

Smoking Cessation Service Implementation

Steve King – MLCSU Implementation Team

**Marie Hockley & Simran Johal – Community Pharmacy Surrey
& Sussex**

**Janice Britz & Mairead O'Malley – University Hospitals Sussex
NHS Foundation Trust**

Rebecca Beesley – EMIS

Agenda



- Welcome and Introductions *c.5 mins*
- Why this service is important *c.5 mins*
- SCS Introduction & findings to date from established services *c.15 mins*
- Treating Inpatients for Tobacco Dependency at UHSx *c.10 mins*
- Using PharmOutcomes for SCS *c.20 mins*
- Go live info *c.5 mins*
- Q&A *c.30 mins*
- Closing remarks *c.5 mins*

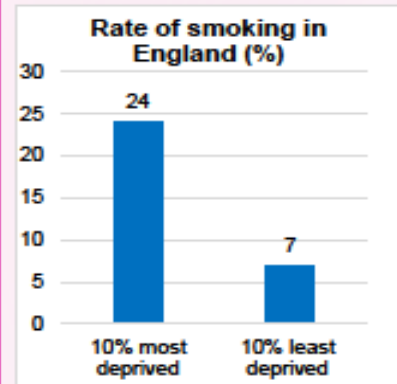
Why this service is important



ash
Action on Smoking and Health

Impact of smoking on **Core20PLUS5** in NHS Sussex ICB

Core20: Above-average smoking rates among the most deprived reduces their healthy life expectancy and increases pressure on the NHS



In England a third of all smokers live in the most deprived two deciles.¹ In NHS Sussex ICB there are 166,000 smokers and 26% of people in routine and manual occupations smoke. Smoking costs your ICB £64.0M a year.²

Annually in your ICB smoking causes:

- 11,299 hospital admissions.³
- 2,027 premature deaths.⁴

Additional impact on communities in your ICB:

- 71,669 smoking households live in poverty.⁵
- 10,084 people out of work due to smoking.⁵
- 29,600 people receive informal care from friends and family because of smoking.⁷

PLUS: The most deprived groups have the highest smoking rates






National smoking rates among:

- People who are homeless (77%).⁸
- People entering prison (80%).⁹
- 11–16-year-olds with a mental disorder (22%).¹⁰
- People in social housing (26%).¹¹

Smoking rates for those receiving addiction treatment in your ICB:

- Those receiving treatment for opioid addiction (77%).¹²
- Those receiving treatment for alcohol addiction (51%).¹³

5: Five clinical areas of focus are all impacted by smoking

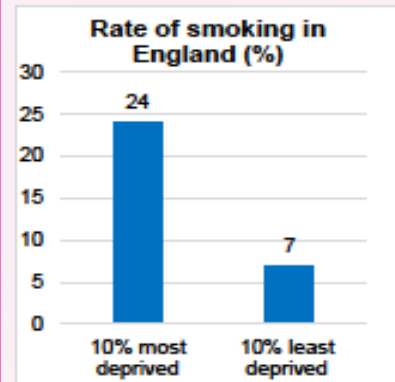
201. Maternity	202. Severe Mental Illness	203. Chronic respiratory illness	204. Early cancer diagnosis	205. Hypertension
 Smoking is the leading modifiable risk factor for poor birth outcomes. In your ICB 9% ¹⁴ of women smoke at time of delivery, 1,245 women annually. ¹⁵	 Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with serious mental illness (SMI). In your ICB 40% of people with SMI smoke. ¹⁶	 Around 86% of all chronic obstructive pulmonary disease (COPD) deaths are caused by smoking. In your ICB 688 people a year die from COPD. ¹⁷	 Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths. In your ICB 900 people a year die from cancer caused by smoking. ¹⁸	 Smoking cessation is embedded in NICE guidelines on hypertension because smokers' CVD risk is double that of non-smokers. Nationally 9,300 people a year die from CVD caused by smoking. ¹⁹
Find out more	Find out more	Find out more	Find out more	Find out more

Why this service is important



Impact of smoking on **Core20PLUS5** in NHS Surrey Heartlands ICB

Core20: Above-average smoking rates among the most deprived reduces their healthy life expectancy and increases pressure on the NHS



In England a third of all smokers live in the most deprived two deciles.¹ In NHS Surrey Heartlands ICB there are 106,000 smokers and 22% of people in routine and manual occupations smoke. Smoking costs your ICB £34.2M a year.²

