Quit wins 2018: delivering evidence-based smoking cessation services

A roundtable meeting chaired by Bob Blackman MP and Sir Kevin Barron MP
Tuesday 19 June 2018, 16:00-18:00

Introduction

On Tuesday 19 June 2018, PAGB (Proprietary Association of Great Britain) convened a roundtable meeting to explore evidence-based smoking cessation services in light of recent tobacco control policy developments. The meeting was chaired by Bob Blackman MP and Sir Kevin Barron MP, and attended by stakeholders from across the tobacco control community, including commissioners, providers, charities and policymakers.

The objectives of the meeting were to:

- Bring together experts to discuss the provision of smoking cessation support across England and current trends in service provision;
- Discuss what is needed to ensure that progress made to reduce smoking prevalence in recent years is not lost; and
- Agree a set of recommendations for action that can be taken to deliver improvements in evidence-based smoking cessation services

This report sets out:

- An overview of the recommendations agreed at the meeting
- A summary of the background facts-and-figures prepared for participants at the meeting
- The key challenges to delivering evidence-based smoking cessation services discussed during the meeting

Please note that the roundtable meeting was supported by PAGB's member companies GlaxoSmithKline (GSK), Johnson & Johnson (J&J) and Perrigo who manufacture licensed nicotine replacement therapy products. This report reflects the roundtable discussion and therefore does not necessarily reflect the views of PAGB, GSK, J&J or Perrigo.

Overview of recommendations

This paper sets out a number of recommendations for action across both national and local organisations.

National

1. NHS England must support the closer integration of local authority smoking cessation services and NHS services within the new NHS plan to make them more accessible for patients and the public
2. The Department of Health and Social Care (DHSC) should ensure sufficient funding for smoking cessation services by:
    a. Undertaking an audit of service funding and provision to understand gaps and financial shortfalls
    b. Modelling the level of funding needed to ensure that all smokers have access to the support they need to quit
    c. Mandating smoking cessation as a prescribed function of local authority-led commissioning
3. The National Institute for Health Research (NIHR) should initiate studies to understand the impact of e-cigarettes on people's health over the long-term
4. The UK Government should work with the European Union where possible on the framework for tobacco control to encourage higher levels of tobacco taxation across Europe

Local

1. Local tobacco control strategies should include population-stratified outreach, identifying demographic cohorts with high smoking rates and tailoring approaches to engage them in smoking cessation support
2. Local providers and commissioners should collaborate to provide strategic oversight of training across their workforces, ensuring greater access to NICE-recommended courses
3. Councils should work together to tackle the availability of illicit tobacco at a regional level

Background: an overview of smoking in 2018

Smoking continues to represent one of the nation's largest public health challenges. It remains a key determinant of health inequalities, with stark variations in prevalence and smoking-related ill health across England.

Key statistics

- There remains significant variation in smoking prevalence across England, from 7.4% of the adult populations in Harrow to 24.3% in Kingston upon Hull[i]
- In 2016, 20% of local authorities had not met the national 18.5% smoking prevalence target[ii]
- There is significant variation across England in hospital admission rates: in 2015/16 there were nearly twice the number of admissions per 100,000 people in the North East (2,484) than in the South East (1,307)[iii]

- Almost three times as many people died between 2013 and 2015 as a result of smoking in Manchester (509 per 100,000 people) compared to Harrow (183 per 100,000 people)[iv]

Ambitions for 2022

The roundtable was convened following the publication of a number of tobacco control policy documents: the long-awaited 2017 Tobacco Control Plan for England, *Towards a smoke-free generation,* in June 2017;[v] the updated NICE guidance on *Stop Smoking interventions and services* [NG92] in March 2018; [vi] and DHSC's *Tobacco Control Plan Delivery Plan 2017-2022* in June 2018.[vii]

The Government has set ambitious targets for 2022 - to:[viii]

- Reduce the proportion of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce smoking among adults in England from 15.5% to 12% or less
- Reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- Reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less

In order to meet these ambitious targets, NICE and the DHSC both call for the delivery of evidence-based smoking cessation services.

Summary of discussion

There are a number of persistent and ongoing challenges facing the delivery of evidence-based smoking cessation services on the frontline which will need to be addressed in order to meet the new targets in the coming four years. During the *Quit wins* roundtable, a number of these challenges were explored, alongside possible actions that could be taken to overcome them.

Fragmented progress across different demographics

Whilst the national targets within the 2011 Tobacco Control Plan were met in 2016, progress amongst certain demographic groups has been variable. Smoking rates remain persistently high amongst:

- Specific patient groups, such as Chronic Obstructive Pulmonary Disease (COPD) patients: the latest COPD secondary care audit recorded 31.3% of patients as self-reported smokers, of which only 25.1% were prescribed smoking cessation pharmacotherapy during their admission[ix]
- Low socioeconomic status (SES) groups: smoking prevalence amongst those working in routine and manual occupations was 24.9% in 2016, compared to 10.9% amongst those working in managerial and professional occupations[x]

- People with mental health conditions: of the 10 million smokers in the UK, 3 million are estimated to live with mental health conditions[xi]
- Ethnic minority communities: ethnic minority communities can often be harder to reach, with local areas facing cultural and language barriers to communicating the benefits of quitting and the support available

The 2017 Tobacco Control Plan and the subsequent Delivery Plan call on local areas to develop their own tobacco control strategies to deliver localised approaches, based on NICE's evidence-based guidance.[xii] These local strategies provide the opportunity to tailor outreach to vulnerable and hard-to-reach groups with the highest or most persistent smoking rates in each area. These demographics will vary from area to area, some including significant cultural and language barriers.

