



Less help to quit

What's happening to stop smoking prescriptions across Britain

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Foreword



Tobacco dependency is an illness. Yet it is one that, as a country, we are failing to treat appropriately. This is a failure which contributes to the phenomenal annual cost of smoking. In England alone the cost is at least £2 billion to the NHS and over £12 billion to wider society.¹ Inaction is dangerous, and leads to lives unnecessarily lived in poor health and premature death.² This report shows the critical situation we're now in.

Many smokers cannot get the medication they need to quit because of the decisions made by their local health services.

These decisions are of course not taken lightly or, in some cases, willingly. They are a result of the erosion of government funding for stop smoking support. In England, the national cuts in public health funding will total over £600 million by 2021. This report shows that we're reaping the very real effects of sustained cuts to funding. Yet again we must call for these damaging reductions to local public health funding to be reversed.

This report also shows how – to cut costs - decisions are being taken by a growing number of clinical commissioning groups (CCGs) to stop GPs from prescribing clinically-effective and appropriate medication for smokers. This is a travesty.

The NHS must play its part in treating tobacco dependence, as it would in any other critical condition. As the leading preventable cause of death, we shouldn't need reminding that addressing smoking is the responsibility of the whole of the health service.

The NHS is built on an agreement to provide a comprehensive service available to all. What we see instead is the degradation of stop smoking support. This will only deepen health inequalities in our nation and threaten our ability to meet targets for smoking prevalence.

Professor Stephen Spiro,
honorary medical advisor

Executive summary

Across Britain there has been a huge decline in prescriptions for stop smoking aids. This is a deeply concerning trend because the most effective treatment for tobacco dependency - medication alongside behavioural support – is now increasingly hard for smokers to access.

The number of primary care prescriptions for nicotine replacement therapy (NRT), varenicline and bupropion has fallen in England, Wales and Scotland at rates which are much steeper than the fall in the smoking prevalence rate. Our research found:

- in England, levels of NRT dispensed in primary care in 2016-17 were around 25% of what was dispensed in 2005-06
- in Wales, the number of all stop smoking products dispensed in 2016-17 fell to a third of what was dispensed in 2007-08
- in Scotland, levels of stop smoking products dispensed fell by 40% between 2012-13 and 2014-15

In England, our research has found a huge regional variation in availability of these products. There are now areas where smokers have no official routes at all to prescribed support. This occurs where local authority-commissioned stop smoking services have been cut, or even decommissioned entirely, and the local CCGs are not willing to take on the cost of prescription medication from GPs for their patients who smoke. Some have even produced guidance for GPs asking them not to prescribe these products to smokers. We are calling for this to be reversed immediately.

Ultimately, stop smoking medication is a lifeline for people who smoke. It is cost-effective for the health service but is underutilised and plagued by cuts to public health funding and a lack of support from CCGs.

We recommend:

- the UK government reverses the cuts to public health funding for local authorities
- CCGs repeal all guidance to GPs which revokes their right to prescribe stop smoking medication
- Commissioners of stop smoking services remove from contracts any unfair restrictions on which, and how many, approved stop smoking products can be prescribed

- the Scottish government commits to maintaining the levels of government funding for stop smoking services for the next five years of its Tobacco Control Strategy
- data collection and sharing is improved in Scotland and the annual report on stop smoking data is reinstated
- NHS Wales collects and shares local health board data on stop smoking prescriptions

A background image of a clear blue sky with several white, fluffy clouds scattered across the lower half of the frame. The text is centered in the upper half of the image.

Section 1.
Exploring the problem

Section 1.1

What is the problem?

In the UK 7.6 million people smoke.³ This group, which makes up 15.8% of the population, is at high risk of respiratory illnesses, early death and living many years in poor health due to long-term conditions. Smoking remains the single largest cause of health inequalities.

Specialist stop smoking support, including NRT, pharmacotherapy and behavioural support, is the most effective way for people to quit.⁴ Yet access to this vital help is becoming more and more restricted, potentially leaving people desperate to quit but unable to get support.

Our new analysis shows that people are increasingly unable to get help to stop smoking from their GP surgeries. For many people this is the first port of call.⁵ The numbers of products prescribed to help smokers quit through primary care has declined significantly across Britain in recent years. Research for this report has found that:

- the amount of NRT dispensed through primary care in England in 2016-17 was around a quarter of what it was at its peak in 2005-06
- all stop smoking products dispensed through primary care in Wales in 2016-17 amounted to just over a third of what was dispensed in 2007-08
- in Scotland, items dispensed in 2014-15 were at 60% of 2012-13 levels

NICE guidance is clear that all smokers should have access to specialist services where they can receive clinically-effective support based on their own needs and preferences. Our new analysis shows this simply isn't available for many smokers. Smokers are discriminated against depending on where they live due to the commissioning choices made by their local health services.

If smokers had fair access to support, we could be sure that today's smokers have the best chance of stopping successfully.

The fall in prescribed products is representative of the wider decline of stop smoking services. Deterioration of services is a response to the government's continuing cuts to public health funding, which will total over £600 million by 2021-21.⁶

This report focuses on the decline in products dispensed through primary care. However, research by the British Thoracic Society and data given in the Welsh Government's Respiratory Health Delivery Plan have shown prescriptions to support cessation in hospitals are also incredibly restricted.

- The British Thoracic Society's 2016 national smoking cessation audit found that levels of basic smoking cessation pharmacotherapy and NRT were very poor in many hospital formularies and many health care professionals were unable to prescribe these products to patients in hospital.⁷ Just 1 in 13 smokers was referred to a stop smoking service. Just 5% of those who were not referred were offered NRT for temporary cessation.⁸

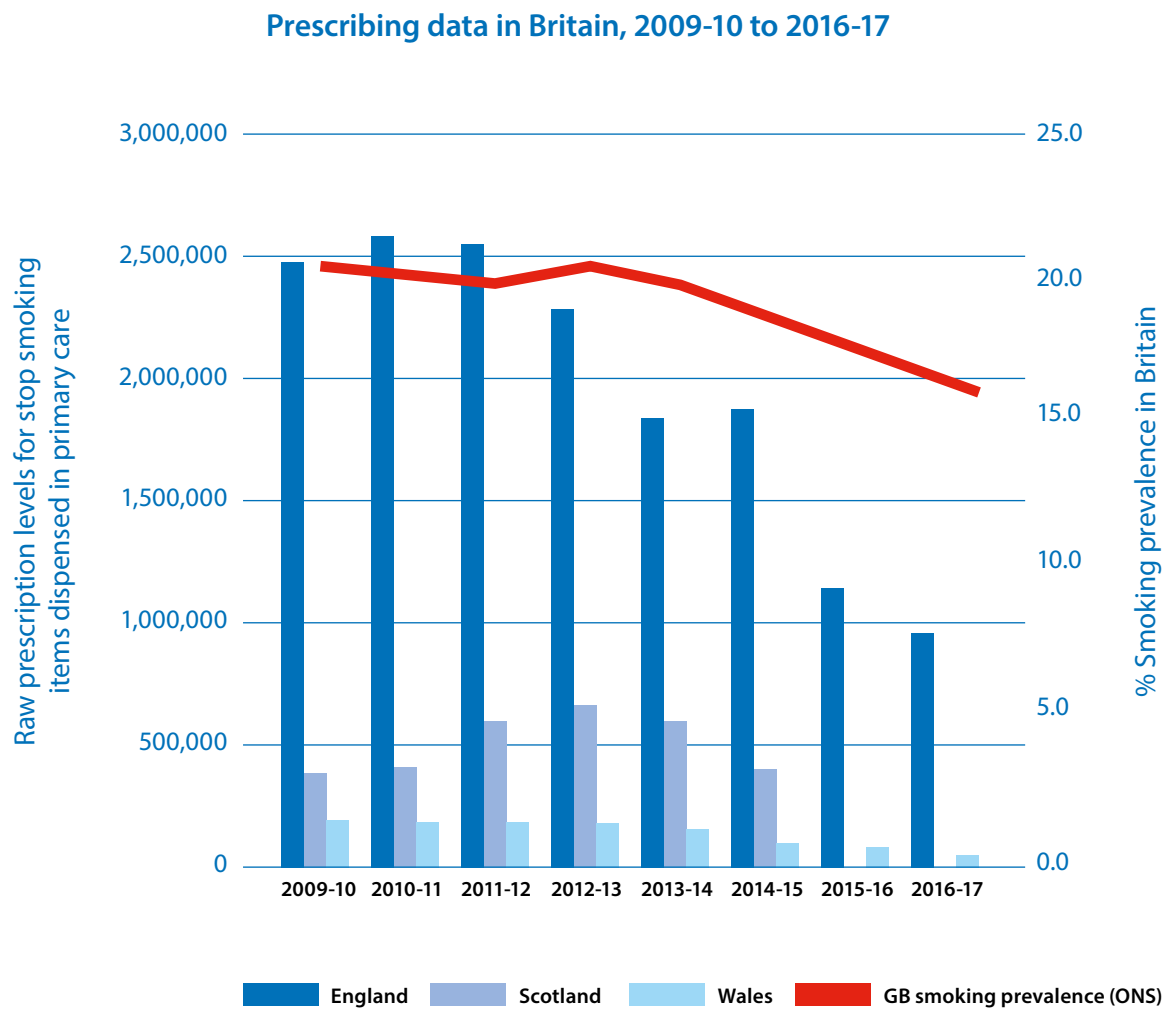


Figure 1: Prescribing data in Britain (NHS Digital, ISD Scotland and NHS Wales - no data available for 2015-16 and 2016-17 for Scotland) compared to smoking prevalence trend in Britain (ONS)

