Quit wins: a discussion on the next tobacco control plan

A parliamentary roundtable meeting

chaired by Bob Blackman MP

Meeting Report

Tuesday 6 September 2016, 16:00-18:00, Room U, Portcullis House

On 6 September PAGB convened a convened a roundtable in Parliament entitled Quit Wins: a discussion on the next tobacco control plan.

The Quit Wins roundtable brought together commissioners, providers, charities and other experts in Stop Smoking Services, as well as parliamentarians to understand the key challenges that exist to making further reductions in smoking rates, and what can be done to overcome them.

The roundtable was very timely, with the Government expected to publish its next tobacco strategy later in the year. It provided an excellent platform for attendees to make recommendations on what tobacco control policy should be prioritised by the Government, to help inform the development of its next strategy.

This note summarises the views and recommendations discussed by attendees at the meeting and sets out in detail the areas of focus recommended by the group. A full list of attendees is appended to this document. Participation in the discussion should not be taken as implying endorsement for the issues or the recommendations raised in this paper.

Executive summary

The Quit Wins roundtable brought together commissioners, providers, charities and other experts in Stop Smoking Services, as well as parliamentarians to assess the progress made by the 2011 Tobacco Control Plan and to identify what areas of tobacco control policy should be prioritised by the Government as it develops its next tobacco strategy.

All participants agreed that the tobacco control strategy should be published without delay.

Attendees also identified the following policy solutions to help address current challenges in tobacco control and to support further reductions in both national and regional smoking prevalence:

- Set more ambitious national targets on smoking reduction, including a specific target to reduce regional variation

- Mandate local authorities to provide Stop Smoking Services and ensure that they are provided with adequate support to enable them to deliver these services

- Invest in a national awareness campaign to encourage more people to access Stop Smoking Services

- Tougher action on illegal cigarettes including implementing licensing laws for providers of tobacco products to support further efforts to prevent sale of illegal tobacco

- The Department of Health, Health Education England and the Royal Colleges need to work together to ensure that stop smoking interventions are a system-wide responsibility and that healthcare professionals make targeted interventions on smoking cessation throughout the patient pathway

EXPERTS

PARLIAMENTARIANS

COMMISSIONERS

PROVIDERS

CHARITIES

Summary of key recommendations

Over the course of the discussion, the following key priorities for the development of the next tobacco strategy were discussed:

- **As the 2011 Tobacco Control Plan has expired there is a clear and urgent need for a comprehensive tobacco control strategy.** Despite hitting the last national target on smoking prevalence in adults, stark variations in prevalence persist both regionally and amongst different groups. A national tobacco control strategy should be introduced without delay

- **More ambitious national targets on smoking reduction and specific targets to address regional variations in smoking prevalence.** In addition to setting more ambitious national targets on smoking reduction, the next tobacco control strategy should contain targets aimed at making measurable reductions in regional variations in smoking prevalence, to help address health inequalities

- **Local authorities should be mandated to provide Stop Smoking Services.** Stop Smoking Services are a proven intervention but local services are facing considerable funding pressures. Without mandated services, and adequate resources to support them, Stop Smoking Services will disappear, as is already being witnessed in some areas. The Department of Health should also ensure that local authorities receive adequate support to enable them to deliver these services

- **Stop smoking interventions should be a system-wide responsibility.** Stop smoking interventions should be made at every stage of a patient's interaction with both the NHS and public health services. The Department of Health, Health Education England and the Royal Colleges need to work together to ensure that healthcare professionals make targeted interventions on smoking cessation throughout the patient pathway

- **Facilitating the sharing of best practice in the commissioning of Stop Smoking Services.** The next tobacco control plan should consider how to ensure that best practice – particularly from the community settings – can be shared across commissioning areas. The next tobacco control plan should also include targeted interventions for harder to reach smoking populations

- **Tougher action on illegal cigarettes.** To help to reduce variations in smoking prevalence in different communities, tougher action is required on the sales of illegal tobacco. HMRC should implement licensing laws for providers of tobacco products to support further efforts to prevent sale of illegal tobacco

- **Investment in national media campaigns.** Public Health England should invest in national, sustained media campaigns including mass media such as TV, in line with the evidence base, that aim to discourage uptake, motivate smokers to quit and encourage more smokers to access NHS Stop Smoking Services

