



Department
of Health &
Social Care

Introducing the Self-Assessment and Service Improvement Tool

Speakers: Gemma Kane (DHSC), Jo Locker (DHSC), Sophia Papadakis (NCSCT), Louise Pennock (Newcastle City Council).

June 2026

Agenda

- 11.00 Welcome and introduction – Gemma Kane, DHSC
- 11.05 Background and context to the tool - Jo Locker, DHSC.
- 11.15 The Self-Assessment & Improvement Tool - Sophia Papadakis, NCSCT.
- 11.35 Experience of completing the tool, Louise Pennock, Newcastle City Council.
- 11.45 Q&A
- 11.55 Closing remarks – Gemma Kane

There have been significant changes to local government funding from 2026/27 – including for smoking cessation



MHCLG are simplifying local government funding by consolidating revenue into the Local Government Finance Settlement from 2026/27.



Allocations have been published for the full 3-year SR period (2026/27-28/29).



Within the Public Health Grant, funding will be **ringfenced** for smoking cessation.



Three separate funding streams have been consolidated to make **up £153m p/a ringfenced for smoking cessation** – made up of (1) existing spend from the Public Health Grant, (2) Stop Smoking Services additional grant, and (3) Swap to Stop scheme programme funding.

There are three conditions associated with the funding, similar to the previous Stop Smoking Services grant

USE OF FUNDING

Funding must be spent on stop smoking services:

- **Minimum amount** to be spent
- Must not replace programmes in **NHS** in-patient and maternity settings
- Must not be used for **wider tobacco control** activity e.g. enforcement or vaping cessation.

**Financial reporting moving to bi-annual from 26/27.*

DELIVERY AND REPORTING

Must increase activity and report outcomes:

- Increase the number of people setting a **quit date**
- Increase **4 week quits**
- **Report activity** in the Stop Smoking Services Collection.

ASSURANCE (NEW)

Self-assessment to be completed and submitted if performance is below threshold:

- If an LA is achieving **less than 5%** of their smoking population setting quit dates, they must **submit a self-assessment audit** within the financial year to DHSC
- For those above 5%, the audit is recommended although not mandatory



The Self Assessment and Service Improvement tool

What is the tool?

- A self-assessment process built on the evidence base and best practice for delivering high quality services and interventions.
- The aim is to help to benchmark activity, ensure a minimum standard of service and identify areas for improvement.
- A constructive process to support an honest reflection of current service delivery and outcomes.

Who is it for?

- All LAs and stop smoking services.
- Mandatory submission for LAs achieving less than 5% of smoking population setting quit dates
- Voluntary but highly recommended for everyone else (submission not required)
- Service managers, commissioners, public health leads



Data considerations

What is the 5%?

- Minimum level of service level.
- Based on number of smokers setting quit dates and smoking prevalence at LA level.
- Using SSS quarterly data returns – annual data **and** 3-year rolling average of smoking prevalence from Annual Population Survey.
- Published on Fingertips annually in November.

What is the timeline?

- Calculated using two different data sources, recorded and reported differently, with different timelines for publication.
- From a DHSC perspective, the November data published on Fingertips will be the key milestone.
- Smoking prevalence within the Annual Population Survey is likely to change year on year, so 3-year rolling average is used to help reduce variation.



Completing and submitting the tool

Will LAs be notified?

- Yes – if they have not met the 5% threshold. Following publication of APS data on Fingertips in November.
- Completed self-assessments should be sent to stopsmokinggrant@dhsc.gov.uk by the end of the financial year.
- e.g. data published November 2026, SASIT submitted by 31st March 2027.

What happens if I don't submit?

- This is a condition of the Public Health Grant.
- Failure to comply will be considered in breach of the grant conditions and action will be taken as part of the Public Health Grant assurance process.



The self-assessment and improvement tool (SASIT):

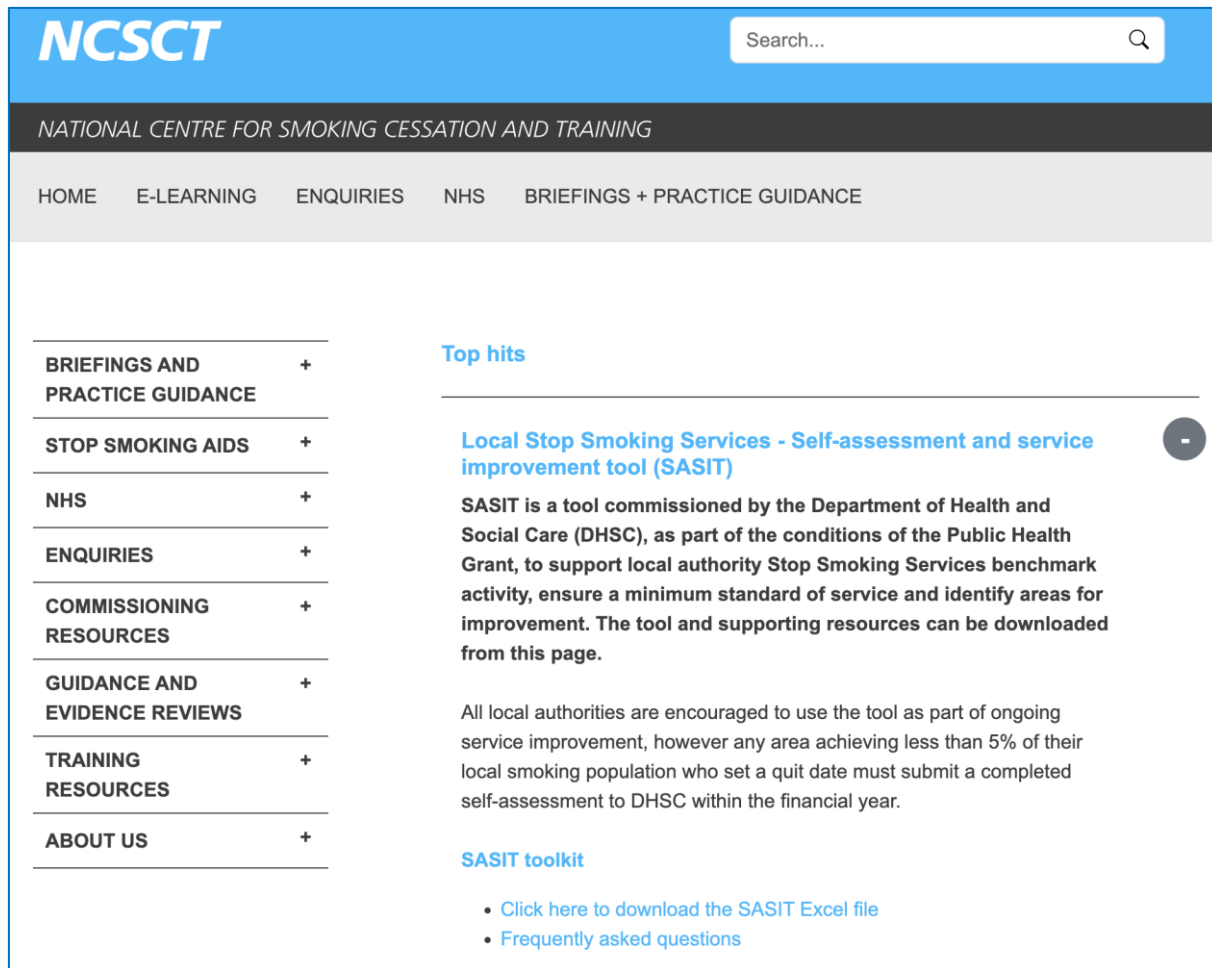
Maximising **reach, effectiveness** of LA Stop Smoking Services



