



Smoking Cessation Needs Assessment 2021

**Public Health
Royal Borough of Kingston Upon Thames**

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Contents

1.0 Executive Summary	3
2.0 Introduction	3
2.1 Aim	3
2.2 Audience	3
3.0 Background	3
3.1 Population	3
3.2 COVID-19 Response	5
4.0 Local Picture	6
4.1 Health Inequalities	6
5.0 Services	7
5.1 National Context	7
5.2 Local Context	8
5.2.1 General Practice and Community Pharmacy	8
6.0 Conclusion	8
7.0 Recommendations	9
8.0 References	9

1.0 Executive Summary

This needs assessment has been drafted by the RBK Public Health team to better understand local smoking cessation need and shape workstreams until March 2026. It should be noted that although the majority of the data is pre COVID-19 pandemic, some data is following the pandemic and therefore caveats have been highlighted throughout the document.

Recommendations have been made based on the findings of this report and are available in section 7 on page 8.

2.0 Introduction

2.1 Aim

This Needs Assessment aims to highlight the current and future challenges that maintaining good smoking cessation presents to people, their carers, friends and families, the local authority and the NHS in Kingston upon Thames.

2.2 Audience

This Needs Assessment is intended to inform future policies, strategies, development and commissioning plans, and practice in local organisations including RBK Council teams, NHS organisations such as the South West London Clinical Commissioning Group (SWL CCG) and Trusts (e.g Kingston Hospital NHS Foundation Trust), and other organisations, such as the voluntary sector and representatives of the public and patients.

3.0 Background

3.1 Population

The population of Kingston is 176,313¹ and is expected to grow by a further 20,449 (11.6%) by 2030. The overall health of the population is better than both the London and England average. Further information on the demographics of Kingston can be found at [Kingston Data](#)².

Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups³.

A wide range of diseases and conditions are caused by smoking, including cancers, respiratory diseases, coronary heart and other circulatory diseases, stomach and duodenal ulcers, erectile

¹ "Population - Kingston Data." 6 Nov. 2020, <https://data.kingston.gov.uk/population/> [accessed 18 Aug. 2021]

² "Kingston Data – Welcome to Kingston Data." <https://data.kingston.gov.uk/> [accessed 29 Sept. 2021]

³ Smoking and tobacco: applying All Our Health, October 2021, available from <https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health> [accessed February 2022]

dysfunction, infertility, osteoporosis, cataracts, age-related macular degeneration and periodontitis.

Despite a continued decline in smoking prevalence, 13.9% of adults in England still smoke. This equates to over 6 million people in 2019⁴.

Smoking is the leading cause of preventable illness and premature death, killing around 64,000 people in England in 2019⁵. In England in 2019 to 2020, there were an estimated 506,100 smoking-related admissions to hospital⁶, equating to almost 1,400 each day. One in 4 patients in a hospital bed is a smoker⁷. Smokers also see their GP 35% more than non-smokers⁸.

Stopping smoking at any time has considerable health benefits, including for people with a pre-existing smoking-related disease. For people using secondary care services, there are other advantages. These include:

- shorter hospital stays
- lower drug doses
- fewer complications
- higher survival rates
- better wound healing
- decreased infections
- fewer re-admissions after surgery

Smoking costs society an estimated £17bn each year through lost productivity, health and social care costs and smoking related fires⁹.

The NHS will be making a significant new contribution to making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model implemented in Canada and Manchester [26]. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.

A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. On

⁴ Adult smoking habits in the uk: 2019, July 2020, available from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019> [accessed February 2022]

⁵ Local tobacco control profiles for England: short statistical commentary , July 2021, available from <https://www.gov.uk/government/statistics/local-tobacco-control-profiles-for-england-july-2021/local-tobacco-control-profiles-for-england-short-statistical-commentary-july-2021> [accessed February 2022]

⁶ Statistics on smoking, England 2020, available from <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020> [accessed February 2022]

⁷ BTS National Audit Reports, <https://www.brit-thoracic.org.uk/quality-improvement/clinical-audit/bts-national-audit-reports/> [accessed February 2022]

⁸ Towards a smoke free generation: a tobacco control plan for England, January 2020, <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england> [accessed February 2022]

⁹ ASH, Press Release: Smoking costs society £17bn - £5bn more than previously estimated, January 2022 <https://ash.org.uk/information-and-resources/reports-submissions/reports/10-high-impact-actions/> [accessed February 2022]

the advice of PHE, this will include the option to switch to e-cigarettes while in inpatient settings¹⁰.

