Appendix 1

Treating tobacco dependency and achieving a smokefree generation in North Tyneside by 2025

1. A national ambition for a smokefree generation

The tobacco control plan for England sets out the national ambition to achieve a smokefree generation; which is defined as a smoking prevalence rate of 5% or below. In order to achieve a smokefree generation the following targets have been set[1]:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by 2022.
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by 2022.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.by 2022
- Make all mental health inpatient services sites smokefree by 2018
- Create a smokefree NHS by 2020 through the 5 Year Forward View mandate[2]
- Provide access to training for all health professionals on how to help patients – especially patients in mental health services - to quit smoking
- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.
- Maximise the availability of safer alternatives to smoking.

The NHS Five Year Forward View[2] prioritises the role that prevention has in supporting people to live healthier lives. The treatment of tobacco dependency is key component of the preventive programme within NHS settings.

The national ambition as set out in the tobacco control plan has been used to inform the regional sustainability and transformation partnership (STP) prevention board work on treating tobacco dependency[3]. There is a regional taskforce that has been tasked with responsibility for the delivery of a smokefree NHS across the North East by 2020.

2. Purpose of the paper

This paper presents the current contribution of the Local Authority and the NHS in the treatment of tobacco dependency and it contextualises a whole systems approach to reducing the prevalence of smoking to 5% by 2025[3]. This regional ambition was endorsed by all 12 North East Health and Wellbeing Boards in 2014.

The focus of this paper is on the treatment of tobacco dependency; however it is important to highlight that there are other interventions and approaches in place that addresses tobacco control and health education including:

- Tobacco control (age of sale restrictions and illicit tobacco products)
- Health education in schools and workplaces on the harms of tobacco
- Smokefree environments (home and work place)

The delivery of the treatment of tobacco dependency and the above work streams is strategically overseen by North Tyneside Smokefree Alliance. The treatment of tobacco dependency is also a priority for the North

Tyneside Cancer Locality Network and the Northumberland and North Tyneside Rightcare Respiratory Group. The actions outlined in this report complement the work programmes of these groups.

3. Introduction

North Tyneside has made considerable progress over the last decade in reducing smoking rates from 27.5% (2006-08)[4] to 16.4% (2016/17)[5]. Whilst this progress is positive, smoking still remains one the principal causes of premature death and is the key driver for health inequalities with around half of the difference in life expectancy between the most and least affluent of the borough attributable to smoking. Smoking places a significant burden across the whole local health economy and society.

Smoking is an addiction which is largely taken up in adolescence and the majority of smokers start as teenagers. A survey undertaken in 2014 identified that 77% of smokers aged 16 to 24 began smoking before the age of 18[6]. One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke in the population.

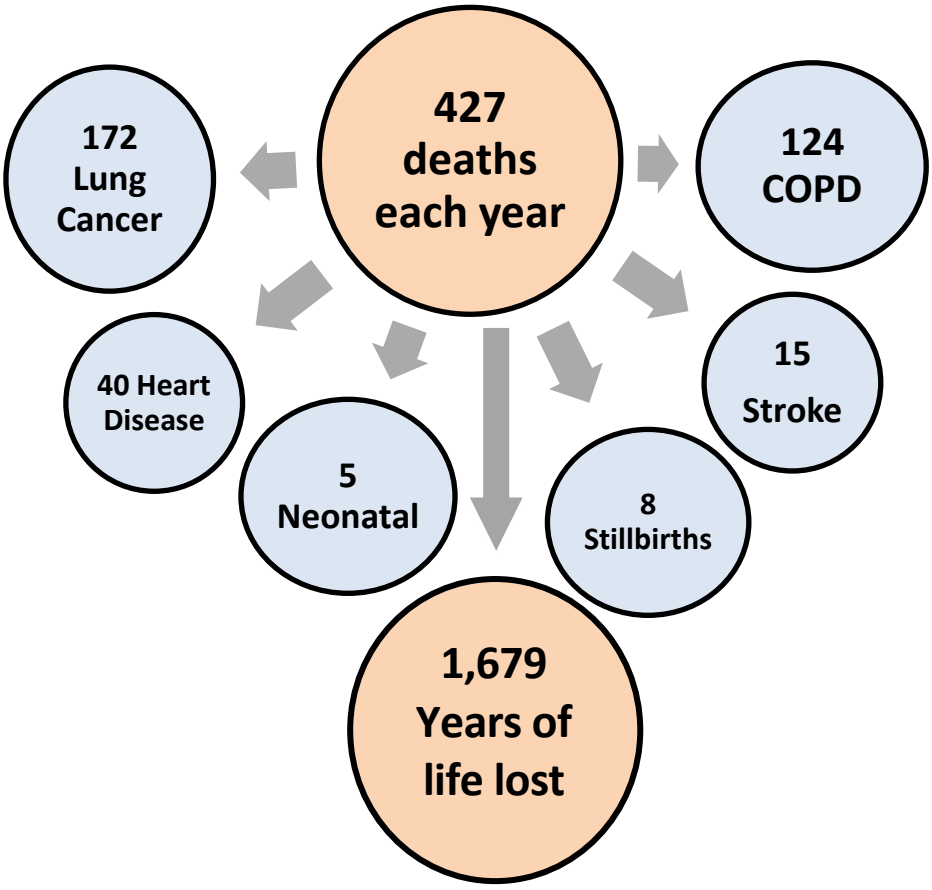
4. The burden of tobacco dependency in North Tyneside

