



TRAFFORD
COUNCIL



Smoking cessation pilots with e-cigarettes

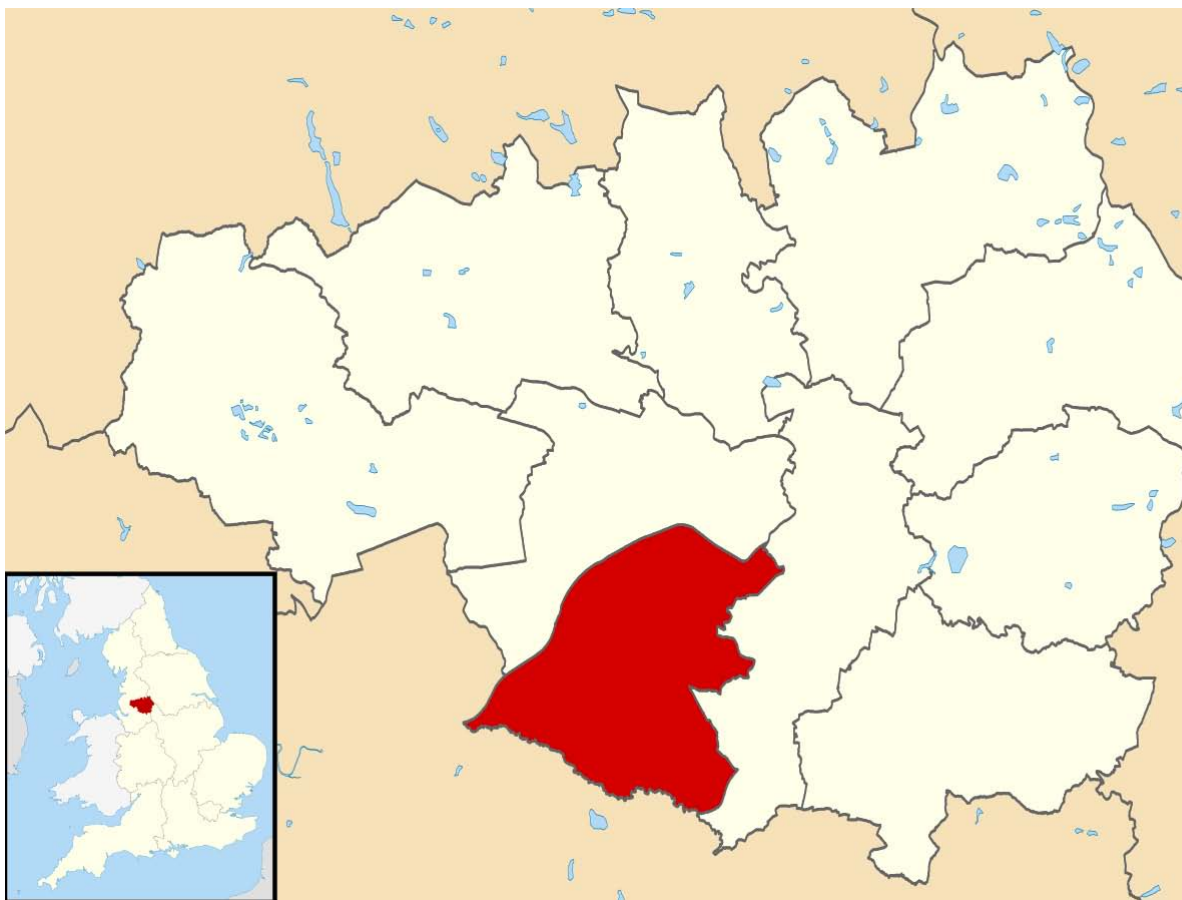
Ben Fryer





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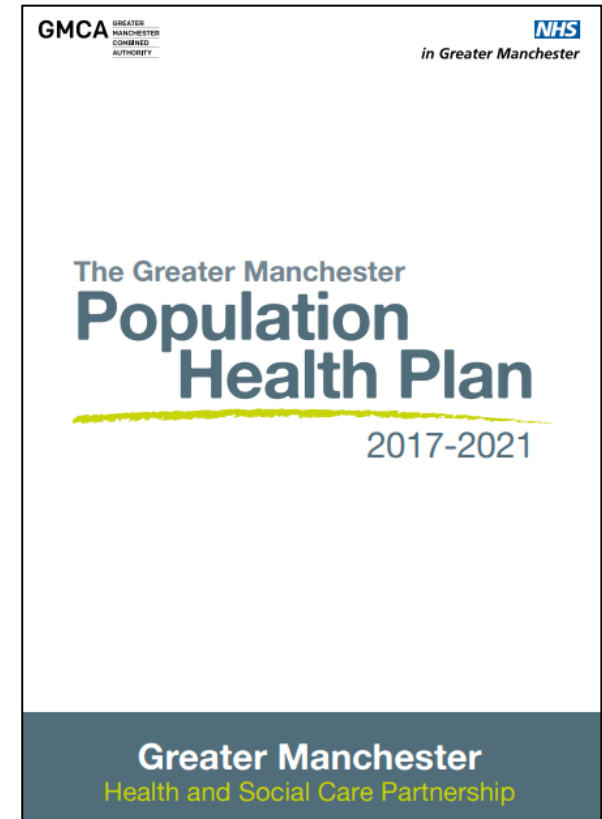
Trafford: Where?





Greater Manchester context

- **Population Health Plan**
- **Making Smoking History programme**
 - *Ambitious targets*
 - Media and marketing
 - Smoke free events
 - Research and surveys
 - Interviews and insight
 - Major pilots and projects:
 - CURE – smoking cessation for inpatients
 - Swap to Stop e-cigarette pilot in Salford (2018)





Trafford: Local picture

- 13% of Trafford adults are smokers, similar to England (15%)
- BUT 28% of Trafford people in routine and manual occupations smoke, more than twice as high as for the population as a whole, and above England (26%)
- Higher prevalence likely for:
 - People with SMI
 - LGBT





Trafford's three tobacco targets

- To reduce adult prevalence from 12.7% to 9.0% (about 6,500 smokers) by end of 2020.
- To reduce prevalence amongst Routine and Manual workers from 26.8% to 21% (about 3000 R& M Smokers) by end of 2020.
- To reduce smoking amongst adults with a severe mental illness from 42% to 5% by 2035 with an interim target of 35% by 2020.



Existing smoking cessation services

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable

Recent trends: — Could not be calculated ➔ No significant change ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing



