

Commissioning Statement for Stop Smoking Pharmacological Therapies

GPs should not routinely prescribe nicotine replacement therapy (NRT) products and should encourage smokers to purchase their own NRT products to support smoking cessation.

GPs should not routinely prescribe the prescription only medicines (POM) varenicline or bupropion for smoking cessation.

GPs should only consider prescribing POM medication for smoking cessation where they choose to provide this alongside appropriate support and follow up as detailed in <https://cks.nice.org.uk/smoking-cessation#!scenarioRecommendation:6>

Note: there is no NHS or local authority public health funded stop smoking programme currently available within Shropshire

Background

Shropshire Clinical Commissioning Group has historically supported the prescribing of nicotine replacement therapy only when used as part of a formal smoking cessation programme. Funding for NRT and other pharmacological therapies for smoking cessation has sat with Shropshire Council since April 2013, and all prescribing costs have been recharged to the council. However local authority funding for stop smoking services (Help2Quit) ceases on 30th June 2019 after which date no further people may be recruited, to allow completion of a 12 week programme by end September 2019. A programme to support pregnant women to stop smoking will remain. Shropshire Council have indicated that they will no longer fund the prescribing costs for stop smoking medicines.

Patients attending stop smoking services were able to access NRT directly. General Practitioners were not expected to prescribe these products for their patients. However in 2018/19 around £27K of NRT prescribing was recharged to the council from primary care prescribing. Patients, who were assessed by the specialist service and recommended prescription only medicines for stop smoking support, were referred to their GP for prescriptions. This cost equated to an additional £85.5K of costs recharged to the council.

Shropshire Clinical Commissioning Group supports NICE public health guidance (PH45)¹ Tobacco: harm-reduction approaches to smoking and NICE public health guidance [PH48]² Smoking cessation in secondary care: acute, maternity and mental health services. However, prescribing of any Nicotine Replacement Therapies (NRT) should be in line with local policy. The CCG has identified a number of medicines that are available to purchase over the counter for patients to manage their own health care. It is proposed that NRT products are added to this list.

Rationale for this decision

The vast majority of trials of smoking cessation drugs include motivated subjects only, where intense behavioural support is available. In order to achieve the best quit rates smokers should receive counselling from smoking cessation behavioural support providers. Intensity of counselling is strongly linked to quit rates so patients should not simply be issued with pharmacotherapy.

There is good evidence that individual smoking cessation counselling is more effective at helping people to stop smoking compared to receiving minimal support [Lancaster, 2017]. Group counselling has also been shown to be more effective than self-help and other less intensive forms of support [Stead, 2017].

The Evaluating Long-term Outcomes of NHS Stop Smoking Services (ELONS) study concluded that Stop Smoking Services in England are effective in helping people stop smoking [Dobbie, 2015].

Evidence from Cochrane reviews shows that combining medication and behavioural support increases the chance of quitting at 6 months compared with brief advice or support only [Stead, 2016] and that giving behavioural support (face-to-face or by telephone) to people using smoking cessation medication increases their chance of success [Stead, 2015].

If a patient has made a successful quit attempt using Nicotine Replacement Therapy (NRT), but then relapsed, this is not an indication to try a different drug. Therapy to aid smoking cessation should be chosen according to the smoker's likely compliance, availability of counselling and support, previous experience of smoking cessation aids, contra-indications, adverse effects, patient co-morbidities and the smoker's preferences.

Following Shropshire Councils decision to cease funding stop smoking services there is no support service to refer quitters to. This reduces the likelihood of successfully stopping smoking significantly and reduces the cost effectiveness of any intervention unless there is appropriate support and follow up provided by the prescriber.

<https://cks.nice.org.uk/smoking-cessation#!topicSummary> provides comprehensive advice on supporting patients to stop smoking effectively.

Financial Implications

To fund current prescribing levels of stop smoking medicines the CCG would need to spend an estimated £112K annually. However with removal of a stop smoking service patient demand is likely to be higher as more people are likely to present at their GP for support who would previously have been supplied directly from the stop smoking service.

References

<http://www.nice.org.uk/guidance/PH45> 2 <http://www.nice.org.uk/guidance/PH48>

<https://cks.nice.org.uk/smoking-cessation#!topicSummary>

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