Tobacco dependency has a huge impact upon mortality and morbidity in North Tyneside. The chart below presents smoking attributable mortality based upon three years of data (2013-2015). Chart 1 below presents the deaths in North Tyneside that are attributable to tobacco dependency[7-8].

There are around 200 lung cancer registrations each year in North Tyneside, of which 80% are attributable to tobacco dependency[5].

Each year there are 170 new cases of lung cancer in North Tyneside that could have been prevented.

Chart 1: Annual smoking attributable mortality in North Tyneside 2015/16 (data source PHE Tobacco Profiles[5])



The burden of tobacco dependency is not equally distributed. 40.5% of adults with a serious mental illness smoke; this is 2.5 times higher than the national rate[9]. People with a mental health condition die on average 10-20 years earlier than the general population[10].

Smoking prevalence amongst routine and manual workers in North Tyneside is 27.6% this is more than 10% points higher than the general population prevalence rate[5].

The burden of smoking related illness falls heaviest on our poorest and most disadvantaged communities. This is reflected at a GP practice level in North Tyneside by the percentage of patients with a hypertension, asthma, COPD, stroke or CHD who, when asked reported smoking. The GP practice with lowest prevalence rate is 7.8% in Beaumont Park Surgery and the practice with the highest prevalence rate is Redburn Park at 29.3% (2016)[11]. A graph outlining this data for each GP practice in North Tyneside is available in appendix 2.

5. The cost of tobacco on health and social care

Based upon the current smoking prevalence rate, the total annual cost of smoking in North Tyneside is in excess of £16m. Table 1 below presents the estimated cost of smoking on the health and social care system[12-13].

- There are around 3,000 smoking attributable hospital admissions in North Tyneside each year (2015/16)[5].
- The cost of smoking attributable hospital admission in North Tyneside is £53.50 per capita this is 41% higher than the England average[5].
- The cost per capita for smoking attributable hospital admissions in North Tyneside is amongst the highest in England. North Tyneside is ranked as the 8th highest spending area (2011/12)[5]
- It is estimated that smokers will need to access social care 4 years earlier than non-smokers[12]

Table 1: The estimated annual cost of smoking in North Tyneside 2017

Costs to local economy (loss productivity)	£2,398,119
The total additional spending on social care as a result of smoking for adults aged 50+	£ 6,129,033
Costs to non-smokers (passive smoking costs)	Adults: £293,681
	Children: £64,916
Healthcare costs:	£7,661,500

