



Sláintecare.
**Healthy
Communities**



GUIDELINES

For setting up and delivering
a community peer-led
stop smoking programme



Rialtas Áitiúil Éireann
Local Government Ireland

TFI Programme

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We Can
QUIT



ESTABLISHING STRUCTURES FOR WE CAN QUIT



Introduction

We Can Quit is an evidence based stop smoking programme, designed to be delivered in the community by trained Community Facilitators through group work. It was originally developed by the Irish Cancer Society to support women living in disadvantaged communities who smoke and who want support to quit. Following the continued success and positive results of this programme, the HSE's Tobacco Free Ireland (TFI) Programme took over the coordination of We Can Quit in 2020. The We Can Quit model has since been adapted for men only groups and mixed gender groups.

We Can Quit follows the standard treatment programme for smoking cessation, but takes a more holistic approach to smoking and health. It incorporates elements such as, healthy eating; physical activity; stress management and self-care; gender and health; etc. that will further support individuals on their quit smoking journey and help sustain long term quitting success.

This document sets out to explain how the programme is delivered, and includes information and steps on how to get started, who is involved and why, training requirements, and all the resources required to deliver a successful programme.

1.1 Community Partnership Approach

The Model for establishing a new We Can Quit partner organisation and the delivery of peer led group stop smoking services will require an integrated partnership approach between community organisations and the local health service, supported by a steering group. The community partnership approach allows for the pooling of skills and expertise from within the health service with those working directly in and with the communities in which they serve. This creates a community-based response to high level national policies by promoting equality and mutual respect between the voluntary and statutory sectors.

This approach incorporates:

- The co-development of services between the statutory health service and the community and voluntary services.
- The co-delivery of the model between community development staff and health professionals.
- A non-judgmental and empowering approach based on equality between the service user and the service provider.

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In establishing the Local Advisory Group to support the programme it is important to engage with a variety of community partners, for example, Local Area Partnerships, Family Resource Centres, Community Centres and other community organisations. They play a vital role in gaining access to the local community, providing insight into their needs. They know where the gaps in health provision lie and why individuals or certain communities may or may not engage in a community service or programme. They will help to identify suitable Community Facilitators and recruit participants for the courses.

1.2 Key Stakeholders

There are four types of stakeholders in We Can Quit, and it is important that at least one of each is represented on the Local Advisory Group (see 1.3).

- **The Lead Community Partner:** A well-established community and local development agency who acts as an anchor for the community intervention. They convene the Local Advisory Group, manage the local delivery funding and co-ordinate the delivery of the intervention. They manage the Community Facilitators, who are either employed by or contracted by the Lead Community Partner for the purposes of delivering We Can Quit. The Lead Community Partner should also appoint the Local Coordinator. An organisation such as a Local Area Partnership, a County Council or one of the larger, well established community organisations would be best placed to fulfil this role.
- **Community Stakeholders:** Any local community organisations within the target area who works with members of the target population as part of their normal service. Some of these stakeholders should be represented on the Local Advisory Group.
- **Health and Wellbeing Stakeholder:** Any health professional who is a member of the Health and Wellbeing team and network at a CHO area level. In the case of the Sláintecare Healthy Communities programme, it is likely to be the Sláintecare Healthy Communities Coordinator.
- **Local Community Pharmacist:** A local pharmacist who agrees to provide additional support through brief interventions, dispensing stop smoking medication, and providing additional motivational support to the participants of the programme.

1.3 Establishing the Local Advisory Group

The Local Advisory Group (LAG) is the steering group that oversees the development and roll out of the programme.

The Lead Community Partner will coordinate the establishment of this group. They will also appoint a Local Coordinator (see 1.4) to sit on this group.

Membership of the LAG should be made up of a variety of stakeholders with relevant expertise in health, community development, addiction services, stop smoking services, etc. It is vital that there are representatives from the community and voluntary sectors, and from the statutory and/or local health sectors.

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Representatives from the following organisations and interest groups have been identified as examples:

- Local Area Partnership
- County Council
- Local Sports Partnership
- Community and voluntary organisations
- HSE Health Promotion and Improvement – Sláintecare Healthy Communities Coordinator
- HSE Primary Care and Social Inclusion
- HSE Primary Care Social Team
- HSE Local Stop Smoking Service
- Local GP practice/primary care centre
- Public Health Nurse
- Community pharmacist
- Community centres and family resource centres
- Traveller development groups
- Addiction services
- Or any other relevant target group

Establishing the LAG with representatives of key stakeholders and local community organisations is the first step in providing the supportive structures required for the development and delivery of this targeted community intervention. The membership within the LAG should have a combined knowledge of and expertise in, the local community, health promotion and smoking cessation.

It is important to ensure that all stakeholders and possible members have been considered and invited to participate.

A Terms of Reference should be established and agreed by the LAG members. There is a sample Terms of Reference in Appendix 1.

Each LAG should appoint a chairperson and secretary. The position of chairperson is best assigned to a representative from the Lead Community Partner and is usually the Local Coordinator from within the lead partner organisation.

Frequency and timing of meetings

It is recommended that the LAG meets 4 to 6 times a year depending on the stage of operations. In the initial phases of setting up a LAG, it may be necessary to meet more frequently. The Local Coordinator may decide to hold additional operational meetings with the Community Facilitators.