Department
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Social Care

NCSCT
NATIONAL CENTRE FOR SMOKING
CESSATION AND TRAINING

Where to access the SASIT toolkit




The screenshot shows the NCSCT website interface. At the top left is the NCSCT logo. To its right is a search bar with the text "Search...". Below the logo and search bar is a dark grey navigation bar with the text "NATIONAL CENTRE FOR SMOKING CESSATION AND TRAINING". Underneath this is a light grey navigation menu with links for "HOME", "E-LEARNING", "ENQUIRIES", "NHS", and "BRIEFINGS + PRACTICE GUIDANCE". The main content area is divided into two columns. The left column contains a list of menu items, each with a plus sign to its right: "BRIEFINGS AND PRACTICE GUIDANCE", "STOP SMOKING AIDS", "NHS", "ENQUIRIES", "COMMISSIONING RESOURCES", "GUIDANCE AND EVIDENCE REVIEWS", "TRAINING RESOURCES", and "ABOUT US". The right column features a "Top hits" section. The first item is "Local Stop Smoking Services - Self-assessment and service improvement tool (SASIT)", which is highlighted with a blue background. Below this title is a paragraph of text: "SASIT is a tool commissioned by the Department of Health and Social Care (DHSC), as part of the conditions of the Public Health Grant, to support local authority Stop Smoking Services benchmark activity, ensure a minimum standard of service and identify areas for improvement. The tool and supporting resources can be downloaded from this page." Below this paragraph is another paragraph: "All local authorities are encouraged to use the tool as part of ongoing service improvement, however any area achieving less than 5% of their local smoking population who set a quit date must submit a completed self-assessment to DHSC within the financial year." At the bottom of the right column is a "SASIT toolkit" section with two bullet points: "Click here to download the SASIT Excel file" and "Frequently asked questions".

Accessible via NCSCT website:
<https://www.ncsct.co.uk/publications/SASIT>

SASIT Toolkit

The Tool (Excel File)



Local Stop Smoking Services
self-assessment and service
improvement tool (SASIT)

FAQs

Stop Smoking Services Self-Assessment Improvement Tool (SASIT): Frequently Asked Questions

The self-assessment and service improvement tool (SASIT) has been developed to support local authority (LA) Stop Smoking Service (SSS) delivery and improvement. The tool was commissioned by the Department of Health and Social Care (DHSC) and has been jointly developed by DHSC and the National Centre for Smoking Cessation and Training (NCSCCT), in consultation with LAs. The SASIT will help to benchmark activity, ensure a minimum standard of service and identify areas for improvement.

The tool is available to download [here](#), along with supporting resources, including a Frequently Asked Questions document and two examples of completed tools.

Section 1: Background to the tool

Who is the tool for?

- As set out in the conditions of the [Public Health Grant](#), any LA achieving less than 5% of their local smoking population who set a quit date must submit a completed self-assessment to DHSC within the financial year.
- However, all LAs are strongly encouraged to use the tool, even if they exceed the 5% threshold as part of ongoing service improvement.
- The self-assessment is intended to be a supportive and constructive process and to be an honest reflection of current service delivery and outcomes.

Examples Completed Tools

Completed SASIT examples

To assist local authorities with completing the SASIT, below are examples of completed SASIT submissions.

- [Sheffield SASIT](#)
- [Newcastle SASIT](#)

Other resources

Other resources

Below are additional resources that address good practice that may be useful.

- [Tobacco: preventing uptake, promoting quitting and treating dependence \(NG209\)](#)
- [Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance](#)
- [Maximising the impact of stop smoking services: latest evidence and best practice](#)
- [Priority groups: good practices for targeting and tailoring tobacco dependence treatment](#)
- [Tobacco dependence treatment for people with severe mental illness: guiding principles and best practice](#)
- [Cut Down to Stop resources](#)
- [Making prescription stop smoking medications available](#)
- [Transfer of care](#)

Our thanks – Reviewers

- **Sophie Allard** (*Newcastle*)
- **Ben Arnold** (*Sheffield*)
- **Richard Boden** (*DHSC*)
- **Paul Campbell** (*DHSC*)
- **Qasim Chowdry** (*DHSC*)
- **Tom Coleman-Haynes** (*NCSCT*)
- **Andrea Crossfield** (*Cheshire & Merseyside*)
- **Joanne Feeney** (*FRESH*)
- **Sarah Hepworth** (*Sheffield*)
- **Gemma Kane** (*DHSC*)
- **Jo Locker** (*DHSC*)
- **Andy McEwen** (*NCSCT*)
- **Rachael Mcilvenna** (*FRESH*)
- **Susan Montgomery** (*NCSCT*)
- **Russ Moody** (*DHSC*)
- **Glyn Newberry** (*York*)
- **Sophia Papadakis** (*NCSCT*)
- **Louise Pennock** (*Newcastle*)
- **Louise Ross** (*NCSCT*)
- **Phil Truby** (*York*)
- **Martin Wilmore** (*Yorkshire & Humber*)

Local Stop Smoking Services self-assessment and service improvement tool (SASIT) – Published 13 May 2026

Local Stop Smoking Services – Self-assessment and service improvement tool (SASIT)
Commissioning, leadership, partnership, workforce

1. Leadership and workforce				
Question	Addressed	Evidence	Score	Review
1.1 Do you have a named lead for smoking cessation?				
1.2 Do you have a dedicated lead commissioner?				
1.3 Do you have a dedicated SSS manager?				
1.4 Do your SSS staff reflect according to your plans?				

2. Planning and commissioning				
Question	Addressed	Evidence	Score	Review
2.1 Do you have an agreed local tobacco control strategy that clearly prioritises expanding support?				
2.2 Has your commissioning service specification under local delivery models been aligned to align with the Local Stop Smoking Services and support commissioning, delivery and monitoring guidance?		Local Stop Smoking Services and support commissioning, delivery and monitoring guidance		
2.3 Do commissioning decisions consider delivery plans based on strong local intelligence, local Strategic Needs Assessment (SNA), and data on priority groups?				
2.4 Has a formal agreement or plan been put in place for meeting the minimum expected standard of 1% of local people who are smoking a quit date with the SSS?				
2.5 Do investment priorities target populations with the highest smoking prevalence and harm?				