6. The challenge of achieving a smoking prevalence rates of 12% by 2022 and 5% by 2025

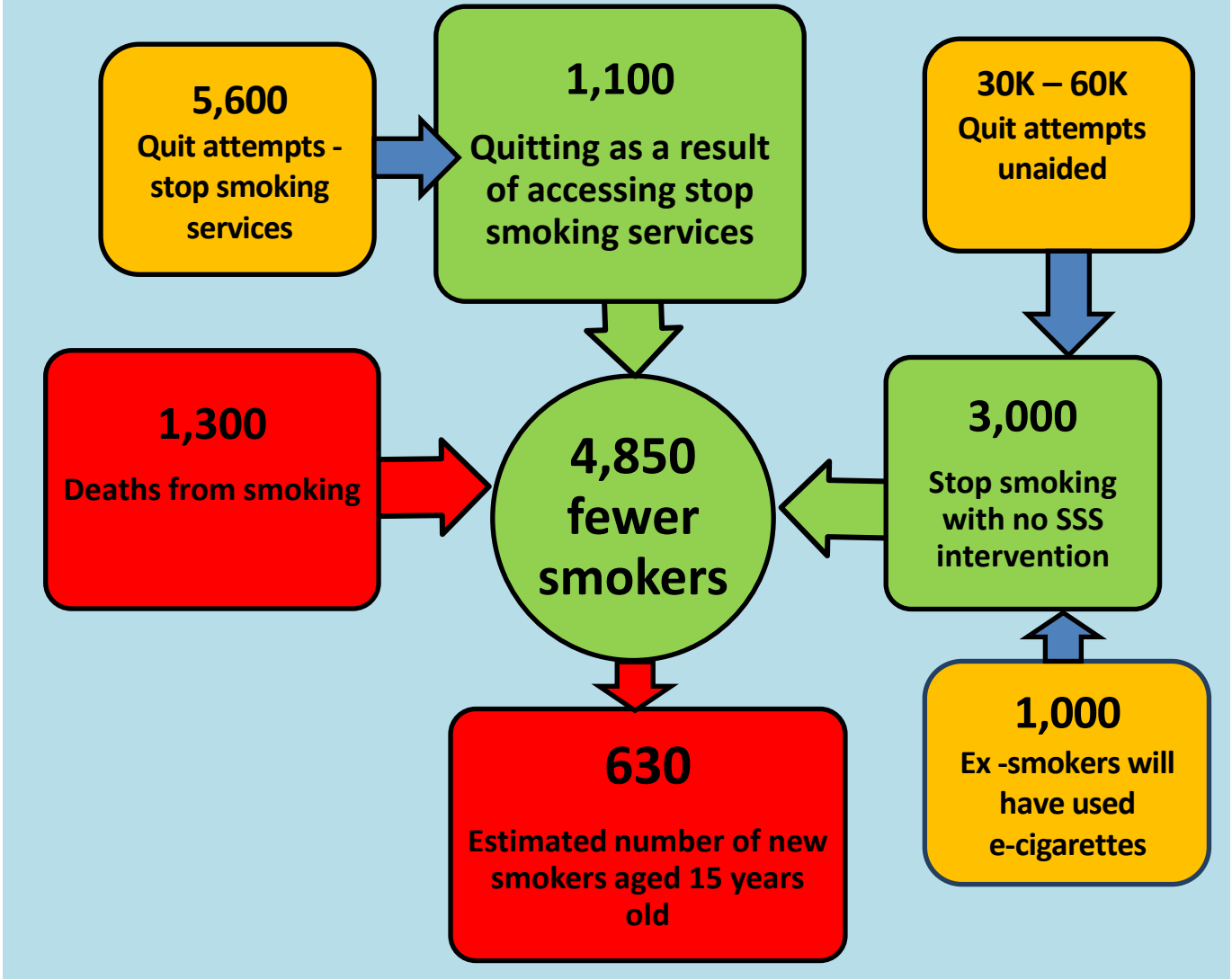
Since 2014 there has been an estimated 4,850 fewer adult smokers in North Tyneside. The chart below (chart 2) presents an estimation of how this reduction in smoking prevalence was achieved over a 3 year period. This model also estimates the number of quit attempts made either within the commissioned stop smoking services or as an unaided quit attempt. Notes on the data used in this model are detailed below.

It is important to highlight that tobacco dependence is one of the hardest addictions to break. The majority of regular smokers are addicted to nicotine. Nicotine is a substance that is inhaled when smoking tobacco in cigarettes. When nicotine is inhaled, it immediately rushes to the brain, activating the areas which produce feelings of pleasure and reward. When the blood level of nicotine falls this changes the levels of dopamine and noradrenaline and withdrawal symptoms such as restlessness, increased appetite, inability to concentrate, irritability, dizziness, constipation, nicotine craving, or just feeling awful will result. These withdrawal symptoms begin within a few hours after having the last cigarette. If they are not relieved by the next cigarette, withdrawal symptoms become worse.A person will crave nicotine when they stop smoking and those cravings can be very strong, making it extremely difficult to quit smoking using willpower alone. Nicotine withdrawal symptoms usually reach their peak 2 to 3 days after quitting, and are gone within 1 to 3 months. It takes at least 3 months for the brain chemistry to return to normal after quitting smoking.

Two in every three smokers want to stop smoking but, without help, many fail to succeed. The main reason why smokers don't succeed, even though they want to stop smoking, is because nicotine addiction is so strong and so difficult to break.

