

A breath of fresh air:

Research into the training needs of UK GPs on Very Brief Advice for smoking cessation



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Foreword

Tobacco dependency is an illness and it remains the largest preventable cause of death in the UK. The impact it has on individuals, families and communities remains devastating, and yet the majority of the 6.9 million people who smoke do not get the help and support they need to quit for good. This report shows that whilst the bare minimum of smoking cessation support for patients is rarely prioritised in primary care, there is opportunity and appetite to change this.

We are unlikely to become smokefree without increased action from the health service. We know what healthcare professionals need to support their patients to quit – and Very Brief Advice, or VBA, is fundamental to this. VBA is a simple framework for a 30-second conversation about smoking. Evidence shows when healthcare professionals use VBA, they are significantly more effective in encouraging their patients to successfully stop smoking.

Our new research shows that too few are given the training in VBA they need to make a difference to patients who smoke. All healthcare professionals have seen the distressing impact that smoking has on their patients, so it is unfortunate that they aren't being equipped to support smokers to quit. Quitting smoking and staying smokefree is incredibly tough even with the right support so patients are being set up to fail. This report urges that action is taken so all primary care professionals are trained to confidently give quit support.

2020 was a challenging year for everybody in so many ways. Yet with so many people considering their lung health for the first time, there was a huge surge in quit attempts throughout the year. Amongst people with

respiratory disease, motivation to quit smoking remained high throughout the first series of lockdowns. There is therefore a real opportunity for all healthcare professionals – including GPs, nurses and pharmacists – to cement those attempts by ensuring they are trained in VBA and can give support.

We still face the real possibility that as progress is made in some areas, groups of people will be left behind. Smoking is still four times higher in our most deprived communities, many of whom will be reeling from the impact of COVID-19. Following this stressful year people need to know that they don't need to quit alone.

As we work towards becoming smokefree across the UK, we cannot leave anybody behind. People who smoke are in virtual GP consultations, picking up medication from their local pharmacies, and getting their vaccinations. I urge the NHS to treat tobacco dependency like it does all other life-threatening conditions, and ensure it's doing all it can to effectively treat patients.

Sarah Woolnough

Chief Executive,
Asthma UK and the British Lung Foundation



Summary

New research from Asthma UK and the British Lung Foundation has found that more than half of GPs in the UK say they have never had any training in Very Brief Advice for smoking cessation. Just 2% of GPs reported that they'd had training in Very Brief Advice which they felt to be comprehensive, which suggests that currently less than 1,000 GPs in the UK have had comprehensive training in the intervention.¹ This means there could be 6.7 million patients who smoke under the care of GPs who don't have a comprehensive understanding of Very Brief Advice.

Very Brief Advice, known as VBA, is a 30-second intervention which should be delivered by all healthcare professionals in almost every consultation with a patient who smokes. VBA is recommended by NICE as an evidence-based and cost-effective intervention which all frontline practitioners should receive training in.²

We've found that GPs who have had training in the delivery of VBA are three times more likely to deliver VBA at least once a week, compared to those without. VBA is a basic healthcare competency which directly encourages and supports attempts to quit smoking, but it needs to be learned. Currently there are too many patients that smoke who are engaging with the health services and leaving without support or advice on how to quit.

People suffer as a direct result of this failure to act every single day. Smoking is still the leading cause of preventable illness and death, but in VBA there is a practical treatment healthcare professionals can deliver. For people living with a lung disease such as COPD who smoke, stopping is the most

effective treatment available to help that will slow the progress of their disease and improve their quality of life. Failure to ask patients if they smoke, advise them on the different help and support out there, and take action, is untenable given the burden of smoking on patients, communities and the health service.

We are calling for training in Very Brief Advice for smoking cessation, as an evidence-based intervention, to be made compulsory in general practice.³ Smoking remains the single biggest cause of inequalities in death rates between the most and least deprived communities. The delivery of VBA is an indispensable tool to drive down smoking rates and reduce the gap in life expectancy between population groups. There are new opportunities for primary care to facilitate VBA training for frontline staff, as a way to reduce these health inequalities and improve population health outcomes. We're urging for action across primary care to promote the training, increase delivery of VBA and reduce smoking prevalence.

Our headline findings

Over half of UK GPs have had no training in VBA for smoking cessation

Just 2% of GPs say they have had training in VBA which they felt was comprehensive

Only 8% of GPs deliver VBA daily

Methodology

We surveyed 1,004 GPs across the UK through the Savanta ComRes GP omnibus survey, which is carried out on a monthly basis. Participants were nationally representative of UK GPs by age, gender and region. The survey ran online between 9 January and 2 February 2020.

