongoing] 2. A subsample (n = 101) of practitioners who have completed the FA underwent a further knowledge assessment using short answer questions to validate FA. Maximum score 72, M = 42.57 (SD = 7.05), range 24.5 – 59.0, average mark of two markers. Correlation with FA: r = 0.60, 0.63 if respondent with largest residual omitted. Slightly lower than anticipated, r should ideally be > 0.70 to say that they measure same concept. [Complete] Brose, L.S., West, R., Michie, S., Kenyon, J. & McEwen, A. (2012) Effectiveness of an online knowledge training and assessment programme for Stop Smoking Practitioners. *Nicotine and Tobacco Research*, Online first 16 Jan 2012, doi: 10.1093/ntr/ntr286

PN	Title	Progress
2	**Evaluation of Stage 1 Training and Assessment Programme**	Knowledge improved significantly from before using the training programme to after use. Time spent on the training predicted improvement. Before training, knowledge scores differed with experience, prior training and time on smoking cessation but all groups improved and differences were reduced after training. [Complete] Brose, L.S., West, R., Michie, S., Kenyon, J. & McEwen, A. (2012). *Effectiveness of an Online Knowledge Training and Assessment Program for Stop Smoking Practitioners. Nicotine and Tobacco Research,* Online first 16 Jan 2012, doi: 10.1093/ntr/ntr286
3	**Evaluation of Stage 2 Training Programme**	Confidence in all 16 evidence-based competences increased significantly from beginning to the end of the behavioural support courses (all $p < 0.001$). Three-month follow-up response rate was 80% and significant improvement in confidence compared to baseline was maintained at three-month follow-up. [Complete] Brose, L.S., Michie, S., West, R. & McEwen, A. (Under review) *Evaluation of face-to-face courses in behavioural support for Stop-Smoking Practitioners. Journal of Smoking Cessation*
4	**Association between service characteristics and performance**	There was substantial variation in success rates across intervention characteristics after adjusting for smoker characteristics. Single NRT was associated with higher success rates than no medication (OR 1.75, 95% CI 1.39 to 2.22); combination NRT and varenicline were more successful than single NRT (OR 1.42, 95% CI 1.06 to 1.91 and OR 1.78, 95% CI 1.57 to 2.02, respectively); group support was linked to higher success rates than one-to-one support (OR 1.43, 95% CI 1.16 to 1.76); primary care settings were less successful than specialist clinics (OR 0.80, 95% CI 0.66 to 0.99). [Complete] Brose, L.S., West, R., McDermott, M.S., Fidler, J.A., Croghan, E. & McEwen, A. (2011) *What makes for an effective Stop-Smoking Service? Thorax* 66(10):924–6. doi:10.1136/thoraxjnl-2011-200251.
5	**Tracking service throughput and success rates**	Analysis of routine data submitted to the DH has been carried out and a paper is in preparation. A version of this paper will be made available to members of the NCSCT Steering Committee once it has been accepted for publication. May, S., West, R., West, M., Croghan, E. & McEwen, A. (In preparation) *Performance of the English Stop Smoking Services 2001–2011: national database analysis* [On-going]