- **Incentives to drive improvements at the local level, supported by enhanced data collection to inform targeted interventions.** The next tobacco control plan should consider the introduction of incentives for primary and secondary care, supported by metrics based on referral and uptake of services. It should also assess what additional national data should be collected on smoking prevalence for specific groups, for example on carbon monoxide screening (smoking status) in all pregnant women. Data on the sale of tobacco at a local level should also be collected

- **Consistent clear advice provided on e-cigarettes.** There is currently a lack of awareness amongst providers of Stop Smoking Services and a lack of support, regarding what advice should be provided to people using e-cigarettes. The next tobacco control plan should include clear and consistent messaging for use by Stop Smoking Services on the use of e-cigarettes

- **Support for a concerted, renewed effort on tobacco control at the local level facilitated through Sustainability and Transformation Plans (STPs).** NHS England should consider how to ensure that local areas utilise the opportunity presented by STPs to implement a more joined-up approach between public health teams on smoking cessation. The Government should also consider how to promote and optimise the role of pharmacy in supporting local efforts on tobacco control

Summary of discussion

> Attendees agreed that unacceptable levels of variation in smoking prevalence persist across the country. The next tobacco control plan should contain more ambitious targets than the previous publication.

A discussion paper was circulated to attendees prior to the event.

The paper covered the following topics:

- Current rates of smoking and progress made against the Government's commitments in the 2011 Tobacco Control Plan
- The provision and sustainability of Stop Smoking Services
- Policy priorities for the next tobacco control plan

The key areas of discussion are detailed below.

Progress against the Government's commitments in the 2011 Tobacco Control Plan

It has now been over five years since the Government published its last tobacco plan, Healthy Lives, Healthy People: A tobacco control plan for England. The plan set out a number of national targets on smoking reduction and emphasised the role of local areas, supported by ring-fenced funding for public health, in providing tobacco control services[1].

The discussion began with a consideration of the progress made against the Government's commitments outlined in its 2011 plan, in light of the Government's assertion that[2]:

"A new tobacco control plan is currently being developed and Ministers will decide on an appropriate publication date in due course."

The key points to arise from the discussion were:

- **National targets on smoking reductions.** Attendees noted that the Government's headline targets on reducing smoking prevalence amongst adults and young people have been met. Attendees suggested that the next tobacco control plan should contain more ambitious targets than the previous publication. The group suggested that this would help to make even more substantial reductions in prevalence, especially with more challenging groups such as existing adult smokers and with respect to health inequalities such as the higher rates of smoking in lower socio-economic classes and people with mental health conditions.

- **Smoking in pregnancy.** Attendees noted that the latest figures on women's smoking status at the time of delivery demonstrate that the Government's target to reduce smoking during pregnancy to 11% or less has been achieved (with recently released figures suggesting that it now stands at 10.2%[3]). Attendees heard that the Government has committed to renewing the momentum on ensuring further reductions in smoking during pregnancy, in a response to the Smoking in Pregnancy challenge group.

Successes and limitations of the 2011 Tobacco Control Plan

The group agreed that the 2011 Tobacco Control Plan contained some effective policies that have been successful in reducing smoking prevalence. The group also agreed that since the first comprehensive strategy was introduced in 1998 the UK has been more effective in reducing smoking rates than other EU Member States like France and Germany without such comprehensive strategies. This underlines the need for an updated and comprehensive national strategy to be developed and published as soon as possible in order to maintain momentum on the progress that has been achieved.

As well as considering where successes have been made, attendees also discussed the limitations of the 2011 Tobacco Control Plan and which areas still require significant improvement.

The key points that arose from the discussion were:

- **Regional variations in smoking prevalence and health inequalities.** Attendees agreed that unacceptable levels of variation in smoking prevalence persist across the country. Rt Hon Theresa May MP highlighted health inequalities in her first speech as Prime Minister. As more than half of the inequality in life expectancy between social classes is now linked to higher smoking rates amongst poorer people[4], attendees agreed that the Government must ensure that addressing variations in smoking prevalence, and the reasons underlying these variations, form an integral part of tackling health inequalities.

