Primary Care Needs Assessment tool: indicator review

Google Chrome is advised to ensure this page displays/ functions as intended.

ⓘ You are now reviewing the PCNA indicator(s) for: **Prevalence of smoking**

ⓘ **Caution**: The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

Strategic context

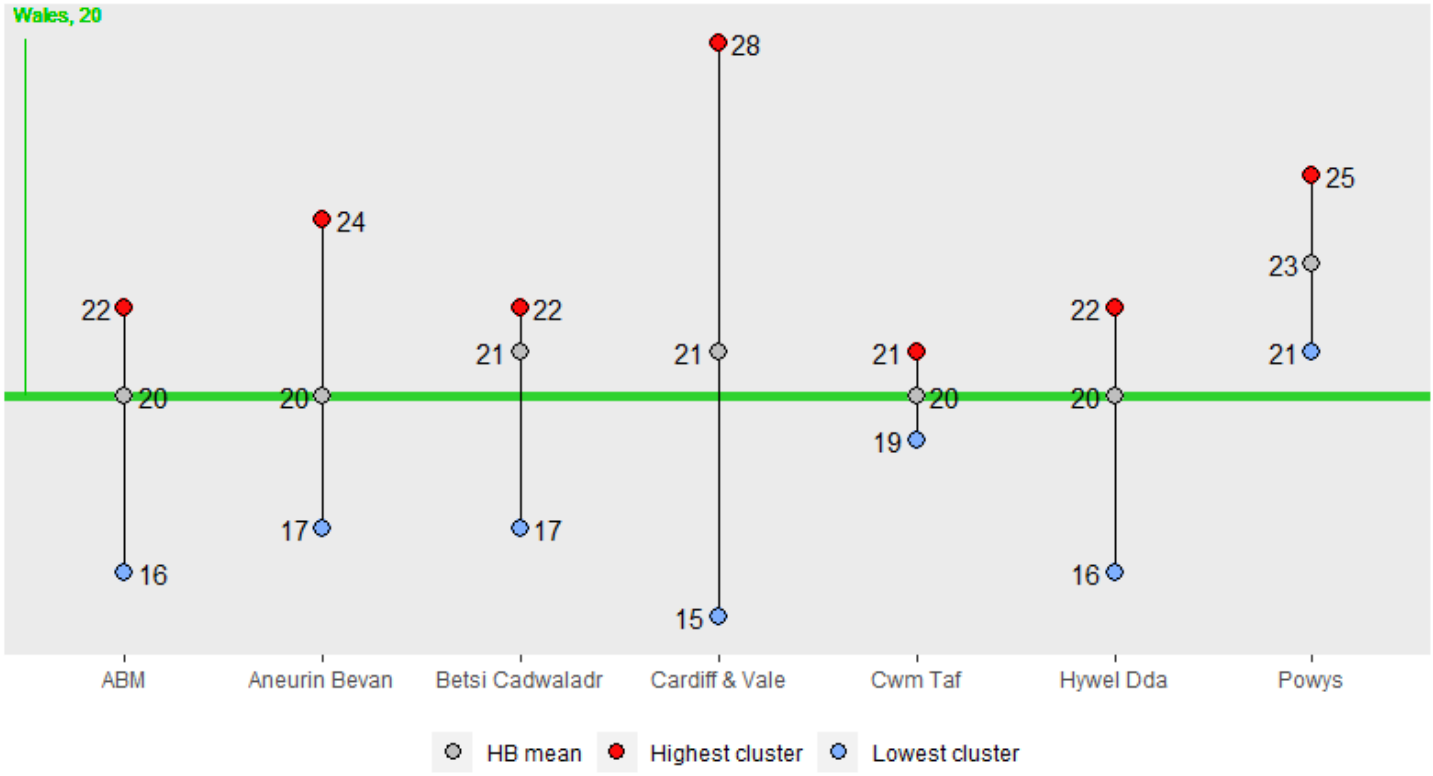
ⓘ Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- Smoking is the top-ranked behavioural risk factor contributing to avoidable disability-adjusted life years (DALYs).
- Smoking is accountable for over 40% of attributable DALYs due to cancer (neoplasms) and two thirds of the attributable risk for DALYs due to chronic respiratory disease (*Health and its determinants in Wales*; PHW 2018; link).
- Smoking accounts for around a third of the total inequality in mortality between the most and least deprived areas in Wales (PHW 2012; link).
- *A healthier Wales: our plan for health and social care 2018* (WG 2018; link) highlights the need for a shift towards greater prevention and early intervention.
- Reduction in the prevalence of smoking to reduce the burden of avoidable disease is identified as a joint priority for Directors of Public Health across Wales.
- The *Tobacco control delivery plan for Wales 2017–2020* (WG 2017; link) outlines four action areas: promoting leadership in tobacco control; reducing the uptake of smoking, reducing smoking prevalence; and reducing exposure to second-hand smoke.
- The *Public health (Wales) Act 2017* (WG 2017; link) intends to de-normalise smoking and limit smoking in public places; since nicotine is highly addictive, many smokers require support to quit.
- Demand in primary care is up to 34% higher in smokers. This means, for the average practice every year, up to 142 extra GP appointments and up to 570 extra nurse or nurse practitioner appointments.
- Indicators for this topic are reported via Primary Care Measures and the NHS Wales Delivery Framework.