Public Health England and partners have published several documents to support smoking cessation commissioning and prevention:

[Reaching Out: Tobacco control and stop smoking services in local authorities in England, 2021](#)

[Tobacco: preventing uptake, promoting quitting and treating dependence](#)

[Smoking and tobacco: applying all our health](#)

[Smoke-free generation: tobacco control plan for England](#)

[Vaping in England: 2021 evidence update summary](#)

[NHS Long Term Plan](#)

3.2 COVID-19 Response

Although the data utilised within this report is predominantly from 2020 and 2019 or earlier it would be prudent to mention the impact COVID-19 has had on smoking cessation.

A Public Health England (PHE) report revealed how the early impact of COVID-19 replicated existing health inequalities and, in some cases, increased them¹¹. The COVID-19 lockdown restrictions have resulted in many new challenges and therefore changes to patient access to healthcare, including smoking cessation services. Due to social distancing restrictions and staff redeployment, many services across London were forced to offer significantly reduced services during 2020/21. This meant prioritising face-to-face appointments for patients with the highest level of need and encouraging others to utilise telephone and online support.

In Kingston, the smoking cessation service adapted promptly and introduced telephone and online interventions with patients. They also started to deliver NRT via post to patient's homes. This has also led to numerous opportunities for innovation which included the offer of the 'Other Room' virtual gym. This was developed during COVID-19 and supports service users to develop healthy lifestyle habits and prevent weight gain when giving up smoking. This has helped improve the offer for Kingston residents whilst contributing to reducing COVID-19 transmissions locally.

According to ASH's document 'Reaching Out' The COVID-19 pandemic has had multiple positive and negative impacts on local authority stop smoking services and tobacco control work. The impact overall has been equivocal:

- 36% of survey respondents said that the impact had been positive overall
- 34% of survey respondents said that the impact had been neither positive nor negative
- 30% of survey respondents said that the impact had been negative overall

¹⁰ NHS Long Term Plan 2021, available from <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/> [accessed February 2022]

¹¹ "COVID-19: review of disparities in risks and outcomes - GOV.UK." 2 Jun. 2020, <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes> [accessed 13 Sept. 2021]

Most surveyed local authorities experienced a mixture of positive and negative impacts.

Where they were felt, positive impacts included:

- the expansion of remote support (telephone and digital)
- an increase in service accessibility and flexibility
- the development of new modes of providing Nicotine Replacement Therapy (NRT), treatments and e-cigarettes
- an increase in smokers' motivation to quit

Where they were felt, negative impacts included:

- the contraction of services
- a decline in primary care support and referrals
- reduced access to face-to-face support
- a decline in wider tobacco control work¹²

4.0 Local Picture

Adult smoking prevalence within Kingston is 8.7% (2020) which is below the national average in England (12.1%) but prevalence amongst routine and manual occupations smoking prevalence is as high as 24.3% which is slightly above the national average of 23.2%. The prevalence of smokers with long term mental health conditions remains high at 31.6%¹³.

Kingston has historically performed well and in 2019-20, 703 smokers set a quit date and 378 people successfully quit at 4 weeks. In Kingston in 2019-20 there were 828 smoking attributable hospital admissions which was lower than the England average admissions.

4.1 Health Inequalities

According to ASH's report 'Smokefree by 2030?'

(<https://ash.org.uk/information-and-resources/reports-submissions/reports/10-high-impact-action-s/>), nearly twice as many smoking-related cancers are diagnosed in the most deprived quintile of the adult population of England every year compared to the least deprived quintile (11,247 vs. 6,200)¹⁴. People who have no qualifications are 3.9 times more likely to smoke than people with a degree or higher qualification (28.3% vs 7.3%)¹⁵. People living in social rented housing are 3.8 times more likely to smoke than people who own their properties outright (28.6% vs 7.6%)¹⁶. People with routine and manual occupations are 2.5 times more likely to smoke than people

¹² Reaching Out: Tobacco control and stop smoking services in local authorities in England, 2021 available from <https://ash.org.uk/information-and-resources/reports-submissions/reports/reaching-out/> [accessed February 2022]

¹³ PHE Fingertips 2020 available from <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/302/are/E09000021/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1> [accessed February 2022]

¹⁴ Cancer Research UK: England: Smoking responsible for twice as many cancers in most deprived groups. News release, 3rd August 2021

¹⁵ Office for National Statistics. Adult smoking habits in the UK: 2019. July 2020

¹⁶ Office for National Statistics. Adult smoking habits in the UK: 2019. July 2020

with managerial and professional occupations (23.2% vs 9.3%)¹⁷. People who are lesbian or gay are 1.4 times more likely to smoke than people who are heterosexual (21.9% vs 15.2%)¹⁸.

The prevalence of smoking is 25.8% among people with a long-term mental health condition and people with anxiety and depression and 40.5% among people with serious mental illness¹⁹. Women living in the most deprived areas are more likely to smoke throughout pregnancy (66.6% of those who were smokers at conception are still smokers at delivery) than women in the least deprived areas (57.7% are still smokers at delivery)²⁰.

