Appendix 1: Stop Smoking Services Review

1. Scope

This review covers stop smoking services in Herefordshire currently provided via two "any qualified provider" contracts:

- Behavioural Support
- Pharmacotherapy

2. Purpose

The purpose of this review is to inform the strategic commissioning of stop smoking services in Hereford from April 2018 onwards.

3. Evidence Review

Clinical Effectiveness

The most recent Cochrane review (2016)[1] of 53 studies found that a combination of regular one to one or group support, combined with pharmacotherapy (nicotine replacement therapy (NRT), varenicline or bupropion) almost double's an individual's chances of quitting when compared with brief advice or less intense behavioural support alone. This is in line with an earlier (2008)[2] study which found that medication alone doubled the quit rate when compared with no intervention and behavioural support plus medication trebled the quit rate. NICE guidance (PH10[3], PH 26[4] and QS43[5]) therefore recommends a universal provision of both behavioural support and appropriate pharmacotherapy in structured interventions to stop smoking (in one to one or group settings) provided over (at least) a six week period.

Cost Effectiveness

The National Centre for Smoking Cessation Training (NCSCT) briefing, "Effectiveness and cost-effectiveness of programmes to help smokers to stop and prevent smoking uptake at local level" (2015)[6] summarises the findings of several studies looking at the cost effectiveness of a range of stop smoking interventions. Using figures from this publication for the standard measure of cost effectiveness, the cost per quality adjusted life year (QALY), it can be calculated that the highest estimated cost per QALY of combined behavioural support and pharmacotherapy is £12,000. NICE considers any treatment costing less that £20,000 per QALY to be cost effective and these interventions are recommended on both clinical and cost effectiveness grounds.

The September 2017 publication "Models of delivery for stop smoking services: options and evidence"[7], whilst confirming overwhelming evidence for universal provision, recognises that other options need to be considered. It therefore describes the range of interventions to support quitters (service components) with evidence of their relative effectiveness. It also describes the different service models for delivering these components with recommendations regarding the implications of each. Face to face group support is therefore recommended for inclusion in our new model as well as telephone and text support.

4. National Context

The Policy Context

The Government published its latest Tobacco Control Plan "Towards a Smokefree Generation" [8] in July 2017. As the title suggests it aims to reduce the level of smoking to a point where the next generation of adults are Smokefree.

To achieve this aim the government proposes to:

- Ensure the effective operation of legislation such as proxy purchasing and standardised packaging designed to reduce the uptake of smoking by young people.

- Support pregnant smokers to quit. NICE has produced guidance on how pregnant smokers can be helped to quit. Public Health England and NHS England will work together on the implementation of this guidance.

- Provide access to training for all health professionals on how to help patients – especially patients in mental health services - to quit smoking.

- NHS Trusts will encourage smokers using, visiting and working in the NHS to quit, with the goal of creating a smokefree NHS by 2020.

- Promote links to "stop smoking" services across the health and care system and full implementation of all relevant NICE guidelines by 2022.

- Support local councils to help people to quit by working with Directors of Public Health to identify local solutions, particularly where prevalence remains high.

- Maintain high duty rates for tobacco products to make tobacco less affordable.

- Ensure that sanctions in current legislation are effective and fit for purpose, using lessons from HMRC's work on sanctions to stop illicit tobacco.

Government Targets

"Towards a Smokefree Generation"[8] outlines the following targets related to Stop Smoking Services to be achieved by the end of 2022:

- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less.

- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.

