Frequently asked questions about Very Brief Advice (VBA) on Smoking:

Q: What is VBA?

A: It is a simple form of advice designed to be used opportunistically in less than 30 seconds in almost any consultation with a smoker – and it works!

Q: What does VBA involve?

A: There are three elements to VBA:
   1. Establishing and recording smoking status (ASK);
   2. Advising on how to stop (ADVISE);
   3. Offering help (ACT)

Q: What does the ASK bit involve?

A: Quite simply you need to establish whether your patient smokes or not. Patients will not resent this question; in fact they expect to be asked about smoking by their GP.

There is almost always an opportunity to ask about smoking during a consultation - whether related to the presenting problem, the patient’s history or simply an alert message from your computer.

You can use whatever words feel comfortable given your relationship with the patient, what you know about them and what your notes tell you.

Because it is difficult to stop smoking (about 70% of smokers who have quit will go back to smoking in the next few years), if patients are recorded as ex-smokers who stopped in the last three years, it is important to re-check status.

Q: What does the ADVISE bit involve?

A: Having found someone is a smoker, the traditional approach has been to warn them of the dangers of smoking and advise them to stop. This is deliberately left out of the VBA script for two reasons:
• It can immediately put the smoker on the defensive and raise their anxiety levels.
• It takes time and can generate a conversation about their smoking which should be saved for a dedicated stop smoking consultation.

There is no need to ask how long someone has smoked, how much they smoke or even what they smoke (cigarettes, shisha, cigars or pipes). All smokers need to stop and the details are better saved for the stop smoking consultation.

So what VBA involves is a simple statement advising that the best way to stop is with a combination of support and treatment, which can significantly increase the smoker’s chance of stopping.

Q: What does the ACT bit involve?

A: If a smoker is interested in quitting, they are offered support and treatment wherever it is locally available. The best option is with a trained stop smoking advisor either in-house if there is one in your practice, or through the local stop smoking service, who can then arrange for the smoker to see one.

For some smokers it might not be the right time to stop. If the smoker is not interested in stopping you just say “that is fine but help will always be available” and tell them to let you know if they change their mind.

As most smokers see their GPs several times a year, there is plenty of opportunity to remind them that help is there when they are ready.

Q: Does VBA work?

A: Yes

In a large study across the whole of England, it was found that smokers were almost twice as likely to try to stop if they had been offered help by their GP, than if they had only been advised to stop.
The importance of recommending both support and treatment in the VBA is highlighted by a study which showed that compared with no advice to smokers, the odds of quitting are 68% higher if stop smoking medication is offered and 217% higher with offer of support!

Q: Won’t my patients resent being told how to stop smoking?

A: No

Patients recognise that it is a valid topic of conversation to be having with their GP and many will be surprised if you are not advising them about the best way of quitting. In fact not discussing smoking with your patients could lead them to think that this is not something you are concerned about and therefore neither should they be.

Q: Why don’t I ask my patients how much they smoke and if they want to stop?

A: There is no safe level of smoking and so in many ways it doesn’t really matter how much your patients smoke – all smokers need to quit.

The very act of delivering VBA will prompt many of your patients to make a quit attempt whether or not they were thinking about it before they saw you. There is also some basic psychology involved: ask someone if they want to stop and they will automatically start generating reasons why they shouldn’t or can’t stop. All smokers
know that it is bad for their health and many will want to quit, so you can cut to the chase and simply advise them of the best way of stopping smoking.

Q: Does VBA qualify for QoF points?

A: Yes.

**Asthma 10** (points 6, threshold 40 – 80%) - the percentage of patients with asthma between the ages of 14 and 19 years in whom there is a record of smoking status in the preceding 15 months.

**Smoking 5** (points 25, threshold 50 – 90) - The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months

**Smoking 6** (points 25, threshold 50 -90) - The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes contain a record of an offer of support and treatment within the preceding 15 months

**Smoking 7** (points 11, threshold 50 – 90) - the percentage of patients aged 15 years and over whose notes record smoking status in the preceding 27 months.

**Smoking 8** (points 12, threshold 40 – 90) – the percentage of patients aged 15 years and over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months

**Information 5** (points 2)- the practice supports smokers in stopping smoking by a strategy, which includes providing literature and offering appropriate therapy.