1.4 The Local Coordinator

The Lead Community Partner appoints a Local Coordinator. The Local Coordinator coordinates the delivery of the programmes, including the management of budgets/funding. The role includes:

- Finalising dates and times for programmes
- Advertising the courses and providing promotional materials to stakeholders
- Managing the registration system for potential participants
- Supporting and managing Community Facilitators
- Booking venues
- Liaising with the community pharmacist
- Ensuring invoices for Community Facilitators and pharmacists are paid and budget is managed
- Ensuring sufficient resources are available for the duration of the programme*
- Booking guest speakers and external Facilitators
- Reporting back to the LAG
- Any other coordination duties

*The Participant Books and the Community Facilitator's Packs can be ordered through www.healthpromotion.ie

1.5 The Community Pharmacist

The role of the community pharmacist is an integral part of the programme. The pharmacy intervention not only adds value to the programme through the provision of stop smoking medications, but is also an opportunity to provide additional information, advice and moral support to the WCQ participants.

Time should be given to providing information about WCQ to the pharmacist and other pharmacy staff. The Local Coordinator must ensure that the community pharmacist is familiar with the 'Stop Smoking Medications Protocol' (Appendix 2). This outlines the role of the pharmacist in the programme and how and when to dispense the stop smoking medications. The HSE Sláintecare Healthy Communities (SHC) Coordinator will support the Local Coordinator with this engagement with the participating pharmacist.

1.6 Overview of the steps to establish We Can Quit

SET UP		
Initiation	Consultation and planning	Training and preparation
Expressions of Interest from HSE local community health organisations, to coordinate the delivery of WCQ, e.g. Local Area Partnerships, County Councils, local community organisations, etc.	<ol style="list-style-type: none"> 1. Lead Partner Organisation selected. 2. Local Advisory Group established. 3. Terms of reference written and agreed. 4. Communities and/or centres identified as potential sites for delivery of WCQ. Engagement with local community centres, Family Resource Centres, Sports Centres, health centres, etc. 5. Community pharmacy identified and selected by the Lead Partner Organisation. 	<ol style="list-style-type: none"> 1. Local coordinator selected to coordinate We Can Quit delivery. 2. Suitable candidates identified to become WCQ Community Facilitators. 3. Training delivered to Community Facilitators. 4. GDPR agreements signed and access to quitmanager arranged. 5. Sites for delivery of WCQ agreed and notification to all stakeholders of same. 6. All stakeholders start to promote the programme: talking to local people and other community organisations.

DELIVERY	
Engagement and recruitment	Programme delivery
<ol style="list-style-type: none"> 1. Start dates and locations chosen. 2. Community Facilitators selected to deliver the course. 3. Registration system for interested participants set up and managed by the Local Coordinator. 4. Promotion of the courses led by the Local Coordinator and the Community Facilitators, but supported by all stakeholders. 5. Host centres, promote the course among their service users and within the community. 	<ol style="list-style-type: none"> 1. Local Coordinator ensures that all resources are ordered and made available to the Community Facilitators. 2. Community Facilitators deliver the programme. 3. Local Coordinator to meet with Community Facilitators on a weekly basis or as often as required. 4. Final week celebration of achievement.

MONITORING AND EVALUATION
Programme evaluation
<ol style="list-style-type: none"> 1. Client records maintained on QuitManager and audited by TFI programme as per all services. 2. End of programme participant feedback through completion of questionnaire. 3. Use the information to improve and develop the programme.

THE COMMUNITY FACILITATOR

The Community Facilitator is a key strength of the WCQ delivery model. They live and/or work in the community, and they therefore bring with them knowledge and expertise of the community. They play their part in raising awareness of health behaviours among their peers and are recognised as Community Champions. This experience, both personal and professional, coupled with achieving HSE Stop Smoking Advisor certification (through the completion of NCSCT) provides for best practise in delivering this health behaviour change intervention.

2.1 Recruiting Community Facilitators

Local knowledge and expertise are key to the success of the WCQ programme. Therefore, recruiting suitable candidates for the role of Community Facilitator is crucial.

The ideal candidate is a person to whom the men and women participating in the course can relate, and who understands the local situation and environment. Ideally, but not essential, the Community Facilitator is also an ex-smoker, although being a non-smoker is also acceptable. The ex-smoker must be quit for at least one year. For the women's only programme, facilitators must be female and for the men's programme, it is ideal but not essential that at least one of the facilitators is male.

The community partners will support the recruitment of suitable facilitators. For communities where WCQ has been previously delivered, past participants should be considered.

2.2 Role of the Community Facilitator

Community Facilitators are responsible for the delivery of the WCQ programme. This involves the facilitation of a weekly, 90-minute group-based session and weekly one-to-one support, either by phone, text, email or face-to-face. They deliver the programme, in line with messages and activities presented in the WCQ resource pack, tailoring it to reflect the needs of the men and women in the community.

A full Role Description is available in Appendix 3. Below are a few of the essential requirements or qualities required to fulfil the role:

- Female for women's only programme
- Male preferably for the men's only programme
- Current Non-smoker: Ex-smoker is preferable and must be quit at least 1 year
- Live and/or work in the local community

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- Have some knowledge or understanding of gender and health – through personal experience or through training or work experience
- Be willing to listen and learn from the experiences of others
- Be empathetic
- Be non-judgmental
- Group facilitation skills or willingness to engage in training to develop these skills
- IT skills and an ability to learn and engage in the use of IT patient management system

When pairing Community Facilitators to deliver a programme, any non-smokers should be paired with an ex-smoker. It is also recommended that an experienced HSE Stop Smoking Advisor co-facilitate with a lay health/community worker, for at least the first course.

