

Cross Party Group on Smoking & Health

Key details

- **What:** Cross Party Group On Smoking & Health, Chaired by John Griffiths MS
- **When:** 10.00 – 11.00, Thursday 1 July 2021
- **Where:** Teams meeting
- **Purpose:** To explore the potential for the digitalisation of smoking cessation services in Wales.

Apologies

- Rhun ap Iorwerth MS, Len Richards (Cardiff & Vale Health Board), Joseph Carter (AUK/BLF), Angela Jones (Cwm Taf Health Board)

Attendees

1. John Griffiths MS (Chair)
2. Suzanne Cass
3. Professor Keir Lewis (speaker)
4. Ian Bond (speaker)
5. Dr Ashish Mandavia (speaker)
6. Amy Lewis
7. Julie Edwards (Secretariat)
8. Suzanne Williams
9. Jade Phillips (member support staff)
10. Diana Milne
11. Gareth Davies
12. Ryland Doyle (member support staff)
13. Martin Fidler Jones
14. Oliva Cheek
15. Deb Sugrue
16. Laura Wilson
17. Gethin Matthews Jones
18. Victoria Richards Green
19. Liz Newbury-Davies
20. Efe Mamuzo
21. Anne Wilson
22. Madelaine Phillips
23. Callum McSorley (member support staff)
24. Nicolas Webb
25. Natalie Hazard
26. Sian Griffiths
27. Sam Hall
28. Stephanie Hill
29. Rebecca Rob
30. Debbie Hardwick
31. Mathew Norman
32. Helen Poole
33. Lillian Davies
34. Rachel McIlvenna
35. Andrew Hall
36. Kate Thompson
37. Jonathan Goodfellow
38. Jon Foster
39. Martyn Willmore
40. Bethan Jones
41. Julie Morgan
42. Rhys Jefferies
43. Gemma Roberts
44. Judy Thomas
45. Sharon Neale
46. Susan O'Rourke
47. Rachel Gemine
48. Bethan Lewis
49. George Watkins (member support staff)
50. Claire Thomas
51. Lowri Jackson
52. Jennifer Evans
53. Dawn Davies
54. Natasha Bowen
55. Paola Andrea Browne

Agenda

Item
1. Welcome and Apologies from John Griffiths MS
2. Election of Chair and Secretariat
2. Introduction by Suzanne Cass, Chief Executive, ASH Wales
3. Presentation by Professor Keir Lewis
4. Presentation by Mr Ian Bond, Bond Digital Health Care
5. Questions
6. Presentation by Dr Ashish Mandavia, Quit Genius
7. Final Questions
8. Summary and close

Speakers

Professor Keir Lewis, Consultant Physician and Director of Research & Development at Hywel Dda University Health Board and Professor of Respiratory Medicine at Swansea University. Keir works across multiple institutions in the NHS, Welsh and Clinical R&D sector. He works together with various University academics, clinicians and industry to research and improve the clinical and translational aspects of chronic obstructive pulmonary disease (COPD) and smoking cessation.

- *Current smoking cessation services and who's accessing them*
- *Present the key findings of a new Respiratory Innovation Wales Research Study into the feasibility of creating a platform and app that could be used to book appointments and access support from existing smoking cessation services in Wales.*
- *How can digital solutions provide additional support and reach more smokers*
- *Conclusions and recommendations*

Ian Bond, Chief Executive, Bond Digital Health Ian is a former lifelong smoker. After being diagnosed with COPD over a decade ago he was determined to manage his condition and began keeping a comprehensive diary of wellness points to track his health and medication. In 2016 he established Bond Digital Health to transform his idea into a system that would benefit patients, practitioners and life science organisations.

- *Ian's experience as an ex smoker and a COPD sufferer, and how this inspired him to develop digital healthcare solutions*
- *How Bond Digital Health uses innovation and technology to create digital self management tools to improve lung disease and other health conditions*
- *How this technology could be used to help smokers to quit*

Dr Ashish Mandavia, UK Commercial Director, Quit Genius Quit Genius is the world's first technology enabled digital clinic for multiple addictions. Ashish works alongside commissioners, public health teams and local authorities to increase their reach to smokers.