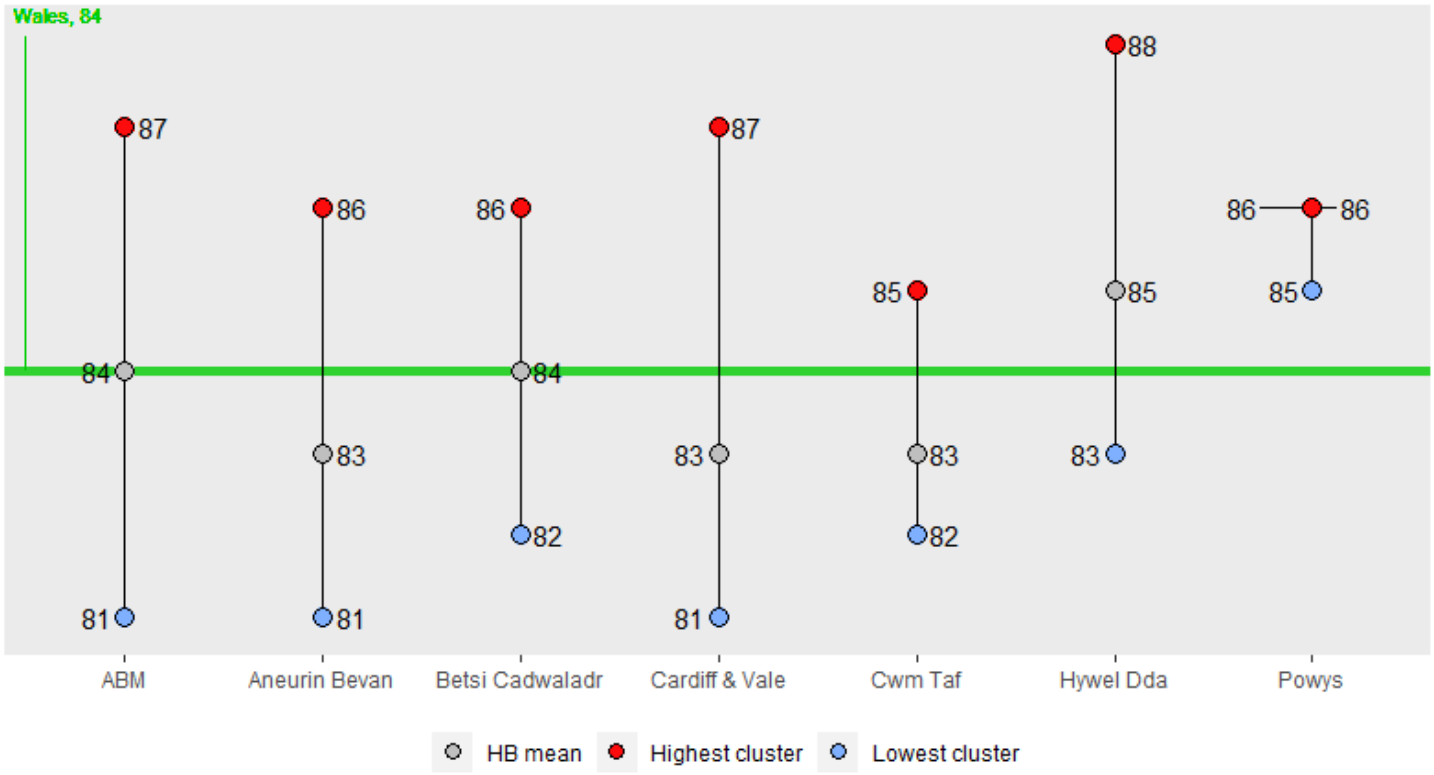
▼ PCM national variation

ⓘ Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see here. Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in proportion of people recorded as smokers in GP clinical records, whose most recent smoking status change is to non-smoker or ex-smoker within the last 5 years, by cluster within each health board, Q3 2017/18 (*Source*: PCIP, Nov 2019):



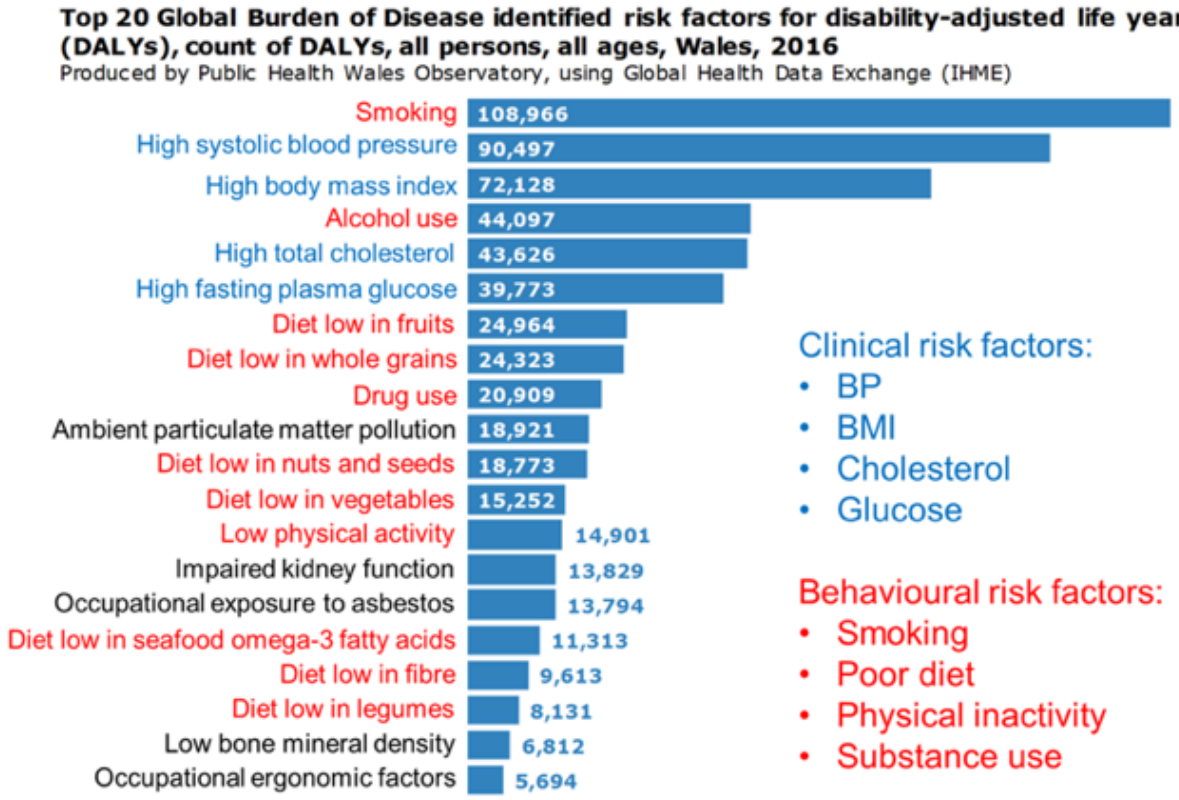
Variation in proportion of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months, by cluster within each health board, 2015/16 (*Source*: PCIP, Nov 2019):



▼ ⓘ Tell me about: DALYs

What are DALYs?

- Disability-adjusted life years (DALYs) are a combined measure of early deaths (i.e. premature mortality) and disability-weighted impact on quality of live from living with poor health.
- Because DALYs capture both what kills us and what makes us ill, they describe the overall 'burden of disease' (reported by risk or condition) more effectively than mortality or disability prevalence does alone.
- The relative contribution of known risk factors for DALYs is illustrated in the figure below (*Health and its determinants in Wales*, PHW 2018).