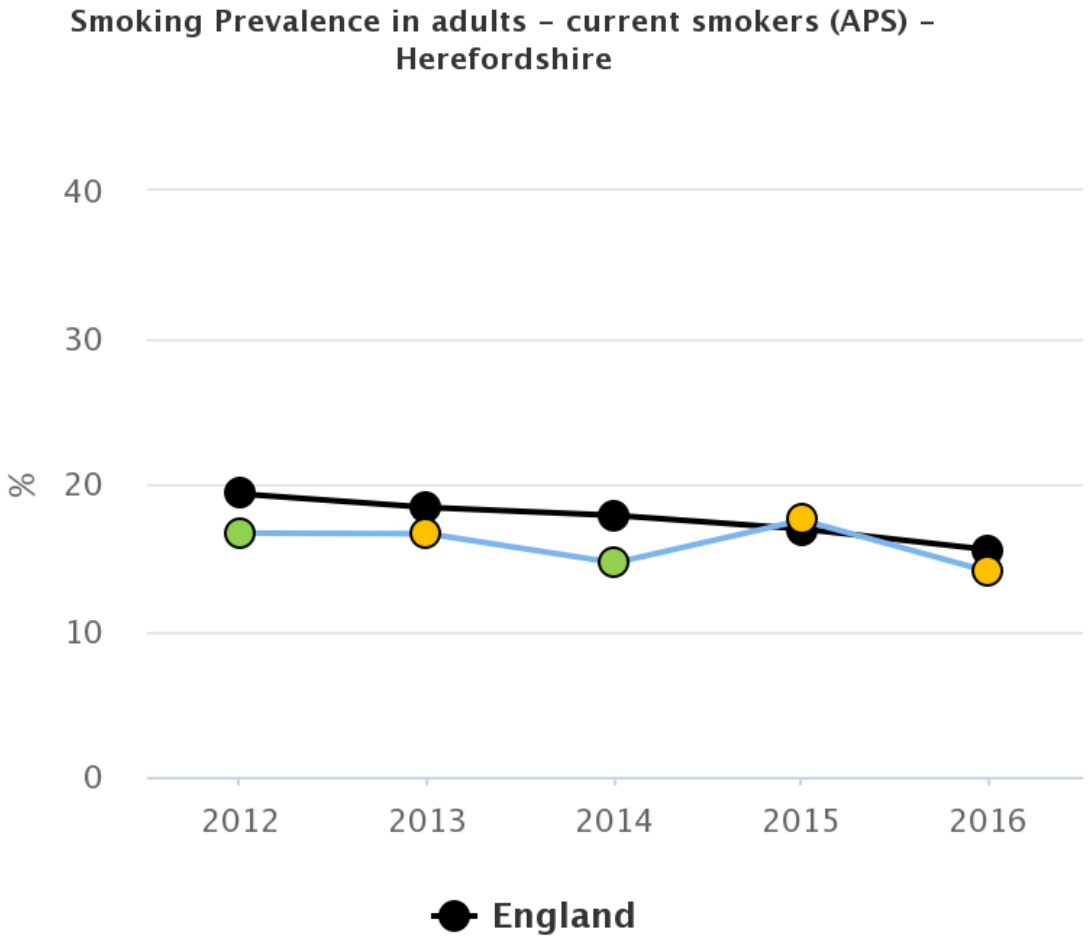
In addition, NICE guidance indicates that Stop Smoking Services should aim to recruit a minimum of 5% of the smoking population per annum into service, in order to be effective.

5. The Size of the Problem

Historical Trend

Chart one below, from the latest Local Tobacco Control Profile for Herefordshire (July 2017)[7], shows the comparison between the prevalence of smoking in adults in Herefordshire and England as a whole.

Chart One



Although there has been a national downward trend since 2012, in 2015 Hereford was not significantly different and at 17.5% was below the national target for that year. The graph shows that in 2016 14.0% of local adults were smokers, not significantly different from the national average, but with an estimated 22,000 adults in the county maintaining the habit. Figures from the Quality and Outcomes Framework for 2015/16[8] indicate that 26,728 G.P. patients were known to be smokers so, given the reduction in prevalence, the estimate of 22,000 smokers is a valid working assumption.

Pregnant Women

The latest figures From NHS Digital (Q4 2016/17)[9] indicate that 11.7% of women were smoking at time of delivery (200 women) compared to 10.7% nationally. Of the 1,706 maternities reported smoking status was not recorded in 14.9% of cases. On the basis of these figures it can be assumed that 230 pregnant women per year are smoking at the time of delivery.

As the prevalence of smoking in pregnant women is higher in Herefordshire than nationally they should be considered as a priority group in order to halve prevalence within this population by 2022.

6. Current Service Provision

Currently Stop Smoking Services are provided in line with NICE guidance (PH10 and PH26 outlined in the evidence review above) with quitters receiving behavioural support and appropriate pharmacotherapy for a period of up to 12 weeks.

In addition to providing support and advice, behavioural support providers work with service users to determine an appropriate pharmacotherapy regime and then issue vouchers which the service user then takes to a pharmacotherapy provider in order to receive the item(s).

Services are provided on the basis of any qualified provider contracts for each element. Behavioural support providers are paid on the basis of successful 4 week and 12 week quitters, with pregnant women who quit attracting an enhanced payment at each stage. Costs of pharmacotherapy items are reimbursed according to a set table of costs plus a handling charge.