3. Partnerships and systems integration				
Question	Addressed	Evidence	Score	Review
3.1 To what extent is stop smoking support provided in partnership between local government and local healthcare systems (e.g. NHS, GPs, voluntary services, mental health)?				
3.2 To what extent is stop smoking support provided in partnership with government departments and community industry sector agencies (e.g. drug and alcohol, social housing, homelessness services)?				
3.3 How do you address tobacco control within education?				
3.4 Has your LA SSS developed formal partnerships for joint measures e.g. digital, marketing and referral systems with other activities or regional or national level?				

4. Training and development				
Question	Addressed	Evidence	Score	Review
4.1 Are those responsible for leading the service (e.g. commissioning, tobacco leads, managers) provided with training and professional development opportunities to support their role competencies?				
4.2 Have all stop smoking practitioners updated their NCCCT certification in the last three years? If not, what has the evidence to NCCCT? Contact?		NCCCT Competency Framework for Stop Smoking Practitioners (Updated 2025)		
4.3 Have all tobacco cessation staff in the NCCCT service having continuous support for smoking cessation (e.g. equivalent training based on the NCCCT Training Standard)?		NCCCT Competency Framework for Stop Smoking Practitioners (Updated 2025)		
4.4 Have stop smoking practitioners working with priority groups, such as people with mental illness, completed the relevant specialist NCCCT online training and assessment programme?		NCCCT Competency Framework for Stop Smoking Practitioners (Updated 2025)		
4.5 Are new staff provided with formal induction training, shadowing, mentoring opportunities, mentoring support and regular and monthly practice supervision (for managers)?				
4.6 Do stop smoking practitioners have access to continuing professional development (CPD) opportunities (e.g. training, peer networks, community of interest, networks) at least annually, with a focus on competencies for working with local priority groups?				

Local Stop Smoking Services – Self-assessment and service improvement tool (SASIT)
Your SASIT Scores

Well done on completing the form and thank you for the time you have put into this. Below you will find summary of your self-assessment responses. The scores are intended to be utilised to assist with benchmarking performance. In particular, in identifying areas of high performance as well as areas for quality improvement that can be used to inform planning.

Table 1: Your SASIT Score by area of performance compared to maximum possible score

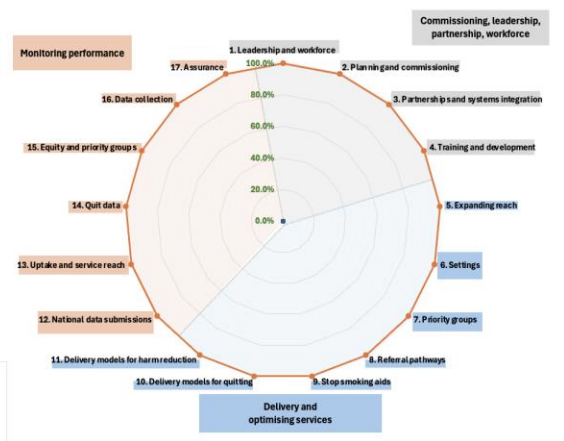
Area of performance	Maximum	Your LA Score	% Max Score
Commissioning, leadership, partnership, workforce			
1. Leadership and workforce	8	0	0.0
2. Planning and commissioning	10	0	0.0
3. Partnership and systems integration	8	0	0.0
4. Training and development	12	0	0.0
Sub-total: Commissioning, leadership, partnership, workforce	38	0	0.0
Delivery and optimising services			
5. Expanding reach	16	0	0.0
6. Settings	30	0	0.0
7. Priority groups	8	0	0.0
8. Referral pathways	10	0	0.0
9. Stop smoking aids	22	0	0.0
10. Delivery models for quitting	20	0	0.0
11. Delivery models for harm reduction	8	0	0.0
Sub-total: Delivery and optimising services	114	0	0.0
Monitoring performance			
12. National data submissions	8	0	0.0
13. Uptake and service reach	10	0	0.0
14. Quit dates	10	0	0.0
15. Equity and priority groups	8	0	0.0
16. Data collection	8	0	0.0
17. Assurance	10	0	0.0
Sub-total: Monitoring performance	52	0	0.0

What does your score mean?
 76-100% - Strong evidence of robust systems in place.
 51-75% - Good aspects but some work to further strengthen needed.
 26%-50% - Some good areas but significant improvements needed.
 <25% - Area of low performance, quality improvement needed.

Your SSS service delivery metrics for past four years (populated by data provided in table 1)
 — Quit dates set — 4-week quits
 1000

Percentage of local smoking population who have set quit date (populated by data provided in table 1)
 — Our LA Service — Minimum Standard

Your LA SSS SASIT scores by area of performance compared to maximum possible



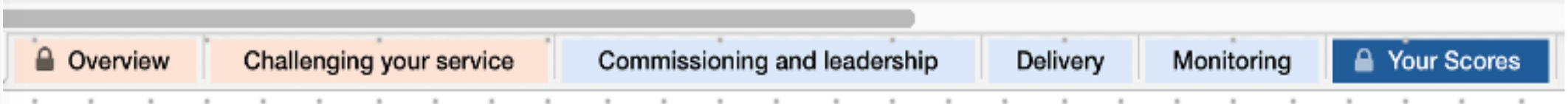
The Tool



Overview

- **Challenging your service**
- **Commissioning & leadership**
- **Delivery**
- **Monitoring**

Your Scores



Challenging your service

Local Stop Smoking Services – Self-assessment and service improvement tool (SASIT)

Setting the context	
Local authority:	
Name of Stop Smoking Service:	
Service model (inhouse, commissioned, mixed):	
Current service provider (if commissioned):	
Primary contact name and title:	
Email:	
Names and titles of people who contributed to completion of SASIT:	

1. How many people have set a quit date and quit successfully after 4 weeks (self-reported) with your SSS each year over the past 3 years? [Release](#)
complete the data table using data sources below to populate.

Note: The data entered in table below will populate table in the **Your Scores** worksheet.

Data table: Four year time trends for your LA SSS performance data for quit dates set, 4-week quits and % of local smoking population who set quit date

KPI	2022/23	2023/24	2024/25	2025/26
Quit dates set				
4-week quits				
Proportion of local smoking population who have set quit date				

Smoking Profile - Data | Finemiss | Department of Health and Social Care
Source: Stop Smoking Services Collection - NHS England Digital

The final submission should include full year data for 2025/26. Services may include year to date (YTD) data with in year to week performance.

2. List locally identified priority groups and provide brief rationale for their selection.

3. Describe the improvement actions that your SSS is currently implementing to increase level of engagement with priority groups (e.g. partner-based work that has been undertaken to outreach to priority groups).

3. Describe the improvement actions that your SSS is currently implementing to increase level of engagement with priority groups (e.g. partner-based work that has been undertaken to outreach to priority groups).

4. How does your service ensure consistent delivery of the core components of evidence-based stop smoking support (behavioural support, stop smoking aids, and follow-up) as identified by NICE and NCSCT LSSS: commissioning, delivery and monitoring guidance?^{1,2} Please highlight significant commissioning or service delivery improvements that have been made since 2024 to embed guidance into service delivery.