Behavioural risk factors for DALYs:

- Behavioural risk factors for DALYs relate to both individual behaviours and the choice environment (i.e. the people and things around a person that influence their health choices).
- Four behaviours—smoking, substance misuse (alcohol and drugs), inactivity and unhealthy diet contribute considerably to identified risk factors for DALYs in Wales.
- Behavioural risk factors are generally reduced via mix of population and targeted approaches, with the aim of preventing or reversing health-harming behaviours that contribute to DALYs.

Clinical risk factors for DALYs:

- Four clinical risk factors are among the top five ranked risks for DALYs, these being: high systolic blood pressure (i.e. hypertension); high body index (i.e. overweight and obesity); high total cholesterol; high fasting plasma glucose (a prelude to diagnosis of diabetes).
- Clinical risk factors may be secondary (in part) to behavioural risk factors.
- Clinical risk factors are generally reduced via targeted approaches.

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the

worst consequences of established disease e.g. vascular surgery).

- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Make every contact count by opportunistically asking about smoking status**

- Making Every Contact Count (MECC) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.
- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1), see here [ESR or other login/ registration required]. For MECC training contacts by health board, see here [intranet].
- Brief intervention by practice staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance (PH49); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to consider smoking cessation/ engage with Help Me Quit (link).
- A simple strategy is Ask: establish and record status (non-smoker, ex-smoker, smoker); Advise:

"The best way to quit is with NHS stop smoking support"; Act: motivate and refer to Help Me Quit.

- *Making a difference* (PHW 2016; link) cites evidence from the WHO that offering counselling to smokers is quite cost-effective (relative to very cost-effective population-level strategies).
- Record or update smoking status on the clinical system (this is a Primary Care Measure).

▼ Make every contact count by asking about other risk behaviours

- When asking about smoking, consider also asking about unhealthy diet (BRF-002), physical inactivity (BRF-003) and alcohol misuse (BRF-004).
- Evidence indicates the clustering (co-occurrence) of risk behaviours, whereas services in the UK tend to focus on changing behaviour to address a single risk factor (*J Public Health* (Oxf). 2018 Sep 6).
- Clustering of behavioural risk factors is more frequent in areas of higher deprivation (compared to the general population) indicating the need for proportionately greater attention to multiple risk factors among people living in areas of deprivation (*Health Place*. 2017 May;45:189–198).

▼ Improve referral rates to the Help Me Quit service

- Asking about smoking status may trigger a quit attempt but referring increases the likelihood of success; smokers are four times more likely to successfully quit smoking with NHS stop smoking support, than they are going it alone.
- Help Me Quit (link) a single brand for NHS stop smoking services in Wales. It is built around a website and contact centre team, providing access all NHS stop smoking services (including community pharmacy, Stop Smoking Wales and hospital-based services). The service aims to make it easier for smokers to choose the best NHS stop smoking support for them in their local area and is advocated as the best choice a smoker can make to quit smoking.
- The *Tobacco control delivery plan for Wales 2017–2020* (WG 2017; link) includes an action to increase referral rates to smoking cessation services from GP practices aspiring to 10% of patients who smoke being motivated to quit and referred per annum).
- Professional referrals can be made via Quit Manager or an online referral form (link).
- Record any support and treatment offer on the clinical system (this is a Primary Care Measure).

▼ Raise staff awareness of the Help Me Quit service

- NHS stop smoking services offer smokers the greatest chances of success by providing structured, tailored and expert support; carbon monoxide monitoring for motivation; and access to free licensed stop smoking medication.
- Promote familiarisation with Help Me Quit (link) and with professional referral via Quit Manager and/ or the online referral form (link).

- Free e-learning in smoking cessation is available from the National Centre for Smoking Cessation Training (link).

- In addition to e-learning about MECC (see above), bespoke training on smoking brief intervention (including referral to Help Me Quit) is available from Public Health Wales (enquire).

- Information for health professionals can be accessed via the Help Me Quit workforce development website and completing the registration (link).

▼ Raise awareness of the Help Me Quit service among patients visiting GP practices

- Promote self-referral by telephone (0800 085 2219), text (HMQ to 80818 at one standard rate message) or by filling in an online form to request a call back (link).

