

Report of the Assistant Director of Public Health

Provision of Nicotine Replacement Therapy and Varenicline to aid Smoking Cessation

Summary

1. This report provides a summary of the uptake of the City of York Council Stop Smoking Service, and successful quit rates, over the time period where Nicotine Replacement Therapy (NRT) and Varenicline have and have not been funded.
2. The report shows that following the decision to not fund NRT or Varenicline, the number of people accessing the service and setting a quit date radically declined. Although declining rates have been seen nationally, the drop seen in York is far greater than would be expected.
3. Nicotine Replacement Therapy and Varenicline are cited by the National Institute of Health and Care Excellence (NICE) as being effective in supporting a person to stop smoking. The recommended duration of support is for 12 weeks, although there is evidence that supporting someone to stop smoking for four weeks may be effective.

Background

4. Prior to Public Health transferring into the Local Authority in April 2013, the City of York Primary Care Trust provided a Stop Smoking Service to support residents to stop smoking. At the point of transfer in April 2013 that service became the responsibility of the Local Authority and was contract managed through the Public Health Team. From April 2013 to March 2016 the service was commissioned from an NHS provider. Through this service a smoker wishing to stop smoking could receive one to one or group support as well as Nicotine Replacement Therapy (nicotine patches, gum, etc) as well as Varenicline (trade

name Champix), an approved medication that reduces the urge to smoke and relieves withdrawal symptoms. For patients that received free prescriptions NRT and Varenicline were free and would be supplied for the duration of their stop smoking course of 12 weeks. If patients were not entitled to free prescriptions, they would pay the cost of an NHS prescription to obtain either NRT or Varenicline.

5. From 1 April 2016 the staff from the NHS Stop Smoking Service were transferred (TUPE) into the Local Authority and the service then operated as a City of York Council service. At the point of transfer the decision was made that the service would only be accessible by referral from a healthcare professional for people with an existing long term condition, or for pregnant women. Twelve weeks supply of NRT would be available for pregnant women, but other clients would have to pay for their own NRT. A hardship fund would be available to pay for 2 weeks of NRT for clients meeting hardship criteria. There was no access to Varenicline at this time.
6. During 2016 the Public Health Team worked on the design of the Yorwellbeing Service, an integrated wellbeing service that would offer health checks, as well as incorporate the Stop Smoking Service and advice around other lifestyle issues such as diet, alcohol and exercise. Due to the low uptake of the Stop Smoking Service, when the Yorwellbeing Service became operational in January 2017, open access for anyone wishing to stop smoking was allowed, but the same rules around NRT and Varenicline were kept.

Consultation

7. This report has been compiled with feedback from Council staff working in the service providing support to smokers to quit.

Options

8. Members are asked to note the contents of this report and provide any feedback to assist the Executive Member for Health in making a decision on future funding of pharmacotherapies to aid smoking cessation.

Analysis

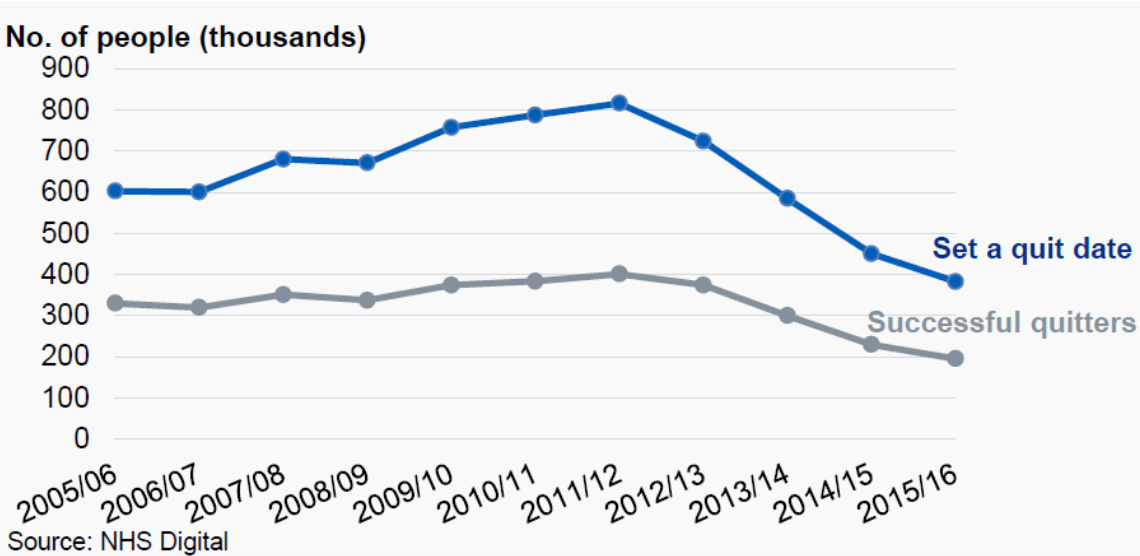
9. Table 1 gives an overview of the numbers of people stopping smoking with the Stop Smoking Service for York from 2010 through to 2017. The table shows that in the early years of the service uptake was high