- In Wales, only 4 in 17 hospitals offered an in-house smoking cessation services in 2013.⁹

There is ultimately a failure to provide help to quit in all parts of the health and social care system. In Wales, no health board achieved a major performance target of treating 5% of all smokers through a specialist service.¹⁰

Section 1.2

What do we need to change?

Stop smoking products available on the NHS increase the chance of successfully quitting. People who smoke should have access to these products throughout the health care system and in primary care, including wherever appropriate, by their GP.

In England, more smokers go through general practice for support to quit (115,460 in 2016-17; 38% of all attempts).¹¹ Some GPs will be able to refer patients to specialist services, where products can be prescribed by a specialist prescribing advisor, pharmacist or GP, or dispensed through a voucher scheme without prescription. Other GPs will prescribe directly through their practice. However, in some areas smokers won't be prescribed support from their GP, even where there's no specialist service. This leaves the patient with no option of support from the health service.

There are different trends across devolved administrations.

- In Scotland, most quit attempts (70%) are made through the national pharmacy smoking cessation service, so most stop smoking products will be prescribed by community pharmacists.
- In Wales, the most recent data shows the highest number of quit attempts are made through pharmacy services (53%) while a very small minority use GP services to quit (4%). Of these quits supported by in-house general practice services, just 7% of quit attempts were carbon monoxide-validated as successful in 2016-17.^{12,13} This compares to England, where the quit rate is 49% in general practice.

All smokers should be able to expect that their GP will provide access to stop smoking medication, either by prescribing themselves or by referral to a specialist service. This includes patients who want to quit but aren't in a priority group.¹⁴

Wherever possible there should be clear referral pathways for patients between primary care and specialist services. However, as these services are increasingly limited in who they can provide for, and with more being decommissioned entirely, GPs must have the authority to prescribe wherever necessary and be encouraged to do so. This is essential to ensure gaps in specialist services due to cuts to public health funding don't have a knock-on effect on people who smoke.

In England, new ways of integrated working between the NHS, local government and the third sector are developing. Sustainability and transformation partnerships, integrated care systems and partnerships, and accountable care organisations must each outline how all smokers can get products and support to quit smoking.

Products

NRT and pharmacotherapy demonstrate high clinical and cost effectiveness in helping people to quit smoking.¹⁵

Around 3-5% of all smokers will quit each year without any NRT, pharmacotherapy, behavioural support or use of an e-cigarette.¹⁶ Use of a single NRT product, such as a nicotine patch, will approximately double the chance that an unaided quit will be successful.¹⁷ It provides a low level of nicotine and can reduce symptoms associated with withdrawal such as bad moods and cravings.

Adding other types of stop smoking support into the mix increases this chance again. A combination of short- and long-acting NRT - such as using a 12-hour lasting nicotine containing patch alongside a short-acting form of nicotine replacement such as gum - gives a 35% increase in the successful quit rate compared to single NRT.¹⁸ Equally, the most popular stop smoking prescription-only medication, varenicline, was found by a Cochrane review to be more effective than NRT in single form, and likely to be equally effective or slightly more effective than combined NRT.¹⁹ Varenicline reduces cravings for nicotine while blocking the rewarding and reinforcing effects of smoking.

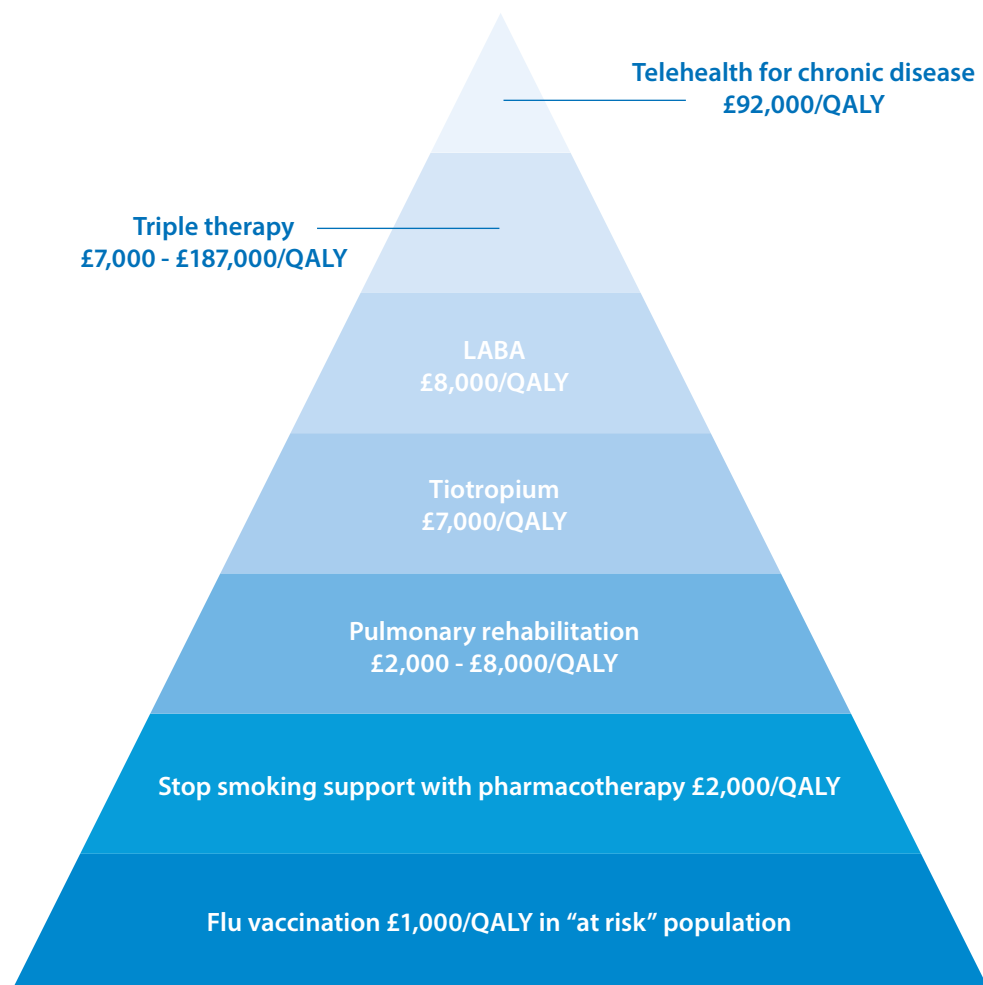


Figure 2: London Respiratory Network's COPD value pyramid

The cost effectiveness of providing stop smoking products for chronic obstructive pulmonary disease (COPD) is clearly evidenced. NHS England's London Respiratory Network developed the COPD Value Pyramid, outlining the cost effectiveness of interventions by quality adjusted life year (QALY) – a measure of how many years of perfect health each intervention offers, and for what cost.²⁰ Despite this, the National COPD Audit Programme found just a quarter of COPD patients who are current smokers are prescribed smoking cessation pharmacotherapy during admission.²¹