On this basis of the NICE Guidance shown above the following model for Herefordshire Stop Smoking Services, was devised for use during 2015/16 and 2016/17, with a stretching target to recruit over half of pregnant smokers per year.

Table One: Current Service Model

Total number accessing Stop Smoking Service	1350
20% of total accessing will be lost to follow up/drop out; i.e. 80% will go on to set a quit date.	1080
86% of those who set a quit date will be regular smokers.	929
14 % of those who set a quit date will be pregnant smokers.	151
Of regular smokers who set a quit date 50% will be quit at 4weeks.	464
Of pregnant smokers who set a quit date 60% will be quit at 4 weeks.	91
Therefore total number of 4 week quitters =	555
Of regular 4 week quitters 40% will remain quit @ 12 weeks.	186
Of pregnant 4 week quitters 60% will remain quit @12weeks.	54
Therefore total number of 12-week quitters =	240

To allow comparison with performance figures, shown in Section 7, under this model the rate of smokers setting a quit date would be 3,440 per 100,000 and 2,055 per 100,000 would remain quit at 4 weeks.

Data is currently collected using Pharmoutcomes® using the CCG's licence. This arrangement is currently under review.

7. Performance

Trends

The following figure (Chart Two), compiled from the Tobacco Control Profile[7] compares the rates, per 100,000 of the population, of those setting a quit date with Stop Smoking Services and those successfully quit at 4 weeks, for both Herefordshire and England from 2013/14 to 2015/16.

Although there has been a national downturn in the numbers setting a quit date it is clear that Herefordshire performs at a much lower rates and that the downturns have been much more pronounced locally as can be seen in Chart Three. In 2015/16 the England rate for those setting a quit date was 5,092 per 100,000 smokers compared to 952 per 100,000 for Herefordshire. The quit rate for England in the same year was 2,598 per 100,000 compared to 482 for Herefordshire.