The chart below highlights that the majority of smokers in North Tyneside quit smoking as a result of an unaided quit attempt. The model also provides the estimated number of quit attempts required to achieve the population level shift in prevalence rates. The large numbers required to attempt to quit presents some very real challenges, particularly in light of the national ambition.

Chart 2: Modelled estimate of reduction in smoking prevalence in North Tyneside 2013 - 2016



Notes on modelling:

1. Estimated number of new smokers was calculated using the number of 15 year olds reporting smoking (WAY Survey 2014) and applying this rate to 2013 – 2016.
2. Number of deaths was calculated using smoking attributable mortality (2013 – 2015) as a proxy measure. This will include ex-smokers and excludes smokers that died from non-smoking attributable causes.
3. Quitting as a result of accessing SSS was calculated using service use data for the period 2013-2016. A 12 month quit rate was calculated at 20% (SSS) by applying R West and R. Owen (2012) estimates of 52-continuous quit rates.
4. The estimate of those quitting with no support was derived by subtracting deaths and quitters from SSS, and adding in new smokers aged 15.
5. Number of quit attempts required for unaided quits was calculated by applying R West et al estimates
6. The 4,850 fewer smokers was calculated using APS North Tyneside prevalence data for years 2013 – 2016 and applying to 2016 mid-year population estimates.
7. E-cigarette use among ex-smokers was calculated at 30% (based upon 2016 data for ex-smokers that had reported having either used an cigarette or were still currently using one)

7. Translating the national tobacco control plan to North Tyneside

The national plan sets out some challenging targets, in particular the 5% prevalence rate. In 2016 there were around 27,400 regular smokers in North Tyneside, in order to achieve a 5% prevalence rate 19,000 current smokers would need to quit and uptake amongst young people would need to fall to 3%.

The table below (table 2) presents a comparison between the smoking prevalence rates for England and North Tyneside (2016). North Tyneside has significantly higher prevalence rates for the rate of 15 year olds smoking and the rate of pregnant smokers; North Tyneside has comparable rates for adults and routine and manual workers.

Table 2 also presents the estimated number of smokers that need to quit (non-tobacco dependent) in order to achieve the national targets in North Tyneside.

Table 2: Current position North Tyneside compared to tobacco control plan for England

National Targets	2016		Numbers needed to quit	Prevalence rate target
	England	North Tyneside		
Prevalence of 15 year olds who regularly smoke	8.2%	10.3%	153	3%
Smoking prevalence amongst adults	15.5%	16.4%	7,348	12%
			19,038	5%
Prevalence in routine and manual occupations is the same as general population	26.5%	27.6%	2.094	16.4%
			2,917	12%
			4,226	5%
Prevalence of smoking in pregnancy	10.7%	13.2%	164	6%

Significantly worse than England Average **Similar to England average**

The number of adult smokers that will be required to stop smoking by 2022 is 7,348, of this group 2,971 (40%) will need to be manual and routine workers.

The number of smokers needed to stop smoking to reach a 5% prevalence rate in North Tyneside is 19,038, of which 4,226 (22%) will need to be manual and routine workers.

Furthermore; we will need to stop the uptake of smoking amongst young people. A proxy measure for this is that there are around 150 fewer smokers each year aged 15 years old.

The number of women required to stop smoking during pregnancy is around 160 per year.

8. The numbers of smokers needed to attempt to quit in North Tyneside

Over the next four years (2018-2022) we need to help facilitate 7,348 smokers to become non-tobacco dependent, in order to achieve a 12% prevalence rate. The tables below presents a modelled estimate of the numbers needed to recruit in order to achieve this. The breakdown is based upon an assumption that the proportion of smokers who will die from smoking related illness will remain the same over the next 4 years, and that 65% of smokers will quit unaided (i.e. not via a formal stop smoking support provided in the community and/or healthcare setting) and 33% will quit as a result of accessing evidence based stop smoking support. Conversion rates (number of quit attempts) to achieve a 52 week continuous quit rate have been applied based upon the National Centre for Smoking Cessation and Training (NCSCT) research[14]

Table 3: Number of smokers required to attempt to quit to achieve a 12% prevalence rate 2018-22

Method	2018 - 2022		
	Numbers required to quit per year	Numbers needed to attempt to quit	
		Per year	Per month
Unaided	1,200	12,000	1,000
Stop smoking services	600	3,000	250
Total	**1,800**	**15,000**	**1,250**

Table 4: Number of smokers required to attempt to quit to achieve a 5% prevalence rate 2018-25

Method	2018 - 2025		
	Numbers required to quit per year	Numbers needed to attempt to quit	
		Per year	Per month
Unaided	1,800	17,500	1,500
Stop smoking services	900	4,500	400
Total	**2,700**	**22,000**	**1,900**

The tables above present the scale of the challenge, and at present the current configuration of services that support the treatment of tobacco dependency, in particular the pharmacy based stop smoking services are not able to achieve the national and regional ambition alone. Therefore a whole system response to the treatment of tobacco dependency is required alongside other approaches that includes; reducing the numbers of young people commencing smoking and providing evidence based interventions to help smokers quit unaided.

