

Barnet Smoking Commissioning Strategy

1 Context

1.1 National context

Although smoking rates in the UK have declined by over 50% since the early 1970s, approximately 15.5% of the adults in England are current smokers; equating to 6.3 million people¹. In 2015, over 79,000 people over the age of 35 died from a smoking-related cause in England, accounting for over 16% of deaths in this age group². Smoking remains one of the most significant causes of preventable ill health and premature mortality in the UK and is a major risk factor for a number of detrimental health conditions including cardiovascular disease, respiratory conditions (e.g. COPD), various cancers and diseases of the gastric system.

Following the passage of the Health and Social Act 2013 the responsibility and funding for commissioning smoking cessation services now sits within local authorities. Stop smoking services are highly cost effective and form a key part of tobacco control and health inequality policies at local and national level. The provision of high quality stop smoking service is essential in reducing health inequalities and improving the health of the local population.

1.2 Smoking in Barnet

- The prevalence of smoking among adults in Barnet is estimated to be 14.8%. This is lower than the national average (15.5%) and the London average (15.2%)³, but this is not a statically significant difference as the estimate is based on a small sample size.
- In 2016 there were an estimated 44,296 smokers in Barnet over the age of 18 (based on a Barnet adult population estimate of 299,300³ and smoking prevalence of 14.8%⁴).

1.3 The economic burden of Smoking in Barnet

The economic burden of smoking in Barnet has been estimated using a Reckoner tool developed by Action on Smoking and Health (ASH).

- The total annual cost of smoking to society in Barnet is estimated to be £71.2m. The breakdown is displayed in Table 3.
- Businesses in Barnet lose approximately 56,741 days as a direct result of smoking-related sickness⁵.
- The cost of smoking to the NHS in Barnet is approximately £8.5m. This includes £7.9million as a result of treating smoking related ill health and £551,316 for treating the effects of passive smoking in non-smokers⁵.

Estimated cost of smoking in Barnet

1		Cost to Society (£millions)
2		
3		

⁴ Annual Population Survey (APS) 2016. Smoking Prevalence in adults - current smokers 18+

⁵ Action on Smoking and Health (ASH). Local cost of smoking (Dec 2015)

Lost productivity (smoking breaks)	29.71
Lost productivity (early deaths)	19.55
Smoking-related disease (NHS)	7.94
Smoking-related social care	6.90
Lost productivity (sick days)	5.06
Smoking-related fires	1.46
Passive smoking	0.55

Source: Action on Smoking and Health (ASH). Local cost of smoking (Dec 2015)

2 Current service provision

2.1 Prevention

Regulatory Services -

1. To make sure businesses are compliant with smoke free legislation
2. To make sure businesses are compliant with age restricted sales legislation
3. To make sure businesses only sell genuine tobacco products from genuine suppliers

Shisha – In 2016/17 Barnet launched a shisha campaign. The campaign aimed to raise awareness of the health harms of shisha amongst the target population through a number of communication channels. The campaign targeted GPs and Pharmacies, environmental health team, schools and Middlesex University as well as the general Barnet population.

Children and Young People - As a part of Barnet Shisha campaign 2016/17, an educational workshop was delivered in most of the Barnet schools. Some of the students also participated in producing a video and were also encouraged to take part in a poster competition to engage them with the health education campaign.

Smoke-free - Barnet public health team is working with Middlesex University to prepare the university, through a variety of activities, to become a smoke- free campus by 2019.

National and London campaigns – Barnet currently supports the national and London awareness campaigns through promoting the resources. The awareness campaigns include:

- Stoptober – October
- National No Smoking Day – March
- Health harms campaign

2.2 The smoking cessation offer

The current stop smoking service provision in Barnet is a GP and pharmacy led service which is provided by accredited stop smoking practitioners at those premises. The GP services are only available by appointment to registered patients of that practice.

NICE guidance recommends that providers should aim for a quit rate of at least 35% at 4 weeks with 85% validated by carbon monoxide monitoring. The end of year submission to the Health and Social Care Information Centre for the period of 2016/17 shows that Barnet achieved a quit rate of 30%. The quit rate in services delivered via GP surgeries was 30% and 29% in services delivered in pharmacies. Primary care achieved a total of 191 quits and pharmacy 45.

