

Surrey Stop Smoking Service Needs Assessment Surrey 2018

June 2018

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Surrey Stop Smoking Service

Needs Assessment

Aims of Needs Assessment

- Collate data and intelligence to provide evidence about the smoking population on which to plan services
- Taking into account the priorities for the population and smoking cessation needs in determining the target groups Surrey County Council wishes to attract into services
- Prioritise resource allocation for smoking cessation
- To use the resulting needs assessment to inform and guide future commissioning and service provision

Objectives of Needs Assessment

- Provide an overview of the needs of smokers in Surrey
- Provide an overview of current service provision
- Make recommendations with regards to service provision, expected performance and cost effectiveness

Rationale – Why do we need stop smoking services?

Studies show that people are four times more likely to quit smoking if they have specialist behavioural support¹. Local stop smoking services provide one of the most cost effective health care interventions available.

Stop Smoking Services are highly effective

- Stop Smoking Services more than triple abstinence rates in the long-term compared with smokers who quit without support. Permanent quitting rates of Stop Smoking Service clients are 5–10% higher than for those quitting cold turkey².

Stop Smoking Services are highly valued by smokers

- 9 out of 10 smokers who've used a local Stop Smoking Service say they would recommend the service³.

Stop Smoking Services help reduce inequalities

- Stop smoking services make an important contribution to reducing smoking including in less affluent groups⁴. As poorer smokers are likely to be more highly dependent, Stop Smoking Services can greatly improve their chances of quitting successfully.

Stop Smoking Services improve outcomes across the health care system

- Local areas with dedicated Stop Smoking Services have been shown to have higher quit rates than in settings where only health professionals such as GP practices and pharmacies provide support. This is because they are able to offer expert advice and training across the system⁵.

Stop smoking services are cost effective

- The combination of medication and intensive behavioural support offered by local Stop Smoking Services is among the most cost-effective interventions available in the health care sector². Services cost under £1,000 per quality adjusted life year – for comparison, statins to prevent heart disease cost £57,000 per quality adjusted life year⁶.

Tobacco Control Plan for England 2017⁷

The Government announced its Tobacco Control Plan to pave the way for a smokefree generation. Support for stop smoking services were a big feature in the plan:

Priority 4: Backing evidence based innovations to support quitting

- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.

¹ National Centre for Smoking Cessation and Training, Stop smoking services: increased chances of quitting, 2012

² National Centre for Smoking Cessation and Training, Effectiveness and cost-effectiveness of programmes to help smokers to stop and prevent smoking uptake at local level, 2015

³ NHS Smokefree <https://www.nhs.uk/smokefree>

⁴ National Centre for Smoking Cessation and Training. Smoking and Health Inequalities, 2013

⁵ West, R. & Croghan, E. Upgrading stop-smoking service provision, Presentation at UKNSCC 2015

⁶ NICE Guidance: Stop smoking interventions and services <https://www.nice.org.uk/guidance/ng92>

⁷ Tobacco Control Plan for England 2017 <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

- Maximise the availability of safer alternatives to smoking.

Action 3: Eliminating variations in smoking rates

- To reduce the regional and socio-economic variations in smoking rates, we need to achieve system-wide change and target our actions at the right groups so the plan will:
 - Promote links to "stop smoking" services across the health and care system and full implementation of all relevant NICE guidelines by 2022.

NICE guideline: Stop smoking interventions and services (NG92)⁶

NICE Guidance NG92 aims to reduce the number of people who smoke by ensuring that stop smoking services are as effective as possible. It seeks to raise awareness of the range and types of support available.

There are many other related guidance to support:

- Smoking: stopping in pregnancy and after childbirth [PH26]
- Smoking: harm reduction [PH45]
- Smoking: acute, maternity and mental health services [PH48]

Surrey County Council Corporate Strategy

The provision of an effective stop smoking service has an active role in supporting the Council's Corporate Strategy. In particular the strategic goal of 'Wellbeing', encourage smokefree pregnancies, and helping adults and young people quit smoking. Also the strategic goal of 'Economic Prosperity', by reducing the cost of smoking to society in Surrey and wider effects such as smoking related litter and fires.

Surrey's Joint Health and Wellbeing Strategy⁸

Priority 2 of the strategy is 'Developing a preventative approach'.

The Strategy aims to prevent ill-health and promote wellness, as well as spot potential problems as early as possible and ensure effective support for people. Smoking is key to this.

Surrey Tobacco Control Strategy⁹

The Surrey Tobacco Control Strategy 2016-21 sets out why and how Surrey need to work together to reduce the harmful effects of tobacco. Delivering a high quality, specialist stop smoking service is included in one of the five local priorities (priority 1):

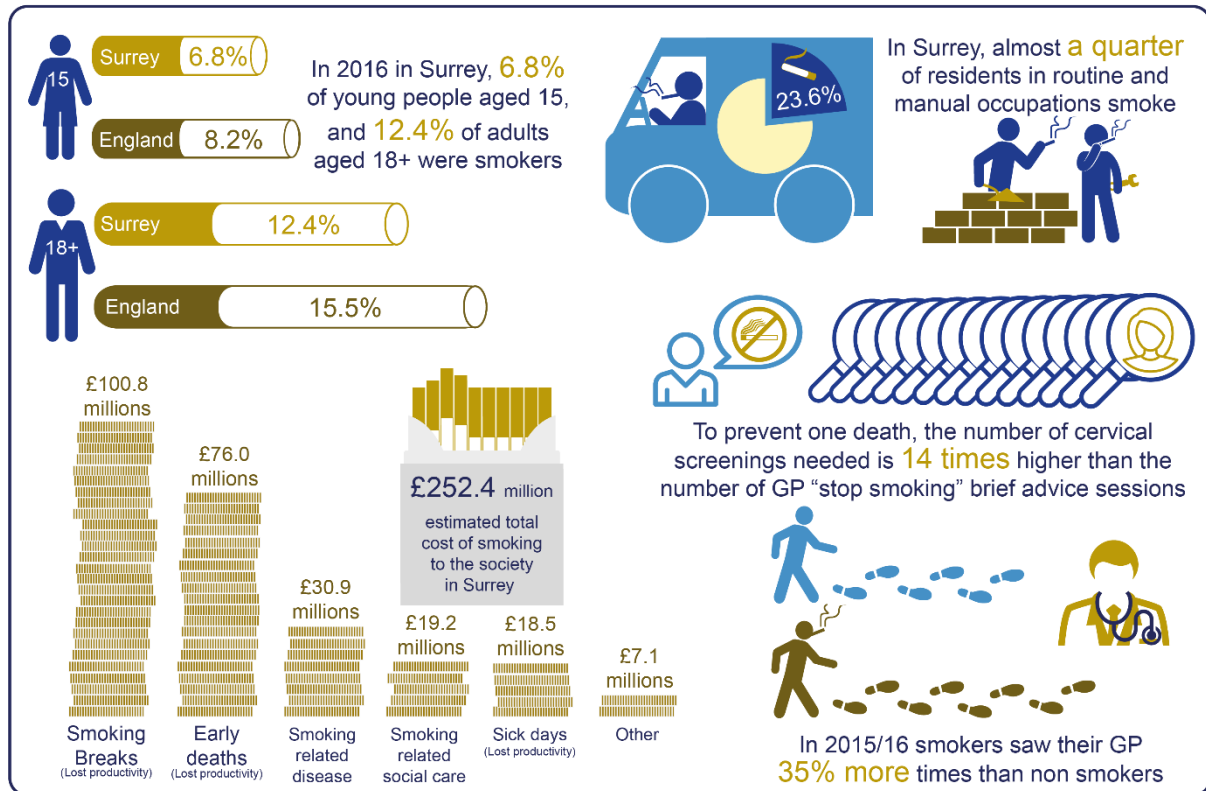
1. Helping tobacco users to quit, prioritising groups who have higher rates of use
2. Help young people to be tobacco free
3. Establishing 'smokefree' as the norm in homes and across organisations and businesses
4. Tackle illicit tobacco
5. Raise the profile of tobacco control