Annually in your ICB smoking causes:

- 6,056 hospital admissions.³
- 982 premature deaths.⁴

Additional impact on communities in your ICB:

- 34,928 smoking households live in poverty.⁵
- 3,654 people out of work due to smoking.⁵
- 17,200 people receive informal care from friends and family because of smoking.⁷

PLUS: The most deprived groups have the highest smoking rates

National smoking rates among:

- People who are homeless (77%).⁸
- People entering prison (80%).⁹
- 11–16-year-olds with a mental disorder (22%).¹⁰
- People in social housing (26%).¹¹

Smoking rates for those receiving addiction treatment in your ICB:

- Those receiving treatment for opioid addiction (77%).¹²
- Those receiving treatment for alcohol addiction (50%).¹³

5: Five clinical areas of focus are all impacted by smoking

196. Maternity	197. Severe Mental Illness	198. Chronic respiratory illness	199. Early cancer diagnosis	200. Hypertension
<p>Smoking is the leading modifiable risk factor for poor birth outcomes.</p> <p>In your ICB 6%¹⁴ of women smoke at time of delivery, 555 women annually.¹⁵</p> <p>Find out more</p>	<p>Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with serious mental illness (SMI).</p> <p>In your ICB 33% of people with SMI smoke.¹⁶</p> <p>Find out more</p>	<p>Around 86% of all chronic obstructive pulmonary disease (COPD) deaths are caused by smoking.</p> <p>In your ICB 307 people a year die from COPD.¹⁷</p> <p>Find out more</p>	<p>Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths.</p> <p>In your ICB 423 people a year die from cancer caused by smoking.¹⁸</p> <p>Find out more</p>	<p>Smoking cessation is embedded in NICE guidelines on hypertension because smokers' CVD risk is double that of non-smokers. Nationally 9,300 people a year die from CVD caused by smoking.¹⁹</p> <p>Find out more</p>



References

- [1] ONS. [Deprivation and the impact on smoking prevalence](#). 2023
- [2] [ASH Ready ICB Reckoner](#) 2023
- [3] [Tobacco dependence treatment services: delivery model \(2021\)](#) Admissions data from Hospital Episode Statistics (HES); Office for National Statistics (ONS) - mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. Data - OHID
- [4] [Smoking attributable mortality \(new method\)](#). 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OHID
- [5] H Reed (2021), [Estimates of poverty in the UK adjusted for expenditure on tobacco](#) – 2021 update.
- [6] H Reed (2020), [The impact of smoking history on employment prospects, earnings and productivity: an analysis using UK panel data](#).
- [7] H Reed (2021), [The costs of smoking to the social care system and related costs for older people in England: 2021 revision](#).
- [8] Homeless Link. [The Unhealthy State of Homelessness](#). Health audit results 2014.
- [9] O'Moore E. [Successfully delivering smokefree prisons across England and Wales](#). July 2018.
- [10] Marcheselli F, Brodie E, Si N, Pearce N, McManus S, Sadler K, et al. [Mental Health of Children and Young People in England, 2017](#) . NHS Digital; 2018.
- [11] [Local Tobacco Profiles](#) – Data – OHID: Housing tenure
- [12] [Smoking prevalence in adults \(18+\) admitted to treatment for substance misuse \(NDTMS\)](#) - all opiates. 2019/20 Local Tobacco Control Profiles - Data - OHID
- [13] [Smoking prevalence in adults \(18+\) admitted to treatment for substance misuse \(NDTMS\)](#) - alcohol. 2019/20 Local Tobacco Control Profiles - Data - OHID
- [14] [Smoking status at time of delivery](#). (2021) Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD) Local Tobacco Control Profiles - Data - OHID
- [15] [Smoking status at time of delivery](#). (2021) Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD) Local Tobacco Control Profiles - Data - OHID
- [16] [Smoking prevalence in adults \(18+\) with serious mental illness \(SMI\)](#) (2016) Local Tobacco Control Profiles - Data - OHID
- [17] [Mortality rate from chronic obstructive pulmonary disease](#) (3 year range) 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OHID
- [18] [Smoking attributable deaths from Cancer](#) (new method). 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OHID
- [19] [Smoking attributable deaths from heart disease](#) (new method). 2017 – 19 Directly standardised rate - per 100,000 Local Tobacco Control Profiles - Data - OH