Local tobacco control strategies should therefore include population stratified outreach, identifying demographic cohorts with high smoking rates and tailored approaches to engage them in smoking cessation support.

Engagement with the NHS

In the years since smoking cessation services were moved to local authority commissioners, engaging with the NHS and ensuring smooth referral pathways to services has been a significant challenge in many areas. Budgets for both NHS and local authority commissioners are becoming increasingly strained, adding pressure to a fragmented commissioning environment.

Attendees at the roundtable shared examples of how engaging NHS systems and workforce in smoking cessation can make a real impact on smoking-related outcomes. For example:

- In one area, within a year of contracting a GP federation to deliver stop smoking services, quit rates through general practice had tripled
- The BabyClear programme of screening all pregnant women for smoking via carbon monoxide monitoring has been found to double the likelihood of pregnant women quitting smoking[xiii]
- One local smoking cessation service employs nurses within their local GP practices

Whilst there are examples of best practice in pockets across the UK, opportunities to maximise contact with smokers in the NHS are still being missed. Poor referral pathways, unclear or miscommunicated prescribing protocols, and inconsistent branding of services were amongst the challenges identified that hamper efforts to collaborate across public health and NHS services.

The fragmentation in funding flows, accountability and governance has meant that investment in services is often not directed to where it can be used most effectively.

This is despite NICE advising that smoking cessation interventions are highly cost effective, at a threshold of £20,000 per quality-adjusted life year (QALY).[xiv] As the NHS develops its plan for the next ten years, it is vital that prevention such as smoking cessation and tobacco control services are given sufficient priority.

The new NHS plan must therefore seek to integrate smoking cessation services with the wider NHS to make them more accessible for patients, the public and healthcare professionals.

Public health cuts

The financial pressures facing local authority finances are well-known. The public health budget is set to be cut by almost 10% (or £531m) in England between 2015/16 and 2019/20.[xv] Smoking cessation services are not a 'prescribed function' which local authorities are mandated to deliver, which means that they are left at particular risk of cuts. Attendees heard about the variation in cuts to services across England, with some places completely disinvesting in services. Recent analysis from the online GP journal Pulse has found that, since 2015/16 alone, 79% of local authorities have cut funding for smoking cessation services.[xvi]

Whilst money does not necessarily mean better services and higher activity, it is undoubtedly related. When comparing data, there is an apparent link between recent reductions in the number of self-reported successful quitters and cuts to local authority spend on stop smoking services and interventions since the transfer of public health funding to local authorities (Figure 1).[xvii]

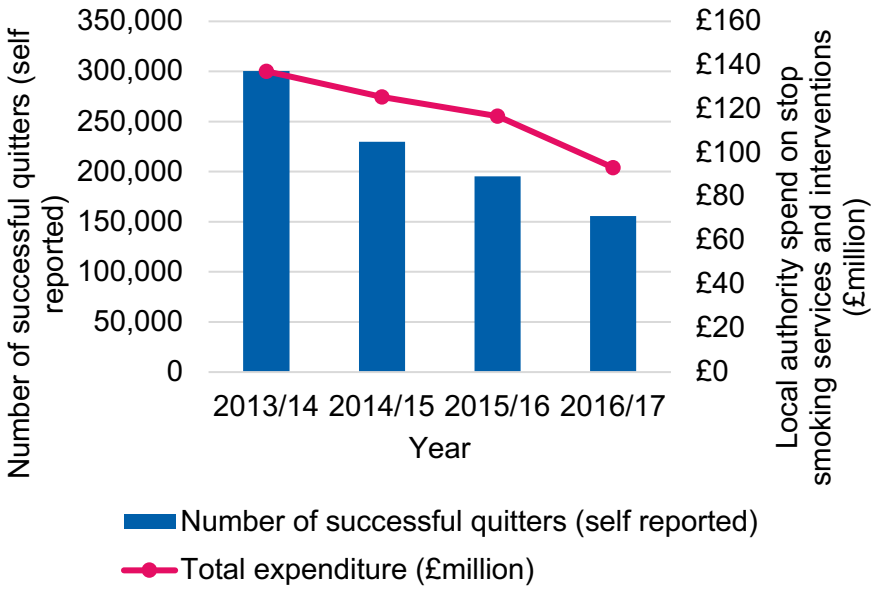

Figure 1[xviii]

The Department for Health and Social Care should therefore ensure sufficient funding for smoking cessation services by:

- **Undertaking an audit of service funding and provision to understand gaps and financial shortfalls**
- **Modelling the level of funding needed to ensure all smokers have access to the support they need to quit**
- **Mandating smoking cessation as a prescribed function of local authority-led commissioning**

Access to training

The National Centre for Smoking Cessation and Training (NCSCT) runs effective training to support the delivery of evidence-based tobacco control programmes and smoking cessation interventions provided by stop smoking services. The impact of this training on service provision is widely recognised by experts and by NICE, including as a means to ensure every contact with a smoker in the NHS is maximised to support them to quit.[xix]

Despite this, healthcare professionals across the NHS are facing growing barriers to accessing this training, including being expected to complete the NCSCT online training modules in their own time and not being released from work to undertake the necessary practice-based courses. This leaves many having to self-fund their training during their annual leave, or forgoing training altogether.

