



Public Health
England

Protecting and improving the nation's health

NHS Long Term Plan

Treating tobacco dependence

Rachel Swindells, Tobacco Control Programme Manager,
Public Health England



THE CASE FOR CHANGE

CLINICAL CASE

The Global Burden of Disease ranks **tobacco as the top modifiable risk factor** that drives deaths and disability (GBD, 2017).

Smoking tobacco is **linked to nearly 500,000 hospital admissions** each year, with smokers being 36% more likely to be admitted to hospital.

Stopping smoking results in an improved response to cancer treatments, faster recovery after surgery, fewer exacerbations of cardiovascular disease, slower decline in lung function, lower pharmacotherapy costs (for mental health patients) (RCP, 2018) and a beneficial impact on long-term levels of depression and anxiety (Taylor, 2014).

Those with mental health conditions die, on average, 10-20 years earlier than the general population. **Smoking is the single largest cause of this gap in life expectancy.**

Smoking in pregnancy is the **main modifiable risk factor for a range of poor pregnancy outcomes**, Women from the most deprived communities are 12x more likely to smoke during pregnancy than women from more affluent areas.

BUSINESS CASE

The estimated annual cost to the NHS in England of treating smoking-related illness is £2.6bn (GOV, 2015), and secondary care **avoidable costs are estimated at £890m per year** (RCP 2018).

Supporting NHS staff to beat their tobacco dependence could save circa £206m per year by reducing absenteeism, ill health treatment and loss of productivity (RCP 2018).

The RCP have estimated that adopting the Ottawa model for **smoking cessation in the NHS would result in a net return of £60m** in the first year.

Applying the Ottawa assumptions to national modelling indicates that, nationally, the NHS could **save nearly 100,000 admissions by the end of 2023/24.**

Maternal smoking during pregnancy costs the NHS in England approximately £21 million each year in secondary care costs, (RCP, 2018).

Exposure of children to second-hand smoke costs the NHS in England at least £5 million, mostly from the treatment of lower respiratory infections and middle ear disease (RCP, 2018).

Supporting delivery of NHS-funded Tobacco Dependence Treatment Services in line with the NHS LTP commitments

The NHS will make a significant new contribution to making England a smokefree society, by supporting people in contact with NHS services to quit.

AIM

By 2023/24;

All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services [including MH inpatients].

The model will be adapted for expectant mothers, and their partners

A new offer for higher risk outpatients will be available as part of specialist mental health services

Very Brief Advice training for all front line staff (ideally mandatory).
Specialist training for Tobacco Dependence Advisors

DELIVERY MODEL

Co-developed with a range of national, regional & system partners

Every patient admitted to hospital (acute and mental health sites) and pregnant women are;

1. **Screened** for smoking status
2. **Opt-out referred** to tobacco dependence advisor
3. Provided **Personalised** behavioural support and **pharmacotherapy**
4. Provided **discharge package** including continuing or transfer of care to continued smoking cessation **support**

Delivered in conjunction with LA Stop Smoking Services

Early Implementer sites to stress-test model pathways

FUNDING

From April 2021 onwards, the bulk of the tobacco workstream funding will be released to systems (ICS level) through the SDF transformation allocation

Funding will be increasing year on year to 2023/24, so each system should establish a **prioritisation process**, identifying where future sites will be rolled out, e.g. by targeting implementation to areas of greatest prevalence based on local data.

The headline national trajectory of patient coverage that underpinned the funding allocations is:

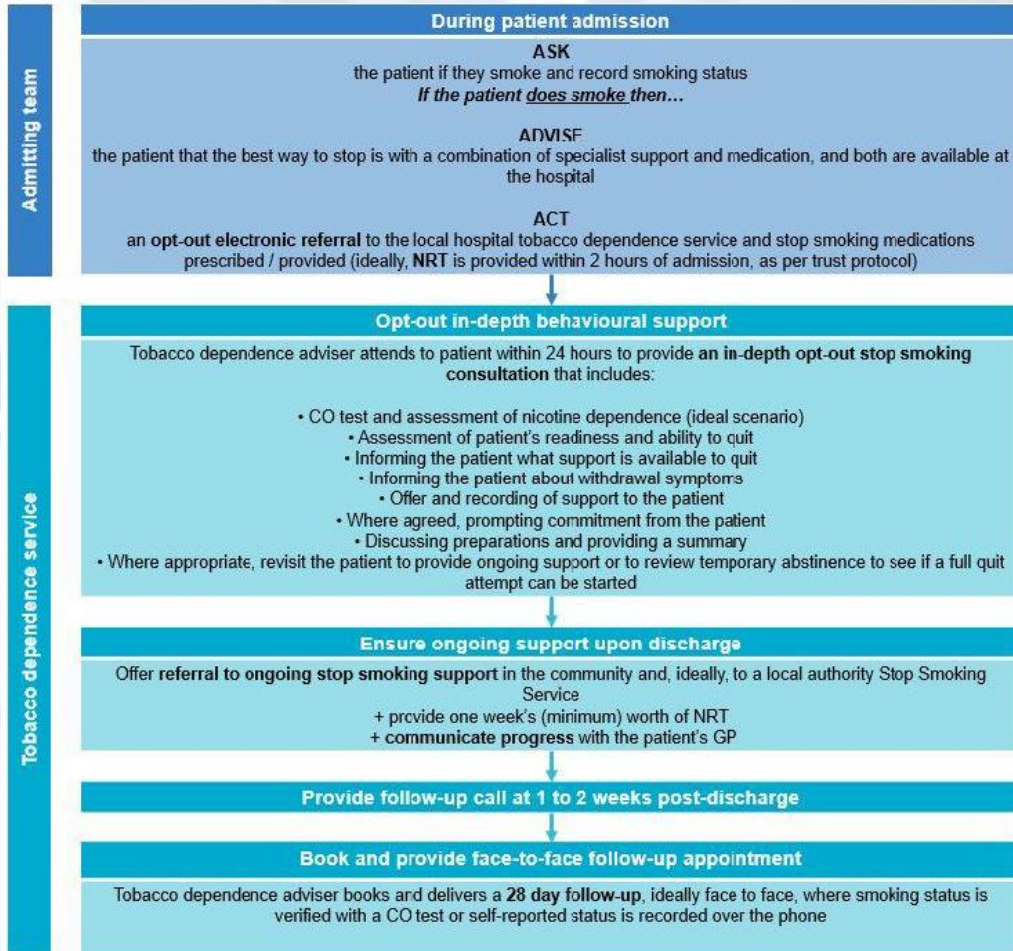
% coverage	2020/21	2021/22	2022/23	2023/24
Inpatients	4.6%	70%	83%	100%
Maternity	4.6%	40%	75%	100%
Outpatients	-	-	4.6%	40%

