

# Local implementation matrix for the NICE Tobacco

harm reduction approaches to smoking

## How to use this document

This document is a guide to the kind of roles which different organisations could play in the delivery of the NICE Tobacco: harm reduction approaches to smoking. It is not an exhaustive or prescriptive list but should provide you with a way of navigating delivery against the different recommendations. This document has been developed by several partner organisations to support implementation of the NICE tobacco harm reduction guidance into practice. This is not NICE guidance; for the full NICE guidance please visit [www.nice.org.uk/PH45](http://www.nice.org.uk/PH45).

The matrix has a list of the 14 NICE recommendations on the left side and a number of local stakeholders listed across the top. Under each recommendation a brief outline has been given of the possible role for each stakeholder against each recommendation.

There have been requests from some stakeholders for a description of where specific responsibilities lie for delivering the NICE Guidance. Given the range of local circumstances it is not possible to provide a definitive picture of specific responsibilities – these are suggestions to support local development.

This document has also been created to emphasise that delivery of the NICE guidance on tobacco harm reduction is a broad role for all members of a local tobacco control alliance and beyond. There has been a misunderstanding that this guidance could or should only be delivered by stop smoking services and this document helps to highlight the range of roles.

**ash.**  
action on smoking and health

 Public Health  
England

**NCSCT**  
NATIONAL CENTRE FOR SMOKING  
CESSATION AND TRAINING

**fresh\***  
Making Smoking History

**smokefree** SOUTH  
WEST  
tackling tobacco, driving change

**NICE** National Institute for  
Health and Care Excellence

**tobacco free futures**

ASH receives funding from:

 **CANCER  
RESEARCH  
UK**

 **British Heart  
Foundation**

### Suggested ways to use this document:

#### 1. Identify your role

Which stakeholder group do you fall into? What are the possible roles that you could play against each recommendation in the NICE Guidance? Use the matrix to create a plan for you or your team's contribution to the wider local harm reduction work.

#### 2. Identify lead roles

There are possible roles for nearly all groups of stakeholders against most recommendations,. However, some play a more significant or a more co-ordinating role than others. You can use the matrix to establish who should lead on delivery locally.

#### 3. Inform development of a local strategy

The document provides an overview of roles which could inform the detail of a local strategy or help you create a picture of what local relationships might look like.

#### 4. Sense check your local approach

This document contains a set of suggestions which can be used to reflect on the approach you are taking or thinking of taking locally and can act as inspiration.

### Other Stakeholders

- Not all stakeholders are fully represented in this matrix. For example local communities (of smokers and non-smokers) are not represented. Their perspectives might inform the development of any strategy, but they may also be important partners in the co-production of harm reduction given the important role in the NICE guidance for self-determined approaches. Patient groups such as Healthwatch might be useful in engaging in secondary and primary healthcare environments.
- Local academics are also not on the matrix but could be important partners supporting the evaluation of innovative approaches.
- Communications and marketing teams are also important partners not represented on the matrix. There is potentially a significant stream of work around communicating messages about nicotine use and taking a self-help approach for which buy-in will be needed from communications teams. It will also be important that other communications messages do not undermine harm reduction messages and vice versa.
- The structure of the matrix means that it also underplays some of the overarching roles which some stakeholder groups might play, for example the extent to which the Health and Wellbeing Board might own a local strategy or the public health team might inform and co-ordinate a local strategy. These gaps should be taken into account when using the matrix.

harm reduction approaches to smoking

IF YOU ARE PLANNING TO DELIVER ON SPECIFIC RECOMMENDATIONS THESE ARE POTENTIAL ROLES FOR:

Recommendation	Stop smoking service providers	Stop smoking service commissioners	Tobacco control *	NHS commissioners in primary, community and secondary care *	NHS services in primary, community and secondary care *	Health and Wellbeing Boards *	Local Government services *
<b>Stopping in one step offers the best chance of success</b>	Focus interventions on supporting people to quit in one step	Maintain the primary role and funding of stop smoking services to support people to quit in one step	Ensure abrupt cessation quit support remains the primary role for stop smoking services <small>* e.g. those with responsibility for the wider tobacco control work in a locality could include tobacco control lead, tobacco control commissioner, tobacco control alliance, public health team etc</small>	Maintain referral routes to SSS Improve and maintain the routine delivery of brief advice <small>* e.g. CCGs, NHS England Local Area Teams etc</small>	In line with local process ask about smoking status and refer people to stop smoking services who want to quit <small>* including pharmacy</small>	Take ownership of local strategy and ensure that reducing overall prevalence is a key target. Maintain commitment for the local provision of SSS <small>* including DPH, local authority leadership</small>	In line with local process ask about smoking status and refer people to stop smoking services who want to quit <small>* e.g. children's services, adult social care, housing, public health services</small>

