NCSCT

Stop Smoking Services – Needs Analysis: A Toolkit for Commissioners

Department of Health
UCL
NHS Leeds
CANCER RESEARCH UK
UK CTCS

Authors

Candia Allen NHS Leeds

Heather Thomson National Centre for Smoking Cessation and Training (NCSCT)

Peer Review Panel

Dr. Ian Cameron NHS Leeds

Lynsey Bowker NHS Sheffield

Dr. Andy McEwen NCSCT

Melanie Chambers Department of Health

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We are very grateful for comments from:

Nichola Stephens NHS Leeds

Pia Bruhn NHS Leeds

Louise Miller NHS Leeds

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Introduction

The World Health Organisation (WHO) has identified tobacco smoking as the primary cause of premature illness and mortality in developed countries with a significant risk factor in CVD, stroke, respiratory disease, many cancers and fire related deaths (WHO 2004). In addition to the direct impact to the smoker, environmental exposure to tobacco smoke is a major risk factor in sudden unidentified death of an infant (SUDI) plus childhood respiratory illness (Di Frenza et al. 2004).

Smoking is a primary cause of inequalities in health outcomes. For example amongst men, smoking is responsible for more than half the excess risk of premature death between the social classes (Jarvis M and Ward J 2006). In England, in order to tackle the impact of lifestyle choices that result in increased morbidity and reduced life expectancy, there has recently been an increasing focus on investment in effective prevention and community based services (Next Stage Review – Darzi 2008). This, coupled with the move towards new commissioning arrangements within the NHS, has meant that it is essential that commissioners adopt an intelligence led and systematic approach to the commissioning of services.

Purpose of the toolkit

This toolkit has been developed to help commissioners identify, assess and prioritise where effective action should be taken when commissioning stop smoking services. It will consider the initial phase of the commissioning cycle; assess need of potential service users, review current service provision, and identify gaps to help focus commissioning on the identified priorities.

Although it will focus on the commissioning of stop smoking services, it should be recognised that services of this nature should not be seen as being the solution for reducing smoking prevalence, but should be commissioned as an element of a comprehensive local tobacco control strategy or within a broader health and wellbeing improvement strategy, or as part of a strategy to address health inequalities.

It is also important to ensure that other smoking cessation activities, particularly the routine and systematic delivery of brief advice and brief interventions, be included within all contracts with frontline provider services which are ideally situated to encourage and refer smokers to stop smoking services (e.g. district nursing, maternity services, primary care, acute trust).

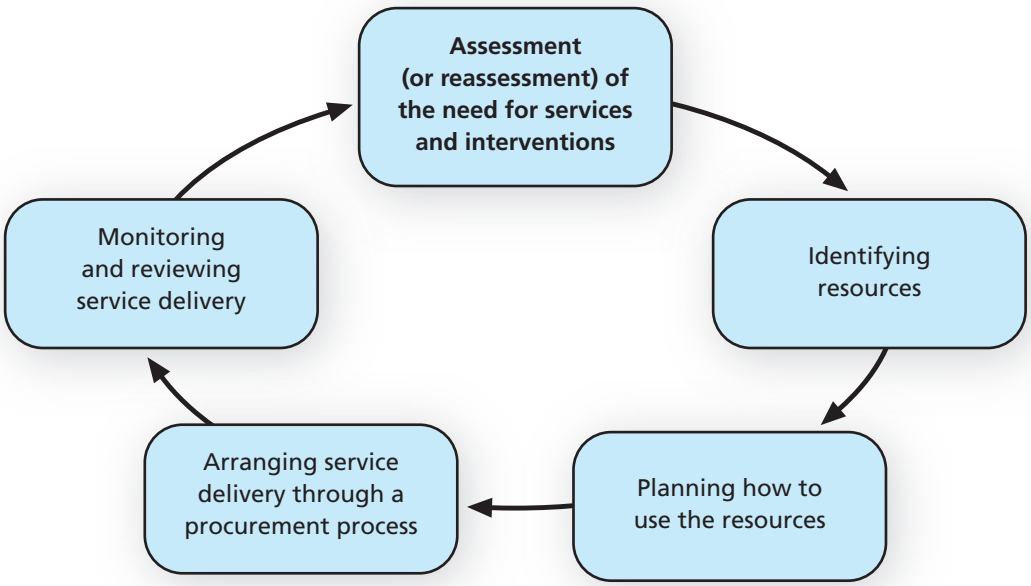
Note: It is recommended that you read through the whole toolkit before you commence your stop smoking service need analysis so you have an overview of the whole process.

What is commissioning and what does a commissioner do?

Commissioning is a dynamic cyclical process that involves several steps which should be refreshed with each new commissioning cycle:

In order to ensure services are commissioned which are acceptable and effective; commissioners should recognise the importance of placing the service users at the centre of the process and ensure that their needs are considered throughout the whole process.

The commissioning process



What is a needs assessment?