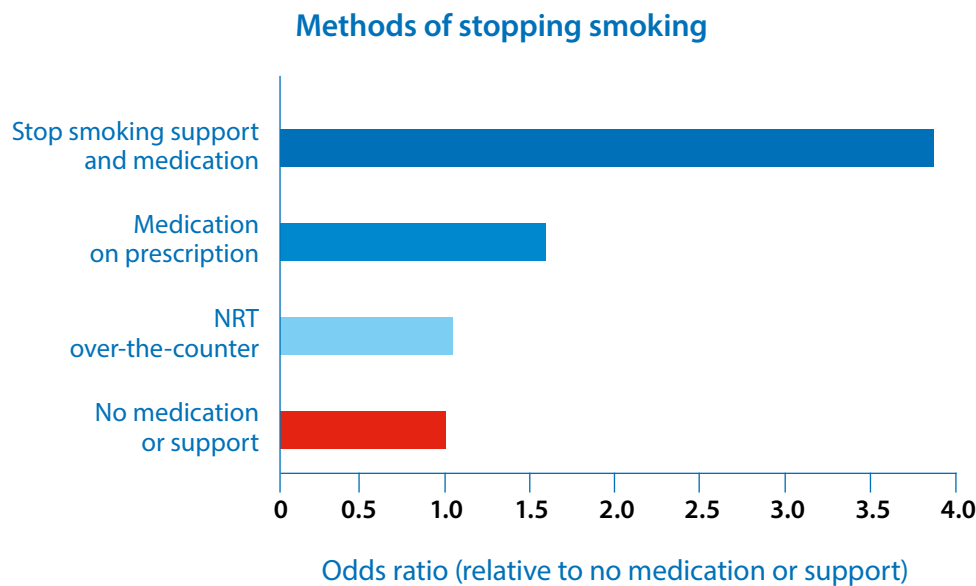


Figure 3: Methods of stopping smoking and their success rate (National Centre for Smoking Cessation and Training)

Section 1.3

An inevitable trend?

The fall we are seeing in prescription numbers is sharp, greatly outpacing the decrease in the size of the smoking population (Figure 1). In the time when smoking prevalence has fallen from 19.9% to 15.5% (2010-11 to 2016-17) in England, prescriptions have fallen by 1.5 million, or over 60%.

Stop smoking services benefit people from disadvantaged communities. We know smoking is far higher in disadvantaged groups. In Wales, 23% of people in the most deprived quintiles smoke compared to 13% in the two least deprived.²² A previous study observed a higher proportion of smokers in the most disadvantaged areas successfully quit through the stop smoking services (8.8%) than those in more advantaged areas (7.8%).²³ It is essential we provide support for quitting for these groups who smoke in far larger numbers and who are more likely to be facing higher levels of addiction, other health issues or chaotic lifestyles.

E-cigarettes are an addition to the range of products on offer through stop smoking services, and research suggests they too benefit people facing greater levels of disadvantage.²⁴

Smokers cannot be given e-cigarettes through stop smoking services, but most services will provide behavioural support to someone using an e-cigarette.

A great number of people use e-cigarettes and many do so to quit smoking. The latest ASH and YouGov survey shows 6.2% of the population now use e-cigarettes, with the most popular reason being: 'to help me quit smoking entirely'.²⁵ In the first six months in 2017, the improvement in overall successful quit rates was exclusively seen in those with lower socioeconomic status, which may have been contributed to by the wide availability of quit methods including e-cigarettes.²⁶

However, it cannot be guaranteed that the purchase and use of e-cigarettes will fill the gap created by a drop in prescribed items. E-cigarette use has actually plateaued among smokers since early 2013, and their use among recent ex-smokers has declined from its peak in 2016.²⁷ This tells us that although many people have successfully used e-cigarettes to quit, their increased use doesn't match the fall in prescriptions. Researchers found the growth in e-cigarette use and accompanying reduction in licensed stop smoking products are on different trajectories - one does not account for the other.²⁸

While e-cigarettes play a very significant role in cessation, patient choice is key to encourage quitting as widely as possible.

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Section 2. Our research and data

Section 2.0 Research

We have carried out new analysis of prescription data in England, Scotland and Wales to see trends in prescribing practice in primary care. This analysis shows extensive problems with how patients access prescriptions to help them quit smoking. Access differs in each country, and within each there is a considerable decline in the number of items being dispensed.

Different legislative frameworks, approaches to tobacco control, smoking prevalence, population demographics and funding will impact on the different prescription levels between countries

Section 2.1 England

Prescribing data in England, 2009-10 to 2016-17

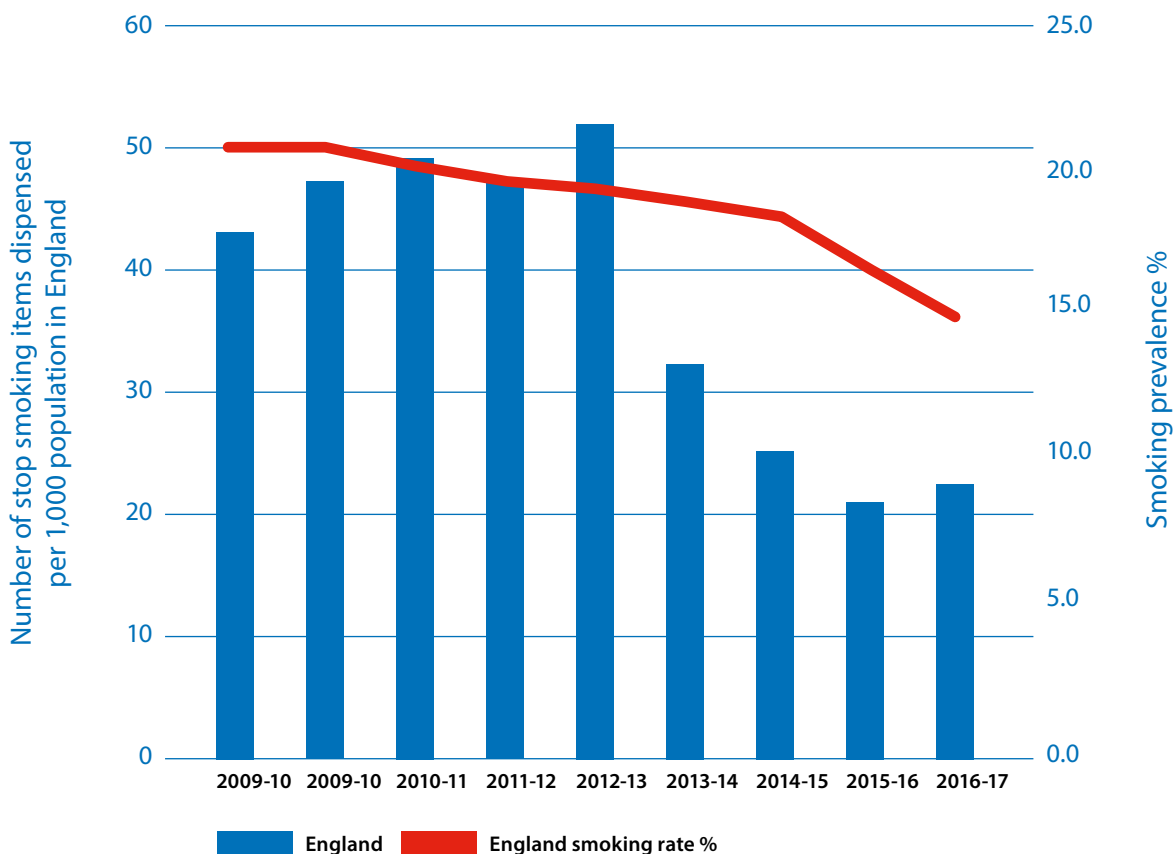


Figure 4: Number of items dispensed per 1,000 population in England (NHS Digital), compared to trend in smoking prevalence rate in England (ONS)

Section 2.2.1

Overview of data

There are two key trends in the levels of prescribed stop smoking items in England.

- The overall trend shows a decline in NRT and varenicline prescribed over the past five years, which is not matched by a similar decrease in the smoking population.
- Regional variation of CCG prescribing levels is huge. There are many areas where prescriptions are extremely low, even in areas with high numbers of smokers.

Data from NHS Digital tells us where prescribing through primary care – particularly GPs – is falling. This is most concerning in areas where there is also limited specialist service which provides an alternative route to the products.²⁹ Prescriptions of NRT and pharmacotherapy have all decreased. The number of NRT prescriptions dispensed through primary care in 2016-17 is just a quarter of what it was in 2005-06. Varenicline, which is generally considered the first line of therapy, is dispensed at less than half the level in 2010-11.

Our research shows that items prescribed per 1,000 population are much lower in England than in Scotland, and that this gap is widening. This demonstrates the benefits of having a national public health service for smoking cessation alongside maintained levels of national funding, as is the case in Scotland.³⁰

Section 2.2.2

Regional variation

Regional variation in prescribing practice is extreme in England, but the number of stop smoking products being prescribed doesn't always correlate with the number of smokers in an area, as would be expected.

