

# NHS Providers response to DHSC Smokefree Generation consultation

## NHS Providers

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.4 million staff.

## Legislating to create a smokefree generation

Do you agree or disagree that the age of sale for tobacco products should be changed so that anyone born on or after 1 January 2009 will never be legally sold (and also in Scotland, never legally purchase) tobacco products?

We support raising the age of sale to reduce the rate of smoking in England. Smoking is a major modifiable risk factor, contributing to increased risk of cardiovascular disease, heart disease, stroke, chronic obstructive pulmonary disease and lung cancer. Smokers are 36% more likely to be admitted to hospital (RCP, 2018) and 35% more likely to see their GP in comparison to non-smokers (DHSC, 2017).

The impact of smoking on ill health is also felt unevenly. One third of adult smokers live in the two most deprived deciles in England (ONS, 2023) – contributing to an estimated 33,000 additional cancer deaths each year (Cancer Research, 2023). These disparities can be prevented, improving the lives of individuals and reducing the burden and cost on services.

Prevention starts in childhood and adolescence. Almost one in five young adults aged 16-24 are current smokers (AYPH, 2021) and 80% of adults report they started smoking before the age of 20 (DHSC, 2017). Young people are four times more likely to take up smoking if members of their

household smoke (DHSC, 2021) and they are also influenced by peer smoking. Earlier uptake of smoking is associated with less likelihood of quitting, long-term health risks and breathing difficulties in youth.

Do you think that proxy sales should also be prohibited?

Agree.

Do you agree or disagree that all tobacco products, cigarette papers and herbal smoking products should be covered in the new legislation?

Agree.

Do you agree or disagree that warning notices in retail premises will need to be changed to read 'it is illegal to sell tobacco products to anyone born on or after 1 January 2009' when the law comes into effect?

Agree.

Do you agree or disagree that the UK Government and devolved administrations should restrict vape flavours?

We support the recommendations to raise the age of sale of smoking and to limit the sale of vapes to young people in England. Rates of youth vaping have increased in recent years – there has been a 50% growth in experimentation with vapes from 2022 to 2023 and 11.5% of young people who have never smoked have tried vaping (ASH, 2023). While we do not yet know the long-term impact of vaping on health, we are concerned that young people trying vaping may latterly switch to smoking, where we know multiple health harms exist.

Which option do you think would be the most effective way for the UK Government and devolved administrations to restrict the way vapes can be packaged and presented to reduce youth vaping?

Prohibiting the use of all imagery and colouring and branding (standardised packaging) for both the vape packaging and vape device.

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## The role of NHS trusts in contributing to the “smokefree” agenda

We welcome the proposals within the Department of Health and Social Care’s Smokefree Generation consultation to prevent the uptake of smoking and vaping in younger populations, with the overall aim of bringing smoking rates in England to below 5% of the population. As we have highlighted in our response, focusing on prevention is vital. Alongside the measures outlined within the consultation document, there are broader actions and interventions that could support this agenda. We would like to take this opportunity to highlight the important role trusts can play in reducing and preventing smoking rates as anchor institutions (employing significant numbers of staff, and supporting local communities) and in promoting public health initiatives in partnership with local authorities.

The NHS Long Term Plan set out commitments to make England a smokefree society – stating that by March 2024, all smokers admitted to hospital should be offered NHS funded tobacco treatment services (NHSE, 2019). NHS England’s Core20PLUS5 framework for reducing health inequalities also highlights the role of smoking cessation services in improving health across a range of clinical conditions. Smoking cessation services should be available to both patients and staff, as an effective mechanism for encouraging people to stop smoking. It has been estimated that 73,000 NHS staff currently smoke, costing the NHS £206 million per year due to sickness and time spent on breaks (Gates et al., 2019). Historically, smoking cessation services have also been provided in partnership with public health professionals including local authority colleagues.

Preventative initiatives such as Making Every Contact Count (MECC) are another valuable tool to support patients to stop smoking. MECC enables staff to have supportive conversations with patients and provide guidance on healthy lifestyle choices. Evidence suggests that brief interventions around quitting smoking are cost-effective (PHE, 2020). This advice and guidance should be available to all patients, including young people.

Although not considered in this consultation, we recommend that NHS trusts are provided with additional support and resource to provide preventative smoking services, such as MECC and

smoking cessation or to work with other public sector partners, such as local authorities, to do so. These should be targeted at both staff and patients to reduce the disparities in health outcomes related to smoking.

Between 2015/16 to the end of the decade, public health funding was cut by £531 million in cash terms (LGA, 2019). In the context of broader constraints on local government funding, this has undermined councils' efforts to improve the health and wellbeing of their communities, such as through the delivery of smoking cessation services, which has placed additional strain on the NHS. There must be increased support for public services, such as public health and social care, given the crucial role these services play in preventing ill health.

## References

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