NHS Long Term Plan: A SmokeFree Pregnancy

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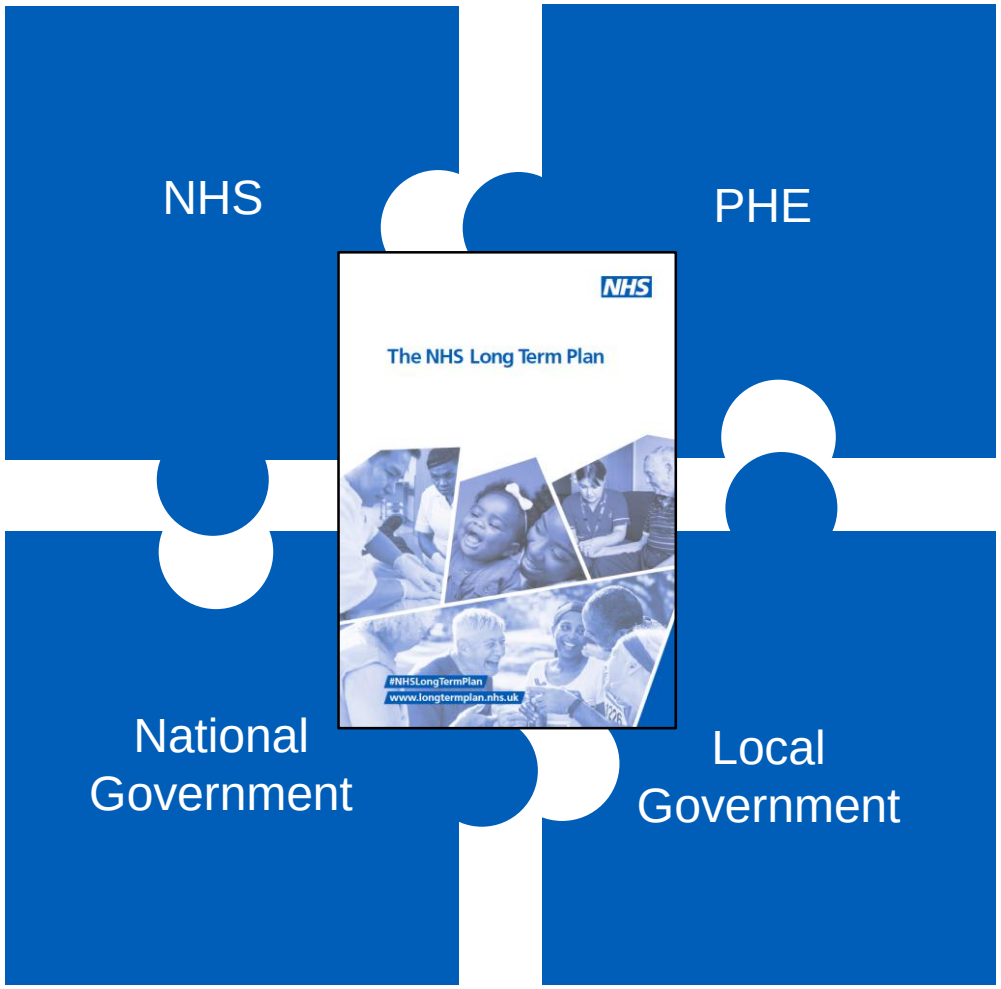
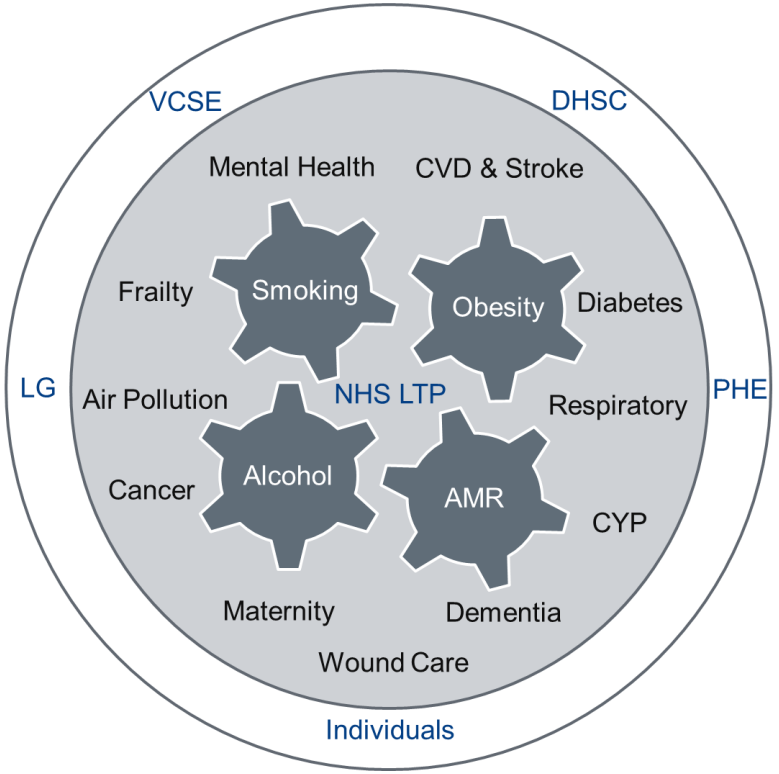
The role of the NHS