1 <https://www.nice.org.uk/guidance/ng209>
2 <https://www.ncsct.co.uk/publications/commissioning-delivery-monitoring>

5. Did you have any underspend in the previous financial year? If so, what was the amount of the underspend? Provide a brief summary for how this underspend will be allocated in the current financial year.

6. If the proportion of local smoking population who set a quit date is under 5%, please provide an overview of your plan for reaching this minimum expected standard. (max 250 words)

Three-year trends plus current year

Data table: Four year time trends for your LA SSS performance data for quit dates set, 4-week quits and % of local smoking population who set quit date

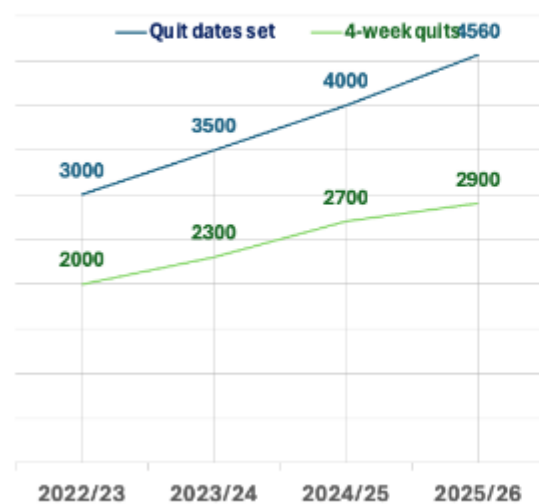
KPI	2022/23	2023/24	2024/25	2025/26
Quit dates set				
4-week quits				
Proportion of local smoking population who have set quit date				

[Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

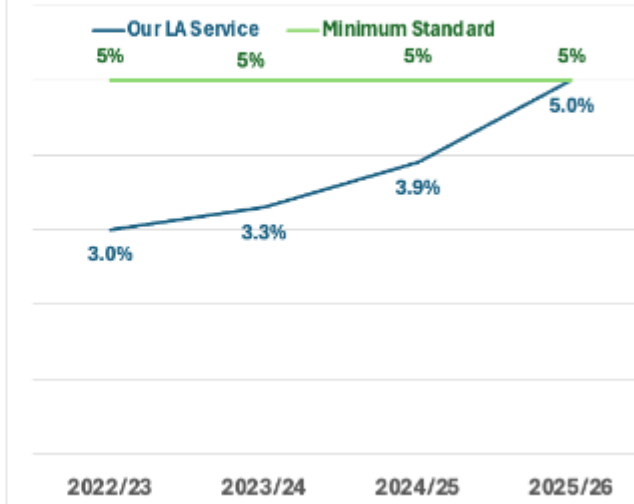
[Source: Stop Smoking Services Collection - NHS England Digital](#)

The final submission should include full year data for 2025/26. Services may include year to date (TTD) data with in year to track performance.

Your SSS service delivery metrics for past four years
(populated by data provided in table 1)



Percentage of local smoking population who have set quit date
(populated by data provided in table 1)



Local Stop Smoking Service and support: commissioning, delivery and monitoring guidance

Evidence review

Priority groups

Guidance

- Commissioning
- Service Delivery
- Monitoring

NCSCT



**Local Stop Smoking
Services and support:**
commissioning, delivery
and monitoring guidance

March 2024
10 year Update

NCSCT



**Maximising the impact of
local stop smoking services:**
latest evidence and best practice

Dec 2024

NCSCT

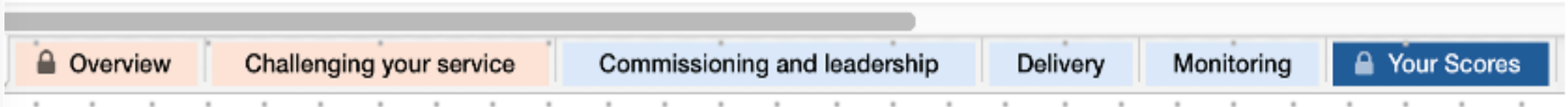
The Tool



Overview

- **Challenging your service**
- **Commissioning & leadership**
- **Delivery**
- **Monitoring**

Your Scores



Commissioning and Leadership

	Evidence	Comments	Review score	Actions
1. Leadership and workforce				
Employ a well-led and capable workforce.				
2. Planning and commissioning				
Optimise services based on latest evidence to maximise return on investment.				
3. Partnerships and systems integration				
Work in partnership and collaborate across systems.				
4. Training and development				
Employ a well-trained, well-led and motivated workforce.				

Self-assessment

'No evidence' (scored as 0)

You have no evidence of relevant practice.

'Some evidence' (scored as 1)

You have evidence of some relevant practice, but there is room for improvement or development.

'Strong evidence' (scored as 2)

You can demonstrate clearly that the practice is well established and performing well.

1. Leadership and workforce			
Employ a well-led and capable workforce.		Evidence	Comment
1.1	Do you have a named lead for smoking cessation?		
1.2	Is there a dedicated lead commissioner?	No Evidence Some Evidence Strong Evidence	
1.3	Is there a dedicated SSS manager?		
1.4	Is your SSS fully staffed according to your plans?		

Example 1: Commissioning and Leadership

3.2 To what extent is stop smoking support prioritised in plans between local government departments and community/voluntary sector agencies (e.g. drug and alcohol, social housing, homelessness services)?

Evidence	Example of representative current activity
No evidence	Stop smoking support has not been formally prioritised in local government department plans and/or community/voluntary sector plans.
Some evidence	<p>Stop smoking support has been identified in some key local government sector plans (drug and alcohol services), however there is further work to do to ensure stop smoking is integrated into local community/voluntary sector strategies and plans.</p> <p>Or</p> <p>Work has begun to work with government and local sector agencies to prioritise stop smoking services in relevant government plans.</p>
Strong evidence	Stop smoking support has been prioritised in relevant local government department plans as well as key community/voluntary sector plans including drug and alcohol services, social housing, homelessness services.