⁸ Surrey's Joint Health & Wellbeing Strategy https://www.healthysurrey.org.uk/_data/assets/pdf_file/0003/162246/Surrey-Joint-HWB-Strategy-2018-Reduced-size.pdf

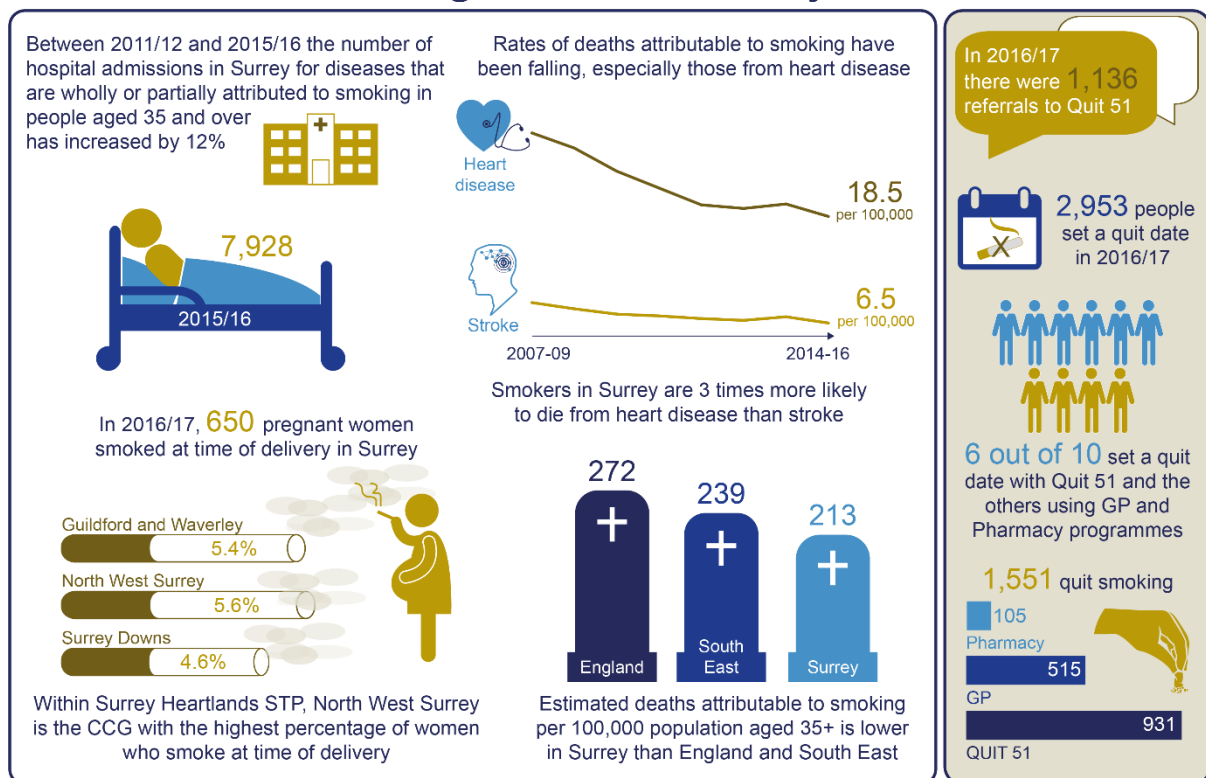
⁹ Surrey Tobacco Control Strategy https://www.healthysurrey.org.uk/_data/assets/pdf_file/0010/137539/tc-strategy-134382.pdf

Local context

Smoking in Surrey



Smoking and secondary care



Surrey population and number of smokers

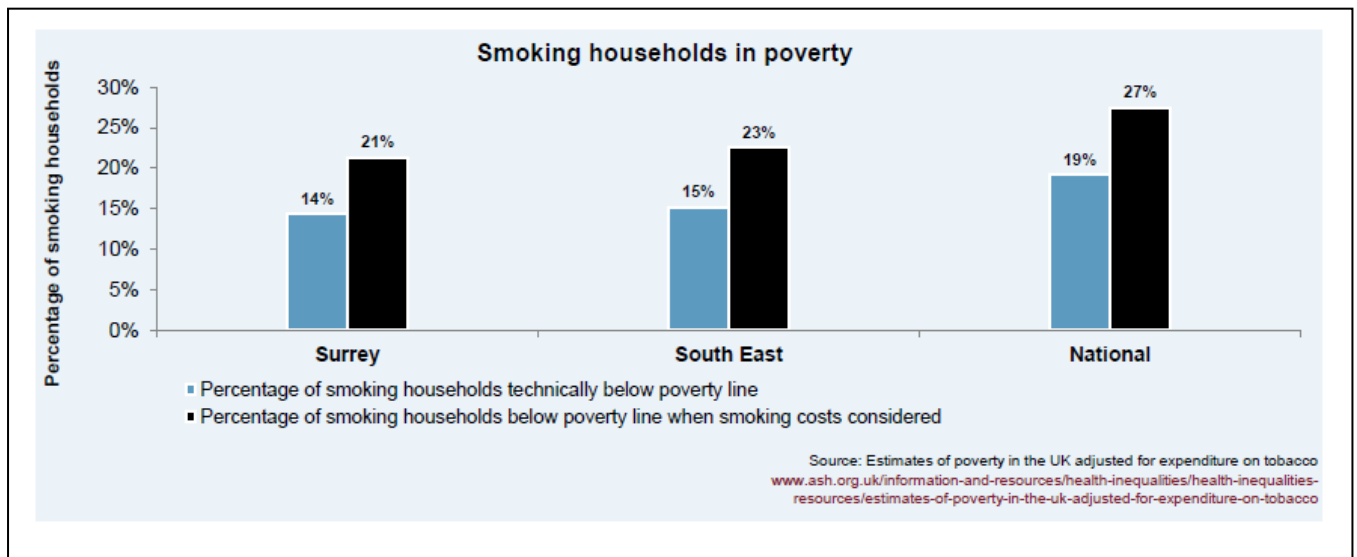
Number of smokers in Surrey:

18+ population in Surrey is 917550 (June 2016).