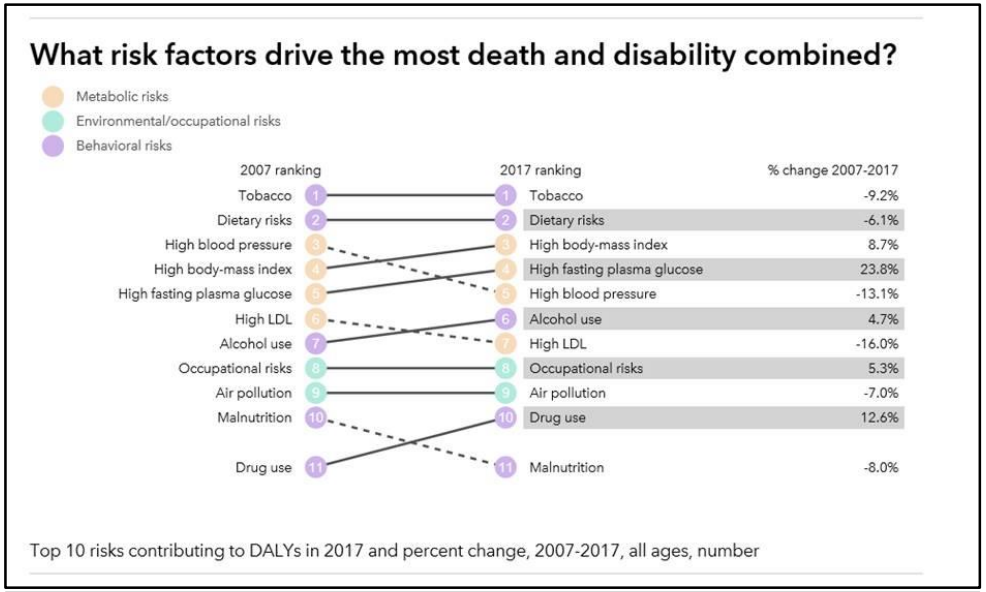
Prevention Programme

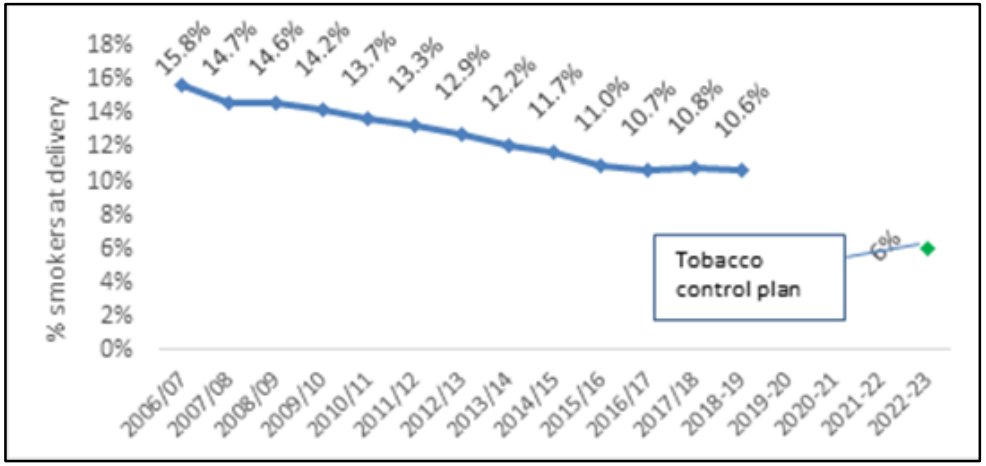
- Our ambition is to **tackle preventable risk factors** and have a positive impact on the burden of disease by 2030.
- We will achieve this by tackling those risk factors that are **modifiable through health care**.
- We will become a focus for prevention policy in NHS England and NHS Improvement and are leading on the cross-cutting themes of **tobacco addiction**, reducing harm from **alcohol**, **obesity** and **antimicrobial resistance**.
- To do this we need to **reinvigorate** the prevention agenda within the NHS.
- This needs to be part of wider action from **central government** through to **individuals**.



