Factsheet: Commissioning effective smoking cessation services

NHS stop smoking services provide clinically cost effective ways for people to stop smoking, whether these people have mental ill-health, co-morbidities, whose background places them at risk of health inequalities, are otherwise considered healthy or are pregnant. Initiation of attempts to support people to stop smoking within secondary care settings are not always followed through by the provision of effective support on discharge. This is an area where CCGs, Area Teams and local authorities can work together, to ensure that referral to and support for stop smoking services are fundamental parts of pathways in and out of secondary care.

Stopping smoking at about aged 30 leads to a gain of almost 10 years of life expectancy, stopping at age 60 still yields a 3 year gain in life expectancy[1]. Even after the onset of life-threatening disease there are rapid benefits from quitting: people who quit smoking after having a heart attack reduce their chances of having another heart attack by 50 percent.

CCGs should consider commissioning a referral system which;

- Offers a proven model that increases the identification and referral of smokers onto appropriate stop smoking support;
- Offers a programme management approach that ensures the system is fully implemented and adopted by staff within an acute trust;
- Enables the performance management of smoking related CQUIN indicators and supports the QIPP agenda;
- Supports the NHS Future Forum's 'Make Every Contact Count' recommendations;
- Offers a standardised, robust and tested electronic referral system; and
- Includes an evidence-based online training package.

The system should facilitate and encourage staff to ask and record smoking status for every patient, to deliver 30 second 'very brief advice' and to generate electronic referrals on to local stop smoking support.

There are several different systems that offer this level of support and the above criteria are taken from the National Centre for Smoking Cessation and Training's (NCSCT) national referral system.

[NICE guidance on smoking cessation for acute, maternity and mental health services](#) was published on 27 November 2013. It gives greater detail about provision of services in these settings.

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[1] Doll, R., R. Peto, J. Boreham and I. Sutherland, 2004, 'Mortality in relation to smoking: 50 years' observations on male British doctors', British Medical Journal 328:1519.

NICE quality standards information on smoking cessation can be found [here](#).

NICE guidance with relevance to referral of smokers to services is currently available for:

- Brief interventions and referral for smoking cessation (PH1)

  - **Recommendation 1**: Everyone who smokes should be advised to quit, unless there are exceptional circumstances. People who are not ready to quit should be asked to consider the possibility and encouraged to seek help in the future. If an individual who smokes presents with a smoking-related disease, the cessation advice may be linked to their medical condition.

- Workplace interventions to promote smoking cessation (PH5)
  - **Recommendation 1**: Publicise the interventions identified in this guidance and make information on local stop smoking support services widely available at work. This information should include details on the type of help available, when and where, and how to access the services.

- Quitting smoking in pregnancy and following childbirth (PH26)
  - **Recommendation 1**: Identifying pregnant women who smoke and referring them to NHS Stop Smoking Services – action for midwives

Inequalities and stop smoking services [2]

In the UK, health inequalities are widening on some important measures such as life expectancy. Smoking is the single biggest preventable cause of these health inequalities and is responsible for up to half the difference in death rates in men by socioeconomic status. The cost of tobacco represents a higher proportion of household income amongst poorer smokers, meaning that their tobacco use not only damages their health but also contributes to trapping people in poverty.

Research to date shows that stop smoking services are already making an important contribution to reducing smoking including in less affluent groups. One study showed that stop smoking services can make a significant contribution to reducing the health inequalities caused by smoking. It found that short-term cessation rates were lower in disadvantaged areas (53 percent) than elsewhere (58 percent) (p<0.001). However, the overall effect was that a higher proportion of smokers in the most disadvantaged areas reported abstinence from smoking (8.8 percent) than in more advantaged areas (7.8 percent) (p<0.001).

In addition all the factors outlined above that explain lower quit rates amongst

[2] Hiscock R and Bauld L. 2013) *Stop Smoking Services and Health Inequalities* [pdf] available from: http://www.ncsct.co.uk/usr/pub/NCSCT_briefing_effect_of_SSS_on_health_inequalities.pdf [Accessed November 2013] Editor: Andy McEwen

disadvantaged clients are modifiable. Services can work with smokers to identify the life circumstances that serve as barriers to quitting, provide information around the use of pharmacotherapy and offer different forms of behavioural support, to try and meet the needs of varied client groups.

Case studies of National Referral System Implementation

Case Study – Barts Health NHS Trust
Barts Health's public health vision is to improve the health of patients and reduce inequalities by promoting healthy lifestyles. Their first priority was to reduce the number of smokers among their patients. The prevalence of smoking in East London is significantly higher than England and London averages, especially amongst Black, Asian and Minority Ethnic (BAME) communities.

Since implementation of the National Referral System, they have seen an increase in the number of referrals across all their hospital sites. Notably for Whipps Cross hospital, from April to October 2013 a total of 1,045 patients have been referred on to local stop smoking support. This is already double the number of people referred for support by the hospital during the whole of 2012/13, in just seven months. The process of implementing a national referral system has been critical to the development of their refreshed Barts Health Smoke Free policy and action plan, which is due to be published in 2014.

Case Study – Peterborough and Stamford Hospitals NHS Foundation Trust
The trust had implemented various interventions such as 'Stop before your Op', development of clinics in the Respiratory and COPD departments, but identified a real need to address access to smoking cessation across the whole hospital.
An SLA was developed between the key stakeholders which clearly outlined roles and responsibilities, to ensure commitment from all parties.
This work is in its early days, but from July to end September 2013 they have received 69 referrals of which they achieved 10 quits. In context throughout 2012/13 their hospitals received 16 referrals in total, with no quit outcomes.

For more information on either case study, in factsheet form including more detail on the process of implementation and key learning points contact
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