"HNA is a recommended public health tool to provide evidence about a population on which to plan services and address health inequalities"

Health Needs Assessment: A Practical Guide (NICE 2005)

www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/health_needs_assessment_a_practical_guide.jsp

The above quote and link provides a broad definition of needs assessment. However, it should be recognised that when assessing the needs of smokers against stop smoking services, the scope has to be defined by a well established evidence base and within the context of national policy. Therefore in this guide, need is measured within clear parameters which are related to the interface between the needs of smokers and the services commissioned, this process is probably better described as a needs analysis against which the services will be assessed, however, the shortened term, 'needs assessment', will be used throughout this document.

Why conduct a smoking cessation needs assessment?

A smoking cessation needs assessment will assist commissioners in determining the target groups they wish to attract into services. It will allow exploration of the needs of smokers within the target groups and assess the provision of smoking cessation services against those needs.

This process of conducting a smoking cessation needs assessment involves the collection of intelligence to provide evidence about the smoking population on which to plan services. Whilst taking into account the priorities of the organisations that commission and deliver the services for that population, engagement with current and potential service users enables commissioners to gain insight as to the design and appropriateness of proposed changes should current services fail to meet need and to agree priorities for action.

This process should be regarded as a systematic and dynamic integral element of the commissioning cycle.

Summary of the smoking cessation needs assessment process

Step 1: Set the context, establish a steering group and develop an action plan

- Familiarise yourself with relevant policy, guidance and the evidence base
- Be aware of priorities, local targets and strategies (both NHS and Local Authority)
- Form a steering group which reflects the competences required to complete the needs assessment
- Agree the scope of the needs assessment
- Identify and map stakeholders

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Step 2: Build a population profile

- Collect demographic and epidemiological data to build a population profile
- Determine potential target groups
- Conduct rapid appraisal to gain insight into needs of target groups

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Step 3: Gap analysis

- Evaluate your local stop smoking services
- Gain further insight into service provision
- Undertake equality impact assessment
- Conduct gap analysis

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Step 4: Develop evidence based commissioning intentions

- Decide priorities
- Feed back your review of the evidence, gap analysis and proposed recommendations

Step-by-step guide to smoking cessation needs assessment

Step 1

Set the context, establish a steering group and develop an action plan

1.1 Awareness of the context

Before commencing your needs assessment it is important that you familiarise yourself with best practice guidance and the evidence base relating to smoking cessation interventions which will potentially have most impact. Also, you should have an understanding of the broader determinants which may impact an individual's quit attempt.

One useful document to refer to is:

DH Service Monitoring and Guidance (2010)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109696

Also, you should be aware of local priorities, targets and strategies (both NHS and Local Authority).

In addition to smoking specific indicators, remember that stopping smoking will contribute to the prevention of and improvement in many long term conditions and a range of other public health concerns including:

- All age all cause mortality
- Premature mortality from CVD
- Infant mortality
- Reducing health inequalities

1.2 Form a steering group which reflects the competences required to complete the needs assessment

Your steering group should be led by those who will commission the resulting stop smoking services. Members should have the authority to make decisions on priorities and have the resources to commission stop smoking services for the local population.

Your group will probably start small and may grow as further partners are identified during the process. It should collectively have the following expertise:

- Leadership
- Project management
- Information collection and analysis
- Communication
- Patient and public involvement
- Equality and diversity

1.3 Defining the scope of the assessment

Be clear about what you are aiming to achieve at the end of this scoping phase of the commissioning process e.g. are you looking to reduce smoking prevalence in the general population or within specific target groups / geographical localities.

Remember, the needs assessment relates specifically to the prioritisation of the stop smoking services and interventions therein. The project team, stakeholders and the collection and analysis of intelligence should be focused on this remit. Do not collect irrelevant information or include stakeholders who cannot answer questions specific to your purpose.

1.4 Complete a stakeholder mapping exercise

In order to conduct a meaningful needs assessment, it is essential to involve stakeholders. They will help inform smoking cessation service innovations, delivery and management. Stakeholder analysis can help uncover multi-faceted perceptions, perspectives and practices. A retrospective focus is appropriate for learning from past experience and a prospective focus will help design future interventions and service improvements. The involvement and communication with stakeholders brings many benefits, including helping to improve access to your services and reducing missed appointments. However, be mindful not to raise expectations amongst stakeholders for interventions that are either beyond your remit or that you cannot deliver on.

Stakeholder analysis is an iterative process that generates knowledge, insight and assesses influence. It aims to ensure that relevant stakeholders are communicated or engaged with at relevant times regarding specific identified issues and is recognised as an essential activity within a needs assessment.

Stakeholder analysis will allow the steering group to identify:

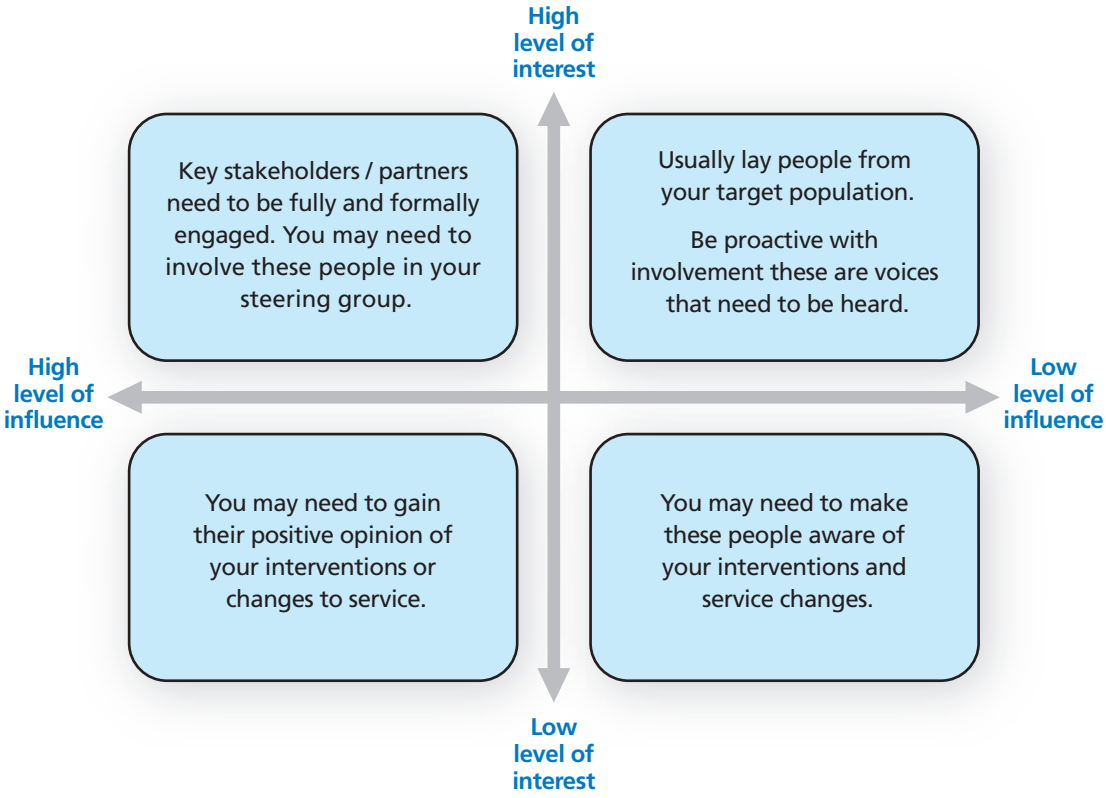
- Primary stakeholders i.e. those people directly affected by the service, either positively or negatively.
- Secondary stakeholders i.e. those who can affect or influence the service, e.g. current and potential service providers, partner agencies.

The process could be described as follows:

The first stage in a stakeholder analysis is to draw up a long list of possible stakeholders (stage 1), a stakeholder analysis (stage 2) will then determine:

- Any further members for the steering group
- Those that should be involved and consulted in the needs assessment
- Those who need to be kept informed

A simple stakeholder matrix can help you manage the levels of engagement required.



As you continue through the process of the smoking cessation needs assessment you will identify the issues on which you wish to consult (stage 3) and the most appropriate method of engagement (stage 4).

There are a number of tools to assist in conducting a stakeholder mapping process. However the *NHS stakeholder engagement tool* claims that it is designed as the single reference point for all stakeholder engagement activities (DH 2009).

www.connectingforhealth.nhs.uk/systemsandservices/scr/documents/screngage.ppt#280,1,Stakeholder%20Engagement%20Guidelines

1.4 Develop your action plan

Once membership of the steering group is agreed, assign a project leader; draw up an action plan for the activities to be completed in steps 2 and 3 with time scales and tasks delegated to each member of the team.

When developing your action plan review the entire toolkit and consider the tasks to be undertaken, ensure:

- Your objectives are 'SMART'
  - Specific
  - Measurable
  - Achievable
  - Realistic
  - Time bound
- You allocate specific tasks to appropriate individuals
- You develop the indicators on which to monitor progress
- You agree the frequency of meetings throughout the process

Step 2

Build a population profile

2.1 Collect data to build a population profile

To build your profile you will need to:

a) Collect secondary data (data already in existence collected by other agencies) also referred to as real time data.

b) Collect primary data (data that you or your organisation collects) on your target population to fill any gaps, for example practice prevalence data.

When using secondary data check that they are:

- Accurate
- Up to date
- Unbiased (as far as possible)
- Free from duplication

And ask:

- Can conclusions be evidenced from the information gathered?
- Are the conclusions consistent with the information gathered?
- Is the source material and method used, valid and reliable?

It is advisable to collect data at a higher level e.g. national, regional, county / city and at a lower level e.g. neighbourhood, middle or lower super output area, GP practice. This will allow for benchmarking through comparison of areas and will also help to identify differences between population subgroups e.g. within certain geographical areas, age, gender etc.

There are a number of different data sources that can be used to build your population profile.

A useful resource to refer to when choosing the most relevant data relating to smoking prevalence has been produced by The Association of Public Health Observatories (*Technical Briefing No.7 – Measuring smoking prevalence in local populations*). The resource describes a range of data sources and considers the limitations and usefulness in measuring local smoking prevalence. It covers national data sets down to data at GP practice level.

www.apho.org.uk/resource/item.aspx?RID=87192

The list below outlines some suggested reliable data sets which you may find useful in developing your population profile. Please note this list is not exhaustive and new data sets are becoming available on an ongoing basis; See your local public health intelligence team or Public Health Observatory for further advice.