- *The evidence base for Quit Genius digital smoking cessation service*
- *Case study of a recent project with NHS Stop Smoking Service in the London Borough of Greenwich*
- *How can digital technology extend the accessibility of smoking cessation services to more smokers*
- *What lessons have been learned and how has its success been measured*

Meeting notes

Item 1: The Chair welcomed everyone to the meeting. He introduced each of today's speakers as well as the content of the meeting by giving some background to the issue of smoking in Wales.

- 476,00 smokers in Wales.
- Serious toll on health including more than 5,000 deaths a year which costs the NHS over £300 million. That toll is unevenly distributed with most deprived at 26% compared to 11% in least deprived – a huge impact on health inequalities and healthy life expectancy in different sections of our communities.
- Just under half try to quit every year – less than 3.5% access NHS services, most trying to do it alone.
- In 2019/20 just over 15,000 accessed NHS stop smoking services and 6,500 were validated at 4 weeks as having quit. This is 1.4% of the smoking population so there is still a lot of work to do.
- The COVID 19 pandemic has given us an opportunity. Service delivery models have been transformed whilst face to face wasn't possible. More use of technology – Wales has led the world becoming one of the first countries to implement online guidelines for clinical staff for the treatment of Covid 19 patients. Covid Recovery app created by National Institute of Clinical Science and Technology in Cardiff – a recognised model of data capture at population level. There is a real opportunity to harness these advances and use them for smoking cessation services, all of which aligns with Welsh Government strategy for Healthier Wales Plan.

Item 2: Election of Chair and Secretariat

John Griffiths was nominated and seconded as Chair of the Cross Party Group on Smoking and Health; ASH Wales were nominated and seconded as the Secretariat.

Item 3: Suzanne Cass added that the purpose of today is to identify what we need to drive forward our digital development of smoking cessation services and to agree the key recommendations in order to make progress.

Item 4: Professor Keir Lewis

- The good news is that smoking prevalence is falling over time and less than 20% of adults are actively smoking. However, there is a significant difference between top levels – 35/40% in some parts of Wales compared to 11%; it's a striking problem
- Around 3,000 people treated by smoking cessation services; Helpmequit is cost effective and it works. With specialist help, 1 in 3 smokers will quit but only 2.4% are using these services and the numbers are dropping; need to ask ourselves why? We've made the service very medical. There are so many options available to a smoker but none of these databases are joined up.
- Need to think more about illness prevention and promoting wellness – all of this aligns with existing government policies – Future Generations Act, Healthier Wales Plan and Prudent Healthcare.
- We want to propose a digital service that can pull them all together and help smokers on their journey in a way that suits them
- We have some really good evidence Respiratory Innovation Wales & ASH Wales completed a study of 1,000 people made of smokers, ex smokers, people living with a smoker and non smokers and we asked them what kind of things they want
- There was an overwhelming response and consistency to what people wanted and they are things that are not currently embedded in our services.

- Focus groups were held with smokers, pharmacists and specialists from primary and community care and the third sector – again consistent across the groups - data sharing across services and a person’s smoking cessation medical history which is not there at the moment.
- The detailed report will be out shortly and we are proposing that this CPG take the lead and call for a number of recommendations.
- People should be able to book directly – we need one large place to record everyone and use nudge technology so there’s freedom of choice and movement; we need to learn from Covid – digital access and confidence; digital by default rather than digital by choice.
- Wales has a really effective smoking cessation system but we have to pull more people in.
- This new large scale survey and focus groups gives us an opportunity to be ambitious. There is new learning and enthusiasm from what has happened in the last year.
- It requires a top down approach that includes cross party political backing.
- A task and finish group that is multi disciplinary and has political backing, including digital expertise from healthcare digital Wales, with specific timelines and funding.

Item 5 Ian Bond, Bond Digital Health

Ian shared his personal experience as a former smoker.

- Ian was born into a smoking world – midwife smoked, parents smoked; smoking was normal – tobacco advertising was everywhere and this reinforced the normal, the style and the glamour; it was deliberate and calculating. Ian presented a number of cigarette adverts from past history that included doctors, sports people and pregnant women all of which reinforced the glamour and intrigue of smoking.
- He explained that smoking was comfort. He tried to quit countless times and failure to give up was soul destroying. It was an habitual behaviour; a pause and punctuation in the day; he felt stress when cigarettes were running out; comfort was a full pack.
- He explained the world of difference between trying to quit and stopping. Once he decided to stop he became a non smoker; he had significant withdrawal problems and the habit stayed with him for many years.
- At age 60 he developed COPD.
- As a way of learning and managing his condition he kept notes on his symptoms. He used this to develop a genuine relationship with doctors and specialists; what medication was working, how it impacted his other conditions – he was able to confront and manage his COPD.
- Along with a colleague, Dave Taylor, they digitised this concept and created COPD pal and other digital solutions including the connectivity tools for lateral flow diagnostics.
- Ian says he has no doubt that a digital platform is what smokers want – need to use social media and the same powerful tools and persuasion techniques that tobacco has used – healthy people from different social groups; healthy living and not smoking is the norm, emphasise the pleasure of not smoking.