Smoking prevalence (APS) is 12.4% (2016)¹⁰. Number of smokers is 113776.

Priority groups

Those in routine and manual occupations	
Background	The decline in smoking rates amongst higher-income groups has been greater than amongst lower-income groups; higher smoking rates are still observed in routine and manual groups, lower socio-economic groups, and certain minority and vulnerable groups compared with the general population. People working in routine and manual occupations form the largest group of smokers amongst the general population.
Surrey Context	This is the case for Surrey: General population smoking prevalence: 12.4% (2016) ¹⁰ Routine and manual smoking prevalence 23.6%. (2016) ¹⁰
Current support in Surrey	<ul style="list-style-type: none"> • Current contract target: >30% of total quit dates set from service users from routine and manual occupations • Actual figures 17/18: 31%



¹⁰ Local Tobacco Control Profiles <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0>

Pregnant women																									
Background	The impact of smoking during pregnancy on maternal and foetal health is significant in terms of morbidity, mortality and healthcare costs.																								
Surrey Context	<p>Smoking at time of delivery rate: 5.8% (2016/17)¹⁰ Count: 688</p> <p>NHS Digital 2016/17:</p> <table border="1"> <thead> <tr> <th>CCG</th> <th>Number of maternities</th> <th>Number of smokers</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>East Surrey</td> <td>1927</td> <td>129</td> <td>6.7%</td> </tr> <tr> <td>Guildford & Waverley</td> <td>2045</td> <td>110</td> <td>5.4%</td> </tr> <tr> <td>North West Surrey</td> <td>3814</td> <td>212</td> <td>5.6%</td> </tr> <tr> <td>Surrey Downs</td> <td>2831</td> <td>131</td> <td>4.6%</td> </tr> <tr> <td>Surrey Heath</td> <td>914</td> <td>68</td> <td>7.4%</td> </tr> </tbody> </table>	CCG	Number of maternities	Number of smokers	%	East Surrey	1927	129	6.7%	Guildford & Waverley	2045	110	5.4%	North West Surrey	3814	212	5.6%	Surrey Downs	2831	131	4.6%	Surrey Heath	914	68	7.4%
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Current support in Surrey	<ul style="list-style-type: none"> • Current contract target: >3% of total quit dates set from service users who are pregnant • Actual figures 17/18: 2% 																								

People with mental health issues	
Background	People with mental health issues have significantly higher rates of smoking. As a result of high smoking rates, people with a mental health condition have high mortality rates compared to the general population. Smoking is the single largest contributor to mental health patient's 10-20 year reduced life expectancy.
Surrey Context	<p>Proportion of people with a serious mental illness (SMI) who are current smokers: 32.5% (2014/15)¹⁰. (<i>According to PHE, there may be data quality issues with this figure</i>).</p> <p>In October 2017, Surrey and Borders Partnership NHS Foundation Trust went smokefree. The Trust implemented a robust programme of staff training, brief advice and recording smoking status, and employed on-site stop smoking advisors.</p>
Current support in Surrey	<ul style="list-style-type: none"> • Current contract target: >5% of total quit dates set from service users of mental health services • Actual figures 17/18: 15%

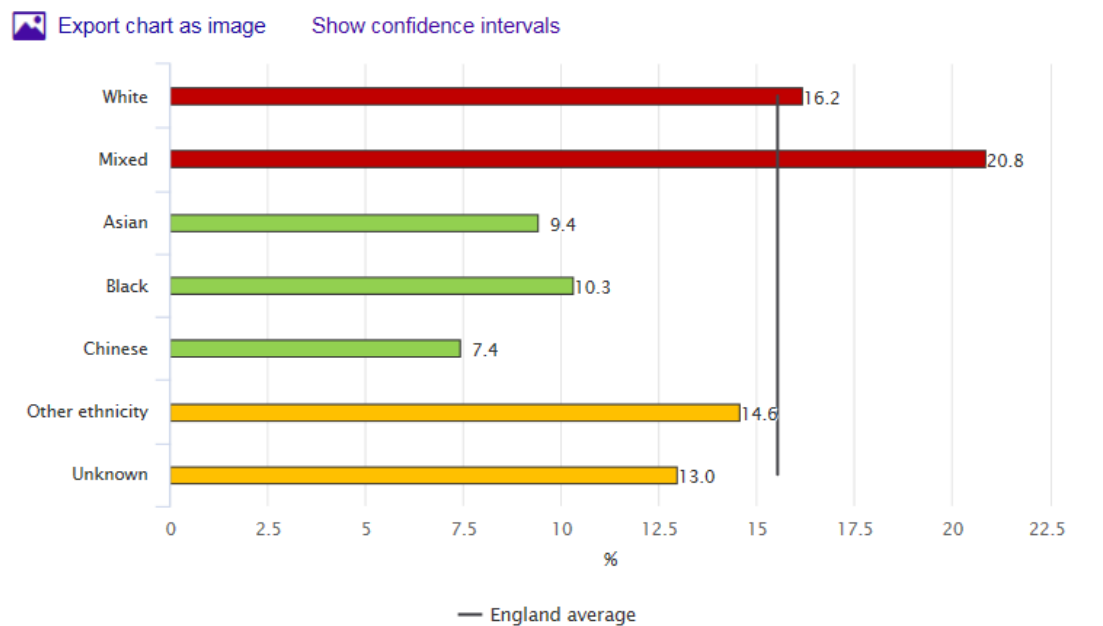
Black, Asian and minority ethnic groups (BAME), including the Gypsy, Roma and Traveller community

Background

Smoking prevalence varies greatly between ethnic groups and between men and women within these groups. Whilst smoking prevalence amongst minority ethnic groups is generally lower than that of the general population, some have higher rates, most notably amongst black Caribbean, Bangladeshi and Chinese men. The use of niche tobacco products (such as shisha and smokeless tobacco) is also higher in certain ethnic groups. Information from the 2012 Integrated Household Survey suggests that adult smoking rates are higher among Gypsies, Roma and Travellers at around 30% although the sample size is small and may not be fully representative.