World Class Commissioning data packs (note: requires login)
This online resource brings together data from multiple sources to provide a profile of your organisation and national averages to help monitor trends and make comparisons, with the ability to manipulate data for local requirements and benchmarking for national, regional and most comparable local activity. Covering some 250 indicators, this data is regularly refreshed providing an essential resource for commissioners throughout the entire commissioning cycle.

www.ic.nhs.uk/wccdatapacks

The Association of Public Health Observatories Health Profiles
These profiles give a snapshot of health in a particular geographic area, they are designed to help local government and the NHS tackle health inequalities and improve population health. Profiles can be run for different years, which could allow identification of trends and show broad measures of deprivation, health inequalities, ethnicity and life expectancy. They allow comparisons of an area against England and Regional averages.

www.apho.org.uk/default.aspx?QN=HP_REGIONS_2009

Joint Strategic Needs Assessment (JSNA) Data Pack
A JSNA is a data pack which pools wide ranging information and data to provide a comprehensive picture of the health and wellbeing needs across your area. Users will be able to identify statistics for their local area. The JSNA data pack can be accessed from your public health intelligence team or local council.

Neighbourhood Statistics
Visual and easy to use district profiles and statistical information on your local area, derived from census data.

Some of the information is available at Lower Super Output Area (LSOA) level (i.e. populations of at least 1000 people, averaging 1,500).

www.neighbourhood.statistics.gov.uk

London Public Health Observatory
The lead Public Health Observatory on tobacco for the Association of Public Health Observatories.

www.lho.org.uk/LHO_Topics/National_Lead_Areas/Smoking.aspx

Office of National Statistics:
Cigarette smoking prevalence and further link to the General Household Survey.

www.statistics.gov.uk/cci/nugget.asp?id=866

[Note: the new integrated household survey will be available from December 2010 and may be useful when planning for 2011/12]

In addition:

- Practice profiles (your regional Public Health Observatory may collect data at a practice level). This data can be useful to identify areas where there are high levels of smoking related illness and may give an indication of the population characteristics.
- Your local NHS information service or public health intelligence team may run regular audits within GP practices. This could provide detailed information around smoking prevalence and the numbers of people who have been offered smoking cessation support.
- *Department of Health: GP recorded smoking prevalence:* www.dh.gov.uk/en/Publichealth/Healthimprovement/Tobacco/DH_078494
- Your local public health intelligence team or information services may also be a valuable source of data and may have the facilities to develop maps and profiles at a range of levels.
- Many of your stakeholders will also collect local data which could be useful.

2.2 Using data to build a population profile

It is important that you have a good understanding of the population on whose behalf you are commissioning to ensure services will meet their needs. You will probably already have an idea of your possible specific target populations, but the needs assessment process will provide the evidence to substantiate this.

Your population profile should include:

- Whether it is rural or urban
- Age and distribution
- Gender
- Agreed definitions of ethnic groupings
- Deprivation ratings
- Smoking related mortality and morbidity rates
- Smoking prevalence data, including within specific groups where possible
- A description of the environmental infrastructure e.g. workplaces (are there high rates of routine and manual occupations locally?), housing, transport (e.g. can and do people travel out of their local area?), illicit tobacco trading (is there ready access to cheap tobacco?), amenities (e.g. local pharmacies, GP practices), statutory and voluntary services

Note: Ethnicity is not always easily or reliably collected by agencies. Your information services, public health intelligence team or local council may have guidelines for defining ethnic groups.

2.3 Defining your target populations

Your team needs to define the populations to be targeted – this may change as you work through the assessment process and complete the gap analysis. You may already have an idea of who you wish to target and why, but this decision must be grounded in sound evidence.

Who is / are your target population/s?

1. The whole population, (maybe at first to discover areas of need and then choose priorities)

or

2. A sub-set of whole population in response to national / regional / local priorities / greatest need / known high prevalence of smoking, or a gap in provision.
   For example those that:
   - Live in geographic area
   - Share a characteristic, e.g. age, ethnicity, gender, disability, health issue
   - Could benefit from using a stop smoking service, but they may not be accessing it
   - Specific population groups e.g. young people in care, pregnant women or prisoners

Write up a working definition of the target population(s), to ensure that all team members agree with it. State clearly the reason for choosing that population.

2.4 Conduct a rapid appraisal

Once your team has defined the target population groups or geographic areas, it is important to gain further insight into the target population and their specific expressed needs in relation to stop smoking services and interventions. This can be done using a rapid appraisal method which is a reasonably quick and efficient way to collect data and insight to further inform a population profile.

Rapid appraisal uses secondary data and then collects primary data or insight from a small number of key informants; i.e. key people, who represent a variety of interests within that locality / community.

Note: Try to use relevant local research that has already been done / is being done in your data collection to avoid duplication and consultation fatigue.

Key informants would normally be identified amongst:

- Potential service users from the target population
- Service providers and managers

The list of further people who might be involved could include:

- Community / religious leaders
- Voluntary organisations
- GPs and primary health-care teams
- Other health-care providers
- Social workers
- Local Authority
- Trading Standards

Information may be gathered using a range of techniques; the list below outlines some of the most commonly used methods of involvement.