Why this service is important



- Smoking continues to have high health, social, economic, environmental & financial implications for individuals & the population of HNY as a whole
- 3 of the 4 acute Inpatient Trusts are fully established with their tobacco treatment services.
- The SCS is a new opportunity for pharmacies to play an even bigger part in supporting smoking cessation, enhancing patient choice, improving patient access & providing additional capacity
- Potential for an average of 225 referrals to CP per month across HNY
- Ongoing work to expand referrals from other services e.g. mental health

Background (1)



- NHS Long Term Plan (LTP): commitments
 - Prevention is a core component of the NHS Long Term Plan (LTP). The LTP commitments that set out the NHS's contribution to tackling tobacco dependence include:
 - By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
 - Acute, Maternity and Mental Health services
- The commitments are designed to:
 - Be the NHS's contribution to helping deliver a smokefree generation
 - Build on the good work already being delivered and to compliment current Stop Smoking Services
 - Focus on both physical and mental health services
 - Introduce a level of national direction, but with local development and delivery



Background (2)

- Smoking cessation programmes already exist in community settings but are variable in their involvement of pharmacy
- Hospitals are adopting the Ottawa Model of Smoking Cessation (OMSC), which:
 - Will be adopted throughout England (NHS Long Term Plan, 2019) – led by the NHSE/I Prevention team
 - Is a 12-week programme
 - Requires follow-up smoking cessation treatment after discharge from hospital
 - Increased 1-year quit rates by 11% (Mullen, 2010)
 - Is expected to save the NHS £85m within 1 year (Royal College of Physicians, 2018)

Background (3)



The aim of the NHS Smoking Cessation Service (SCS) is:

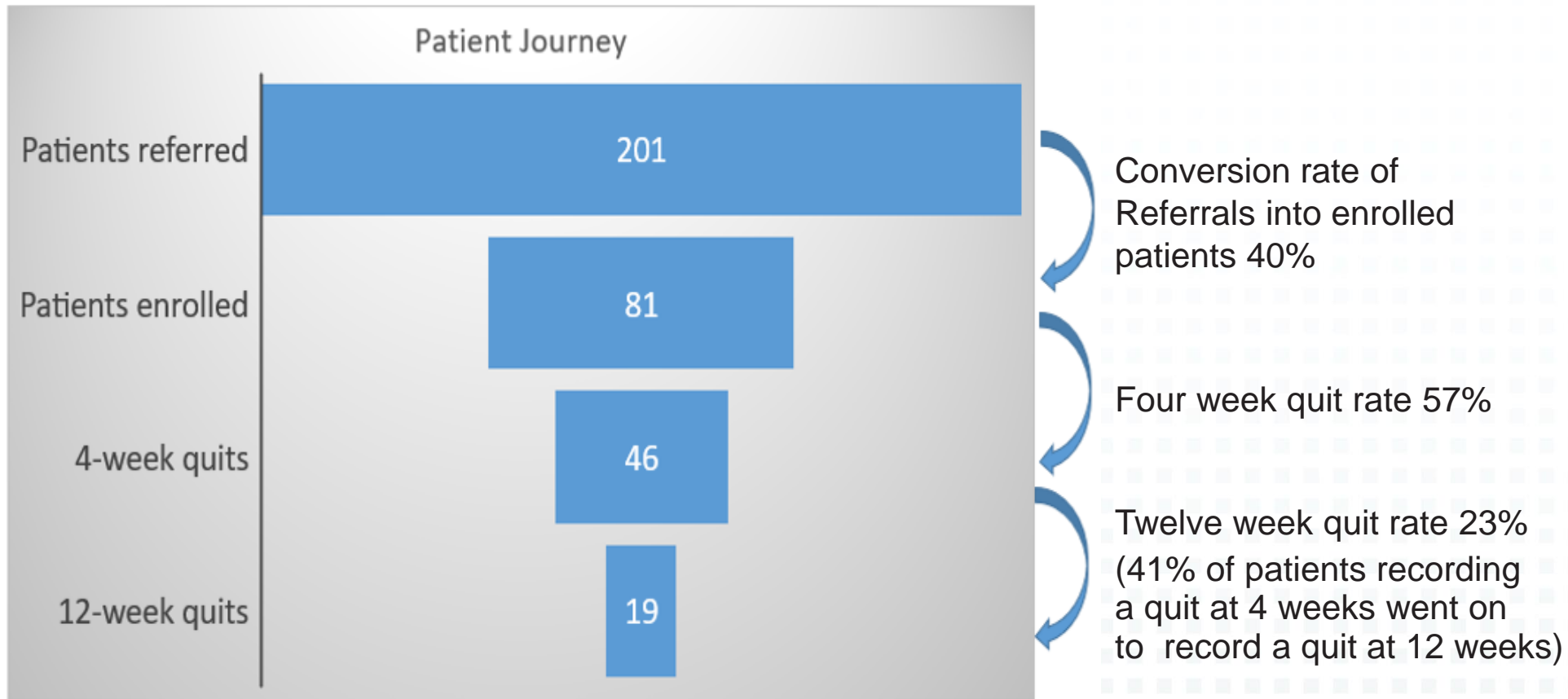
To support delivery of the prevention ambitions in the NHS LTP, and for community pharmacy to become a nationally available choice for patients to access smoking cessation support post discharge.