Performance across individual providers varied enormously. There were a total of 35 GP surgeries and 19 pharmacies delivering the scheme in 2016/17. Of these, 3 pharmacies and 9 GP surgeries had more than 10 clients signed up and were achieving a quit rate of more than 35% in 2016/17. There were 26 GP's and 3 pharmacies with more than 10 clients signed up. Amongst the providers with 10 or more patients signed up, the best and lowest performing are detailed below:

	Number of sign ups	Number of quits	Quit rate
Best performing GP surgery	10	6	60%
Lowest performing GP surgery	16	1	6%
Best performing Pharmacy	18	6	33%
Lowest performing Pharmacy	47	7	15%

(note: services with less than 10 sign ups have been excluded from this analysis)

Public Health pays for the Nicotine Replacement Therapy (NRT) medication for first 5 weeks for those clients signed up through these locally commissioned services. Considerably more NRT is prescribed directly by GPs through regular prescriptions.

Attention given to smoking in community clinics, maternity services and provider trusts varies. It has not yet been possible to gather robust data on smoking status or any provision of brief advice, pharmacotherapy and onward referral to specialist services from these services and we are working with them and their commissioners to resolve this.

3 Future commissioning strategy

3.1 Strategic aims and priorities

The aim of Barnet smoking cessation strategy is to decrease smoking prevalence across the borough through:

- Raising awareness of the consequences of smoking across the borough
- Preventing adults and young people from initiating smoking
- Encouraging more residents to quit smoking

- Providing support and guidance to those wanting to quit
- Reducing exposure to second hand smoke to protect families and communities from tobacco related harm

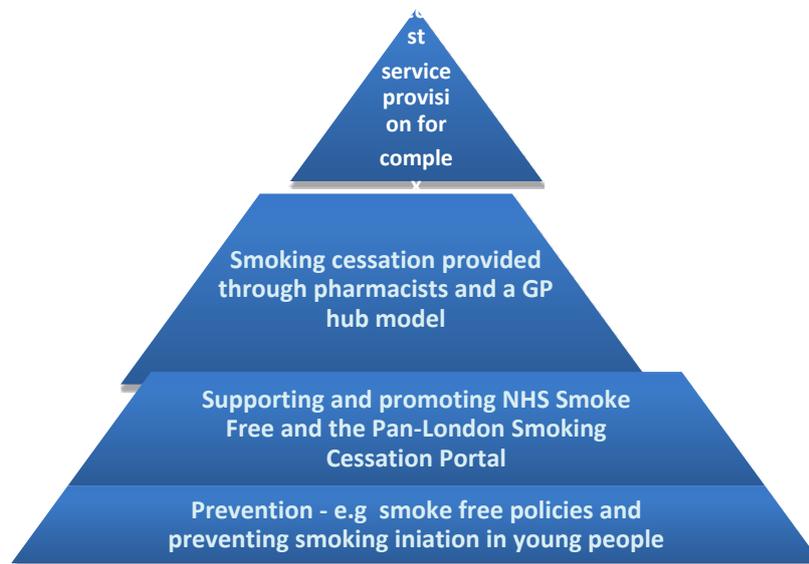
Our priorities are to offer a service which:

- provides equitable access to stop smoking services to all smokers
- offers high quality and effective evidence-based treatments
- increases quit rates amongst those ready to quit
- provides an enhanced offer for those most at risk and vulnerable groups

3.2 Commissioning intentions

We will commissioning a four tier service model summarised in the figure below incorporating prevention and a range of provision to support quit attempts.

Figure 1 - Barnet smoking cessation model



3.3 Prevention

Regulatory services – regulatory services will continue to work on the following priorities:

- To make sure businesses are compliant with smoke- free legislation
- To make sure businesses are compliant with age- restricted sales legislation
- To make sure businesses only sell genuine tobacco products from genuine suppliers

Smoking initiation amongst young people – public health will continue to support schools and raise awareness of smoking harms through the Healthy Schools London programme and amongst high risk groups such as looked after children.