Case for change

- The Global Burden of Disease (2017) data highlights tobacco, alcohol and obesity as **three of the top six modifiable risk factors** linked to early death and disability.
- Smoking prevalence in pregnancy is approximately 11% and has **not reduced at the rate seen in the general population**.
- Smoking affects mothers, the developing foetus and child health; doubling the chances of still birth and increasing the risk of sudden infant death threefold.





Long Term Plan

Prevention is a **core component** of the Long Term Plan, the **commitments** of which set out **the NHS contribution** to help deliver the wider prevention agenda and include:

- By 2023/24, all people admitted to hospital who smoke will be offered **NHS-funded** tobacco treatment services.
- The model will be adapted for **pregnant women and their partners**, with a new smokefree pregnancy pathway including focused sessions and treatments.
- A new universal smoking cessation offer [for higher risk outpatients] will also be available as part of specialist mental health and learning disability services.

These commitments are designed to:

- be the **NHS's contribution** to helping deliver a smokefree generation
- build on the good work already happening, including the Saving Babies Lives Care Bundle, and to work in **synergy with current Stop Smoking Services**
- focus on both **physical and mental health** services, and
- have a level of national direction, but are for **local development and delivery**.

Implementation approach

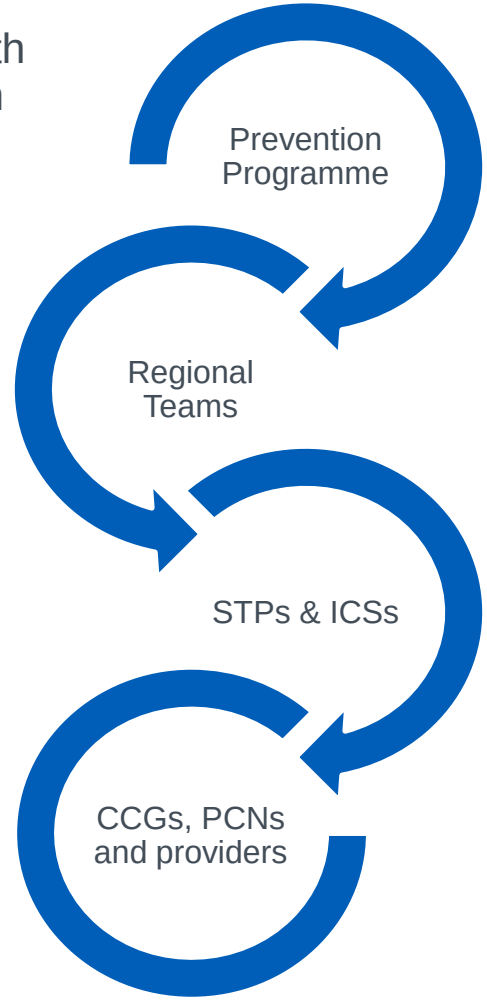
The Programme will develop and release delivery specifications with the **recommended model**, case for change and potential return on investment. They will highlight “must do’s” to maintain the model’s integrity and “can do’s” to go beyond the minimum.

Proposed **trajectories** for regions, STPs/ICSs based on national modelling will be released.

Regions will promote and **support implementation** of the prevention interventions, collate data and provide assurance on plans and subsequent delivery.