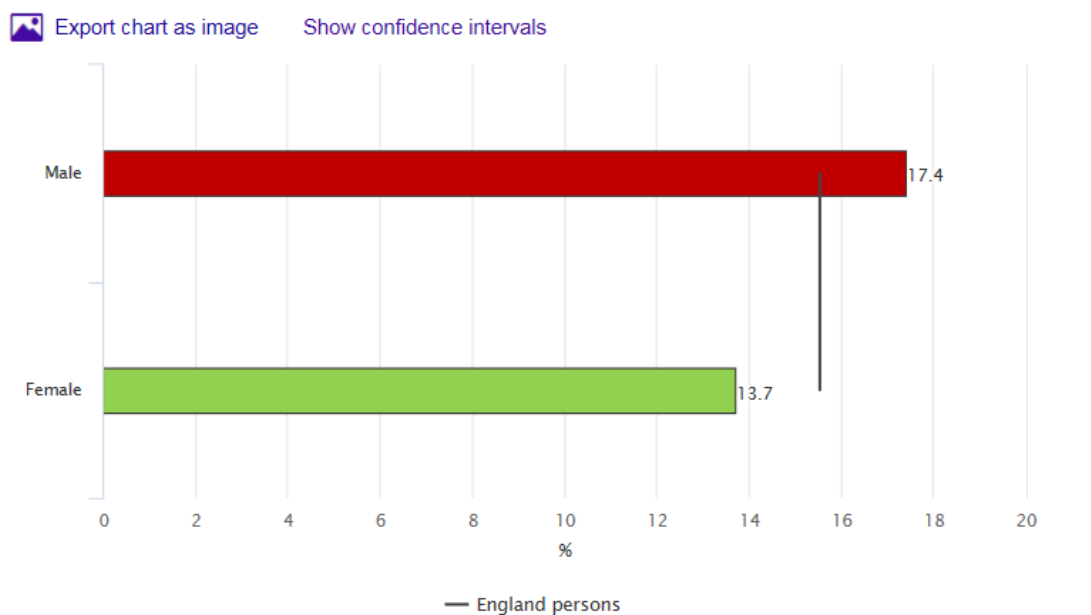
Surrey Context

Smoking Prevalence in adults - current smokers (APS) England, 2016



2016¹⁰

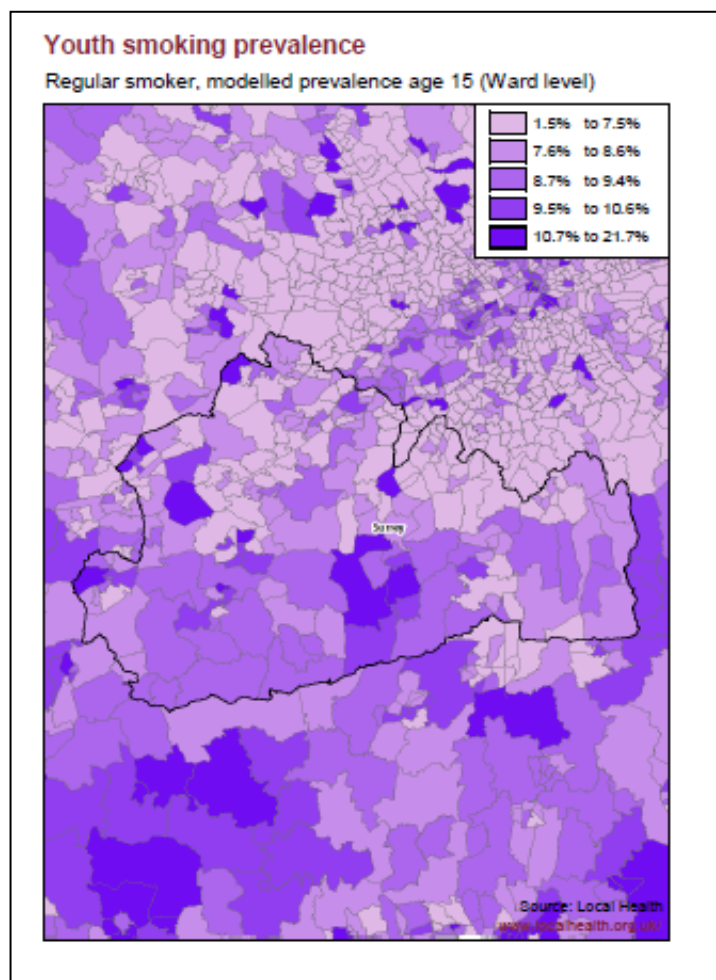
Smoking Prevalence in adults - current smokers (APS) England, 2016



Current support in Surrey	<ul style="list-style-type: none"> • Current contract target: >6% of total quit dates set from service users from BME background • Actual figures 17/18: 16%

Children and young people

Background	<p>There are several risk factors associated with increased likelihood of smoking initiation among young people. The following are associated with higher odds of youth smoking: exposure to parent, carer, sibling and peer smoking, lower socio-economic status, higher levels of truancy and substance misuse. Smoking prevention is therefore not achieved by youth targeted interventions alone.</p> <p>According to the Tobacco Control Plan for England⁷, one of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. We know that children are heavily influenced by adult role models who smoke. Continuing to encourage adult smokers to quit must therefore remain an important part of reducing prevalence amongst the young, and achieving a smokefree generation.</p>
Surrey Context	6.8% of young people in Surrey aged 15 smoke ¹⁰
Current support in Surrey	<ul style="list-style-type: none"> • Current contract target: >1% of total quit dates set from service users under 18 • Actual figures 17/18: 1%



Hospital patients and people with long term conditions

Background In England, one in four patients admitted to hospital are smokers and over 1,000,000 smokers are hospital inpatients¹¹. Smoking causes almost 80,000 premature deaths a year.

Preventing ill health through smoking cessation and reductions in alcohol consumption can significantly reduce the burden on the NHS; premature mortality and morbidity; and will help to reduce health inequalities.

The Risky Behaviour CQUIN introduced in 2017/18 and 2018/19 focusses on identifying and providing brief advice in community, mental health and acute trusts.

