Report to:	**ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Liz Petch, Consultant in Public Health
Date of Meeting:	6 February, 2020

SMOKING CESSATION EVALUATION

1.0 Purpose of the report:

1.1 To present an update on the pilot Stop Smoking model for Blackpool and developments in line with the changing landscape.

2.0 Recommendation(s):

2.1 The Committee to note the evaluation of the pilot universal stop smoking offer in Blackpool and the impact of this model, the current inequities across the Fylde Coast, and proposed developments to achieve the Council Priority.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny and discussion of the model of stop smoking provision in Blackpool and proposed developments as a result of the evaluation process.

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 In October 2018, a pilot new stop smoking model for Blackpool was commissioned offering three levels of support; self-management, universal community offer and

support for priority groups, such as pregnant mums and hospital inpatients. The current community universal provision of support is through GP and pharmacy led services. Blackpool Teaching Hospitals NHS Foundation Trust (BTH) provides maternity and in-patients services.

5.2 Due to a reduction in the budget, a decision was taken to no longer fund Nicotine Replacement Therapy (NRT) in the universal stop smoking service offer. Blackpool CCG also made the decision to discontinue the prescribing of NRT and move to a self-funded model, taking NRT off the formulary. Therefore, all Blackpool residents wishing to quit smoking were required to self-fund their NRT or be eligible for prescription of other relevant drugs. Current exceptions to this is for pregnant women who are provided with access to free NRT via Maternity Services, and patients who are admitted to hospital who are provided with free NRT whilst they are in hospital (in line with the hospitals Smokefree Policy).

5.3 Recent data for Blackpool universal community services show that only few GP and Pharmacy providers are supporting residents and that the uptake of support and 4-week quit rates are extremely low. Of the 43 primary care and community pharmacist settings contracted to deliver stop smoking support, only three primary care settings and two community pharmacies had recorded more than 5 interventions between 1st October 2018 and 31 July 2019.

5.4 A rapid evaluation of the pilot universal community services offer in Blackpool was completed in September 2019, when it was ascertained that providers perceived that the low uptake of support was as a consequence of self-funded NRT. However, as can be seen from Table 1, there has been a steady decline in Blackpool quit rates since 2016/17 when a specialist smoking cessation service was in place. This data suggests that changes to the service model have influenced these trends.

Table 1. Number and rate (per 100,000 smokers) of four week quit dates for Blackpool residents (2013/14-2018/19)

Period	Blackpool					North West region	England
		Count	Value	Lower CI	Upper CI		
2013/14		1,350	4,308	3,876	4,792	2,328	3,743
2014/15		1,064	3,430	3,060	3,846	2,968	2,900
2015/16		686	2,365	2,088	2,675	3,953	2,598
2016/17		842	3,264	2,895	3,701	2,148	2,245
2017/18		290	1,138	972	1,323	2,284	2,070
2018/19		142	593	483	712	2,027	1,863

*This pilot model includes maternity, in-patient targeted services that are not included in this evaluation.

5.5 The evaluation showed that the GP/Pharmacy universal model, with multiple providers, was difficult to manage. Despite GP and pharmacy services signing up to deliver the service, the level of commitment by a number of sites was poor.

Essentially, this was not a costly service as this is a 'payment by results' model with low uptake. However, there is a concern for the high number of smokers who need help to quit, who are falling through the gap.

6.0 Picture of Tobacco Smoking in Blackpool

6.1 Tobacco smoking remains the single greatest cause of preventable illness and premature death in England with smoking attributable mortality in Blackpool being 459.9 (per 100,000 population) compared to a national average of 262.3. One in two smokers die prematurely attributable to smoking. There is an overwhelming evidence base of associations between smoking and individual disease with smoking being the largest single cause of inequalities in health. It accounts for around half of the difference in life expectancy between the lower and highest income group and smoking prevalence in Blackpool is 21.1%, 47% higher than the national average of 14.4%.

6.2 Smoking during pregnancy increases the risk of premature birth, low birth weight, birth defects and the development of respiratory problems. Blackpool has the highest rate of pregnant women smoking in England, 26% compared to 10.8% nationally.

6.3 These statistics show that smoking is an important risk factor that negatively affects the health of Blackpool residents. Maintaining a focus on reducing the prevalence of smoking in the local population should be a priority. Evidence shows that Stop Smoking Services with associated products such as Nicotine Replacement Therapy (NRT) and prescription pharmacotherapy (Champix) can increase the likelihood of smokers quitting by four times.