STPs/ICSs will have **local delivery plans** (including prioritised geographies based on population health), oversight and drive delivery.

CCGs, Primary Care Networks and providers will **lead delivery** of interventions **in conjunction with local authority** partners.



Interventions

The recommended model has been developed using **published international evidence,** learning from Greater Manchester's CURE model and their **Smoking in Pregnancy Programme**. The recommended intervention includes:

- Bespoke **specialist advice**, nicotine replacement therapy and a more **intensive face-to-face follow-up** regime offered to pregnant women to drive a **SmokeFree Pregnancy**. We will also explore the potential for **incentivisation** and how best to support **partners**.
- A bespoke model to **support NHS staff.**

The interventions build on principles set out in the Saving Babies Lives Care Bundle (including carbon monoxide (CO) monitoring at booking) and allow local flexibility. These include the:

- ability to use **different staff groups** (Manchester use midwife support workers to deliver the interventions with support from specialist midwives)
- ability to set **local formularies** for the type of NRT utilised
- ability to **commission across organisational boundaries** (e.g. for resilience) including local authorities, and
- ability to **expand, intensify or accelerate** delivery using local resources.

SmokeFree Pregnancy model

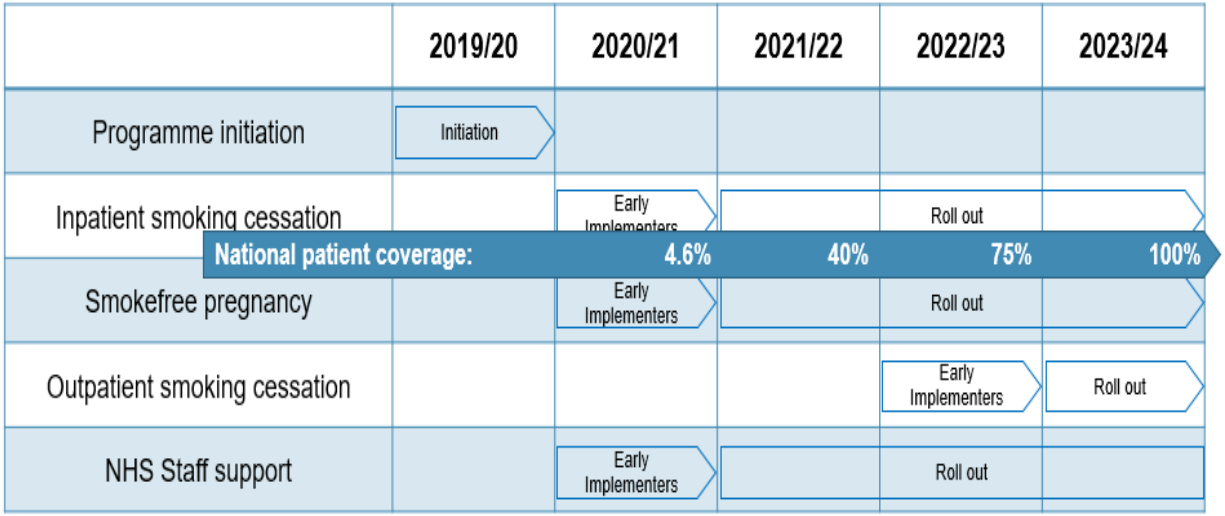
- Identification of smoking status, offer of CO testing and very brief advice at initial appointment (as per Saving Babies Lives Care Bundle).
- If not undertaken at the time of booking, a 1:1 meeting with a tobacco addiction specialist (approx. 40 minutes) is booked within 5 days. At this appointment, NRT (combination therapy) is started (for 12 weeks on average).
- Face-to-face appointments with a specialist (30 minutes each week) for the next 4 weeks.
- Smoking status verified at appropriate midwife appointment (as per the Saving Babies Lives Care Bundle).
- As required, a further 6 weeks of face-to-face/telephone support (approx. 30 minutes).
- Option to continue follow-up for pregnant women who have failed to quit or are a high risk of relapse.

Implementation timeline

During 19/20 the national team is initiating the programme and developing the recommended model for **stress-testing in early implementer sites** (EIS) during 20/21.