Surrey Context

Indicator	Period	Recent Trend	Surrey		Region England			England		Best
			Count	Value	Value	Value	Worst	Range		
Smoking attributable mortality	2014 - 16	–	4,431	212.5	238.5	272.0	499.3		162.5	
Smoking attributable deaths from heart disease	2014 - 16	–	388	18.5	21.4	26.5	59.3		15.6	
Smoking attributable deaths from stroke	2014 - 16	–	137	6.5	7.2	8.8	18.8		3.7	
Deaths from lung cancer	2014 - 16	–	1,452	43.1	48.9	57.7	109.8		32.6	
Deaths from oral cancer	2014 - 16	–	129	3.8	4.0	4.6	9.1		2.1	
Deaths from chronic obstructive pulmonary disease	2014 - 16	–	1,346	38.4	45.1	52.2	102.3		29.4	
Potential years of life lost due to smoking related illness	2014 - 16	–	16,477	956	1431	1579	3,048		763	
Stillbirth rate	2014 - 16	–	148	3.6	4.2	4.5	7.7		2.3	
Neonatal mortality	2014 - 16	–	75	1.85	2.31	2.74	5.94		1.12	

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Indicator	Period	Recent Trend	Surrey		Region England			England		Best
			Count	Value	Value	Value	Worst	Range		
Premature births (less than 37 weeks gestation)	2014 - 16	–	3,155	77.7	76.4	79.5	109.6		61.6	
Low birth weight of term babies	2016	➔	261	2.11%	2.28%	2.79%	5.22%		1.28%	
Hospital admissions for asthma (under 19 years)	2016/17	➔	451	165.2	166.8	202.8	497.5		63.6	
Smoking attributable hospital admissions	2016/17	–	8,044	1,173	1314	1685	3,116		969	
Cost per capita of smoking attributable hospital admissions	2016/17	–	17,638,061	25.5	25.9	28.4	45.5		15.4	
Emergency hospital admissions for COPD	2016/17	–	1,775	260	313	417	916		224	
Lung cancer registrations	2013 - 15	–	1,907	59.2	66.3	78.9	156.9		39.7	
Oral cancer registrations	2013 - 15	–	454	13.9	13.1	14.5	23.6		9.3	

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Current support

- Current contract target: >3% of quit dates set from service users from acute settings
- Actual figures 17/18: 2%

Wards with estimate high smoking prevalence

Background The Public Health Team uses Mosaic data to model estimates for smoking prevalence by ward. This supports the specialist service in targeting areas with high prevalence.

Surrey Context See top 25 wards with the highest smoking prevalence below. See appendix 1.

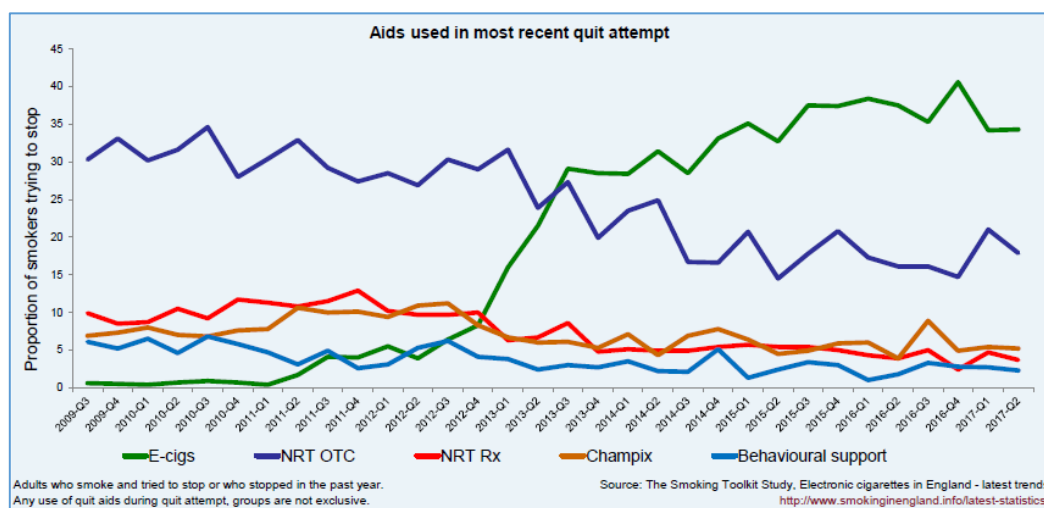
- Current support**
- Current contract target: 10% of total quit dates set must be from the top 25 priority wards
 - Actual figures 17/18: 19%

¹¹ Public Health Matters Blog: Progressing a smokefree NHS
<https://publichealthmatters.blog.gov.uk/2018/05/31/progressing-a-smokefree-nhs/>

Other issues

E-cigarettes

E-cigarettes have become the most popular stop smoking aid in England. There is growing evidence that they can be effective in helping smokers to quit, particularly when combined with behavioural support from local stop smoking services¹². Currently, there are no medicinally licensed e-cigarettes available on the market and they cannot be prescribed for smoking cessation. However stop smoking services are encouraged to be open to smokers who want to use an e-cigarette in their quit attempt, and to provide the expert support that will give them the best chance of stopping smoking successfully¹².



E-cigarette advice in Surrey:

Smokefree Surrey advises that the best thing a smoker can do is to quit and quit for good. Any smokers wanting to quit, with or without use of licensed or unlicensed nicotine containing devices should seek expert support and advice from the local stop smoking service.

It is recognised that e-cigarettes help some smokers quit. While not completely risk free, evidence indicates that e-cigarettes are considerably less harmful to health than cigarettes. According to the recent evidence reviews, using e-cigarettes is estimated to be around 95% less harmful than smoking¹³.

The current stop smoking provider supports clients with behaviour support if they decide to use e-cigarettes.

In 2017, Surrey County Council updated its smokefree workplace policy to include the use of e-cigarettes externally on site.

¹² PHE 2017 Surrey Tobacco Control JSNA Support pack

¹³ PHE (2015) E-cigarettes: An evidence review www.gov.uk/government/publications/e-cigarettes-an-evidence-update

Current stop smoking service

The current provider is Quit 51. At the time of writing, they are in the third year of a three year contract.

The service provides:

- Free, 12-week support program to smokers who live or work in Surrey
- One-to-one or group sessions. Home visits and telephone support are available
- Community clinics: for example, libraries, supermarkets, sports centres, GP surgeries
- GP and Pharmacies provide service under 'Public Health Agreement' (PHA) – contract held between GP and pharmacy and Surrey County Council.
 - Quit 51 commissioned to support GP and pharmacy delivery
- Training – brief advice training, level 1 and stop smoking advisor training/Level 2
- NRT dispensed via direct supply

Data for Surrey:	2016/17	2017/18
Number quit dates set	2953	3451
Number of 4 week quits (Quit rate of 47% which is over the Department of Health's recommended quit rate)	1551	1631
Number lost to Follow Up	419	604
% CO screened (Target: 85%)	69%	70%
% of Quit dates set from a priority group (Target 60%)	56%	73%
% treated by Quit 51	58%	74%
% treated by Pharmacy	9%	8%
% treated by GP	33%	18%

Current service challenges

- Referrals from primary and secondary care
 - The provider is working to encourage healthcare professionals to signpost clients to the service, rather than refer.
 - In 2018/19, the Risky Behaviour CQUIN was launched. All five Hospital Trusts are working on implementing the CQUIN. In 2017/18, the mental health trust and some community providers implemented the CQUIN.
- Working in a large county
 - Surrey has 11 boroughs and districts, five CCGs, five hospital trusts and three STP footprints.
- Pharmacy and GP Public Health Agreement performance
 - Delivery by GP and Pharmacies via the Public Health Agreements has been low over the past three years. Pharmacy delivery has been lower than GP delivery.
- Budget cuts
 - Due to cuts in the Public Health Budget, the current service experienced a budget cut at the start of the contract and in year 2 and year 3.

