

## Impact of COVID-19 on Smoking Cessation Services

### Background

Wales's NHS smoking cessation services have been severely affected by the COVID-19 pandemic with the number of smokers accessing services falling to their lowest level in four years.

The latest smoking cessation statistics for Wales show a thousand less smokers accessed the services in a 6mth period last year – with 7,410 smokers seeking help compared to 8,366 the previous year<sup>1</sup>.

Pharmacy support was the most severely impacted with 1,700 less smokers accessing support up to September 2020 (3,014 compared to 4,749 in the same period the previous year).

The pandemic meant NHS providers of stop smoking support have been unable to offer face-to-face cessation support. Community-based services did pick up some of the demand with an increase of 500 service users, however, overall there was still a significant decline.

According to a joint report by CRUK and ASH<sup>2</sup>, in England the network of local authority community-based services adapted rapidly and, in many cases, picked up the demand that could not be met through primary care.

Last year a total of 15,607 smokers accessed NHS stop smoking services in Wales, representing 3.34% of the smoking population. Research has shown that smokers that access NHS services are 300% more likely to succeed than quitting alone.

### Why is this a problem?

Smoking prevalence in Wales currently stands at 18% of the adult population – an estimated 466,827 smokers<sup>3</sup>. Rates are highest in the most deprived parts of the country, at 26% compared to 11% among the least deprived communities.

These vulnerable communities have been hardest hit by the Covid-19 pandemic with infection rates far outstripping those in other parts of the country. The areas with the

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<sup>1</sup> <https://gov.wales/nhs-smoking-cessation-services-july-september-2020>

<sup>2</sup> [ASH-CRUK-Stepping-Up-FINAL.pdf](#)

<sup>3</sup> <https://gov.wales/adult-lifestyle-national-survey-wales-april-2019-march-2020>

highest death rates from the pandemic include Rhondda Cynon Taf, Neath Port Talbot and Blaenau Gwent which are among the most deprived areas of the country <sup>4</sup>.

By failing to target and treat smokers, the country risks impounding existing inequalities into these communities for generations.

Smoking is the biggest cause of avoidable early death in adults aged 35 and over in Wales and places an enormous burden on the NHS in Wales, costing it an estimated £302 million a year.

## Solutions

**Digital Innovation:** Smoking cessation services need to be modelled around the smoker. Help Me Quit has adapted to provide additional telephone-based support to smokers and in one health board, Swansea Bay UHB, virtual smoking cessation group sessions have been trialled. Digital smoking cessation solutions need to be part of the COVID-19 recovery plans.

The technology to provide smoking cessation support digitally is readily available and investment is needed to support a national programme of live online support and an online booking system which can be accessed by all service providers, including pharmacy.

**Hospital-based support:** The Ottawa Model for smoking cessation is a secondary care treatment programme for tobacco addiction. Under the opt-out scheme all smokers admitted to secondary care are identified and immediately offered NRT and other medication for duration of admission and after discharge.

A report published by Public Health Wales estimated that if the Ottawa Model for Smoking Cessation was applied to secondary care hospital settings in Wales, it would result in:

- **£14,118,975 saving for the NHS in Wales**
- **Save the lives of 4,463 smokers in one year of implementation**
- **Prevent 8,775 readmissions at one year.**

**Pharmacy provision:** Pharmacy services play a leading role in Wales' smoking cessation services offering and, as soon as it is safe, reinstating this provision should be a priority. Changes to the accreditation system have increased the capacity to train more pharmacy staff to deliver cessation advice. We need to ensure as many pharmacies as possible undergo training and are able to support smokers in their area.

There needs to be a parity of care for smokers, with commissioned services and the ability to dispense the most effective medication consistently across all health boards.

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<sup>4</sup> <https://www.bbc.co.uk/news/uk-wales-55347203>

## An Expert's View

Simon Barry is National Respiratory Lead doctor for Wales and Respiratory Consultant at the University Hospital of Wales:

"Smoking services in Wales currently help only a tiny minority of smokers. In the last year 3.34% (15,607 out of an estimated 466,827) of smokers accessed this support. Despite these figures, smoking prevalence is falling in Wales, indicating that smokers are largely quitting on their own.

Welsh Government targets of smoking prevalence of 16% by 2020 and of 5% of smokers being enrolled in cessation services have not been met. It is clear that existing services need to be radically altered to support the vast majority of smokers, not a tiny minority as is currently the case.

We propose that digital innovations focussing on the principles of co-production are the key. Smokers need information, support, and to be able to choose the service that most fits their requirement. Such a service is entirely feasible and will centre around a patient facing app, aligned with education for providers and links to enable referral into a variety of services.

Such solutions have already been built in Wales to help those with asthma, COPD and COVID. Its high time for Wales to lead the way in smoking cessation, and that will only be achieved through innovation."

## A Case Study

### **Hywel Dda University Health Board:**

Hywel Dda University Health Board has bucked the trend in Wales by seeing a sharp increase in the number of smokers being treated by its smoking cessation service. In Q2 of 2019/2020 the service treated 205 smokers, compared to Q2 of 2020/21 when it treated 351. There was a similar increase in Q1 of 2019/2020 when it treated 195 smokers compared to in 2020/21 when it treated 301.

Cath Einon, Service Development Manager for the Hywel Dda, Smoking and Wellbeing Team how the service has been successful in engaging smokers by providing telephone-based support during the Covid-19 pandemic and why there is increased demand for support:

"There has been a big increase in self referrals to the [Smoking & Wellbeing Team in Hywel Dda](#). There are several reasons why more people are quitting during the pandemic. For a start people are far more concerned with their safety and well-being and the risk of developing respiratory conditions. It is more difficult for people to get out and about and to buy cigarettes. They don't want to mix with people by going into a shop and people's finances are also under pressure.

A lot of people are at home with their children and they don't want to smoke around them. There is also the social aspect – people can't go to pubs anymore and don't mix with work colleagues so there isn't the peer pressure to smoke. Smokers are also not wanting to burden their GP by becoming unwell with a smoking related condition, so they are keener to take action.

In some ways the pandemic has provided an opportunity to treat harder to reach smokers. We are seeing many patients who are being treated for mental illnesses. Previously they may not have engaged with the service if they knew they had to attend an appointment at a particular time. With phone support, if they miss a call it's ok because we can call back. Some prefer not to speak to anybody at all, so we can provide support by text or email instead.

As a service we have always ensured that the phone support we provide is not the bog standard, prescriptive type. We offer far more tailored support that aims to fit around the needs of each individual smoker. As a result smokers are far more willing to share information with us about their lives and the triggers that encourage them to smoke. Our staff have dealt with some pretty traumatic calls and discussed issues with people that would not have been picked up on before. They have become close to the smokers and established a relationship of trust.

We don't restrict the number of calls smokers can have. Some need to speak to us twice a week and for others it's three or four times a month. We can always add on sessions if they need them.

Our aim is to primarily get them to engage with the service and to start using NRT. We don't focus solely on setting a quit date. In the first appointments we want to build trust and give them confidence in their ability to make a change, with our support and the right medication they can start to see the benefits and see the possibility of a smoke free future.