- **Tackling regional variations in smoking prevalence.** Attendees suggested that on top of boroughs providing universal tobacco control services, targeted programmes within regions are needed to ensure that particular population groups in which smoking levels are currently high are specifically supported. Groups that should have additional focus include: routine and manual workers, pregnant women, people with mental health conditions and people living in the more deprived areas.

- **Perception amongst healthcare professionals that** prevention, including stop smoking interventions, is 'not their job', but the responsibility of local authorities as part of their public health remit. Attendees made the point that this perception means that stop smoking interventions are not always included as part of a patient's treatment pathway. The treatment of COPD was cited as an example of where stop smoking support is not always provided as part of the care plan for patients with respiratory conditions. Hospital admissions and outpatient appointments were also cited as key contact points

- **Illegal tobacco products.** The availability of illegal tobacco means that smoking can be very affordable in some communities, which attendees suggested helps sustain a higher prevalence of smoking in those communities. HMRC should implement licensing laws for providers of tobacco products to support further efforts to prevent sale of illegal tobacco

- **Limitations of current licencing controls.** Unlike alcohol tobacco retailing does not require a licence. This facilitates illicit trade, and makes it harder to regulate sale of 'niche' products such as shisha, as tobacco can be sold anywhere and by anyone. Current licensing policies are insufficient and are ineffective in tackling 'niche' areas of smoking, such as shisha bars.

Provision and sustainability of Stop Smoking Services

Following on from an assessment of the success of national level tobacco reduction policies introduced by the 2011 Tobacco Control Plan, attendees were then asked to consider the viability of smoking reduction efforts at the local level, in particular with respect to smoking cessation.

Smoking cessation services are a key part of local tobacco control and of particular interest to PAGB so these issues were looked at in more detail.

Attendees were asked to identify what the key challenges are for Stop Smoking Services, as well the interventions that these services should be prioritising. A range of views on these issues, including those from the commissioner, provider and pharmacy perspective were discussed.

Attendees noted that now is a particularly challenging environment for Stop Smoking Services, following the Government's announcement that public health funding for local authorities will be reduced by an average of 3.9% every year in real terms until 2020.

The group agreed that Stop Smoking Services are a cost-effective and proven intervention but that financial challenges are having an adverse impact on the provision of services locally. Recent data suggest that the number of people who successfully quit through NHS Stop Smoking Services was down by 15% in the last year. Attendees cited examples of where local areas have been working hard to make services more efficient and reduce costs, but that further budget cuts would inevitably lead to a reduction in service provision. It was highlighted that some areas, including in Manchester, have seen the complete decommissioning of Stop Smoking Services.

The key points that arose from the discussion were:

- **Local authorities are not mandated to provide Stop Smoking Services.** Mandating local authorities to provide smoking cessation services would help to secure greater accountability for driving improvements in smoking reduction in local areas

- **Discrepancies in commissioning.** There are discrepancies in how tobacco control services are being commissioned resulting in services looking very different across the country. Attendees suggested that the best practice examples are often within community and local settings but that this is often not shared throughout the system

- **Lack of incentives for improving smoking prevalence.** Attendees highlighted the lack of incentives for local Stop Smoking Services to drive down rates of smoking prevalence

The group was then asked about what additional interventions should be offered by Stop Smoking Services:

- **Advice on E-cigarettes.** There is currently a lack of understanding amongst providers of Stop Smoking Services, including pharmacy, about how to advise the public on the use of e-cigarettes. The group agreed that consistent advice should be provided from the Department of Health and Public Health England on how people should be supported to use e-cigarettes

- **Support for hard-to-reach smoking populations.** Attendees highlighted that in some areas, more effort is needed to reach those communities for whom English is not the first language but would benefit from smoking cessation support

Policy priorities for the next tobacco control plan

> Now is a particularly challenging environment for Stop Smoking Services, following the Government's announcement that public health funding for local authorities will be reduced by an average of 3.9% every year in real terms until 2020.

In the final stages of the discussion, attendees considered which policies should be prioritised by the Government as it develops its next tobacco control plan.

In addition to the ideas suggested on what more can be done to support local Stop Smoking Services, the group also made recommendations on broader policy interventions that would help to support a greater reduction in smoking prevalence across the country.

The key points that arose from the discussion were:

01

Strengthened licensing laws around the sale of tobacco.