Across England, NHS Digital data shows that an average of 22 prescriptions were dispensed for every 1,000 people in 2016-17.

- Highest levels per 1,000 population are found in Bradford City CCG (59 per 1,000), Bradford Districts CCG (48 per 1,000), and North Manchester CCG and Lincolnshire East CCG, which each dispense 47 per 1,000 population.
- Rates are lowest in Bracknell and Ascot CCG (1 per 1,000) and Rotherham CCG, North Tyneside CCG, and North and West Reading CCG (2 per 1,000).³¹

When combining this data with smoking prevalence, it's clear some CCG areas with higher than average smoking prevalence have incredibly low prescribing rates. We found:

- on average there is approximately one prescription dispensed in England for every seven smokers
- this drops to as low as 1 in every 176 smokers (Bracknell and Ascot CCG), 1 in every 55 smokers (Hackney CCG), and 1 in every 39 smokers (Mansfield and Ashfield CCG)

Case studies 2.2.3

Case studies

Case studies show how restrictive prescribing policy means fewer people receive clinically-effective support. Smokers in certain areas are fundamentally undertreated.

NHS Digital's CCG statistics are only comparable between 2014-15 and 2015-16 as previous data was collected at NHS Commissioning Board Area Team level. When breaking down data at CCG level we have used additional GP prescribing data to look at changing trends over time.

1. Worcestershire - decommissioned stop smoking services

The local authority in Worcestershire fully decommissioned its stop smoking services in April 2016. The current proportion of people who smoke in Worcester - 15.4% - is around the same as the national average. Local CCGs of Redditch and Bromsgrove, South Worcestershire and Wyre Forest then advised that 'no prescriptions for NRT, bupropion or varenicline should be written for new patients from 1 April 2016.' Otherwise the CCG would now have to fund the prescriptions which were previously reimbursed through the local authority's service. The impact of decommissioning services and advising GPs not to prescribe stop smoking aids is that the number of items prescribed through primary care in each CCG has flatlined.

Looking at just the products prescribed by GPs, we can see an instant change responding to the new guidance. By July 2016, incredibly low numbers were being prescribed by GPs.

- Prescriptions in Wyre Forest dropped by 85% from 2,034 to 302, meaning they fell from 20 items for every 1,000 people to 4 items.
- In 2015-16, South Worcestershire had 22 products dispensed for every 1,000 people - which was average for England. In 2016-17, this fell to 4 per 1,000 population. In raw numbers, this represents a decrease of more than 80%.

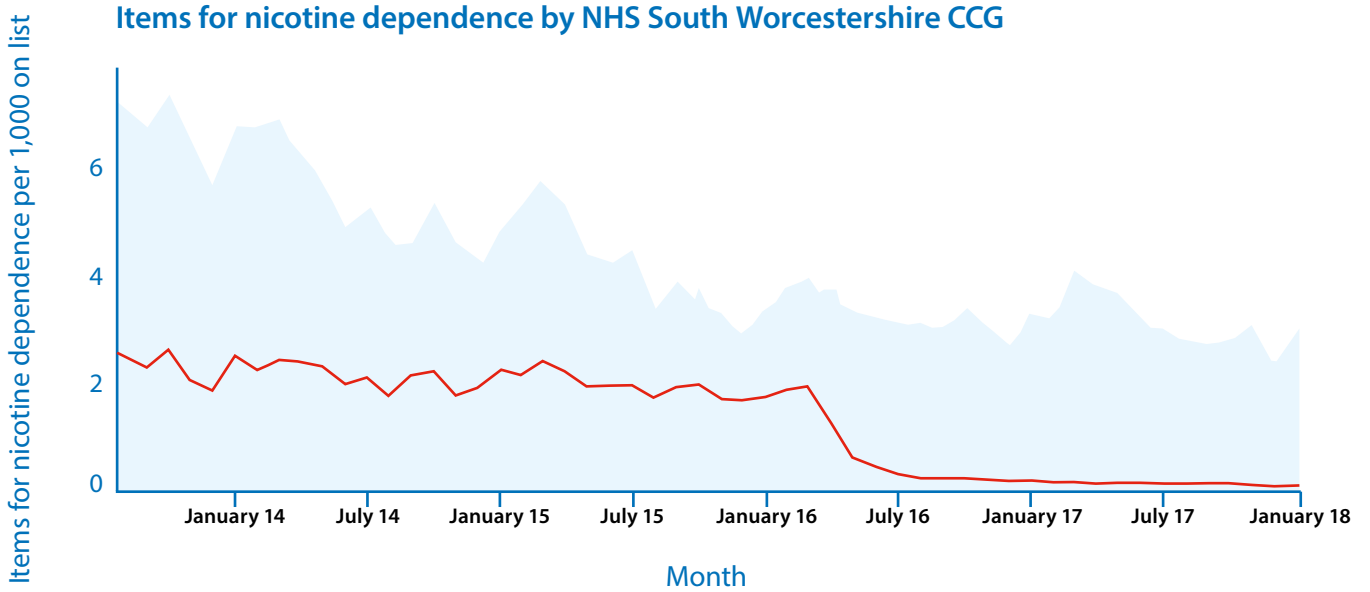


Figure 5: Data from OpenPrescribing.net, EBM DataLab, University of Oxford, 2017, showing items prescribed by GPs for nicotine dependence per 1,000 patients on list for NHS South Worcestershire CCG

Prescriptions per 1,000 population in primary care

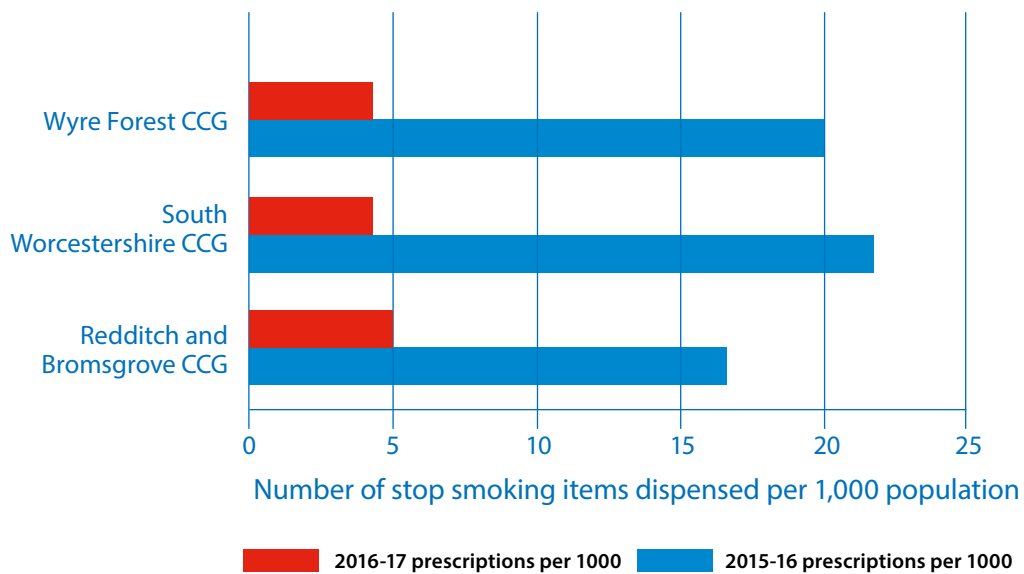


Figure 6: Stop smoking prescriptions in primary care per 1,000 population (NHS Digital)

- In Redditch and Bromsgrove, there was just a quarter of the number of prescriptions dispensed in 2016-17 compared to the previous year.

Across the whole of Worcestershire council area just 98 people were supported to quit successfully last year. This compares to 2,208 in the previous year. There were no recorded quit attempts made through general practice, and just one attempt in a hospital setting.

GPs ultimately don't have to comply with such guidance from CCGs, but the data shows it clearly impacts on patient access to support.

2. North Yorkshire – varying access based on postcode

The Vale of York CCG no longer directly funds stop smoking prescriptions. Because the CCG overlaps with multiple local authorities, what they offer varies widely across the area. This means health care professionals may need to provide different levels of support to different patients, based on their postcode.

For patients in the city of York, services are only open to those who are in a priority group. GPs have been asked to not prescribe due to cost implications for the CCG. The NRT voucher scheme in the area was also stopped in April 2016. This leaves some smokers without any route to support.