A series of questions were asked about Very Brief Advice, to assess:

- The amount of training respondents have had in Very Brief Advice (this was also described as the 'Ask, Advise, Act' model)
- The type of training which has been undertaken in the previous 12 months, how it was delivered and whether it was made compulsory
- How often respondents have delivered the full intervention, in situations where it was appropriate to do so
- How likely it is that further training would help respondents deliver the full VBA intervention.

The full set of questions are available in Appendix 1. Information about the survey sample is available in Appendix 2.

Introduction

Very Brief Advice for smoking cessation

Ask

Ask and record smoking status



Advise

Advise patients that the best way to quit is with support, and advise that they can get treatment from you



Act

Take action. Prescribe treatment or refer to a local stop smoking service

The majority of people who smoke want to stop. Almost 60% of people who smoke, which is currently an estimated 4.3 million people in the UK, say they want to quit.⁴ But not enough people are able to change their intention into a genuine attempt to stop. And of those who do make a quit attempt, many will find themselves unsuccessful.⁵

This is because motivation alone is almost always not enough to successfully stop smoking. Tobacco dependency is an incredibly difficult addiction to end and people are often not aware of, or given the option to use, the tools and treatments available that greatly improve their chances of success.

Healthcare professionals engage with people who smoke every single day and will likely have firsthand experience of patients whose health has been devastated by smoking. A large study found people who smoke were almost twice as likely to try to stop if they had been offered help by a GP, compared to if they had only been advised to stop without information on where to get support.⁶ With the regular and consistent use of VBA for smoking cessation, clinicians will improve their patients' odds of quitting by showing patients that help is available and offering support.

Yet we've found far too few GPs in primary care are receiving training in VBA. As a result, many do not recognise their incredibly important role in a patient's quitting journey and aren't equipped with the tools to help patients quit.

The opportunities to support smokers in general practice are huge and doing so will reduce the burden of smoking-related illnesses in the

long term. In England, the NHS Long Term Plan has great ambitions for secondary care, but the need to improve in primary care is not addressed. In 2015/16 smokers visited their GP a third more than non-smokers, and because of that regular contact general practice remains a central place of support for smokers looking to quit, with 35% of NHS supported quit attempts in England being made in general practice in 2018-19.^{7,8} Recent modelling by Cancer Research UK of the likely impact of VBA, found that the delivery of VBA by GPs could save over 3,000 GP appointments for every 10,000 patients by 2039.⁹

Whilst our research is focused on VBA in general practice, we want to see the use of VBA improved across primary care. We need to see a healthcare system in which all people who smoke or are at risk of relapse are asked about their smoking status and supported in their attempts to quit at every opportunity, and this needs involvement from all other frontline staff in GP surgeries, community pharmacy, dentistry and optometry. Our research suggests we're far away from this ambition in the UK.

Expert view: Ron Flewett



Ron is a patient from Lincoln living with idiopathic pulmonary fibrosis (IPF) from Lincoln

“

I tried to give up smoking many times over the years, but always ended up starting again. For my 50th birthday my best mate bought me entrance into a triathlon, and when I started training for that I went for a run and I found myself really struggling for breath. That's when I felt ready to give up. I went to my doctor because we'd talked about my smoking quite a lot, and said 'I want to pack up smoking, but I can't do it on my own'.

Expert view: Dr Steve Holmes



Steve is a GP in Shepton Mallet, Somerset

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I've been a GP for more than thirty years, and I've always tried to encourage patients to stop smoking. Most people are in some way already thinking about stopping, and they don't want to be a smoker forever. VBA doesn't hassle the patient to stop, but it lets them know that as a healthcare professional we think stopping smoking is really important and that we can support them to do it.

Our findings

Through our research we can share new insight on:

- The training GPs have had in delivering VBA for smoking cessation, and the type of training they've done
- Perceptions of the training and how it impacts on their practice
- The regularity with which GPs currently deliver the VBA intervention with patients
- Methods for delivering the training.

Our findings are discussed in turn below.

Levels of training:

Over half of UK GPs in our research say they have received no training in VBA for smoking cessation.

The vast majority of GPs reported having none or only 'a little' training in VBA. In comparison, just 2% of respondents self-reported that VBA training they had was comprehensive, with many indicating VBA had just been mentioned as part of a team meeting or wider training session. It is not mandatory for healthcare staff in general practice to undertake any training in VBA, and as a result it is not being prioritised.