7.0 Smoking Cessation challenges and opportunities

7.1 With the changing landscape for stop smoking services and tobacco control, Blackpool has seen a decline in the number of smokers who are quitting despite being a high smoking prevalence area. The Blackpool quit rate is now significantly lower than the national average.

7.2 Prevention requires us to shape our services around the people who use them; ensuring they are both equitable and accessible. The NHS Long Term Plan includes a stronger role for the NHS in commissioning some of the services currently led by the local authority. This offers an ideal opportunity to work alongside each other to maximise a positive impact on tackling smoking:

- The NHS has committed to embedding the Ottawa Model for smoking cessation. This means everyone admitted to hospital who smokes will be offered help and support to quit;
- This offer will be adapted for expectant mothers and their partners.[1]

[1] NHS Long Term Plan 2019 https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

Discussions are currently underway with Commissioners at the CCG to ensure that there is a co-design approach to their work on implementing the ambitions within the NHS Long Term Plan. It is hoped that this approach will facilitate Blackpool Council Public Health to re-invest into community services and so provide a dedicated specialist stop smoking service.

7.3 Proposal for Fylde Coast Partnership (NHS and Local Government)

7.3.1 Maternity Stop Smoking Support

This proposal is to provide pregnant women with an equitable stop smoking service across the Fylde Coast through Maternity at BTH. The current disparity in services for residents across the Fylde Coast, are as follows:

- The Maternity Stop Smoking service, currently commissioned by Blackpool Council Public Health, is available to pregnant women who are residents of Blackpool. The support is built into the Maternity service at BTH with an established opt-out smoking cessation pathway.
- Fylde and Wyre mums-to-be are signposted/referred to the dedicated stop smoking service in the community, Quit Squad.

The CCG would pick up the cost of the delivery of a Midwifery Health Trainer service across the Fylde Coast, ensuring that all mums-to-be (and partners) receive the same level of support.

7.3.2 Inpatient Stop Smoking Support

This proposal is to provide an equitable stop smoking service across the Fylde Coast for patients during their hospital stay at BTH, continuing post discharge. The current disparity in services for residents across the Fylde Coast, are as follows:

- NRT is accessible to all patients during their hospital stay. Stop smoking support at the bedside is only available to Blackpool residents.
- Fylde and Wyre patients are referred to Quit Squad on discharge. Free NRT is available from this service for these residents.
- Blackpool patients are referred to current community offer of support through GP and Pharmacy led services. They provide advice/information and behavioural support only (no access to NRT unless this is self -funded). There has been very low uptake of this service.

Under the proposal, the CCG would pick up the cost of the inpatient service across the Fylde Coast, ensuring that all patients who smoke receive the same level of support.

7.3.3 **Universal Stop Smoking Support**

A Blackpool Fylde and Wyre CCG and Blackpool Council Public Health partnership approach to smoking cessation support across the ICP footprint, would allow the council to fund a more comprehensive universal offer that will support people to quit and reduce local smoking prevalence. The agreed approach is to offer a fully evidence based service with access to free NRT and behavioural support via a dedicated specialist stop smoking service in the community.

As Primary Care Networks (PCNs) form a key building block of the NHS long-term plan, provision of community specialist stop smoking support within neighbourhoods would be the preferred approach. This would also provide a more equitable service across the Fylde Coast, as Fylde and Wyre residents currently receive a fully dedicated service in the community, whereas Blackpool residents do not.

This partnership with shared management and finance responsibility will provide an opportunity to support an equitable, evidence based service across the Fylde Coast with seamless pathways. This approach will improve local services, reduce the current 'postcode lottery' across the Fylde Coast and create better short, medium and long-term outcomes for Blackpool residents.

Under the proposal, Blackpool Council Public Health would pick up the cost of the universal community based specialist stop smoking service for residents. Lancashire County Council would continue to fund a service for Fylde and Wyre residents.

7.3.4 **Young People Support**

The evidence is limited for stop smoking support for young people and this pilot was undertaken to test effective ways of engaging young people who smoke; including effective interventions to support cessation amongst this age group.

Recommendations from this pilot included:

- Provide education in schools and colleges on the impact of smoking through the PSHE programme which is mandatory from September 2020
- Ensure that schools are able to access resources through the PSHE forum
- Work with schools and colleges to offer delivery of very brief advice training to support staff to give opportunistic advice and information to young people who smoke
- Undertake further work with employers to target the 18-25 age range.
- Ensure young people friendly support from the universal community specialist stop smoking service offer.