5.0 Services

5.1 National Context

Nicotine is extremely addictive and most smokers find it hard to give up without help. Only about 5% of unaided quit attempts result in smokers giving up for good but effective smoking cessation support can increase the chances of success fourfold.

Stop smoking support is a highly cost effective measure to improve health. In the UK, stopping smoking has been the single biggest factor in reducing deaths from heart disease, preventing nearly 30,000 heart disease deaths between 1981 and 2000.

The UK offers the world's most comprehensive support for smokers to quit. Stop Smoking Services have been established throughout the country and in England are now under local authority control. These services offer practical support and pharmaceutical treatments on prescription to help smokers to quit²¹.

Studies show that you're four times more likely to quit with help.

Alternative nicotine delivery devices, such as nicotine vaping products, could play a crucial role in reducing the enormous health burden caused by cigarette smoking:

- Using a vaping product remains the most popular aid used in a quit attempt. In 2020, 27.2% of people used a vaping product in a quit attempt in the previous 12 months, compared with 15.5% who used NRT over the counter or on prescription (2.7%) and 4.4% who used varenicline.
- Vaping is positively associated with quit success. In 2017 over 50,000 smokers stopped smoking with a vaping product, who would otherwise have carried on smoking.
- Prescription medication and the licensing of NRT for harm reduction were also positively associated with successfully quitting smoking. This shows how important it is for people who smoke have access to a wide choice of cessation aids.

¹⁷ Office for National Statistics. Adult smoking habits in the UK: 2019. July 2020

¹⁸ Office for National Statistics. Adult smoking habits in the UK: 2019. July 2020

¹⁹ Public Health England. Local Tobacco Control Profiles, 2014/15 data for England. [Accessed December 2021]

²⁰ Public Health England: Characteristics of women who stop smoking in pregnancy, 2019

²¹ Smoking Cessation and Treatment, available from

<https://ash.org.uk/category/information-and-resources/smoking-cessation-treatment/> [accessed February 2022]

- The extensive use of vaping products in quit attempts in comparison with licensed medication suggests vaping products may reach more people who smoke and so have more impact than NRT and varenicline²².

5.2 Local Context

In Kingston, Kick It have been providing the smoking cessation service for almost ten years.

In 2020/21 there were 583 quit dates set and 291 quitters. 451 of these quit dates were set with specialist Kick It advisors and 132 were with external advisors.

5.2.1 General Practice and Community Pharmacy

Primary care is easy to access as most people are registered with a general practice (GP), and around 1.6 million people visit community pharmacies every day in England²³.

Currently, there are 23 GP practices in Kingston and ten of them offer smoking cessation. In 2020/21 125 quit dates were set and there were 76 quitters. Due to Covid-19 priorities, GP and Pharmacy figures have declined over the last couple of years.

The service will support stop smoking interventions in GP practices and community pharmacies. This will include the development of care pathways, training and support for staff within these organisations to enable the delivery of stop smoking advice for patients and monitoring of performance.

There are 30 pharmacies in Kingston and currently 8 of these offer smoking cessation. In 2020/21 43 quit dates were set and there were 23 quitters.

6.0 Conclusion

Overall the smoking prevalence in Kingston is good when compared to London and England. The burden of smoking is disproportionate across the population with several inequalities such as those who work in routine and manual occupations, who are pregnant, who have mental health conditions, who live in social housing and who are dealing with substance misuse²⁴.

7.0 Recommendations

The table below has been put together to highlight recommendations that have been identified from this needs assessment. However officers will need to be prudent in recognising that future data releases (2020/21) will still be heavily impacted by the COVID-19 pandemic.

²² Vaping in England: 2021 evidence update summary, available from <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021/vaping-in-england-2021-evidence-update-summary#:~:text=Using%20a%20vaping%20product%20is.and%204.4%25%20who%20used%20varenicline> [accessed February 2022]

²³ "Quality criteria for young people friendly health services - GOV.UK." 19 May. 2011, <https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services> [accessed 8 October 2021]

²⁴ Smoke-free generation: tobacco control plan for England, January 2020, available from <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england> [accessed February 2022]

Description
To target the groups identified in the Health Inequalities section where the smoking prevalence is high compared to the rest of the smoking population in Kingston. These include those who work in routine and manual occupations, who are pregnant, who have mental health conditions, who live in social housing and who are dealing with substance misuse
To continue to use e-cigarettes as part of the treatment programme for those trying to quit smoking
To continue to have a Smoking Cessation Service in Kingston because stop smoking support is a highly cost effective measure to improve health
Review the primary care offer and look at ways to increase patient uptake
To make sure we work with Kingston Hospital on the smoking part of the NHS Long Term Plan
Adapt smoking cessation service delivery following the COVID-19 pandemic
To work more closely with Kingston Regulatory Services around tobacco control

8.0 References

References have been cited within each page throughout the document.