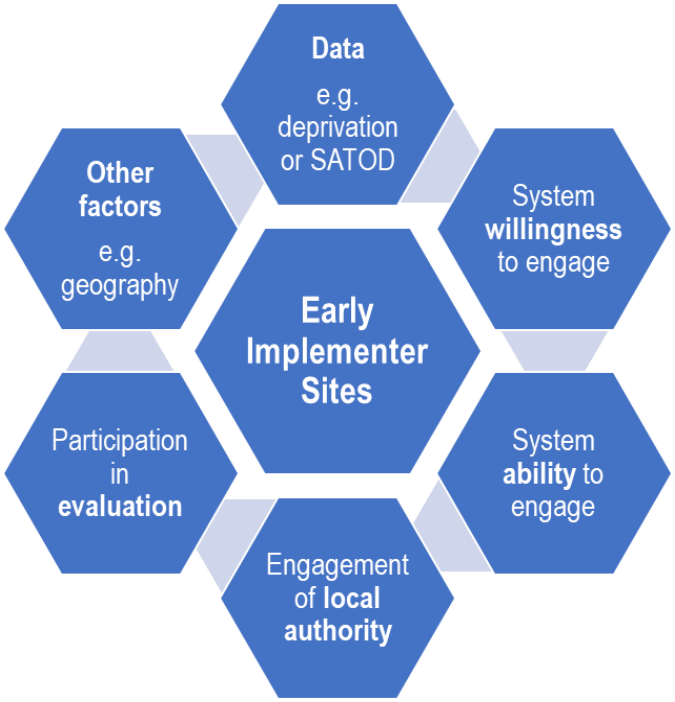
The high level implementation timeline reflects the staged incremental approach to delivery. The interventions will:

- be **phased in over the next five years**
- be **tested and refined** in EIS prior to further rollout
- see implementation **led by ICSs** (and ideally LMS's) and delivered in conjunction with local authority partners, and
- be **prioritised locally**.



Early Implementer Sites

- The Programme has identified targeted funding for **2 early implementer sites** to stress-test the maternity model in 2020/21 and gather learning prior to wider rollout from 2021/22.
- We are currently in the process of scoping the EIS.
- Provisional EIS have been identified based on self-selection and the illustrated criteria. These criteria are designed to highlight **system readiness, engagement** and ability to **generate learning** to refine the intervention.
- These EIS will be sense-checked with the Maternity Transformation Programme and regional reams (ideally in conjunction with LMSs), including **Regional Directors of Public Health**.



Support offer

LTP funding: new monies being invested into the NHS over the next 5 years based on bottom up costings and activity assumptions.

Early Implementer Sites: designed to stress-test the recommended model with some dedicated project and evaluation support.

Support package including, but not exclusive to:

- delivery specification (recommended model)
- data collection templates
- shared communication materials, and
- shared resources / online learning collaborative.

Non-mandatory tariff: published for 2019/20 and reinforces the direction of travel set out in the LTP. It :

- is based on a bottom up costing based on the recommended model
- is non-mandatory, so services do not have to use it, but it can be adopted if wished
- would effectively work as a top-up to the maternity pathway tariff, and
- is not accompanied by any additional investment but relies on localities agreeing to fund its use through current budgets.

Additional scope

The Prevention Programme will consider **wider action** to support a SmokeFree Pregnancy and is looking for other evidence based approaches that could be scaled up to support women and the unborn child.

Areas that we are keen to explore:

Incentivisation: evidence from the Scotland and the Smoking in Pregnancy Challenge Group shows that incentives could play a roll in supporting women to quit smoking tobacco. A randomised controlled trial currently underway in Greater Manchester will hopefully provide more evidence about how this can work.

Partners: initiatives in Canada are helping to-be and new fathers to quit smoking. How can we best support partners and the wider family to create a **SmokeFree home** when they are not directly under our care?

Preconception: how do we convince people to quit smoking before they become pregnant?

Digital: what role can digital play in supporting pregnant women and their partners?

Q&A

- Are there any suggestions on how the **proposed approach** could be developed and refined?
- What are the key **metrics** that should be collected?
- Are there any other **stakeholders** the Programme should engage with to facilitate the development and implementation of the model?
- What are the opportunities through in-reach from **local authorities**? How can partnership working be encouraged?
- How can we best communicate with **service users and patients**?
- How would you **measure success**?
- Any other comments?