7.3.5 **Self-management**

The provision of a proactive telephone support for smokers attempting to quit which commenced 1 October 2018 (as part of the pilot model) offered callers from the Blackpool area the opportunity to take up an enhanced stop smoking telephone support service from the national helpline.

However Blackpool residents have chosen not to take up this service with those contacting the helpline mainly seeking NRT. Communication issues were recognised as a barrier to this offer and the ability to hold lengthy conversations. This was sometimes exacerbated by language barriers or hearing impairments, not conducive to phone support.

Despite the ineffectiveness of the telephone support service, supporting self-management will remain a key component in the proposed Fylde Coast stop smoking support offer, with evidence based self-care support materials including digital resources e.g. websites and apps with advice on stopping smoking and use of NRT. In October 2019, Blackpool launched 'My Quit Route'. This is an evidence-based digital solution available via the browser on all devices, with the mobile app available on Android and IOS devices, enabling people to access support 24/7.

Working in partnership across the Fylde Coast will provide opportunities to develop self-management tools and digital support in collaboration with local and pan Lancashire partners on shared resources.

Does the information submitted include any exempt information? No

List of Appendices:
Appendix 6(a): Stop Smoking Universal Service Rapid Evaluation.

8.0 Legal considerations:

8.1 None

9.0 Human Resources considerations:

9.1 None

10.0 Equalities considerations:

10.1 Smoking has a significant impact on health inequalities in the town and reducing these inequalities is a fundamental part of delivering a Stop Smoking Service.

11.0 Financial considerations:

11.1 If the proposed model is agreed, the CCG will take financial responsibility for funding healthcare based stop smoking services (in-patient and maternity) as recommended by the NHS Long Term Plan. They will also reinstate NRT as an option for prescribing on the formulary. This will allow Blackpool Council to re-invest funding in an effective specialist smoking cessation model in the community. Importantly, this would provide a robust smoking cessation pathway across the Fylde Coast and bring the level of support on an equal footing.

12.0 Risk management considerations:

12.1 There is currently an inequitable offer of support to smokers across the Fylde Coast and the council has already received complaints from Blackpool smokers attempting to access free NRT and support in the community.

13.0 Ethical considerations:

13.1 None

14.0 Internal/External Consultation undertaken:

14.1 The evaluation of the current universal offer of stop smoking support in the community involved stakeholder engagement.

In discussions with the CCG and LCC re: proposal for an accessible and equitable offer of stop smoking support across the Fylde Coast.

15.0 Background papers:

15.1 NHS Long Term Plan 2019 https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

15.2 NICE Guidance Stop Smoking Interventions and Services (March 2018) https://www.nice.org.uk/guidance/ng92

Appendix 6(a)

Stop Smoking Universal Service Rapid Evaluation.

Executive Summary.

A new stop smoking service model has been piloted in Blackpool since October 2018, consisting of a universal community service providing support from primary care and community pharmacy settings; plus targeted services for in-patients, pregnant mums and young people.

A rapid evaluation of the universal community offer has shown that the service is not effective. Although there are 43 primary care and community pharmacy settings contracted to deliver the stop smoking support, only 3 primary care settings and 2 community pharmacies have recorded more than 5 interventions with Blackpool residents between 1st October 2018 and 31st July 2019. This does not represent comprehensive or equitable service provision across the locality.

The pilot service is paid based on a Payment by Results model. The total investment allocated to the stop smoking universal service provided by GP and Pharmacy Led Stop Smoking Services is £38,660. The total paid is £8,670 (1st October 2018 – 30th June 2018), reflecting the poor uptake and effectiveness of the service.

The main measure of effectiveness for stop smoking services is the four week quit rate. Table 1 shows that the number of quits and the rate per 100,000 smokers have reduced substantially between 2013/14 and 2018/9. A brief history of the service provision is included in Table 1 and it can be inferred that these changes in service delivery have impacted to quit rates. Since 2013/14, the quit rate has reduced by 89% with larger annual reductions coinciding with changes to service delivery during 2015/16 and 2017/18-2018/19. The Blackpool is quit rate is now significantly lower than the national average.