Chart Two

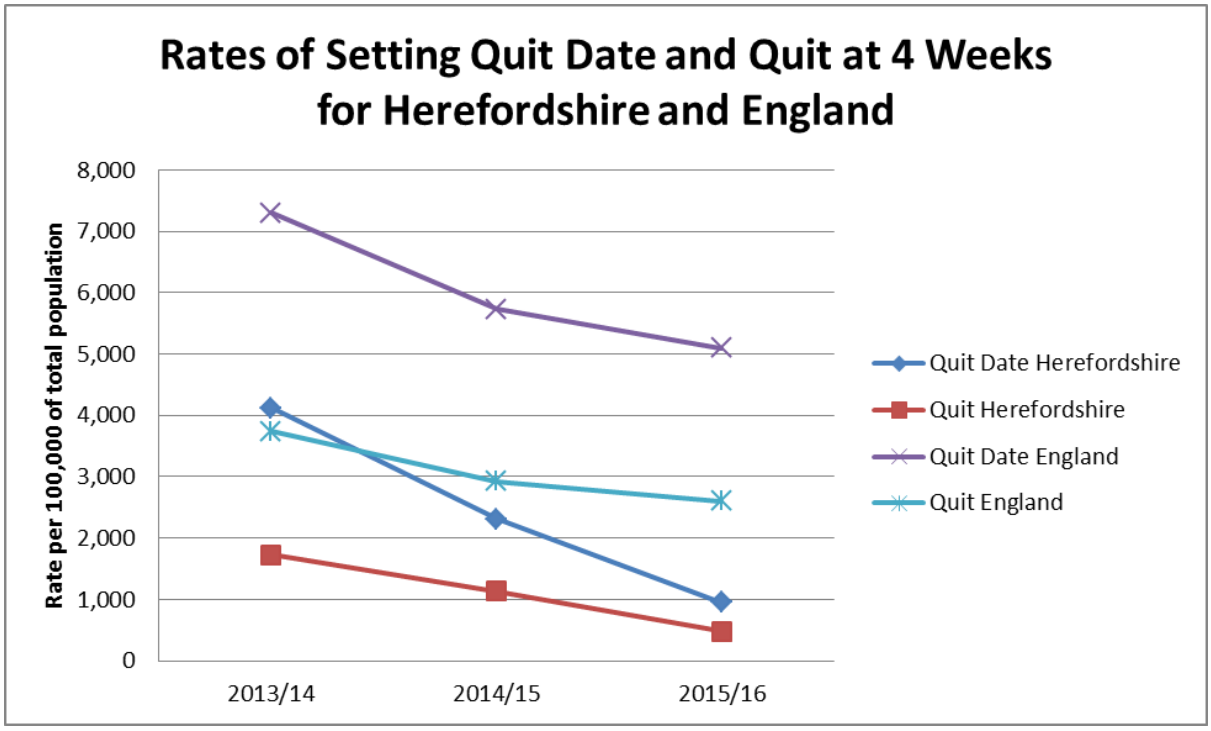


Chart Three

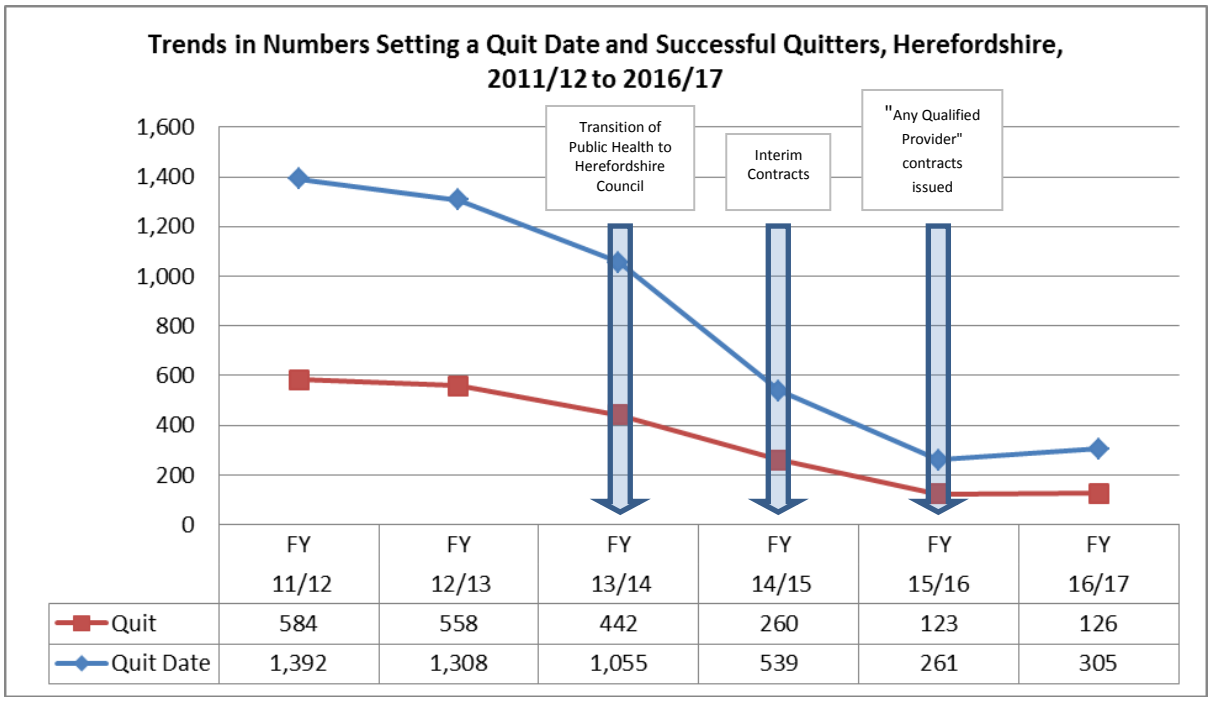


Chart Three clearly shows the downturn in the numbers setting a quit date following the transition of Public Health Commissioning of Stop Smoking services to the Council to a new low resulting from the Any Qualified Provider contracts issued in 2015/16. (Source: Local monitoring data).

8. Service Redesign

Financial Considerations

Public Health England's Tobacco Control JSNA Support Pack for 2017/18[10] estimates the following annual costs of smoking in Herefordshire:

- £29.4M in lost productivity due to smoking breaks, sick days and early deaths.
- £6.4M NHS costs for treating smoking related diseases
- £3.3M smoking related social care

Currently from NHS Digital figures for the first half of 2016/17[11] the cost per successful quitter in Herefordshire is £268 the 14th cheapest compared to Wiltshire, the cheapest at £68 and North Yorkshire, the dearest at £2,158.