2.3 We Can Quit Community Facilitator – Train the Trainer

The We Can Quit Community Facilitator Train the Trainer incorporates all of the elements required to attain certification as a Specialist Stop Smoking Advisor:

- MECC (online modules)
- NCSCT Level 2 (online modules)
- We Can Quit Community Facilitators training (1 day face-to-face)*
- NCSCT Level 3 (2 day face-to-face)
- QuitManager E-learning module, completion of workbook and follow up with quitmanager SuperUser.

The NCSCT application form must be submitted to the TFI programme for each individual new facilitator attending the training.

Download TFI resources and forms: [HERE](#)

Access MECC Training: [HERE](#)

Access NCSCT Online Training: [HERE](#)

* The main topics covered in the We Can Quit Community Facilitators Training are:

- Smoking status in Ireland
- Smoking and health
- Benefits of quitting
- Barriers to quitting
- Gender and health – Social Determinants of Health

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- Cycle of change
- Role of the community partners
- Content of the We Can Quit programme (an overview of what is covered each week)
- Group support and managing boundaries

The style of delivery includes a combination of tutor presentation, group participation, role play, group and individual presentation and peer feedback/evaluation. The personal experiences of the participants play a major role in formulating conversation and analysing attitudes and perceptions.

The timeframe and layout of the Train the Trainer programme are described in the table below.

Topic	Length of time	Type of training	Responsibility for delivery/support
Induction	1 hour	Group face-to-face (preferably) or online	SHC ¹ Coordinator
Online MECC Level 1	4 to 6 hours	Individual Online E-learning	SHC Coordinator
Online NCSCT Level 2	6 to 8 hours	Individual Online E-learning	SHC Coordinator
Day 1 WCQ	7 hours/ 1 Day	Group face-to-face	TFI WCQ ² National Coordinator
Day 2 NCSCT Level 3	7 hours/ 1 Day	Group face-to-face	TFI WCQ National Coordinator
Day 3 NCSCT Level 3	7 hours/ 1 Day	Group face-to-face	TFI WCQ National Coordinator
QuitManager	2.5 hours	Online E-learning	TFI WCQ National Coordinator
QuitManager follow up	1 hour	Online with a member of the TFI team	TFI WCQ National Coordinator

¹ Sláintecare Health Communities Coordinator

² Tobacco Free Ireland, We Can Quit Coordinator

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The timeframe for delivering all of the above should take 6 to 8 weeks, to allow all trainees sufficient time to complete the online elements. Additional support may be required for some trainees and consideration should be given for trainees personal and work responsibilities, ability to access IT systems and IT literacy skills. Please note all facilitators are required to have a work email address associated with the partner organisation with which they are contracted. Personal email addresses are not supported by the HSE for access to HSE IT systems such as QuitManager.

If participants do not have previous training in or experience of facilitating groups, then it is highly recommended that they attend such training. The Lead Community Partner may have access to trainers/courses for this purpose. See Appendix 4 for a sample Facilitation Skills training programme.

2.4 Support for and Mentoring of Community Facilitators

Once successfully completed, new Community Facilitators should be paired with more experienced facilitators to co-facilitate their first WCQ programme. Ongoing support is provided by each of the partners but, in particular, the Local Coordinator and the HSE designated Stop Smoking Advisor.

During course delivery time, Community Facilitators may require weekly check-ins or meetings with the Lead Partners Local Coordinator. This will vary depending on the level of experience of the Community Facilitator. The following should be discussed:

- Planning and preparation for weekly sessions
- Resources required
- Guest speakers for the lifestyle sessions in the latter stages of the programme
- Finances available for the above – agreed in advance
- Sick leave as required – finding cover for sessions
- Any concerns that the Community Facilitators may have about the group
- The management of group dynamics and group boundaries
- Support and guidance as required for the Community Facilitator
- Information for ongoing referral pathways – phone numbers, services available, etc.

Issues may arise during the programme which fall outside the remit of a stop smoking advisor. The Community Facilitators may not be equipped to deal with some of these issues. In all circumstances, the Community Facilitators should be provided with a list of support services or have access to/ know where to find this information.

At the end of each course, it is advisable to carry out a post course self-evaluation for each Community Facilitator. See the TFI website or Appendix 6 for a copy of this evaluation. This will help to determine any training needs that they may require.

DELIVERING WE CAN QUIT

Each course is facilitated by 2 Community Facilitators. The courses are delivered on a weekly basis, for consecutive weeks (breaks may be required due to school mid-term breaks). It is not advisable to run a course with more than 1 week of a break so that participants can be retained and momentum is not lost. If a one week break is unavoidable the facilitator should ideally still link by phone with each participant for the individual follow up sessions.

Course	Length of course
Women's only	12 weeks
Men's only	7 weeks with the option of an additional 3 weeks (currently in pilot)
Mixed gender	7 weeks (currently in pilot)

Each face-to-face session lasts between 1 ½ hours to 2 hours, depending on the size of the group. The ideal number of participants is 15 and a group should not be run with less than 8 participants attending on week 1.

The course can also be delivered online*, if required. In this instance, the maximum number is 12 and the minimum number is 6.

Each course offers the following:

- Weekly group sessions – 1 ½ to 2 hours
- Weekly one-to-one support – via phone, text or face-to-face
- 12 weeks supply of stop smoking medication – combination NRT or Champix

* During Covid, courses were delivered online and were relatively successful. Bear in mind issues around digital poverty. Some areas delivering multiple courses may choose to run some online and some face-to-face courses.

