

# Delivering Healthy Ambitions Better for Less



## Overview.

Prevention of smoking has more potential for improving public health, and to do so quickly, than any other clinical intervention. A comprehensive ‘whole systems’ approach to reducing smoking provides an immediate return on investment, with significant reductions in NHS healthcare resource expenditure.

Robust research has identified that no one intervention will reduce smoking. A comprehensive approach including a range of evidence based strategies implemented simultaneously aimed at both the micro and macro level provides the quickest, greatest and most sustainable impact on smoking prevalence.

# What is the challenge?

Smoking kills more people than any other preventable conditions, almost 9000 people die each year in our region from smoking related diseases; for every one death another 20 people suffer smoking-related conditions, including babies and children.

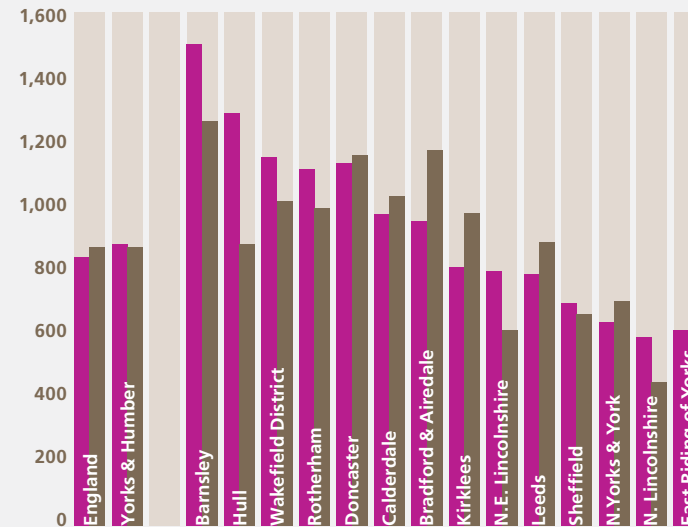
Tobacco is linked to more than 200 diseases and is the primary cause of lung cancer and COPD. The number of people dying from smoking related diseases is nearly 5 times the combined number of deaths from other preventable causes. Five percent of all hospital admissions are due to smoking related condition, this equates to around £100m or £20 per person in the region.

Smoking poses a huge burden on NHS resources. It is the single most significant drain on the NHS. The cost to the NHS in Yorkshire & Humber of the 1.1m smokers in our region in 2008 is estimated at £720m per year based on Department of Health estimates that a smoker costs the NHS £658 annually.

There is 2.5 fold variation in 4 week quit rates between PCTs. Some of this variation is likely to be explained by current and historic prevalence levels and some by the priority given to smoking cessation initiatives.

The challenge is to invest in a comprehensive approach that can be taken forward in the intensity needed to make a difference, i.e investment proportionate to the impact that smoking has on public health and healthcare costs.

Figure 1. Smoking quit rates per 100,000 aged 16 and over



## How could we provide better services for less?

A comprehensive approach requires investment in interventions tackling both demand and supply of tobacco. For greatest impact, the approach should include interventions aimed at two levels: the individual and the environment, including interventions to change policy. The interventions need to be implemented simultaneously.

This briefing describes the following elements of a comprehensive approach:

- Challenging social norms
- Extending smokefree environments into the home
- Health professionals using every opportunity to encourage quitting
- Quality and effective stop smoking support.

## Benefits of a comprehensive approach

### Patient Benefits

Smokers are encouraged to make quit attempts, those who do so are more likely to be successful and ex-smokers are supported in staying stopped; young people are supported in choosing not to start smoking and non-smokers are protected from the harm caused by exposure to tobacco smoke.

Quitting smoking before surgery has immediate benefits by reducing the risk of post operative complications. Other benefits of quitting prior to hospitalisation include a reduced need for anaesthetic dosage, decreased in risk of graft failure, reduced wound healing complications, less post operative pain and reduced length of admission.

Excess risk of a myocardial infarction or stroke drops by 50% within the first two years of cessation (Lightwood 1997).

### Financial Benefits

Smoking cessation is the single most cost-effective interventions provided by the NHS. The Department of Health has estimated that each quitter saves the NHS £658.22 / year.

Five percent of hospital admissions are due to smoking related diseases. Reducing smoking would free up the number of hospital beds taken up by patients who smoke and save substantial savings in hospital costs. A analysis of eight international studies on the impact of reduction in tobacco exposure due to smoking bans estimates an immediate 19% reduction in AMI admission rates (Glantz 2008).

The cost effectiveness of any single intervention, whether at the individual or environmental level, is increased when a range of interventions are implemented simultaneously. The result is a quicker, greater and more sustainable impact on quality of life and on healthcare cost savings. The savings are principally in the following areas: AMIs, stroke, respiratory conditions, birth complications.

