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| **Report to:** | **ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE** |
| **Relevant Officers:** | Dr Arif Rajpura, Director of Public Health<br>Liz Petch, Public Health Consultant<br>Rachel Swindells, Public Health Practitioner |
| **Date of Meeting:** | 11 July 2018 |

# PUBLIC HEALTH UPDATE ON STOP SMOKING PROVISION

**1.0 Purpose of the report:**

1.1 To present an update on the stop smoking service provision in Blackpool.

**2.0 Recommendation(s):**

2.1 To comment upon progress being made, propose potential improvements and consider whether any areas would benefit from further scrutiny..

**3.0 Reasons for recommendation(s):**

3.1 To ensure constructive and robust scrutiny of the proposed model of stop smoking provision in Blackpool.

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| 3.2a | Is the recommendation contrary to a plan or strategy adopted or approved by the Council? | No |
| 3.2b | Is the recommendation in accordance with the Council's approved budget? | Yes |
| 3.3 | Other alternative options to be considered: | None |

**4.0 Council Priority:**

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

**5.0 Background information**

5.1 This report presents a summary of the process undertaken to develop a new stop smoking model for Blackpool.

5.2 A number of options for a new model of delivery and engagement have been explored as part of the full service review, including a comprehensive look at the evidence base and at good practice models of delivery across England.

5.3 The Public Health Senior Management Team, Cabinet Member for Adult Social Care and Health and Corporate Leadership Team (CLT) have been fully briefed at various milestones in the decision making process to ensure acceptability and agreement for conclusions and recommendations made to date.

5.4 In July 2017, Corporate Leadership Team were presented with the initial results of the review process with the recommendation to undertake further work on service re-design as supported by the Stop Smoking + model developed by Professor Robert West at University Central London.

5.5 The Stop Smoking + model adopts a population segmentation approach that uses three levels of support to engage smokers based upon their motivation to quit and/or their health needs:

- Self-management
- Brief support
- Targeted support for priority groups

5.6 Following further work on service re-design, a new model of stop smoking support, which includes a light touch universal element and a more proactive targeted approach to work with priority groups, was presented to and considered by the Executive Leadership on 12 March 2018. Comments were considered and amendments were taken to the Priority 2 Board on 10 April 2018.

5.7 Additional information was requested by the Priority 2 Board in April 2018 and an amended version of the model was presented back to Priority 2 Board on 6 June 2018. Agreement was given by the Priority 2 Board at this meeting to implement the new stop smoking model for Blackpool.

**6.0 List of Appendices:**

Appendix 7(a) : Public Health report on Stop Smoking Support in Blackpool
Appendix 7(b) : Framework of the different interventions and models of service delivery which have been considered for future service provision
Appendix 7(c): A summary of the new stop smoking service model for Blackpool

**7.0 Legal considerations:**

7.1 Contained within report.

**8.0 Human Resources considerations:**

8.1 Contained within report.

**9.0 Equalities considerations:**

9.1 Contained within report.

**10.0 Financial considerations:**

**10.1** Contained within report.

**11.0 Risk management considerations:**

11.1 Contained within report.

**12.0 Ethical considerations:**

12.1 None.

**13.0 Internal/External Consultation undertaken:**

Contained within report.

**Background papers:** None

**BLACKPOOL COUNCIL** **Appendix 7(a)**

**DIRECTORATE OF PUBLIC HEALTH**

# Update on stop smoking support

**Adult Social Care and Health Scrutiny Committee 11 July 2018**

## 1. INTRODUCTION

This report outlines the different options and models considered as part of the decision making for an alternative stop smoking support model for Blackpool, presenting the new model of stop smoking support. The paper also includes a summary of the service review process which stop smoking provision in Blackpool has undergone.

## 2. PROPOSED SERVICE MODEL

A summary of the new service model is detailed below and further information is outlined in Appendix 7(c). The model is structured inside three levels of support.

### Workforce training

All three levels of support will be underpinned by a programme of workforce training (in line with the National Centre for Smoking Cessation Training [NCSCT] Level 1 training programme) for health and other professionals to ensure smokers are identified across a range of settings, offered brief advice and signposted or referred according to their preferred level of support. The training will be offered to a range of professionals including;

- Primary care (GP practices)
- Pharmacy based support
- Integrated lifestyle and wellbeing services
- Neighbourhood Care Teams
- Youth provision
- Children's centres
- Secondary care setting
- Variations to existing public health contracts maypromote further opportunities to offer brief support.

It should be noted that this list is not exhaustive.

### Level 1: Self-management

Smokers will be offered clear self-management advice and information on how to quit provided in digital or written format, for example web-based information and leaflets. Smokers will also be signposted to the national web-based and telephone helpline which will provide brief advice, behavioural support and advice on Nicotine Replacement Therapy (NRT) use.

**Level 2: Universal support offer**

A universal offer will also be available to ensure individuals can equally access stop smoking support, which provides a level of service sitting between Level 1 self-management and Level 3 targeted support across Blackpool. This level of support is open to all age groups (behavioural support is available to all age groups with nicotine replacement therapy only available to aged 12 plus due to the restriction of the product licence.). Local insight work found that services 'being local' was the most important factor to people accessing support and therefore the universal support offer will be provided in the following settings;

- **Level 2 (a): A Proactive telephone support service**
  This option will enable users of a proactive telephone support service to work with smokefree advisers to create their own personal quit plan, through a series of outbound support telephone calls to help and support with their quit attempt. Users of the service would receive a maximum of ten calls over a two month period.

- **A Community pharmacy-led stop smoking service**
  This service provides one-to-one stop smoking behavioural support and NRT provision in the pharmacy setting, through a payment by results model. The service aims to support patients for up to 26 weeks following their quit date.

- **GP Practice led stop smoking service**
  This service provides stop smoking behavioural support and NRT provision to patients, through a payment by results model.

**Level 3: Priority Groups**

This level of support will target priority populations where the evidence suggests we can have the biggest impact on reducing health inequalities.

**i. Pregnant women**

This level of support is provided by a team of Maternity Health Trainers employed within Blackpool Teaching Hospitals' (BTH) Maternity Service. The service provides tailored behavioural support and direct access to Nicotine Replacement Therapy, in line with National Institute for Health and Care Excellence (NICE) guidance, for a minimum of 12 weeks.

The Maternity Health Trainers provide the women with intensive and ongoing support throughout pregnancy and beyond. This includes regularly monitoring of a woman's smoking status using carbon monoxide (CO) screening.

The service also provides an incentive scheme. The aim of this scheme is to support all pregnant women to set a quit date, achieve a CO validated 4 week quit, sustain the quit hence support throughout pregnancy and 12 weeks post-partum (post-natal or following pregnancy), through offering incentive payment at stages throughout the pregnancy.

A risk perception intervention is also delivered by the Maternity Health Trainer service. The intervention enhances the existing antenatal smoking cessation pathway by delivering an additional intervention to those women who have not engaged with stop smoking support earlier in their pregnancy. This intervention is delivered at the first trimester ultrasound appointment (pregnancy divided into three periods of three months each or three trimesters) by a maternity health trainer.

**ii. Smokers within secondary care services**

This provision will integrate targeted tobacco dependence treatment support into the acute hospital setting, adopting NICE PH48 guidelines and the Ottawa model.

It is proposed that the service will sit within the respiratory division at BTH, led and championed by an existing respiratory consultant, although the service will not be limited to respiratory patients.