9. National models of treating tobacco dependency

Public Health England published an evidence based appraisal of options for service models in the treatment of tobacco dependency[15]. The table below presents these interventions and where in North Tyneside these are currently provided and commissioned.

Table 5: Interventions to increase successful quit rates

Intervention	Improves quit rates	Commissioning recommendation	Provided
Face-to-face individual support with pharmacotherapy Weekly sessions for an individual smoker with a trained stop smoking practitioner	200-300%	This is the current most common form of SSS delivery, needs to be supported via on-going training	Commissioned by NTC Provided in community pharmacies
Supported use of Pharmacotherapy Providing smokers with stop smoking medication(s) (varenicline, nicotine replacement therapy (NRT), bupropion) and give appropriate information and support to use it in a way that will maximise effectiveness. It just needs one appointment to get started and one follow-up to check progress.	50-100%	The easiest way to commission this is through GP prescriptions, but pharmacies may also be an option.	Not commissioned in primary care. Secondary care (NHCFT and NTW) Will start a patient on pharmacotherapy, and on discharge patients are signposted to the pharmacy service and primary care.

Online **And;** **Mobile digital applications**	Unknown	Websites/apps should not be the only support offered to smokers and should be offered in conjunction with the above.	Not provided or promoted

The new model options of service delivery makes recommendations for Local Authorities and NHS Commissioners on proving the following to the local population:

A. Universal specialist service that includes behavioural support and pharmacotherapy provided by a specialist service.
Trained practitioners, for whom delivering stop smoking interventions forms all or most of their role, provide weekly sessions of around 30 minutes, ideally face to face although later sessions may be conducted over the phone, to smokers who set a quit date in the second or third week of the programme and receive their choice of medication (either on prescription or through a locally devised voucher system). People are supported for at least four weeks following the quit date and may be seen in groups or on a one-to-one basis. Outcomes are biochemically validated by carbon monoxide (CO) readings at the end of treatment.

B. Pharmacy only services
Pharmacy staff are trained to deliver the specialist service as detailed above; the role of pharmacy staff is to provide one-to-one behavioural support, pharmacotherapy and CO readings at the end of treatment.

C. Stop smoking plus
This model has a three-tier approach that includes; providing specialist service or a pharmacy based service as well as providing brief advice alongside pharmacotherapy in a primary and secondary care setting and offer self-support for those who do not want professional support (digital and online support).

D. Hospital based stop smoking services
Providing behavioural support and pharmacotherapy to specific patient groups within a hospital setting e.g. pregnant women, patients with long-term conditions (diabetes, respiratory conditions).

The new models options report recommends that commissioning a universal specialist service should be the first consideration for all commissioners; however the report does acknowledge that if funds are not available for a full universal offer then consider providing this to priority groups, rather than taking a universal approach. The targeted groups include:

- Pregnant women
- People with mental health conditions
- Economically deprived communities
- Patients with long-term conditions

10. Current configuration of stop smoking services in North Tyneside

10.1 Universal services
At present North Tyneside Council commissions via the public health ring fenced grant, a specialist stop smoking service provided in 27 pharmacies across North Tyneside. The service engages 6% of the smoking population (national target to reach 5%). Outcomes for self-reported quits (35%) and CO validated quits (30%) are below the national average; 51% (self-reported) and 37% (CO validated)[16].

10.2 Targeted services
There are a number of priority groups that have been identified by the national tobacco control plan. In North Tyneside there are gaps in how the needs of these groups are met.

Pregnant women: North Tyneside has low numbers of pregnant women successfully reporting a quit in comparison to the national rate and this is evident in the higher rates of smoking at time of delivery in North Tyneside. However, implementation of the Babyclear initiative across maternity services (NUTH and NHCFT) has facilitated a reduction in rates of smoking at time of delivery. CO monitoring and smoking prevention and interventions are routinely undertaken at key points across the maternity care pathway. Women identified as smokers are offered advice and signposted to community based services for on-going support.