Table 1. Number and rate (per 100,000 smokers) of four week quit dates for Blackpool residents (2013/14-2018/19)

Period	Blackpool					North West region	England	Service provision (type and provider)
		Count	Value	Lower CI	Upper CI			
2013/14	🟢	1,350	4,308	3,876	4,792	2,328	3,743	Specialist service provided by Blackpool Teaching Hospitals NHS Trust
2014/15	🟢	1,064	3,430	3,060	3,846	2,968	2,900	
2015/16	🟡	686	2,365	2,088	2,675	3,953	2,598	October 2015 – Specialist service delivered by Solutions4Health
2016/17	🟢	842	3,264	2,895	3,701	2,148	2,245	
2017/18	🔴	290	1,138	972	1,323	2,284	2,070	October 2017 – specialist service decommissioned and interim service provided by primary care and pharmacy settings implemented included funded NRT
2018/19	🔴	142	593	483	712	2,027	1,863	October 2018 – Pilot model implemented in primary care and pharmacy settings with self-funded NRT*

*This pilot model includes maternity, in-patient and young people targeted services that are not included in this evaluation.

Performance targets have been established for the pilot community service. The targets for primary care settings are set at 548 registrations with 244 quits per year. The actual number of registrations from 1st October 2018 – 30th June 2019 (covering 3 quarters) is 283 registrations with a total of 32 quits achieved at 4 weeks (69% of the target for registrations and 17% of the quit target achieved in Q1-Q3 of the service).

Targets for community pharmacies are 624 registrations and 168 quits. The actual number of registrations from 1st October 2018 – 30th June 2019 (covering 3 quarters) is 108 registrations with a total of 21 quits achieved at 4 weeks. (23% of the target for registrations and 17% of the quit target achieved in Q1-Q3 of the service).

Qualitative feedback shows that providers perceive that the requirement to self-fund NRT is largely responsible for the reductions in uptake and successful quits. However, as Table 1 shows, this decline has been a trend since 2013/14, and it is likely that the structural changes to the service model are largely responsible for the decrease over

time, although the recent lack of availability of NRT will have impacted on the most recent poor performance.

Smoking remains the most important cause of preventable death and smoking levels in Blackpool are significantly higher than the national average. In order to provide support to residents to stop smoking, it is essential that Blackpool Council provide evidence based stop smoking services.

NICE recommends that these services provide support to at least 5% of the smoking population (1,167 people in Blackpool) and achieve 4 week quit rates of at least 35% (408 people). The pilot model has not provided the comprehensive and equitable service required to meet these recommendations. Based on historical data (Table 1), it is unlikely that the primary care and pharmacy support with funded NRT model will be sufficiently effective, as this model did not achieve the recommended number of quits during 2017/18 and 2018/19. However, the data for specialist service provision during 2013/14 – 2016/17 shows that the recommended quits can be achieved with this service model.

In conclusion, the pilot community model, even with funded NRT, does not have the reach to achieve the NICE recommended service performance. Given this evaluation and historical data, a specialist stop smoking service with a single point of access and dedicated staff has the potential to provide an effective service.

Recommendations.

- This evaluation and the lack of effectiveness of the community model in terms of uptake and quits is noted.
- Options for the commissioning of a specialist stop smoking service are explored via service redesign and potential movements of funds within the current budget.
- NHS funding should be considered to contribute towards the commissioning of a specialist service and ensure NRT is available through the formulary.
- The model for the specialist service can consist of four bases across Blackpool to reflect the primary care networks.
- NRT should be funded and considered an incentive, provided weekly as a reward for setting a quit date and subsequent reduced CO readings.

Background.

Smoking remains the leading cause of preventable death in England, contributing to 16% of all deaths in 2016. Reducing smoking rates is important to improve health as it will reduce cardiovascular disease, respiratory illness and cancer, enabling people to live longer in better health.

The smoking prevalence in Blackpool has been reducing over recent years and is currently 21.1%, which is still significantly higher than the national average (14.4%)[2]. The rate of smoking attributable mortality for Blackpool residents (459.9 per 100,000) is also significantly higher than the national average (262.3 per 100,000)[1], and has remained relatively static over the last ten years. Smoking in pregnancy can have multiple negative effects on baby, increasing the risk of miscarriages, premature birth, low birth weight and respiratory disease. Blackpool has the highest rate of smoking in pregnancy of all local authorities in England; 26.0% of pregnant mums in Blackpool compared to 10.8% in England[1].