3.1 The Venue

The courses take place in a community setting, ideally in centres where men or women already meet, or where other community or health programmes and services are delivered. The room must be large enough to host a minimum of fifteen people and two Community Facilitators (bear in mind Covid social distancing requirements if required). There should be facilities to make tea and coffee and provide fresh drinking water. Examples of such venues are:

- Family Resource Centres
- Community Centres
- Community Health Centres
- Some adult education centres
- Community sports centres

Smoke free campuses/venues should be encouraged. However, where this is not the case, centre managers should be encouraged to think about introducing a smoke free policy. Having a stop smoking course taking place in the building is a great start.

3.2 Recruitment of participants

The recruitment process should take a targeted and community wide approach. Each of the partner organisations and the Community Facilitators play an important part in this process. A variety of recruitment methods should be used in order to ensure that the message is spread as widely as possible:

- Word of mouth – Testimonials of past participants; Community Facilitators; employees in community centres
- Social media – targeted Facebook posts have proven to be highly effective
- Posters and leaflets
- Referrals from the GP, the community pharmacist, Community Health Workers, Social Prescribers, etc.
- Community health fairs
- Any other events or venues where men or women from the area may meet.

Often the recruitment process will attract a larger number of potential participants than the course can accommodate. However, some of those who initially registered may not attend. It can be difficult to gauge the number of people who will attend the course after they have registered. The community partners and the Community Facilitators will often be better placed to make the decision on numbers. They will have experience and an understanding of the uptake and attendance of courses within their community. Phone calls to registered participants in the days leading up to the start of a course can help clarify attendance and alleviate any pre course anxieties participants might have. Covid declarations are also required prior to attendance.

3.3 Programme Delivery

One week in advance of the start date the Community Facilitators phone the interested participants. The following is a check list for the Community Facilitator to cover with the participant over the phone:

- Congratulate the individual for registering for the course;
- Ensure that they have the correct start date, time and location;
- Explain that they are not expected to stop smoking before the course starts and that the quit date is week 3 and they will be supported to prepare for that during the course;
- Explain that the course will run 12 weeks for women, 7 to 10 weeks for men, or 7 weeks for the mixed gender groups;
- Complete registration and ensure that the information is entered onto the HSE Patient Management System (QuitManager) before the course starts;
- Ensure that you have informed consent for the registration information to be stored on the HSE's Patient Information System and for potential evaluation and research to improve the stop smoking service in the future;
- Send a reminder text the day before the course is due to start.

Throughout the delivery period of the course, the Community Facilitators should meet to plan and prepare for each session. For new Community Facilitators who have not worked together before, it is recommended that this would take between 60 and 90 minutes, every week, supported by the Local Coordinator.

Where possible, the community pharmacist would ideally visit the group on week 2. This needs to be arranged in advance.

The Community Facilitators need to ensure that they have the resources each week to deliver the sessions. If there are issues of any kind, they should contact the Local Coordinator.

Guest speakers and/or guest facilitators need to be booked in advance. The Community Facilitators will need to know before the course starts what external supports may be available and what the limits are regarding this. Activities and speakers should be sourced from what is available locally.

Here are some examples of the community supports that may be available and which promote the holistic approach of WCQ.

- Sports Partnership or local fitness/sports group
- Healthy Food Made Easy
- Health and Social Care Team – stress management and self-care
- Past participant/role models speaking about their experience of quitting through the We Can Quit programme

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- Beauty and holistic treatments
- Meditation teacher
- Community dieticians
- Motivational speakers

In preparation for the final week 'Celebration', the participants can decide whether they would like to invite any family members or friends. Some groups may like a photographer. The photos can subsequently be shared with the participants. If consent has been given, the photos can also be used to promote future courses or posted on social media. A budget allocation has been identified within the overall WCQ budget for the celebration event.

Every participant who completes the course receives either a Quit Certificate or a Participation Certificate.

The participants should also be given the opportunity to share their journey with the wider group. Some may wish to speak publicly to the guests at the Celebration. The format for speeches, and presentations should be determined by the group and be kept as informal as possible for their comfort.

3.4 Resources for We Can Quit

The We Can Quit Community Facilitator's Pack and the We Can Quit Participant Books can be ordered through www.healthpromotion.ie. These can only be ordered by either the Sláintecare Healthy Communities Coordinator or the Local Coordinator.

Other resources, such as leaflets and posters can also be ordered from this site. The Community Facilitators Pack also has a list of other resources and information on how or where to order them.

MONITORING AND EVALUATION OF PROGRAMMES

Participants' progress is recorded on the HSE's Patient Management System (QuitManager).

Additional feedback, in the form of a short questionnaire should be sought from the participants at the end of the programme. The last week of the programme has been shown to be the best day to receive that feedback. See Appendix 5 for the Participant Satisfaction Survey. You can supplement the questions, if you would like to gather any additional information.

The Local Coordinator oversees the monitoring and evaluation of the programme. He/she reports feedback from this to the LAG and the HSE Sláintecare Healthy Communities Coordinator. The information gathered will help with the planning and development of future courses. It will highlight where improvements need to be made, what has been done well and whether any changes or adaptations need to be made.

The Community Facilitators should also be asked for their feedback on the course. They can complete a short questionnaire at the end of the course, which will help to identify any gaps in the programme, training needs that they may have or suggestions for improvement of the course. An online version of the questionnaire is available on the TFI website: <https://www.hse.ie/eng/about/who/tobaccocontrol/resources/> See appendix 6 for a written copy.

An agreed template of We Can Quit KPIs covering We Can Quit activity will be reported nationally and returned by the local HSE Sláintecare Healthy Communities Coordinator.

