

Stop Smoking Service Performance report

1. Details

Strategic Priority: Preventing early death and improving quality of life in later years

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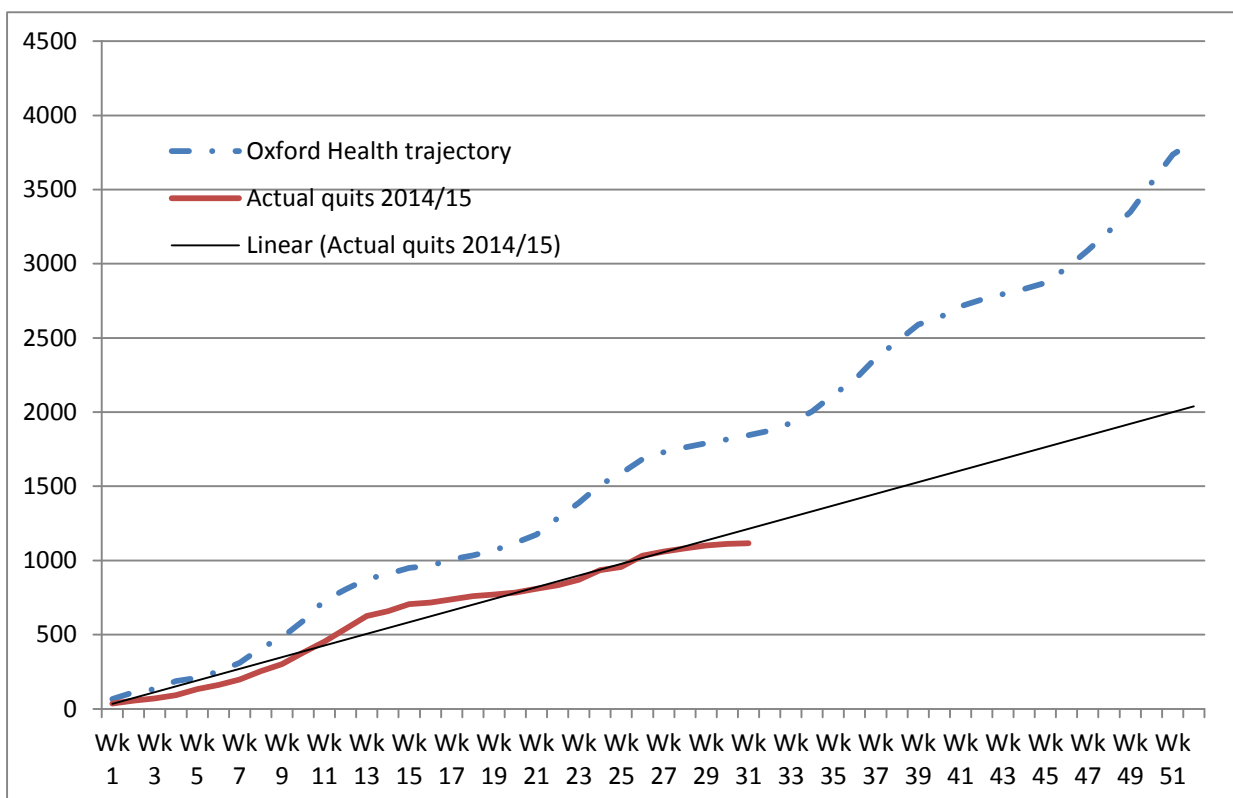
PROGRESS MEASURE:

At least 3800 people will quit smoking for at least 4 weeks (baseline 3622, 2013-14).

Current indicator RAG Rating

Red

2. Trend Data



3. What is the story behind this trend? - Analysis of Performance

- After several years of the target being exceeded, the quit rate started to drop off in September 2013. This drop has occurred Nationally with a drop of 11% in quit rates. An additional service was commissioned to focus on more deprived areas through community based settings.
- Oxfordshire prevalence rate for adult (18+) smokers is 14.8% (IHS 2012) and in comparison the English national average is 19.5% (IHS 2012). Stop Smoking Advisers (SSA) report that many of the smokers who are referred to them are heavy, dependent smokers who have made multiple attempts to quit, so find it difficult to achieve a successful quit.
- GPs are the main source of reported quits, followed by pharmacies, prisons, colleges and other settings. An increasing number of priorities within GP Practices

have resulted in some practice nurse SSAs being unable to deliver smoking cessation interventions.

- Practice Manager feedback indicates that resources are being used for 'must do's' and the smoking cessation Approved Provider List agreement does not have the same priority as other contracts
- Whilst there are around 800 advisors who have been trained over the years, not all of them are active, nor are their respective organisations all paid for reporting the quit (£44).
- The original service and associated model was commissioned in 2000. It may be that 14 years later this model is no longer appropriate for the people who continue to smoke.
- The current format is that a smoker must ring the smoking advice service, who will then advise the smoker to contact their local GP (or relevant pharmacy). The smoker must then ring the GP surgery to make an appointment and fit in with the opening times of the surgery and availability of the SSA to attend the sessions, which amount to about an hour of contact time over the four week period. Smokers may not feel that their smoking is necessarily a health issue and attending a GP surgery (or pharmacy) is not an appropriate setting for them.
- The relationship between the main provider and outreach provider is poor, with limited communication and an absence of any joint working practice.
- The outreach provider is achieving their target, but it is a small contract in comparison to the main provider
- A significant proportion (60%) of smokers give up through will power alone. Some may use NRT and with the growth of E-cigarettes, which appear to be as effective as NRT, there may be an increase in the number of quitters, but these are not reported. In the past two years there has been a significant increase in the popularity and use of electronic cigarettes by smokers who have quit tobacco as well as current smokers who cut down on tobacco consumption.
- It is not anticipated that the target will be met. The current prediction is that the service will reach 2000 quits by the end of the financial year, which coincides with the end of the contract.

4. What is being done? - Current initiatives and actions

Actions

- OCC Public Health Commissioners have been meeting regularly with the providers to discuss the issues as outlined above. An action plan was put together by the provider as a result of these discussions
- Practice Manager interviews were carried out to understand practical barriers around delivering quits. These have been collated into a 'good practice guide' and shared with Stop smoking advisors.

Commentary

- The provider has been slow to deliver against the action plan. In November, the provider decided not to bid for the new contract.
- Feedback from practice managers has been good, but currently no noticeable increase in quits has occurred.

- The provider is looking to build stop smoking capacity in other community settings such as Childrens centres
- An ongoing piece of work, which will be passed over to the new provider

5. What needs to be done now?

Action	By Whom & By When
<ul style="list-style-type: none"> • OCC Public Health to facilitate successful transition of service from current to new provider 	Solutions 4 Health (new provider) Oxford Health (current provider) OCC Public Health Commissioner Transition to complete by March 31 st 2015
<ul style="list-style-type: none"> • “Aspirational Quit” targets for pharmacies to be set and pharmacies to be informed 	Public Health – End of February 2015
<ul style="list-style-type: none"> • Compile and send a “quit” report to all GPs to increase engagement 	Public Health – end of March 2015