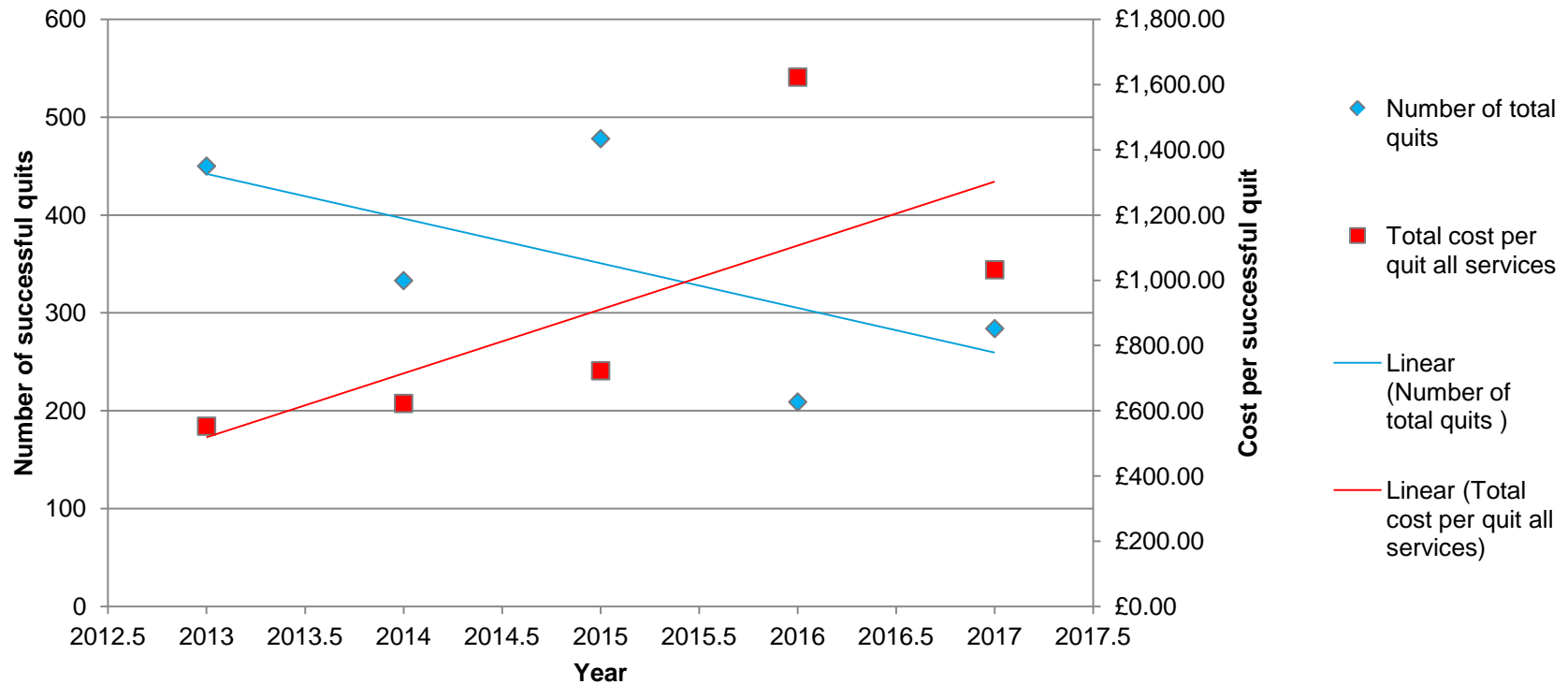
Indicator	Period	Trafford			Neighbors average	England			Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Smokers setting a quit date	2017/18	—	175	742	-	4097	115		13,960
Smokers that have successfully quit at 4 weeks	2017/18	—	51	216	-	2070	101		7,769
Smokers that have successfully quit at 4 weeks (CO validated)	2017/18	—	49	208	-	1477	22		6,142
Completeness of NS-SEC recording by Stop Smoking Services	2017/18	↑	172	98.3%	90.3%*	91.3%*	0.0%		100%
Cost per quitter	2017/18	➔	218,590	£4,286	£512*	£519*	£4,286		£3





Existing smoking cessation services

Graph to show trends in number of quits and cost per quit





Smoking cessation pilots

January to June 2019

- E-cigarette smoking cessation pilot for 800 residents delivered in 6 Pharmacies.
- Smoking cessation pilot (LCA risk stratification) for 49 patients with COPD offering a choice of NRT, Varenicline or e-cigarettes delivered in 5 GP surgeries
- Intensive pathway, with face to face support at Week 0, Week 2 and Week 4
- Additional telephone support from TCC nurses for patients on the COPD pilot
- Where e-cigarettes used, supplies were provided for a limited 4-week period only



E-cigarette pilot pathway

Recruitment

- **Pharmacy:** Marketing, press and media, referral from GP or social housing
- **GP:** Patients identified as having COPD and smoking. 2x phone calls

Initial appointment

- Discuss smoking habit & Check eligibility. Obtain Consent. Set quit date. Issue device and liquid
- **GP:** Phone call to provide extra support after 1

2-week appointment

- Discuss progress with quit attempt. Issue further liquid
- **GP:** Phone call to provide extra support after 3 weeks

4-week appointment

- Discuss progress with quit attempt. CO test. Issue further liquid
- Follow up non-responders by SMS
- **GP:** Phone call to provide extra support after 8

KS

12-month
follow-up

Why e-cigarettes

- Nicotine is the most addictive substance in tobacco smoke, but isn't particularly harmful in itself. This is why we can safely prescribe NRT
- Vaping is 95% less harmful than smoking tobacco and more and more people are using e-cigarettes to quit smoking (PHE)
- Vaping is the UK's **most popular** way to stop smoking
- Likely to be most effective when combined with support from a trained smoking cessation advisor
- **Leaving vaping to the private sector increases health inequalities**, as the poorest won't try a high quality, 2nd/3rd generation e-cigarette





