MLCSU Clinical
Medicines Management and Optimisation

NHS
Midlands and Lancashire
Commissioning Support Unit

Smoking Cessation Service Implementation

Steve King – MLCSU Implementation Team

Myra Battle – Community Pharmacy Suffolk

Lauren Seamons – Community Pharmacy Norfolk

Lisa Lovell – Community Pharmacy Essex

Jessica Hulbert – West Suffolk NHS Foundation Trust

Rebecca Beesley – EMIS Health

23/01/2024

Agenda

- SCS Introduction & why the service is important *c.15 mins*
- Using PharmOutcomes for SCS *c.15 mins*
- Experiences & Learning at West Suffolk Hospitals NHS FT *c.10 mins*
- Go live info *c.5 mins*
- Q&A *c.10 mins*
- Closing remarks *c.5 mins*

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:

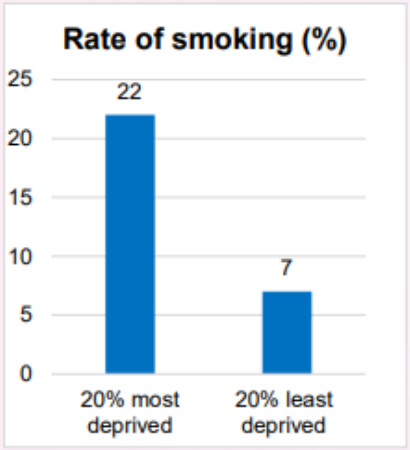
To support delivery of the prevention ambitions in the NHS LTP, and for community pharmacy to become a nationally available choice for patients to access smoking cessation support post discharge.

Background (3)

Why the service is important!

Impact of smoking on Core20PLUS5 in NHS Suffolk and North East Essex 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 Suffolk and North East Essex ICB there are 121,900 smokers and 25% of people in routine and manual occupations smoke. Smoking costs your ICB £40.2m a year.[2]

Annually in your ICB smoking causes:

- 9,348 hospital admissions.[3]
- 1,392 premature deaths.[4]

Additional impact on communities in your ICB:

- 47,776 smoking households live in poverty.[5]
- 3,353 people out of work due to smoking.[6]
- 24,702 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 (75%).[12]
- Those receiving treatment for alcohol addiction (50%).[13]

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

1. Maternity

Smoking is the leading modifiable risk factor for poor birth outcomes.

In your ICB 9%[14] of women smoke at time of delivery, 870 women annually.[15]

Find out more

2. Severe Mental Illness

Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with serious mental illness (SMI).

In your ICB 39% of people with SMI smoke.[16]

Find out more

3. Chronic respiratory illness

Around 86% of all chronic obstructive pulmonary disease (COPD) deaths are caused by smoking.

In your ICB 413 people a year die from COPD.[17]

Find out more

4. Early cancer diagnosis

Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths.

In your ICB 624 people a year die from cancer caused by smoking.[18]

Find out more

5. Hypertension

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

To take action on smoking visit ASH's ICB page or email admin@smokefreeaction.org.uk and read ASH's ICB briefing for Joint Forward Plans

July 2023

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

Each year we estimate that smoking costs NHS Suffolk and North East Essex ICB :

£290.9M

These costs are accrued in these areas

PRODUCTIVITY LOSS [5 to 9]	HEALTHCARE [3, 4]	SOCIAL CARE [10, 11]	FIRES [12 to 15]
£217.2M	£40.2M	£27.3M	£6.2M

In NHS Suffolk and North East Essex ICB :

13.7% of adults smoke [2] which is about **122,000** people [1, 2]

An estimated **£299.0M** is spent on tobacco annually (legal and illicit)[17]

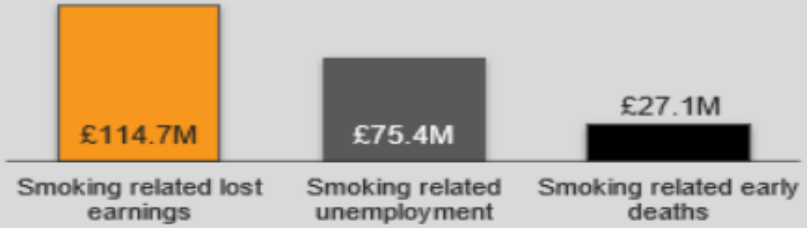
based on an average annual spend of **£2,451** on tobacco per person