These statistics show that smoking is an important risk factor that negatively affects the health of Blackpool residents. Maintaining a focus on reducing the prevalence of smoking in the local population should be a priority. Evidence shows that Stop Smoking Services with associated products such as Nicotine Replacement Therapy (NRT) and prescription tablets can increase the likelihood of smokers quitting by four times[3]. Evidence also shows that the provision of a range of NRT can increase the likelihood of quitting by 50-70%, regardless of the type of setting. Face to face support is beneficial in supporting successful quits but is not essential for NRT to be effective[4].

The number of people quitting after four weeks of support is an important outcome measure for Stop Smoking Services. Table 1 illustrates the total number of four weeks quits recorded for Blackpool residents, showing that the number of quits have reduced since 2013/14 from 1,350 to 142 in 2018/19. The rate of quits per 100,000 smokers has reduced from 4,308 in 2013/14 to 593 in 2017/18. The quit rate for Blackpool residents is now significantly lower than the national average.

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[2] Local Tobacco Control Profiles https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/par/E12000002/ati/102/are/E06000009 (Accessed 25.07.19)

[3] Health Matters: stopping smoking – what works? PHE. https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works (Accessed 25.07.19)

[4] Nicotine replacement therapy for smoking cessation (review). Cochrane Library. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000146.pub4/pdf/standard (Accessed 25.07.19)

There have been significant changes to the stop smoking service during this period, as outlined in Table 1. Blackpool Teaching Hospitals NHS Trust was providing a specialist service when public health formally transferred to the Local Authority in 2013 and had been doing so for several years. In October 2015, Solutions4Health were commissioned to deliver a specialist service and continued to do so until October 2017. Primary care and pharmacy settings were commissioned to provide an interim service after this date, and this was developed into a pilot service with self-funded NRT in October 2018.

Table 1. Number and rate (per 100,000 smokers) of four week quit dates for Blackpool residents (2013/14-2018/19)

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There was a relatively large reduction in the quit rate in 2015/16, which coincided with a transfer of provision from BTH to Solutions4Health. The quit rate improved in 2016/17 and then dropped by 66% in 2017/18 when the specialist service was decommissioned. The quit rate halved again in 2017/18 and is now significantly lower than the national average. Since 2013/14, the quit rate has reduced by 89%.

It can be inferred that the historical changes to service delivery in Blackpool had a significant impact on the quit rate. This evaluation of the pilot service is conducted within this context.

The Council currently funds a Stop Smoking model that consists of a universal community service consisting of support via telephone, GP or pharmacy; plus targeted

services for in-patients, pregnant mums and young people. This model was implemented for a pilot period: the universal aspect was implemented in October 2018 and the targeted services were implemented in February 2019. The universal model is based on residents/patients self-funding their NRT although prescription based tablets are still available.

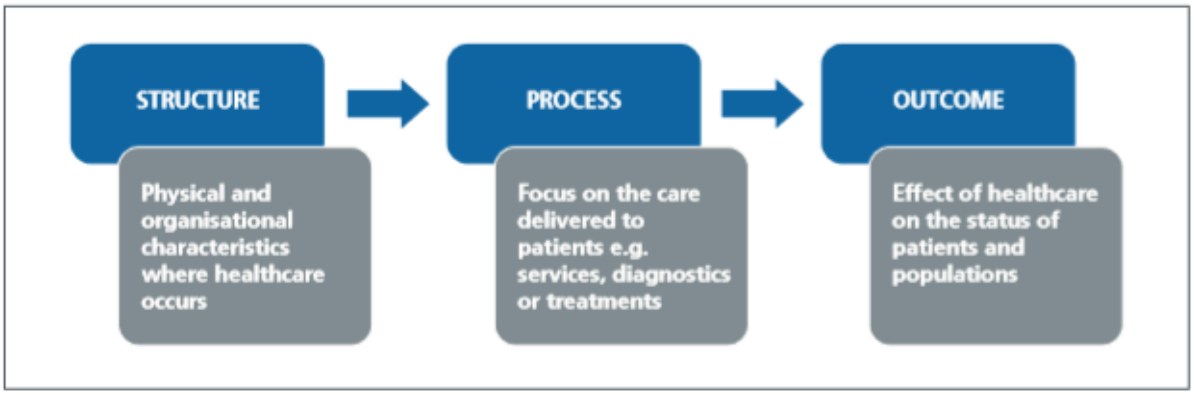
This review aims to provide an overview of the current situation regarding the universal stop smoking service model and summarise the outcomes of the pilot period. It utilises service performance and outcomes data plus qualitative feedback from providers to draw conclusions regarding the effectiveness of the service.