Questionnaires / Surveys – Allow you to capture a range of views and can provide both quantitative data (in numerical form) and qualitative data (information in narrative form). They can be undertaken in a number of different ways:

- Postal questionnaires (can reach a large number of people but return rates are generally low)
- Face to face (careful planning is needed over time, place and possibly overcoming language barriers to capture the views of your target population)
- Telephone surveys
- Electronic surveys (e.g. on the internet) (will tend to exclude the more economically deprived or groups who are not confident with these technologies)

Focus groups – A focus group is an informal group of people who share common characteristics. Groups normally consist of 8 to 12 people and are led by a facilitator. Focus groups allow a topic to be discussed in detail and allow ideas to be debated.

Interviews – Will provide qualitative information from people and allow you to explore in further detail their views, attitudes and perceptions. They can be conducted either face to face or by telephone.

Note: Collecting data may require permission from; an ethics committee, GP practice as necessary; you may wish to contact your local NHS research governance officer or public health department for advice.

Prior to engagement with local stakeholders it is usually necessary to contact your organisation's communications team and to involve your Patient and Public Involvement (PPI) team.

You may need a license from your local council to undertake street questionnaires.

When interviewing respondents or dispersing questionnaires in public places let the police know and ensure that all staff wear identity cards.

If there is more than one interviewer, decide on a set of questions and develop a script, so that they all say the same.

Self-completion questionnaires are quick and cheap, but need to be kept simple, and may need to be produced in more than one language.

Questionnaires should be piloted to identify any problems before they go out to a wider audience. Your Patient Public Involvement team and/or Public Health team can usually offer support in engagement methods, e.g. designing questionnaires, developing an interview script, planning a focus group or see the references at the back of this document.

Illiteracy and language requirements can be accommodated by using oral survey methods i.e. face to face and telephone interviews.

Step 3

Gap analysis

3.1 Evaluate your local stop smoking services

"Evaluation is a process which helps us see more clearly what it is we are doing, and the nature of the issues being confronted" (Van der Eyken, 1992: The Evaluation Toolkit). It is paramount to any needs assessment to inform commissioning intentions. Evaluation involves collecting information and reflecting on what we are doing, and what happens when we do it.

When conducting a service evaluation it is important to analyse the service provision using both quantitative and qualitative methods.

Start by mapping the service providers e.g. in some areas services are provided by a core team, others have a combination of a core service and additional service providers in primary care or the voluntary sector. In mapping the service providers, consider the structures of service and the skill mix available e.g. do providers have the necessary knowledge and skills to be able to offer specialist support for pregnant women who smoke? Are providers able to offer support in a range of languages?

Collect data from service providers. This is normally collected by service providers using a recommended minimum data set and provides a wealth of information including:

- Numbers that access services
- Numbers that quit smoking at 4 weeks
- Numbers that have relapsed
- Numbers that have been lost to follow up
- Gender
- Ethnicity
- Age
- Socio-economic status (using employment status as a proxy measure)
- Pregnancy
- Type of intervention provided

Your steering group should consider all the raw data available from service providers (this may be more extensive than the minimum data set) and determine the criteria for monitoring effectiveness and gaining specific information about your selected target groups e.g. do you want to know; how many pregnant women have been successful in stopping smoking, how many South Asian men aged 40 to 55 have accessed the service.

Services will probably also collect data linking patients to specific GP practices or by postcode, so in addition to considering access and effectiveness of services for specific target groups, this data could allow further detailed analysis by geographical area.

The data collected should allow commissioners to compare success rates of different service providers and different types of intervention e.g. groups vs one to one clinics. Some data collecting systems may also allow for more detailed analysis e.g. the effectiveness of delivering services at different times of the day.

3.2 Gain further insight into service provision – Qualitative evaluation

Qualitative data helps to explain the complex issues behind the numbers.

In addition to using the methods describe in section 2.4 – Rapid Appraisal, you may also wish to consider using patient evaluation forms, existing patient groups (see your PPI lead for details of your local patient groups) or patient diaries, which can be used to seek patients' views on what happened throughout their whole service experience.

You may also wish to gain insight from service providers and agencies and individuals who refer to services.

Patient and public involvement (PPI)

(Please also refer to section 3.4 – Equality impact assessment)

The NHS Act 2006, Section 242 places a duty on the NHS to involve and consult patients and the public in the planning of services. Section 242 states:

"Each relevant English body must make arrangements, as respects health services for which it is responsible, which ensure that users of those services are, whether directly or through representatives, involved (whether by being consulted or provided with information, or in other ways) in –

a) The planning of the provision of those services

b) The development and consideration of proposals for changes in the way those services are provided and,

c) Decisions to be made by that body affecting the operation of those services"

If we consider that 'expressed' needs are an important aspect of needs assessment, it follows that we should aim to consult our clientele when designing services, particularly if we want to offer a meaningful / useful service, engaging those with greatest need who may not be accessing current services. This will involve reflecting on current practices and being willing to commisssion for change.

You may therefore want to explore:

- How appropriate is current service provision for service users?
- Is the time and place for service delivery convenient?
- Is the service accessing the target population?
- How are people accessing the service (e.g. via GP referral / self referral)?
- Are the services culturally sensitive?
- Are the advisors deemed to be competent and motivational by service users?
- Are there any negative impacts from services that are not captured by the above but might account for people not engaging with services; e.g. not acceptable to a certain sector of the population because of location, opening times, gender of staff or language barriers?