Revenue from cigarette and hand-rolled tobacco taxation only brings in about [16]

£194.0M

IMPACT OF SMOKING ON PRODUCTIVITY [5 to 9]

Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of: **£217.2M**



SOCIAL CARE COSTS DUE TO SMOKING [10, 11]

Many current / former smokers require care in later life as a result of smoking-related illnesses. The estimated costs to the local authority/ies is: **£27.3M**

Smoking-related ill-health means social care is being provided informally by friends and family for: **25,000 people**

Smoking-related ill-health causes unmet care need for a further: **10,000 people**

If these were both replaced with formal paid care, it would cost the social care system an additional: **£317.4M**

HEALTHCARE COSTS DUE TO SMOKING [3, 4]

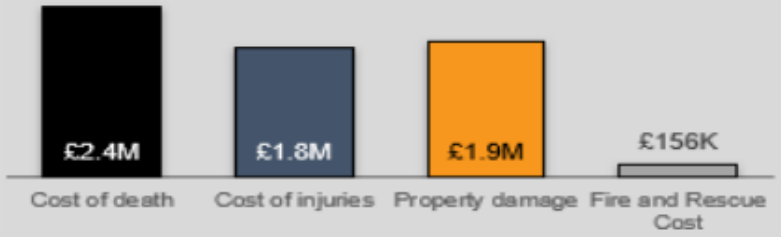
These costs are a result of smoking-related hospital admissions and the cost of treating smoking-related illness via primary care services.

£40.2M

FIRE COSTS DUE TO SMOKING [12 to 15]

As fires are relatively rare, the fire-related costs of smoking are not estimated for smaller geographies. **£6.2M**

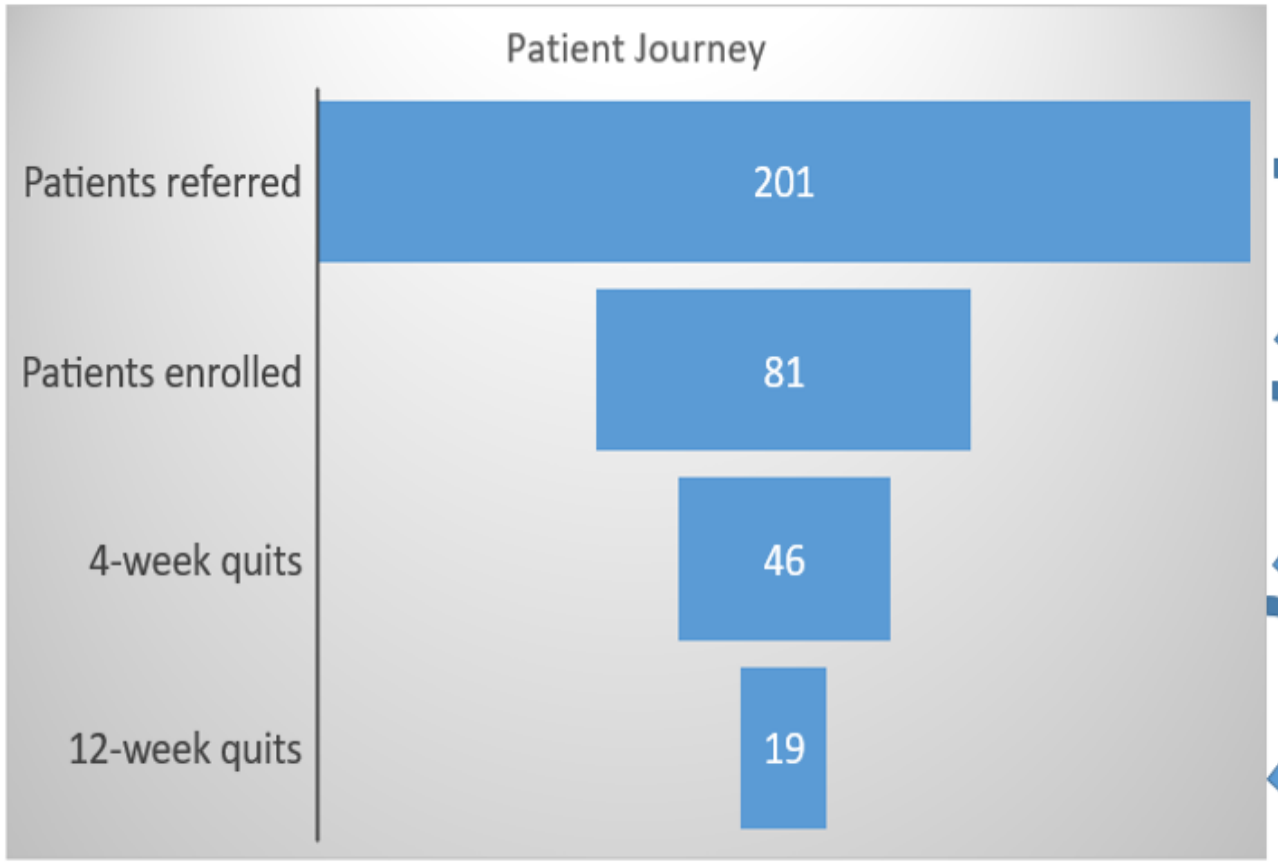
About **39** smoking related fires are attended by Fire and Rescue Services each year.