APPENDICES

Appendix 1: Sample Local Advisory Group Terms of Reference

[Insert name of LAG] **We Can Quit Local Advisory Group Terms of Reference**

Background

Every year, in Ireland, approximately 6,000 deaths are attributed to a tobacco related disease.

We Can Quit (WCQ) takes a targeted community partnership approach to smoking cessation. The reason for this is two-fold: to address the stark differences in smoking rates and associated poor health outcomes for low income men and women and specific population groups and; to build local capacity to address tobacco related health inequalities and improve accessibility to health, social services and supports.

WCQ follows the approach set out in the Healthy Ireland strategy framework, particularly themes 2 and 3 and it aims to reduce the prevalence of chronic disease.

In each participating area, a Local Advisory Group (LAG) comprised of local community, statutory and voluntary leaders is set up to advise and provide local expertise on the development, promotion and delivery of the WCQ programme and other stop smoking supports in areas where the programme is needed most.

Role and Purpose of the LAG

- To oversee and support the development of an integrated, area-based recruitment strategy to promote and increase demand for the HSE funded stop smoking services and for targeted programmes like We Can Quit, within defined areas.
- To provide local knowledge and expertise on the area, its community profile and population needs, and advise on suitable locations and venues for delivery of WCQ
- To contribute to the ongoing monitoring and evaluation process by ensuring that agreed HSE KPI's are followed throughout programmes and proposing recommendations for the future
- To advise on the delivery of key components of the WCQ model i.e. stop smoking medications, group support, one-to-one support, referral pathways for participants to welfare based community services, local providers of other healthy lifestyle programmes, etc.
- To agree on the target groups for participation and agree on a recruitment and selection strategy for Community Facilitators
- To assist with marketing strategy and local launch to ensure the widest possible awareness of the initiative amongst key community stakeholders and the public

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- To oversee and agree the spend of the WCQ budget and identify other complementary funding and in kind resources to support the sustainability of the programme in the catchment area
- The LAG will strategically link with other local community health partners
- To share the process and results of WCQ with the community through local community health channels.

Membership

Membership will consist of organisations and individuals with relevant expertise. Membership should be confined to no more than 15 people. Representatives from the following organisations and interests have been identified:

- Lead Community Partner [Insert name of organisation]
- HSE Primary Care and Social Inclusion
- HSE Health Promotion and Improvement – Sláintecare Healthy Communities Coordinator
- Local Stop Smoking Service
- Local GP practice/primary care centre
- Public Health Nurse
- Community pharmacist
- Local Community Partners [Insert names of organisations]

Duration of the Advisory Committee

One year initially. This will be reviewed by members at the end of each year. The time commitment and number of meetings per year, will be discussed and agreed by members at the first Advisory meeting of each year.

Quit Manager and Reporting to HSE

All We Can Quit figures will be submitted to the HSE via Quit Manager.

Chairing of Meetings

The position of chairperson will be held by [Insert name of person from the Lead Community Partner]

Meeting Convenor/ Secretariat

The secretariat will convene the meeting and ensure that a record of the meeting is taken, and minutes are distributed in advance of each meeting. The minutes will contain items discussed and actions. The role of secretariat will be decided at the first meeting and will be the responsibility of the lead partner organisation.

Communication

Information will be shared with members via email. In addition, every effort will be made to maximise the use of technology to support virtual meetings, to keep members apprised of project developments and to make the best use of members' time.

Appendix 2: Pharmacy Stop Smoking Medication Protocol

The aim of the pharmacy intervention is to add value to the provision of stop smoking medication (SSM), and the group based community programme, by providing additional information advice and moral support to We Can Quit (WCQ) participants when receiving their 12-week supply of SSM during pharmacy visits.

1. Introduction to the Pharmacy service

Welcome the WCQ participant - ask them to take a seat if the dispensary is busy and give them an idea of the waiting time.

2. Build Confidence

- Congratulate the client on their decision to quit smoking.
- Provide positive reinforcement of what has been spoken about within their peer support group.
- Acknowledge the difficulty of what they are attempting, but stress that they can do it.
- Reassure the client that you (their pharmacist), their Community Facilitators and their colleagues in their peer support group are there to help them.

3. Make and assessment for SSM

Assessing an individual's dependence on nicotine can predict the severity of withdrawal symptoms they may experience. Refer to Participant **Passport to Quit** (Hand held record) to ascertain the following:

- The Fagerstrom Test result for Nicotine Dependence will give an indication of the level of nicotine dependence the client has and can be used to guide the amount of SSM the pharmacist should recommend.
- Time to first cigarette after waking and number of cigarettes smoked are the most distinctive indicators of nicotine dependence.
- Take note of previous quit attempts, if any? What worked?
- Is the participant on any other medication?
- **Does the participant have a medical card? If yes, please refer to point 5 below.**
- NB: certain medications may be affected if the client successfully quits smoking and may require a review of overall medications by GP.
- In consultation with the participant, select and agree upon suitable Stop Smoking products.
 - Examples of SSM will have been discussed with the clients within their groups.
 - Counsel on the appropriate use of the product. If possible, demonstrate use of product and emphasise the importance of using the correct amount for the correct length of time.

The following are particularly difficult times in their Quitting process:

- **Day 3** – withdrawal and cravings
- **Week 3** – chance of developing cough/chest infections etc.
- **Month 3** – relapse prevention

4. Prescribe

Combination SSM is best. This refers to using **two** products: the patch (slow release/background dose of nicotine) plus **one other** faster acting product to deal with the breakthrough cravings, e.g. gum, lozenge, inhaler, etc. The We Can Quit programme offers combination SSM on the basis that combined pharmacotherapy and behavioural support is 4 times more effective, when compared to quitting unaided.