Whilst there is wide variation in smoking prevalence across PCTs in the region, a reduction in smoking prevalence of between 2% and 5% will generate average savings ranging from £1m to £2.6m per PCT.

Department of Health estimates suggest that each smoker in England costs the NHS around £658 per year. With smoking prevalence in Yorkshire & the Humber of approximately 1.1m people, the current cost to the region is £720m. Using a comprehensive smoke to reduce smoking prevalence has the potential to generate substantial savings across PCTs:

**Figure 2.**

PCT	Saving from a 2% reduction in prevalence (£0s)	Saving from a 5% reduction in prevalence (£0s)
Barnsley PCT	706.8	1,766.9
Bradford & Airedale Teaching PCT	1,315.9	3,289.7
Calderdale PCT	548.6	1,371.5
Doncaster PCT	889.5	2,223.7
East Riding of Yorkshire	673.4	1,683.5
Hull Teaching PCT	1,028.9	2,572.3
Kirklees PCT	1,056.3	2,640.8
Leeds PCT	2,201.0	5,502.5
N.E. Lincolnshire Care Trust Plus	503.1	1,257.7
N. Lincolnshire PCT	433.9	1,084.7
N. Yorks & York PCT	1,847.2	4,618.1
Rotherham PCT	705.0	1,762.5
Sheffield PCT	1,468.4	3,671.0
Wakefield District PCT	1,021.3	2,553.4
<b>NHS Yorkshire &amp; The Humber</b>	<b>14,789.6</b>	<b>36,973.9</b>

## Healthcare costs of maternal smoking

Maternal smoking is estimated to contribute between 17% to 26% of low birth weight babies. Data from the Neonatal Research Network found that babies born before 26 weeks' gestation spend at least 111 days in neonatal intensive care during infancy and incur intensive care costs of more than £100,000 (£114,000; £160,000). Yearney N, Murdoch E, Lees C, The extremely premature neonate: anticipating and managing care, *BMJ*; 339: 100103.

A 2005 study of the cost of smoking during pregnancy and hospital inpatient costs in childhood found that over the first five years of life, the healthcare costs of infants born to mothers who smoked more than 20 cigarettes was £462 (£353-£571) and for infants born to mothers who smoked between 10 – 20 cigarettes was £307 (£221 - £394). Stavros P, The association between smoking during pregnancy and hospital inpatient costs in childhood, *Social Science & Med* 2005; 60; 5: 1071 – 1085.

## Implementation – What needs to happen

The interventions in this pack should be implemented simultaneously for greatest impact. They do not require medical or surgical treatments or invasive procedures carried out in a secondary or tertiary care setting. The distinctive feature of the interventions is a reliance predominately on the use of behavioural techniques to achieve changes in population health and risk factor modifications. These are recommended evidence based interventions aimed at the micro and macro levels that will have an immediate impact on healthcare costs and will result in fewer people suffering and dying from smoking related diseases.

A) Environmental - denormalising smoking (less acceptable, less affordable, less visible)

- Strengthening smokefree social norms, including within the NHS
- Extending smokefree environments into the home
- Reducing demand and supply of illicit tobacco (not covered in this briefing).

B) Individual - motivating and supporting smokers in quitting

- Empowering GPs in giving brief advice at every opportunity (See also: *Better for Less briefing, Making Every Contact Count*, [www.healthyambitions.co.uk/betterforless](http://www.healthyambitions.co.uk/betterforless))
- Providing quality and effective stop smoking support, including NHS staff (For provision of effective support for pregnant smokers, see *Better for Less briefing, Reducing smoking during pregnancy*, [www.healthyambitions.co.uk/betterforless](http://www.healthyambitions.co.uk/betterforless)).

## Element 1 - Strengthening smokefree community norms

A social norms approach is a highly cost effective way of reaching large numbers of people and promoting the healthier ones instead, eg being smokefree.

Denormalising smoking using a social norms approach is considered the key intervention to encourage young people to stay smokefree. Making tobacco less acceptable, less available, less visible is the hallmark of successful tobacco reduction initiatives.

A social norms approach differs dramatically from the traditional approaches adopted to influence individual behaviour.

- uses only positive images; avoids 'hard hitting scare tactics'
- focuses on healthy behaviours and attitudes; does not use images of negative behaviour (i.e. cigarettes or smoking)
- uses only credible science based statistics
- involves the local community from the very beginning in designing & collating local data and exposing misperception
- information about healthy social norms is not given in a draconian or directive manner back to the community, but instead is given in a simple format for ease of understanding.