Using indicative pharmacotherapy costs from NICE PH48[12] costing statement, and the current local tariff for behavioural support, it is estimated that the local model described above would cost £199,655 p.a., whilst it would cost approximately £636,243 p.a. to achieve the England average.

The current budget for behavioural support is £87K and the total allocation for the associated pharmacotherapy is £130K which covers the costs of the current service model.

There are, however, current and emerging pressures on existing budgets. The Public Health Grant is being reduced, there are different interpretations of the responsibilities for funding of pharmacotherapies for stop smoking, as yet unresolved, and Public Health will be competing for funding from the Business Rate from April 2019 so continued allocations are uncertain.

Should funding for pharmacotherapy be unavailable in subsequent years the Council will only be able to provide behavioural support services and would need service users to bear the cost of their pharmacotherapy offset by their savings from not smoking.

To continue with a universal model that fits with NICE recommendations to deal with 5% of the smoking population a year would require at least £77K p.a. for behavioural support alone and there is a need to target provision on priority groups using the most cost effective methodologies..

Operational Considerations

Any Qualified Provider Model

The choice of "Any Qualified Provider" model assumed that providers would compete with each other for business, marketing their services and attracting clients thus increasing uptake.

Whilst the overall expectation of delivery for the entire system, as expressed in Table One, was shared with providers there was no mechanism within contracts to set performance targets for individual providers. Some providers did not deliver at all, or due to sub-contracting arrangements (see below) only delivered from a number of their proposed outlets. This made it impossible for Public Health Herefordshire to manage the volume of service delivered.

Whilst it is important to have a range of providers in order to provide consumer choice it is also necessary to be able to manage the volume of service within the targets set.

To this end we propose a core provider responsible not only for the bulk of service provision, but also, for co-ordinating with smaller providers to ensure that their services are marketed and utilised to their maximum efficiency in order to meet the overall system targets for volume and cost.

Sub-Contracting Arrangements

During 2016/17 sub-contracting arrangements were permitted allowing Taurus as the Qualified Provider to deliver Stop Smoking Behavioural Support services via G.P. practices and HALO leisure services. This compounded the difficulties in meeting targets discussed above. It is therefore the intention from 2018 onwards to limit the use of sub-contracts and contract directly with individual providers. This will allow us, as commissioners, flexibility of arrangements with smaller providers that will allow the core provider to manage its co-ordination function.

Contract Duration

Due to uncertainty regarding the funding arrangements for Public Health Services from 1st April 2019 onwards this review proposes to issue contracts for 12 months initially with options for extension on a 1 year plus 1 year basis.

Software Requirements

The Department of Health requires the council to complete complex quarterly reports. In order to comply with these requirements Public Health Herefordshire has required providers to use third party software that can record individual cases at a provider level and also provide anonymised data to complete the DOH return.

Having operated with Webstar since 2011 Public Health Herefordshire reviewed the situation during 2015 and chose Pharmoutcomes® as the preferred option for 2016/17.

Public Health Herefordshire worked on a pilot with Taurus during 2016/17 in an attempt to reduce duplicate data entry, by using EMIS to record and report stop smoking service data. This proved problematic in relation to primary care producing reports and Public Health combining data from multiple sources to produce DOH reports.

As it is proposed that the main contracts for stop smoking services are only for one year initially it is proposed to extend the Pharmoutcomes® for one more year until the position becomes clearer.

9. Recommendations

- Recommission Stop Smoking services on the basis of:
    - Targeted service to priority groups identified in Tobacco Control Plan using most cost effective methodologies.
    - Lead provider to provide behavioural support but also co-ordinate, advertise and promote services of other behavioural support and all pharmacotherapy providers.
    - Lead provider to provide single point of referral for specific pathways
    - Contracting with individual outlets where possible to allow for more effective contract management.
    - Contracts to define service hours, volume of service and successful completion measures for each outlet.
    - Requirement for outlets to inform lead provider of changes to above.

- Extend current Pharmoutcomes® contract for 12 months.

10. References

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13. NHS Digital. 2016. Statistics on NHS Stop Smoking Services: England, April 2016 to June 2016: Table 4.5. (Available at: https://digital.nhs.uk/media/29785/Statistics-on-NHS-Stop-Smoking-Services-England-April-2016-to-June-2016-Tables/Any/stat-stop-smok-serv-eng-q1-1617-tab (Accessed August 2017)

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