1st visit (approx. week 2-3 of the programme)

- Once the client is comfortable, informed and satisfied, provide two weeks supply of recommended SSM, recording the supply on their Patient Medication Record and **Passport to Quit** (see point 5 below for GMS card holders).
- Remind client of the additional services that they can avail of within the Pharmacy.
- Make a copy of the **Passport to Quit**.
- Return the **Passport to Quit** to the participant. Remind participants to keep a record to show their WCQ status for other pharmacy colleagues, for future consultations at the pharmacy.
- Emphasise the “not a puff” rule.

2nd visit (approx. week 3-4 of the programme): In conjunction with the participant, reassess the appropriateness of the SSM. If the first two weeks supply was not suitable, alternative SSM may be selected and supplied for another 2 weeks. If SSM is suitable, determine how the client is feeling, addressing concerns and difficulties they may be experiencing. Supply another four weeks.

3rd visit (approx. Week 6 - 8 of the programme): At this point, address whether titration of their SSM needs adjustment and supply another four weeks.

4th visit (approx. week 10 of the programme): Determine if further titration may be necessary. Supply the final 2 weeks of SSM. This may be the last consultation with the client in this WCQ programme, but remind the client that the pharmacist and pharmacy colleagues are always available to discuss their smoking cessation, or any other aspect of their health.

5. Refer

To make the GMS card holders experience as easy as possible, participants with a GMS card may be advised by the Community Facilitators to speak with the pharmacist prior to attending their GP, to further discuss their SSM needs. You, their pharmacist, will advise on the best SSM option for the participant during step 1.

When assessments are made, pharmacists should write in the letter provided, their recommendation for SSM, and participants can then bring this with them to their GP. Alternatively, ask permission from the participant to contact their GP to discuss prescribing SSM, and arrange for easy collection of prescription.

Please note: Participants can receive a **maximum 12-week** supply of combination NRT or Champix.

There is an excel template for the purposes of invoicing. Please contact your Local Coordinator for a copy of this.

Appendix 3: Role Description for the We Can Quit Community Facilitator

Introduction

We Can Quit (WCQ) is a community-based stop smoking programme. The purpose of the programme is to support women and men³ living in communities where smoking prevalence is highest, to quit smoking and improve their overall health and well-being. The community partnership approach used to deliver the programme has been designed to increase awareness and add value to existing services and programmes that combat social exclusion and address the health and well-being of the population. The programmes follow evidence informed, best practice standards in smoking cessation and gender based health.

Reporting

The Community Facilitator will report to the Local Coordinator.

The Local Coordinator sits on the Local Advisory Group, which oversees the direction and delivery of the local stop smoking community programme. He/she provides local leadership and articulates the need for community based responses to tackle tobacco use in areas where smoking prevalence rates are high.

The Advisory Group is made up of representatives from community development organisations, local area based partnerships, county councils, the HSE and/or other relevant local organisations.

Training

In preparation for programme delivery, all suitable candidates will be required to participate in a three-day face-to-face training programme. In addition to this, there are two online training modules, which need to be completed as well as training on the HSE stop smoking service IT system. The programme is delivered over the course of six to eight weeks.

Refresher training and/or updates will be provided as appropriate.

Time Commitment

- Recruitment and information sessions, including registration of participants. This work is estimated to take 6 to 10 hours and is done prior to the programme.
- Programme delivery. This involves the facilitation of a weekly, 90 minute group based session; the provision of weekly one-to-one support to participants, either by phone, text, email or face-to-face; the administration tasks associated with the HSE's Patient Management System (QuitManager). This takes 3 to 6 hours per week for the duration of the course.
- Post programme work involves completion of evaluations and debriefing and is estimated to take approximately 4 hours.

³ The programme was originally developed for women only but a men's only programme is being piloted in autumn 2021 with a view to being rolled out in 2022.

Main Duties

The Community Facilitator is responsible for the overall delivery of the programmes with their co-facilitator. This involves the facilitation of a weekly, 90 minute group based session; and the provision of weekly one-to-one support to participants, either by phone, text, email or face-to-face.

In addition to the above the Community Facilitators main duties are described below.

The Community Facilitator will:

- Provide leadership by raising awareness of the stop smoking programmes and the issue of smoking prevalence in your community, through local community networks
- Encourage those who smoke in the community to look at the issue of tobacco and consider if they would like support to stop smoking
- Support the participant recruitment and retention processes of the programmes
- Plan activities and invite guest speakers – with the support of the Local Coordinator
- Record participants' progress, including quit status, on the HSE's Patient Management System (QuitManager) on a weekly basis
- Ensure that everyone gets a chance to participate, that the ground rules for the group are adhered to and to support sharing opportunities in a safe and confidential way
- Encourage group decision-making processes and devolve responsibility to the group to make decisions about the content of the lifestyle focused sessions in the latter weeks of the course
- Identify and discuss any additional needs or social supports for individual participants and agree a suggested pathway for referral, if appropriate
- Communicate confidence and self-belief in the participants around their ability to change
- Record any important health service related community issues arising for the group and report them through the Local Coordinator to the appropriate channels
- Advocate for community involvement on the issue of smoking and healthy lifestyles.