A dedicated team will be recruited by BTH to provide targeted stop smoking behavioural support at the bedside as part of an overall tobacco dependence treatment plan for patients. The service will also provide outpatient clinics and telephone support to ensure continued support for a minimum of 4 weeks post-discharge.

**iii. Children and Young People**

As the evidence is limited for stop smoking support for young people, we propose within the new model for Blackpool, a pilot is undertaken to test effective ways of engaging young people who smoke and effective interventions to support cessation amongst this age group. To deliver the pilot, an in-house fixed-term 'Children and Young people stop smoking advisor' post (Grade H2 + on-costs) will be recruited in order to work with schools and other settings to test the most effective ways of engaging and supporting young people to stop smoking.

We will ensure through the pilot that links are made with our A Better Start and HeadStart partners to ensure effective stop smoking support pathways for young people. The training offer within the wider stop smoking model will ensure that all relevant partners are able to access the training that will support them in delivering brief advice and onward referral for specialist stop smoking support for the young people and families that they work with.

All support across Level 3 will follow the NCSCT Standard Treatment Programme http://www.ncsct.co.uk

All aspects of the model will be piloted on a 12-month basis with clear KPIs set in order to measure effectiveness. Estimated quit rates for each element of the service are outlined in Appendix 7(c).

## 3. BACKGROUND

In 2015 local specialist stop smoking services in Blackpool were reviewed and re-designed, in-line with good commissioning and procurement practice and the latest evidence base. After a full procurement exercise, a new specialist stop smoking service provider was commissioned in addition to a new Payment by Results (PbR) Scheme introduced to GP practices.

The ambition was to make highly accessible services for local people and to address some of the considerable local challenges and health inequalities caused by smoking.

After 18 months of the new contracts being in place, a review was undertaken in March 2017 as part of the ongoing commitment to ensure that commissioned services were; cost effective, delivered excellent outcomes and met the needs of the population of Blackpool.

The review included three elements of locally commissioned stop smoking services:

1. GP Practice led Smoking Cessation Service
2. Specialist Stop Smoking Service provided by Solutions 4Health[1]
3. NRT prescribing budget managed by Solutions4Health

The review process involved: -

- Understanding smoking related health needs and inequalities through desk top research using the Joint Strategic Needs Assessment (JSNA) and other local data, such as the Local Tobacco Control Profiles[i].
- A literature review to explore the latest evidence base and appraise alternative service delivery models.
- An overview of contractual performance data and
- Engagement with stakeholders; including commissioners and service staff providing a richer understanding of stop smoking service provision.

In addition to this work Solutions4Health, within its contract requirements, was expected to undertake community insight work to inform the delivery of an integrated smoking and nicotine addiction prevention and treatment service. The purpose of this insight work was to better understand the behaviours of people who smoke (or used to smoke) and what they want / need from a stop smoking service.

Infusion Research was commissioned to undertake this piece of work and 614 street interviews were undertaken with smokers and ex-smokers in Blackpool between July and September 2016.

[1] Solutions4Health are a national Community Interest Company (CIC) / Limited (Ltd) company providing a range of health and wellbeing services including specialist stop smoking services.

The following key issues were highlighted in relation to aspects of service delivery under review:

**GP Practice led Smoking Cessation Service**

- High variation across GP practices in terms of the number of referrals being made to the specialist stop smoking service.
- GP Practices gained £15 per referral made to the specialist service. High attrition rates and poor quality referrals (low motivation from patients) resulted in this being a costly scheme to continue.
- Very few people setting quit dates went on to achieve longer term successful outcomes (< 1% of smokers were recorded as 26 week quitters. This equated to 4 individuals recorded as having achieved a 26 week quit during the 18 month period of the contract).

  It should be noted that payments to GPs for referrals-only to the specialist stop smoking service ceased from April 2017.

**Nicotine Replacement Therapy (NRT) and other medication**

- There were difficulties with the direct supply scheme for NRT managed by Solutions4Health, mainly practical issues with managing supply and demand locally. This is likely to have contributed to the poor patient outcomes seen in the service.
- There were considerable pressures on the 2016-2017 NRT budget due to overspend of predicted budgets.

**Specialist Stop Smoking Service**

- The specialist service underperformed on a number of key performance indicators during the period of the contract, including 4-week follow up for smokers and pregnant women setting quit dates. The dropout rate of pregnant women was particularly significant.
- Costs for staffing, management and premises were prohibitive.
- The insights work undertaken by Infusion Research found that of the 614 smokers interviewed, more than half of smokers had tried to give up with 'cold turkey' (self-management) by far the most popular approach but with mixed success, Two in five people were aware of the stop smoking service in Blackpool, with understanding lowest amongst 35 to 44 year olds and residents in the south area of Blackpool.
- The current service was not meeting these needs and provided limited outreach available.

Following consideration of the commissioning review of specialist stop smoking services, NRT budget pressures, and GP provision; on 4 April 2017 the Corporate Leadership Team (CLT) made the decision to decommission the specialist stop smoking service provision including the Nicotine Replacement Therapy scheme, as the contract reached its end date. They agreed that Public Health would look to explore alternative options and models for a new stop smoking provision.

## 4. CURRENT INTERIM PROVISION

Whilst Public Health have explored new models of engagement and delivery, interim services have been implemented for the period between the Specialist Stop Smoking Services came to an end and the start of a new model of delivery. This has ensured that support remains available to the residents of Blackpool. This interim support offer includes:

**GP Practice led stop smoking service**

This service provides stop smoking behavioural support and NRT provision to patients, through a payment by results model. The service aims to support patients for up to 26 weeks following their quit date. There are only 6 practices currently providing this interim support.

To ensure equity of provision across Blackpool, Public Health have also commissioned a community pharmacy led stop smoking service, which ensures people can access stop smoking support in areas where their GP practice is not actively providing the service. Where GP practices do not provide in-house stop smoking support they can, and do, refer patients to the community-led pharmacy stop smoking support service and/or the national stop smoking helpline.

**Community Pharmacy led stop smoking service**

This service provides one-to-one stop smoking behavioural support and NRT provision in the pharmacy setting, through a payment by results model. The service aims to support patients for up to 26 weeks following their quit date. There are 30 pharmacies accredited to deliver the service and currently 17 of these pharmacies are actively delivering the service, equally spread across Blackpool.

**Smokefree National Helpline**

The NHS provides a national web-based and telephone helpline that enables people to speak to a trained expert advisor for initial brief advice. The service also provides signposting information for local support options.

A list of GP practices and pharmacies providing local support in Blackpool has been provided to the national helpline.

## 5. OPTIONS CONSIDERED FOR FUTURE SERVICE PROVISION

A number of options for a new model of stop smoking support have been explored as part of the full service review.

The framework, see Appendix 7(b), outlines the different interventions and models of service delivery which have been considered for future service provision.

The framework provides a short summary of stop smoking intervention models, along with an indication of the likely effect size and a brief recommendation related to commissioning. A rating of effectiveness is also provided for each intervention which is based on information from the Cochrane Collaboration[ii], NICE (PH10[iii] and QS43[iv]), and the NCSCT Service and Delivery Guidance[v], rating different interventions according to evidence of effectiveness.

