



# Smoking Cessation Service Specification

## KEMH Falkland Islands

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### Amendment History

| Version      | Status        | Summary of Changes                                                       | Date of Issue       |
|--------------|---------------|--------------------------------------------------------------------------|---------------------|
| V2.0         | Draft         | Inclusion of Multiple Relapses Guidance – submitted to SMT for approval. |                     |
| <b>V.2.0</b> | <b>Active</b> | <b>Approved by SMT.<br/>Smoking Cessation Advisor added as co-author</b> | <b>October 2026</b> |

## Introduction

This service specification for the Smoking Cessation Advisor (SCA) will contribute to the overall delivery of smoking cessation services available from KEMH within the facility and as a community-based service around the Falkland Islands.

The SCA will have a good understanding of other provision including health promotion in the community and will work closely with the Pharmacist, GPs and other referring health professionals and the Public Health Unit.

The service will be available as both a referred and self-referral service.

## The global picture and local population need

Smoking remains the leading cause of preventable death worldwide, killing more than 8 million.

50% of people using tobacco will die as a result of use (World Health Organisation, 2023).

The 2016 Falkland Islands Census had reported a decrease from 28% in 2012 to 20% as self-reporting as a person who smokes. Figures from the 2021 Census remain at 20%.

Males over 16 years of age are more likely to be persons who smoke 22% compared to females 18%, and the average daily consumption is higher in males 10.8 cigarettes compared to 8.7 for females (Census 2021).

The Public Health Strategy 2019-2021 has a vision to work towards being a smoke-free society, defined as less than 5% prevalence.

Smoking cessation support was identified as a gap in the Falkland Islands MPOWER Scan+ E-cigarettes/vapes Report, September 2023 ([HMSC 2024 \(fig.gov.fk\)](#)), further developments in this area with a sustainable service for structured support will improve the offer for smokers to quit and sits within the MPOWER measures of the tobacco control plan as best practice.

## Scope of service

To provide appropriate and evidence-based support to smokers who want to quit and to provide the wider community information and education. Evidence-based smoking cessation support is considered highly effective both in terms of cost and clinical terms.

## Key requirements

### Patient care

- Deliver one to one evidence-based support for patients who either self-refer or are referred to the smoking cessation service in line with local protocols and policies.
- Deliver group evidence-based support sessions for patients who either self-refer or are referred to the smoking cessation service in line with local protocols and policies.

- For self-referrals and referred patients' consultations should follow the structure and guidance within the NCSCCT Standard Treatment Programmed, relevant to local circumstances and as applicable to the client. The SCA should familiarise themselves and utilise the guidance for delivery and monitoring [Commissioning-delivery-and-monitoring-guidance.pdf \(ncsct.co.uk\)](https://www.ncsct.co.uk/Commissioning-delivery-and-monitoring-guidance.pdf) and any associated updates on the NCSCCT website. It should be noted that the DHSS does not provide vapes or vape products. NRT is supplied free of charge from the pharmacy.
- Service users must be offered weekly review appointments for at least the first 4 weeks of their quit attempt, as this increases the likelihood of long-term quit success.
- Service user support is continued over the 12-week programme from the defined quit date.
- Formal reviews are held at 4 and 12 weeks post-quit.
- A CO monitor reading is taken at each appointment to confirm smoking status and recorded.
- For those not ready to quit a discussion about the pro and cons of smoking, providing information and providing an open-door policy to re-access the service when they feel ready to quit should be adopted.

## **Community**

- Collaborate with health staff and stake holders to develop and deliver campaigns aiming to reduce harm from tobacco use. These may include participation at health promotion events, workplace well-being talks/sessions or other community-based initiatives.
- Develop locally focused education materials for dissemination across all medias including social medial, local radio, and print resources.

## **Care pathway**

The SCA should carry out a baseline assessment at the first appointment with the Service User. Likely to take approximately 30 mins and determine:

- Motivation
- Readiness to quit
- Level of dependence (Fagerstrom Test)
- Cessation aids (NRT)
- Treatment approach – developing a support plan
- Carbon monoxide (CO) monitor reading
- Encouraging setting a quit date
- Suggest/provide appropriate resources for information/support e.g. leaflets/online support options

## **Ready to set quit date**

- Develop pre-quit plan
- Discuss coping strategies
- Record medical history and ensure they have access to appropriate pharmacotherapy where required

- Discuss what will happen at future sessions and agree with the Service User a commitment to the treatment programme
- Appropriate advice regarding non-licensed nicotine inhaling products (e.g. vapes) in line with best practice evidence

### **Not ready to set quit date**

- Discussion about pros and cons of stopping smoking
- Provide information on stopping smoking
- Have an open-door policy and non-judgemental, person centred approach to help ensure that the Service User feels that they can get back in touch to make an appointment when/if they feel ready to set a quit date

A quit date must be agreed with Service Users wishing to utilise the Smoking Cessation Service for support.

Service Users must be offered weekly review appointments for at least the first four weeks of their attempt to quit. To increase likelihood of long-term quit success, Service Users should ideally be supported through-out the full 12-week programme.

A CO monitor reading should be taken for all in person appointments and recorded at each appointment and must be used to confirm the smoking status of all Service Users at the 4 week and 12-week appointments.

### **Data collection, performance and quality**

Collect and manage data in line with KEMH policies for data protection and confidentiality for the purpose of audits and developing the evidence base around tobacco control.