Shisha- following on from the local campaign in 2016/17, future opportunistic promotional work will be conducted in line with national campaigns.

Smoke-free premises – as a part of Barnet’s Creating Healthy Places initiative, the feasibility of implementing smoke-free premises will be scoped out in the following areas within Barnet:

- Town centres
- Plazas and squares
- Parks
- Playgrounds
- Health settings

Supporting a smoke free NHS - As part of the Tobacco Control Plan, the government has committed to fully implement NICE guidance PH45, PH48 and PH26 which require:

- implementing a fully smoke free NHS by 2020
- supporting smokers using, visiting or working in the NHS to quit
- a particular focus on stopping smoking for people using maternity, mental health and acute services

Royal free Hospital is already a smoke free premises and Barnet, Enfield and Haringey Mental Health Trust went smoke free in 2017. There is a NHS Commissioning for Quality and Innovation (CQUIN) indicator on tobacco that requires NHS providers to go beyond signposting to offer routine screening, brief advice and medication and where necessary to refer patients to community stop smoking services. We will working with trusts to review practices locally.

3.4 Supporting smokers to quit

Supporting the national and pan London tobacco work

Text prompts, email, web chat and telephone support are now available through NHS Smoke Free as well as an evidence-based app ‘One You’. We will seek to capitalise on any national stop smoking resources where these can add value to the local offer.

At a regional level, the London Smoking Cessation Transformation Programme (LSCTP) aims to improve the way Londoners access stop smoking support by providing a London-wide service offer that complements local provision. This new service includes a helpline providing a telephone counselling service and an online portal. The online portal will provide information to smokers about available support and quit methods. Barnet will support this project so that it becomes an integral part of Barnet’s approach to smoking cessation. It is envisaged that this will become the first port of call for many of Barnet’s residents seeking support as summarised in the LSCTP pathway in the appendix.

Creating a lead provider hub model in Barnet

In order to ensure equitable access, we will commission services through pharmacists and GP practices operating on behalf of localities. Services will be rationalised to tackle variation in the

quality of provision and boost volume and quit rates. We will commission services through a lead provider to simplify administration and ensure consistent quality.

These sites will be selected by taking into account local working arrangements between practices, smoking prevalence, deprivation levels, current performance levels and accessibility. Sites will be agreed between commissioner and provider with the advice of local clinical leads via the CCGs Primary Care Working Group.

A specialist advisor will offer training and support to providers and work with partners to promote collaboration in support of effective action to tackle smoking.

Delivering support for complex patients

Some patients with more complex needs will require a level 3 cessation service. This might be the case for example for pregnant women, new mothers, routine and manual workers, or those with long term conditions such as CVD, asthma, COPD or mental health conditions. We will introduce a level 3 offer with the specialist advisor working alongside providers and partners to develop a service. This could be provided by the advisor themselves or through a level 2 provider with an interest in developing their service to meet the needs of more complex patients. We will work with NHS colleagues where there is an interest in exploring invest to save opportunities for smoking related interventions amongst complex and high cost patient groups.

3.5 Group work

The cost effectiveness of smoking cessation provision depends both on clinical effectiveness (i.e. quit rates) and on efficient use of smoking cessation advisors. Group based smoking cessation presents the opportunity of extending the reach of advisors and there is evidence to suggest that quit rates are boosted in closed groups (as opposed to drop in)⁶. We intend to work with providers and partners to explore the feasibility of this mode of delivery locally.

3.6 Harm reduction

It is recognised that not all patients are successful in their quit attempts. The best estimates show e-cigarettes are 95% less harmful to your health than normal cigarettes.

The stop smoking services will be e-cigarette friendly with a positive view of supporting smokers that wish to vape. Advisors are trained to offer basic information about e-cigarettes according to the latest guidance and NCSCT principles.