You may want to collect patient experience information through complaints and the Patient Advisory and Liaison Service (PALS) data.

Remember, only a small proportion of the smoking population is in contact with stop smoking services, therefore needs assessment should go beyond current service users to target efficiently and effectively. You may therefore also want to consult with potential future service users to determine those target groups who are not accessing the service and why? (link with key informants and PPI)

Service providers

Front line staff are a valuable source of information, they are in regular contact with service users and will have a good understanding of the difficulties faced by both service users and service providers.

You may wish to explore:

- Are there service protocols for delivering interventions and accessing treatments?
- Are interventions being delivered in line with the evidence base?
- Are all medications used first line?
- Do service providers have the necessary competences, particularly in relation to working with specific target groups?
- Have those competences been assessed?
- How easy is it to find appropriate facilities for delivering the services?
- Does the service have adequate capacity?
- Are the identified target groups known to the services?

From other service stakeholders e.g. referrers to services

- Is there a clear and systematic referral pathway to the stop smoking service?
- Do you regularly receive feedback from the service?

3.3 Equality impact assessment

What is equality impact assessment (EIA)?

In line with legal requirements (Equality Act 2010) and as stated in the NHS Constitution key principles (2010), it is important to ensure that services being commissioned do not exclude certain groups of people and their design does not exacerbate inequalities in health. Therefore, in addition to defining your target groups and considering the impact of your commissioning on those populations, it is essential that you consider the impact on the equality streams listed below.

EIA is the process for assessing the impact of existing or proposed service / policy changes in relation to their impact on the following groups:

- People from different **ethnic** backgrounds
- People with **disabilities**
- **Men and women** (including **transgendered** people)
- People with different **sexual orientations**
- People in different **age** groups
- People with different **religions or beliefs**
- People from different **social and economic** ('socio-economic') **groups**

Ref: *DH Equality impact assessment: summary tool and guidance for policy makers (2009)*

It is important that the principles of EIA are embedded in all stages of the commissioning cycle, starting with the needs assessment process. Your organisation will have a standard procedure for completing EIA (speak to your equality and diversity lead for further details), the following points will be of help:

- Ensure that the data collected from the needs assessment include information about the groups listed above, if not develop actions to ensure data will be collected in the future.
- Are any groups listed above unable to access or use the services, can this be remedied with appropriate action? Try to ensure that barriers are mitigated, if not, are you able to justify inequality and evidence that all reasonable steps have been taken?
- Have you involved representatives from the above groups in the needs assessment process?

3.4 Analyse the gap

Are the current services adequate?

You could consider the following questions:

- What does the data tell you about who is and who is not using the smoking services?
- What does the evidence tell us about who are the vulnerable / target populations?
- Where are the gaps in data / information?
- What has the rapid appraisal taught us about the needs of our target population?
- Do current providers have the correct skill mix to meet the needs of the target populations?
- How can we commission to meet those needs?

Note: At this stage you may wish to review the available data and propose extending the data set collected to better evidence service effectiveness and inform subsequent needs assessments / health impact assessment. Will the data currently collected, evidence that you have been successful in reaching your target groups?

A useful link on gap analysis

www.regionalcommissioning.co.uk/resources/F1%20Gap%20analysis.ppt#306,1,Gap%20analysis%20–%20key%20factors

In order to help set a benchmark, guidance has been produced by the National Institute of Health and Clinical Excellence (NICE) indicating that 5% of the smoking population should access smoking cessation services and of those 35% should be successful quits (carbon monoxide (CO) validated) at 4 weeks. You may also want to refer to any targets that are relevant to the NHS and the Local Authority.

> Example: An area with a population of 750,000 adults and a smoking prevalence rate of 23%. Therefore, there are currently 172,500 smokers. Following the NICE guidance, it would be expected that, as a minimum, over a period of a year, 8,625 people should access the smoking service and 3,019 people should be successful CO validated quitters at 4 weeks.

Ref: *NICE PHI010 – Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities (2008)*

http://guidance.nice.org.uk/PH10

This equation could therefore by applied to either an entire area or alternatively a smaller sub set e.g. locality, GP practice, prison where the population size and smoking prevalence is known. This can be compared with the actual figures obtained by the services to inform performance indicators.

Note: To allow for a quick comparison, you may like to formulate a table broken down by target group to compare activity levels and their success with expected activity levels and success, or use postcode data to create maps of current service users. This will immediately highlight groups / areas where services are over or under achieving in relation to access and effectiveness of services.

Step 4

Develop evidence based commissioning intentions

4.1 Decide priorities

You will now need to decide what changes need to happen to ensure smoking cessation interventions / services are effective and equitable based on the evidence collated i.e. the current position identified by the needs assessment, impact analysis and equity audit.

Agree priorities, proposed activities and interventions. These should be based on their impact, changeability and acceptability

Impact

What are you trying to achieve;

- Does the need you are responding to affect a lot of people locally?
  e.g. Is the day or timing of service widely felt to be inconvenient?
- What changes within the target population are you pursuing in the short, medium and long-term? Be honest about medium and long-term outcomes. Be realistic with short-term outcomes. If these can be shown to be effective and timely you are more likely to secure further funding towards your medium and long-term goals. e.g. a long term goal may be that social norms amongst children in care reflect that smoking is anti-social, but shorter term goals may be using an out-reach worker to help young people in care to quit.