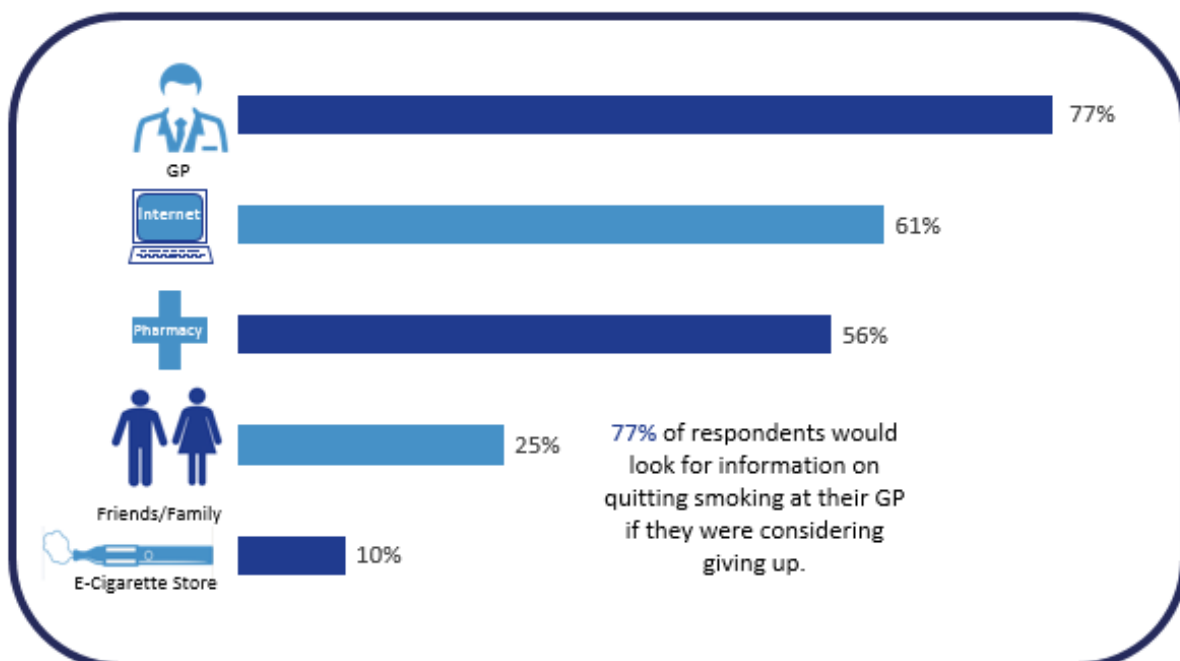
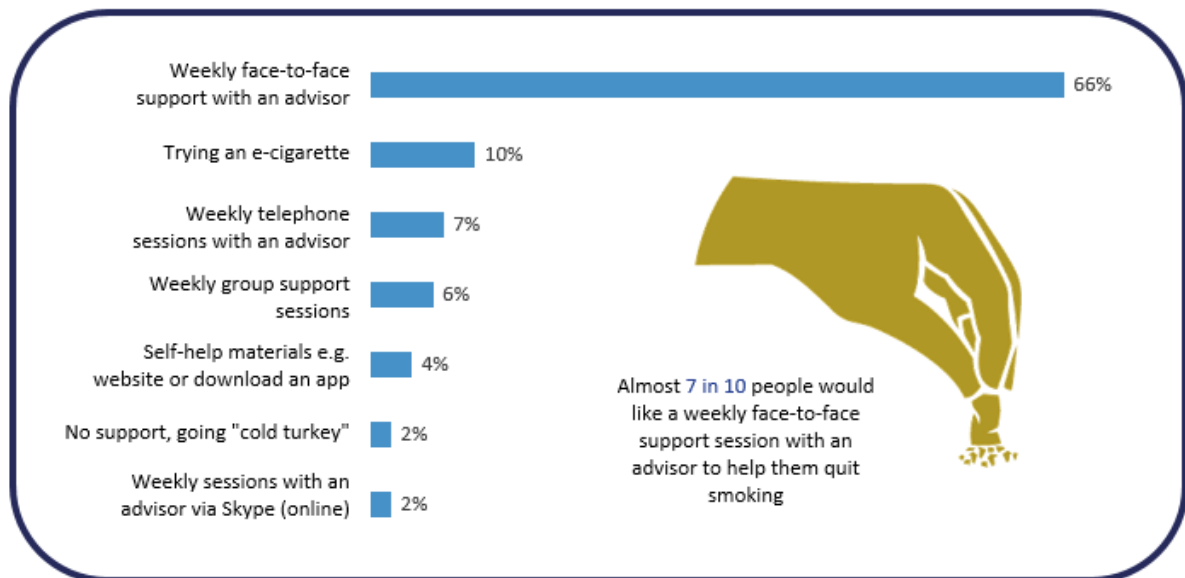
Feedback from smokers in Surrey

In June 2018, an online survey was opened for smokers in Surrey. The aim was to gain views on how they would like to quit. The survey was open for two weeks via Surrey Says and 100 surveys were completed.