Methodology.

This evaluation aims to understand the impact and effectiveness of the universal stop smoking service, which has been piloted since 1st October 2018. The Donabedian model[5] will provide the theoretical model for the methodology, and the results will be a combination of service data and qualitative feedback from service providers. The evaluation will inform recommendations to influence future commissioning of the service.

The Donabedian model focusses on three inter-related components, as illustrated in Figure 1. The structure of the service has an impact on the service process, which in turn has an impact on outcomes. It is important to understand the service process to be confident that the changes in outcome are attributable to changes in delivery. In addition, the model takes into consideration 'balancing measures', which take into effect the unintended consequences and wider impact of the service.

Figure 1 The Donabedian model.



[5] A model for measuring quality care. NHS Improvement. https://improvement.nhs.uk/documents/2135/measuring-quality-care-model.pdf (Accessed 25.07.19)

Table 2 shows the how these areas will be considered within the context of this evaluation.

Table 2. Donabedian application to stop smoking universal service evaluation.

Structure	Process	Outcome
Investment into services Setting of delivery Number of trained staff to deliver the service	Type of access to service Type of support Frequency	4 week quit rates

The data included in the rapid evaluation include information that is extracted from PharmOutcomes, the performance management system for the Stop Smoking Service, and qualitative feedback from current providers. Each provider was contacted by telephone and asked to answer a set of questions, which can be found in Appendix 1. All providers who had recorded an interaction with Blackpool residents between 1st October 2018 and 31st July 2019 were contacted (n=12) and all answered the questionnaire except one.

Structure.

The full Stop Smoking Service model is illustrated in Appendix 2. This evaluation focusses on the universal service, as represented by Level 2B and 2C in the service model. There are 31 community pharmacy providers contracted to deliver the service. Seven of these providers have recorded an interaction with a Blackpool resident between 1st October 2018 and 31st July 2019, but only two providers have had greater than five interactions with the public. There are 12 primary care providers contracted to deliver the service. Five of these have had interactions with Blackpool residents between 1st October 2018 and 31st July 2019, and four have had greater than five interactions during this time. The providers are paid using a Payment by Results model as illustrated in Table 3.

Table 3. Payment schedule for Payment by Results model.

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

The total investment allocated to the stop smoking universal service provided by GP and Pharmacy Led Stop Smoking Services is £38,660. As the service is based on a payment by contact/result, the total paid is £8,670 (1st October 2018 – 30th June 2018).

Ideally, all pharmacies and primary care settings would deliver the universal service to ensure that all Blackpool residents have easy access. However, only a small proportion of all GPs and pharmacies currently deliver the service. Between 1st October 2018 and 31st July 2019, only two community pharmacies and four primary care settings had greater than five contacts with residents to support them to quit.

Based on the answers to the questionnaire, there are currently 24 trained advisors working across primary care and pharmacy. Eight are pharmacists, nine are dispensers and four are nurse practitioners.

Process.

The majority of providers provide an appointment service for clients. In some cases this is because there are insufficient staff to provide support at all times; in others it is because it gives clients a chance to think through the commitment and be sure that they are ready to quit. Some providers have sufficient staff trained that they have someone available at all times for drop in. A drop-in service is more difficult to manage in terms of staffing and sometimes means that clients are waiting some time to be seen. However, for people who are motivated and keen to begin their quit attempt, a drop in provides a more responsive service.

During the initial consultation, the client is provided with information regarding the service, available products and the need to self-fund NRT. Every provider commented that the requirement to self-fund NRT has had a significant impact on service delivery. Many people did not engage once they were made aware that the NRT was no longer funded, although some people did accept a prescription for Champix. In some providers, the prescribing of Champix has increased, particularly in patients with long term conditions but is contra-indicated in some circumstances. The perception from providers is that fewer people are asking for support to quit and GPs are making fewer referrals as the local community has become aware of changes, One primary care pharmacy noted that community pharmacies were referring to the GP for a Champix prescription, which they were then dispensing, but the community pharmacy was providing the face to face

support. A couple of providers mentioned that their case load has reduced from 10-15 to 1 or 2, and the majority of those interviewed did not currently have any clients. One provider, who was prescribing an increased level of Champix, had not noticed a change in numbers.