Person Specification

Essential

- Understands the context of the social, environmental and historical factors that influence health behaviours in any given community setting (social determinants of health)
- Empathetic, with the ability to distinguish between the smoking habit, and the person who smokes and who wants support to quit
- Experience of delivering community based programmes, aimed at combatting social exclusion and isolation

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- Good knowledge of community development/community education approaches to learning and proven group facilitation skills
- Interested in generating new knowledge and contributing to the evidence on the issue of smoking and gender in disadvantaged communities
- Access to a computer, laptop, tablet with internet access.
- Basic IT skills and a willingness to be trained on the Patient Management System
- Current non-smoker: Ex-smoker is preferable and must be quit at least 1 year

Desirable

- Previous experience working on projects that have addressed gender issues in a sensitive way

Other essential requirements

- A partner organisation email address (not a personal or social email)
- Access to a mobile phone, either personal or owned by the partner organisation and an ability to download an app
- These are both required to gain access to The HSE QuitManager IT system.

Appendix 4: Sample Facilitation Skills Programme outline

Title:	Developing Facilitation Skills – We Can Quit
Duration	4 half-day sessions or 2 full day sessions.
Aim	The aim of this programme is to introduce the learner to the concept of facilitating adult education and to develop facilitation skills.
Module 1 – Topics	<p>What is Facilitative Training?</p> <ul style="list-style-type: none"> ● Ice breakers and introduction exercises ● What is the facilitative style of training? ● The role of the Facilitator ● Learning styles ● Linking theory to practice ● Reflective practice.
Module 2 – Topics	<p>Facilitation Methods and Building Confidence</p> <ul style="list-style-type: none"> ● Being in the spotlight! ● Confidence building exercises ● Common facilitation methods ● Facilitation resources and aids ● Linking theory to practice.
Module 3 – Topics	<p>Programme Planning & Group Dynamics</p> <ul style="list-style-type: none"> ● Planning and preparing for a session ● Timing and session planning ● Group dynamics ● Linking theory to practice.
Module 4 – Topics	<p>Communication & Anti-Discrimination</p> <ul style="list-style-type: none"> ● Communication skills ● Communication exercises ● Working in an inclusive manner ● Close and celebrate.
Teaching methods	<p>The teaching methods will be highly interactive and engaging, learning will be facilitated as much as possible:</p> <ul style="list-style-type: none"> ● Facilitation ● Group Discussion ● Group Work ● YouTube Videos ● Brainstorm ● Buzz Groups ● Games ● Lecture ● Demonstration ● Peer to Peer Learning.
Assessment methods	Learner observation.

Appendix 5: We Can Quit Participant Satisfaction Questionnaire

1. How much do you agree or disagree with the following statements?

	Disagree strongly	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree strongly
I really enjoyed the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The venue and location were very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I would recommend the course to a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know more about the dangers of smoking than I did before the course started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The support offered by the pharmacy staff was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I am very happy with the support offered by the 2 Community Facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
The support offered by the other group members was very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
I know where to go to get support to quit smoking if I need it in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

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2. Did the Community Facilitators tell you about any additional support services or information available to help you?

Yes No

3. If you answered yes to Question 2 please tick the boxes below or tell us about the additional services you used or heard about?

Cookery classes/Healthy Food Made Easy

HSE Quit services

Exercise groups/walking groups/sports groups

Addiction services e.g. AA

Other:

4. Can you please tell us which other courses you would like to attend?

Cookery classes/Healthy Food Made Easy

Exercise groups/walking groups/sports groups

Other:

5. What do you feel was done well in the We Can Quit programme?

6. What do you feel could have been improved in the We Can Quit programme?

7. Finally, could you please tell us a little about what being part of We Can Quit has meant to you?

Name (optional): Date: / /

Location of course:

Appendix 6: Facilitator's Post Course Evaluation

Welcome to the We Can Quit (WCQ) Community Facilitators Evaluation Feedback. This questionnaire will help us to understand your experience of delivering the WCQ programme and whether any improvements can be made to the course. It will also help us to determine whether you have any further training needs.

Community Facilitator's Name:

Number of courses delivered this year:

Location of course(s):

Planning and delivery of We Can Quit

1. In planning for the open sessions of the programme, what sessions were requested by participants and what was actually covered? Tick ✓ all that apply.

	Requested ✓	Covered ✓
Physical activity session		
Healthy Food Made Easy		
Holistic treatment/relaxation session		
Stress management		
Talk from a health professional		
Talk from a past participant		
Not applicable		
Other(s), please name:		

2. What barriers were met, if any, in planning the open sessions? (Tick all that apply)

- None
 Accessing resources
 Funding
 Knowledge of resources
 Late identification/too late to organise

Other, please specify:

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3. If you have used different resources to the ones provided, please let us know what these were and if you would recommend:

4. Please provide any general feedback about the Community Facilitator's Pack:

5. As a programme that is co-facilitated by two people, what challenges did you face as a team, please comment?

Challenge	Tick	Comment
None		
Interrupting/speaking over one another		
Unsure of your role		
Insufficient time to plan sessions		
Other		

6. If this was your first time facilitating a course, how confident do you feel that you could facilitate another WCQ course?

Confident Somewhat confident Not confident

Please comment:

PARTICIPANT BOOKS

7. How helpful was the We Can Quit participant book, as a resource to support the programme?

Very helpful Somewhat helpful Unhelpful

Please comment:

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8. Are there any additional resources that should be included in the participant book? Yes No

If yes, please name or describe: _____

ADMINISTRATION

9. What difficulties, if any, did you encounter in the collection of participant information?

10. If you encountered any difficulties in using QuitManager, please name and explain:

RECRUITMENT OF PARTICIPANTS/PROMOTION OF THE COURSE

11. Were you involved in the recruitment of participants for the programme? Yes No

12. What suggestions, if any, do you have for improving the recruitment process or promotion of the course?

ENGAGING PREVIOUS PARTICIPANTS

13. Did you invite any past participants from the programme to attend a session? Yes No

If yes, how did that go? _____

14. Can you identify anyone from your current/most recent group who would be an advocate/
champion for the WCQ programme? Yes No

If consent have been given, please provide name: _____

TRAINING

15. What additional training support (if any) would be beneficial to you in the future, to fulfil your role
as Community Facilitator?