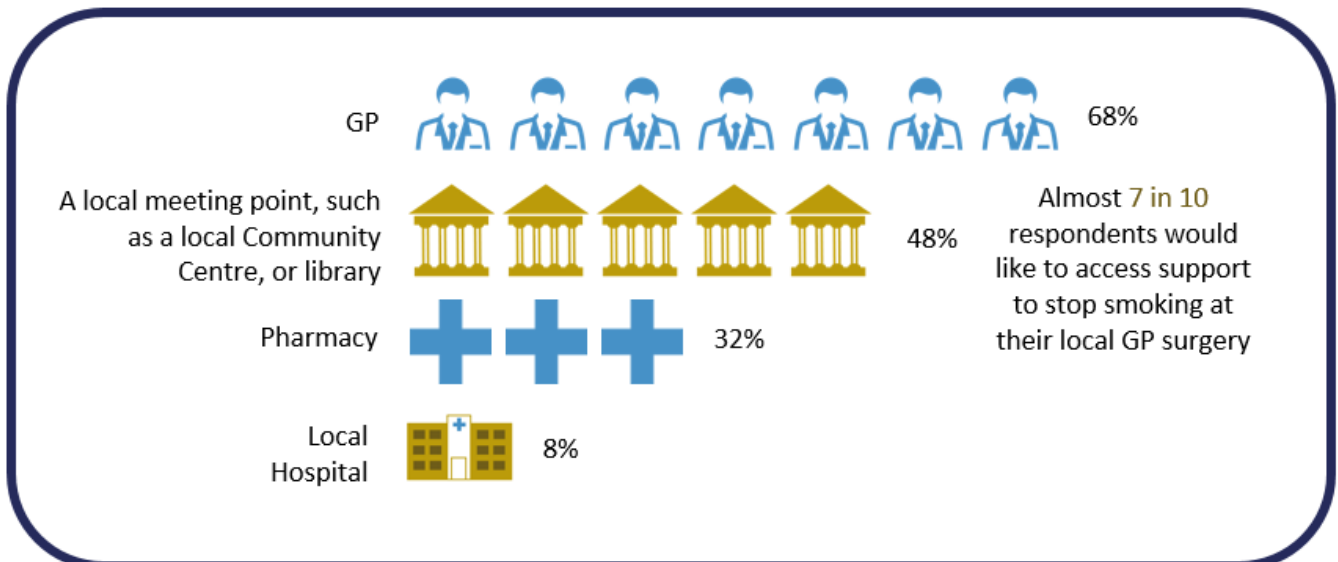
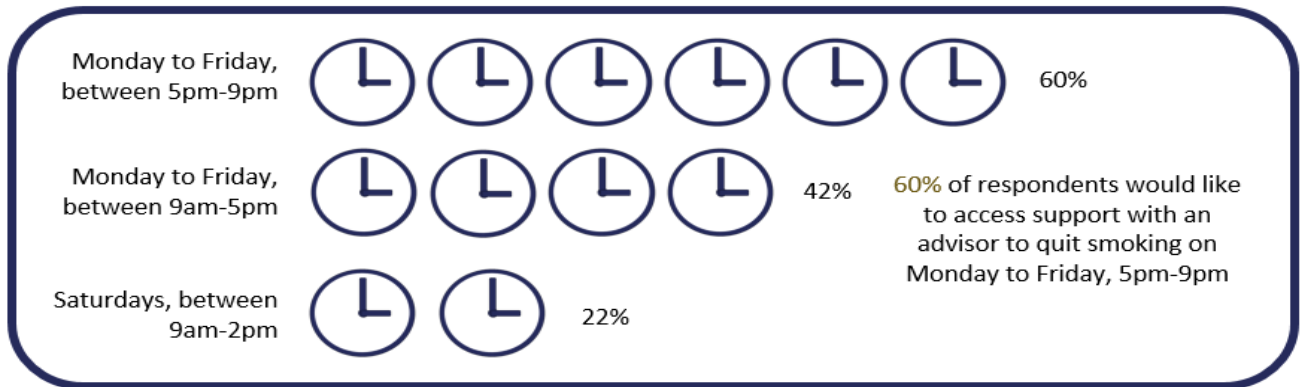
The results provide an insight into how residents in Surrey who smoke would like to quit. The results will help shape future provision and delivery.

(Please note: when answering, respondents could pick more than one option and could also skip questions).

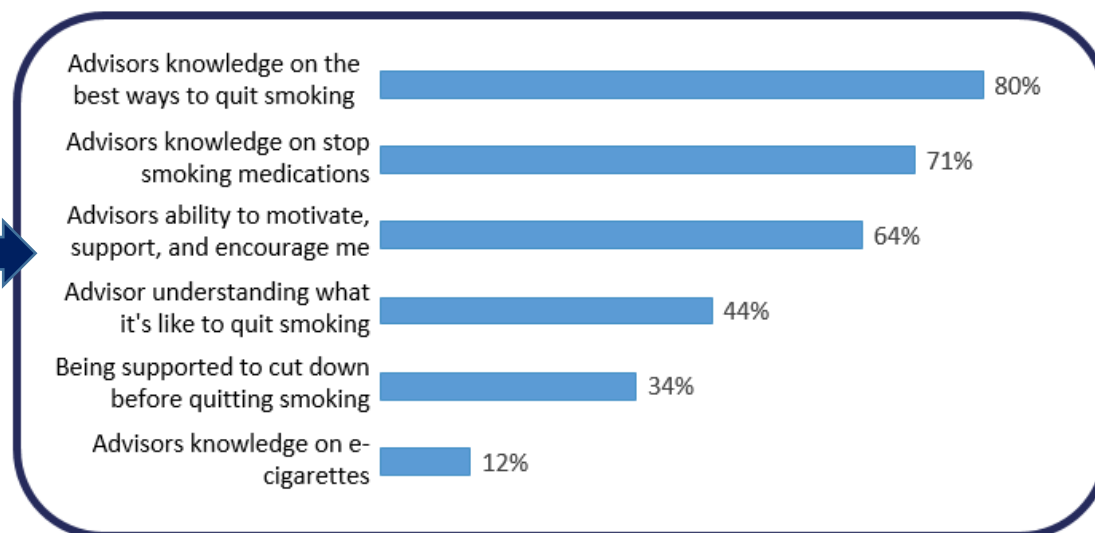
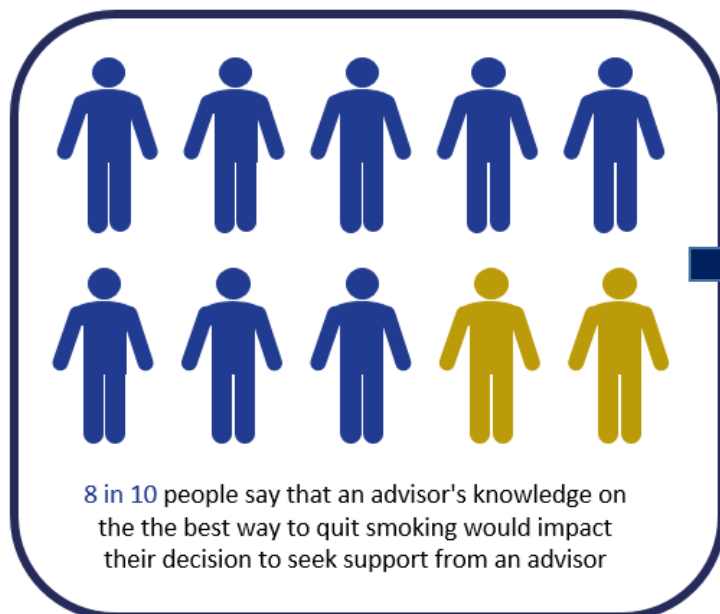
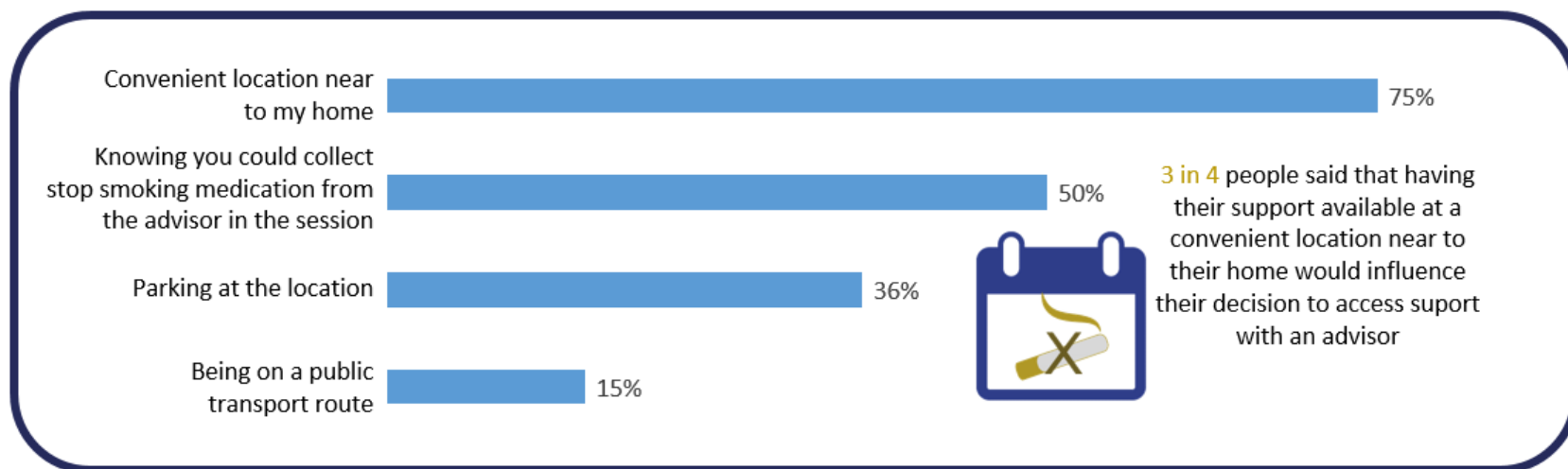
Survey Results