Smoking Cessation Transfer of Care Pilots



- A pilot service was introduced in October 2020 with the first location being referrals from Royal Oldham Hospital to pharmacies in the Oldham area
- Pharmacies were selected following an Expression of Interest process, to give good geographical coverage and extended opening hours
- A second pilot area went live in November 2021 in the Lambeth and Southwark boroughs of London, working with Guys and St Thomas' Hospital and King's College Hospital
- The pilots have now transitioned into the Smoking Cessation Service (SCS)

Pilot Data Overview: Oct 2020 to Dec 2021





Transitioning the pilot into the SCS

- Standard Treatment Programme (STP) developed with National Centre for Smoking Cessation and Training (NCSCT)
- Service funding agreed (PSNC & NHSE)
 - **Consultation fees – Community Pharmacy Contractual Framework (CPCF)**
 - **NRT costs to be recharged back to the ICB**
- NHS Smoking Cessation Service (SCS) specification agreed
- Service launched to align with National No-Smoking Day (10 March 2022)
 - Registrations opened on 1 March 2022
 - **Intentional ‘soft launch’**

National Implementation of SCS



The role of the CSU's

- Mapping
 - Understand the position of each Acute Trust in terms of their delivery of the relevant parts of the LTP
 - Inform planning
 - Identify key stakeholders to support working groups
- Facilitate implementation at local level
 - Advisor available for each region
 - Ensure pilot sites transition successfully
 - Engage with early implementers and those sites looking to start delivery imminently
- Production of supporting documents

3 stage process to Go-Live



Stage 1:

Scoping & Mapping

Initial engagement and establishment of working group(s).

To include Public Health, LPC, Acute Trust, ?Locally Commissioned Service

Stage 2:

Pathway agreement

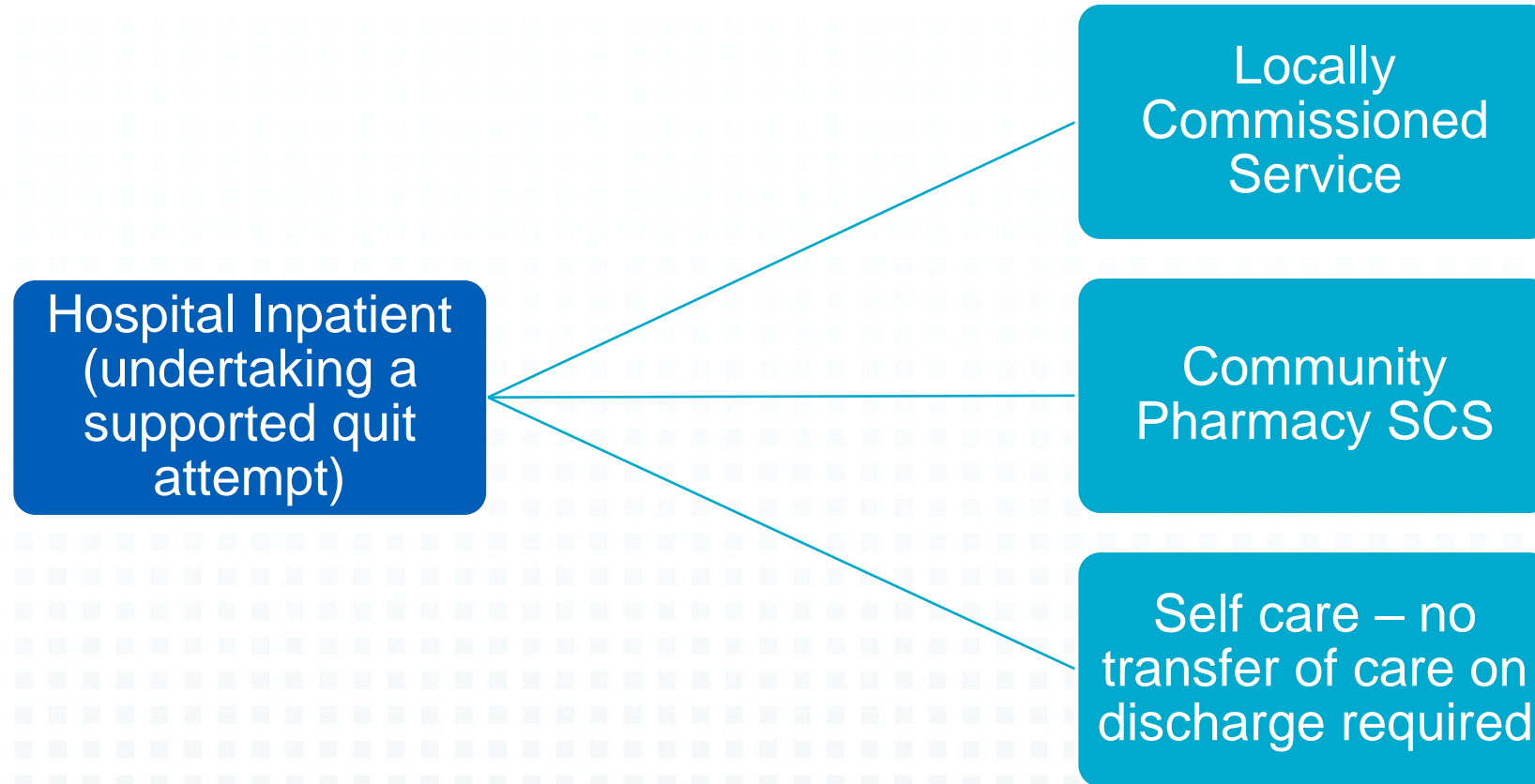
Agree the pathway and the method of sending a digital referral.

Stage 3:

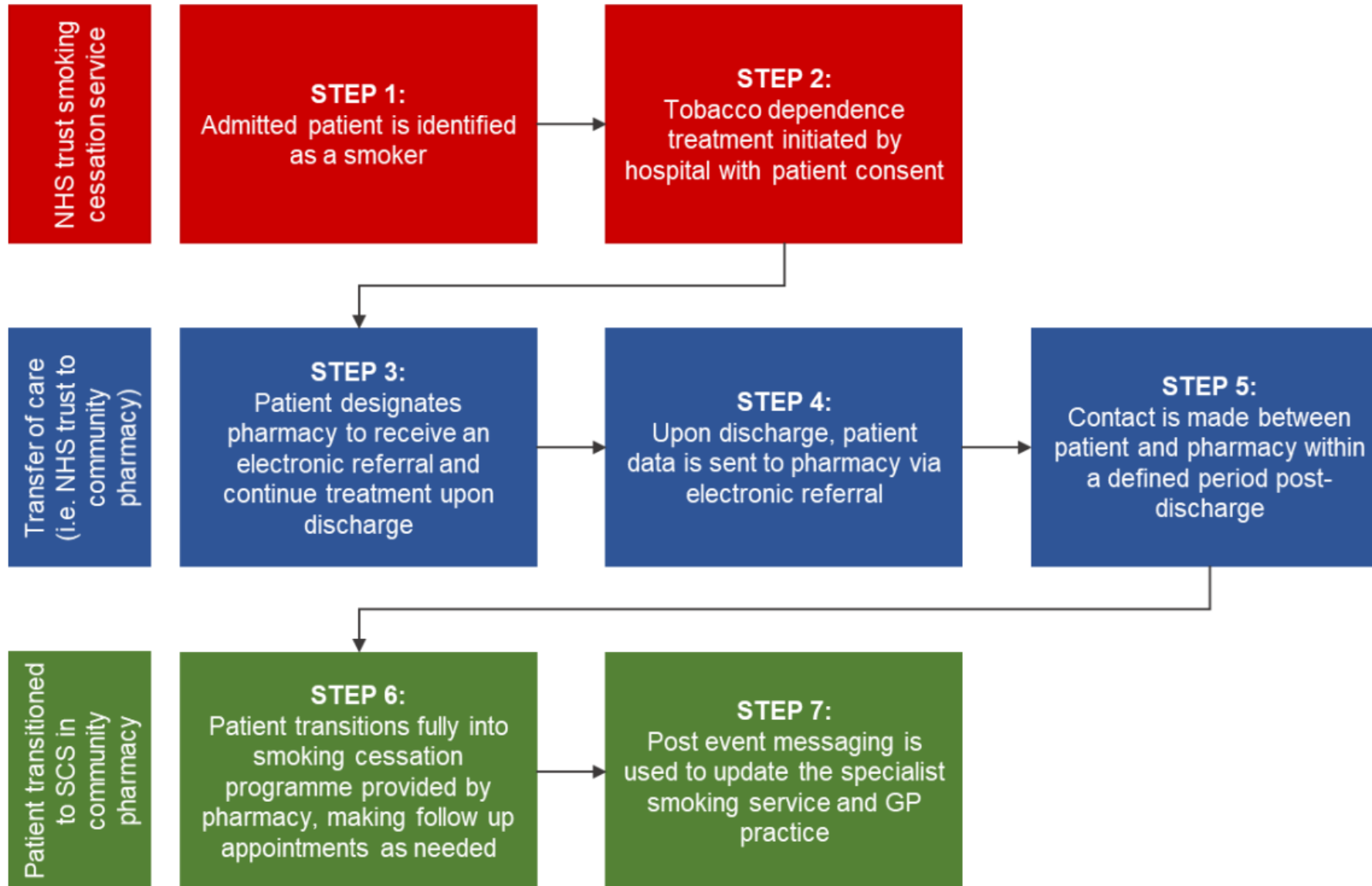
Community pharmacy engagement

LPCs can confidently recruit community pharmacy support.

Pathway



NHS SCS Model of care





University Hospitals Sussex
NHS Foundation Trust