- Help Me Quit promotional materials (graphics, poster and video) are available for download here.

▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Behaviour change: individual approaches*. Public health guideline [PH49] (Published date: January 2014) includes recommendations suitable for healthcare professionals. This guideline covers changing health-damaging behaviours among people aged 16 and over using interventions such as goals and planning, feedback and monitoring, and social support. It aims to help tackle a range of behaviours including alcohol misuse, poor eating patterns, lack of physical activity, unsafe sexual behaviour and smoking.

- *Smoking: stopping in pregnancy and after childbirth*. Public health guideline [PH26] (Published date: June 2010) includes recommendations suitable for healthcare professionals. This guideline covers support to help women stop smoking during pregnancy and in the first year after childbirth. It includes identifying women who need help to quit, referring them to stop smoking services and providing intensive and ongoing support to help them stop. The guideline also advises how to tailor services for women from disadvantaged groups in which smoking rates are high.

- *Stop smoking interventions and services*. NICE guideline [NG92] (Published date: March 2018) includes recommendations suitable for healthcare professionals. This guideline covers stop smoking interventions and services delivered in primary care and community settings for everyone over the age of 12. It aims to ensure that everyone who smokes is advised and encouraged to stop and given the support they need. It emphasises the importance of targeting vulnerable groups who find smoking cessation hard or who smoke a lot.

- *Smokeless tobacco: South Asian communities*. Public health guideline [PH39] (Published date: September 2012) includes recommendations suitable for healthcare professionals. This guideline covers people living in England with ancestral links to Bangladesh, India, Nepal, Pakistan or Sri Lanka who use traditional South Asian varieties of smokeless tobacco. The aim is to help them stop using tobacco that is placed in the mouth or nose (but not burned). It does not include oral snuff products that are sucked.

- *Smoking: reducing and preventing tobacco use*. Quality standard [QS82] (Published date: March 2015) sets out nine quality statements, any of which could form a focus for collective local improvement action. This quality standard covers reducing and preventing tobacco use in adults, young people and children. It includes interventions to discourage people from taking up smoking, tobacco control strategies and smokefree policies. It is particularly relevant to local authorities,

schools and colleges, employers and NHS service providers. It describes high-quality care in priority areas for improvement.

- *Smoking: supporting people to stop*. Quality standard [QS43] (Published date: August 2013) sets out five quality statements, any of which could form a focus for collective local improvement action. This quality standard covers support for people to stop smoking. It includes referral to stop smoking services and treatments to help people to stop smoking. It describes high-quality care in priority areas for improvement.

Improvement actions for wider cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ Make every contact count by opportunistically asking about smoking status

- Making Every Contact Count (MECC) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.
- Consider encouraging staff in the wider cluster to acquire MECC skills. For MECC e-learning (to level 1), see here [ESR or other login/ registration required]. For MECC training contacts by health board, see here [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance (PH49), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being; this could support an informed choice to consider smoking cessation/ engage with Help Me Quit (link).
- A simple strategy is Ask: establish and record status (non-smoker, ex-smoker, smoker); Advise: "The best way to quit is with NHS stop smoking support"; Act: motivate and refer to Help Me Quit.
- *Making a difference* (PHW 2016; link) cites evidence from the WHO that offering counselling to smokers is quite cost-effective (relative to very cost-effective population-level strategies).

▼ Make every contact count by asking about other risk behaviours

- When asking about smoking, consider also asking about unhealthy diet (BRF-002), physical inactivity (BRF-003) and alcohol misuse (BRF-004).
- Evidence indicates the clustering (co-occurrence) of risk behaviours, whereas services in the UK tend to focus on changing behaviour to address a single risk factor (*J Public Health* (Oxf). 2018 Sep 6).

- Clustering of behavioural risk factors is more frequent in areas of higher deprivation (compared to the general population) indicating the need for proportionately greater attention to multiple risk factors among people living in areas of deprivation (*Health Place*. 2017 May;45:189–198).