Although part of the **LTP overall bundled funding allocation**, the Prevention Programme intend to highlight to systems the associated allocation for tobacco interventions

PROPOSED ROLL OUT

Programme	2020/21	2021/22	2022/23	2023/24
Inpatient tobacco treatment		EIS	Rollout	
Smokefree pregnancy		EIS	Rollout	
Outpatient tobacco treatment			EIS	Rollout
ACT			EIS	Additional sites

All systems to **initiate rollout by the start of Quarter 2**, with a requirement for **delivery of services to commence, at the latest, by the start of Quarter 4**



Model pathway – Inpatients

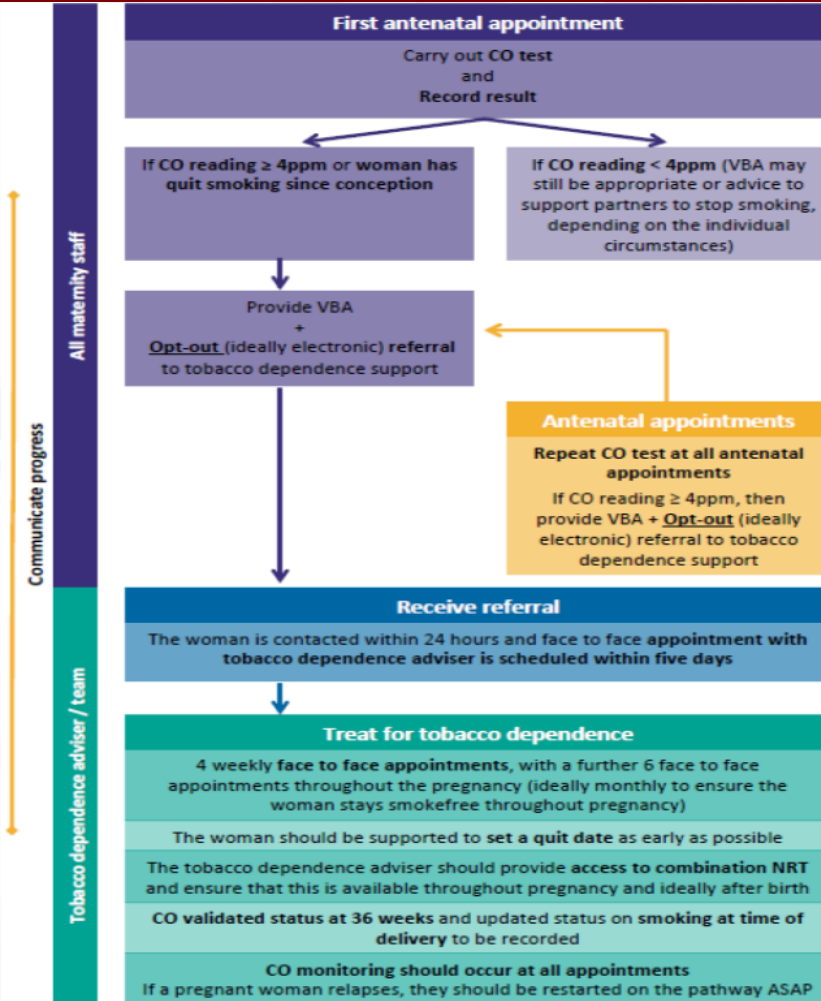
The recommended model is based on delivering systematic treatment of tobacco dependence in secondary care.

Patients are provided with behavioural support, nicotine replacement therapy (NRT) or other pharmacotherapy (e.g. Varenicline) during their hospitalisation, with follow up post-discharge.

Model pathway – Maternity

The model for **pregnant women** is more intensive and is intended to be delivered **within maternity services**, in line with NICE guidance NG92.

The model builds on the Saving Babies' Lives Care Bundle (SBLCB), where all women are assessed for CO exposure at booking, and will support pregnant women to beat their tobacco dependence through weekly face-to-face behavioural support and licensed pharmacotherapy – specifically combination NRT.





Public Health
England

Protecting and improving the nation's health

Contact details;

Rachel Swindells, Tobacco Control Programme Manager
(NHS, LTP – North West)
Public Health England

Rachel.Swindells@phe.gov.uk