Reducing Smoking Prevalence in Wessex

A pilot project in Southampton city
Helen Huntley
Facilitator Wessex
The pilot objectives – smoking cessation

• To provide health professionals with the evidence for effective interventions.

• To Support the role of the Health Professional in facilitating change.

To facilitate referral of patients into Southampton Healthy Living service for smoking cessation support.
Tobacco – why the focus

- Biggest preventable cause of cancer.
- Leading cause of COPD & CHD
- 2/3 of long term smokers die prematurely due to smoking related disease.
- Tobacco dependency as a treatable medical condition.

- 15.5% of adult population smoke
- Governments Tobacco control plan for England – NHS action
- Strong evidence for clinical interventions i.e. stop smoking services/ pharmacotherapy
- NICE Guidelines
TOBACCO - why the focus in Southampton

- Wessex wide differences in smoking prevalence
- Southampton City 17.4% (Eng. Ave 15.5%)
- High levels of smoking related ill health.
Local influences

- Wessex Cancer Alliance – strategic vision for cancer commitment to reducing smoking prevalence.
- Southampton City CCG smoking cessation action plan to develop opportunities where smokers are engaged with healthcare services.
Exploring the Data
## Premature Mortality

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>England</th>
<th>South East Region</th>
<th>London</th>
<th>Bedfordshire</th>
<th>Buckinghamshire</th>
<th>Berkshire</th>
<th>Bracknell Forest</th>
<th>Brighton and Hove</th>
<th>Cambridgeshire</th>
<th>Dorset</th>
<th>Essex</th>
<th>Gloucestershire</th>
<th>Hampshire</th>
<th>Isle of Wight</th>
<th>Kent</th>
<th>London, Outer Area</th>
<th>Suffolk</th>
<th>Surrey</th>
<th>Thames Valley</th>
<th>Wiltshire</th>
<th>Worcestershire</th>
<th>West Midlands</th>
<th>West Sussex</th>
<th>Winchester and Isle of Wight</th>
<th>Wolverhampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.02 - Proportion of five year old children free from dental decay</td>
<td>2016/17</td>
<td>76.7</td>
<td>82.6</td>
<td>82.6</td>
<td>82.8</td>
<td>86.9</td>
<td>86.8</td>
<td>82.7</td>
<td>79.5</td>
<td>78.7</td>
<td>60.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.03 - Mortality rate from causes considered preventable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.04i - Under 75 mortality rate from all cardiovascular diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.04ii - Under 75 mortality rate from cardiovascular diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>considered preventable</td>
<td>2015 - 17</td>
<td>72.5</td>
<td>59.9</td>
<td>55.6</td>
<td>73.3</td>
<td>52.6</td>
<td>59.6</td>
<td>65.3</td>
<td>75.7</td>
<td>83.1</td>
<td>111.3</td>
<td>81.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.05i - Under 75 mortality rate from cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>considered preventable</td>
<td>2015 - 17</td>
<td>134.6</td>
<td>125.5</td>
<td>123.6</td>
<td>142.6</td>
<td>115.7</td>
<td>126.5</td>
<td>120.6</td>
<td>129.6</td>
<td>134.1</td>
<td>153.7</td>
<td>143.8</td>
<td>114.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.05ii - Under 75 mortality rate from liver disease considered preventable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015 - 17</td>
<td></td>
<td>78.9</td>
<td>71.6</td>
<td>68.3</td>
<td>82.6</td>
<td>63.1</td>
<td>74.3</td>
<td>68.5</td>
<td>72.2</td>
<td>76.9</td>
<td>91.2</td>
<td>87.8</td>
<td>61.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.06i - Under 75 mortality rate from respiratory disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>considered preventable</td>
<td>2015 - 17</td>
<td>16.3</td>
<td>13.8</td>
<td>9.5</td>
<td>18.8</td>
<td>10.0</td>
<td>13.7</td>
<td>12.0</td>
<td>16.7</td>
<td>14.0</td>
<td>18.6</td>
<td>16.2</td>
<td>11.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.07i - Under 75 mortality rate from respiratory disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015 - 17</td>
<td></td>
<td>34.3</td>
<td>28.2</td>
<td>28.4</td>
<td>36.4</td>
<td>22.1</td>
<td>30.3</td>
<td>23.2</td>
<td>26.2</td>
<td>32.2</td>
<td>39.0</td>
<td>33.9</td>
<td>25.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