Attendees suggested that HMRC should implement licensing laws for providers of tobacco products to support further efforts to prevent the sale of illegal tobacco.

02

Sustainability and Transformation Plans (STPs).

NHS England should consider how to ensure that local areas utilise the opportunity presented by STPs to implement a more joined-up approach between public health teams on smoking cessation.

03

Mass media campaigns.

Public Health England should develop a national, sustained public awareness campaign that highlights the support available through NHS Stop Smoking Services.

04

Data collection.

Attendees highlighted that current approaches to data collection on smoking do not always capture a full picture of either prevalence or quit rates in some populations. Attendees also suggested that there is also a lack of available data on tobacco sales and that these could be filled by requiring tobacco manufacturers to publish sales data at local level.

Appendix 1

Summary of discussion questions

Discussion question 1:
Has the Government's last Tobacco Control Plan been a success?

Discussion question 2:
The Government has been successful in hitting its target on a reduction in adult smoking rates to 18.5% or less. However, it has failed to meet this target regionally. Why do these regional variations in smoking prevalence and outcomes persist?

Discussion question 3:
Why has the Government failed to hit its target to reduce rates of smoking in pregnant women?*

Discussion question 4:
What are the key interventions that should be offered by Stop Smoking Services?

Discussion question 5:
What are the key challenges at a local level for Stop Smoking Services? To what extent have cuts in Government funding to public health budgets impacted on the ability of local Stop Smoking Services to deliver support?

Discussion question 6:
The CCG Improvement and Assessment Framework includes an indicator on maternal smoking at delivery. Should there be additional metrics put in place to measure the success of local smoking cessation services?

Discussion question 7:
What areas of tobacco control policy should the Government prioritise as it develops the latest tobacco control plan?

References

1 Department of Health, Healthy Lives, Healthy People: a Tobacco Control Plan for England, March 2011

2 Nicola Blackwood, Hansard, answer to written question 43383

4 NHS Digital, Statistics on Women's Smoking Status at Time of Delivery, England – Quarter 1, 2016-17, published 8 September 2016

4 NHS England, Five Year Forward View, October 2014

Appendix 2

Attendees

Chair

Bob Blackman MP, Member of Parliament for Harrow East

Attendees

• Deborah Arnott, Chief Executive, Action on Smoking and Health (ASH)

• Ian Ashmore, Head of Environmental Regulation, Sheffield City Council

• Rt Hon Sir Kevin Barron MP, Member of Parliament for Rother Valley

• Dr Rebecca Cooper, Consultant in Public Health, Solutions 4 Health

• Alex Cunningham MP, Member of Parliament for Stockton North

• Professor Rob Darrracott, Chief Executive, Pharmacy Voice

• Rachel Flowers, Director of Public Health, London Borough of Croydon

• Ian Gray, Principal Policy Officer, The Chartered Institute of Environmental Health

• Alison Hooper, Lewisham Stop Smoking Service Manager, Lewisham and Greenwich NHS Trust

• Dan Hunt, Policy Adviser, Cancer Research UK

• Luvjit Kandula, Chief Officer, Leicester and Rutland Local Pharmacy Committee

• Iona Lidington, Associate Director of Public Health, Kingston Commissioning Service

• Sarah MacFadyen, Policy and Public Affairs Manager, British Lung Foundation

• Laura MacLehose, Consultant in Public Health, London Borough of Hounslow

• Professor Eugene Milne, Director of Public Health, Newcastle City Council

• Professor David Taylor, Emeritus Professor of Pharmaceutical and Public Health Policy, University College London

• Arran Woodhouse, Tobacco Liaison Specialist, Kings College NHS Foundation Trust

• Elizabeth Woodworth, Nicotine and Smoking Cessation Manager, ABL Health, Wirral

Observers

• Donna Castle, Director of Public Affairs and Communications, Proprietary Association of Great Britain (PAGB)

• Nadia Hill, Associate Director, Incisive Health

• Beth Hooper, Account Manager, Incisive Health

• Sarah Kettridge, Head of Regulatory Promotional Excellence and External Affairs, Perrigo

• Nicola Lilliott, Senior Director, Government Affairs and Policy – UK and Ireland, Johnson & Johnson

If you have any questions about the paper or the event, please get in touch with **pagb@incisivehealth.com**.

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