Commissioning and Leadership

4. Training and development				
Employ a well-trained, well-led and motivated workforce.		Evidence	Comments	Review score
4.1	Are those responsible for leading the service (e.g. commissioners, tobacco leads, managers) provided with training and professional development opportunities to expand their role competencies?	Some Evidence		1
4.2	Have all stop smoking practitioners updated their NCSCCT certification in the last three years? If not, what % of the workforce is NCSCCT Certified?	Strong Evidence		2
4.3	Have all advisers participated in the NCSCCT two-day training in behavioural support for smoking cessation or an equivalent training based on the NCSCCT Training Standard?	Some Evidence		1
4.4	Have stop smoking practitioners working with priority groups, such as people with mental illness, completed the relevant specialist NCSCCT online training and assessment programme(s)?	No Evidence		0
4.5	Are new staff provided with formal induction training, shadowing, mentoring opportunities, debriefing support when required and monthly practice supervision from manager or peer?	No Evidence		0
4.6	Do stop smoking practitioners have access to continuing professional development (CPD) opportunities (e.g. training, peer networks, community of interest, webinars) at least annually, with a focus on competences for working with local priority groups?	Some Evidence		1
Score: Training and development				5

Delivery

	Evidence
5. Expanding reach	
Engage more people in services with a focus on priority groups and build demand by having a visible presence in the community.	
6. Settings	
Maximise opportunities for smoking cessation in settings with direct contact with priority groups	
Optimise outreach and services in settings with direct contact with priority groups	
8. Referral pathways	
Ensure easy, responsive referral pathways with quick response times.	
9. Stop smoking aids	
Provide access to all first-choice stop smoking aids and ensure policies and protocols, and training reflect latest evidence-based guidance	
10. Delivery models for quitting	
Provide a mix of person-centred, evidence-based service delivery models.	
11. Delivery models for harm reduction	
Use Cut Down to Stop (CDTS) interventions to engage priority groups and those	

Monitoring

12. National data submissions

Timely submission of all national data submissions.

13. Uptake and service reach

Monitoring and performance for service reach.

14. Quit data

Monitoring and performance for client quits.

15. Equity and priority groups

Access and outcomes among priority groups is monitored and locally ('priority group index').

16. Data collection

Systems for collecting and reporting and monitoring service performance.

17. Assurance

Protocols and good practices are in place to assure quality of delivery and outcomes.

Performance Indicators

Adopting metrics that align to national monitoring guidance and allow regional benchmarking including the following:

Priority groups index (analysis of all key indicators by priority group)

Priority group access and outcomes should be monitored and reported locally to assess effectiveness of **engagement** and **stop smoking interventions**.

Indicator	Overall	Priority groups
Referrals		
Number of referrals received	✓	✓
Referral sources	✓	✓
Response time for referrals	✓	✓
Treatment/service delivery		
Number of treated clients ('treated smoker')	✓	✓
Number of 'quit dates set'	✓	✓
Conversion rates	✓	✓
Smoking outcome (by service delivery model & aid)		
4-week quit rates	✓	✓
12-week quit rate	✓	✓

Your Scores

Table 1: Your SASIT Score by area of performance compared to maximum possible score

Area of performance	Evidence		
	Maximum	Your LA Score	% Max Score
Commissioning, leadership, partnership, workforce			
1. Leadership and workforce	8	7	87.5
2. Planning and commissioning	10	6	60.0
3. Partnerships and systems integration	8	5	62.5
4. Training and development	12	12	100.0
Sub-total: Commissioning, leadership, partnership, workforce	38	30	78.9
Delivery and optimising services			
5. Expanding reach	16	13	81.3
6. Settings	30	18	60.0
7. Priority groups	8	6	75.0
8. Referral pathways	10	8	80.0
9. Stop smoking aids	22	18	81.8
10. Delivery models for quitting	20	17	85.0
11. Delivery models for harm reduction	8	4	50.0
Sub-total: Delivery and optimising services	114	84	73.7
Monitoring performance			
12. National data submissions	6	5	83.3
13. Uptake and service reach	10	6	60.0
14. Quit data	10	7	70.0
15. Equity and priority groups	8	2	25.0
16. Data collection	8	4	50.0
17. Assurance	10	2	20.0
Sub-total: Monitoring performance	52	26	50.0

What does your score mean?

76-100% - Strong evidence of robust systems in place.

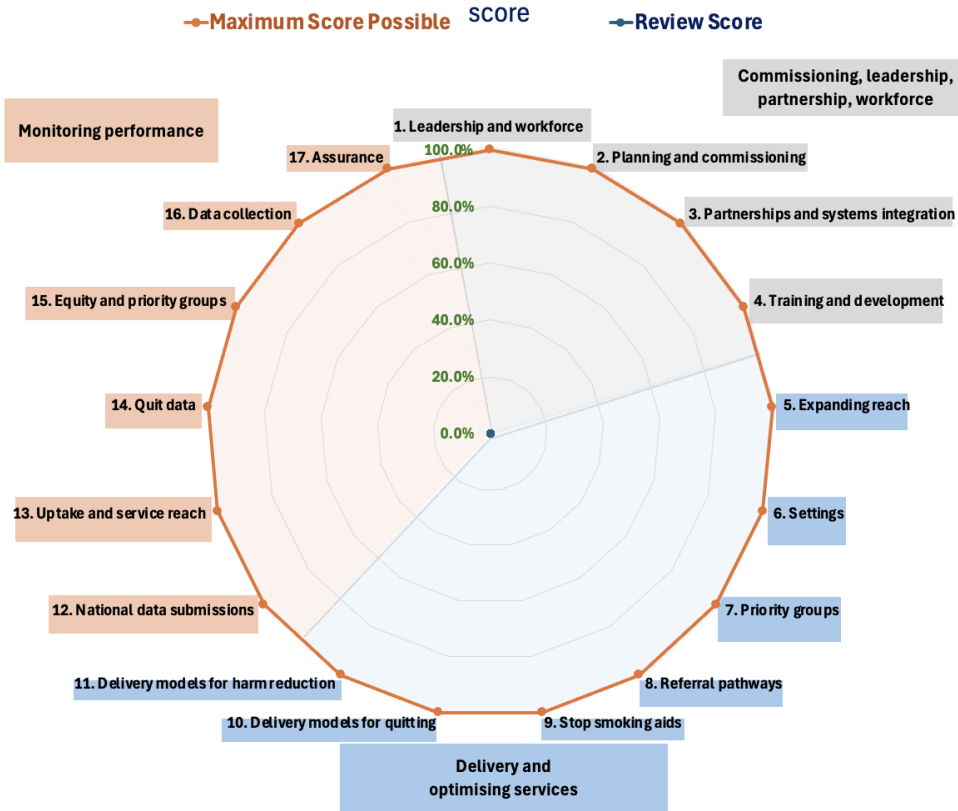
51-75% - Good aspects but some work to further strengthen needed.

26%-50% - Some good areas but significant improvements needed.