www.tobaccoprofiles.info 9
## Smoking related ill health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Indicator</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature births (less than 37 weeks gestation)</td>
<td>2014-16</td>
<td>Low birth weight of term babies</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td>79.5</td>
<td>Hospital admissions for asthma (under 19 years)</td>
<td>2016/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Smoking attributable hospital admissions</td>
<td>2016/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost per capita of smoking attributable hospital admissions</td>
<td>2016/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency hospital admissions for COPD</td>
<td>2015/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lung cancer registrations</td>
<td>2014/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oral cancer registrations</td>
<td>2014/15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oesophageal cancer registrations</td>
<td>2014/15</td>
</tr>
</tbody>
</table>

The table above shows the data for various health indicators related to smoking. The data is presented for different periods and regions, with specific values for each category.
Local Tobacco control profile

### Smoking attributable hospital admissions - Southampton

![Graph showing smoking attributable hospital admissions in Southampton and England over years 2009/10 to 2015/16.](image)

#### Recent trend:

<table>
<thead>
<tr>
<th>Year</th>
<th>South East England</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>2,220</td>
<td>2,220</td>
</tr>
<tr>
<td>2010/11</td>
<td>2,117</td>
<td>2,031</td>
</tr>
<tr>
<td>2011/12</td>
<td>1,908</td>
<td>1,799</td>
</tr>
<tr>
<td>2012/13</td>
<td>1,838</td>
<td>1,748</td>
</tr>
<tr>
<td>2013/14</td>
<td>1,668</td>
<td>1,521</td>
</tr>
<tr>
<td>2014/15</td>
<td>1,668</td>
<td>1,677</td>
</tr>
<tr>
<td>2015/16</td>
<td>1,866</td>
<td>1,865</td>
</tr>
<tr>
<td>2016/17</td>
<td>2,126</td>
<td>2,070</td>
</tr>
</tbody>
</table>

*Source: NHS Digital - Hospital Episode Statistics (HES), Office for National Statistics (ONS) - mid-year population estimates and ONS Integrated Household survey/Annual Population Survey. Indicator calculated by PHE Knowledge and Intelligence Service.*

[www.tobaccoprofiles.info](http://www.tobaccoprofiles.info)
The best thing that smokers can do is stop smoking completely.
SMOKING CESSATION SERVICES IN WESSEX
MAPPING OF THE WESSEX PROFILE AND OPPORTUNITIES FOR PRACTICE

COMMUNITY
CHALLENGES
- Pathways from secondary care and primary care into the community.
- Understanding CCG leadership in smoking cessation to coordinate action.
- Variable demographics across Wessex and models of delivery of smoking cessation support.

OPPORTUNITIES
- Newly launched wellbeing services enable collaborative working.
- Community partnerships are developing.
- Sharing examples of best practice to support initiatives for harder to reach groups.
- Pharmacy and dentistry partnerships are developing.

PRIMARY CARE
CHALLENGES
- Health professional knowledge of tobacco dependency and evidence based treatment.
- Relationships between wellbeing services and GPs.
- Health professional knowledge of referral processes.
- Behaviour change and healthy conversations skills evidence base is evolving.

OPPORTUNITIES
- GP education on tobacco dependency.
- Smokers attending their GP can be signposted to a local wellbeing service.
- Resources for primary care to support lifestyle risk factor advice ie CRUK, NCSCT, wellbeing services.
- Improved links with secondary care.

SECONDARY CARE
CHALLENGES
- Integration of smoking cessation into secondary care.
- Driving forward initiatives within secondary care by smoking cessation champions/leads.
- Variable NHS trust Smokefree status.
- Interpretation of Smokefree.
- Variable recording of smoking status.
- Maternity services struggle crossing local authority boundaries.