Treating Inpatients for Tobacco Dependency at UHSx

Smoking Cessation Advanced Service Launch in Sussex & Surrey Webinar

Tuesday 13th February 2024

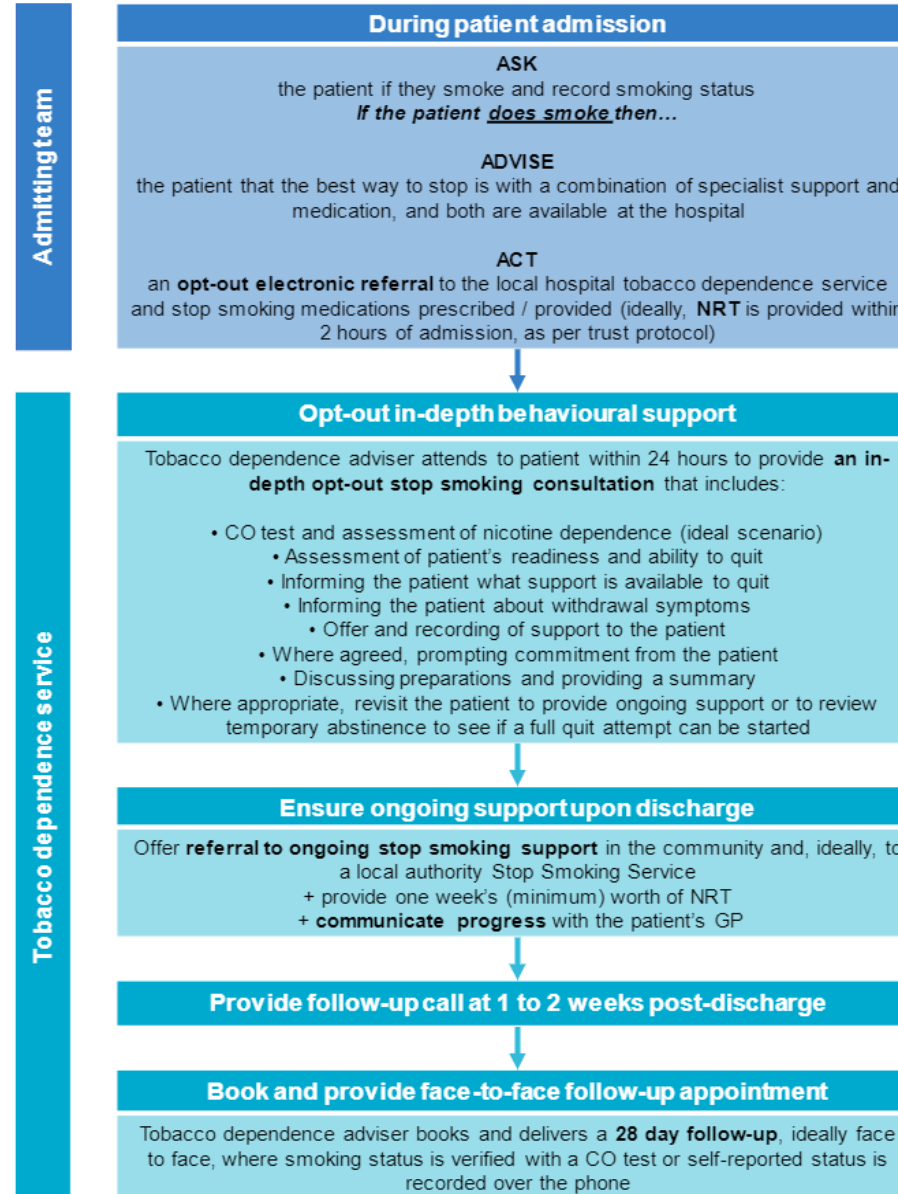
Janice Britz, Tobacco Dependency Programme Manager

