









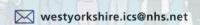


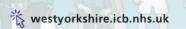


### Background

- West Yorkshire: 252,000 adult smokers (13.1% of population), above national average
- Smoking contributes to health inequalities, accounting for half the gap in healthy life expectancy
- Results in 19,000 hospital admissions and 8,900 deaths annually
- Smokers 2.5 times more likely to need social care, often
   10 years earlier than non-smokers
- Smoking linked to social isolation and loneliness
- Approximately 10,000 unemployed due to smoking-related issues
- Costs West Yorkshire around £660 million per year















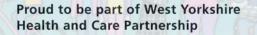
#### Long Term Plan

The Long-Term Plan entails establishing an in-house tobacco dependency service to provide sustained support and treatment to patients within the healthcare facility. Currently, the funding solely applies to patients with hospital admissions lasting more than one day.

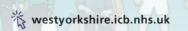


- 6 hospitals Trusts
- 13 services; 5 acute inpatients, 5 maternity services, 3 mental health inpatients
- All services implemented.















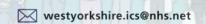


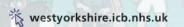
# Rationale for expanding into the Emergency Departments

- 1,039,443 patients seen in Emergency
   Departments across West Yorkshire between
   March 2023 February 2024
- Improve access to tobacco cessation support.
- Seize a crucial intervention opportunity during vulnerable moments.
- Enhance patient outcomes and reduce future healthcare costs.
- Align with the preventive focus of the NHS Long Term Plan.
- Results from the CoSTED Trial showcasing its effectiveness.

 Cost-Effectiveness: The provision of smoking cessation services in EDs was found to be cost-effective, suggesting that the benefits outweigh the costs associated with implementing such services.













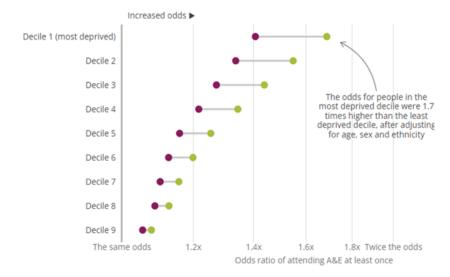


### Addressing Inequalities

Odds ratios for attending an Accident and Emergency (A&E) department at least once in England by Index of Multiple Deprivation (IMD) deciles, England, 21 March 2021 to 31 March 2022

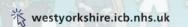
Not health adjusted

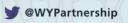
#### Comparison group: Decile 10 (least deprived)



- Individuals from the most deprived areas are 1.69 times more likely to seek A&E care.
- About one-third of all smoking adults reside in the two most deprived deciles.
- Smokers are 36% more likely to be hospitalised and 35% more likely to visit their GP.
- Despite overall smoking reductions, significant inequalities persist, particularly in deprived areas.
- The COSTED trial focused on deprived communities and found:
  - ➤ 23.4% of the intervention group reported quitting smoking at 6 months, compared to 12.9% in the control group.
  - Intervention recipients were more likely to reduce cigarette consumption and attempt to quit.
  - Economic evaluation suggests costeffectiveness, with a cost per QALY of £7,750.

Source: Office for National Statistics











#### The Offer from WY ICB

- Funding available for one emergency department in WY
- 2 x Tobacco Dependency Advisors for 12 months
- Aligns with current pay band structure
- Service follows LTP tobacco dependency treatment model
- Offers combined support and treatment
- Funding specifically for supplying vapes
- Vapes provided through the swap to stop scheme
- Tobacco Dependency Advisors to cover 7 days in the Emergency Department







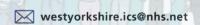


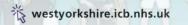


## Calderdale and Huddersfield NHS Foundation Trust

- 176,051 patients attended Calderdale and Huddersfield NHS Foundation Trust (CHFT) between March 23 and February 24 in the emergency departments
- CHFT operates two emergency departments.
   The choice to introduce the service at Huddersfield General Infirmary was influenced by levels of deprivation and smoking rates.















## Thank you



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