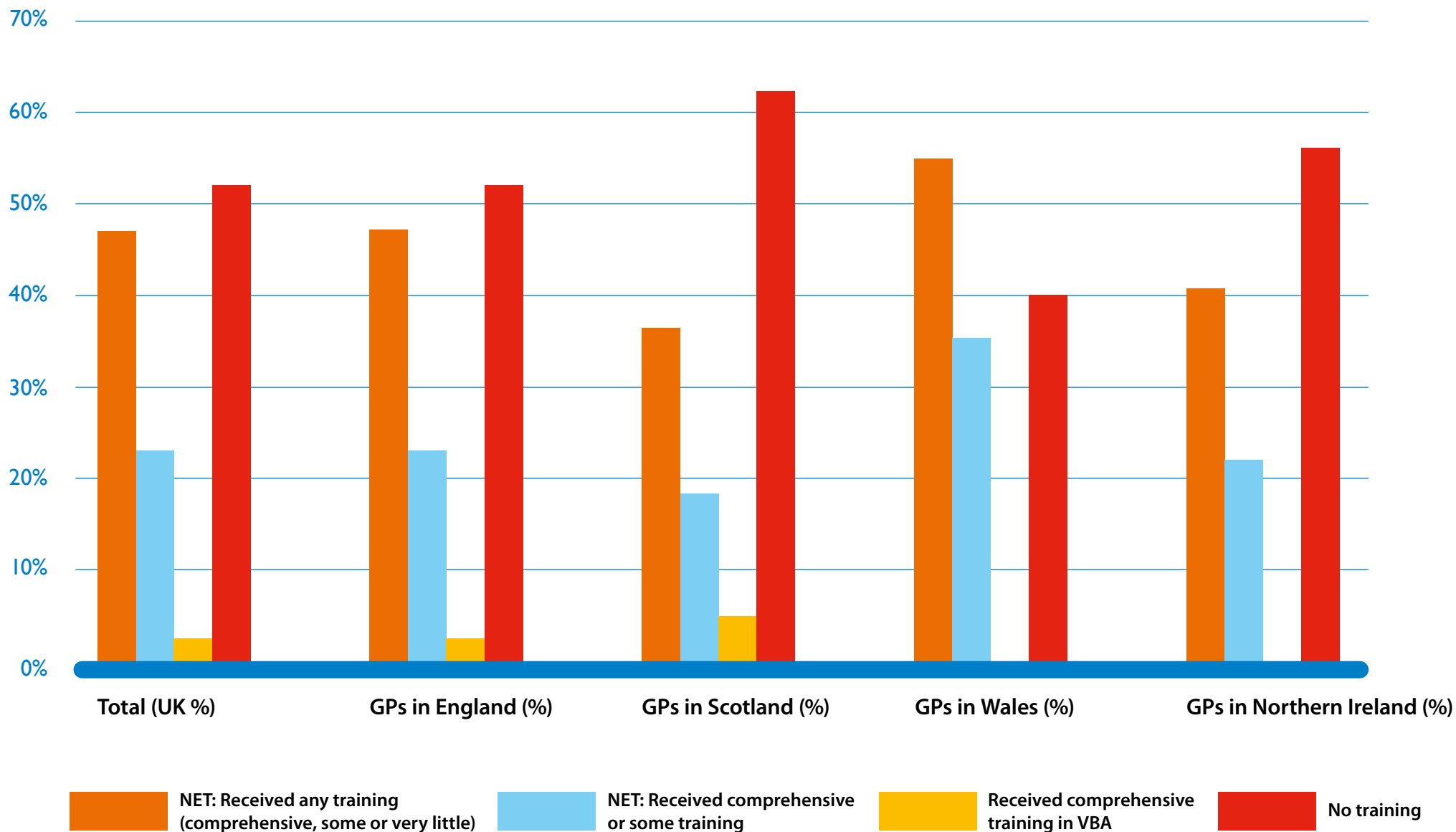
Training levels are fairly consistent across the UK, although it should be noted that in Scotland we see the highest proportion of respondents saying they have had no training in VBA. Respondents reporting comprehensive training drops to 0% in Wales and Northern Ireland, but those samples are small.¹⁰

Using these findings we can see there is likely to be a huge cohort of GPs across the UK who have not had any training on VBA, and are highly unlikely to be using the evidence-based intervention with their patients. Training is so important because VBA is not just a conversation with a patient about smoking, but an evidence-based framework clinicians can use to find opportunities to help smokers quit. In England alone, as of the end of 2019 there were almost 46,000 GPs in the workforce – fewer than 1,000 of whom are likely to have had comprehensive training in VBA.¹¹

Only a very low proportion (3%) of GPs reported that the training they had taken was mandatory or compulsory. We strongly believe VBA training should be compulsory for frontline staff across primary care. This ask is in line with NICE, who recommend that all frontline healthcare staff are trained to offer VBA and to make referrals to local stop smoking services.