and the chance of successfully quitting was high (for comparison the England quit rate in 2014/15 was 51%). However, the numbers declined somewhat between 2010/11 and 2015/16. This was not dissimilar to the national picture, as shown in Figure 1. Legislation restricting smoking in public places came into force on 1st July 2007, and the data for England shows that after this point numbers trying to stop smoking increased and peaked in 2011/12 before beginning to drop off.

Table 1: Data from Stop Smoking Service 2010 – 2017

Year	Service Provider	Service Open to	NRT Funding	All Smokers				Pregnant Smokers				Source
				No's Referred to the service	No. of people setting a quit date	No. of successful quitters at 4 weeks	Quit rate (%)	No's Referred to the service	No. of people setting a quit date	No. of successful quitters at 4 weeks	Quit rate (%)	
2010/11	NHS Stop Smoking Service.	All smokers	NRT Funded (although clients who normally paid prescription cost would still pay this)		1,948	953	49		61	25	41	Local Data from NHS provider
2011/12					1,753	911	52		73	29	40	
2012/13					1,374	743	54		74	28	38	
2013/14					945	546	58		39	19	49	PHE Tobacco Profile
2014/15					739	399	54		66	30	45	
2015/16					644	366	57					
2016/17	City of York Council	Smokers who are pregnant or with long term health condition . By referral only	Funded for pregnant smokers for 12 weeks. 2 week hardship funding also available	278	65	33	51	71	15	7	47	Provisional 2016/17 local data (CYC) as at 5.6.2107
2017/18	City of York Council	All smokers (including self referrals)		294								projected based on 2 months data

Figure 1: Numbers setting a quit date and successfully quitting in England from 2005/06 to 2015/16



10. When the Stop Smoking Service transferred into the Local Authority in April 2016 and restrictions were placed on who could access the service and who was eligible for NRT, the numbers drastically dropped beyond what might have been expected. From 2016 data which was previously unavailable on the number of people that accessed the service but did not go on to set a quit date was collected. In 2016/17 there were 278 people referred to the service, with only 65 going on to set a quit date. Based on the first two months of operation in 2017/18 it appears that it is likely there will be a similar number of people accessing the service this year. Whilst we do not collect data on the reasons why people do not go on to set a quit date, anecdotally our Stop Smoking Advisors tell us that the lack of availability of NRT or Varenicline is an influencing factor.

11. Table 1 also gives details of pregnant women setting a quit date with the York Service. The policy around access and provision of NRT has not changed for pregnant women between 2010 and 2017, but the sharp decline in numbers setting a quit date has also been seen in this group. In England the decline in pregnant women accessing stop smoking services has shown a similar pattern as for all smokers, so this is something that we would not have expected to see in our service. The success rate for pregnant women in York is broadly similar to the England rate which has been in the mid 40% over the period covered. Anecdotally our Stop Smoking advisers and the Midwifery Service tell us that there has been some breakdown in

relations since the transfer of the service into the Local Authority, and public health are now working with the Midwifery Service to address this.

12. There is good evidence of the effectiveness of NRT and Varenicline in helping people to stop smoking and this forms a key element of the recommendations in NICE Guidance on supporting people to stop smoking.
13. Smoking and the harm it causes is not evenly distributed. People in more deprived areas are more likely to smoke and are less likely to quit. Smoking is increasingly concentrated in more disadvantaged groups and is the main contributor to health inequalities in England. Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived. Smoking is twice as common in people with longstanding mental health problems.
14. There are relatively high smoking levels among certain demographic groups, including Bangladeshi, Irish and Pakistani men and among Irish and Black Caribbean women. Smoking in pregnancy increases the risks of miscarriage, stillbirth or having a sick baby, and is a major cause of child health inequalities.