Gaining support (1)

- Burning platform - do nothing was not an option
- Create vision of future state with evidence from Salford pilot and wider literature
- Aim to make small steps – pilots in both GP and pharmacy
- Move quickly but evaluate thoroughly – with an independent academic partner
- Use key advocates as influencers – DPH, supportive GPs and pharmacists with links in to CCG and LPC
- Address concerns in an open dialogue using evidence where it exists but accept that there are gaps too
- Work with the willing – we worked with GP surgeries and pharmacies that are supportive. If they are successful, that will win over those who are more reluctant





Gaining support (2)

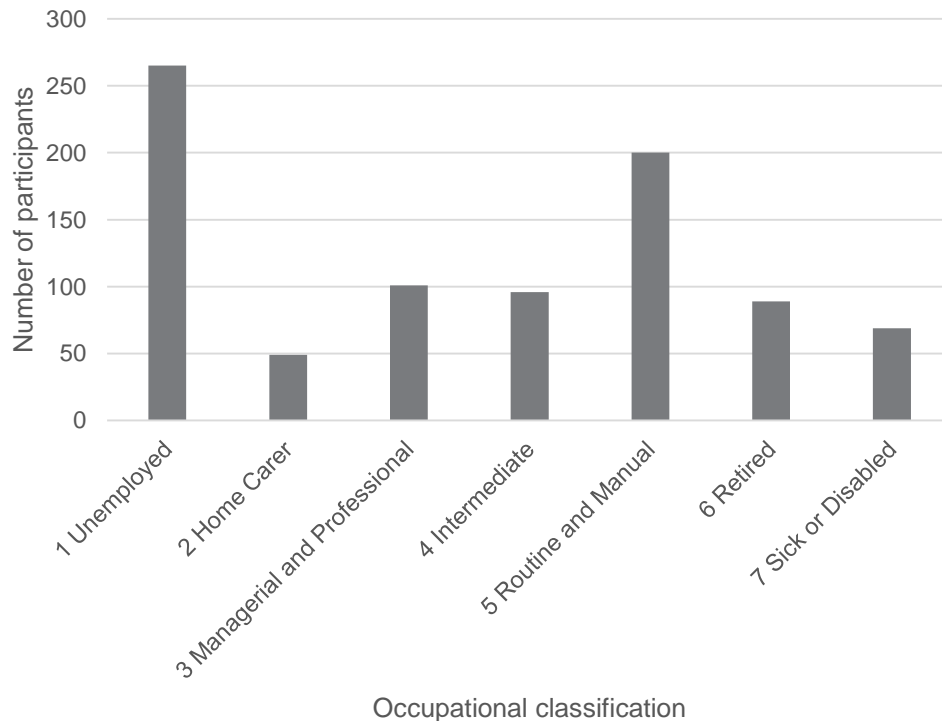
- Risk averse design:
 - Ethics – use IBVTA member as supplier
 - Patient safety: health settings and health professionals, offer training:
 - Behaviour change
 - E-cigs and how to use them safely
 - How to be successful in your quit attempt
 - Restrict access to over 18s, current smokers (CO verified), not pregnant*
 - Start with patients known to GP/Pharmacist
 - Prevent ‘multiple issue’
 - Issue leaflets, instructions, chargers
 - Issue liquid in small amounts, and provide regular support
- Reputation: Work with media to secure positive promotion of work