Mental Health: NTW NHS FT has successfully implemented a stop smoking pathway for inpatients. North Tyneside Council is working with the drug and alcohol service to train staff to become stop smoking advisors and enable staff to refer clients to their local pharmacy for on-going behavioural support and access to pharmacotherapies.

Economically deprived communities: North Tyneside Council is working with community organisations to train staff to become stop smoking advisors and to enable better access to the pharmacy based provision. In a review of the commissioned stop smoking services it was crucial that there was a concentration of pharmacies commissioned to treat tobacco dependency in our most deprived communities.

Patients with long-term conditions: Patients that have an inpatient stay in NHCFT will be offered behavioural support and pharmacotherapies, on discharge will be sign posted to the pharmacy based services and primary care.

11. Smokefree NHS by 2020

Smoking is a major contributor to hospitalisation; estimates suggest that 5% of all admissions are attributable to smoking and that approximately 1 in 4 hospital beds are occupied by smokers. Smokers tend to have longer lengths of stay, higher incidence of wound infections and readmissions than non-smokers and smoking during pregnancy carries significant health risks for both mother and baby[17].

The national tobacco control plan and the STP prevention board are committed to achieving a smokefree NHS by 2020. This means that all NHS acute trusts are compliant with NICE Guidance[18] which sets out the requirement to identify and treat patients for tobacco dependency. Further to this the Regional STP Prevention Board is requiring all CCGs have a clear collective vision on their commitment to a Smokefree NHS which includes treating tobacco dependence and implementing relevant NICE guidance by April 2019.

11.1 Smokefree Northumbria Healthcare NHS Foundation Trust

Significant progress has been made across the organisation to implement the policy which builds upon earlier work in outpatients to help reduce tobacco use prior to surgery. An overview of progress against the recommended standards is set out below:

Admitted patients:

- Systematically and consistently recording smoking status on every patient – Recording of smoking status is being embedded into the electronic nursing assessment document which will be implemented in January 2018. This will ensure that all patients have their smoking status recorded and facilitate a systematic approach to identifying nicotine dependence in admitted patients. Smoking status is already recorded as part of the routine assessment in Accident & Emergency.

- Offering rapid access to NRT – As part of the admission assessment those identified as smokers will be offered NRT to manage their nicotine dependence during their hospital stay. The outcome of the offer will be documented in the nursing assessment record.

- Offering access to support to quit and onward referral to on-going behavioural support –an in house stop smoking support team is being established which will provide support and advice for smokers during their hospital stay and advice and support on how and where to access on-going support on discharge. The Trust will continue to work collaboratively with the wider system to help inform and shape the pathway for patients following discharge from hospital to help increase the sustainability of their quit attempt.

- Training of front line staff to support them in delivering effective brief information and advice – brief intervention advice training on treating tobacco dependency has been embedded in the induction process for all staff. All nursing staff will complete this training as part of the implementation of the electronic nursing assessment document. The training is to be incorporated in the statutory and mandatory training requirements from April 2018.

The work is underpinned by a comprehensive communications and engagement plan aimed at patients and visitors. This includes messages about what being smokefree means and what advice and support is being made available to support this. Healthwatch North Tyneside are supporting this work.

Staff: The policy requires that staff are completely smokefree whilst at work, supporting staff to stop smoking is a key element of the organisations strategy to improve the health and wellbeing of its staff. The Trust provides all staff with access to in house stop smoking support which includes access to NRT. Regular communications and briefings are being disseminated to raise awareness about how and where to access support.

Recruitment literature has been refreshed informing new staff of the organisational policy in relation to smokefree.

11.2 Smokefree North Tyneside Primary Care

North Tyneside CCG and primary care are fully aware of the impact of smoking on the health and wellbeing of patients. Previously primary care was commissioned to provide behavioural support and pharmacotherapies as outlined by the NCSCT, however this intensive model of treating tobacco dependency did not work in a primary care setting.

Smoking is not permitted in or near GP practices in North Tyneside. Whenever a person attends a GP surgery they are encouraged to give their smoking status. During a consultation with any health care professional, smoking cessation advice will be given to any patient who is recorded as being a smoker.

11.3 Smokefree Northumberland and Tyne and Wear NHS FT

The most recent developments across the Trust have been the development of locality specific Smokefree referral pathways. These have been designed in conjunction with local community smoking cessation providers and are to be embedded within local clinical arrangements. This will be a significant achievement given the complexity of variation across such a large geographical area.