▼ Improve referral rates to the Help Me Quit service

- Asking about smoking status may trigger a quit attempt but referring increases the likelihood of success; smokers are four times more likely to successfully quit smoking with NHS stop smoking support, than they are going it alone.
- Help Me Quit (link) a single brand for NHS stop smoking services in Wales. It is built around a website and contact centre team, providing access all NHS stop smoking services (including community pharmacy, Stop Smoking Wales and hospital-based services). The service aims to make it easier for smokers to choose the best NHS stop smoking support for them in their local area and is advocated as the best choice a smoker can make to quit smoking.
- Professional referrals can be made via Quit Manager or an online referral form (link).

▼ Raise staff awareness of the Help Me Quit service

- NHS stop smoking services offer smokers the greatest chances of success by providing structured, tailored and expert support; carbon monoxide monitoring for motivation; and access to free licensed stop smoking medication.
- Promote familiarisation with Help Me Quit (link) and with professional referral via Quit Manager and/ or the online referral form (link).
- Free e-learning in smoking cessation is available from the National Centre for Smoking Cessation Training (link).
- In addition to e-learning about MECC (see above), bespoke training on smoking brief intervention (including referral to Help Me Quit) is available from Public Health Wales (enquire).
- Information for health professionals can be accessed via the Help Me Quit workforce development website and completing the registration (link).

▼ Raise citizen awareness of the Help Me Quit service

- Promote self-referral by telephone (0800 085 2219), text (HMQ to 80818 at one standard rate message) or by filling in an online form to request a call back (link).
- Help Me Quit promotional materials (graphics, poster and video) are available for download here.

▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Behaviour change: general approaches*. Public health guideline [PH6] (Published date: October

2007) includes recommendations suitable for a broad audience. This guideline covers a set of principles that can be used to help people change their behaviour. The aim is for practitioners to use these principles to encourage people to adopt a healthier lifestyle by, for example, stopping smoking, adopting a healthy diet and being more physically active.

- *Behaviour change: individual approaches*. Public health guideline [PH49] (Published date: January 2014) includes recommendations suitable for a broad audience. This guideline covers changing health-damaging behaviours among people aged 16 and over using interventions such as goals and planning, feedback and monitoring, and social support. It aims to help tackle a range of behaviours including alcohol misuse, poor eating patterns, lack of physical activity, unsafe sexual behaviour and smoking.

- *Community pharmacies: promoting health and wellbeing*. NICE guideline [NG102] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve peopleâ€™s physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.

- *Smoking: preventing uptake in children and young people*. Public health guideline [PH14] (Published date: July 2008; Last updated: November 2014) includes recommendations suitable for a broad audience. This guideline covers anti-smoking mass-media campaigns, for example, on TV, in newspapers and online. It also covers measures to prevent tobacco being sold to children and young people. The aim is to help prevent children and young people from taking up smoking.

- *Smoking prevention in schools*. Public health guideline [PH23] (Published date: February 2010) includes recommendations suitable for a broad audience. This guideline covers anti-smoking mass-media campaigns, for example, on TV, in newspapers and online. It also covers measures to prevent tobacco being sold to children and young people. The aim is to help prevent children and young people from taking up smoking.

- *Smoking: acute, maternity and mental health services*. Public health guideline [PH48] Published date: November 2013) includes recommendations suitable for a broad audience. This guideline covers helping people to stop smoking in acute, maternity and mental health services. It promotes smokefree policies and services and recommends effective ways to help people stop smoking or to abstain from smoking while using or working in secondary care settings.

- *Smoking: stopping in pregnancy and after childbirth*. Public health guideline [PH26] (Published date: June 2010) includes recommendations suitable for a broad audience. This guideline covers support to help women stop smoking during pregnancy and in the first year after childbirth. It includes identifying women who need help to quit, referring them to stop smoking services and providing intensive and ongoing support to help them stop. The guideline also advises how to tailor services for women from disadvantaged groups in which smoking rates are high.

- *Stop smoking interventions and services*. NICE guideline [NG92] (Published date: March 2018) includes recommendations suitable for a broad audience. This guideline covers stop smoking interventions and services delivered in primary care and community settings for everyone over the age of 12. It aims to ensure that everyone who smokes is advised and encouraged to stop and given the support they need. It emphasises the importance of targeting vulnerable groups who find smoking cessation hard or who smoke a lot.