Mairead O'Malley, Trust Clinical Pharmacy Lead

‘....all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services’

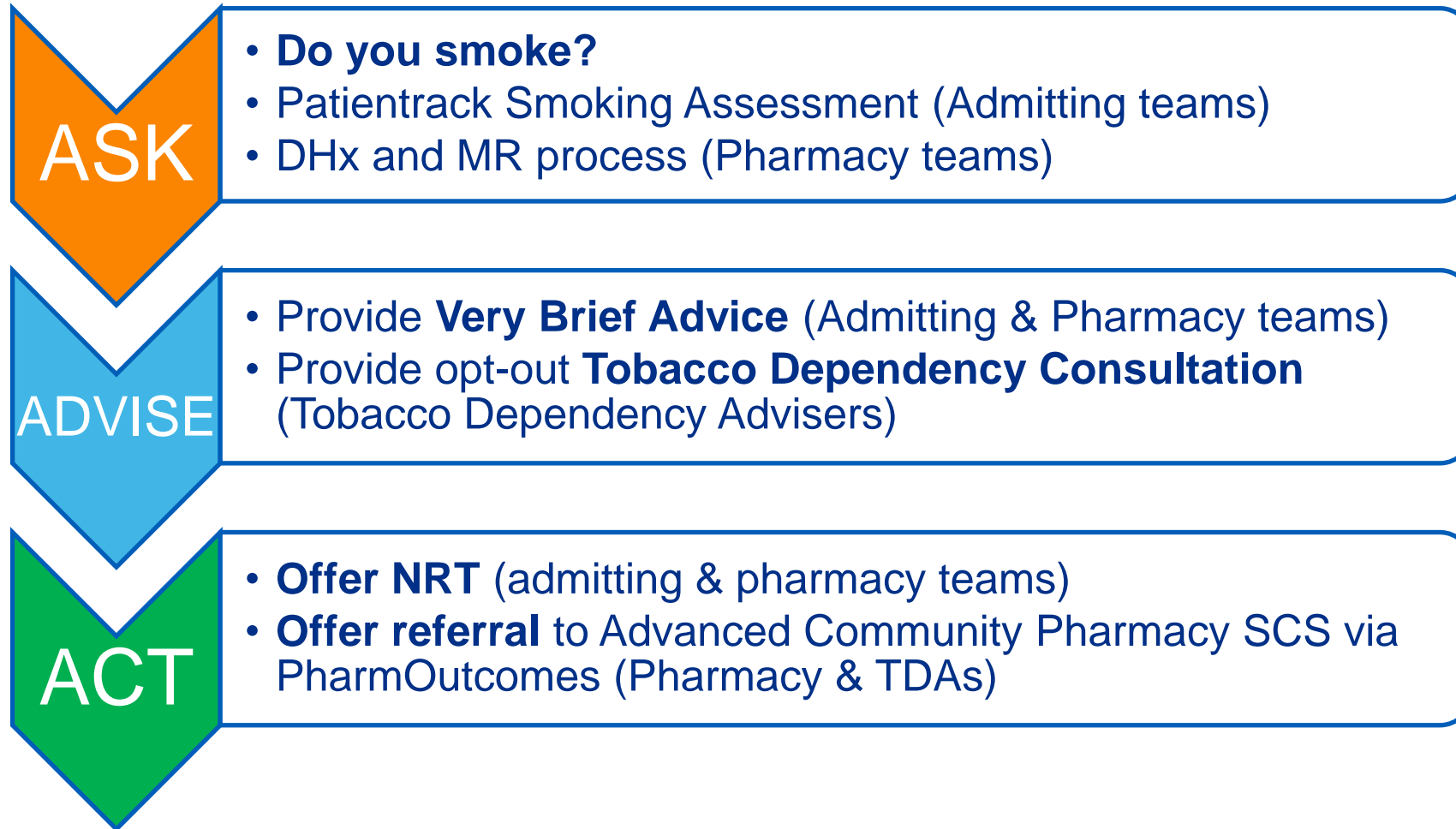
NHS Long Term Plan, 2019

Inpatient Model



UHSx Inpatient pathway – to be delivered across 4 sites:

Royal Sussex County Hospital, Brighton
Princess Royal Hospital, Haywards Heath
Worthing Hospital
St Richard's Hospital, Chichester



Working in partnership

We welcome your feedback!

Janice Britz, Tobacco Dependency Programme Manager j.britz@nhs.net
Mairead O'Malley, Trust Clinical Pharmacy Lead mairead.o'malley@nhs.net



NHS SCS overview for community pharmacy (1)



- Intended to **compliment existing** locally commissioned stop smoking services
- Can **only see patients** in the SCS who have been **referred from the NHS Acute Trust** and who wish to initiate / continue a quit attempt post discharge
- Patient **contact within 5 days** of referral, at least **3 attempts** to make contact, if no contact then must inform the referring Trust
- Pharmacies will provide support up to **12 weeks**
- Consultations (no more than 2 weeks apart) can be delivered **face to face or remotely**, with NRT supply (max 2 weeks at a time) from **agreed** list of GSL products in Drug Tariff

NHS SCS overview for community pharmacy (2)



- **Clinical record** to be made of all service activity
- **CO monitoring** for face to face consultations
- **No charges to patients**, even if they pay for prescriptions
- Patient level outcome **data required to be returned** to the referring NHS Acute Trust & patient's GP
- Fees: **£1000** set-up fee and then **£30** initial consultation, **£10** interim consultations, **£40** last consultation (which can be any time from week 4 to week 12) – submit claims on **NHSBSA MYS**

NHS SCS training



- The National Centre of Smoking Cessation Treatment (NCSCT) Stop Smoking Practitioner Certification (practitioners that are already certified do not need to repeat their training for the purposes of this service)
- Specialist NCSCT modules to support treatment for people with a mental health condition and pregnant women (these must be completed after the NCSCT Practitioner training has been successfully completed)
- NCSCT module on using e-cigarettes
- Practitioners must have read the NCSCT Standard Treatment Programme (STP), which will be used to support consultations
- Also need CO monitor and SOP in place to sign up on BSA

How to complete referrals in PharmOutcomes



- Live Demonstration with Rebecca Beesley, Emis Health.



Q& A

Closing remarks

Smoking Cessation Service Implementation

Thank you for listening

Useful references

CPE (PSNC) SCS page:

<https://cpe.org.uk/national-pharmacy-services/advanced-services/smoking-cessation-service/>

Service spec:

<https://www.england.nhs.uk/wp-content/uploads/2022/03/PRN00178-community-pharmacy-advanced-service-specification-nhs-scs-v2.pdf>

MLCSU dashboard:

<https://medsopt.midlandsandlancashirecsu.nhs.uk/nhs-smoking-cessation-service/>

Standard Treatment Programme (STP):

https://www.ncsct.co.uk/pub_NHS-pharmacy-SCS.php

PharmOutcomes training video for Community Pharmacies:

<https://media.pharmoutcomes.org/video.php?name=NHSSmokingCessationService-CommunityPharmacy>