All providers saw motivated clients either once a week or every two weeks. There was some flexibility for telephone support, but a face to face appointment was always arranged for more intensive support and verification of quit attempt using a CO monitor. The majority of providers tried to contact any clients that did not attend an appointment by phone, but this follow-up was rarely successful. Some providers noted that the number of people who did not attend was sufficiently high that they did not have the capacity to follow up.

Providers felt that the benefits of the universal model had reduced with the need to self-fund NRT, although they did feel that easier access and greater rapport was possible with pharmacy based services and staff. They also felt that the service was beneficial for pharmacy staff in improving their communication skills and developing a broader understanding of the community's needs. The majority of providers noted that the service was particularly important in Blackpool, as smoking rates are high, a relatively high proportion of the population has routine or manual jobs, and there was a perceived high level of morbidity and smoking-related disease. Primary care settings felt well placed to support more complex patients, such as people with long term conditions and mental health problems.

Providers unanimously stated that the self-funded NRT was a barrier to service delivery. They have observed a clear decline in contacts, and a primary care provider also discussed the difficult clinical conversation between the pharmacist and client when there are serious health conditions and yet the pharmacist could not provide NRT to support the client. Additionally, there was feedback regarding the challenge of supporting patients post hospital discharge and child birth, where NRT is prescribed. There was also concern that Champix was contra-indicated for some people. There was an acknowledgement across providers that quitting smoking is difficult and that the local community need all the support that we can offer them. The perception from one provider was that many people access contraband cigarettes and therefore NRT is more expensive to fund than continuing smoking.

In terms of improvements to the service, re-establishing funded NRT was stated by all providers. Some providers also requested additional support from Blackpool Council in terms of sharing evidence and good practice.

The potential for case studies was explored with providers, but most providers stated that they had no or very few clients engaged with the service. One provider did give an example of a patient that had been seen that morning: a single mother, motivated to quit, but with epilepsy so Champix was contraindicated.

Outcomes.

The outcomes for the service are the most important consideration. The outcome measure for this service is the number of successful 4 week quits and the model has included Key Performance Indicators (KPIs) to understand the effectiveness of the service in supporting people to quit.

Service performance targets for primary care settings are set at 548 registrations with 244 quits per year. The actual number of registrations from 1st October 2018 – 30th June 2019 (covering 3 quarters) is 283 registrations with a total of 32 quits achieved at 4 weeks (69% of the target for registrations and 17% of the quit target achieved in Q1-Q3 of the service).

Service performance targets for community pharmacies are 624 registrations and 168 quits. The actual number of registrations from 1st October 2018 – 30th June 2019 (covering 3 quarters) is 108 registrations with a total of 21 quits achieved at 4 weeks. (23% of the target for registrations and 17% of the quit target achieved in Q1-Q3 of the service).

This indicates that the pilot model is under-achieving in terms of successful four week quits.

Balancing measures

The removal of funding for NRT has had serious consequences for the success of the service. The decision from the Clinical Commissioning Group to remove NRT from the primary care formulary now means that very few people in Blackpool are able to access free NRT, regardless of their health or economic status. This will have a detrimental effect on tobacco use on Blackpool by reducing the options available to people to quit.

Although feedback was unanimous from providers that the decision to self-fund NRT has been detrimental, it is possible that clients are turning to e-cigarettes or other products to support their quit attempt without accessing local service. It is not possible to assess the impact, if any, of e-cigarettes on local services.

Conclusion.

This rapid evaluation aimed to understand the impact and effectiveness of the universal stop smoking service which has been a pilot service since 1st October 2018. Although there are 43 community pharmacies and primary care settings contracted to deliver the service, only five of these providers had recorded greater than five interactions with Blackpool residents during the time period of the evaluation. This does not provide comprehensive or equitable service coverage across Blackpool.

There was an understanding across providers that the service was required locally to support the public to improve their health and providers were committed to providing the service. Primary care providers felt sufficiently skilled to support patients with more complex health problems, including mental health problems, but these providers also acknowledged the challenge of encouraging patients to quit and then being unable to provide NRT. Some primary care providers were able to arrange prescriptions for Champix, but the majority of community pharmacists needed to refer the customer back to the GP for a Champix prescription, making the service disjointed. All providers felt that re-introducing NRT was the most important factor to improve the service.