- *Smokeless tobacco: South Asian communities*. Public health guideline [PH39] (Published date: September 2012) includes recommendations suitable for a broad audience. This guideline covers people living in England with ancestral links to Bangladesh, India, Nepal, Pakistan or Sri Lanka

who use traditional South Asian varieties of smokeless tobacco. The aim is to help them stop using tobacco that is placed in the mouth or nose (but not burned). It does not include oral snuff products that are sucked.

- *Smoking: harm reduction*. Public health guideline [PH45] (Published date: June 2013; Last updated: July 2013) includes recommendations suitable for a broad audience. This guideline covers reducing harm from smoking. It aims to help people, particularly those who are highly dependent on nicotine, who: may not be able (or do not want) to stop smoking in one step; may want to stop smoking, without necessarily giving up nicotine; may not be ready to stop smoking, but want to reduce the amount they smoke.

- *Smoking: reducing and preventing tobacco use*. Quality standard [QS82] (Published date: March 2015) sets out nine quality statements, any of which could form a focus for collective local improvement action. This quality standard covers reducing and preventing tobacco use in adults, young people and children. It includes interventions to discourage people from taking up smoking, tobacco control strategies and smokefree policies. It is particularly relevant to local authorities, schools and colleges, employers and NHS service providers. It describes high-quality care in priority areas for improvement.

- *Smoking: supporting people to stop*. Quality standard [QS43] (Published date: August 2013) sets out five quality statements, any of which could form a focus for collective local improvement action. This quality standard covers support for people to stop smoking. It includes referral to stop smoking services and treatments to help people to stop smoking. It describes high-quality care in priority areas for improvement.

What is happening in Wales?

ⓘ Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Smoking cessation

- *What problem was being addressed?* Need to increase smoking cessation rates.

- *What was done to address it?* In early 2019, the cluster, in collaboration with Public Health Wales, took part in a smoking cessation project. Nearly 3000 letters containing a voucher were sent to patients who can then request support from selected pharmacies on Anglesey.

- *Who did it or who can be contacted in the event of queries?* Anglesey cluster (Dr Dyfrig ap Dafydd; Ellen V Williams; Helen Williams).

- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ Mapping and utilising smoking cessation services

- *What problem was being addressed?* Need to increase smoking cessation rates.

- *What was done to address it?* Over the past year, Central & South Denbighshire Cluster has worked with local community pharmacies to improve access to smoking cessation services. A rota has been developed of pharmacists who are trained in the delivery of the smoking cessation service to ensure patients can be supported in their local communities rather than having to travel out of the cluster area. This is a great example of collaborative working.
- *Who did it or who can be contacted in the event of queries?* Central and South Denbighshire cluster (Dr Matt Davies; Jodie Berrington; Matt Hughes).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ **Smoking cessation**

- *What problem was being addressed?* Need to increase smoking cessation rates.
- *What was done to address it?* In early 2019, the cluster, in collaboration with Public Health Wales, took part in a smoking cessation project. Nearly 3000 letters containing a voucher was sent to patients who can then request support from selected pharmacies in Meirionnydd. A full report will be available in September but early indications suggest that many patients have taken up the offer of support.
- *Who did it or who can be contacted in the event of queries?* Meirionnydd cluster (Dr Jonathan Butcher; Ellen V Williams; Christine Carroll).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ **Smoking cessation**

- *What problem was being addressed?* Need to increase smoking cessation rates.
- *What was done to address it?* We are working with ASH Wales to help GPs and practice staff increase the number of would-be quitters getting the right support and nicotine replacement for them. Smokers who are supported by specialist services, such as their GP or local pharmacy, are four times more likely to stay quit than those who go it alone. ASH Wales have provided GP surgeries with 'smoke' breath monitors; hand-held devices which take just a matter of seconds to show a patient the current level of carbon monoxide—poisonous smoke—in their body; acting as a powerful motivator to think about acting to conquer their habit.
- *Who did it or who can be contacted in the event of queries?* Bay Health cluster (Kirstie Truman).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ **Placeholder project description**

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.

- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

ⓘ Have something to share? Please let us know here.

ⓘ **Caution**: Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

What do you know about community views on this?

ⓘ Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

Type here

What assets or partnership opportunities can you identify?

ⓘ Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

Type here

Do you need more data before making a decision?

ⓘ If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

Type here

What is your provisional decision?

ⓘ Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team (LPHT). Summarise your proposals for action into the following box:

Type here

ⓘ Now PRINT this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.