

---

**Decision Session – Executive Member  
Adult Social Care and Health**

**16 November 2017**

Report of the Director of Public Health, Portfolio of the Executive Member  
for Adult Social Care and Health

**Nicotine Replacement Therapy/Varenicline**

**Summary**

1. On 20<sup>th</sup> June 2017 a report went to the Health, Housing and Adult Social Care Overview and Scrutiny Committee providing details of the number of residents that were accessing the Council's Yorwellbeing Service for support to stop smoking. The report highlighted that the numbers had declined dramatically and it was thought that some of this decline was in relation to the decision to stop funding pharmacotherapies to aid people in their attempt to stop smoking.
2. The National Institute for Health and Clinical Excellence (NICE) has produced evidence based guidelines outlining best practice in supporting people to stop smoking. This is a key priority for the Local Authority, as smoking is still the number one preventable cause of ill health and death. The NICE guidance clearly states that the most effective way of supporting individuals to stop smoking is to provide behavioural support in either a 1:1 or group setting, in combination with a prescription of either Nicotine Replacement Therapy or Varenicline to aid their quit attempt. The guidance states that no one medication should be favoured and that the decision of which therapy to use should be based on clinical factors as well as patient choice. A recent report by Public Health England considering various models of stop smoking service provision states that when done properly, providing group support to smokers and access to pharmacotherapies for a period of 6-12 weeks, quit rates are boosted by 300%. Where the support given is on an individual basis with access to pharmacotherapies, quit rates are boosted by 200-300%.

## **Recommendations**

3. Option 2 is the recommended option. This would enable us to support more people to stop smoking, therefore improving the health of our resident population, within the existing financial envelope.

## **Background**

### **Consultation**

4. This report has been compiled with feedback from Council staff working in the service providing support to smokers to quit.
5. Option 1 – The Council continues with the current policy of funding Nicotine Replacement Therapy for the whole course of a quit attempt (12 weeks) for pregnant women, and offers a hardship fund to cover the costs of the first two weeks of NRT for people on benefits.
6. Option 2 – The Council includes Varenicline in its service offer and as with NRT provides a hardship fund to cover the initial weeks of treatment for those in financial hardship. The complete costs (12 weeks) of NRT for pregnant women accessing the Yorwellbeing Service for support to stop smoking, will continue to be covered.
7. Option 3 – The Council continues to fund the whole cost of a quit attempt (12 weeks) for pregnant women and in addition to this also funds the costs of the first four weeks of pharmacotherapies for all other clients accessing the Yorwellbeing Service for support to stop smoking.

## **Analysis**

### **Option 1**

8. The report to Scrutiny previously highlighted that by not offering pharmacotherapy support to smokers wishing to quit we have seen a dramatic decline in the number of people accessing our stop smoking service. Although our smoking prevalence is lower than the England average (12.6% compared to 15.5%) we should not be complacent and should still aim for more people to stop smoking. The offer of a hardship fund to clients that are on benefits has not been taken up very well. From 1 September 2016 to 31 August 2017 the service supported 8 people through the hardship scheme. As NRT is easily available to buy over the counter in chemists and other outlets such as pound shops, it

appears that people would rather take this route to buying their NRT rather than declaring themselves a hardship case.

## Option 2

9. This option would be following best practice as set out in NICE Guidance, which states that there should be no preference in which pharmacotherapy to offer people in their attempt to stop smoking. Currently the only way that a resident can access varenicline is to ask their GP for it on private prescription or to buy it at an online pharmacy. Given that varenicline has to be taken for two weeks before an individual stops smoking it would entail a person spending around £50 for a two week supply of varenicline whilst still smoking. If we were to pay for the first four weeks of varenicline for those in financial hardship – two weeks while they are still smoking, and the first two weeks whilst they try stopping smoking – this would remove a financial barrier to those on low incomes. For those that are able to pay, they would now be able to access varenicline through a local pharmacist, rather than having to try to get a private prescription or order from an online pharmacy.
10. With the current numbers that come through the service and use the hardship fund the cost of this option would be minimal and is well within the allocated £27,000 set aside to cover pharmacotherapies. It would be hoped that offering a hardship scheme to cover varenicline would lead to better uptake of the hardship fund. The budget of £27,000 is likely to still cover this as we predict 250 clients accessing the service. If half of these were hardship cases and if all of these wanted to access varenicline at a cost of £81 for four weeks supply this would cost £10,125. This would enable this to be funded through the current budget set aside for pharmacotherapies as well as the cost of funding pregnant women – at current numbers accessing the service approximately £4230.