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<p><b>1. Raising awareness of licensed nicotine containing products (NCP)</b></p>	<p>Participate in the development of information materials as appropriate. Convey information to the public and, other health and social care professionals on using licensed NCP effectively.</p>	<p>Ensure information has been developed and disseminated to all SSS Advisory role to local NHS and government. Engage with wider health providers.</p>	<p>Ensure that the correct information is provided across all appropriate domains in appropriate formats Engage key local professions on this issue e.g. GPs Consider what role environmental health and trading standards officers might place in assuring the public about the safety and use of licenced nicotine containing products.</p>	<p>Ensure staff have access to evidence base information resources and know what messages they are providing to the public.</p>	<p>Provide information to staff and patients NHS pharmacies should deliver in line with NICE guidance and local practice.</p>	<p>Provide leadership to ensure all parts of local health and government have an appropriate understanding of the role of NCPs in supporting cessation and harm reduction</p>	<p>Make information available to staff and the public</p>

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<p><b>2. Self-help materials for tobacco harm reduction</b></p>	<p>Participate in the development of information materials as appropriate. Make available self-help materials at appropriate times to appropriate groups for example through outreach, to smokers not ready to quit or to those requiring temporary abstinence support.</p>	<p>Ensure that evidence based self-help materials are available and appropriately provided in accordance with a local policy.</p>	<p>Ensure that evidence based self-help materials are available and appropriately provided in accordance with a local policy.</p>	<p>Ensure that evidence based self-help materials are available and appropriately provided in accordance with a local policy.</p>	<p>Distribute self-help materials as appropriate.</p>	<p>Provide leadership to ensure all parts of local health and government have access to self-help materials as appropriate.</p>	<p>Distribute self-help materials as appropriate.</p>

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<p><b>3. Choosing a harm reduction approach</b></p>	<p>Participate in the development of local policy Implement local policy as appropriate.</p>	<p>As part of a systematic commissioning process, develop a local policy on “where”, “when”, “who for” and “who by” a harm reduction approach is appropriate. This might include a pathway for those smokers not yet ready or willing to quit. This includes exploring delivery options outside stop smoking services. Ensure this has a strong link to offers of support to quit. Provide guidelines to staff on how to talk about taking a harm reduction approach.</p>	<p>Take part in the development of a local policy. Ensure there is an implemented local policy across all areas. Support the development of any offer to smokers outside stop smoking services. Evaluate the impact of any approach taken.</p>	<p>Embed appropriate harm reduction approaches locally e.g. through contract arrangements, QoF, CQUIN etc Adopt appropriate pathways for smokers who would benefit from a harm reduction approach.</p>	<p>Ask about quitting smoking. If patient is unable or unwilling to quit smoking in one step raise harm reduction approaches in line with local policies and deliver against a clear pathway.</p>	<p>Support the development of local approaches.</p>	<p>Establish pathways for service users to access the right local services to enable them to stop smoking and receive advice on a harm reduction approach in line with local policy.</p>

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<b>4. Behavioural support</b>	Participate in the development of local policy. Implement any policy as agreed with commissioners.	As part of a systematic commissioning process develop a local policy on when, where, with whom and by whom it is appropriate to offer behavioural support for harm reduction, including review and follow up support. Ensure new practice is evaluated appropriately and learnings shared.	Take part in the development of a local policy. Ensure there is an implemented local policy across all areas. Ensure new practice is evaluated and learnings shared.	Ensure local services have the information they need to refer people to the right support.	Present the positive benefits of behavioural support for harm reduction to improve chances of quitting alongside using NCP.	Support the development of local approaches.	Ensure service users have access to information on evidence-based services to receive advice on services providing behavioural support for harm reduction.

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<b>5. Advising on licensed nicotine containing Products for harm reduction</b>	Participate in the development of local policy. Provide advice and information as appropriate and in line with a local policy.	Ensure that SSS provide the right advice to the public and others on NCP. Provide advice to other parts of health and social care as appropriate.	Ensure that there is an appropriate access to accurate and good quality advice across the locality.	Ensure there is good and accurate information provision across services.	Reassure people about licenced NCPs in line with NICE Guidance and refer appropriate health professional (e.g. pharmacists or local stop smoking service) in line with local policy.	Provide leadership on the provision of good quality advice on NCP across health and social care.	Ensure service users have access to the local services providing accurate and good quality advice on NCP. For example, through including this in relevant local pathways.
<b>6. Supplying licensed nicotine-containing products</b>	Participate in the development of local policy for harm reduction. Prescribe or supply licensed NCP in line with local policy.	Take part in the development and implementation of a local policy on circumstances of prescribing, who should cover costs, who should take decisions about prescribing and what context patients should receive prescriptions.	Support the development and implementation of a robust local policy with all necessary partners signed up to it.	Play appropriate role in the development of any local policy and implement it. Consider local role in funding licenced NCPs and the provision of NCPs for harm reduction by NHS pharmacy.	Prescribe licensed NCP in line with local policy.	Provide leadership to ensure a local prescribing policy is in place across local area.	Where appropriate, refer service users to local services providing access to prescribed NCP in line with local policy. Include in relevant local pathways.