In guidance issued to GPs, the CCG advises that smokers outside the criteria are directed towards the national helpline or to over-the-counter products. But evidence shows that buying these products without professional support has very limited effectiveness compared to using nothing at all.³² Smokers outside priority groups therefore don't have fair access to the most clinically-effective treatment.

For people living in the area covered by North Yorkshire County Council, services are available through an external specialist provider, and some GPs are commissioned to prescribe through this. Where GPs are not commissioned, they are asked to contact the council before prescribing a stop smoking product if they feel they have a case for supplying pharmacotherapy.

In just one year, numbers of prescriptions in Vale of York fell by 64%.

Items for nicotine dependence by NHS Vale of York CCG

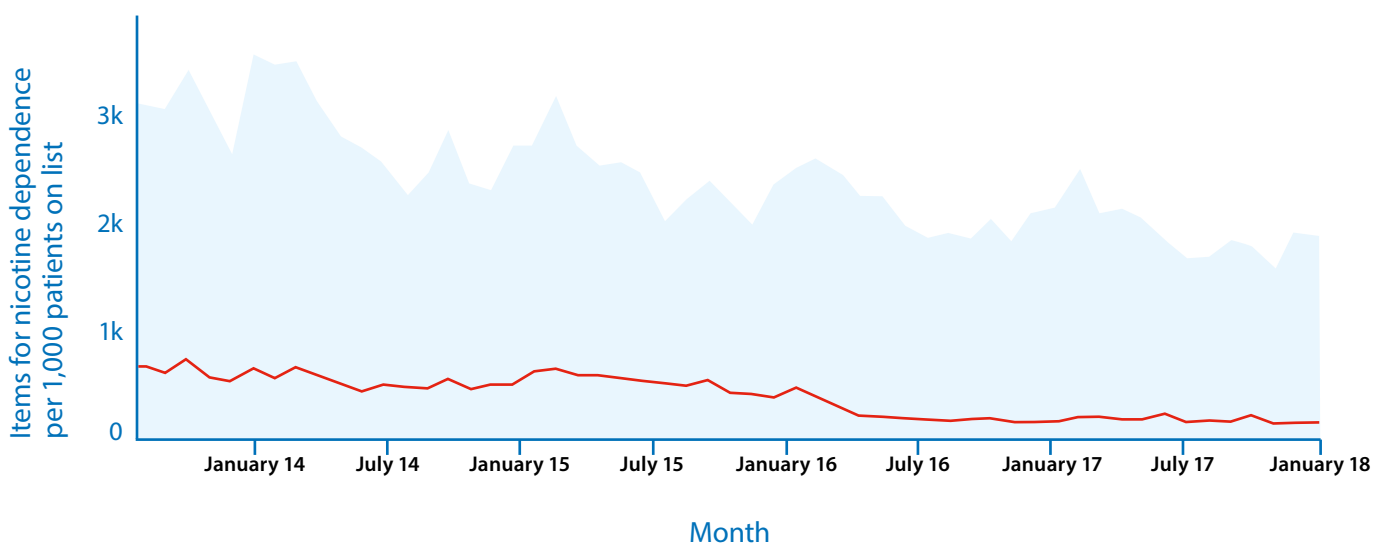


Figure 7: Data from OpenPrescribing.net, EBM DataLab, University of Oxford, 2017, showing items prescribed by GPs for nicotine dependence per 1,000 patients on list for NHS Vale of York CCG

3. Bradford – high prescribing levels

Bradford City CCG demonstrates high levels of access for smokers. It has maintained a comprehensive stop smoking service, open to all residents. The service is predominantly pharmacy-based, alongside GP services and stop smoking advisors who work within the community. All GP practices can prescribe and prescriptions form part of a patient's tobacco dependency treatment programme, ensuring people are motivated and ready to quit.

Bradford City CCG dispenses the highest number of prescriptions per 1,000 of the population. Despite Bradford's high smoking prevalence (22.2%) this means they are dispensing one product for every 3.8 smokers in the area.

Bradford has maintained high levels of items dispensed through primary care over the past few years.

Items for nicotine dependence per 1,000 patients on list

Items for nicotine dependence by NHS Bradford City CCG

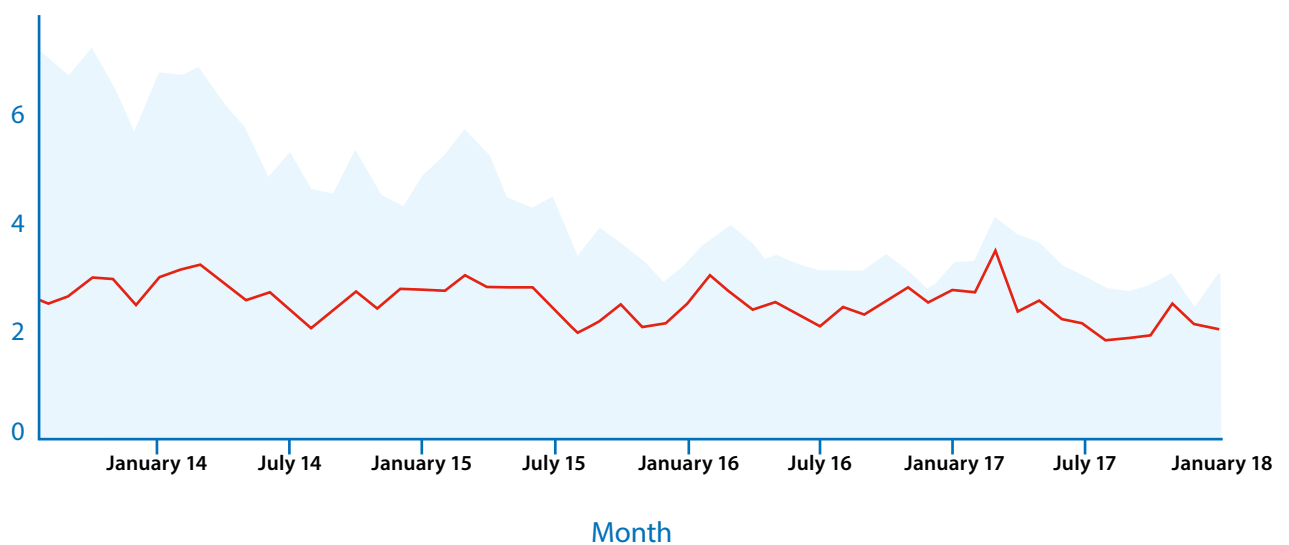


Figure 8: Data from OpenPrescribing.net, EBM DataLab, University of Oxford, 2017, showing items prescribed by GPs for nicotine dependence per 1,000 patients on list for Bradford City CCG

Section 2.2

Wales

Total prescription levels in Wales have consistently declined substantially. Both varenicline and NRT have declined to the same extent and both are now at around a third of their peak.

Smoking cessation services in Wales are funded centrally by the Welsh government and are an integral part of Public Health Wales. People don't pay for stop smoking prescriptions, and all medication is available from a GP or relevant community pharmacy as advisors in specialist services do not prescribe or supply stop smoking medication to clients. Some pharmacists may also prescribe varenicline under a patient group direction (PGD).³³ A PGD is a local agreement where varenicline can be supplied to a smoker by specific health care professionals without the need for a prescription.

Pharmacists contracted to cessation services will often develop strong pathways with local GP practices so that GPs know where to direct patients looking to quit. However, the numbers of prescribed items continue to fall:

- the amount of varenicline dispensed is almost two-thirds lower in 2016-17 than in 2010-11
- in total, there was less than a third of the amount of stop smoking products dispensed in 2016-17 than in 2007-08

We know that the number of smokers accessing specialist services is also falling far below the Welsh Government's ambition of reaching 5% of the smoking population. Current projections estimate the overall adult smoking rate of 16% won't be achieved until between 2025 and 2027, far exceeding the 2020 national ambition.³⁴

Anecdotally, there is a suggestion that some health care professionals are reluctant to prescribe varenicline to smokers for various reasons, including some concerns over cost-effectiveness and even over its efficacy. This is an area that requires further investigation.

Section 2.2.1

Regional variation

Regional data is patchy across Wales. Regional prescribing data for stop smoking products is not collected nationally. Neither is how much health boards spend on delivering stop smoking services or prescribing products. This makes it difficult to understand where prescribing practice may vary regionally.