This framework was considered at CLT on 18 July 2017 and it was agreed that the following aspects of the framework would be developed further, to shape the new proposed service model:

- Self-management
- Brief Support
- Maternity 'in-house' stop smoking service targeting pregnant smokers
- Hospital 'in-house' stop smoking service targeting patients with long term conditions
- Provision for mental health patients in order to reduce health inequalities and address parity of esteem.

These aspects adopt a population segmentation approach that uses three levels of support to engage smokers based upon their motivation to quit and/or their health needs: 1. Self-management, 2. Brief support and 3. Targeted support. This is based on The Stop Smoking + model developed by Professor Robert West from University of Central London.

## 6. SUMMARY

This paper has provided details of the past, current and future provision of stop smoking support in Blackpool. It has also highlighted the current interim service provision in place and detailed the options which have been considered in developing a new proposed stop smoking service model. The new service model has been agreed by the Executive Leadership and the ambition is to have all aspects of the service fully implemented by 1 October 2018.

## 7. RECOMMENDATION

The Committee is asked to acknowledge and support the new model for implementation over the next 1-3 months, with the ambition to have all aspects of service fully implemented by 1 October 2018.

Update prepared by:

Rachel Swindells, Public Health Practitioner 21 June 2018

**Appendix 7(b)**

This framework outlines the different interventions and models of service delivery which have been considered for future service provision.

The framework provides a short summary of stop smoking intervention models, along with an indication of the likely effect size and a brief recommendation related to commissioning. A rating of effectiveness for each intervention is also provided which is based on information from the Cochrane Collaboration, NICE (PH10iv & QS43v), and the NCSCT Service and Delivery Guidance, rating different interventions according to evidence of effectiveness.

| Intervention | Summary | Evidence of effectiveness | Expected quit rates[2] | Benefits/opportunities | Risks | Commissioning recommendation and inclusion in proposed model (Yes/No) |
|---|---|---|---|---|---|---|
| Online support | There is evidence that online information (websites) can be effective in supporting smokers to stop but none of the sites evaluated in randomised trials are available currently so websites should not be the only support offered to smokers [vi]. | The recommendation is supported by fair (reasonable) evidence, but there may be minimal inconsistency or uncertainty | Expected uptake rates for each and absolute quit rates derived from the NICE (2012) Return on Investment Tool:vii<br><br>Internet 20% uptake; 8% absolute quit rate | Websites can be a very cost-effective way of informing smokers about methods of stopping.<br><br>There may be opportunities to develop self-management tools and digital support in collaboration with local and pan Lancashire partners on shared resources. | If they are to be used as tailored support programmes it is important to understand that each website needs to be evaluated and these are not a substitute for the strongly evidence-based sources of support (behavioural support and pharmacotherapy).<br><br>Investment will be required to develop and promote resources to local people and stakeholders. | Consider as part of a suite of self-management intervention options<br><br>Yes, as part of suite of self-management options in level 1 of proposed model |
| Text messaging support | Although evidence is a bit more limited on text messaging, it is clear that it can improve quit success rates compared with nothing. Because we have less evidence it is important to use a programme that has been tested directly. | The recommendation is supported by fair (reasonable) evidence, but there may be minimal inconsistency or uncertainty | 40-80% | Smokers receiving **mobile support** (mainly text messaging) are around 1.7 times more likely to stay quit than smokers who did not receive programme. (9.3% quit with programmes compared with 5.6% quit with no programmes).[viii] | Investment will be required to develop and promote resources to local people and stakeholders. | If considering this option, commissioners should look to existing programmes that have been fully tested. It is not recommended that new local programmes are developed without evaluation.<br><br>No, evidence limited |
| Print-based self-help materials | Print based materials, such a leaflets and booklets, are important to ensure equity of provision across the | The recommendation is supported by fair (reasonable) evidence, but there may be minimal | Print-based self-help materials increase quit rates at 6 months by | Utilising resources from NHS Smokefree and placing signposting information on local websites | Investment will be required to develop and produce resources. | Consider as part of a suite of self-management intervention options |

[2] [4]Assessment of improved success rates complied by Professor Robert West based on combined evidence from peer reviewed publications and NICE Guidance.

| Intervention | Summary | Evidence of effectiveness | Expected quit rates[2] | Benefits/opportunities | Risks | Commissioning recommendation and inclusion in proposed model (Yes/No) |
|---|---|---|---|---|---|---|
| | population, particularly for those groups who do not have access to digital forms of self-help support through the internet or phone platforms. | inconsistency or uncertainty | about 20% compared to no intervention.[ix] | The Organisation for the Review of Care and Health Applications (ORCHA) carry out independent and impartial reviews of health and care related apps using a clinically and academically validated assessment framework.<br><br>There are additional opportunities around including stop smoking self-management resources in the new Directory of Services. This will include public/patient information and also resources for professionals and practitioners. | | Yes, as part of suite of self-management options in level 1 of proposed model |
| Pro-active Telephone support | Offers a level of support sitting between brief support and targeted support. This option would enable users of a proactive telephone support service to work with smokefree advisers to create their own personal quit plan, through a series of outbound support telephone calls to help and support with their quit attempt. | The recommendation is supported by good (strong) evidence of programmes however, evidence of programmes from the UK is limited. This approach is currently being piloted in London and Greater Manchester – evaluation not yet available. | 50-100% | The London and Greater Manchester pilot telephone lines have been developed and implemented across large geographical footprints and are therefore cost effective additions to stop smoking service provision.<br><br>Serco have been commissioned to provide proactive phone line services in these areas as a variation to the existing NHS Smokefree contract with PHE. Serco also maintain and moderate the PHE smokefree social media sites including national Facebook pages.<br><br>NHS Smokefree already provides text, email, webchat, on line apps and reactive telephone support. There is little value in replicating these existing resources. The addition of proactive telephone support locally could be delivered more cost effectively than traditional face to face models.<br><br>GPs and other health and social care professionals trained to provide | Lack of evidence of effectiveness currently available until London and Greater Manchester models produce evaluation. | Either wait for results of London and Great Manchester evaluation are available OR implement local pilot based on international evidence of effectiveness and pilot to test effectiveness locally.<br><br>Yes, as part of 6-month pilot in level 2b universal support of proposed model |

| Intervention | Summary | Evidence of effectiveness | Expected quit rates[2] | Benefits/opportunities | Risks | Commissioning recommendation and inclusion in proposed model (Yes/No) |
|---|---|---|---|---|---|---|
| | | | | brief advice would be able to refer to the quit line for ongoing behavourial support.<br><br>There is scope that a proactive telephone stop smoking support could be delivered on larger geographical footprint involving other local authorities and NHS Trusts. | | |
| Self-help mobile phone apps | Online app stores including iTunes and Google Play feature thousands of health and self-care apps including smoking cessation. | To date there is little published evidence on the effectiveness of mobile phone apps to support smoking quit attempts.**Error! Bookmark not defined.**x<br><br>App stores such as Google Play or i-Tunes do not offer any information on the quality or evidence base of mobile phone apps | unknown | Studies have shown that 31% of mobile phone users use apps to access health information.[xi]<br><br>NHS Digital and ORCHA independently review apps as being rooted in evidence based practice and can be downloaded through to a mobile phone or computer through platforms including i-Tunes or Google Store.<br><br>The NHS smokefree app remains free of charge to users. | There is no consistent monitoring or strict guidelines that digital developers must subscribe to when producing and marketing new mobile phone apps.<br><br>Evidence suggests that consumers are more likely to rely upon the recommendations of others when selecting health care apps rather than those that have been appraised against evidence based literature.[xii]<br><br>It should be noted that consumer ratings for the NHS Smokefree app are fairly low when compared with other apps available from online app stores. | There is limited evidence of effectiveness of for self-help resources in terms of mobile phone apps. However there is evidence that that such interventions are acceptable and cause no harms to most key groups of smokers.<br><br>Yes, but only as suite of self-management options in level 1 of proposed model |
| Primary care (GPs)-brief support only[3] | Brief support and a stop smoking medication for those who want help but are not willing to commit | There is good evidence of the effectiveness of brief support provided through general practices with around 1 in 4 smokers | 1% absolute quit rate at 52 weeks. | Smokers are provided with access to appropriate stop smoking medications, information/support and follow up to check progress. | Individual GP practices will need to sign up to provide the service, engage with relevant training and comply with monitoring data | This level of support is recommended within a structured model of tiered support services - with a focus on |