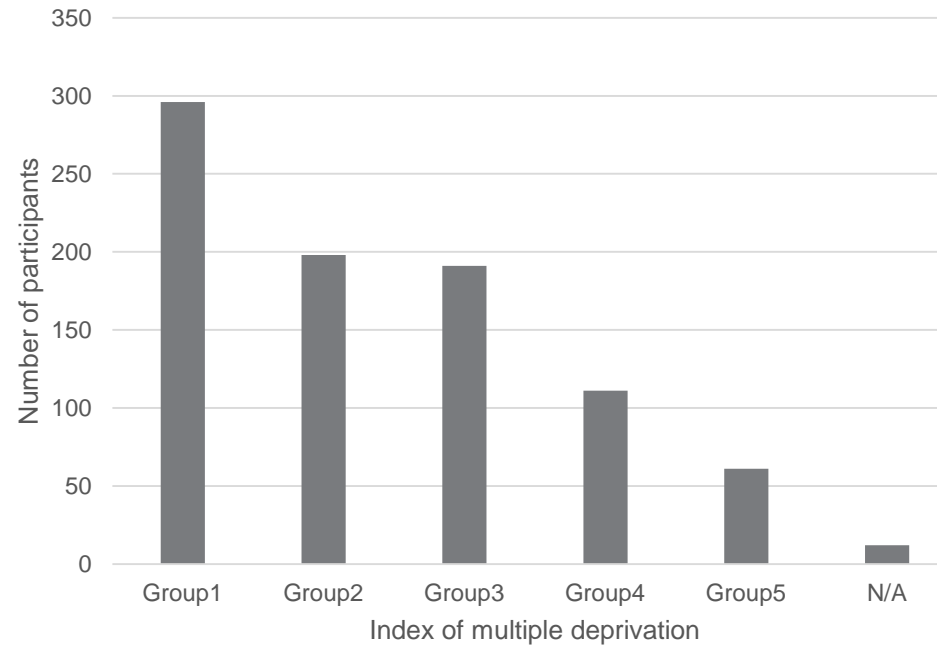
Who did we reach (pharmacy pilot)?

- 843 people (target was 800)
- Most deprived IMD quintiles
- Unemployed, Routine and Manual workers

Occupational status



QIMD groups of participants

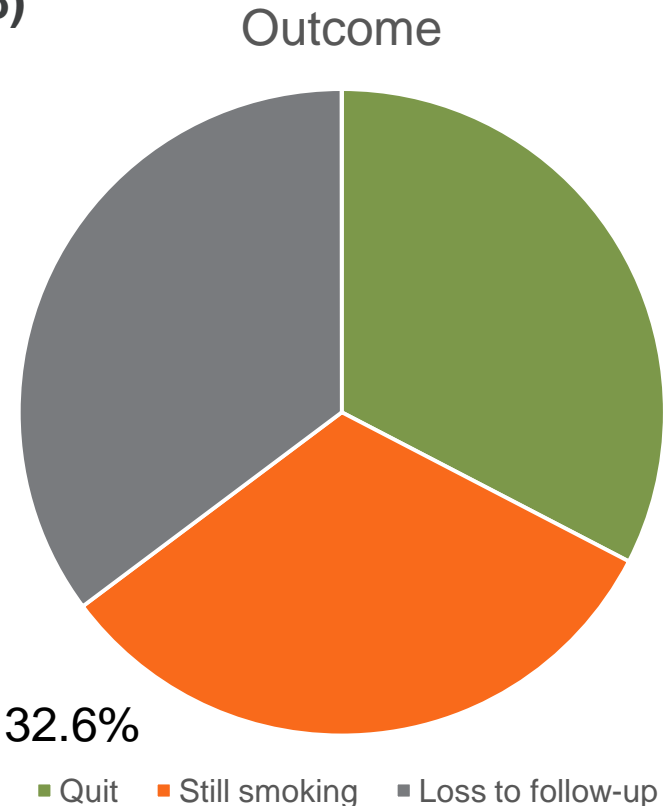




Unvalidated outcomes (Pharmacy)

Of those with 4-week follow-up data (546)