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



Conversion rate of Referrals into enrolled patients 40%

Four week quit rate 57%

Twelve week quit rate 23% (41% of patients recording a quit at 4 weeks went on to record a quit at 12 weeks)

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

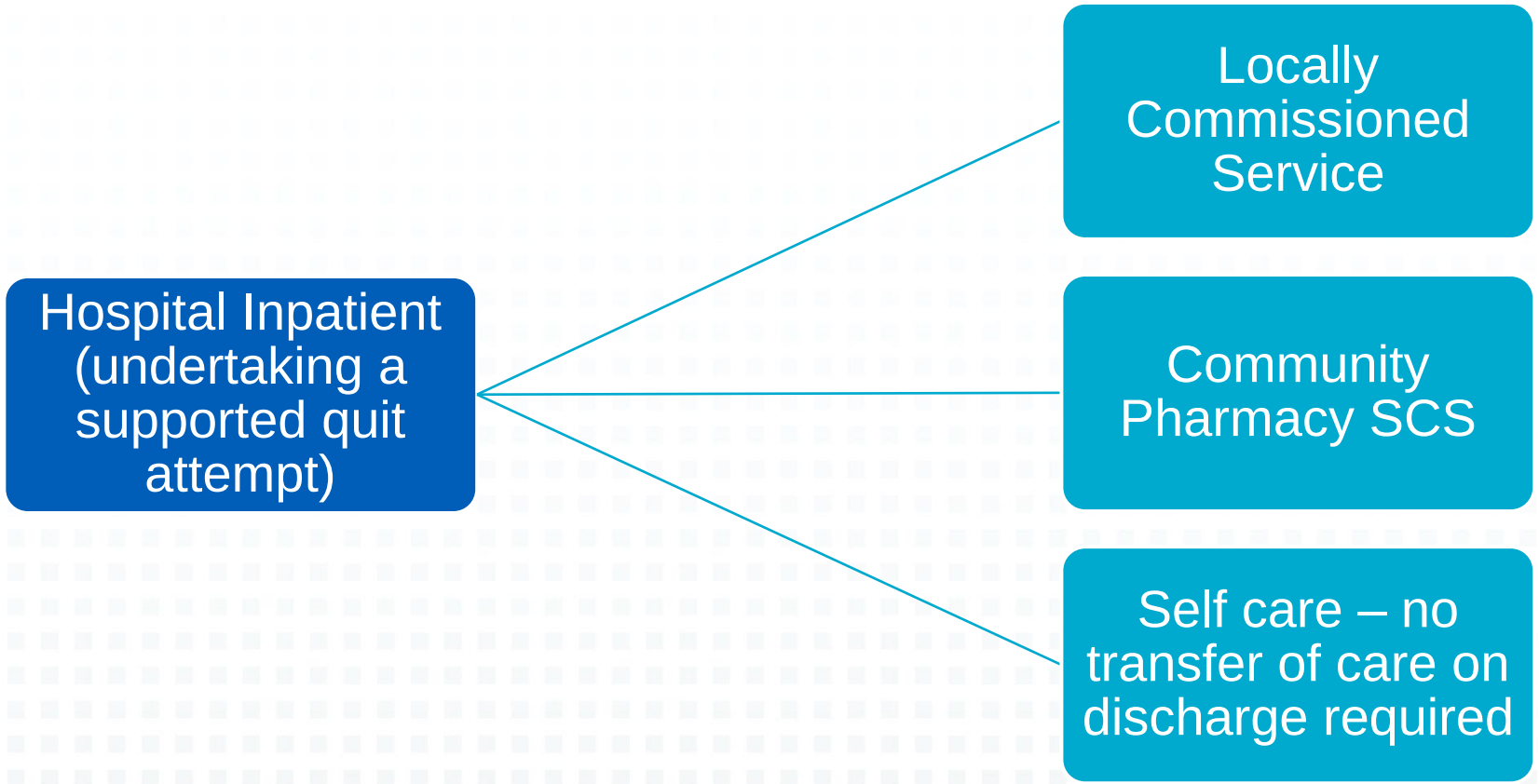
Agree the pathway and the method of sending a digital referral.