[3] The only intervention known to have an effect is physician advice. Brief opportunistic advice from other health professionals may have an effect but to date there is no good evidence for this. Nevertheless they are recommended to give such advice so as to encourage smokers to use the Stop-Smoking Services which do have proven effectiveness.**Error! Bookmark not defined.**

| Intervention | Summary | Evidence of effectiveness | Expected quit rates[2] | Benefits/opportunities | Risks | Commissioning recommendation and inclusion in proposed model (Yes/No) |
|---|---|---|---|---|---|---|
| | to a specialist course | taking up the offer of support with around 1% absolute quit rate at 52 weeks. | | Local GP practices already have skilled staff to deliver stop smoking interventions.<br><br>Scheme could be delivered through existing GP contract arrangements alongside specialist support services (this could compliment specialist support if offered as an option through primary care.) | requirements.<br><br>Over recent years the Public Health Grant has funded NRT made available to smokers through the NHS specialist stop smoking service (SSS). From October 2017 the SSS has been decommissioned. Consideration will need to be given to the additional demand and resource required for NRT prescribing within primary care or whether smokers will need to self-fund NRT products | workforce training for brief advice<br><br>Yes, as part of brief support level 2a in proposed model |
| Pharmacy based –brief support[3] | Brief support and a stop smoking medication for those who want help but are not willing to commit to a specialist course | There is limited evidence on brief interventions offered through pharmacies.<br><br>Evidence for more intense behavourial support combined with access to appropriate stop smoking medications can increase quit rates in line with specialist support | unknown | Pharmacies often first point of contact for people accessing health services, and valuable asset for referring and/or supporting smokers who want to stop.<br><br>Health Living pharmacies well placed to deliver brief advice and support.<br><br>Other advantages include:<br><br>- high footfall/high number of contacts/opportunities<br><br>- skilled staff<br><br>- NRT available to purchase on site with access to advice and information to self-manage<br><br>NRT costs passed on to customer or opportunities to offer NRT through voucher scheme but budget implications | Limited evidence on pharmacies delivering brief support | This level of support is recommended within a structured model of tiered support services - with a focus on workforce training for brief advice<br><br>Yes as part of brief support level 2a in proposed model |
| Stop smoking brief support offered through Integrated | HealthWorks are already commissioned to provide stop smoking support. The | Evidence indicates that stop smoking interventions should be | unknown | Health Works are already commissioned to provide stop smoking support. There are | Limited evidence on Integrated lifestyle services offering brief support. | This level of support is recommended within a structured model of |

| Intervention | Summary | Evidence of effectiveness | Expected quit rates[2] | Benefits/opportunities | Risks | Commissioning recommendation and inclusion in proposed model (Yes/No) |
|---|---|---|---|---|---|---|
| lifestyle/wellbeing services (for example – HealthWorks model) | existing service offers brief support and encourages smokers to self-manage their quit attempt using the app Smokefree-quit Smoking now and stop for good by David Crane. | targeted in isolation rather than multiple risk behaviour interventions. [xiii] | | opportunities to enhance the existing service offer including ensuring appropriate training for staff and extending access to evidence based interventions including groups/peer support.<br><br>Group support could strengthen the behavioural support offered to people accessing specialist support (section 3)<br><br>Existing contract KPIs could be extended through contract variation | Issues relating to quality of service and capacity within current service delivery | tiered support services - with a focus on workforce training for brief advice<br><br>Yes, as part of brief support level 2a in proposed model |
| Neighbourhood Care Teams to deliver Stop Smoking brief support to people with long term conditions. | There are opportunities for the Neighbourhood Care Team to support smokers through promoting self-management through to periods of crisis. NCT will include primary, community and secondary care services working closely with voluntary sector services with links to community assets. | No current evaluations on neighbourhood based approach to Stop Smoking Services. | unknown | Smokers could be identified through primary care GP registers and/or as patients of Blackpool Teaching Hospitals.<br><br>Existing contract KPIs could be extended through contract variation | Issues relating to quality of service and capacity of current service delivery model. | This level of support is recommended within a structured model of tiered support services - with a focus on workforce training<br><br>Yes as part of brief support level 2a in proposed model |
| Maternity 'in-house' stop smoking service based on the babyClear model[4] | This level of support offers specialist support of top quality to pregnant women. Thisprovision skills up Maternity Health Trainers, already intergrated within the maternity workforce, to deliver specialist stop smoking support to pregnant smokers, ensuring that this support remains within the | The introduction of the babyClear model can increase referrals by 2.5 times (incidence rate ratio = 2.47, 95% CI 2.16 to 2.81).<br><br>The probability of quitting by delivery can also increase by nearly two-fold (adjusted OR= 1.81, 95% CI 1.54 to 2.12). [5] | To be determined because the proposed model will enhance existing babyClear scheme implemented in Blackpool (currently being tested and evaluated). | Maternity health trainer model currently being tested utilising funding from NHS England. If model proves successful, there will be a developed team established.<br><br>Opportunities to deliver service in collaboration with pan Lancashire partners.<br><br>Direct supply of NRT possible utilising BTH existing pharmacy provision (funding to be | Pilot does not achieve outcomes.<br><br>If pilot achieves outcomes, case will need to be made to ensure continuation of funding to sustain this model within maternity services beyond pilot period (ends July 2018) and so depends on support from CCG and Trust partners | This model is currently being tested through an NSH England pilot and activity being closely monitored and evaluated.<br><br>Yes, as part of level 3 priority groups in proposed model |

4 BabyClear is a system-wide intervention to promote smoking cessation during pregnancy, developed by the Tobacco Control Collaborating Centre, part of Improving Performance in Practice. It comprises a package of measures designed to support the implementation of national guidance, including CO screening at every ante-natal contact, routine positive consent opt-out referral and risk perception intervention.