Across the UK, Clinical Commissioning Groups (CCGs), Health Boards and Health and Social Care Trusts have an important role to promote training opportunities for all staff who work in general practice, and in encouraging and supporting them to take up training opportunities. Free online training is available online for all parts of the UK through the [National Centre for Smoking Cessation and Training](#) (NCSCT), alongside some nation-specific courses available through [Public Health Scotland](#) and others.

Figure I: Proportion of GPs who report receiving different levels of training in Very Brief Advice



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Healthcare professionals I've spoken to often think that firstly, they've spoken to a patient about their smoking before and it hasn't stopped them smoking, so why should they bring it up again – and secondly, that it takes too much time. But in reality, if I've spent more than thirty seconds delivering VBA I've failed. That's why having training is so useful and important, because it demystifies the process, saves the clinician time and has a proven benefit.

Dr Steve Holmes

GP perceptions of training:

Our research found GPs were enthusiastic about training to improve the cessation support they give to their patients, suggesting there is appetite and willingness to improve skills.

Of the GPs who hadn't had any training, more than 60% said training would help them to deliver VBA fully. And a further half of the GPs who had already had some training felt that further training would also be helpful to them, so maintaining access for them is important.

However, what our research also highlights is that more than a fifth of GPs have had only little or no training and don't see the benefit of doing it. This is likely to represent a lack of understanding of VBA, and a belief that smoking cessation isn't a core responsibility of general practitioners.

Many clinicians have been through full medical training without learning about the science of tobacco dependency or being given the practical tools to support patients. The Royal College of Physicians reviewed the literature behind training for different disciplines in their 2018 report *Hiding*

in Plain Sight, and found that nearly all undergraduate courses focused on the damaging health effects rather than the practical skills necessary to help smokers quit, and that postgraduate medical training rarely mandated training in smoking cessation interventions.¹²

In England, it has also arguably become more challenging for GP services to engage with delivering smoking cessation support in the past few years.

The responsibility for public health was transferred to local authorities in 2013. As fewer GP surgeries were commissioned by local authorities to deliver stop smoking services, less activity was done in primary care. At the same time, public health funding for these services experienced year on year cuts so that across the board, access to help to quit was reduced for people who smoke.

This shift to local authorities did not intend to stop all activity on smoking cessation within the NHS. But in moving funding for the commissioning of comprehensive stop smoking services out of general practice, new challenges arose where some CCGs made a decision to stop funding essential stop smoking medication prescribed by their GPs.¹³ This led to a misunderstanding that providing VBA or providing stop smoking medicines is no longer necessary in general practice.

Tobacco control leads in local authorities report that the consistent cuts to budgets has led to specialist local services – which GPs, practice nurses and community pharmacists refer in to – being under threat.¹⁴ Meanwhile reduced funding for the delivery of campaigns at local, regional and national levels aimed at motivating smokers, and the suspension of many local Tobacco Control Alliances which typically bring together people from across the healthcare system, has led to less awareness and engagement from primary care on smoking cessation.¹⁵

As public health budgets have faced year on year cuts, the need for strong primary care engagement has increased as a means of ensuring people are aware of local services and know how to access them.

In Northern Ireland, Scotland and Wales, public health remained with health, but heavy workloads and lack of capacity have limited the ability of GPs and practice nurses to spend time supporting people to quit smoking.