## Option 3

11. Providing pharmacotherapy support for the first four week's of a person's quit attempt would remove any barriers to people accessing the service. It would ensure that people engage with the service and are supported as per evidence based guidelines to achieve abstinence for four weeks. There is a body of evidence that demonstrates that if someone can stop smoking for 4 weeks, their chances of remaining abstinent are increased five fold. This is the basis of the Stoptober Campaign, which is a national campaign promoting smokers stopping smoking for the duration

of the month of October. Reaching abstinence for four weeks will also enable the Council to record the person as a successful quit for the purposes of our national return to the Department of Health. Funding the first four weeks of a quit attempt will demonstrate the Council's commitment to supporting an individual to stop smoking, will enable the individual to see the benefits of not smoking and make them more likely to be willing to go on to self fund further NRT or varenicline as required. The costs of providing pharmacotherapies for the first four weeks for everyone coming through the service would be in the region of £30, 875 per annum. This is based on 250 people setting a quit date with the service, and 50% using Varenicline at a cost of £282 per patient, and 50% using two NRT products at the same cost per patient. This includes dispensing fees through pharmaoutcomes. On top of this cost we would also continue to fund pregnant women for 12 weeks worth of NRT. Over the course of a year this equates to approximately £4230 (last year 15 pregnant women accessed the service and 12 weeks supply of two NRT products in equal to £282 per person). This option therefore takes us considerably over the budget allocated for pharmacotherapies. Staff working in the Yorwellbeing service have also told us that once a person makes a commitment to stopping smoking, the cost of NRT or varenicline is substantially less than the cost of smoking. Therefore the cost of pharmacotherapies can substitute the costs of smoking. The service believe that this commitment from the individual to fund their medication makes them more likely to be successful in their attempt to stop smoking.

## **Council Plan**

12. 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**

### **Financial**

13. There would be no financial implications to funding pharmacotherapies to aid smoking cessation as in option 2.
14. The cost of continuing to fund pregnant women for 12 weeks of NRT, and having a hardship fund for the first two weeks supply of NRT or the first four weeks of varenicline would be approximately £14,355.
15. This is an estimate based on 250 people accessing the service over the course of a year. If half of these could demonstrate financial hardship (125) and all of these wanted to use varenicline, which would be more expensive than NRT, the cost of this would be £10,125. Add to this the cost of continuing to fund 12 weeks of NRT for pregnant women, which on average is 15 women per year, the cost is approximately £4230.
16. This cost can be met within the existing pharmacotherapy budget of £27,000.

### **Risk Management**

### **Human Resources**

17. There are no implications to the workforce.

### **Equalities**

18. 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**

19. There would be contractual arrangements that would need to be put in place in order to provide NRT and Varenicline through local pharmacies.

### **Crime and Disorder**

20. No new implications

## **Information Technology (IT)**

21. No new implications

## **Property**

22. No new implications

## **Contact Details**

### **Author:**

#### **Fiona Phillips**

Assistant Director of Public Health  
Tel No. 01904 565114

### **Chief Officer Responsible for the report:**

#### **Sharon Stoltz**

Director of Public Health

**Report  
Approved**



**Date**  
8/11/17

### **Specialist Implications Officer(s)**

There are no specialist implications.

**- For further information please contact  
the author of the report -**