[5] The only intervention known to have an effect is delivery of the babyClear pathway by a trained midwife and referral to a community specialist stop smoking service. An alternative model is currently being tested locally where by elements of the babyClear pathway are delivered by a maternity health trainer and the maternity health trainer also holds a case load of women and delivers the specialist stop smoking support in house rather than referring out to a community stop smoking service. The delivery of support is equal to that delivered by a community stop smoking service, including face to face behavioural support and direct supply of NRT. The service also includes an incentive scheme available to all pregnant smokers.

| Intervention | Summary | Evidence of effectiveness | Expected quit rates[2] | Benefits/opportunities | Risks | Commissioning recommendation and inclusion in proposed model (Yes/No) |
|---|---|---|---|---|---|---|
| | maternity care system, as identified as an important factor by pregnant women through existing local insight work. | The addition of an incentive scheme can have the largest effect size compared with a less intensive intervention (one study; RR 3.64, 95% CI 1.84 to 7.23) and an alternative intervention (one study; RR 4.05, 95% CI 1.48 to 11.11).[6] | | determined) | NRT costs | |
| Hospital 'in-house' stop smoking service | Integrates specialist stop smoking support skills within existing knowledge and skills base of specialist healthcare workers within the inpatient hospital setting to provide specialist support at the bedside. | The delivery of hospital based smoking cessation programmes can deliver significantly lower rates of all-cause readmissions, smoking-related readmissions, and all-cause emergency department (ED) visits.[xiv]<br><br>Behavioural interventions are supported but they need to be high intensity (Rigotti et al, 2012; Carson et al; 2012) and their effectiveness is enhanced by the addition of NRT and by being continued for at least a month after discharge (Rigotti et al, 2012)7<br><br>Physician and nurse led interventions were seen to be effective with intensity providing better results (Stead et al, 2013; Rice et al, 2013).<br><br>The CURE programme in Great Manchester, based on the Ottawa model of smoking cessation, provides a good-practice | Approximately 25% of patients are likely to screen positive for smoking – and all should be offered a referral to an effective smoking cessation intervention, of which 30% are likely to accept [xvi]<br><br>This would have to be a universal, hospital whole systems approach but would want to ensure priority groups (to be determined) receive intensive support as part of their treatment plan | Introduction of Preventing ill-health by Risky Behaviours (Smoking and alcohol) CQUIN in 2018 provides ideal platform for launch of a service (would ensure footfall through service and training delivery, as CQUIN focus is on training and increasing referrals to specialist support)<br><br>Opportunities to embed service within key clinical areas – led by clinical champion<br><br>Supports Trusts smokefree policy | NRT costs<br><br>Lack of commitment from staff to CQUIN<br><br>Lack of organisational leadership | Consider as an option<br><br>Yes, as part of level 3 priority groups in proposed model |

6 There is good evidence from systematic review findings (Chamberlain 2013, Cahill 2015, Morgan 2015) on the effectiveness of financial incentives for promoting smoking cessation in pregnancy.

[7] As will be noted later the evidence for community interventions is not strong and it may be that the reliance on referral to such services does not meet the intensity of provision that is suggested as necessary by the evidence.

| Intervention | Summary | Evidence of effectiveness | Expected quit rates[2] | Benefits/opportunities | Risks | Commissioning recommendation and inclusion in proposed model (Yes/No) |
|---|---|---|---|---|---|---|
| | | example of an effective stop smoking support pathway within the hospital setting[xv] | | | | |
| Primary Care GP led specialist support | GP practices offering one to one specialist support with access to NRT | 5.6% uptake specialist support with combined NRT | Could achieve 15 % absolute quit rates. | Local GP practices already have skilled staff to deliver stop smoking interventions.<br><br>(This could compliment primary care based support if offered as an option through primary care.) | Individual GP practices will need to sign up to provide the service, engage with relevant training and comply with monitoring data requirements.<br><br>NRT prescribing policy to determine eligibility criteria and budget to be determined to support scheme | Suggest utilise GP setting for brief advice – as above. And for those practices that choose to deliver the specialist support, contracts will be offered.<br><br>Yes, as part of level 2b of proposed model |
| Mental Health Inpatient acute setting (Lancashire Care) - 'Inpatient stop smoking service and community out-reach' | Implementing a tailored tobacco dependence service in mental health trusts through the development of an integrated smoking care pathway, whilst offering flexible support for smoking cessation and reduction programmes through the use of dedicated staff to provide the service | Can result in a modest service uptake rate overall. However, in the inpatient setting, where smokers can be easily identified due to smoking status recording being mandatory, almost a quarter of all smokers are expected to engage with the service. [xvii] | unknown | Lancashire Care established Nicotine Management Policy including smokefree site<br><br>Lancashire Care already prescribe NRT to all inpatients who are identified as smokers<br><br>Opportunities to utilise peer support workers to support smoking cessation implementation[8][xviii] | Lack of commitment from staff in relation to training uptake or referring to inpatient service | Pilot service over 12 months to include full robust evaluation<br><br>Yes, as part of level 3 priority groups in proposed model |



[8] There is a key role for peer support workers (PSWs) in improving outcomes around smoking

**Appendix 7(c)**

**Summary of proposed smoking cessation model 2018**

**Contents**

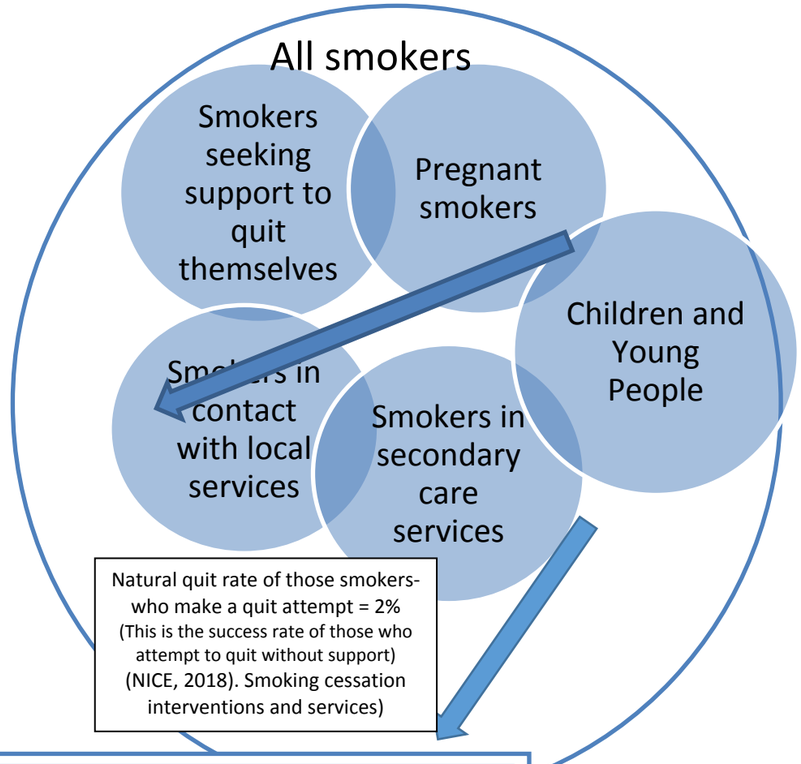
**Additional information 1**

**Smoking Cessation Model – 2018**

(See annex A for estimate assumptions relating to this model)

## Level 1 - Self-management

Self-management via existing internet, apps, national telephone line. Supported with local marketing




Natural quit rate of those smokers- who make a quit attempt = 2%
(This is the success rate of those who attempt to quit without support) (NICE, 2018). Smoking cessation interventions and services)

**Estimated 4-week quits from entire stop smoking model**

**832 quits/yr (CO verified)**

**Cost per CO verified quit = £289**

**Estimated total cost for entire stop smoking model**
(this includes training, level 1, level 2a,2b & 2c, Level 3a,3b & 3c)

= £353,614 (35% saving on previous service)

