

To: Lanarkshire NHS Board

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Subject: Smoking

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1.0 Purpose

The purpose of this paper is to provide an overview of NHSL Lanarkshire Stop Smoking Service, outline progress against the national HEAT target, and highlight key priorities for reducing smoking prevalence in Lanarkshire in line with national direction.

2.0 Background

Smoking is the biggest single preventable cause of ill health and early death in Lanarkshire with over a quarter of deaths attributable to smoking. For the five year period 2000-2004 this comprised 7895 deaths, an average of 1579 a year.

In 2004 29% of adults (129,000 people) in the Board area were current smokers, a figure which was above the Scottish average and the second highest among NHS Boards. The 2006 National Household Survey, used by the Scottish Government to calculate adult smoking prevalence, shows the prevalence in North Lanarkshire and South Lanarkshire to be 33% and 25% respectively placing them 32nd and 15th of Scotland's 32 local authorities.

Significant progress has been made nationally in tackling smoking in recent years in line with the UK White Paper *Smoking Kills* (1998) and the first Scottish Action Plan on tobacco *A Breath of Fresh Air For Scotland* (2004).

There has been increased national investment in local smoking cessation services and the development of a very useful national web based smoking cessation database to record and monitor service throughput and success rates.

In parallel with service developments there has been a shift in cultural attitudes through both national communication campaigns and legislative action including the *Smoking, Health and Social Care (Scotland) Act 2005* which prohibited smoking in indoor public places and which was amended in 2007 to increase the age of sale for tobacco from 16 to 18.

As well as ensuring services are available for supporting those who want to stop smoking there is government recognition of the need to focus attention towards preventing people from starting smoking. *Scotland's Future is Smoke-Free: A Smoking Prevention Action Plan* (2008) sets new targets and draws on evidence to outline a range of measures to dissuade children and young people from

smoking. Funding has been made available over a three year period to both NHS Boards and local authorities to underpin the actions outlined in this plan.

Most recently, at the end of August 2008, a new national pharmacy smoking cessation scheme was announced as part of the new community pharmacy contract's Public Health Service. This requires pharmacists to provide nicotine replacement therapy (NRT) and brief advice for up to 12 weeks to clients who wish to stop smoking. Local Boards are required to support the implementation and monitoring of this new scheme.

In recognition of the importance of reducing smoking prevalence a national HEAT target has been set by the Scottish Government to support 8% of the Board's smoking population in successfully quitting (at one month post quit) over the period 2008/09 – 2010/11.

In addition to the HEAT target, there is a range of other national smoking targets which have to be met by NHSL in partnership with other agencies:

- To reduce the percentage of adults aged 16+ smoking from 26.5% in 2004 to 22% by 2010 (Lanarkshire target: 23.9%).
- To reduce the proportion of women who smoke in pregnancy from 29% to 23% between 1995 and 2005 and to 20% by 2010.
- To reduce the level of smoking amongst 13 yr old girls from 5% in 2006 to 3% in 2014.
- To reduce the level of smoking amongst 13 yr old boys from 3% in 2006 to 2% in 2014.
- To reduce the level of smoking amongst 15 yr old girls from 18% in 2006 to 14% in 2014.
- To reduce the level of smoking amongst 15 yr old boys from 12% in 2006 to 9% in 2014.
- To reduce the level of smoking amongst 16-24 yr olds from 26.5% in 2006 to 22.9% in 2012.

3.0 Issues

3.1 NHSL Stop Smoking Service

Since the inception of Community Health Partnerships in 2006 NHS Lanarkshire has integrated all the locality based services into a centralised stop smoking service which is hosted by the North Lanarkshire Community Health Partnership.

The service is staffed by nurse coordinators and advisors assigned to each locality and each acute site and offers a '*One Stop Shop*' cessation service which can be accessed across all areas of Lanarkshire. The service is delivered from a range of venues including community halls, workplaces and health centres,

during the day and in the evenings. A single telephone and text number for accessing the service was introduced in May 2008.

The community service is based on the evidence based Maudsley model of specialist smoking cessation support and offers weekly group sessions over a 6 week period with further support sessions at weeks 8 and 10 when required. Clients are provided with up to 12 weeks of free NRT by Patient Group Direction issued weekly on attendance at the clinics.

One to one support sessions are provided in the hospital setting and one to one sessions and home visits are available for clients with particular needs in the community.

A referral pathway has been developed to ensure patients who have received smoking cessation support in hospital receive continued support from the community service upon discharge.

The Stop Smoking Service team is now working to develop the service to meet the needs of specific target groups. For example, through partnership working with maternity services all midwives now raise the issue of smoking and undertake carbon monoxide monitoring at the first ante natal booking clinic and a prioritised referral pathway from maternity services to the Stop Smoking Service has been established. This work will be audited early in 2009 and further developed.