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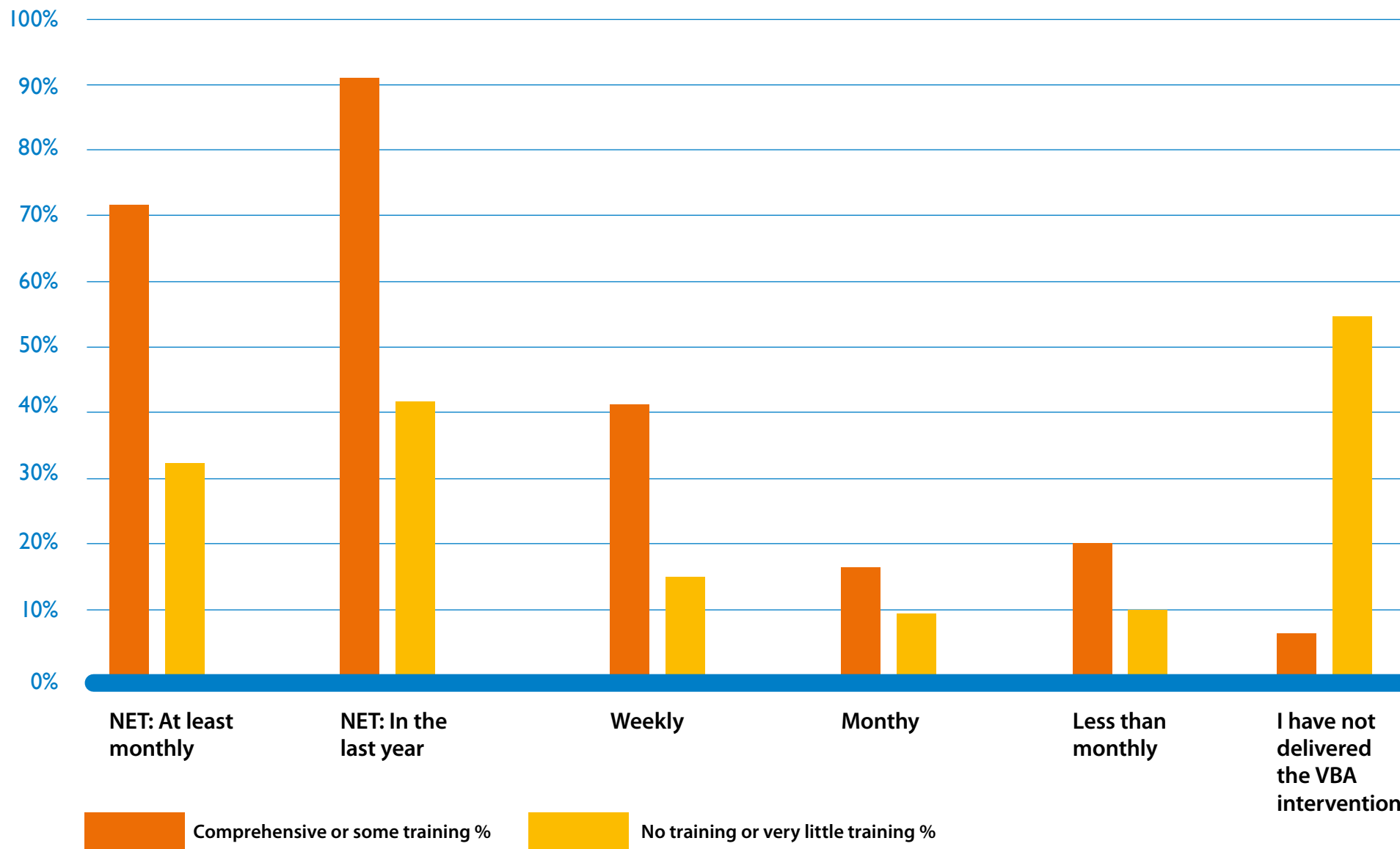
My doctor was actually gob smacked when I finally told him I wanted to pack it up. He was a lovely doctor, who'd always say "Ron, you should pack up smoking". And I'd always say "Yes, I know doctor, I'm going to plan packing up". But part of me wishes he'd offered me some support earlier, or said 'how can I help you to stop', because I think that would have made me think about it in a different way. A smoker, funnily enough, doesn't want to smoke. But I didn't know how I could stop."

Ron Flewett

VBA is used
3x as often
by GPs
who have had training

GPs who haven't had training
are **8x as likely**
to have never used
VBA with a patient

Figure 2: Percentage of UK GPs who have delivered VBA, broken down by training level



Expert view: Darush Attar-Zadeh



Darush is a community pharmacist in Barnet, London

“

Delivering Very Brief Advice and support in stopping smoking is part and parcel of what I do as a community and GP based pharmacist. It's a way I can make every contact count. People regularly come into the pharmacy looking to buy stop smoking products, or medicines for other ailments that smoking can make worse. So when they do I make sure to let them know that support and treatment is available on the NHS. The more of us who deliver VBA – whether we're in a pharmacy or a GP practice, a hospital or other health or social care setting – the bigger difference we'll make to our patients.

Expert view: Sheila Hodges



Sheila is a nurse working in a GP practice in Manchester

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I think confidence is a big factor in why people don't deliver advice and support on stopping smoking. They often feel like they haven't got their approach right, or they just don't feel comfortable in raising smoking. Or they worry that there's not going to be enough time in the consultation when they bring up smoking. I think there's a real need to raise people's confidence in approaching smoking cessation.

Delivery of VBA:

Our findings show that GPs who have had training are much more likely to go on to deliver the full VBA intervention with patients.

Weekly delivery of VBA was almost three times as high in those who said they had received any training. Those without training meanwhile are over eight times as likely to have never delivered it.

GPs will be speaking with patients who smoke every day. But just 41% of GPs say they deliver VBA at least once a month, whilst just 22% deliver it weekly. This suggests huge numbers of people who smoke are being seen in general practice but leave without an offer of support to quit.