*The previous specialist stop smoking service in 16/17 achieved 554 CO verified quits*

## Training

Brief support and signposting from GPs, pharmacies, youth services, Children's Centres, hospital CQUIN, treatment services including drug and alcohol treatment

## Level 2 - Universal support

**Level 2a**: Support via pro-active telephone line. 10 sessions for 2 months. Pay per contact

Awaiting evaluation of London and Manchester pilots to be published to be able to estimate quit rates for Blackpool model

**Level 2b**: Support via pharmacies. Self-funded NRT, Behavioural support, CO verified. Payment by Results

- Estimate 624 registrations/yr
- Estimate 168 quits/yr
- Quit rate at 4 weeks = 26%
- **Cost per quit = £109**

**Level 2c**: GP led support in some practices. Self-funded NRT, Behavioural support, CO verified. Payment by Results

- Estimate 548 registrations/yr
- Estimate 244 quits/yr
- Quit rate at 4 weeks = 45%
- **Cost per quit = £83**

## Level 3 - Intense support for priority groups

**Level 3a**: Support via Maternity Health Trainers. Support through whole pregnancy, funded direct NRT supply, incentive scheme. Block payment (funded by LA & CCG)

- Estimate 372 registrations/yr
- Estimate 70 quits/yr
- Quit rate at 4 weeks = 18%
- Total cost per quit (CCG & LA) £2,227
- **Cost to LA per quit = £1,573**

**Level 3b**: Support via Stop Smoking Team in Blackpool Teaching Foundation Trust for inpatients (including follow-up as outpatients) Block payment, with BTH funding supply of NRT for inpatients and 7-day supply on discharge.

- Estimate 1,000 registrations/yr
- Estimate 350 quits/yr
- **Cost per quit = £263**

**Additional information 2**

**Table 1. The difference between the current standard offer, by intervention/setting, and the offer that will be delivered in addition to the standard offer by introducing the new model.**

| Intervention/setting | Standard offer | Additional offer by introducing new model |
|---|---|---|
| Self-management | Self-management strategies and interventions may include printed leaflets, internet based interventions and mobile phone apps amongst others. A number of existing resources are available for individuals to access for self-management;<br><br>• NHS Smoke free mobile app<br>• NHS Smoke free Text Messaging<br><br>The NHS Smokefree app has been reviewed by NHS Digital which endorses the app as being rooted in evidence based practice and can be downloaded through to a mobile phone or computer through platforms including i-Tunes or Google Store.<br><br>The Organisation for the Review of Care and Health Applications (ORCHA) carries out independent and impartial reviews of health and care-related mobile apps | Smokers seeking information on quitting from generic websites and key front line staff will be signposted to the information available within the standard approach. The new model will require the following websites and other platforms to be updated to include the self-management information on stopping smoking including:<br><br>Blackpool Council website<br>Blackpool Teaching Hospitals<br>Pharmoutcomes<br>Fylde Coast Directory of Services<br><br>Social media feeds including Facebook and Twitter will be used to promote national Stop Smoking campaigns for example Stoptober.<br><br>Leaflets will also be produced to promote and encourage the use of the self-management resources locally. |

| | | |
|---|---|---|
| | and presents the apps on a public and professionally facing digital platform[xix]. ORCHA has reviewed the following smoking app:<br><br>• *Smokefree-quit Smoking now and stop for good* by David Crane<br><br>Other apps include:<br><br>PHE OneYou-Stoptober app<br><br>Local people may also receive news and updates regarding stop smoking campaigns on social media feeds including Twitter and Facebook. | |
| Training | The National Centre for Smoking Cessation Training provides an online 'very brief advice' e-learning module which health professionals can access.<br><br>PHE have produced a free online e-learning programme to support healthcare professionals to embed screening and brief advice about alcohol and smoking into their routine practice. It focuses on two brief interventions that are recommended by NICE and incentivised through the 2017/2019 CQUIN scheme: | The new model provides an offer of face-to-face training to supplement the existing online training offer under the standard approach. |

| | | |
|---|---|---|
| | 1. Very Brief Advice on Smoking, and<br>2. Alcohol Brief Advice | |
| Proactive telephone support | NHS Smokefree is a free reactive national telephone helpline. Smokers can phone the helpline and speak to trained advisers for information and support on stopping smoking. However it should be noted that the helpline only provides reactive support to callers with no follow up service. | The proactive telephone support approach is currently being piloted in London and Manchester. Existing telephone advisers are trained to deliver enhanced stop smoking support. This option would enable users to work with smokefree advisers to create their own personal quit plan, through a series of outbound support telephone calls to help and support with their quit attempt. Users of the service would receive a maximum of 10 calls over a 2 month period.<br><br>A bespoke telephone number would be created and eligible people calling the generic Smokefree phone number (within the standard offer) are directed to the enhanced service.<br><br>There is evidence that proactive quit lines are effective for stopping smoking and can be delivered to a large population of smokers.<br><br>GPs and other health and social care professionals trained to provide brief advice would be able to refer to the quit line for ongoing behavioural support. Expert advisers are able to signpost to local pharmacies for (self-funded) NRT. |
| Community pharmacy | As part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract') pharmacies are required to participate in up to six public health campaigns at the request of NHS England. This involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are | **(Level 2b)**<br>The Community Pharmacy Led Smoking Cessation Service is expected to deliver the following activity beyond the standard approach, following the NCSCT Standard Treatment Programme http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf<br><br>• Structured individual Face to face consultations<br>• Telephone counselling |

<table>
<tr>
<td></td>
<td>required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.<br><br>Under the contract community pharmacies are expected to help people who ask for assistance by directing them to the most appropriate source of help (for example stop smoking support services).</td>
<td>
<ul>
<li>Prompt and accurate client data input to Pharmoutcomes database and submission to commissioner</li>
<li>Provide advice on all NICE approved stop smoking medicines as first line treatment (selling NRT over the counter and request other medications i.e. Varenicline, where appropriate, via the client's GP)</li>
<li>As a minimum, clients are to receive face-to-face appointments at the following points during their quit journey;<br>- pre-quit assessment<br>- on the quit date<br>- one per week for 4 weeks following the quit date<br>- at 12 weeks following quit date<br>- at 26 weeks following quit date<br>Carbon monoxide breath tests should be taken at each visit</li>
</ul>
The payment breakdown is as follows:
<table>
<tr><th>Activity</th><th>Value (£)</th><th>Measure</th></tr>
<tr><td>Patient sets a quit date*</td><td>20.00</td><td>Date set recorded</td></tr>
<tr><td>Patient achieves 4 week quit</td><td>35.00</td><td>CO Validated and recorded on database within set timescales</td></tr>
<tr><td>Patient achieves 12 week quit</td><td>50.00</td><td>CO Validated and recorded on database within set timescales</td></tr>
<tr><td>Patient achieves 26 week quit</td><td>50.00</td><td>CO Validated and recorded on database within set timescales</td></tr>
</table>
Total potential value = £155 per patient through service.<br>*setting the quit date forms part of the pre-quit assessment (1 or 2
</td>
</tr>
</table>