Work is also under way to increase effort where there is high smoking prevalence but low uptake of the service. As more people quit smoking the challenge of attracting remaining smokers to the service is expected to increase.

There is a need to develop capacity within the service to introduce cessation programmes for other key target groups, such as young people, pregnant women and patients with mental health problems. To be effective it will be necessary to seek out evidence of best practice with these groups or, when this is not available, to establish properly evaluated pilot studies.

3.2 Stop Smoking Service Performance

The 2006 and 2007 ISD annual reports on Scotland's smoking cessation statistics show that the Lanarkshire service has very good throughput and success rates (Appendix 1). In 2007, 51% of those setting a quit date were still stopped at 4 weeks. Care should be taken in making comparisons with other health boards as the type of service provision varies between boards.

Smoking prevalence increases with increasing deprivation. Recent analysis of service data for 2007/08 also demonstrates the service is attracting clients from areas of deprivation with over one third of all those accessing the service coming

from the most deprived quintile for Lanarkshire (Table 1). Success rates for this client group are also encouraging with a one month success rate of 48% compared to an average of 51% for all clients for this period.

Table 1: Quit attempts Jan-Dec 2007 by SIMD(2006) deprivation quintile

SIMD quintile	Quit attempts	% of total quit attempts	Self reported quit at 1 month	Self reported quits at 4 weeks %
1	279	4.6%	158	57%
2	538	8.9%	300	56%
3	1133	18.8%	595	52%
4	1952	32.4%	1019	52%
5	2122	35.2%	1023	48%
Total	6024 ¹	100	3095	51%

¹SIMD data was missing for 129 cases

In Lanarkshire the HEAT H6 target equates to 10,737 people still stopped at 4 weeks by 2010/11 (or 3579 people per annum for the three year period 2008 - 2010).

The trajectory for the first nine months of 2008 (Table 2 below) suggests the service is close to meeting the HEAT target for 2008/09.

Table 2: HEAT H6 trajectory¹ 4 week quits

	March 2008		June 2008		Sept 2008		Dec 2008	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
NHSL	895	950	1790	1824	2684	2520	3579	
North CHP	532	552	1064	1063	1596	1455	2127	
South CHP	363	398	726	761	1089	1065	1452	

¹The target trajectory has been divided evenly across the year however it is worth noting that service uptake has seasonal fluctuations with more throughput earlier in the year and a reduced throughput towards the end of the year and over the summer months.

In order to ensure the target is met there is therefore a need for increased service throughput whilst also ensuring the service meets the needs of those who access it.

A key challenge for the service will be to attract smokers to attend the service and to be successful in their quit attempts. This is due to the fact that since the introduction of the smoking free public places legislation in 2006 the service has largely engaged individuals who are motivated to stop. In future months and years the service will be tasked with recruiting and motivating both hard to reach smokers and those who are heavily addicted.

Increased effort is therefore required to encourage smokers to quit, to attract them to the service, and in particular to harness the contribution of NHS and partner agency staff to make referrals to the service. It is worth noting that despite top slicing of GP prescribing budgets there is still a significant number of GPs prescribing NRT rather than referring clients to the service and there is a need to work more closely with GPs around this issue.

As well as increasing throughput there is a need to review the current Stop Smoking Service model to ensure it offers the most effective support and pharmacotherapies to meet the needs of all client groups.

In addition to the one month HEAT target, it is important we do not lose sight of the 12 week and 12 month quit rates. It is worth noting that in 2007 NHSL had a 12 week quit rate of 30%, and we need to improve on this position in future years as many quitters relapse before finally quitting smoking. Since the start of 12 month follow up data collection in March 2007, 1233 people who have attended the service have reported that they are still not smoking at one year.

3.3 National Pharmacy Smoking Cessation Scheme

NHS Lanarkshire has not had a smoking cessation pharmacy scheme to date. The new scheme will improve the reach of smoking cessation support and increase access to NRT and support for those who do not want to attend the specialist service.

Local systems have been put in place to ensure that from September 2008 the data from the pharmacy scheme is recorded on the national Smoking Cessation Database and the Scottish Government has approved the use of these data in relation to the HEAT target. Pharmacists will be responsible for recording the 4 week follow up before passing clients to the local Stop Smoking Service to undertake the 12 week and 12 month follow up.

The Stop Smoking Service has been working closely with the Chief Pharmacist for Primary Care and pharmacy contractors to support the implementation of this new scheme. Training has been delivered for pharmacy staff and carbon monoxide monitors and related resources have been purchased for each pharmacy.

Due to the brief nature of the support that will be available through the pharmacies, evidence suggests the new scheme will have a reduced success rate compared with the specialist service. However, this may be counterbalanced in terms of the number of quitters because of the increased access community pharmacies provide. The Stop Smoking Service team is working closely with pharmacy contractors in each locality and has developed a two way referral process in order to ensure the two services complement one another and that clients can be offered the support that best meets their needs.