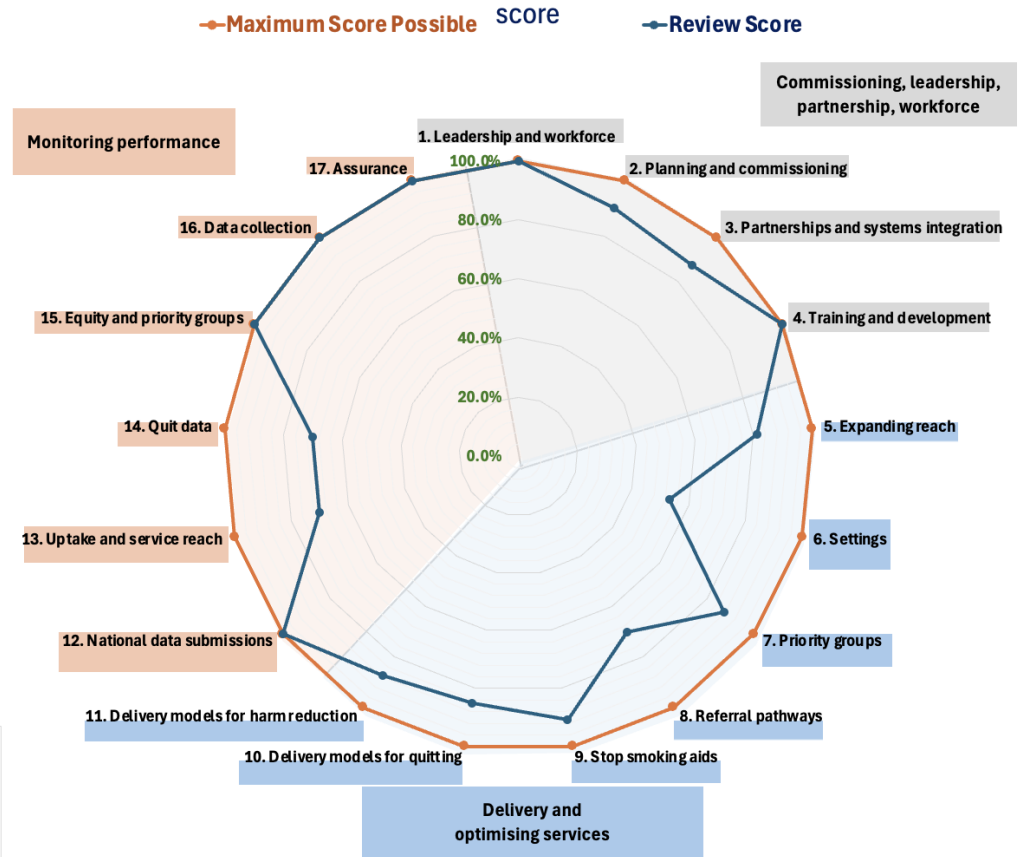
≤25% - Area of low performance, quality improvement needed.

Your Scores - Benchmarking

Your LA SSS SASIT scores by area of performance compared to maximum possible



Your LA SSS SASIT scores by area of performance compared to maximum possible



Stop Smoking Practitioners Competency Framework (2025)

Stop Smoking Practitioner Knowledge Competences

The table below describes the **knowledge competences** that underpin stop smoking interventions.

■ = Core BCTs with evidence of effectiveness from randomised controlled trials

Tobacco dependence knowledge

Smoking in the population	
Stop Smoking Practitioner core knowledge competences	Stop Smoking Practitioner advanced knowledge competences (in addition to core knowledge competences)
<ul style="list-style-type: none"> ■ describe prevalence and patterns of smoking and stopping smoking as functions of demographic characteristics such as gender, age, ethnicity and socio-economic status ■ describe prevalence and patterns of smoking and stopping smoking in priority groups, such as pregnant women and people with mental illness ■ describe changes in smoking and stop smoking patterns over time and across different demographic groups ■ describe nicotine delivery systems e.g. vaping and nicotine pouches and other tobacco delivery systems e.g. heated tobacco products 	<ul style="list-style-type: none"> ■ describe the latest evidence-based practices for supporting stopping smoking for people from priority groups and those with additional needs ■ describe why effective stop smoking support must be embedded within the communities of priority groups and be linked to other health, social and third sector services that people with additional needs use ■ recognise that higher rates of smoking are associated with a number of factors, such as trauma, mental illness, homelessness, poor educational attainment, unemployment, poverty, spending time in prison, the level of smoking in an individual's home/community, access to treatments, and the use of alcohol and illicit substances

A mix of service delivery models – matched to client need

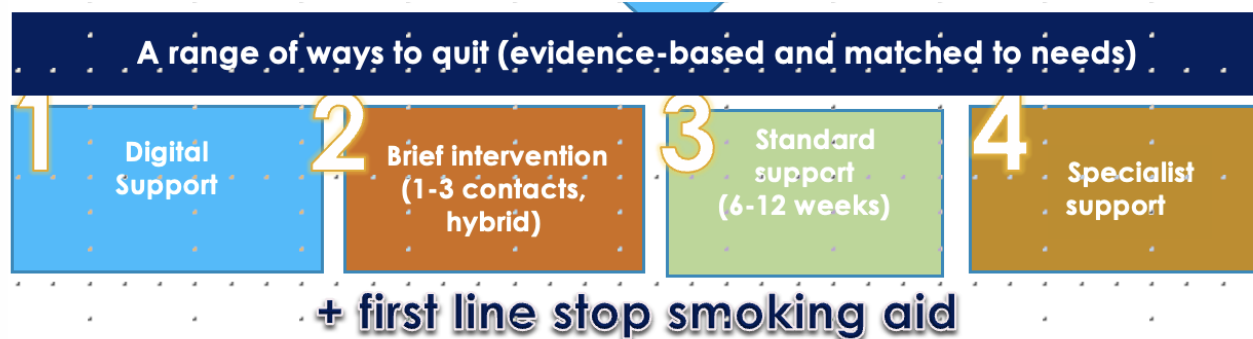


Table 2: Stop smoking service delivery models ranked based on evidence of effectiveness

Rank*	Service delivery model	Description	Considerations
1 Evidence = A	Standard Treatment Programme	Minimum six contacts (usually weekly) delivered over 6 to 12 weeks in person or via telephone or video link from a trained stop smoking practitioner.	Will provide the best quality outcomes for majority of people who smoke. The frequency of contact may not appeal to all services users and/or be possible in existing budgets for all clients.
1 Evidence = A	Group-based Standard Treatment Programme	Weekly or bi-weekly contacts delivered over 6 to 12 weeks in a closed group format by a trained stop smoking practitioner.	While effective, coordination of groups can pose logistic challenges for services.
1 Evidence = A-B**	Tailored specialist stop smoking programme	Weekly or bi-weekly support delivered over 12 to 26 weeks by a trained specialist stop smoking practitioner.	Most appropriate for people with SMI, pregnant women and individuals at high risk of relapse.
2 Evidence = B	Brief support and treatment programme	Initial session with follow-up contacts at two and four weeks delivered by either a specialist stop smoking practitioner or community stop smoking practitioner, alongside the provision of a first choice stop smoking aid.	May assist with expanding reach of stop smoking services to people who are unable or unwilling to engage in more intensive forms of support.
2 Evidence = B-C	Hybrid models	Combine digital and inter-personal support alongside the provision of a stop smoking aid.	Can assist with reducing number of inter-personal contacts.
3 Evidence = B	Cut Down to Stop programme	6 to 12 contacts delivered to clients who will initially cut down on smoking before stopping completely, along with provision of a first choice stop smoking aid.	Most appropriate for people who will benefit from a longer lead in time, in particular priority groups (e.g. people experiencing homelessness, people with SMI).
4 Evidence = B-C	Digital support programme	Advice, tips and information and remote support from a stop smoking app and/or text messages alongside the provision of a stop smoking aid.	Digital support alongside pharmacotherapy has less of an evidence base but may be a good option for people who would otherwise not access services.
5 Evidence = A	Self-help and stop smoking aid following brief advice	Brief advice and self-help alongside the provision of a stop smoking aid.	Appropriate for clients who are unable to engage in more intensive models.