The Cost of Smoking

Each year in York it is estimated that smoking costs society approx £52.3 M

Every year in York, early deaths due to smoking result in 745 years of lost productivity. This costs the local economy approx £13.6 M

It is estimated that smoking breaks cost businesses in York a further £22.7M annually

Local businesses in York also lose approx 40,848 days of productivity every year due to smoking related sick days. This costs approx £3.6M

The total annual cost to the NHS in York is approx £7M £6.5M as a direct result of treating smoking related illness £0.5M on treating the effects of ill health from passive smoking in non smokers

Current and ex smokers who require care in later life as a result of smoking related illnesses cost society an additional £4.4M each year across York. This represents £2.4M to CYC and £2M in costs to individuals who fund their own care

Smoking materials are a major contributor to accidental fires in York. Each year there are approx 9 smoking related fires in York, resulting in 0.5 deaths. This costs approx £1M each year

The majority of cigarette filters are non biodegradable and must be disposed of in landfill sites. In York approx 124M filtered cigarettes are smoked each year resulting in approx 21 tonnes of waste. Of this more than 5 tonnes is discarded as street litter that must be collected by CYC staff.

In 2014/15 smokers in York paid approx £29.7M in duty on tobacco products. This is approx half of what smoking costs society, leaving a shortfall of approx £22.5M every year

Costs of NRT and Varenicline

15. If the Council were to consider funding the costs of NRT and Varenicline the likely costs of this have been estimated below. When Varenicline and NRT were available through the service the use of each was approximately equal. For those that use NRT, about half use one NRT product and the other half use two, e.g. patches in combination with gum or lozenges.

Assuming the service would see 300 patients this year, 150 would use Varenicline, 75 would use one NRT product, and 75 would use 2 NRT products, funding pharmacotherapies would have the following approximate costs for each length of supply:

Varenicline:

2 weeks £6,750
4 weeks £12,150
12 weeks £42,300

NRT one product

2 weeks £1,950
4 weeks £3,900
12 weeks £11,700

NRT two products

2 weeks £3,422
4 weeks £6,900
12 weeks £20,625

Approximate total pharmacotherapy costs for:

2 weeks £12,122
4 weeks £22,950
12 weeks £74,625

Note that these costs would be addition to the costs for 12 weeks supply or NRT for pregnant women.

Council Plan

16. Providing help to smokers to quit relates to the priorities within the Council Plan:

- A Prosperous City for All – Smoking has an impact on the economy as outlined within the report. Reducing the number of people in York that smoke will have a positive impact on our local economy.
- A Focus on Frontline Services – by ensuring that all York’s residents live in a city which allows them to enjoy the best health possible and contribute fully to their communities and neighbourhoods.
- A More Responsive and Flexible Council that puts Residents First and Meets its Statutory Obligations – by contributing to the Council’s statutory duties for improving health and reducing health inequalities in our residents.

Implications

17. **Financial:** The report highlights the cost to the Council if a decision were made to fund pharmacotherapies to support people to stop smoking. This cost should be put in the context of the costs to the Council and the wider economy of people continuing to smoke.

Human Resources: There are no implications to the workforce.

Equalities: It is well evidenced that smoking is more prevalent in our more deprived communities. Therefore reducing the level of support to stop smoking will disproportionately affect those worse off.

Legal: No new implications.

Crime and Disorder: No new implications

Information Technology (IT): No new implications

Property: No new implications

Conclusions

18. This report outlines the costs to York's economy from smoking and how the decision to not fund pharmacotherapies to aid stopping smoking has impacted on the uptake of our stop smoking service. The report gives an indication of the costs of reinstating some or all of the costs associated with pharmacotherapies to aid stop smoking.

Recommendations

19. Members are asked to take note of the information presented in this report and to provide any comments that may be helpful in aiding the Executive Member for Health and Adult Social Care in making a decision concerning the future funding of pharmacotherapies for smoking cessation.

Reason: So members can add their input ahead of a decision concerning the future funding of pharmacotherapies for smoking cessation.

Contact Details

Author:

Fiona Phillips
Assistant Director
Tel: (01904) 565114

Chief Officer Responsible for the report:

Martin Farran
Corporate Director of Health, Housing and
Adult Social Care
Tel: (01904) 554045

Report Approved Date 12/06/2017

Wards Affected:

All

For further information please contact the author of the report

Abbreviations

NICE – National Institute of Health & Care Excellence

NRT – Nicotine Replacement Therapy

TUPE – Transfer of Undertakings (Protection of Employment)