The data relating to successful quits and the qualitative feedback from providers illustrates that the impact and effectiveness of the service is inadequate. The number of successful quits is failing to meet the KPIs and is much lower now than in previous years. Providers are unanimous in their view that self-funded NRT is the cause for this, but this decline in successful quits has been evident since 2013/14 and it is reasonable to deduce that the changes in commissioning body and service configuration are playing as important, if not more important role, in reducing the effectiveness of the services. Table 4 summarises the advantages and disadvantages of the current model.

Table 4 Advantages and disadvantages of community stop smoking model

Advantages	Disadvantages
Cheaper to fund than a specialist service	Low cost effectiveness due to low uptake and poor quit rates
Facilitates relationships with primary care and community pharmacy	Difficult to manage due to the potential number of providers and turn-over of staff and therefore there is a lack of understanding regarding the quality of provision

	Difficult to obtain/maintain uptake from providers to deliver the service and therefore the is poor access to support
	Does not meet NICE recommendations as is unable to reach the required numbers of uptake or proportion of four week quits

Smoking remains the most important cause of preventable death and smoking levels in Blackpool are significantly higher than the national average. National initiatives to address the impact of smoking, such as Targeted Screening for Lung Cancer[6] include stop smoking services as a required part of the pathway. In order to support these interventions and provide support to residents to stop smoking, it is essential that Blackpool Council provide evidence based stop smoking services, including the provision of individual support and pharmacotherapy[7].

NICE recommends that these services provide support to at least 5% (1,167 people in Blackpool) of the smoking population and achieve 4 week quit rates of at least 35% (408 people)[8]. The pilot model has not provided the comprehensive and equitable service required to meet these recommendations. Based on historical data (Table 1), it is unlikely that the primary care and pharmacy support with funded NRT model will be sufficiently effective, as this model did not achieve sufficient quits during 2017/18 and 2018/19. However, the data for specialist service provision during 2013/14 – 2016/17 shows that the recommended quits can be achieved with this service model.

In conclusion, the pilot community model, even with funded NRT, does not have the reach to achieve the NICE recommended service performance. Given this evaluation and historical data, a specialist stop smoking service with a single point of access and dedicated staff has the potential to provide an effective service.

Recommendations.

- This evaluation and the lack of effectiveness of the community model in terms of uptake and quits is noted.

[6] NHS England. Targeted Screening for Lung cancer with Low Radiation Dose Computed Tomography. https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf (Accessed 08/08/19)
[7] The Cochrane Collaboration 2008. Individual behavioural counselling for smoking cessation (review) https://www.ncsct.co.uk/usr/pub/individual-behaviour-counselling.pdf (Accessed 09/09/19)
[8] NICE [NG92] 2018 Stop Smoking Interventions and Services. https://www.nice.org.uk/guidance/ng92/chapter/Recommendations (Accessed 09/09/19)

- Options for the commissioning of a specialist stop smoking service are explored via service redesign and potential movements of funds within the current budget.
- NHS funding should be considered to contribute towards the commissioning of a specialist service and ensure NRT is available through the formulary.
- The model for the specialist service can consist of four bases across Blackpool to reflect the primary care networks.
- NRT should be funded and considered an incentive, provided weekly as a reward for setting a quit date and subsequent reduced CO readings.

Appendix 1. Stop Smoking Universal Service Questionnaire

Participating service.

Thanks for taking the time to talk to me. You are a pharmacist/GP that provides support to Blackpool residents who wish to stop smoking.

We are in the process of evaluating these services and as part of that really appreciate the opportunity to talk through the delivery of your service.

We are contacting all providers and will compile the results of the questions to pull key themes relating to the services. Your service will not be mentioned by name in relation to any specific comment, but will be acknowledged as participating in the evaluation.

The questionnaire asks questions about staffing and training; customer/patient pathway; and what you believe are the benefits of the service and how it can be improved.

Staffing:

1) How many of your staff are trained to support people to quit smoking?
2) What roles do they have?
3) Are patients/customer always able to see these people when needed? Or are there times when there are no qualified people in the pharmacy/practice?

Pathway:

1) What happens during the initial meeting/consultation with a person wanting to quit?
2) What are the steps from setting a quit date to staying quit for 4 weeks?
3) What active follow up do people receive?
4) What data do you collect along this pathway?

Views on service:

1) What do you think are the benefits of the service? Up to 3 comments
2) What are the barriers to the service? Up to 3 comments
3) How can we improve the service? Up to 3 comments

Appendix 2. Stop Smoking Model