* Service delivery models have been ranked based on a hierarchy of evidence regarding their efficacy in supporting people who smoke with stopping.

** The evidence rating for tailored specialist support would have received a ranking of A if based solely on evidence regarding intensity of behavioural support. The A-B ranking reflects the fact that tailored specialist support is recommended for populations which have multiple barriers where available evidence is good, but not as strong as for general population of people who smoke.

National Priority Groups

Priority Groups:

Good practices for targeting and tailoring tobacco dependence treatment



NCSCT

Breathe
Ending smoking together.

Box 1: National Priority Groups

This is a list of previously identified priority groups, but it is not intended to be exhaustive. Priority groups should be identified on a local basis and may include people who are:

- Socio-economically disadvantaged and/or those living in social housing
- Experiencing mental health conditions
- Living with substance use disorders
- Suffering from health conditions caused or made worse by smoking
- Experiencing multiple or complex needs (e.g. unemployed, homelessness, in contact with the criminal justice system, ethnic minorities, travellers, LGBTQI+)

Priority groups

Priority Groups:

Good practices for targeting and tailoring tobacco dependence treatment



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Ending smoking together.

Tobacco dependence treatment for people with severe mental illness: Guiding principles and best practice



NCSCT

Department
of Health &
Social Care

Guiding principles

- 1 **Very Brief Advice on Smoking (VBA+)** is delivered to all patients with SMI and **referral pathways to tobacco dependence treatment** are in place and operational.
- 2 **Offer both abrupt quit and Cut Down to Stop (CDTS) treatment options** in line with NICE guidance to extend the reach and impact of stop smoking services, designed to meet individual preferences.
- 3 All patients have access to **combination nicotine replacement therapy (NRT) and/or nicotine vapes, or nicotine analogue medicines** at doses needed to prevent and relieve withdrawal symptoms. These are available both prior to stopping and for extended periods after stopping to prevent relapse.
- 4 Person-centred support is tailored to the individual, including **flexible appointment venues and times, more frequent contact and extended duration of support**.
- 5 Address **barriers to stopping** and **facilitate identifying solutions and alternative activities**.
- 6 **Signposting family and caregivers to local stop smoking services is standard practice**.
- 7 **Staff are prepared for setbacks** and build these into the treatment plan.
- 8 **Good communication with the care team** is ensured so that medication is reviewed and medicines affected by smoking are appropriately adjusted for efficacy and adverse effects.
- 9 **All mental health staff are trained in VBA+ tailored for people with SMI**. Staff delivering tobacco dependence treatment for people with SMI complete specialist training.
- 10 **Smokefree environment policies** are developed, maintained and promoted.

New NRT Template Protocol (2025)

Version 1 - Last update: September 2025

NCSCT

Template protocol: Supply of Nicotine Replacement Therapy (NRT) for the treatment of tobacco dependence

Table 1: NRT initial dosing guide

Heaviness of Smoking index score*	Transdermal patch Every 24 hours	Faster-acting NRT On the hour, every hour if needed and to manage urges to smoke**
0	10 mg (16hr) / 7 mg (24hr) OR faster-acting NRT alone	
1-2	15 mg (16hr) / 14 mg (24hr)	One of the following:
3	25 mg (16hr) / 21 mg (24hr)	<ul style="list-style-type: none"> Mouth spray (up to 64 sprays a day) Inhalator (up to 6 cartridges a day) 4 mg lozenge (up to 15 lozenges a day) 4 mg gum (up to 15 pieces of gum a day) 2 mg microtab (up to 40 microtabs a day) Nasal spray (up to 64 sprays a day)
4	25 mg (16hr) / 21 mg (24hr) Option: 25 mg (16hr) / 21 mg (24hr) and 10 mg (16hr) / 7 mg (24 hr)	
5-6	25 mg (16hr) / 21 mg (24hr) and 15 mg (16hr) / 14 mg (24hr)	
Smokes 40+ cpd and first cigarette within 5 mins of waking	TWO 25 mg (16hr) / 21 mg (24hr) patches	


IMPORTANT NOTE

* This is a suggested guide only derived from clinical experience. Initial and subsequent NRT dose should be driven by client need with the aim of minimising or eliminating withdrawal symptoms and urges to smoke.

** We've included 'up to' as per the manufacturers' instructions. Use of faster-acting NRT products above the daily recommended frequency may increase the likelihood of some side effects such as nausea. The biggest concern is not in exceeding the daily dose, but in underdosing and relapsing to smoking.

Stop smoking aids

Making stop smoking medications available and accessible: guidance and resources



NCSCT

Department of Health & Social Care

1. Introduction

This briefing uses varenicline (both the generic versions and the proprietary Champix) as an **example of the processes needed to make stop smoking medications available to people who smoke and who want to stop**, including implementing a Patient Group Direction (PGD) locally. **The use of a PGD can reduce waiting times for getting medication, ease the burden on GP practices, and utilise community pharmacy services for effective health improvement.**

Smoking remains the leading cause of preventable illness, death and disability, and a leading driver of health inequalities in England.¹ Tackling tobacco dependency is one of the most effective ways of eliminating health inequalities.² **Local stop smoking services are extremely cost effective and play an important role, alongside other tobacco control policies, in driving down rates of smoking at national and local level.³**

First choice stop smoking aids provide the greatest chance of success with quitting smoking (see Figure 1 on page 5) and are:

- combination NRT (use of an NRT patch plus a faster-acting NRT product)
- nicotine-containing vapes
- nicotine analogue medications (varenicline* and Cytisine)

*Note: we refer to varenicline throughout to include both generic varenicline and Champix.



Text [highlighted in blue and in single square brackets] should be replaced with the user organisation's own text. Text [highlighted in yellow and in double square brackets] is advisory text and should be removed in final authorised versions of the PGD. - It is advised that all non-highlighted text remains in final authorised versions. ¶

[Insert the logo of the authorising body here]

[[See the NICE guidance for the definition of an authorising body]]

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used. ¶

Patient Group Direction ¶

Supply of cytisinicline (cytisine) tablets as part of a tobacco dependence treatment service in [location/service/organisation] ¶

Version Number 1.0 ¶

• Change history ¶

Version and Date ¶	Change details ¶
Version 1.0 ¶ February 2025 ¶	New template ¶

[[Each organisation using this PGD must ensure that it is formally signed by a senior pharmacist, a senior doctor and any other professional group representatives involved in its review and that it is reviewed in line with the organisations' PGD governance system. The organisation's governance lead must sign to authorise the PGD on behalf of the authorising organisation to ensure that this document meets legal requirements for a PGD.]] ¶