Survey Results



Survey Results



Gaps in current service provision

- Missing priority group: Substance misuse service users
 - According to the National Drug Treatment Monitoring System (NDTMS), people in treatment for opiate use had the highest reported rates of smoking when starting treatment (59%) and 2014 research found that 88% of all clients in substance misuse treatment were current smokers¹⁴.
 - There can be a misperception that people in alcohol and drug treatment are not worried about their smoking and are unwilling or unable to address it. Evidence shows that interventions to address smoking along with alcohol and drug misuse are effective for stopping smoking and can also support changes in alcohol and drug use. Developing effective treatment programmes and effective care pathways can improve local smoking cessation outcomes for people in alcohol and drug treatment¹⁴.
- Increase in online and digital support.
 - For example, offering stop smoking sessions via skype. There is also potential to promote existing online resources such as apps and websites to smokers who do not require intensive support to quit or would like to quit on their own.
 - Development of an online single point of access to help target smokers who have multiple lifestyle risk factors, such as poor diet, physical inactivity and excessive alcohol consumption.
- Explore possibility of a Champix PGD for pharmacies.
 - Explore financial costs and practicalities of a Champix PGD for pharmacies to support delivery of the Public Health Agreement.

Recommendations from JSNA

To view the recommendations of the JSNA:

Improving Health Behaviours – available here

<https://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1728&cookieCheck=true>

Needs Assessment Recommendations

Through the development of this needs assessment using local and national data, local and national strategy and guidance, and feedback from smokers in Surrey, the following recommendations have been identified:

¹⁴ PHE (2018) National intelligence network on drug health harms briefing: July 2018
<https://www.gov.uk/government/publications/drug-health-harms-national-intelligence/national-intelligence-network-on-drug-health-harms-briefing-march-2018#smoking-and-substance-misuse>

- Include Substance misuse service users as a priority group.
- Encourage the new stop smoking provider to increase online and digital support by including in the new stop smoking service specification.
- Continue to deliver a service that focuses on priority groups with increased activity and focus on reducing routine and manual prevalence rates. This includes focussing on delivering stop smoking support in workplaces.
- To continue to provide stop smoking support in a climate of reducing public health and county council budgets. Explore self-care options for smokers not in priority groups and those that would like to quit on their own.
- Working closely with maternity teams and Local Maternity Systems, focus on increasing referrals for pregnant smokers. Undertake the PHE CLear Assessment deep dive on smoking in pregnancy and implement actions for improvement.
- Working with Acute trusts to implement the Risky Behaviour CQUIN for tobacco with the aim of increasing referrals from secondary care.
- Continue to work with the Local Pharmacy Committee to support delivery of the Smoking Cessation Public Health Agreement in pharmacies with the aim of increased activity.
- Continue to work with the Local Medical Committee and CCGs to support delivery of the Smoking Cessation Public Health Agreement in GPs with the aim of seeing increased activity and an increase in referrals from primary care.

Next Steps

The Surrey County Council Public Health Team is in the process of recommissioning the stop smoking service with a new contract to begin in April 2019. The findings, recommendations and key messages from this needs assessment will be used in development of the new service.

Appendix 1

2018/19 top 25 priority wards

Ward code	Ward name	LA name	Estimated number smokers 18+	MidYear 2016 Adults 18+	Estimated smoking prev 18+
E05007383	Old Dean	Surrey Heath	879	3471	25.3
E05007339	Preston	Reigate and Banstead	537	2176	24.7
E05007306	Westborough	Guildford	3800	15448	24.6
E05007303	Stoke	Guildford	1248	5180	24.1
E05007372	Stanwell North	Spelthorne	1479	6242	23.7
E05010796	Canalside	Woking	2050	9045	22.7
E05007323	Leatherhead North	Mole Valley	1281	5746	22.3
E05007364	Ashford North and Stanwell South	Spelthorne	1605	7382	21.7
E05007385	St Michaels	Surrey Heath	1031	4899	21.1
E05007373	Sunbury Common	Spelthorne	1344	6408	21.0
E05007293	Friary and St Nicolas	Guildford	2627	12586	20.9
E05007283	Town	Epsom and Ewell	1355	6552	20.7
E05010797	Goldsworth Park	Woking	1474	7245	20.3
E05007340	Redhill East	Reigate and Banstead	1687	8303	20.3
E05007356	Englefield Green West	Runnymede	928	4638	20.0
E05007332	Horley Central	Reigate and Banstead	1471	7433	19.8
E05007341	Redhill West	Reigate and Banstead	1351	6837	19.8
E05011086	Walton North	Elmbridge	1195	6052	19.7
E05007275	Court	Epsom and Ewell	1073	5443	19.7
E05007354	Egham Town	Runnymede	1166	5934	19.7
E05010802	Mount Hermon	Woking	1709	8756	19.5
E05007407	Whyteleafe	Tandridge	670	3442	19.5
E05007353	Egham Hythe	Runnymede	1047	5381	19.5
E05007430	Godalming Central and Ockford	Waverley	753	3904	19.3
E05007403	Valley	Tandridge	694	3614	19.2