| | | |
|---|---|---|
| | | weeks prior to the actual quit date). This appointment can last up to 30 minutes and must include the following components to comply with the NCSCT Standard Treatment Programme;<br>- assessment of the clients current readiness and ability to quit<br>- information about the treatment programme<br>- assessment of smoking history<br>- assessment of past quit attempts<br>- explanation of how tobacco dependence develops and assessment of nicotine dependence<br>- carbon monoxide screen<br>- discussion about withdrawal symptoms and stop smoking medications<br>- setting the quit date, discussion regarding preparations and summary of session |
| General Practice | NICE Public Health guidance (ng92), 2018, recommends that asking about smoking status, giving advice and referring to specialist stop smoking support should be part of routine care. Where patients are not ready to quit, they should be provided with more information on the benefits of quitting and health professionals should use each contact to find out if they are ready to take up the offer for support.<br><br>The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice | **(Level 2c)**<br>The GP Practice Led Smoking Cessation Service is expected to deliver the following activity beyond the standard approach, following the NCSCT Standard Treatment Programme<br>http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf<br><br>• Structured individual Face to face consultations<br>• Telephone counselling<br>• Prompt and accurate client data input to Outcomes 4 Health database and submission to commissioner<br>• Prescribe all NICE approved stop smoking medicines as first line treatment<br>• As a minimum, clients are to receive face-to-face appointments at the following points during their quit journey;<br>- pre-quit assessment |

achievement results. It rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.xx Under the QOF framework there are a number of indicators relating to smoking:

| Indicator |
|---|
| SMOK002. 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 12 months. |
| SMOK003. The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy |
| SMOK004. The percentage of patients aged 15 or over who are recorded as current smokers who have a record of |

- on the quit date
- one per week for 4 weeks following the quit date
- at 12 weeks following quit date
- at 26 weeks following quit date

Carbon monoxide breath tests should be taken at each visit

The payment breakdown is as follows:

| Activity | Value (£) | Measure |
|---|---|---|
| Patient sets a quit date* | 20.00 | Date set recorded |
| Patient achieves 4 week quit | 35.00 | CO Validated and recorded on database within set timescales |
| Patient achieves 12 week quit | 50.00 | CO Validated and recorded on database within set timescales |
| Patient achieves 26 week quit | 50.00 | CO Validated and recorded on database within set timescales |

Total potential value = £155 per patient through service.

*setting the quit date forms part of the pre-quit assessment (1 or 2 weeks prior to the actual quit date). This appointment can last up to 30 minutes and must include the following components to comply with the NCSCT Standard Treatment Programme;

- assessment of the clients current readiness and ability to quit
- information about the treatment programme
- assessment of smoking history
- assessment of past quit attempts
- explanation of how tobacco dependence develops and assessment of nicotine dependence

| | | |
|---|---|---|
| | an offer of support and treatment within the preceding 24 months<br><br>SMOK005. 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 who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months. | - carbon monoxide screen<br>- discussion about withdrawal symptoms and stop smoking medications<br>- setting the quit date, discussion regarding preparations and summary of session |
| Maternity services (BTH) | NICE guidance 'Smoking: stopping in pregnancy and after childbirth (PH26)' recommends as standard practice, and within the Saving Babies' Lives Care Bundle[xxi], that all pregnant women are Carbon Monoxide (CO) screened and those with elevated CO levels referred via an opt-out system for specialist support. Blackpool Teaching Hospitals NHS Foundation Trust (BTH) Maternity Service implement these recommendations through an established opt-out smoking cessation pathway, ensuring that all women are CO screened at booking appointment | **(Level 3a)**<br>This level of support is provided by a team of Maternity Health Trainers (MHTs) employed within BTH Maternity Service. The service provides tailored behavioural support and direct access to Nicotine Replacement Therapy, in line with NICE guidance, for a minimum of 12 weeks.<br><br>The MHTs provide the woman with intensive and ongoing support throughout pregnancy and beyond. This includes regularly monitoring her smoking status using CO screening.<br><br>The service also provides an incentive scheme. The aim of this scheme is to support all pregnant women to set a quit date, achieve a CO validated 4 week quit, sustain the quit hence support throughout pregnancy and 12 weeks post-partum, through offering an incentive payment at stages throughout the pregnancy. |

| | | |
|---|---|---|
| | and at 36 weeks in their pregnancy by a midwife. | A risk perception intervention is also delivered by the MHT service. The intervention enhances the existing antenatal smoking cessation pathway by delivering an additional intervention to those women who have not engaged with stop smoking support earlier in their pregnancy. This intervention is delivered at the first trimester ultrasound appointment by a maternity health trainer. |
| Secondary care services (BTH) | The NHS commissioning for quality and innovation (CQUIN) scheme delivers clinical quality improvements and drives transformational change. There are 13 national indicators in the 2017 to 2019 CQUIN scheme, including the Preventing ill health by risky behaviours from alcohol and tobacco CQUIN indicator.<br><br>To achieve this CQUIN Trusts will be expected to;<br><br>1. Establish information systems that enable alcohol and smoking interventions to be recorded.<br>2. Train relevant staff to confidently deliver alcohol identification and brief advice and tobacco very brief advice.<br>3. Establish a baseline level of performance against core parts of this CQUIN | **(Level 3b)**<br>This provision will integrate targeted tobacco dependence treatment support into the acute hospital setting, adopting NICE PH48 guidelines and the Ottawa model. It is proposed that the service will sit within the respiratory division at Blackpool Teaching Hospitals NHS Foundation Trust led and championed by an existing Respiratory consultant. Although the service will not be limited to respiratory patients. A dedicated team will be recruited by Blackpool Teaching Hospitals to provide targeted stop smoking behavioural support at the bedside as part of an overall tobacco dependence treatment plan for patients. The service will also provide outpatient clinics (within Blackpool Victoria Hospital outpatients department and within community venues) and telephone support to ensure continued support for a minimum of 4 weeks post-discharge. The support provided will follow the NCSCT Standard Treatment Programme;<br>http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf |

| | | |
|---|---|---|
| | The core parts to this CQUIN indicator, to be delivered as routine practice are:<br><br>1. Tobacco screening, which involves asking and recording patients' smoking status.<br>2. Tobacco brief advice, which involves advising patients who smoke on the best way to quit.<br>3. Tobacco referral and medication offer, which involves offering patients who smoke stop smoking medication and referring them to an evidence-based stop smoking intervention.<br>4. Alcohol screening, which involves asking and recording patients' level of alcohol consumption.<br>5. Alcohol brief advice or referral, which involves advising patients, who are consuming alcohol at increasing and higher risk levels, on the benefits of cutting down and referring patients who are potentially alcohol dependent to further support.<br><br>All of these activities are directly linked to CQUIN payments for Trusts. | |

**Additional information 3**

**The information below describes in further detail;**

- **the estimated number of people expected to quit if no service existed**
- **the estimated number of smokers who are expected to stay quit after 12 months and the additional life years gained, following support from the new stop smoking service**

2% of people that attempt to give up smoking without any support remain non-smokers after 12 months[xxii].

- Of the 2,544 people who are expected to register for stop smoking support every year in the new model, 50 (2%) would still have quit if the service didn't exist.

It is estimated that approximately 65% of people who do not smoke 4 weeks after a stop smoking intervention remain non-smokers after 12 months[xxiii]. Once people have not smoked for 12 months the rate of relapse is negligible.

- This stop smoking service model is expected to achieve approximately 832 CO verified 4 week quits, therefore 540 (65%) will still not smoke after 12 months.
- After accounting for the 50 who would have quit anyway, 490 will still have stopped after 12 months because of the service.