Prescribing data in Wales, 2007 to 2016

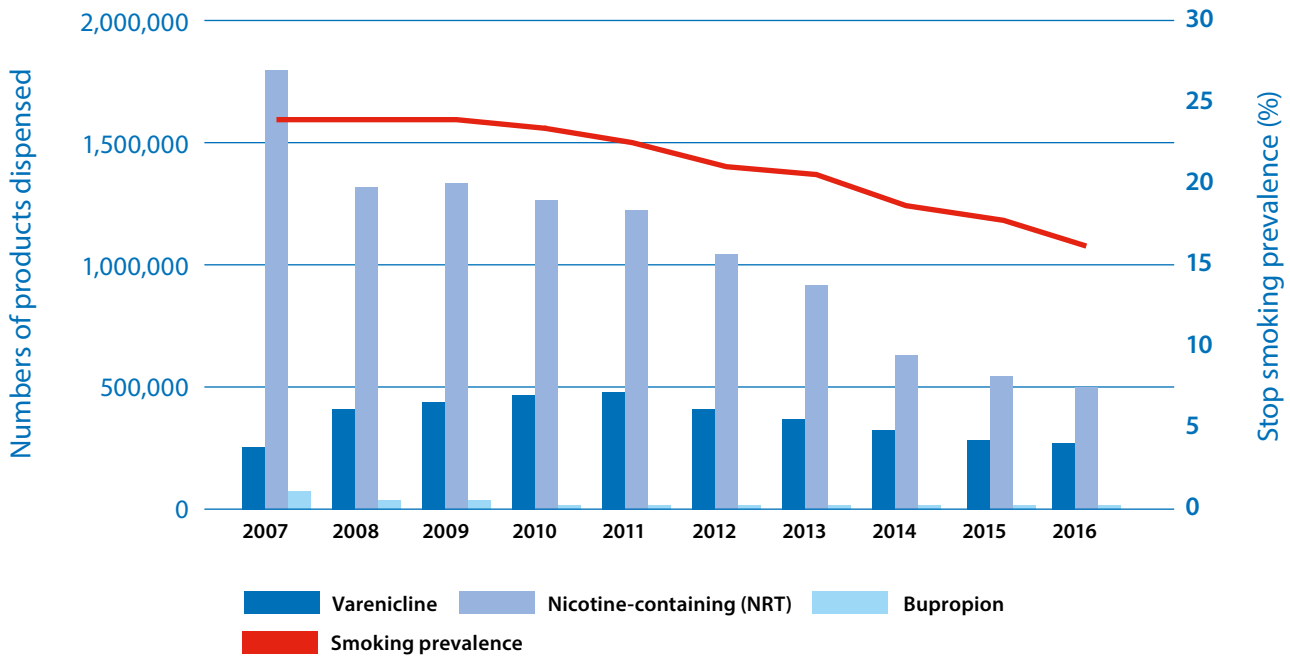


Figure 9: All stop smoking items dispensed in the community in Wales (NHS Wales) and stop smoking prevalence (Welsh Health Surveys 2007-2010, ONS 2011-2016)

Regional variation in stop smoking prescriptions across Wales

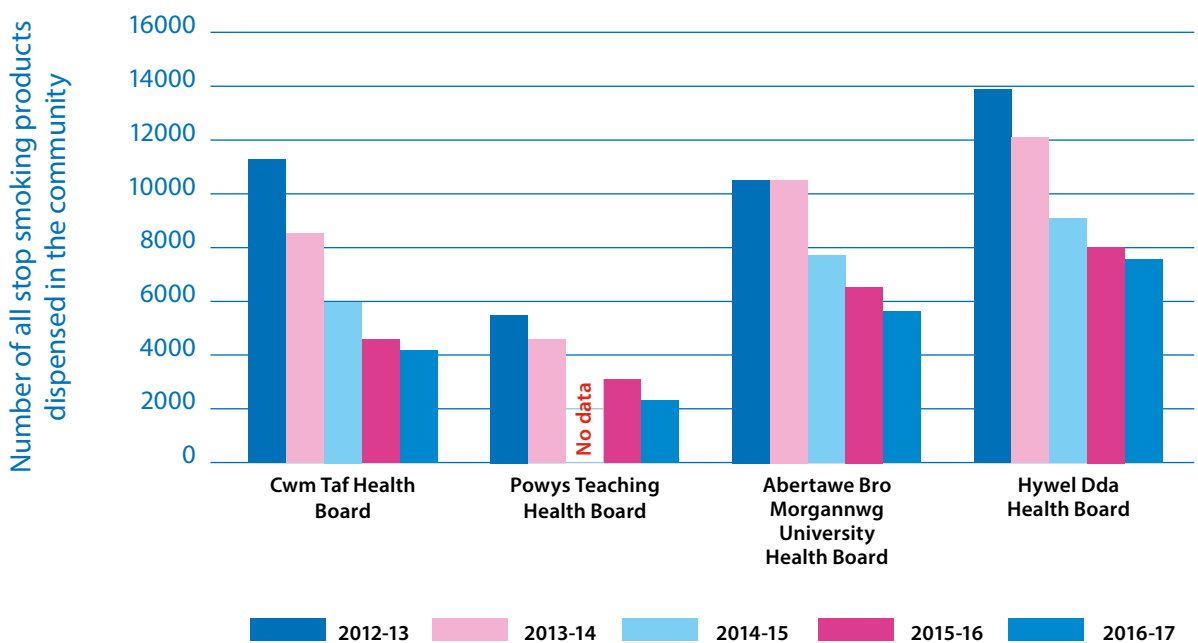


Figure 10: Number of stop smoking items dispensed in the community, broken down by health board, using data sourced through freedom of information requests.

Some health boards responded to our request for data through freedom of information requests. This is presented below. We were unable to get data for Aneurin Bevan Health Board, Betsi Cadwaladr University Health Board and Cardiff and Vale University Health Board.

Overall, local health board prescribing has fallen significantly, with some showing significant declines over recent years. There is anecdotal evidence that some patients are struggling to be prescribed varenicline in some areas. This restrictive prescribing needs more research.

Reviewing the available data, relatively similar levels of decline are evident, varying between declines over five years of:

- 63% in Cwm Taf
- 55% in Powys
- 46% in Abertawe Bro Morgannwg
- 46% in Hywel Dda

We review the two boards with the most significant levels of decline below.

Cwm Taf

In 2013-14, Cwm Taf had a 22% smoking prevalence rate - the highest in Wales. NRT dispensed in Cwm Taf Health Board dropped by 60% in the four years between 2012-13 and 2015-16.

In Cwm Taf, the vast majority of quits (70%) are attempted in services based in pharmacies. However, these services provide a relatively low quit rate at 36%, potentially indicating smokers don't have access to the full package of support. The stated aim of reducing smoking prevalence to 16% by 2020 is unlikely to be met if fewer smokers continue to access medication and wider support.

Powys

NRT in Powys Teaching Health Board fell to less than half of the levels seen in 2012-13.

Prescriptions can be accessed in Powys through the national service and local pharmacy support. However, in 2016-17, there were just 468 quit attempts made by smokers in Powys, and 206 successful quits.³⁵ There were no recorded attempts made in GP-based services or hospitals, suggesting further work could be done to increase access and availability of services and support in Powys.

Based on the most recent National Health Survey for Wales data, 19% of adults in Powys currently smoke. This rate has failed to improve since 2012-13.

Based on best projections, the national smoking prevalence target of 16% by 2020 will not be met in Powys.³⁶ We recommend that Powys Teaching Health Board uses its review of stop smoking services to understand the barriers to prescribing and to recommend how the prescribing level can be improved.

Section 2.3

Scotland

Until 2015, Information Services Division (ISD) Scotland published annual regional data of stop smoking prescriptions. This included an analysis of the regional levels of stop smoking prescriptions dispensed per 1,000 of the population.

After this point data stopped being collected in the same format and the annual report stopped reporting on levels of prescriptions, so this report is unable to look at the most recent trends.

