

Putting NICE guidance into practice

Resource impact report: Stop smoking interventions and services (NG92)

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Summary

This report looks at the resource impact of implementing NICE's guideline on [stop smoking interventions and services](#) in England.

This guideline updates and replaces NICE's guidelines PH1 (published March 2006) and PH10 (published February 2008, updated 2013). The changes, as a result of combining and updating these guidelines are not expected to have a significant impact on resources.

However, expert opinion suggests that the previous guidelines have not been fully implemented across England, and in areas where there is not full coverage of smoking cessation services, additional resources may be needed to implement this guideline.

Implementing the guideline may result in the following additional costs:

- staffing costs for stop smoking services
- prescribing costs for pharmacological treatments

Implementing NICE's guideline may result in the following benefits and savings:

- reduction in the number of people who smoke
- reduction in the number of people with lung disease and cancer caused by smoking
- reduction in the number of people with heart diseases caused by smoking.

This report is supported by a [local resource impact template](#). Organisations can input estimates into the resource impact template to reflect local practice and estimate the impact of implementing the guideline.

Stop smoking interventions and services are commissioned by clinical commissioning groups, NHS England and local authorities. Providers are primary care, stop smoking services, community providers and NHS hospital trusts.

1 Introduction

- 1.1 The guideline offers best practice advice on stop smoking interventions and services.
- 1.2 This guideline updates and replaces NICE's guidelines PH1 (published March 2006) and PH10 (published February 2008, updated 2013). The changes, as a result of combining and updating these guidelines are not expected to have a significant impact on resources.
- 1.3 However, expert opinion suggests that the previous guidelines have not been fully implemented across England, and in areas where there is not full coverage of smoking cessation services, additional resources may be needed to implement this guideline.
- 1.4 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.
- 1.5 Stop smoking interventions and services are commissioned by clinical commissioning groups, NHS England and local authorities. Providers are primary care, stop smoking services, community providers and NHS hospital trusts.

2 Background

- 2.1 There are currently around [6.3 million adult smokers](#) in England and according to the Office for National Statistics' 2017 report, [Adult Smoking Habits in England](#) the number of people smoking is reducing each year.
- 2.2 NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. According to [action on smoking and health](#),

people who smoke are 4 times more likely to be successful in quit attempts with smoking cessation support than people who attempt to quit without support.

- 2.3 Stop smoking services and interventions have been found to be cost effective in [NICE health economics](#) as a strategy to reduce the number of smokers and tobacco related harm.
- 2.4 NICE has published a [return on investment tool](#) for tobacco which can help organisations assess the benefits of stop smoking interventions and services.

3 Recommendations with a potential resource impact

- 3.1 Use sustainability and transformation plans, health and wellbeing strategies, and any other relevant local strategies and plans to ensure evidence-based stop smoking interventions and services are available for everyone who smokes (recommendation 1.1.1).

Background

- 3.1.1 While stop smoking interventions and services have been recommended in NICE's previous guideline, expert opinion is that they may not have been fully implemented in all areas, or that in some areas stop smoking services have been reduced.

Assumptions made

- 3.1.2 There are around 307,000 people a year who will contact a stop smoking service according to [Statistics on NHS Stop Smoking Services, England April 2016 to March 2017](#).
- 3.1.3 There are a number of different stop smoking services already commissioned. Users can adjust the assumptions around the attendance at each of these services, in the [resource impact template](#) to reflect local practice.

- 3.1.4 Staffing costs, pharmacotherapy costs and the costs of carbon monoxide testing have been included for stop smoking interventions. No premises costs have been included as it is assumed that services can be located in existing facilities.
- 3.1.5 Services are assumed to be run by a combination of agenda for change band 5 and band 6 staff.
- 3.1.6 Group interventions are assumed to be 8 one-hour sessions for a maximum of 15 people per session.
- 3.1.7 Telephone support has been costed at £22.67 per person per year.
- 3.1.8 One-to-one interventions are assumed to be 6 half-hour sessions.
- 3.1.9 Staffing costs are charged at the midpoint of the respective bands and contact time has been assumed to be 60%.
- 3.1.10 All above assumptions can be changed in the [local resource impact template](#) and additional assumptions can be added.

Costs/Savings

- 3.1.11 The recommendations do not differ significantly from previous guidelines and therefore no costs or savings have been estimated, however organisations can input estimates into the resource impact template to reflect local practice and estimate the impact. An example of indicative costs at a local level are shown in table 1.

Table 1 indicative unit costs of stop smoking services

Service element	Cost (£)
Band 6 staff costs per hour	42.75
Band 5 staff costs per hour	34.18
Cost of Carbon Monoxide breath testing per test	2.13
Cost of pharmacological interventions per person per year	92.64

Benefits and savings

- 3.1.12 Implementing stop smoking services and interventions should reduce the number of smokers which will improve public health, specifically by reducing the number of people with smoking related diseases.

4 Implications for commissioners

- 4.1 Smoking cessation comes under programme budgeting code 21X healthy individuals.

5 Other considerations.

- 5.1 Some training might be needed for people offering stop smoking interventions. The [NCSCT](#) offers online training for healthcare professionals in stop smoking support.
- 5.2 People who smoke often ask healthcare practitioners about using nicotine-containing e-cigarettes, which are increasingly being used for quitting. Because of the misconceptions and confusion about the safety of e-cigarettes, the committee agreed that advice should be given to allow an informed discussion on using them to stop smoking.
- 5.3 However, the committee concluded that because e-cigarettes have only been widely available for a short period, the evidence on the long-term impact of their short-term use as well as the long-term health impact of their long-term use was still developing.
- 5.4 The committee noted recent reviews by [Public Health England](#), the [British Medical Association](#) and the [Royal College of Physicians](#) which concluded that e-cigarettes are likely to be less harmful than smoking tobacco.

About this resource impact report

This resource impact report accompanies the NICE guideline on [stop smoking interventions and services](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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