Local providers and commissioners should collaborate to provide strategic oversight of training across their workforces, ensuring greater access to NICE-recommended courses.

Treatment and support for quitting

It is important to ensure that smokers are supported to find the right treatment to most effectively help them quit. This will vary from person to person, and may include the use of licensed nicotine replacement therapy (NRT).

Many experts in the UK believe that e-cigarettes are a powerful quitting aid for smokers and are a useful mechanism through which to reduce harm. With respect to the latter, there is a growing body of evidence that, in the short-term, e-cigarettes are indeed significantly less harmful than smoking (the often-quoted statistic being that they are 95% less harmful). However, there is no evidence as of yet of the longer-term impact of vaping.

Whilst e-cigarettes are becoming a popular quitting aid, there is a need to ensure that those who have quit smoking do not revert back whilst vaping. It is also important that clear distinctions between e-cigarettes and heated tobacco are effectively communicated, as the latter is not as safe.

The National Institute for Health Research (NIHR) should initiate studies to understand the impact of e-cigarettes on people's health over the long-term

Availability of illicit tobacco

There are a number of powerful fiscal levers in place that have a considerable impact on tobacco control, for example: the duty escalator; minimum pack sizes; and minimum excise. Whilst these are necessary measures, they can have a perverse impact on the availability of illicit tobacco. Analysis from ASH has found that illicit tobacco has become a higher proportion of the total tobacco market in recent years.[xx]

This should be tackled at both national and regional levels, as follows:

- **The UK Government should work with the European Union where possible on the framework for tobacco control to encourage higher levels of tobacco taxation across Europe**
- **Councils should collaborate to tackle the availability of illicit tobacco at a regional level**

Conclusion

Tobacco control has been seen by the Government as a national success story, with a range of steps taken over the past two decades to accelerate the reduction of smoking rates, including increases in tobacco taxation, the passing of smoke-free legislation, and the introduction of plain packs. However, recent years have seen significant cuts at a local level, observed most prominently in the reduction of funding to smoking cessation services. At the same time, growing pressure on NHS services and staff has meant that preventative and public health services such as these are often left neglected.

Whilst warmly welcoming the 2017 Tobacco Control Plan, there is consensus that more can – and must – be done to support the delivery of evidence-based smoking cessation services on the ground. The recommendations within this paper seek to provide a blueprint for action at local and national levels to ensure that the ambitions of the 2017 Tobacco Control Plan can be met within the next four years.

If you would like any further information on the details set out in this paper, please get in touch via PAGB@incisivehealth.com.

17 July 2018

Appendix 1: discussion questions

Discussion question 1: Do these statistics [shared in the discussion paper] reflect your experiences of the frontline?

Discussion question 2: What are the most pertinent or concerning trends from this data?

Discussion question 3: Are the goals of the Government's new five-year Tobacco Control Plan the right ambitions? Are there any missing? Which are the most important / challenging to achieve?

Discussion question 4: What are the biggest challenges local areas encounter in meeting the new national targets?

Discussion question 5: Who needs to be involved to deliver on these targets locally? Is there a way to support local areas to champion tobacco control as a local priority?

Discussion question 6: Are there examples of areas that are 'getting it right'? What lessons can be learnt from this?

Discussion question 7: Aside from funding, what more support is needed at the local level to develop targeted tobacco control plans and drive improvements in services?

Discussion question 8: What opportunities are there to provide this support? Should the new plan for the NHS address some of the challenges in providing support? If so, how?

Appendix 2: attendees

Chairs

- Bob Blackman MP
- Rt Hon Kevin Barron MP

Attendees

- Dr Penny Bevan, London Borough of Hackney and City of London Corporation
- George Butterworth, Cancer Research UK (CRUK)
- Alex Cunningham MP
- Benjamin Humphrey, Richmond and Wandsworth Councils
- Baroness Masham of Ilton
- Professor Eugene Milne, Association of Directors of Public Health UK
- Dr Irem Patel, King's College London School of Medicines
- Vicky Salt, Action on Smoking and Health (ASH)
- Elizabeth Woodworth, A Better Life (ABL) Health

Observers

- Benjamin Carrick, Johnson & Johnson (J&J)
- Donna Castle, PAGB (Proprietary Association of Great Britain)
- Qasim Chowdary, Public Health England
- Soha Dattani, GlaxoSmithKline (GSK)
- Zain Hassan, Incisive Health
- Rosie Mughal, Incisive Health

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