Stage 3:

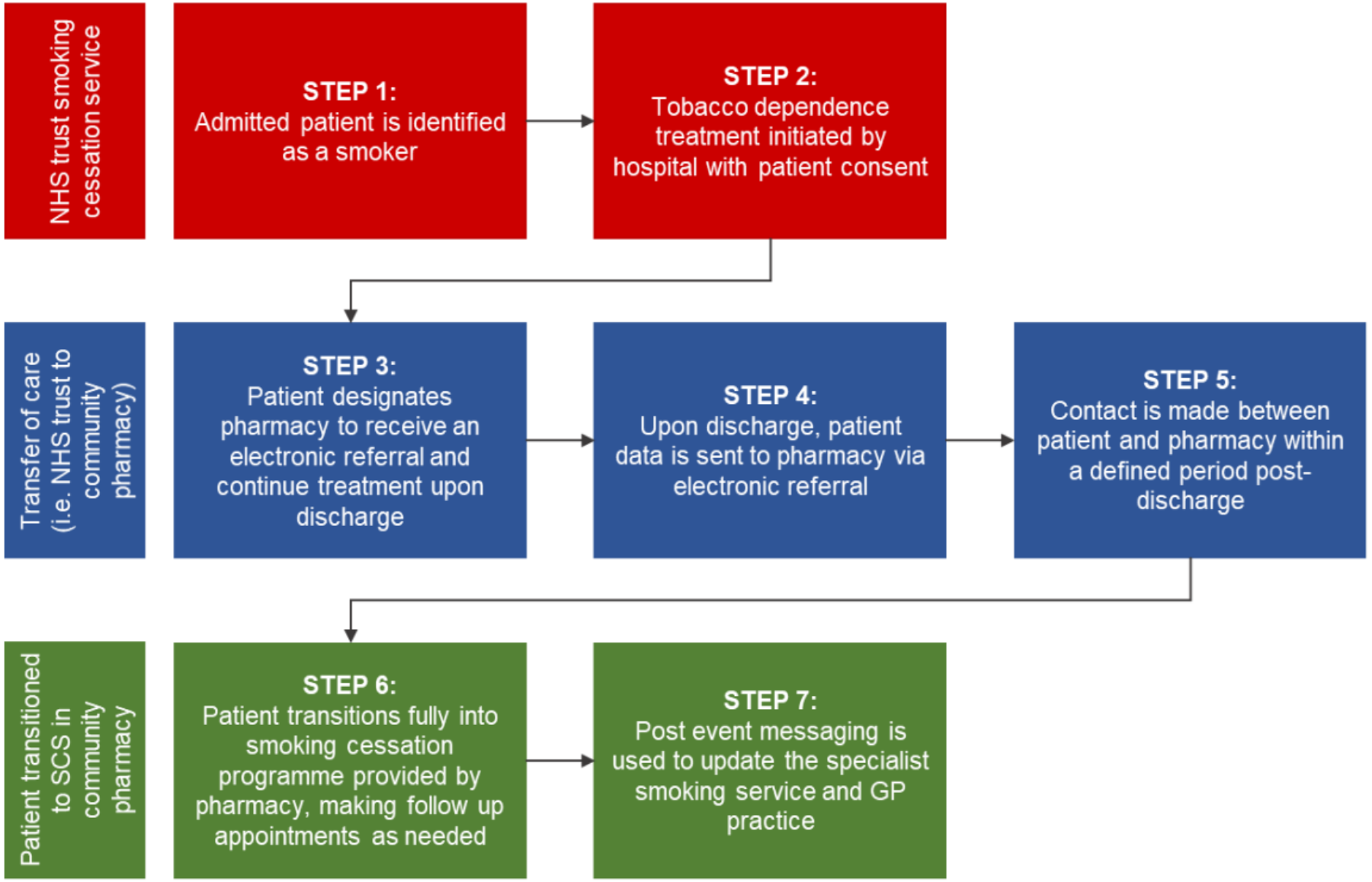
Community pharmacy engagement

LPCs can confidently recruit community pharmacy support.

Pathway


Hospital Inpatient (undertaking a supported quit attempt)
Locally Commissioned Service
Community Pharmacy SCS
Self care – no transfer of care on discharge required

NHS SCS Model of care



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

Overview and demonstration of PharmOutcomes for trusts and pharmacies

Rebecca Beesley – EMIS Health

NHS
West Suffolk
NHS Foundation Trust

Delivering tobacco dependence treatment and support: pharmacy hospital discharge pathway

Jessica Hulbert, public health manager

Putting you first

Tobacco dependence service

- The NHS Long Term Plan states that by March 2024, all patients admitted to hospital who smoke should be offered treatment and support to help them quit
- Patients who smoke are referred to the tobacco dependence team (TDT)
- The TDT aim to see the patients on the wards within 24 hours of admission
- Patients are given motivational support and advice to help them quit
- Nicotine replacement therapy is prescribed, and two weeks supply is expected with the TTO's.
- On discharge patients are referred to stop smoking services in the community for continued support.

Timeline of referrals to community pharmacy

NHS West Suffolk NHS Foundation Trust

Date	Event
2022	Understanding pharmacy pathway and establishing HL7 message option in the electronic patient record (EPR) – not live yet
January-March 2023	Planning referral pathways to pharmacy and establishing relationships