OPPORTUNITIES
- Development of coordination across primary, secondary care, community.
- Integration of smoking cessation into local trusts.
- Support for initiatives in smoking cessation ie ‘Stop before the op’.
- Working towards Wessex wide Smokefree acute trusts and develop consistency in Smokefree status.
- Understanding the challenges for maternity services across Wessex.
SMOKING CESSATION SERVICES IN WESSEX
MAPPING OF THE WESSEX PROFILE AND OPPORTUNITIES FOR PRACTICE

PRIMARY CARE

CHALLENGES
- Health professional knowledge of tobacco dependency and evidence based treatment.
- Relationships between wellbeing services and GPs.
- Health professional knowledge of referral processes.
- Behaviour change and healthy conversations skills evidence base is evolving.

OPPORTUNITIES
- GP education on tobacco dependency.
- Smokers attending their GP can be signposted to a local wellbeing service.
- Resources for primary care to support lifestyle risk factor advice ie CRUK, NCSCT, wellbeing services.
- Improved links with secondary care.
HCP TRACKER 2018
PREVENTION – SMOKING

WHAT IS THE HP TRACKER? An annual survey of UK Health Professionals knowledge, behaviour and attitudes around prevention, early diagnosis and screening, CRUK brand and perceptions and use of information sources. Designed to monitor these over time and identify and track key priorities for PHi. Conducted annually since 2013 by Research Now with their Health Professional panel.

WHEN DID IT RUN AND WHO TOOK PART? June 2018, total sample n=1804, GPs (n=801) Dentists (n=201), Practice Nurses (PN) (n=403), Pharmacists (n=400). 84% England, 9% Scotland, 5% Wales, 3% Northern Ireland.

ROLE AND BEHAVIOUR
There has been an increase in GPs and PNs appetite to take a more active role in encouraging smokers to make a quit attempt (42% to 45% in GPs).

Confidence amongst HCPs (exl. Dentist) is high in encouraging smokers to make a quit attempt (>85%).

However, barriers exist around lack of time, knowledge and/skills.

SMOKING CESSATION REFERRALS – FREQUENCY & BARRIERS
79% of GPs and 92% of PNs frequently/always offer smoking cessation referrals.

Barriers for those who don’t include: ‘lack of local service’, ‘time constraints’ and lack of knowledge.

73% of GPs say they have a good understanding of local smoking cessation services.

E-CIGARETTES
Over a quarter of GPs disagree or are unsure whether e-cigarettes are an effective quitting aid. Although the majority agree they are less harmful compared to tobacco cigarettes, 87% of GPs thought e-Cigarettes were completely/a lot/slight less than harmful than tobacco cigarettes.

VERY BRIEF ADVICE (VBA)
Overall HCP knowledge of VBA towards smoking cessation has significantly increased from 2017 with 53% of GPs now aware of VBA. The majority believe it is effective for smoking cessation and are confident to deliver.

Get the full results - Contact Lindsay MacDonald, Cancer Intelligence Team lindsay.macdonald@cancer.org.uk
Time restrictions and lack of local services appear to be preventing HCPs promote smoking cessation referrals.

Dentist (n=39)—‘Lack of information/knowledge’ ‘patient refusal’ ‘time constraints’ ‘advise to see GP’

GP (n=28)—‘no local service’ ‘self-referral system’

Nurse (n=4)—‘no local service’ ‘patient refusal’

Pharmacist (n=27)—‘Time constraints’ ‘no local service’

**SMOKING CESSATION REFERRALS – BARRIERS (QUAL)**

<table>
<thead>
<tr>
<th>Frequently/Always (%)</th>
<th>Dentist</th>
<th>GP</th>
<th>Nurse</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer to refer them to smoking cessation services</td>
<td>51</td>
<td>79</td>
<td>92</td>
<td>61</td>
</tr>
</tbody>
</table>

Q6.A How often do you do each of the following?

Q6C What prevents you from encouraging smokers to make a quit attempt? Based on – those who ‘rarely’ or ‘never’ encourage smokers to make a quit attempt

Q7- How much do you agree or disagree with the following?

<table>
<thead>
<tr>
<th>Agree (%)</th>
<th>I have a good understanding of what smoking cessation services are available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>37</td>
</tr>
<tr>
<td>GP</td>
<td>74</td>
</tr>
<tr>
<td>Nurse</td>
<td>81</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>79</td>
</tr>
</tbody>
</table>
SMOKING CESSATION – BARRIERS (QUANT 2)

Time and lack of training are the key barriers. Dentists could benefit from increasing knowledge, however knowledge and skills appear to have remained high in the other groups compared to 2017.