PN	Title	Progress
6	**Development of a reliable method for characterising smoking cessation behavioural support in practice**	■ A reliable method for identifying and categorising component behaviour change techniques (BCTs) comprising smoking cessation behavioural support interventions in practice has been established and refined. ■ A training manual has been piloted on a sample of 10 trainees with no previous coding experience. Five trainees were from a psychology background, and five were non-psychologists (NCSCT CIC delivery team). ■ Initial feedback from training has been extremely positive; trainees have found the method both useful and interesting, and found the training manual to be valuable and helpful. ■ Results from the formal evaluation of the coding training have demonstrated significant improvements in coding self-efficacy and coding inter-rater reliability for all trainees post-training (compared to baseline ratings pre-training). ■ Paper for publication in a peer-reviewed journal is currently in the final stages of preparation. [On-going]
7	**Factors associated with smoking cessation behavioural support in practice**	■ Work is underway to develop a scale for rating the quality of support delivered in NHS Stop smoking services. ■ It is not enough to assess whether a BCT is present or absent, and whether BCTs included in service treatment manuals are present/absent in practice (i.e. fidelity of delivery). ■ We also need to assess how well techniques are delivered. ■ The rating scale being developed will draw on existing methods from medical training and an alcohol behaviour change intervention for which a similar scale has been developed. ■ The scale will not only rate whether the technique was delivered 'not at all' 'poorly' 'ok' 'well' 'very well' but also assess the appropriateness of the technique delivered (i.e. context – whether the BCT delivered was appropriate given what the client said). ■ This work is currently underway and will be piloted on transcripts collected from both a face-to-face and telephone-based stop smoking service. [On-going]

PN	Title	Progress
8	**Association between behavioural support in practice and outcome**	■ Data is being collected for this study in collaboration with a telephone-based stop smoking service. ■ For a sample of smokers (n = 50 in first instance), we are audio-recording their four telephone behavioural support sessions, from pre-quit to quit day (n = 200 recordings in total), as well as accompanying quit outcome data. ■ We plan to code these transcripts and examine association between BCTs identified in the transcripts and subsequent outcome data. ■ This work is an extension of that of West et al. 2010 that examined which BCTs included in NHS SSSs treatment manuals were linked to better quit outcomes. ■ This work will help establish which particular BCTs are effective in practice, which will in turn help inform the development of future training programs and treatment manuals. [On-going]
9	**Systematic Review of intervention fidelity and training**	■ A systematic review is currently underway to examine the extent to which behaviour change interventions assess intervention fidelity and report training practitioners to deliver intervention components. ■ The review will span four health behaviours, one of which is smoking cessation. ■ Results from the review should help identify fidelity measures, but also establish the extent to which fidelity is currently considered in health behaviour change research. ■ Measuring intervention fidelity (i.e. the extent to which interventions are delivered as intended, faithfully and consistently) is of particular importance for behaviour change interventions that are implemented widely in practice settings, such as behavioural support offered by the NHS SSS. [On-going]

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PN	Title	Progress
10	**Assessing the reporting of intervention content for smoking cessation behavioural support interventions**	■ Results showed that published descriptions of smoking cessation behavioural support interventions are largely inaccurate. ■ For the majority of studies examined, on average 50% component behaviour change techniques included in the original study protocol were excluded from subsequent published descriptions. ■ Not only are current published intervention descriptions incomplete, but also they are inaccurate and misleading. This impedes successful and accurate replication, interpretation and implementation of effective interventions. ■ This work was presented at the UKSBM 2011 conference and a paper for publication in a peer-reviewed journal is currently in the final stages of preparation. [On-going]
11	**Annual surveys of commissioners, managers and practitioners**	[Complete] McDermott, M.S., Brose, L.S., West, R. & McEwen A. (In preparation). *Clinical practices of stop smoking practitioners in the English NHS Stop Smoking Services: An online survey* McDermott, M., West, R., Thomson, H. & McEwen, A. (In press) Translating evidence-based guidelines into practice: *A survey of commissioners and managers of English Stop Smoking Services. BMC Public Health* McDermott, M., West, R., Brose, L.S. & McEwen, A. (2012) *Self-reported practices, attitudes and levels of training of practitioners in the English NHS Stop Smoking Services. Addictive Behaviors,* 37(4), 498–506. doi: http://dx.doi.org/10.1016/j.addbeh.2012.01.003
12	**International and UK survey of current smoking cessation training organisations**	Two surveys have been developed (UK and International). The UK survey has been completed and a database of UK trainers is under construction. The international survey will take place next quarter in partnership with key international organisations. On-going]

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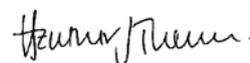
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