What interventions may be effective?

- Evidence of effectiveness and pursuing 'best practice' has to be incorporated into any programme of action. What evidence can you find from elsewhere; using the evidence base for interventions, combined with, drawing on the experience of your diverse team members and best practice from other areas.

Changeability

What changes can be made which can lead to an improvement?

- Assess the potential feasibility of achieving beneficial change in the smoking behaviour of your target population.
- Are the demands on resources feasible; what existing resources are there, what is the evidence of their effectiveness, can these be used differently?

Acceptability

The proposed stop smoking interventions / service changes must be acceptable to your target population.

- Are they culturally sensitive and timely for example?
- Are they in response to suggestions from your engagement process?

4.2 Feed back your review of the evidence, gap analysis and proposed recommendations

So, you will now have a picture of the smoking service provision, its effectiveness, accessibility and acceptability to the target groups you have identified, the gaps that exist and proposals to fill them.

The data / information gathered will provide your base-line, against which you will measure the outcomes of your proposed actions for change.

The involvement of the key players should have resulted in identifying the conditions and barriers that are impacting on the target population being successful in stopping smoking.

Your data should allow you to answer the following questions:

- Are those with most to gain from the service being targeted?
- Do current services deliver the expected impact on smoking prevalence in your target population?
- Are some stop smoking service providers more successful than others
- What smoking cessation interventions have had the most positive impact on your target audience?
- Where are the gaps?
- What are the recommended priority actions?

Having answered the above questions, you should be in a position to feedback the needs assessment and your recommendations.

- This information needs to be fed back to relevant stakeholders

Presenting the evidence

- The format depends on the audience and purpose.
- The evidence may be presented in a report (formal and structured), through visual displays, or by oral presentation.
- List your main findings in order of importance.
- It may be necessary to develop a detailed report to accompany a business case.

Reports should include the following

- An introduction
- An executive summary; 1 to 2 pages of bullet point main findings, recommendations and potential options where appropriate
- A description of the methodology used to collect information
- Discussion of the main findings
- Evidence from the published literature
- Results of the appraisal, including impacts on health, suggested priorities, recommendations and potential options
- Conclusions
- An appendix for statistics and tables, quotations from research, a diary, or observations
- Formal reports normally also have a bibliography

Your organisation may have a report template that needs to be followed

You have now completed your needs analysis and defined your priorities. The process so far will have taken you to the action planning stage; your next steps will be to:

- **Agree priorities and timescale**
- **Ensure your proposed interventions are based on the best available evidence**
- **Determine key performance indicators and milestones**
- **Goal; ultimately what will have changed (aims and objectives)**
- **Write the business case**
- **Develop the service specification**

The following resource is helpful in ensuring your priorities are translated into action. It provides templates for operational planning following on from completing a needs assessment, including a sample service specification for a 'public health' service.

Shircore R (2009) *Guide for World Class Commissioners Promoting Health and Well-Being: Reducing Inequalities (2010)*

www.rsph.org.uk/en/policy-and-projects/projects/commissioning-tool-for-health-promotion.cfm

Appendix 1
Smoking cessation needs assessment action summary sheet

This summary sheet can be used to capture activity as you progress through the needs assessment.

Step 1: Setting the context and establishing a steering group			
Action	**Prompts**	**Comments**	**Task Completed**
Familiarise yourself with relevant policy, guidance and the evidence base.	List the documents you have referred to and extract the relevant key points. List the types of interventions which have a strong evidence base, it is essential you are familiar with best practice.		
Be aware of priorities, local targets and strategies (both NHS and Local Authority).	List the targets that the commissioning organisations are working to. Collect and review progress reports for at least the last 12 months. How does the organisation perform against targets? Has this been consistent over a number of years? Are there exceptional circumstances which may have resulted in under-performance?		

Step 1: Setting the context and establishing a steering group (continued)			
Action	**Prompts**	**Comments**	**Task Completed**
Form a steering group which reflects the competences required to complete the needs assessment	List your steering group members and the areas for which they are responsible.		
Agree the scope of the needs assessment	Is the needs assessment considering: ■ The whole population ■ Specific groups e.g. pregnant women / prisoners ■ A combination of the above Agree and write down the scope of the needs assessment being clear as to the exclusions.		
Identify and map stakeholders	Who are your key stakeholders? Do you need to invite additional partners onto your steering group? Who will you need to consult with (e.g. midwives / pregnant women)? Who will you need to inform (e.g. pregnancy steering group / your organisations executive team / Board)? How will you engage and communicate?		

Step 1: Setting the context and establishing a steering group (continued)			
Action	**Prompts**	**Comments**	**Task Completed**
Develop your action plan	Develop a SMART action plan. Ensure all members of the steering group are aware of their individual responsibilities and timescales. Agree the frequency of meetings to review progress, to identify any risks to delivery and to agree mitigations.		