On average people using the Blackpool stop smoking service in 2016/17 were aged in their late 40s. The World Health Organisations states that, for those who quit smoking at about the age of 50, they can on average gain 6 years of addition life[xxiv].

- If we use this figure of 6 years of life gained as a measure of the health benefit that this cohort of 490 people might expect to receive from stopping smoking via the new service model, we can estimate over these people's lifetimes they will gain 2,940 extra years of life. In the long term this will have a positive impact on Blackpool's mortality rate and overall life expectancy.

Based on NICE guidelines the NHS will pay £20,000 - £30,000 for treatment for each additional year of life gained in good health. Although not all of the estimated 2,940 extra years of life gained will be in good health (also NICE apply a 3.5% annual discounting rate), it is clear that following NICE guidelines the NHS would be willing to provide several million pounds of funding to achieve the kind of health benefits from medical treatments that the new stop smoking service model is expected to achieve.

This model's overall purpose is to achieve cost-effective health gains for the Blackpool population rather than cost-savings for the council.

**Annex A**

**Estimate assumptions**

The model estimates are based on evidence reviews and data from previous models implemented in Blackpool, including the Specialist stop smoking service, hospital in-house stop smoking service, pharmacy and GP pilot and maternity health trainer pilot.

**Level 1**

It is difficult to estimate the impact of Level 1 within the model but, where we can pull data from this level of support we will monitor performance. The amount costed to this element is to develop ensure self-management options are promoted through local marketing.

**Level 2a** Support via pro-active telephone line. 10 sessions for 2 months. Pay per contact

We are awaiting the evaluation of the London and Manchester pilots to be published before we can estimate quit rates for Blackpool.

**Level 2b** Support via pharmacies. Self-funded NRT, Behavioural support, CO verified. Payment by Results

Our assumption for registrations and quit rate is based on data from the pilot period between 1st January-31st March 2018.

In this period there were 17 community pharmacies actively delivering the service.

**In this period there were;**

156 registrations

42 x 4-week quits (co verified)

26 % quit rate

**We estimate over a 12 month period, based on the pilot, there will be;**

Approximately 624 registrations/yr

Approximately 168 quits/yr

**Level 2c** GP led support in some practices. Self-funded NRT, Behavioural support, CO verified. Payment by Results

Our assumption for registrations and quit rate is based on data from the pilot period between 1st January-31st March 2018,

In this period there were 5 GP practices actively delivering the service.

**In this period there were;**

137 registrations

61 x 4-week quits (co verified)

45% quit rate

**We estimate over a 12 month period, based on the same 5 GP practices actively delivering the service, there will be;**

Approximately 548 registrations/yr

Approximately 244quits/yr

**Level 3a:** Support via Maternity Health Trainers. Support through whole pregnancy, funded direct NRT supply, incentive scheme. Block payment

Our assumption for registrations and quit rate is based on data from the pilot period between 1st November 2017- 28th February 2018.

**In this period there were;**

124 registrations

23 x 4-week quits (co verified)

18.5 % quit rate

**We estimate over a 12 month period, based on the pilot, there will be;**

Approximately 372 registrations/yr

Approximately 70 quits/yr

**Level 3b:** Support via Stop Smoking Team in Blackpool Teaching Foundation Trust for inpatients (including follow-up as outpatients). Block payment

Our assumptions for registrations and quit rates are based on the NICE (2016) Preventing ill health: CQUIN Supplementary guidance;

- Estimated number of admissions (excluding maternity and day cases) = 54,000/yr
- Expect 90% screened for smoking (based on CQUIN target) = 48,690/yr
- Expect 25% of those screened to be a smoker = 12,000/yr
- Expect 30% of those smokers to accept support = 3,500/yr
- Expect 35% quit rate at 6 months = 1,100
- However, realistically based on capacity of the proposed service, the number of registrations is more likely to be in the region of 1000 patients registering for support, achieving 350 quits per year.

**Additional information:**

- This reasonable level of service could be achieved with the reduction in funding but is very reliant in particular on BTH to achieve the figures estimated for the inpatient stop smoking support – this is a potential risk in the model. The new CQUIN should support the high level of activity here. Additionally, the previous inpatient service did achieve 250 patients/month through which equates to the same estimates presented in the model based on the evidence base.
- It is difficult to estimate the impact of Level 1 within the model but, where we can pull data from this level of support we will monitor performance.
- The training element of the model is in relation to training the workforce and so estimates have been made on numbers of workforce to be trained – it is not relevant here to include quit numbers. It is estimated that at-least 500 staff will be trained through the new model.
- Level 3a, support for pregnant women who smoke, proposes a higher cost per quit rate than all other elements within the model. This is due to the inclusion of direct supply of nicotine replacement therapy and an incentive scheme. There is good evidence from systematic review

findings[xxv] [xxvi] [xxvii] on the effectiveness of financial incentives for promoting smoking cessation in pregnancy. Financial incentive schemes were found to be the most promising additional intervention when compared with counselling, feedback, health education and peer support, improve cessation rates, both in pregnancy and postpartum, and be effective when issued based on biochemically validated smoking cessation in pregnancy and until three months postpartum. Furthermore, 'if reward for cessation was effective it would be acceptable to the public and professionals'. NICE guidance[xxviii] states that ideally, pregnant or breastfeeding women should stop smoking without using licensed nicotine-containing products, but if this is not possible, these products may be used. As this group is such a priority it is deemed essential that the direct supply of NRT and an incentive scheme is included within this element of the model.

**Glossary of Terms**

| | | |
|---|---|---|
| ORCHA | Organisation for the Review of Care and Health Applications | |
| BTH | Blackpool Teaching Hospitals Foundation Trust | Local hospital provider |
| CCG | Clinical Commissioning Group | The local funder of NHS care |
| CHD | Coronary heart disease | |
| CKD | Chronic kidney disease | |
| CO verified | Carbon monoxide verified | Method to test whether an individual has remained smoke free |
| COPD | Chronic obstructive pulmonary disease | |
| CQUIN | Commissioning for Quality and Innovation | Scheme to incentivise best healthcare practice |
| LA | Local Authority | Blackpool Council |
| MHT | Maternity health trainers | Provide intensive support throughout pregnancy and beyond |
| NCSCT | National Centre for Smoking Cessation Training | Supports tobacco control and smoking cessation interventions |

| | | |
|---|---|---|
| NICE | The National Institute for Health and Care Excellence | Provides national guidance to improve health and social care |
| NRT | Nicotine replacement therapy | Reduces withdrawal effects which may occur when stopping smoking |
| PAD | Peripheral arterial disease | |
| PHE | Public Health England | Provides evidence-based professional, scientific expertise |
| QOF | Quality and Outcomes Framework | A reward and incentive programme for all GP surgeries |

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[i] Public Health England (2017). Local Tobacco Control Profiles. https://fingertips.phe.org.uk/profile/tobacco-control

ii Cochrane Tobacco Addiction Group - http://tobacco.cochrane.org/evidence

iii NICE Public Health Guidance: Supporting smokers to stop - https://www.nice.org.uk/guidance/ph10

iv NICE Quality Standard: Smoking: Supporting smokers to stop - https://www.nice.org.uk/guidance/qs43

v NCSCT Service and Delivery Guidance - http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf

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[xii] Haskins,et al A systematic review of smartphone applications for smoking cessation

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