Quality and Outcomes Framework (QoF) data for general practice indicates that the proportion of patients in England whose smoking status has been recorded in the previous two years has been consistently falling since 2010. In 2019, just 75% of patients had their status recorded in their records.¹⁶

Our findings on training and delivery are similar to the situation in hospitals. British Thoracic Society's smoking cessation audit in 2019 found only half of healthcare staff were offered regular smoking cessation training, which was a similar figure to the previous audit in 2016.¹⁷ As a result a quarter of patients were still not asked about their smoking status, and half of current smokers were not asked if they would like to quit smoking.

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The patients I see receive VBA well whether or not they're ready to stop. I use VBA as an opportunity to have a conversation so I pay attention to my patient's body language and listen to any stories they tell me about how long they've smoked for and previous quit attempts. Generally they either say "no I am not ready to give up yet, and if I do I will go cold turkey" or they accept the help and support.

I don't judge their decision either way. I tell them I'll be there for them when they need support. If one day they want to give up, I let them know I will be there for that journey.

Sheila Hodges

Insufficient training and a lack of confidence are major barriers to delivering VBA. Existing research shows the issues healthcare professionals give for being unable to deliver VBA include: the lack of time in consultations, a perception that patients are unreceptive to conversations about quitting smoking and a fear that asking about smoking can damage the relationship with a patient.¹⁸ These can all stop a practitioner asking about smoking status and offering support. But these concerns can be largely addressed by ensuring clinicians access adequate training in VBA to understand how and where the intervention can be used.

The other main barrier is clinicians feeling unable to take action when a patient does want to quit. Some GPs, practice nurses and pharmacists will be able to support a patient through the quitting journey, but many others will not because of time constraints. At the very least, GPs need to be able to prescribe appropriate stop smoking medication themselves to begin the quit attempt, and this is particularly important where local services are restricted or have been decommissioned. Our previous research showed

access to varenicline has been cut in primary care, leaving patients without this effective treatment.¹⁹

In order for VBA to be most effective, clinicians must also know how to make sure their patients get ongoing support and treatment if they can't deliver that themselves. Research has found a clear association between awareness of local services and the delivery of VBA in primary care.²⁰

We must ensure local referral pathways are in place from general practice and the rest of primary care, into specialist stop smoking services.

Methods of delivering training:

The National Centre for Smoking Cessation and Training (NCSCT) has a short online training module for Very Brief Advice, which is free to access and made with support from the Department for Health and Social Care and Public Health England. This module is recommended by NICE in their guidance on stop smoking interventions and services.

Yet we found only 16% of respondents who said they had training in the past year said they'd used the recommended module from NCSCT. The module which is free and recommended by NICE should be widely promoted to all frontline practitioners in primary care.

Over half of respondents who had been trained in the past 12 months completed an e-learning module on VBA. With the shift towards remote learning it's positive that this infrastructure already exists for VBA training, but it needs to be prioritised and promoted to clinical staff who would benefit. Commissioners should therefore ensure that training is offered regularly and that refresher training is promoted to all healthcare professionals.

Conclusions and recommendations

By training all frontline teams in VBA, clinicians will be equipped to play their part in ending smoking for good. Whilst our research has shown we have a way to go to meet that ambition, there are opportunities to improve training levels alongside clear appetite amongst policy makers for initiatives such as VBA that reduce smoking and wider health inequalities.

The COVID-19 pandemic has shown that quitting smoking is vital not only to protect people's lungs, but to reduce the burden that smoking-related illnesses have on our health service. There's evidence that people who smoke can experience more severe COVID-19 symptoms, and as people started to think about their lungs more and consider how to keep their lungs healthy, many decided to take action and stop smoking to protect their lungs.^{21,22} Motivation for quitting amongst people with respiratory conditions increased during the summer of 2020, with around half of all smokers with lung disease planning to quit to protect themselves.²³ Doctors, nurses and pharmacists alike should be ready and able to support smokers and turn any motivation into a successful quit attempt.

There are two key policy drivers relevant to VBA: national ambitions to reach a smokefree generation of 5% prevalence, and mandates to address health inequalities.

- Just last year the government announced its ambition to become smokefree in England and reach 5% adult smoking prevalence by 2030. This follows the Scottish government's ambition to reach 5% by 2034. These are ambitious targets which will require a major step-up of current activity.

- Across all four nations there is a drive to address health inequalities and unwarranted variation in care through national strategies. Smoking remains one of the largest drivers of health inequalities and we would like to see training in VBA for smoking cessation embedded within activity to reduce health inequalities.