16. Please provide any additional comments or feedback

Appendix 7: Sample Letter to GP

Date: ____ / ____ / ____

Re: We Can Quit – Stop smoking programme

Dear Doctor _____,

I am writing to let you know that _____ has enrolled in the community stop smoking programme called 'We Can Quit'. The programme is delivered by the HSE in partnership with **{INSERT YOUR ORGANISATION HERE}**. The participants are offered a combination of behavioural support, one-to-one support and stop smoking medication, which includes varenicline (Champix) or combination nicotine replacement therapy (NRT), free of charge.

We have discussed all the available options with _____ and he/she would like to try:

I would be grateful if you would consider the above and discuss the most suitable options with

and provide him/her with a prescription for same. If you have any queries you can contact me or the Pharmacist on the numbers below.

Thank you for your support.

Yours sincerely,

Insert Facilitator name
Insert phone number

Insert Pharmacist name
Insert phone number

Appendix 8: We Can Quit Community Facilitator Application Form

Application Form

'We Can Quit' Community Facilitator

Contact Details

Name:

Address:

.....

.....

Telephone:

E-mail:

Please complete the following questions:

1. Describe your community work experience paid and unpaid to date & any skills you have that you think may be useful for this work:

.....

.....

.....

2. Describe any training/education you have completed: (please include any accredited training qualifications, if any):

.....

.....

.....

3. Why do you want to train to be a We Can Quit Smoking Community Facilitator?

.....

.....

.....

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4. What in your life experiences will you draw on to support you in this role with your community?

5. Please tell us why you want to make a difference to the health of your community and how you think the 'We Can Quit' programme might help?

6. Please tick one of the following: Are you...

A smoker A non- smoker An ex-smoker?

If you have ticked ex-smoker, please tell us how long you have been quit?

Please send completed application forms by [insert date] to [insert contact name] at or drop it into [insert community centre or other drop-in centre] or Phone: [insert number] for more information.

Appendix 9: Participant/Client Registration Form

This registration form must only be used if the facilitator does not have access to QuitManager at time of participant's registration. This paper copy must be destroyed as soon QuitManager data entry has been completed.

The information that you provide in this form will be entered onto the HSE's Quit Manager client/patient management system. This is a secure, central system which the HSE manages and controls. The Community Facilitators will enter your weekly progress, and then use it to follow up with you once the course has finished. They will ensure that your information remains confidential. Please refer the "Quit Manager Client Information" leaflet for more information. This will be sent to you by SMS if you provide a mobile number.

Participant's Name: Date of Birth: / /

How can we contact you?

We would like to contact you during and after the course ends, please tick all the boxes by which means you are happy for us to contact you. You can change these options at any stage:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Letter | <input type="checkbox"/> Phone call | <input type="checkbox"/> Can leave a voicemail |
| <input type="checkbox"/> Can contact your GP | <input type="checkbox"/> Text message | <input type="checkbox"/> Email |
| <input type="checkbox"/> Can contact to evaluate the service | | |

Contact Details:

Address:

.....
.....

Eircode:

Phone number:

Email:

Education – What is your highest level of education?

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Third level (non-degree) | <input type="checkbox"/> Third level (degree) | |

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Ethnicity – Please select your ethnic identity

- White Irish White Traveller White (any other background)
- Black or Black Irish (African) Black or Black Irish (any of other background)
- Asian or Asian Irish (Chinese) Asian or Asian Irish (any other background)
- Other:

What is your employment status? Please select one of the following:

- Employed Unemployed/looking for work Student
- Carer/homemaker Retired
- Unable to work due to illness or disability
- Other:

Medical Information

GP Name:

GP Address:

.....
.....

Do you have a medical card? Yes No

Are pregnant? Yes No

Are you breast feeding? Yes No

Do you have any of the following medical conditions? Tick any that apply:

- Cancer Gastro Intestinal Disease Diabetes
- Neurological Disease Mental Illness Cardiovascular Disease
- Renal Disease Respiratory Disease None/prefer not to say
- Other:

.....
.....
.....

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Smoking History

How many years have you been smoking?

How many cigarettes do you smoke per day?

Have you made a quit attempt in the past 12 months? Yes No

Have you used any of the following to help you quit smoking? Please tick all that you have tried:

- | | | |
|---|---|---|
| <input type="checkbox"/> Nicotine Gum | <input type="checkbox"/> Nicotine Lozenge | <input type="checkbox"/> Nicotine Patch |
| <input type="checkbox"/> Nicotine Inhaler | <input type="checkbox"/> Nicotine mouth spray | <input type="checkbox"/> Champix |
| <input type="checkbox"/> Zyban | <input type="checkbox"/> E-cigarette | |

Are you currently using an E-cigarette? Yes No

Consent

The information provided in this form will be entered onto the HSE's Quit Manager client/patient management system. If you have any questions about this, please discuss with one of the Community Facilitators.

They can provide you with a copy of the "Quit Manager Client Information" leaflet. Once the information is entered onto the system, a copy of this will also be sent to you by text message.

Participant's Name: Date of Birth: / /