To support their use and to ensure on-going compliance to NICE guidance[20], there are now specific prompts added to the electronic health care record (Rio) to ensure that there is a seven day follow up of patients who have commenced treatment for tobacco dependency. In addition, in-patient areas now have a specific

Smoking Cessation clinical record, including care plan, stop smoking course assessment form, record of smoking cessation report and a weekly record of NRT/ Smoking cessation medication report.

11.4 Smokefree Newcastle upon Tyne Hospitals

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to providing an environment that is safe and protects its staff, patients and visitors without risks to health and has had a clear Smoke Free Policy in place for many years.

The Trust routinely enquires about patients smoking status and actively offers help and advice for patients to quit across all of its care settings, referring to local stop smoking services and providing Nicotine Replacement Therapy. Patients are informed of the Trust Smoke Free status in Patient Information leaflets relating to attendance or admission to hospital, or receiving care from Trust staff in patients own home

Staff can access training to support them delivering Smoking Brief Advice and Interventions and this is promoted as part of Making Every Contact Count

12. National tobacco control recommendations

Alongside the recommended treatment/service models there are a number of recommendations that support the smokefree agenda. This includes the following:

A. Reducing the number of young people taking up smoking

Discouraging young people from smoking remains a priority. Tobacco control is a key component of this, in particular enforcing age of sale laws. North Tyneside Trading Standards collates and responds to intelligence on illegal sales of tobacco.

North Tyneside School Improvement Service is implementing the NICE guidance and youth advocacy to support Young People to including; Stop Smoking Service information/campaign activity in schools/ Colleges/ Youth and other informal settings. This is due to be complete by December 2018.

B. Promoting the use of electronic cigarettes

Stopping smoking is hard and many smokers are turning to e-cigarettes to help them in their attempts. Stop smoking advisors are being trained on the use of e-cigarettes from a harm reduction perspective, this means that anyone using an e-cigarette alongside tobacco based products will be supported to quit in North Tyneside.

At a national level it has been recognised that there is a need to evaluate the effectiveness of e-cigarettes as a method to stop smoking. In North Tyneside we are currently running a six-month pilot in two pharmacies on the effectiveness of e-cigarettes as an alternative method to treat tobacco dependency. The findings from this evaluation are due September 2018.

13. Benefits to the Local Health Economy

Treating tobacco dependency is the job of the whole health and care system. The benefits of reducing the prevalence of smoking are experienced across the whole system. The tables below present the costs saved to the NHS (based upon the NICE return on investment tool[11]).

- **Achieving a prevalence rate of 12% will save the NHS £1m per year**
- **Achieving a prevalence rate of 5% will save the NHS over £2m per year**

Table 6: Annual Health Care Costs Saved – 12% smoking prevalence rate

	2017	2022	Healthcare cost saved
	16.4% Prevalence	12% Prevalence	
GP consultations	30,233	22,179	£310,240
practice nurse consultations	8,845	6,458	£28,095
outpatient visits	5,369	3,923	£235,192
hospital admissions	1,879	1,774	£267,795
prescriptions	16,981	12,439	£194,398
			£1,035,720

Table 7: Annual Health Care Costs Saved – 5% smoking prevalence rate

	2022	2025	Healthcare cost saved
	12% Prevalence	5% Prevalence	
GP consultations	22,179	9,365	£564,087
practice nurse consultations	6,458	2,660	£51,082
outpatient visits	3,923	1,622	£427,607
hospital admissions	1,774	1,583	£737,074
prescriptions	12,439	5,212	£353,485
			£2,133,335

Alongside the direct savings within the NHS there are wider benefits to the health and social care system, as well as increased economic productivity at a population level.

The limitations of the NICE return on investment tool means that there is not a comparable estimate of the benefits of a reduced smoking prevalence rate for the social care system in North Tyneside. However, given that much of the demand placed on the adult social care system is as direct result of preventable ill health, reducing the number of smokers in North Tyneside will improve the health and wellbeing of the population and thus alleviate demand placed upon the social care system.

14. Summary – the challenges and the gaps

Achieving the national and regional ambition of a smokefree generation in North Tyneside will improve the health of the population, free up much needed resources in health and social care and have a positive impact upon the local economy and increase productivity.

14.1 Challenges

There are three key challenges that need to be addressed:

- We need to significantly increase the number of smokers attempting to quit i.e. to achieve the 12% prevalence rate we will need to recruit around 1,200 smokers each month. This figure acknowledges that the majority will experience numerous failed quit attempts before achieving a successful quit.
- Services need to achieve and sustain a higher 52 week continuous quit rate for those who have successfully stop smoking, this means that a higher 4-week quit rate is required within existing stop smoking services.