Based on our findings and relevant policy levers we've identified five key recommendations. If implemented these will improve understanding and delivery of VBA for smoking cessation in general practice and lead to a reduction in smoking prevalence.

1. Health services in all four nations of the UK should implement a plan to promote training in Very Brief Advice, and in England this should be done via the Tackling Neighbourhood Inequalities service specification for Primary Care Networks

We urge NHS England to include measures to increase training in VBA within the Tackling Neighbourhood Inequalities service specification for Primary Care Networks (PCNs), due to be implemented in April 2021.

Smoking remains a huge driver of health inequalities. The most recent statistics for England found the odds of smoking for routine and manual workers, such as bar staff and labourers, is 2.5 times higher than for professional and managerial workers.²⁴ As a result, smoking-related illness and mortality is higher in these groups. Routine and manual workers are just as likely to attempt to quit as people in professional occupations, but they don't succeed as often, likely due to higher dependence on nicotine.²⁵

Ensuring that all patients who smoke are offered help to quit through the delivery of VBA, and have access to the tools and medication that address tobacco dependency and make quitting more likely, is essential to narrowing the gap in smoking prevalence between population groups. Tackling high rates in lower income groups is the only way we will reduce overall smoking prevalence and is essential to reducing health inequalities.

The Tackling Neighbourhood Inequalities service specification is ideally placed to promote evidence-based opportunities like VBA to Primary Care Networks.

2. CCGs, Health Boards, and Health and Social Care Trusts should make training in Very Brief Advice compulsory for all practitioners in general practice

As we've shown, not enough healthcare professionals are taking up opportunities to be trained in VBA. Frontline staff have many competing priorities when it comes to training, and currently training related to smoking cessation is rarely prioritised. But as a result too many patients are having appointments and interactions within primary care where their smoking is not discussed and they aren't offered help and support to quit.

We are urging Clinical Commissioning Groups (CCGs) in England, Health Boards in Scotland Wales, and Health and Social Care Trusts in Northern Ireland to make training in VBA compulsory for the appropriate staff in order to increase awareness and improve uptake and delivery.

There are a number of free providers of VBA training, including the NCSCT.

3. National public health agencies should monitor training levels, make the data public and implement national ambitions

In order to know we're making progress we need to see how many clinicians across primary care, including those in general practice and community pharmacy, are accessing training.

Public Health England are identified in the delivery plan for England's Tobacco Control Plan as the lead agency for providing access to training for all health professionals on smoking cessation. The number of health professionals accessing training is already a key metric for this but this not available publicly.

Data should be collected and published on training levels for frontline staff in general practice, community pharmacy, dentistry and optometry. This would ensure progress can be made across the rest of primary care.

We would also like to see a national ambition implemented for improving training levels. The Taskforce for Lung Health recommends that by 2023 all frontline healthcare professionals in England should be trained in VBA. As members of the Taskforce we support this ambition and would like to see targets in place to progress towards this ambition.

4. Governments must identify a sustainable solution for public health funding across the UK, to ensure the long-term availability of specialist cessation services

In England local authority tobacco control activity has been under threat for a number of years. Since 2015 local authorities, who are now responsible for the delivery of specialist cessation services, have experienced cuts to their

public health budgets every single year. The public health grant for 2021-22 is now approximately a fifth less than it was in 2015-16.

The instability of an annual settlement makes it difficult for public health teams to plan and invest in services in the long term, while the annual cuts make it ever more difficult for services to remain open to all.

With public health funding in Northern Ireland, Scotland and Wales the issues are different, but the services are being squeezed as the numbers of people engaging with traditional stop smoking services reduces.

We want to see close partnership working between primary care and specialist public health teams, to ensure all smokers access essential support to quit. To facilitate this we need a sustainable solution to funding public health services. We strongly support the implementation of a polluter pays levy to create a 'Smokefree 2030 Fund', which has been proposed by ASH and the Smokefree Action Coalition.

5. Smoking cessation support should become a core part of undergraduate and postgraduate medical training

An understanding of smoking cessation is relevant to almost every discipline yet being able to provide support to quit smoking is rarely considered a core competency for clinicians. This is a problem beginning in medical training.

Research into 22 medical schools in the UK in 2013 found that although the health effects of smoking were addressed in more than 90% of curricula, only one in three schools offered practical skills training in smoking cessation.²⁶ Medical professionals from across primary care are continuing

to enter into the field without the essential practical skills for supporting patients to quit.

We urge the General Medical Council, in collaboration with the Joint Royal Colleges of Physicians Training Board, to ensure that practical skills in smoking cessation are part of the core curriculum, and individual institutions to teach and test students on smoking cessation.