Questions & Comments

- Suzanne Cass (ASH Wales): We are seeing digital advances in many areas, but smoking is in danger of being left behind; how can we ensure that Welsh Government take this evidence seriously and what steps can be taken to move this forward?
- John Griffiths: Suggest we invite the Health Minister to the next meeting to hear first-hand what Welsh Government plans are and share our recommendations from today. There has

been a lot of recent success with the new Public Health Wales Act but we know there is more to be done.

- Mathew Norman (AUK & BLF) to Ian Bond. What's your impression on how we can talk to smokers; how can we bring them on the journey to quitting?
- Ian Bond: Smoking is a long-engrained habit – need to convince people there's a better way of living – addiction is biological and mental – it took him 10 years to beat it; swap the pleasure of smoking by not smoking.
- Professor Keir Lewis – He stressed the importance of political support in order to secure change – bottom up does not work; the answer needs to be based around the smoker; we need to look outside the traditional health model; technology is already there
- Nicholas Webb (Royal College of GPs) – commented that there needs to be a broader conversation about the whole health of a person; how can GPs have longer conversations with their patients given the time restrictions; patients living in areas with multiple conditions need to consider the health inequality perspective; how can we reach the people who are most at risk?; need to explore the wider health inequalities agenda and consider how this fits in.

Item 7 Dr Ashish Madavia, Commercial Director, Quit Genius

- Dr Mandavia explained the background to the Quit Genius service. Currently in England, US, South Africa and New Zealand. Using the thinking of gamification towards addiction behaviour; identified a lack of personalised support; simple to use
- Very much aware that it supports the service that is already in place, not looking to reinvent the wheel but evolve it
- The service is a way to help more people to stop smoking – digital and cost effective and scalable using PHE and gold Russell Standards evidence based support to changing addiction behaviour
- Psychological therapy through personalised CBT programme
- Biological therapy through a door-to-door delivery of NRT
- Social support delivered by a level 2 trained NCSCT trained smoking cessation adviser
- 4 key components of the service – 1-1 access to a human stop smoking adviser – same adviser throughout their quitting journey – speak to their adviser as many times as they want using the app telephone or video appointment support on their journey – mobile app personalised to their smoking triggers – send out nudges and notifications – support them /remind them at that time – use that online data to adapt what the app looks like to them –stress management cravings, advisers will see that and will educate them – anxious or stress – additional support for smoking during pregnancy, weight loss, symptoms of withdrawal, alcohol use etc.
- Remote co breath sensor - motivating factor – CO monitoring has been affected during the pandemic – no need to head into a clinic – NRT – patches and gum delivered straight to their door
- Gathering data since 2015 – 8 peer review papers – largest clinical trial which has outperformed face to face advice – 4 week quit rates – 52% v 32% - evidence behind the programme test in communities; loss to follow up rate 7%

Questions and comments

Deb Sugrue (Smoking Cessation Specialist) How is the volume of contacts to the app managed?

Dr Mandavia: If the number of clients increase they are able to bring on more stop smoking advisers; Dr Mandavia also said there is no additional cost for co test

Item 8 – Final comments and actions

John Griffiths agreed to take today's recommendations to Welsh Government and invite Eluned Morgan to the next Cross Party Group meeting.

Professor Lewis said some of these ideas have been presented to the Board before and that change is not being produced rapidly enough.

Suzanne Cass agreed to collate the discussions from today's meeting and circulate the recommendations to everyone for agreement. She stressed the importance of broadening the discussion beyond the NHS. The new Tobacco Control Plan is imminent and we need to ensure that digitalisation is front and centre and moving things forward. She also asked anyone who is interested in being part of a Task and Finish group to get in touch with details of their speciality and what perspective they can bring to it, including the patient's perspective.

John Griffiths thanked the presenters and everyone present for their contributions. He then closed the meeting.

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