April 2023	Start referrals to community pharmacy using NHS.net email – small numbers
October 2023	Start referral through Pharmoutcomes
December 2023	Over 100 referrals to community pharmacies since April 2023 33 confirmed quits.

Case study – respiratory female patient in her late 70's with COPD

- Patients' home life is very complex.
- The patient had tried to stop smoking several times but was always unsuccessful.
- The patient was visited by the TDT on the cardiac ward and was prescribed NRT and given motivational support.
- She decided to stop smoking for herself and her family
- She went to a local pharmacy for continued support and NRT
- The patient is a confirmed CO validated quit at 4 weeks

"I want to live for myself, I can't afford to die as there will be no one to look after my family" (patient)

"I'm so glad that I met you and the pharmacist, it came at just the right time for me, thank you" (patient)

Top tips

- Allow plenty of time to develop and establish services
- Build strong relationships with your local pharmacy network/committee e.g., Community Pharmacy Suffolk
- Get to know the local pharmacies and keep in regular touch with open communication channels
- Establish good referral pathway(s)
  - Pharmoutcomes
  - NHS.net
  - HL7 message direct from EPR
- Be clear about other local pharmacy smoking cessation pathways

Taking a digital approach in the development of a tobacco dependence programme in an acute trust

Nicky McKee, Tobacco dependence lead, West Suffolk NHS Foundation Trust (WSFT)