Further support and training opportunities are available at the following places:

NCSCT: [VBA online module](#)

Public Health Scotland: [Very brief advice on smoking](#) e-learning module

Primary Care Respiratory Society:
[Pragmatic Guide to Treating Tobacco Dependency](#)

RCGP: [VBA online module](#)

Health Education England: e-learning for Healthcare:
[Alcohol and Tobacco Brief Interventions programme](#)

Appendix I - Questions in the Savanta ComRes GP Omnibus survey

1. [ASK ALL] Very Brief Advice (VBA), also known as the 'Ask, Advise, Act' model, is used to promote smoking cessation. Which of the following statements best represents the amount of training you have received for VBA for smoking cessation?

- a) I have had comprehensive training in VBA
- b) I have had some training in VBA
- c) I have had very little training in VBA
- d) I have had no training in VBA
- e) Don't know

2. [ASK ALL WHO ANSWER A, B OR C AT Q1] Which, if any, of the following types of training for VBA for smoking cessation have you undertaken in the last year? Please select all that apply.

- a) The free NHS England module for VBA for primary care staff (available from the National Centre for Smoking Cessation and Training (NCSCT))
- b) E-learning outside the free NHS module for primary care staff for VBA
- c) A 'lunch and learn' session or similar
- d) Group training
- e) One-to-one training
- f) Other (please specify)
- g) Don't know

3. [ASK ALL WHO ANSWER A, B OR C AT Q1] From the following list, please select the option(s) that best describes the type of training you have undertaken in the last year for VBA for smoking cessation. Please select all that apply.

- a) Repeated sessions
- b) A one-off session
- c) Compulsory/mandatory training
- d) Voluntary training
- e) None of the above
- f) Don't know

4. [ASK ALL] In the last year, how often have you delivered full intervention VBA for smoking cessation in situations where it was appropriate to do so?

- a) Daily
- b) Weekly
- c) Monthly
- d) Less than monthly
- e) I have not delivered VBA intervention
- f) Don't know

5. [ASK ALL] How likely or unlikely is it that training/further training would help you deliver full intervention VBA for smoking cessation in situations where it would be appropriate to do so?

- a) Very likely
- b) Fairly likely
- c) Fairly unlikely
- d) Very unlikely
- e) Don't know

Appendix 2 – sample size

	Sample	Percentage
England	839	84%
Scotland	85	8%
Wales	48	5%
Northern Ireland	32	3%
Total UK	1004	100%

References

- ¹ Total estimated numbers of GPs across UK is 38,104. Based on evidence from [BMA](#) for England
[Welsh Government](#) for Wales
[Information Services Division](#) for Scotland
[Health and Social Care Board](#) for Northern Ireland
- ² NICE (2018). NICE guideline NG92 – Stop smoking interventions and services.
- ³ NICE (2018). NICE guideline NG92 – Stop smoking interventions and services.
- ⁴ Office for National Statistics (2019). Adult smoking habits in Great Britain.
- ⁵ Around 30% of smokers try to stop smoking each year, but of those only around 5% will successfully stop. (Smoking Toolkit Study, University College London).
- ⁶ West R, Fidler J (2011). Smoking and Smoking Cessation in England, 2010.
- ⁷ Department for Health and Social Care (2017). Towards a Smokefree Generation: A Tobacco Control Plan for England.
- ⁸ NHS Digital (2020). Statistics on NHS Stop Smoking Services in England, April 2018 to March 2019.
- ⁹ Cancer Research UK (2020). Making Conversations Count: The health and economic benefits of improving smoking cessation support in UK general practice.
- ¹⁰ See Appendix I for details of sample.
- ¹¹ NHS Digital (2019). General Practice Workforce 31 December 2019.
- ¹² Royal College of Physicians (2018). Hiding in Plain Sight: Treating tobacco dependency in the NHS.
- ¹³ British Lung Foundation (2018). Less Help to Quit: What's happening to stop smoking prescriptions in primary care.

- ¹⁴ Cancer Research UK (2019). Smoking Cessation in Primary Care: A cross-sectional survey of primary care health practitioners in the UK and the use of very brief advice.
- ¹⁵ Cancer Research UK (2019). Smoking Cessation in Primary Care: A cross-sectional survey of primary care health practitioners in the UK and the use of very brief advice.
- ¹⁶ NHS Digital (2020). Quality and Outcomes Framework, 2019-20 results.
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We're working to change the lives of everyone affected by asthma, bronchiectasis, COPD, ILD, mesothelioma, pulmonary fibrosis and all other lung conditions.

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Our campaigns help make vital, lasting change.

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