Still smoking	271
Quit	275
CO verified quit	228



Loss to follow-up 297

Quit rate if no quits in those lost to follow-up: 32.6%

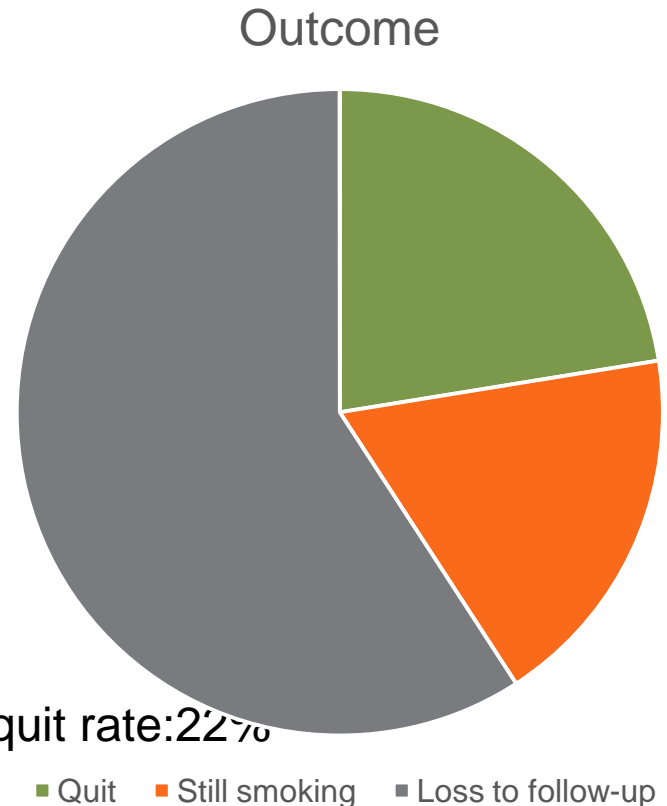
Quit rate (where outcome known): 50.4%



Unvalidated outcomes (GP / COPD)

Of those with 4-week follow-up data (20)

Still smoking	9
Quit	11
CO verified quit	9



Loss to follow-up: 29

Quit rate if no quits in those lost to follow-up quit rate: 22%

Quit rate (where outcome known): 55%



What our pharmacists & staff said

“I think it’s a really good project. It’s getting to people that are normally... would struggle and not bother” Pharmacy 1

“It’s good. It does help people quit smoking and I’ve seen many people quit within a day or two of receiving the e-cig, so I think it’s a really good project, it’s something to be continuing with” Pharmacy 2

“It’s been largely very successful ... it seems to have a better success rate than with ... with the NRT that we used previously” Pharmacy 3

“We totally enjoyed it, to be honest, and found it was massively helpful” Pharmacy 4

“People are more excited about this one, and we’ve seen a lot of people who’ve been smoking for years who’ve actually given up, which makes us feel like we’re helping” Pharmacy 5



What our patients said

“**I was unemployed I couldn’t afford to buy them, so yeah it was like a bolt of lightening, a bolt from the blue, like it was really a blessing for me, it really was**”

“I thought it was really good. It gave people an opportunity to have a **decent e-cig instead of the rubbish ones** that you can get, you know”

“On the first consultation that I had, they were showing me the equipment and the different strengths of e-liquids, and they were asking me ... how many cigarettes that I smoked in a day and **they advised me on the best strength to take which has been perfect because they were bang on.** They showed me how to put, you know, the liquid in,... **basically explaining actually how to use the pen**”

“I still haven’t cut them out 100%. I’ve cut them out about 95%, but this e-cigarette, it’s just like, **it’s saved my life if you like**”



Key learning points from pilot

- Highly effective, and very cost effective (much cheaper than NRT, better outcomes at 4 weeks)
- Patients are motivated by cost savings if they can quit smoking, or by impact on existing health conditions if they have them
- Vital to use high quality products – most expensive device was by far the most popular
- Quality of service provided by smoking cessation advisors is critical
- Concerns from patients about e-cig safety:
 - “I mean, I just hope that they don’t find out that there is side effects and all the rest of it in ten years to come, you know”
- E-liquid in eye incidents
- Stock management is time consuming...
- Availability of liquid after patients complete the trial



Next steps

- Initial evaluation (Salford University) due end October 2019
- Final evaluation with 12-month follow-up Summer/Autumn 2020
- In Trafford – revising our existing service specification for smoking cessation to reflect the learning from our pilot – including resuming issue of e-cigarettes
- Consideration of whether to include pregnant women in future issue of e-cigarettes





Any questions?

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