Smoking in Haringey - update with focus on smoking cessation and smokefree policy in the NHS

1. Introduction

Like the rest of the UK, Haringey has made great strides in reducing the harms caused by smoking, the leading cause of preventable illness and premature death in England. Reductions in the prevalence of smoking is primarily due to changes in public health policy i.e. legislation curbing advertising, establishment of smokefree places, bans on both proxy purchasing and smoking in cars with children, and introduction of standardised packaging. The Public Health England (PHE) Stoptober campaign continues to support people to quit. Locally the Council has commissioned a range of alternative smoking cessation services.

However, whilst we have made great strides in the right direction, there is more to do. Smoking is still a major contributor to the life expectancy gap (up to 50%), to long term conditions and to early death, and consume a large amount of NHS resources.

This paper and the accompanying data pack provide information on the current position in Haringey – with a particular focus on smoking cessation and policy as it relates to a smokefree NHS – and asks questions to support prioritising further effort.

2. Key points

Locally, smoking attributable hospital admissions amongst Haringey residents in 2015/16 were higher than the London and England averages. In north central London (NCL) only Islington had higher rates than Haringey. Smoking remains a major cost to the NHS

Latest data shows that Haringey’s smoking prevalence is now lower than our comparator boroughs\(^1\), but still higher than London and England. Overall smoking prevalence in Haringey has decreased by 4.2% to 17.7% from 2015 to 2016. Haringey Council’s corporate target is to reduce to the 2014 statistical neighbour best of 15.9% by 2018, whilst the NHS Five Year Forward View target for smoking prevalence is 13% by 2020.

Smoking prevalence varies by gender, age, ethnicity and social class. It is also high in those with a mental health or substance misuse problem and in groups with multiple disadvantage like the homeless. Reductions in smoking prevalence has mainly been in average and high income groups, which means there has been a widening of health inequalities.

\(^1\) Hackney (19.6%), Lambeth (17.3%), Lewisham (21.2%) and Southwark (15.3%)
Whilst smoking is strongly associated with social deprivation, smokers from deprived communities are just as likely to want to quit as smokers from more affluent communities, but are often less successful\(^2\). It is therefore important to not only target services at those most likely to smoke, but to tailor these services to meet their needs. The priority groups Haringey wishes to target are: routine and manual workers, those with mental health or substance misuse problems and pregnant women and new mothers.

Currently we commission the following to deliver smoking cessation services:

- 16 GP practices\(^3\)
- 23 pharmacies
- One You Haringey - [http://www.oneyouharingey.org](http://www.oneyouharingey.org)


Haringey has lower rates of successful quitters compared to England and, within NCL, to Camden and Islington averages. Nationally the evidence strongly shows that using a service is 4 times more effective than no help or over the counter nicotine replacement therapy (NRT). In Haringey most quit attempts happen through our community provider One You Haringey. In 2015/16 there were 840 successful quits at 4 weeks, 99 of which were delivered by 8 GP practices and 89 by pharmacies.

Very few pregnant women accessed stop smoking services in NCL between April and December 2016. Of those who did, the majority did not quit or were lost to follow up. Recent guidance strongly supports CO2 monitoring of pregnant women.

Electronic cigarettes are now the most popular quitting aid and emerging evidence indicates that they can be effective for this purpose\(^4\). Regular electronic cigarette use is confined almost entirely to smokers and ex-smokers.

Primary care has many opportunities for ‘teachable moments’ around smoking cessation. Many CCGs have introduced ‘stop before the op’ schemes targeting those waiting for elective surgery. A Cochrane review in 2014 found that there is evidence that preoperative smoking interventions providing behavioral support and offering NRT increase short-term smoking cessation and may reduce postoperative morbidity.\(^5\)

The local acute trusts could play an important role in smoking cessation. A Cochrane review\(^6\) shows that smoking cessation interventions are effective for hospitalised

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\(^3\) The Alexandra Surgery, Bridge House Medical Practice, Charlton House Medical Centre, Cheshire Road Surgery, Crouch hall Surgery, Femlea Surgery, Grove Road Surgery, Highgate Group Practice, Lawrence House Surgery, Muswell Hill Practice, Queenswood Medical, Rutland House Surgery, Somerset Gardens, Staunton Group Practice (Morum House) Tynemouth Medical Practice, Westbury Medical Centre


\(^5\) [http://www.cochrane.org/CD002294/TOBACCO_can-people-be-helped-to-stop-smoking-before-they-have-surgery](http://www.cochrane.org/CD002294/TOBACCO_can-people-be-helped-to-stop-smoking-before-they-have-surgery)

\(^6\) Rigotti N, Munafó MR, Stead LF. Interventions for smoking cessation in hospitalized patients. Cochrane Database of Systematic Reviews 2007; Issue3.Art.No.:CD001837.DOI:10.1002/14651858.CD001837.pub2
patients regardless of admission diagnosis. A national smoking Commissioning for Quality and Innovation (CQUIN) starts for acute trusts in 2018, the CQUIN requires provision of screening, brief advice plus medication and referral.

Planned admissions for elective surgery, community and acute trust CQUINS and smoke free hospitals are all opportunities for smoking cessation initiation, but are likely to be most successful if linked into behaviour change programmes. Barnet, Enfield and Haringey (BEH) mental health trust went smoke free in January 2017 and have a CQUIN. On the in-patient wards patients have access to a variety of smoking cessation aids, the medical director has reported that generally this has been a success.

‘Despite initial concerns it’s going well, one patient thanked me for bringing in the policy and said that they used to increase their smoking levels immensely when an inpatient, now they had totally stopped and could feel the physical health improvements’ Jonathan Bindman, Medical Director BEHMHT.

Work is now underway between BEH and One You Haringey to ensure that NRT and tailored support is maintained in the community for patients.

3. Discussion

Given that health professionals such as GPs, midwives, pharmacists, dental teams and mental health staff are well placed to refer smokers to smoking cessation services;

• What is the best way to support access into smoking cessation services?
• How can we embed smoking cessation in CHINs?
• Are there any specific group of patients to focus on, i.e. stop before the op?
• Which primary care staff need to be involved and what skills do they need?
• How best can we ensure that the CQUINs in acute services actually lead to maintained smoking cessation activity?

Sarah Hart, Senior Commissioner Public Health
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