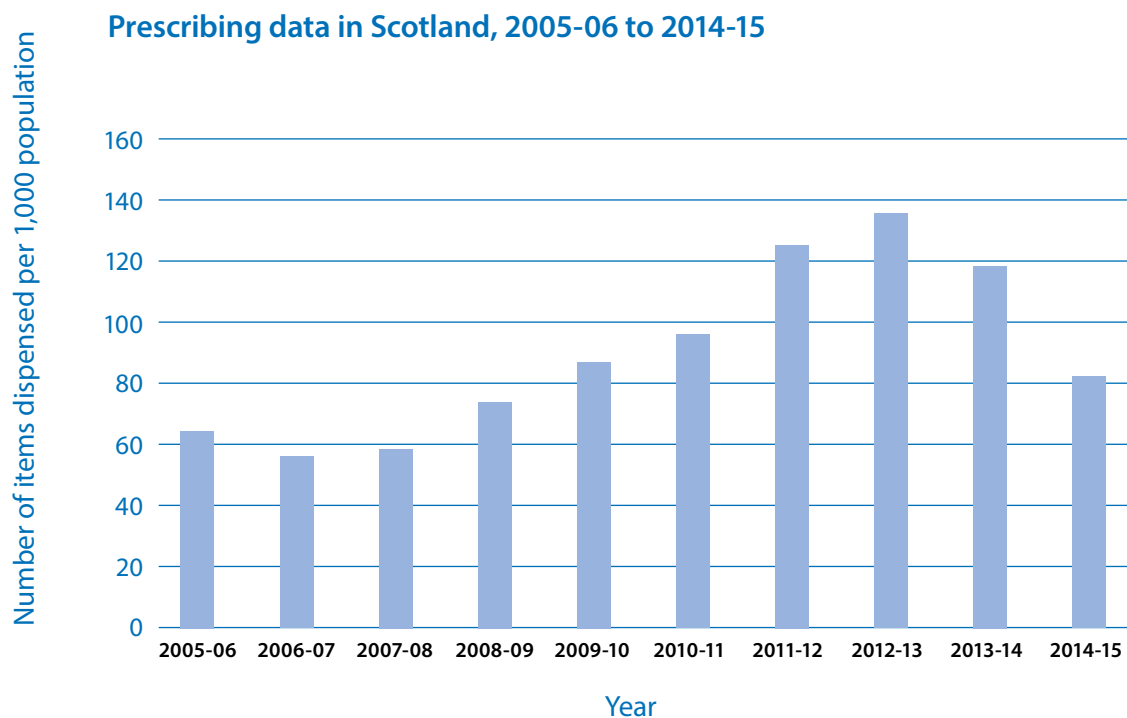


Figure 11: Stop smoking items dispensed in the community in Scotland (ISD Scotland)

While there are comparably high level of items prescribed to smokers in Scotland compared to the rest of Britain, there was an extreme decline in overall numbers dispensed between 2012-13 and 2014-15. This saw numbers fall by almost 250,000 (40%) in just two years. This is a trend not matched by a decline in the numbers of smokers.

Scotland provides specialist stop smoking services in a variety of NHS and non-NHS settings, alongside a complementary national community pharmacy service. In Scotland, a majority of quit attempts are made through pharmacy: in 2014 over 70% of quit attempts were made through these services. 2008-2011 saw a rapid growth in pharmacy quit attempts where the share of quit attempts rose from 44% to 70%. Yet it is the specialist services which typically see higher quit rates. There should be a further review into whether an increase in pharmacy services and the decrease in prescription numbers are connected.

In 2014, NHS Scotland commissioned a review of NHS smoking cessation services, which recommended improving access to varenicline and combination NRT as a way to reduce inconsistency between NHS boards. However, since then they have stopped collecting and publishing this data, instead providing statistics online using the defined daily doses measure. This means data is not currently comparable over the time period.

The second trend in Scotland is the type of pharmacotherapy used.

- In Scotland, 72% of quits used NRT as either a single product (22%), or more commonly, as a combination of more than one NRT (49%).³⁷ The proportion of those using combination has greatly increased since 2009-10.
- Varenicline use has fluctuated, from involvement in 7% of 2012-13 attempts to 12% of 2016-17 attempts. It is used in 25% of all quit attempts in England.

As pharmacotherapy had the highest percentage of successful quits in Scotland (bupropion 62%, varenicline 55%), it should be considered how to improve access to varenicline in all regions, perhaps through widening access to PGD as part of the National Public Health Service contract.

Section 2.3.1

Regional variation

Data for 2014-15 – the most recent available – shows Ayrshire and Arran Health Board as having the highest number of prescriptions per 1,000 population. Yet this still represents a 42% reduction from the previous year, making 26,294 fewer items prescribed in Ayrshire and Arran than in 2013-14.

Lanarkshire Health Board has just half the number of items prescribed in 2014-15 as there were two years before. This represents the greatest proportional decline in items in any place, between any years.

Meanwhile, NHS Shetland has maintained its levels of prescribing, seeing the smallest fall in numbers. NHS Borders has dispensed the lowest number of items, at 54 per 1,000 population. However, smoking prevalence is also relatively low compared to the rest of Scotland.

Regional variation in stop smoking prescriptions across Scotland

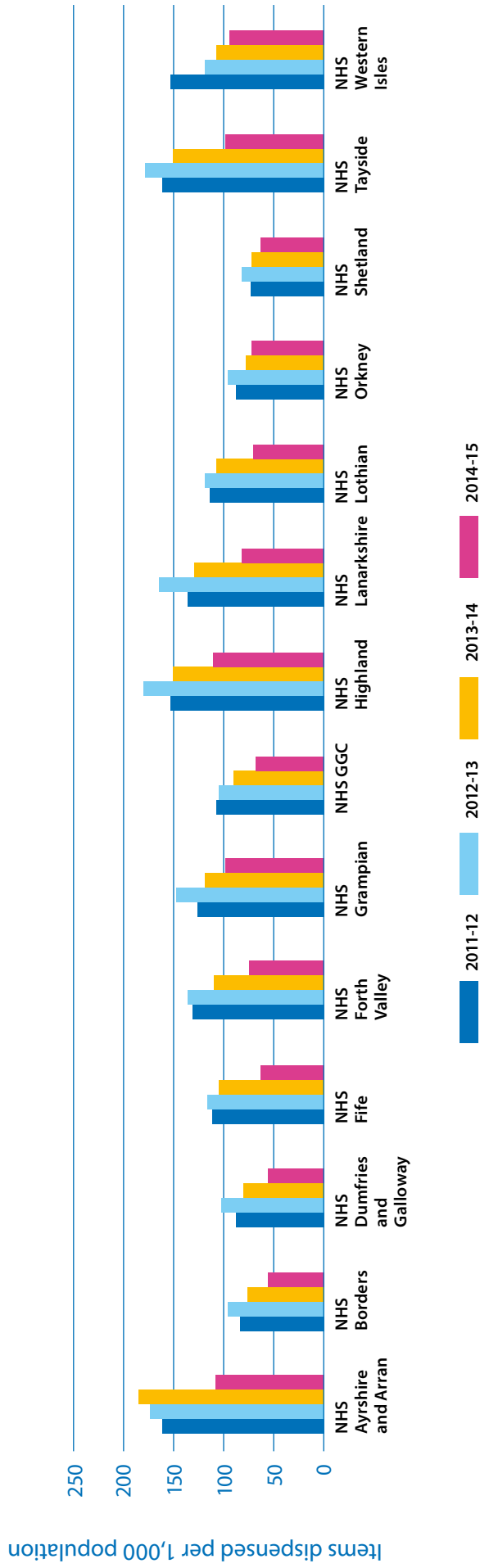


Figure 12: Stop smoking prescriptions dispensed in Scotland by NHS Health Board (ISD Scotland)

A background image of a clear blue sky with scattered white, fluffy clouds. The clouds are more prominent in the lower right and bottom left corners, while the rest of the sky is a uniform light blue.

Section 3. Recommendations

Section 3

Recommendations

Our research has identified three key recommendations to increase access to stop smoking support.

1. Reverse public health cuts

Our analysis shows that service provision affects how items are prescribed. The overwhelming reason for limiting prescriptions is funding.

As local authorities reduce the level of money they spend on commissioning stop smoking services, services are reduced, meaning there are fewer ways smokers can access prescriptions. In England:

- at least one local authority has no stop smoking provision at all
- others only provide services for certain priority groups, like Blackpool Council which only funds a service for pregnant women
- areas such as East Kent ban prescribing for GPs who are not commissioned as part of the service, potentially leaving gaps in provision for smokers
- some authorities stipulate that limited treatments from the NICE-approved formulary can be prescribed. In Hertfordshire, for example, smokers wishing to use NRT will only be prescribed NRT patches, so patients must self-fund a second product. In Worcester, where services are no longer commissioned by local authorities, all nicotine preparations, varenicline and bupropion are now off-formulary for the three CCGs.³⁸

Another common way for local authorities to reduce spending is to stop reimbursement to CCGs of any prescriptions for stop smoking aids made by GPs. This change is why some CCGs are advising GPs to stop prescribing, and why some products are off-formulary for prescribers.

