**Self – Assessment Tool for reducing smoking prevalence in primary care**

This is an opportunity for you to consider what the practice does around and to support patients to engage in stopping smoking. This document is for your own use and does not have to be shared unless you wish to.

This toolkit uses a Green/Amber/Red system to assess the current situation for each item.

**Gold standard**: We are consistently doing this, and this way of working is embedded in our practice

**Silver standard**: We are making progress on this but still have some work to do

**Bronze standard:** We are not currently doing this but looking to develop ways to do this

| **Item** | **Good Practice**  | **Gold**  | **Silver** | **Bronze** | **Where are you now?** |
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| **SupportingQuit Attempts****Undertaking flexible engagement approaches to meet the needs of individuals to increase quit attempts and stop smoking showing awareness of the pathways to smoking cessation services and trying to reduce barriers.** |
| **Section A** | **Staff Capacity and Training**  | **Gold** | **Silver** | **Bronze** |  |
|  | **The practice team have level 1 /level 2 (NSCT) trained smoking advisors**  |  |  |  |  |
|  | **Very Brief Advice training has been provided and accessed by all staff groups** |  |  |  |  |
|  | **Most staff groups know how to access Very Brief Advice Training**  |  |  |  |  |
|  | **The practice team know how and where local stop smoking services are provided and can sign post patients to them**  |  |  |  |  |
|  | **The Clinical Team have accessed and are familiar with the latest guidance and evidence base on E-cigs and vaping** |  |  |  |  |
|  | **The practice team have discussed and agreed their collective approach to Vaping advice and information to patients**  |  |  |  |  |
|  | **Vaping as a harm reduction approach is normalised within the practice** |  |  |  |  |
|  | **The practice has a smoke free policy for all staff and patients in and around the building** |  |  |  |  |
|  | **Practice is aware of their local Tobacco Control Alliance and the regional ambition to reduce smoking rates to 5% by 2025.** |  |  |  |  |
| **Section B** | **Patient Information and Engagement Approaches** |  |  |  |  |
|  | **Smoking Cessation / the risks of smoking are actively promoted in the practice (You engage with regional and local campaigns and have leaflets/screen coverage in the waiting room local and national)**  |  |  |  |  |
|  | **Staff use a range of educational materials for patients e.g.** *(Money wheel health and wealth wheel, infographics and take away pieces, tar jars etc)* |  |  |  |  |
|  | **The practice does target social media and website advertising and posts?***(for example, using quitter of the month to promote highlight success stories)* |  |  |  |  |
|  | **Smokers are contacted at least once a year to try and support an annual quit attempt?** (By what means and how recorded) *practices shouldn’t wait until QOF to contact patients incorporate it into your workload throughout the year.*  |  |  |  |  |
|  | **Identified smokers are opportunistically targeted with VBA advice (when they attend for other appointments)** |  |  |  |  |
|  | **Smokers identified on disease registers (e.g. respiratory, diabetes) are offered VBA/ smoking cessation support at every scheduled review and the outcomes recorded** |  |  |  |  |
|  | **The practice is proactive in providing stop smoking advice and information in different formats (in the practice waiting area, on the website, in different languages)**  |  |  |  |  |
|  | **The practice pro-actively contacting the LD and MH patients and ensuring smoking cessation status and VBA is recorded adequately and update regularly?**  |  |  |  |  |
| **Section C** | **In House Systems**  |  |  |  |  |
|  | **Smoking status of all patients is recorded and updated at least annually** |  |  |  |  |
|  |  **VBA is provided routinely as part of consultations and recorded and recorded on the clinical system when attending**Relevant Read Codes include:**67H6**- brief intervention for smoking cessation code**8CAL** – smoking cessation advice**8H7i** – referral to smoking cessation advisor**9N2k** – seen by smoking cessation advisor and other codes for stop date, what items they have been issued – prescription gum inhalator etc.  |  |  |  |  |
|  | **Patients known to use Vapes only are recorded as non–smokers on the system**  |  |  |  |  |
|  | **The practice uses clinical system tasks alerts and flags to prompt the offer of Very Brief Advice to known smokers** *(this could be done on the self-check in option where all VBA initiated tasks are sent to the Reception/front desk to book in for smoking cessation consultation)* |  |  |  |  |
|  | **Measurement of patient’s CO is used to support conversations around smoking opportunistically**  |  |  |  |  |
|  | **The practice has an in-house smoking cessation service (either provided by own staff or an external provider)** |  |  |  |  |
|  | **If the practice has an in-house smoking cessation service;** **Your in-house smoking cessation services is offered without restrictions and there are no limits on access to the service due to previous failed quit attempts?**  |  |  |  |  |
|  | **If you refer to an external smoking cessation service, do you record the referral and obtain feedback on outcomes (ie. quit, not quit, lost to follow up)?**  |  |  |  |   |
|  | **The relevant staff groups know to refer into external stop smoking services and record referrals appropriately. (If the practice only sign post to external stop smoking services please state)** |  |  |  |  |
|  | **Do you Consider the particular needs of patients with learning disabilities?*****(may be helpful to have extended sessions, easy read materials, invitation extended to carer also etc discuss and record at annual health check)*** |  |  |  |  |
|  | **The practice will prescribe immediately during consultation pharmacology interventions without behavioural support**  |  |  |  |  |
| **Section D** | **COVID CONSIDERATIONS**  |  |  |  |  |
|  | **It is clear that COVID-19 has a disproportionate impact on those who already suffer from health inequalities. Smoking is a key driver of health inequalities, how will you accelerate preventative programmes which proactively engage those at risk of poor health outcomes (for example including those with Long Term Conditions, Mental Health or learning disabilities, older smokers)** |  |  |  |  |
|  | **It is important to encourage all smokers to quit during this pandemic under 30s are more likely to stop than those over 50 years how do you target these groups?**  |  |  |  |  |
|  | **Are you communicating the health harms of smoking and COVID and health benefits to patients?** |  |  |  |  |
|  | **Supporting national and regional campaigns including #QuitforCovid and Don’t Wait? *(Utilising resources such as*** [***https://smokefreeaction.org.uk/quitforcovid/***](https://smokefreeaction.org.uk/quitforcovid/) ***and promoting / signposting to*** [***todayistheday.co.uk/***](https://www.todayistheday.co.uk/) ***website)***  |  |  |  |  |
|  | **Are all staff aware of the harms of smoking and COVID?** |  |  |  |  |
|  | **How are you adapting your face to face smoking cessation support with other methods? *(Telephone and Video consultations, website and WhatsApp groups)***  |  |  |  |  |
|  | **The evidence shows that COVID-19 is**[**increasing smokers’ desire to quit**](https://smokefreeaction.org.uk/around-300000-smokers-quitforcovid/)**. You have a key role to play in helping them take the next step and make a quit attempt, using the most effective methods to increase their chances of success. How are you doing this?**  |  |  |  |  |

**Action planning**

**Did you have any responses that were amber or red? Are there any approaches to areas of work you would like to re-visit? What actions will you be taking?**

**Continue to Action planning**

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| **Topic** **(e.g. Staff training in VBA, supporting campaigns, Using practice systems)** | **What are we as a practice going to do?** | **What specifically do we need? (incl. support from others)** | **Who will need to be involved?** | **What is our timescale for this?** |
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