See references for further information on social norms. Interventions could include increasing awareness and building capacity in the social norm approach amongst local partners including director of public health, local tobacco control alliance, trading standards, local authority, community and voluntary groups and forming a working party to develop this approach. The local tobacco control alliance should increase its understanding of the social norms approach and its implementation based on social marketing principles.

A smokefree social norm within the NHS community gives staff, patients and the general public the message that smoking is not the norm. It will support staff, patients and visitors to quit smoking and will boost NHS staff confidence in raising the issue of tobacco use with patients and visitors who smoke.

## Element 2 - Extending smokefree environments into the home

The local tobacco control alliance should include activities to support local people to voluntarily make their homes smokefree as part of a comprehensive approach to reducing smoking.

A smoke free home policy is one of the most effective strategies to reduce smoking. It motivates smokers to quit, prevents relapse in former smokers, encourages young people to stay smoke free and protects non-smokers, especially children, from the dangers of tobacco smoke exposure and the associated health problems.

A smokefree homes policy protects non-smokers, especially children from the dangers posed by exposure to tobacco smoke. In households where both parents smoke, young children have a 72% increase risk of respiratory illnesses. Up to 4500 new cases of asthma occur each year as a result of parents smoking in the home. Every year 17,000 children under 5 are taken to hospital with problems such as asthma and glue ear from breathing tobacco smoke.

A smokefree home policy also encourages smokers to make a quit attempt, supports ex-smokers in staying stopped and in motivating young people to stay smokefree.

### Element 3 – Brief interventions

If GPs give brief advice to all smokers during consultations, the impact could potentially be greater than doubling the tax on cigarettes or any other tobacco control activity. Brief advice to stop smoking has been called the Gold Standard of Preventive Intervention.

Advice from a health professional is a common prompt for smokers to make a quit attempt. When stop smoking messages are received from many healthcare providers, motivation tends to increase. NICE recommends that all professionals give brief stop smoking messages to all smokers.

Information about the positive impact of GP advice on patients' feelings about their healthcare provision and smoking behaviour should be disseminated widely to GPs. Repeated tobacco screening and intervention has been identified as one of the three most important and cost effective preventive services that can be provided in medical practice. (Solberg et al. Am J Prev Med 2006; 31, 62 – 71).

The challenge is to find ways to ensure that delivering brief advice to all smokers at every opportunity becomes the norm for GPs as well as all health professionals, especially those who have high credibility with patients, in order to achieve the extraordinary potential benefits of brief advice.

No other preventive activity by a health professional, especially a clinician, produces such a positive effect on the quality and length of life with such a small investment of time, e.g. 30 seconds. It can lead to reported quit rates of 2.4% to 5.0% higher than smokers who did not receive brief advice. The combination of brief advice combined with behavioural support and pharmacology can result in quit rates up to 20%.

The local tobacco control alliance should ensure that the provision of brief interventions, especially by general practitioners is included in its comprehensive approach to reducing smoking.

Brief Interventions are the subject of a separate NHS Yorkshire and the Humber Better for Less briefing available at [www.healthyambitions.co.uk/betterforless](http://www.healthyambitions.co.uk/betterforless)

### Element 4 – Providing quality and effective stop smoking support

Smoking cessation is the single most cost-effective interventions provided by the NHS. (Godfrey 2005) Smokers who quit with support are up to four times more likely to have prolonged abstinence from smoking than those who quit without any assistance. (Ferguson 2005). Commissioners of stop smoking support need to invest in cessation support in the intensity proportionate to the harm that smoking causes to public health and to the burden it poses on the NHS.

The commission and provision of services should be based on the DH document, NHS Stop Smoking Services: service and monitoring guidance 2010/11. An integrated approach as suggested by the National Support Team – Tobacco should be the foundation of cessation support, with the decision on the type of support sensitive and responsive to the needs and expressed wishes of the patient.

The Integrated Service Framework for NHS Stop Smoking Support by the National Support Team Tobacco provides an evidence based framework for the development of cessation support. It recommends support available in the following settings: primary care, secondary care, pharmacies, maternity and family services, mental health and community

- Commissioners should benchmark their NHS Stop Smoking Services against the Commissioners Checklist in the DH document, NHS Stop Smoking Services: service and monitoring guidance 2010/11, page 29
- Providers should benchmark their NHS Stop Smoking Services against the Providers Checklist in the DH document, NHS Stop Smoking Services: service and monitoring guidance 2010/11, page 31.

# Evidence, References & Resources

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and 'Smoking in pregnancy',  
NHS Yorkshire and the Humber,  
[www.healthyambitions.co.uk/betterforless](http://www.healthyambitions.co.uk/betterforless)

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## Better for Less briefings

All NHS Yorkshire and the Humber Better for Less briefings are available from:

[www.healthyambitions.co.uk/betterforless](http://www.healthyambitions.co.uk/betterforless)