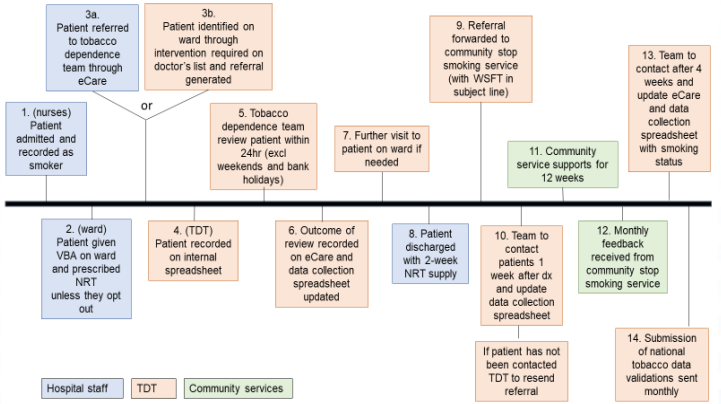
NHS Long Term Plan

CHAPTER 2: More NHS action on prevention and health inequalities - Smoking
"By 2023/24: All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services".

Addressing tobacco use amongst patients who smoke is one of the most important interventions we can provide to improve both short and long-term healthcare outcomes
(National Centre for Smoking Cessation Training)

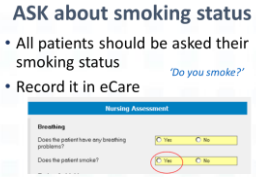
Tobacco dependence service development
Approximately 150 smokers are admitted each month to the West Suffolk Hospital. A Quality Improvement project was designed to develop a tobacco dependence programme, including a smoking cessation service to provide support and treatment within 24 hours to inpatients who smoke, in line with NICE guidelines[1]. The WSFT uses Oracle Cerner Millennium electronic patient record, known as eCare. A referral process was set up using eCare to enable quick referrals to the tobacco dependence service.

Figure 1: Referral pathway



Tobacco dependence referral process
Figure 1 shows the complete referral pathway

- All patients are asked their smoking status and given Very Brief Advice (VBA) to stop smoking. A recording process was set up on eCare.
- A tobacco dependence screening and intervention form was created. On completion a referral to the tobacco dependence team (TDT) is generated. The TDT also identifies on eCare if patients have been screened as a smoker but have not been referred
- Patients are advised and prescribed Nicotine Replacement Therapy (NRT). An NRT quick reference guide is available in eCare to further support doctors with prescribing[2].



Recording is important

Patient support and follow up

- All patients are seen on the ward by the TDT and given support to stop smoking. eCare is updated to ensure there is an electronic record of the intervention.
- Patients are contacted one-week and 4-weeks post discharge to check their smoking status.
- A tobacco dependence care plan has been produced to easily capture all of the patient information

1: www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence#support-to-stop-smoking-in-secondary-care-services
2: Nicotine Replacement Therapy (NRT) Quick Reference Guide (QRG) - West Suffolk NHS Intranet (wsh.nhs.uk)

Delivering high quality, safe care, together

NHS
West Suffolk
NHS Foundation Trust

Thank you for listening
Any questions

Jessica.hulbert@wsh.nhs.uk
Tobacco.dependence@wsh.nhs.uk

Putting you first

MLCSU Clinical
Medicines Management and Optimisation

NHS
Midlands and Lancashire
Commissioning Support Unit

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 SCS training video for community pharmacies:
https://media.pharmoutcomes.org/video.php?name=NHSSmokingCessationService-CommunityPharmacy

MLCSU Clinical
Medicines Management and Optimisation

NHS
Midlands and Lancashire
Commissioning Support Unit

Useful contacts

If you have questions regarding the service, your LPC can help. Please contact them as below.

Norfolk LPC – info@norfolkpharmacies.co.uk

Suffolk LPC - info@suffolklpc.org.uk

Essex LPC - lisa@cpesx.org.uk

Please Note – the generic email addresses for trust tobacco dependency teams are included in the referral.

MLCSU Clinical
Medicines Management and Optimisation

NHS
Midlands and Lancashire
Commissioning Support Unit

Smoking Cessation Service Implementation

Thank you for listening