<table>
<thead>
<tr>
<th>Agree (%)</th>
<th>Dentist</th>
<th>GP</th>
<th>Nurse</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is enough <strong>training</strong> available about how I can encourage smokers to make a quit attempt</td>
<td>24</td>
<td>44</td>
<td>54</td>
<td>69</td>
</tr>
<tr>
<td>I feel I have the <strong>time</strong> to encourage smokers to make a quit attempt</td>
<td>29</td>
<td>33</td>
<td>50</td>
<td>43</td>
</tr>
<tr>
<td>I feel I have the <strong>knowledge</strong> to encourage smokers to make a quit attempt</td>
<td>50</td>
<td>78</td>
<td>74</td>
<td>87</td>
</tr>
<tr>
<td>I feel I have the <strong>skills</strong> to encourage smokers to make a quit attempt</td>
<td>39</td>
<td>73</td>
<td>71</td>
<td>85</td>
</tr>
</tbody>
</table>

Q7-How much do you agree or disagree with the following?
HCP’s see smoking cessation as part of their role and there is an appetite for greater involvement. As in 2017, >90% of HCPs would consider smoking cessation part of their role.

### Agree (%)

<table>
<thead>
<tr>
<th></th>
<th>Dentist</th>
<th>GP</th>
<th>Nurse</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would like to take a more active role in encouraging smokers to make a quit attempt.</td>
<td>58</td>
<td>45</td>
<td>56</td>
<td>70</td>
</tr>
</tbody>
</table>

*Increase for GP’s (42%) and Nurses (54%) from 2017*

### Frequently/Always (%)

<table>
<thead>
<tr>
<th></th>
<th>Dentist</th>
<th>GP</th>
<th>Nurse</th>
<th>Pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate a conversation about smoking</td>
<td>85</td>
<td>89</td>
<td>98</td>
<td>52</td>
</tr>
<tr>
<td>Encourage smokers to make a quit attempt</td>
<td>85</td>
<td>90</td>
<td>97</td>
<td>63</td>
</tr>
</tbody>
</table>

Q7.4 Please say how much you agree with the following?
Q6A How often do you do each of the following?
Other evidence for the pilot.

• A GP to patient conversation on Smoking cessation is supported by evidence.

• The footfall into smoking cessation services in England is declining at a greater rate than in other parts of the UK.

• Southampton Healthy Living had expressed concerns over their referral rates.
Workshop content

Prevention key messages
Reflection on practice data.
Role of the health professional and resources to support.
3 A’s and VBA – e learning
E cigarettes updates and RCGP position statement.
E cigarettes – e learning
Referral options
Southampton Healthy Living resources and contacts
E – learning self directed and bite size.

Smoking cessation learning and support for Health professionals.

https://www.cancerresearchuk.org/health-professional/learning-and-support

https://www.cancerresearchuk.org/health-professional/awareness-and-prevention/e-cigarette-hub-information-for-health-professionals
Referring your patient:
Tel the Hub
0300 123 3791

Email to
snhs.southamptonnealthyliving@nhs.net

Through web site
https://www.southamptonnealthyliving.org.uk
Pilot progress

10 practices identified with input from Public Health Southampton City CCG and SHL.
Pilot practices contacted.
1 x delivered 4 x pending
Southampton Practice Managers Forum - discussed pilot and delivery explored.
The challenges

- Supporting some one addicted to Tobacco is challenging.
- Primary care pressures.
- Competing priorities for practices
- Understanding the local stop smoking service provision.
Hawes Lane surgery – A local initiative

• Health and wellbeing a high priority
• Observation: Smokers had Long term conditions and highest A&E attendance
• Chronic health conditions impacting on resources.

• Whole team approach
• Service provider knowledge
• Mailshots to smokers with long term conditions.
• Resources in waiting areas.
Reported Impact

• Decrease in numbers of smokers
• Reduced appointments taken up by smokers
• More appointments made available.
• Home visits per month reduced.
• Fall in unplanned admissions for smokers with smoking related illness
• Practice prescribing costs reduced.
THANK YOU

Helen Huntley Facilitator Wessex

Helen.Huntley@cancer.org.uk