

Action on Smoking and Health (ASH) response to Hampshire County Council Public Health Consultation Two: Stop Smoking Services

August 2021

Consultation question:

What, if any, type of impact do you think the proposed changes to Smokefree Hampshire Services may have? (Please use the box below to tell us how the proposed changes would affect you, your organisation and people who wish to stop smoking now or in the future). Please do not provide any personal details in your response.

ASH response:

Proposal A (neither agree, nor disagree):

- We understand the rationale which is set out very clearly in the consultation document. However, we think there are some additional points to consider.
- As noted in the consultation document, the proposal to reduce the number of venues through which the stop smoking service is delivered (proposal A) may reduce the total throughput of smokers to the service.
- Whilst online options to access support now exist, there is a risk that this proposal will introduce further barriers to the most disadvantaged smokers accessing support to quit. For those not wishing or not able to access online support, the need to travel further to a venue to receive support may significantly deter smokers from accessing support.
- If Hampshire CC proceed with this proposal, it would be advisable to assess how well serviced the most deprived areas of the county will be with face-to-face stop smoking support options after its implementation. This would allow the council to take an informed approach to where the service should still be delivered to ensure maximum coverage, particularly for the more deprived areas of the county.
- Training additional pharmacy staff in areas where the service will no longer be provided is welcome. To offset the impact of this proposal, the council should also consider what communications could be undertaken to raise awareness of the existence of the service, and remote access options, with a particular focus on cutting through with such messaging in areas of the county and to populations where prevalence is highest.
- If Hampshire County Council proceed with this proposal it should also put in place an evaluation process prior to implementation so it can compare the new model with the current model particularly the degree to which the new method of delivery meets the needs of the entire population of smokers compared to the current system.

Proposal B (strongly disagree):

- This proposal potentially risks depriving smokers of support to stop smoking.
- As the consultation document notes, people stand the best chance of successfully quitting when receiving a combination of licensed stop smoking medication and behavioural support at the same time, so encouraging and training GPs to, in the first instance, refer smokers to the stop smoking service is welcome.
- However, in cases where a patient refuses referral to the service, GPs should still be able to prescribe medication and NRT to support smoking cessation as prescription from a GP [increases success rates in quitting above unaided quitting and over-the-counter medication](#).

- Issuing guidance to GPs to no longer prescribe stop smoking medications and instead refer patients to the stop smoking service also risks only the first message cutting through and another situation in which no offer of support is made to patients who smoke.
- A survey of primary healthcare professionals [conducted by Cancer Research UK](#) found that only 53% of health practitioners reported frequently completing Very Brief Advice for smoking cessation. When examining this in detail, while health practitioners often ask their patients about their smoking (84%) and advise patients on how to quit (87%), significantly fewer report frequently taking action to support their patients to quit (64%).
- These findings are reinforced by data from the incentive payments made to GPs for them to engage in brief advice, showing that advice to quit is [30 times more common than offering support to quit](#), whereas offering support is [more motivating and effective](#).
- As an alternative to Proposal B, ASH recommends that the council communicates and trains GPs to, as a first step, refer patients who smoke to the stop smoking service on an opt-out rather than opt-in basis. Only in cases where the patient refuses referral to the service, should GPs provide smokers with a prescription for stop smoking medication or NRT along with advice on its use for cessation and information on how to self-refer to the stop smoking service should they change their mind in the future.
- This still delivers on the ambition of Proposal B by encouraging GPs by default to refer patients who smoke to the stop smoking service, which would result in a greater proportion of smokers receiving the most effective form of support. However, with this amended proposal, there is still a secondary option and support available to those who are not ready or do not want to access the service and GPs are encouraged to make some form of offer rather than only having the option of referring.
- Training GPs will be important for effective outcomes and delivering the savings this proposal aims to achieve. Research by [Asthma UK and British Lung Foundation Partnership](#) found that over half of UK GPs have had no training in VBA for smoking cessation and that only 8% of GPs deliver VBA daily. Training makes a big difference, with GPs who have received training delivering VBA for smoking cessation three times more often.
- Hampshire County Council should also consider new approaches to engaging smokers in accessing the stop smoking service. In GP patients wanting to quit, a randomised trial showed that a call from the services to the patient [increased engagement with support 13-fold](#) compared with asking the patient to initiate contact. A similar approach [in Hertfordshire](#), where GPs were asked to contact all patients recorded as smokers encouraging them to access the stop smoking service. This proactive contact led to a significant increase in people accessing the service.