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<b>7. Follow-up appointments for harm reduction</b>	Work with commissioners to develop and implement a local policy.	Ensure local policies and service specifications allow for best practice around follow-up appointments.	Ensure local policy supports the delivery of follow-up appointments.	Identify an appropriate route for follow-up appointments in commissioning plans as part of a clinical pathway.	Provide follow-up appointments as appropriate.	Support the development of local approaches across health settings.	Incorporate advising clients on relevant SSS follow-up arrangements, into relevant local pathways.
<b>8. Supporting temporary abstinence</b>	Participate in the development of local policy as appropriate. Offer support in line with local policy and commissioning requirements.	Develop a local pathway for temporary abstinence which includes appropriate offer of behavioural support and access to licensed NCP if available.	Work with local organisations and businesses who may consider implementing temporary abstinence have appropriate support including licensed NCP prescribing arrangements if appropriate. Consider how this might be integrated with other local activity e.g. smokefree homes, stop for the op etc.	Play appropriate role in the development of any local policy and implement it. Consider local role in funding licenced NCPs and the provision of NCPs for harm reduction by NHS pharmacy.	Offer advice and access to local support to people who want to temporarily abstain from tobacco, including access to NCP if available.	Support the development of local approaches to temporary abstinence in health and social care.	Be aware and supportive of temporary abstinence approaches where appropriate for example through links with appropriate organisations to ensure effective delivery.

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<p><b>9. People resident in closed institutions</b></p>	<p>In line with local commissioning, provide a supportive role to local organisations for example through training.</p>	<p>Commission appropriate supportive services for closed institution e.g. training.</p>	<p>Identify local organisations who could benefit from partnership working and information provision and ensure they have access to the right support and staff training.</p>	<p>Ensure there is a local policy in place to provide support to those in closed institutions.</p>	<p>Provide support to residents where appropriate including the supply of licensed NCP in line with local policy and incorporate into care plans.</p>	<p>Provide leadership to ensure those in closed institutions receive access to evidence-based models of smoking cessation and harm reduction support.</p>	<p>Provide support to residents where appropriate including the supply of licensed NCP alongside appropriate behavioural support in line with local policy and incorporate into care plans.</p>
<p><b>10. Staff working in closed institutions e.g. mental health units, prisons</b></p>	<p>In line with local commissioning provide advice to organisations and offer support to staff who smoke.</p>	<p>Commission appropriate support for staff working in closed institution.</p>	<p>Identify local organisations who could benefit from partnership working/ information provision and ensure they have the right support. Support organisations to develop strong smokefree policies and workplace interventions</p>	<p>Ensure organisations have robust smokefree workplace policies in line with NICE guidance.</p>	<p>Provide support to staff where appropriate including the supply of licensed NCPs for harm reduction in line with appropriate local policy.</p>	<p>Ensure organisations have robust smokefree workplace policies in line with NICE guidance.</p>	<p>Provide support to staff where appropriate including the supply of licensed NCPs for harm reduction in line with appropriate local policy.</p>

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<p><b>11. Commissioning stop smoking services</b></p>	<p>Work with commissioners to develop and implement a local model with harm reduction options as appropriate.</p>	<p>Develop a local model as appropriate. For example including a pathway for those smokers who would benefit from harm reduction.</p>	<p>Support local commissioners to develop an appropriate model in line with local policies. Secure further investment as appropriate. Ensure innovation is evaluated.</p>	<p>Where SSS are commissioned by the NHS develop and implement a local model as appropriate. Evaluate innovative practice.</p>	<p>Deliver or refer to services as appropriate.</p>	<p>Support the development of local approaches which are supported by evidence. Ensure that innovation is evaluated.</p>	<p>Work in partnership with local services.</p>
<p><b>12. Education and training for practitioners</b></p>	<p>In line with local commissioning, provide training for staff on harm reduction. Where commissioned provide clear guidelines for staff on how they should communicate harm reduction to patients and partner organisations.</p>	<p>Commission training for staff on harm reduction in line with local policies and NICE guidance. Commission and develop clear guidelines for staff on how they should communicate harm reduction to patients and partner organisations.</p>	<p>Identify training gaps and needs across the local system and seek ways to address them.</p>	<p>Identify training gaps in the system and seek to address them.</p>	<p>Make staff available for local training.</p>	<p>Ensure there is an appropriate level of training across the whole system.</p>	<p>Make staff available for local training.</p>

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<b>13. Point-of-sale promotion of licensed nicotine-containing products</b>	Unlikely to have a role	Unlikely to have a role	Engage with local businesses including tobacco retailers and pharmacies to ensure local provision of licenced NCP Role for Trading Standards	Unlikely to have a role	Unlikely to have a role	Unlikely to have a role	Unlikely to have a role
<b>14. Manufacturer information on licensed nicotine-containing products</b>	Unlikely to have a role	Unlikely to have a role	Unlikely to have a role	Unlikely to have a role	Unlikely to have a role	Unlikely to have a role	Unlikely to have a role

All innovative practice should be monitored and evaluated to ensure that local experiences contribute to the evidence base for harm reduction practice