The extent of cuts to funding is clear. The annual survey of local authority tobacco control leads by ASH and Cancer Research UK found half of local authorities cut their funding of smoking cessation services in 2017. This follows significant cuts in both 2016 and 2015.³⁹ The main reason given by tobacco control leads for cutting stop smoking services budgets is the reduction in the public health grant.⁴⁰ Funding to local authorities to deliver these public health services is being reduced at on average 3.9% each year until 2020-21.⁴¹ As a result, the number of people accessing this support drops every year. The number of people setting a quit date dropped by 15% between 2015-16 and 2016-17.

Recommendation: The UK government must reverse cuts to public health funding for local authorities in England so that essential stop smoking services can be accessible and effective stop smoking services can be commissioned .

Recommendation: With Scotland's Tobacco Control Strategy being refreshed in 2018, it is imperative the Scottish government uphold its commitment to maintaining the same funding levels over the next five years.

Recommendation: Commissioners of stop smoking services should not arbitrarily restrict which evidence-based products can be prescribed for smokers. All service specifications should be in line with NICE recommendations and any limitations on what can be prescribed should be removed.

2. Reverse guidance from English CCGs

In recent years the number of CCGs issuing guidance to GPs advising them to stop prescribing NRT and pharmacotherapy has risen.

In most cases local authorities no longer pay for prescriptions made by GPs as part of their cuts to stop smoking service provision. CCGs are reluctant to take on this additional cost, so advise GPs to stop prescribing.

It's known that some GPs also refuse requests from specialist services to prescribe varenicline, a prescription-only medicine, for their patients, on the basis that their practice has been decommissioned as a service provider.

The ASH and CRUK survey estimates that 1 in 10 GPs are not prescribing NRT and 1 in 10 are not prescribing varenicline.⁴²

CCGs do not have direct control over what a GP prescribes, and a doctor will always be able to prescribe what they deem clinically necessary, in line with national prescribing guidelines. But our data shows the very real impact such guidance from CCGs has, as seen in South Worcestershire.

Such guidance goes against the General Medical Council's guidance on a GP's duty to prescribe effective treatments based on the best available evidence.⁴³ Any limitations on formularies also goes against the NHS constitution, which stipulates patients have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if their doctor says they are clinically appropriate.⁴⁴ With fewer stop smoking services, all GPs should be encouraged to prescribe appropriately and CCGs must be clear on GPs' responsibilities.

Recommendation: All CCGs which have issued formal or informal guidance to GPs on prescribing of stop smoking products should repeal the guidance.

Recommendation: All CCGs should issue information to GP practices outlining their responsibility to prescribe NRT and pharmacotherapy for smokers wishing to quit where a referral to specialist stop smoking services is not suitable.

Recommendation: Sustainability and transformation partnerships, integrated care systems and partnerships, and accountable care organisations must each outline how all smokers can get products and support to quit smoking.

3. Improve data monitoring and reporting

Poor data collection restricts our ability to fully analyse trends in prescribing practice. It also means there is often a lack of central oversight about the services available to smokers.

In England, there is no central overview of items dispensed through NRT voucher schemes or PGD for varenicline. Information on this is held locally and is not a required element of the quarterly return for stop smoking services to NHS Digital. The full picture of prescribing is therefore not available.

Recommendation: Data on all items dispensed through NRT voucher schemes and varenicline PGD in each local authority area should be submitted centrally to NHS Digital in existing quarterly returns.

In Wales, variation in prescribing practice is difficult to see as annual primary care prescribing data for stop smoking products broken down by health board is not accessible. This means there is little structure in place to hold health boards to account when they fail to meet national standards of care.

This is highlighted as an area of concern in the Tobacco Control Delivery Plan. The plan recognises the need to develop and implement a national smoking cessation data set. Prescribing of stop smoking products should also be made consistent with current All Wales Medicines Strategy Group (AWMSG) and NICE guidance, and should be monitored.

Recommendation: Public Health Wales and health boards must work together to implement action 3.20 of the Tobacco Control Delivery Plan, to ensure prescribing and supply of stop smoking aids is in line with AWMSG and NICE guidance, and that there is national oversight of the data. Statistics should then be reported on regularly.

In Scotland, since 2015 ISD no longer publishes its Prescribing for Smoking Cessation Products publication. This means information on annual NHS Board prescribing levels is no longer accessible. The annual NHS Smoking Cessation Services Report from ISD also no longer reports on total prescribing levels. This leaves a total lack of accountability for any continuation of the decline in prescribed products in Scotland.

Recommendation: ISD Scotland should reinstate the collection and publication of smoking cessation prescribing data, in line with NHS Scotland's recommendations from their 2014 review of stop smoking services.

What is important to patients?

- Engagement with patients demonstrates how smokers must have clear ways to access the support they need. One patient stated 'I know it's not that easy for everyone, so I can only agree with the idea that GPs, or any other medical staff, should be able to offer help or advice.'
- It is important to patients that they can access lots of different products, aids and behavioural support which are proven to be effective, as well as other types of aids such as e-cigarettes.
- Patients want support to stop smoking to be integrated into the health care they already access.
- They were concerned that GPs no longer had the time, finance or other resource to provide this support.

Section 4. Methodology



Section 4.0

Methodology

This report is based on data which is published by NHS Digital, ISD Scotland and NHS Wales. NHS Digital and ISD Scotland provide statistics on numbers of items dispensed as raw numbers and calculated per 1,000 population.

The NHS Digital uses PACT (Prescribing Analysis and Cost) data from the NHS Prescriptions Services. This data covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included. Each single item on a prescription form is counted as a prescription item. Population figures are estimated using Office for National Statistics (ONS) resident population figures using mid-2016 estimates. At the point of the last available data (2016-17), there was data from 209 CCGs.

Estimates of the numbers of items dispensed for each smoker are calculated by using best estimates of CCG smoking prevalence rates from local tobacco control profiles and the PACT data of prescription levels per 1,000 population.

NHS Digital's national data set for stop smoking prescriptions covers items dispensed through a prescription. In some areas, NRT is offered through a voucher scheme, where patients are given a voucher by an advisor to be dispensed by a pharmacist, without a prescription. Data on these schemes is not currently available centrally. This means that in some areas prescribing levels are likely to be higher than shown in this report. Similar prescriptions for varenicline through a PGD may also not be captured. Where it is known that a voucher scheme is in place in any named area, this has been highlighted in the report.

It is not likely that these prescribing methods account for the full drop in numbers. Voucher schemes are not new. For example, Worcestershire County Council has had a pharmacy voucher scheme in place since 2003. There is no suggestion these schemes have been taken up in extreme levels over recent years where prescriptions have substantially declined.⁴⁵

NHS Wales data covers all prescriptions dispensed by community pharmacies, contractors and dispensing doctors in Wales, including items personally dispensed by general medical practitioners. However, this data may need to be treated with some degree of caution as it also includes prescriptions written by hospital doctors, provided they are dispensed in the community. It may also not account for items dispensed through voucher scheme or PGD.

Welsh data was supplemented by information gathered by freedom of information requests to all local health boards in Wales, to collect their prescribing data. Additional information was also gathered through written questions to the Assembly. Thank you to Dai Lloyd AM and ASH Wales for securing this data.

Smoking prevalence data used:

- England – Office for National Statistics
- Scotland – Scottish Government’s Scottish Health Survey (SHeS) and Office for National Statistics
- Wales – Welsh Government’s Welsh Health Survey and Office for National Statistics

Charts from OpenPrescribing.net represent prescribing data for nicotine dependence by CCG, compared to the trend of prescription levels of the same products by all CCGs in England. Patient experience was gathered through online consultation with the British Lung Foundation’s patient think tank, which is a group of people living with lung disease. We posed questions to gather experiences of being a patient in primary care who smokes. The questions were:

- If you have tried to stop smoking, have you accessed any support to do so?
- Has your GP started a conversation with you about your smoking status? If you are, or were, a smoker, did your GP try and offer you support to stop smoking?
- Do you think GPs should be helping patients who smoke to quit?

Within the closed online forum, think tank members discussed their own experiences of accessing stop smoking support, whether personal or from friends or family. They predominantly discussed issues of GP time, resource and capacity; how often and how well smoking cessation is discussed in health care; issues of prescription fees driving inequalities; the role of e-cigarettes in smoking cessation and their integration into specialist stop smoking support.

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- ¹³ Carbon monoxide breath testing is a valuable motivational tool for smokers. Carbon monoxide is a toxic gas found in tobacco smoke, and the test measure the levels of it in the patient's blood.
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We're the only charity in the UK looking after the nation's lungs. We offer hope, help and a voice.

Our research finds new treatments and cures.

Our support gives people who struggle to breathe the skills, knowledge and confidence to take control of their lives.

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