The new pharmacy scheme may make a positive contribution to the HEAT target in future months and years. Drawing from the Glasgow pharmacy scheme throughput and overall success rates we can expect to gain at least 1000 successful quit attempts at 4 weeks per year, however much will depend on the quality of the service provided by each pharmacy. This is a conservative estimate and it may be that the contribution from pharmacies will be much greater if the service becomes more established and is well supported by the NHSL Stop Smoking Service.

3.4 Implementation of No Smoking Policy

NHS Lanarkshire's revised policy was implemented for all except long stay psychiatric inpatients on 1st August, 2008. Security staff at each acute hospital site have recorded the occasions when they have asked people not to smoke, and a report will be presented to the Board at a later date.

4.0 Scotland's Future is Smoke Free: A Smoking Prevention Action Plan (2008)

The Smoking Prevention Action Plan published in May focuses on reducing the prevalence of smoking among adolescents and young adults. The plan outlines a range of actions to be taken forward nationally and locally with respect to tobacco education, prevention, control and culture change and recognizes the wide range of partners who are responsible for delivery against the actions in this plan. NHS Lanarkshire has been allocated additional funding of £151,000 per annum for the next three years to underpin delivery against the actions outlined in the plan.

Smoking prevention education and cessation services for young people have been developed within both school and community settings in recent years. For example work in schools is well established in both Wishaw and Airdrie and cessation services have been developed in both Universal Connections in East Kilbride and in the YMCA in Bellshill.

Whilst there has been a range of local partnership initiatives in recent years focusing on young people and smoking and much enthusiasm and commitment

throughout Lanarkshire to this agenda there is a need to coordinate this work strategically in order to ensure effective and uniform service delivery.

A local multi-agency stakeholder meeting was held in September 2008 to consider how Lanarkshire can deliver on the actions set down in the Plan. A broad range of actions were identified including the need to:

- review current smoking education programmes in schools and embed future delivery models into Curriculum for Excellence;
- develop links with colleges and Universities to encourage smoke free policies; target hard to reach groups of young people through training and employment agencies;
- develop capacity within public health teams to support this agenda,
- develop campaigns targeting parents and young women; and,
- involve young people in service planning and delivery.

Additional capacity will be required to support and develop the prevention agenda in line with the actions outlined in the national plan and to ensure integration of this work stream into the CHP and partner agency health improvement planning structures. Proposals for this work stream are being developed utilising the additional funding allocation and will be put forward to the Corporate Management Team for consideration.

5.0 Conclusions

- The Lanarkshire Stop Smoking Service has developed well and has built upon earlier good practice at locality level.
- The nurse led service is now easily accessible through one single telephone and text number and is available across all areas of Lanarkshire in a range of different settings.
- The service throughput and quit rates are good and compare very favourably with the Scottish average, and NHSL is close to meeting the HEAT target trajectory for 2008/09. The Stop Smoking Service combined with the pharmacy scheme should ensure NHSL achieve the HEAT target.
- Key actions required to ensure the HEAT target is met include: reviewing and developing the service in line with evidence based guidance, proactively stimulating increased referrals to the service, and supporting the implementation of the pharmacy smoking cessation scheme.
- Key priorities for the future include developing the Stop Smoking Service to meet the needs of specific target groups such as pregnant women, young people, and hard to reach groups.

- A key priority for NHS Lanarkshire and Community Planning partners is the need to increase focus on the wider smoking prevention agenda in line with the actions outlined in the Smoking Prevention Action Plan (2008) and this will be a key area of development in 2009/10.

Appendix 1

Quit rates, self-reported, at 1 month, by NHS board area for 2006 and 2007 (based on 1st January to 31st December quit dates for each year)

	Quit at 1 month (2006)		Quit at 1 month (2007)	
	Number	%	Number	%
England¹		51%		50%
NHS Board				
Ayrshire & Arran ²	105	8%	617	25%
Borders	785	46%	444	44%
Dumfries & Galloway	507	38%	499	40%
Fife	1148	46%	1097	45%
Forth Valley	940	51%	777	65%
Grampian ³	773	9%	229	17%
Greater Glasgow & Clyde	5913	36%	4386	32%
Highland	172	29%	743	42%
Lanarkshire	3205	59%	3140	51%
Lothian	1250	34%	1486	40%
Orkney	22	41%	21	39%
Shetland	68	36%	58	48%
Tayside	583	28%	852	29%
Western Isles	0	0%	3	20%
Scotland	15,471	34%	14,352	37%

Notes

¹ England – based on data for six months April to September 2007.

² Ayrshire & Arran – majority of records are for pharmacy services. Late receipt of pharmacy quit attempt records resulted in the majority of these having to be noted as 'lost to follow-up' as too late for 1 month follow-up to be undertaken.

³ Grampian – excludes pharmacy records not entered on to the national database.