  And;

- We need to work collectively to identify the resources required to achieve a whole system's response to the treatment of tobacco dependency without any additional financial input

14.2 Gaps
There are a number of gaps in the current approach to treating tobacco dependency in North Tyneside:

1. There is no systematic targeted approach to treating tobacco dependency in the identified priority groups:
   - Pregnant women
   - People with mental Health conditions
   - Areas of high deprivation and high smoking prevalence
   - Patients with existing long-term conditions

2. Progress has been made within some specific parts of the system for example the significant work undertaken by Northumbria Healthcare Trust to implement NICE Guidance, the Trust's work towards smokefree status across all sites and the implementation of Babyclear within maternity services

There is a commitment from secondary care, North Tyneside Council and the CCG to work collaboratively to reduce smoking prevalence, however the current approach to this does not reflect the national proposed model and at present there are the following gaps:

- Very brief advice (VBA) is not systematically delivered in primary and some secondary care settings
- Prescribing pharmacotherapies alongside VBA, with four week follow-up is not being delivered in primary care and is not implemented in all secondary care settings
- Treating tobacco dependency amongst patients being referred for elective procedures is not being systematically delivered in primary care and community settings
- There is no digital platform in place that provides smokers with the tools and advice to help themselves to quit smoking.
- Services are not always targeted at the priority groups (outlined above), particularly when these groups have regular contact with health and social care services.

3. The clinical pathways across the whole system which includes community, primary and secondary care have not been fully developed. This means that patients being treated for tobacco dependency are unable to move seamlessly between services to continue their treatment.

15. Next steps
A whole systems response requires the components of the system to work together, so that the impact of the treatment of tobacco dependency in North Tyneside is greater than the sum of our parts.

North Tyneside Council, North Tyneside CCG, Primary care and the acute provider NHS trusts are committed to work collaboratively to establish a system wide model of stop smoking support that is underpinned by evidence of need and effectiveness.

The following describes the commitment and the actions that will be taken by each organisation to achieve a smokefree generation in North Tyneside:

15.1 North Tyneside Council will:
- Continue to invest in community based universal stop smoking services
- Support services with low quit rates to improve the quality of the provision
- Provide training for stop smoking advisors (community, primary care and secondary care)
- Continue to coordinate and resource North Tyneside Smokefree Alliance

- Work with NTW and NHCFT to treat tobacco dependency targeting pregnant women and those with mental health conditions.
- Work in our most deprived areas ensuring that stop smoking services are accessible
- Evaluate our electronic cigarette pilot, with a view to learn and further develop harm reduction services alongside the treatment of tobacco dependency

15.2 Northumberland Health Care Foundation Trust will:

- Continue the roll out of very brief advice training for all front line practitioners
- Systematically record of smoking status on all admitted patients
- Systematically offer of NRT to all admitted smokers
- Systematically offer of support to access behavioural support for all admitted smokers
- Audit practice in maternity services against NICE standards

15.3 North Tyneside CCG will:

- Develop a business case for an incentivisation scheme for all GP practices in North Tyneside to ensure that staff are trained in the delivery of very brief advice
- Introduce a new procedure to ensure that all respiratory patients who are current smokers will, at their annual review be offered treatment for tobacco dependency
- Develop guidelines on when primary care clinicians can prescribe pharmacotherapies to treat tobacco dependency alongside very brief advice.

15.4 North Tyneside Smokefree Alliance will:

North Tyneside Smokefree Alliance will continue to oversee the smokefree work undertaken by all of the partners and ensure that this work complements the programme of work outlined in the Cancer Locality Network and the Respiratory Rightcare Group. This includes the following actions that are jointly owned by North Tyneside Council, North Tyneside CCG and the acute trusts.

- The design of data packs for GP practices that captures the current baseline of smoking prevalence. These data packs will be updated annually and will include data and intelligence on smoking related activity such as the number of very brief advice interventions and numbers receiving pharmacotherapies.
- Design clinical pathways that cut across organisations e.g. stop before u op and discharge of patients from secondary care into the community and primary care
- Design patient specific pathways e.g. pregnant women and mental health service users.
- Design a digital platform to offer evidenced based tobacco dependency treatment for those who want to quit without formal support from services.

16. Recommendations

The committee supports the Local Authority, the CCG, Primary Care and Secondary Care in achieving a smokefree generation in North Tyneside by 2025.

The committee endorses the actions outlined in this report:

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