Step 2: Build a population profile			
Action	**Prompts**	**Comments**	**Task Completed**
Collect demographic and epidemiological data to build a population profile	List the sources of your data and create a local report (n.b. there may be data within existing reports such as the Joint Strategic Needs Assessment which may meet the requirement of the smoking needs assessment).		
Determine potential target groups	What can you conclude from your data? Does it suggest there are certain geographical areas or types of smokers which would benefit from smoking cessation support? For example: Are there certain areas where smoking related diseases e.g. COPD, lung cancer are more prevalent than others? Are there certain age groups of pregnant women where smoking prevalence is higher?		
Conduct a rapid appraisal to gain insight into the needs of target groups	What can you conclude from your rapid appraisal as to the needs of your specific target groups?		

Step 3: Gap analysis			
Action	**Prompts**	**Comments**	**Task Completed**
Evaluate your local stop smoking services	Does your smoking cessation data evidence that the identified target groups are accessing the services with good success rates?		
Gain further insight into service provision	Does insight help explain the reasons for success or failure in reaching the identified target groups?		
Equality impact assessment	Are service providers successful in reaching the categories identified within the EIA policy? If not, what is in place to mitigate or address this?		
Conduct gap analysis	What and where are the identified gaps in service provision?		

Step 4: Develop commissioning intentions			
Action	**Prompts**	**Comments**	**Task Completed**
Decide priorities	Taking into account the gap analysis and feedback from the rapid appraisal process, how will you prioritise actions to gain the greatest impact? What will you need to include as specific activity within a service specification?		
Feed back the review of the evidence	Who will you feed back to? Will this be a report or presentation etc.?		

Appendix 2

Links, references and suggested reading

Bowling A (1993) What People say about Prioritising health Services. London. King's Fund Centre.

Bowling A and Ebrahim, S, editors (2005) Handbook of health research methods: investigation, measurement and analysis. Maidenhead: Open University Press.

DiFranza JR, Aligne CA and Weitzman M (2004) Prenatal and Postnatal Environmental Tobacco Smoke Exposure and Children's health *Paedriatrics vol 113 No. 4 April 2004 pp1007–1015*

Hooper, J and Longworth, P (2002) Health Needs Assessment Workbook.
Health Development Agency; London.

Jarvis M, Wardle J (2006) Social patterning of individual health behaviours:
the case of cigarette smoking. In: Marmot M, Wilkinson R, eds. *Social determinants of health. Oxford: Oxford University Press.pp224–237.*

Kemm J, Parry J, Palmer S, editors (2004) health impact assessment Oxford medical publications. For useful reading see chapter 11 'Rapid appraisal techniques' in health impact assessment edited by Kemm et al.

World Health Organisation. (2004). *Young people's health in context: Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey [online].* WHO. Available at:

www.euro.who.int/eprise/main/who/informationsources/publications/catalogue/20040518_1

Useful links – recent commissioning documents

Transforming Community Services – Enabling new patterns of provision (2009)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093197

Transforming Community Services & World Class Commissioning – Resource Pack for Commissioners of Community Services (2009)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093194

Guide for World Class Commissioners Promoting Health and Well-Being: Reducing Inequalities (2010)

www.rsph.org.uk/en/policy-and-projects/projects/commissioning-tool-for-health-promotion.cfm

The NHS Constitution (2010)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613

Useful links to smoking cessation information

Smoking Cessation Research Network
A useful one stop site with links to clinical guidance, policy guidance and information regarding stop smoking medications

www.scsrn.org

Action on Smoking and Health

www.ash.org.uk

DH NHS Stop Smoking Services: service and monitoring guidance 2010/11

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109696

NICE Guidance
A range of documents relating to the delivery of smoking cessation interventions and provision of medication

www.nice.org.uk

Cancer Research UK

Smoking statistics: http://info.cancerresearchuk.org/cancerstats/types/lung/smoking

Useful links for more information on: needs assessment, equality impact assessment

NICE – Summary Health Needs Assessment at a glance (2005)

www.nice.org.uk/media/150/35/Health_Needs_Assessment_A_Practical_Guide.pdf

Equality impact assessment: summary tool and guidance for policy makers

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_107580.pdf

For more information and links on HIA, HNA and HEA go to

www.nice.org.uk/niceMedia/pdf/HiA_HEA_HNA_recent_pubs3_dec05.pdf

Other useful links

The NHS Act 2006

www.opsi.gov.uk/acts/acts2006/ukpga_20060041_en_1

'The National Electronic library for Health'
NELH is probably the best site for health professionals to access the latest evidence on effective health interventions. It is continually updated and links into other sites with effectiveness information:

www.nelh.nhs.uk

The 'Cochrane Library'
A collection of research articles in full format or summary. Search using key words.

www.nelh.nhs.uk/cochrane.asp

The York Centre for Reviews and Dissemination
Again research using key words, some documents can be read on-line or downloaded.

www.york.ac.uk/inst/crd

Bandolier
This site aims to be brief and explain effectiveness in simple terms.
All its reviews can be read on-line or downloaded.

www.jr2.ox.ac.uk/bandolier/index.html

National Library for Health – Public Health Specialist Library
Holds a range of guidance documents

www.library.nhs.uk/PUBLICHEALTH/SearchResults.aspx?tabID=288&catID=12733