Page Break

[Reference Number: ¶]
Valid from: ¶
Review date: ¶
Expiry date: ¶

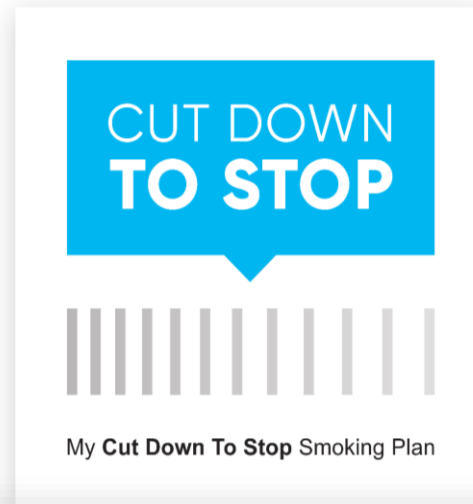
→ 1 ¶

Cut Down to Stop Resources

NEW Cut Down to Stop evidence briefing



CDTS resource



CDTS evidence briefing, treatment programme and client resource



NEW Cut Down to Stop Treatment Programme



Newcastle City Council SASIT Tool Reflections

Louise Pennock, Newcastle City Council



let's talk
Newcastle

Current Position

Newcastle City Council Commission an external provider to deliver Specialist Stop Smoking Support.

Operate a Hub and Spoke Model with Community Pharmacies and Healthworks as the Spoke Providers.

Our Stop Smoking Service is due to be recommissioned 26/27.

Who was involved?

Newcastle City Council Public Health Team

Louise Pennock, Public Health Practitioner & Sophie Allard, Senior Public Health Practitioner

Fresh – North East regional Tobacco Control Programme

Joanna Feeney

How we found it

- Tool was straightforward to use.
- Specific areas of performance were clear and relevantly broken down.
- Good to have visual at the end and clearly helped.

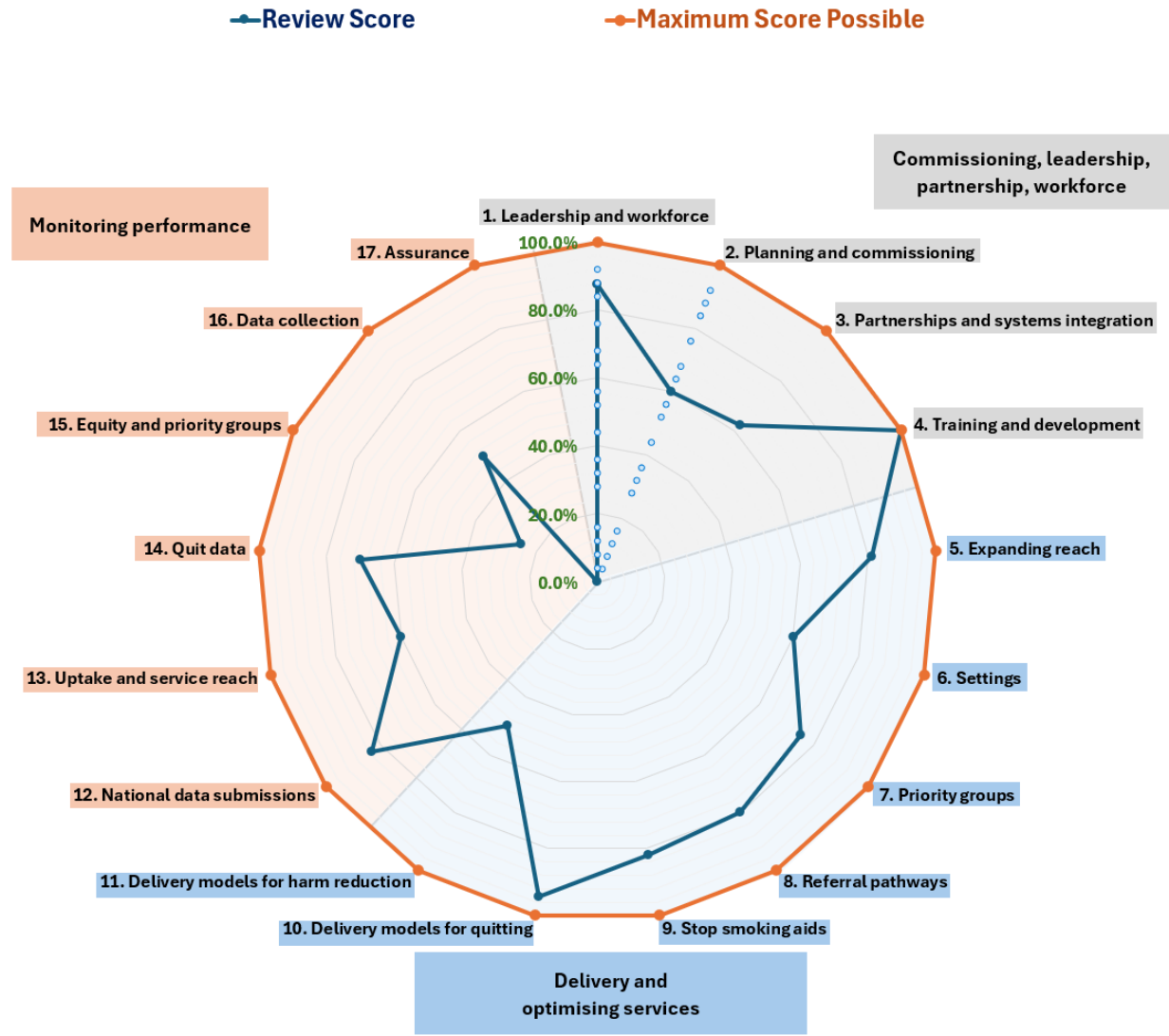
- Took a few hours to complete.
- Our commissioning model meant we required input from our Stop Smoking Service.
- We also had to reach out to internal teams (0-19, Drug and Alcohol recovery)

- We sent our tool to **Joanna at Fresh**. She offered really valuable input and she pointed out that we may have been a bit hard on ourselves!

- We focused on specialist provision only but did not acknowledge system wide approaches. We Commission the Smoke Free App at a regional and local level and have several swap to stop sites.

Our Findings

Your LA SSS SASIT scores by area of performance compared to maximum possible



We suggested...

- Examples of evidence of best practise – including for Quality Improvement, question around pooled infrastructure.
- Examples of quality of evidence
- Increased font size

- We think this tool is valuable for smoking cessation planning rather than just as a post-results tool (reaching <5%). Local Authorities would find this useful to complete on a regular cycle for identifying areas of strength, progress and potential for development and investment.

How will it help improve our service?

We are recommissioning our service so found this particularly useful for helping to redesign and shape our new service specification.

It highlighted gaps in existing provision and gave suggestions on how we could enhance our current offer and where to invest grant funding.

Including:

- Cut Down to Stop Pathways and Data recording
- Performance Deep Dives for the service (Marketing and communications, priority groups, stop smoking aids)
- Referral outcomes reported to referrer (where appropriate)

Closing remarks and questions