This includes but is not limited to:

Information to be sent back to referrer or logged for electronic patient records:

- Date of access to service
- NRT supplied (Yes/No)
- Recorded a successful 4 week quit attempt verified with CO monitoring (Yes/No)
- Recorded a successful 4 week quit attempt self-reported (Yes/No)
- Recorded a successful 12 week quit attempt verified with CO monitoring (Yes/No)
- Recorded a successful 12 week quit attempt self-reported (Yes/No)
- Successful/Unsuccessful with quit attempt at discharge date from programme

Anonymised Data for annual service evaluation and population health statistics:

- Total number of referrals
- Total number of self-referrals
- Total number of patients accessing

- Service that was provided i.e. total number of consultations undertaken per patient
- Wait time for Service Users before first appointment
- Attrition rate at 4 weeks
- Attrition rate at 12 weeks
- Total number of successful quit attempts at 4 weeks (method of confirmation CO monitor reading)
- Total number of successful quit attempts at 12 weeks (method of confirmation CO monitor reading)
- NRT used
- Pregnancy status
- Summary results from client satisfaction surveys

## **Facilities and equipment**

Available clinic space can be booked at KEMH via communication with the Practice Manager to provide for an appropriate confidential area.

The DHSS will provide a CO monitor, currently this is a 'Smokelyzer'. Appropriate care, maintenance and cleaning must occur as per the instructions. Replacement items such as the disposable mouthpieces will be provided by order from the pharmacy. The SCA should communicate directly with the Pharmacist to ensure appropriate stocks are available.

## **Branding and advertising**

In communication with the Public Health Unit and other DHSS colleagues an appropriate brand for the service will be developed with standardised templates for advertising via the Public Health Unit website, social media and other channels including print and local media.

## **Days/Hours of operation**

This is a casual role with flexible hours. Some evening and/or weekend hours are likely to be required.

## **Eligibility to access the service**

The service will be provided for all residents of the Falkland Islands who are eligible for FIG funded healthcare (*'exempt'* persons as per Gazette notice). Service Users maybe referred from Healthcare Professionals or self-refer to the service.

To aim to reduce health inequalities the SCA should aim to develop education materials and target groups known via global evidence to have a higher prevalence rate for tobacco use or where there is an increased health risks to others e.g. during pregnancy.

## **Discharge processes**

Service Users are seen by the SCA during their initial treatment phase weekly in the first 4 weeks and ideally continued through-out the 12-week programme until the Service Users and SCA feel that no more appointments are required. The discharge appointment, for all Service

Users (successful quitters or relapsed quitters) is scheduled in the 12<sup>th</sup> week and all are offered the opportunity to engage again with the service if and when required.

## **Clinical governance and quality assurance**

The SCA will abide with KEMH confidentiality and FIG data-handling policies, and all data collected will be stored on a KEMH device.

The SCA will utilise the guidance documents and any updates for best practice from NCSCT and NICE and tailor to needs of local circumstances.

To ensure quality of service the SCA will provide evidence of having achieved:

- National Centre for Smoking Cessation and Training (NCSCT) Certified Practitioner Training and Assessment
- NCSCT Specialty Module Mental Health and Smoking
- NCSCT Specialty Module Pregnancy and Smoking

KEMH will provide:

- Training in the use of a CO monitor

The SCA will also be required to undertake training that is mandatory for personnel working in DHSS including safeguarding, as well as training in behavior change skills if a relevant qualification is not already held in this area.

A police check is also required.

## **Contact details for the service**

Email: [smokefree@kemh.gov.fk](mailto:smokefree@kemh.gov.fk)

Telephone: 28000 (KEMH Reception)

Resources and information online:

Website: <https://www.falklands.gov.fk/publichealth/>

Social Media: <https://www.facebook.com/FIGPublicHealthUnit>

# **Guidance for Multiple Relapses when engaged in Smoking Cessation**

## **Purpose of the Guidance**

The purpose of this guidance is to ensure consistent practice when multiple relapses occur in smoking cessation.

## **Background**

It has been noticed that there are some service users who have had multiple relapses and then return to the service. The service user requests the same smoking cessation medication each time they return, as they know it has previously worked well for them. The service user does not engage fully as they know how to take the tablet and what to expect from the process. There is a realisation that this causes cost to the organisation through medication, missed appointments and can lead to a further unsuccessful attempt.

## **Authority**

\*Internal governance that authorizes the document\* Authorised by DHSS Senior Management Team.

## **Scope**

This policy applies to the Smoking Cessation Advisor and the service users.

## **Definitions**

SCA – Smoking Cessation Advisor

## **Objectives**

- To ensure service users fully understand what is expected when accessing the service.
- To understand the definition of relapse.
- To understand the definition of multiple relapses
- To ensure the SCA has a definitive pathway to follow when multiple relapses occur.
- To reduce the cost to the organisation.
- To reduce missed appointments.

## **Statement**

It is recognised that some service users may need many attempts at smoking cessation before they are successful. A relapse is defined as the cessation attempt is successful at the time of leaving the service but then the service user commences smoking again after a short period of time and returns to the service. Multiple relapses are defined as three or more unsuccessful cessation attempts. In the event of multiple relapses, there should be a wait time of three months before the service user re-joins the service.

Attending appointments is paramount to success. It is essential that the service user understands what has triggered the relapse, how to rectify this next time and has support to put this into practice. If two consecutive appointments are missed then further medication should be not prescribed and the service user should wait three months before re-joining the service.

NHS inform 2026 suggests that following relapse, it is advisable to spend a little longer planning the next quit attempt. Take time to think about what worked and what triggered the relapse.

### Requirements

- If the service user requests the same medication to gain cessation, this should be carefully considered. It may be necessary to change the method of cessation to ensure maximum effectiveness in the next attempt.
- SCA should discuss this policy with the service user at pre-assessment.
- Discuss resilience and ways to prevent relapse.
- A reminder text is sent to each service user prior to their appointment.

### Roles and Responsibilities

The SCA will implement, monitor and enforce this policy.

### Related Policies

Smoke-Free Policy 05/24