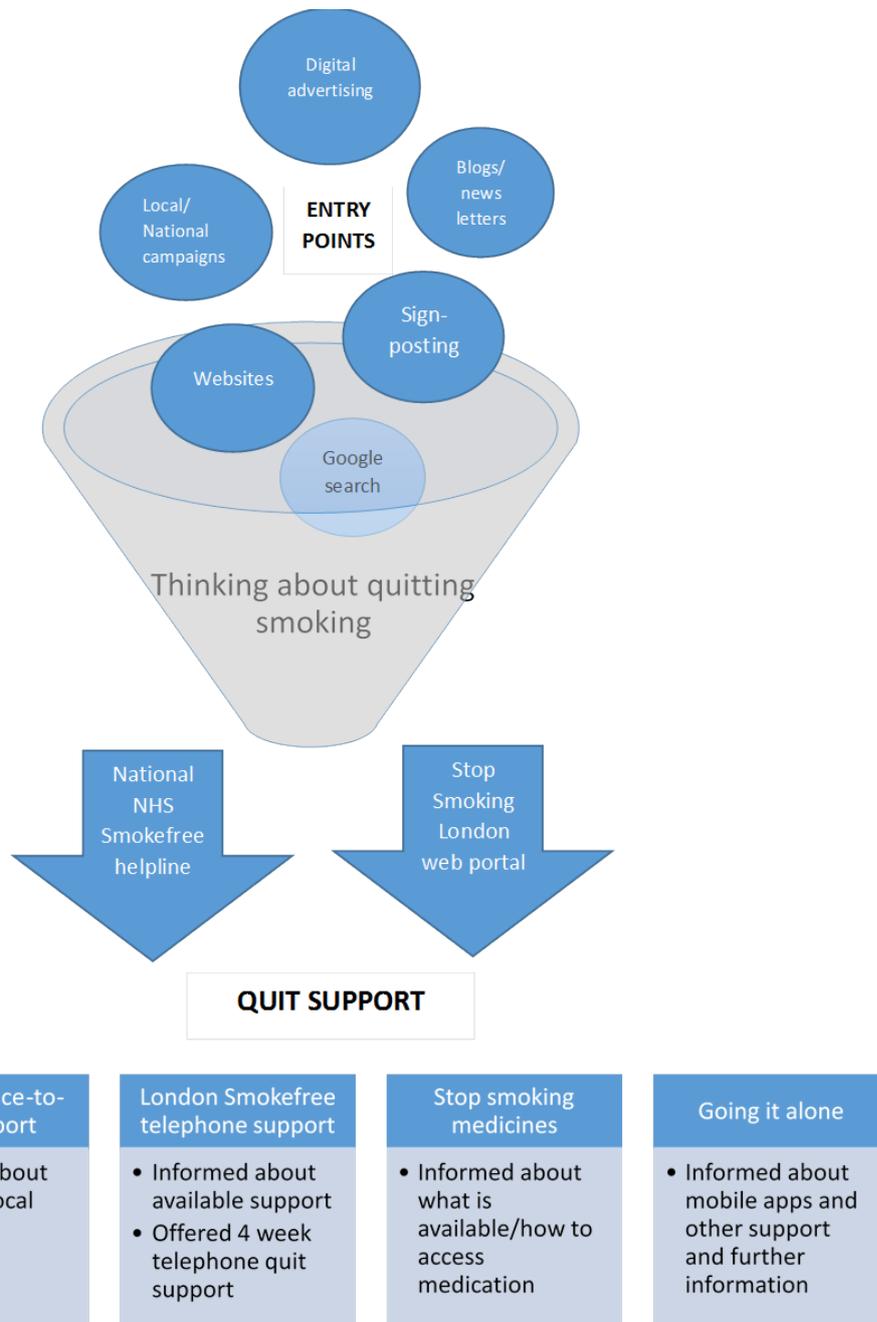
3.7 Pathway development

In order to ensure the optimal deployment of available resources we will work with providers and commissioners to develop and regularly review a local pathway for smoking cessation support.

⁶https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf

Appendix:

Ideal London Smoking Cessation Transformation Programme (LSCTP) pathway⁷



⁷ ADPH London (2017) London Smoking Cessation Transformation Programme (LSCTP) - Recommendations