

# **Tobacco Control Strategy 2019-2024**

## **Bath and North East Somerset**

2019

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**Bath & North East  
Somerset Council**

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**Bath and  
North East Somerset**  
Clinical Commissioning Group

## Our Vision

To achieve a smokefree generation in Bath and North East Somerset, which will build healthier, more equal communities by reducing smoking prevalence, exposure to second-hand smoke and illicit tobacco.

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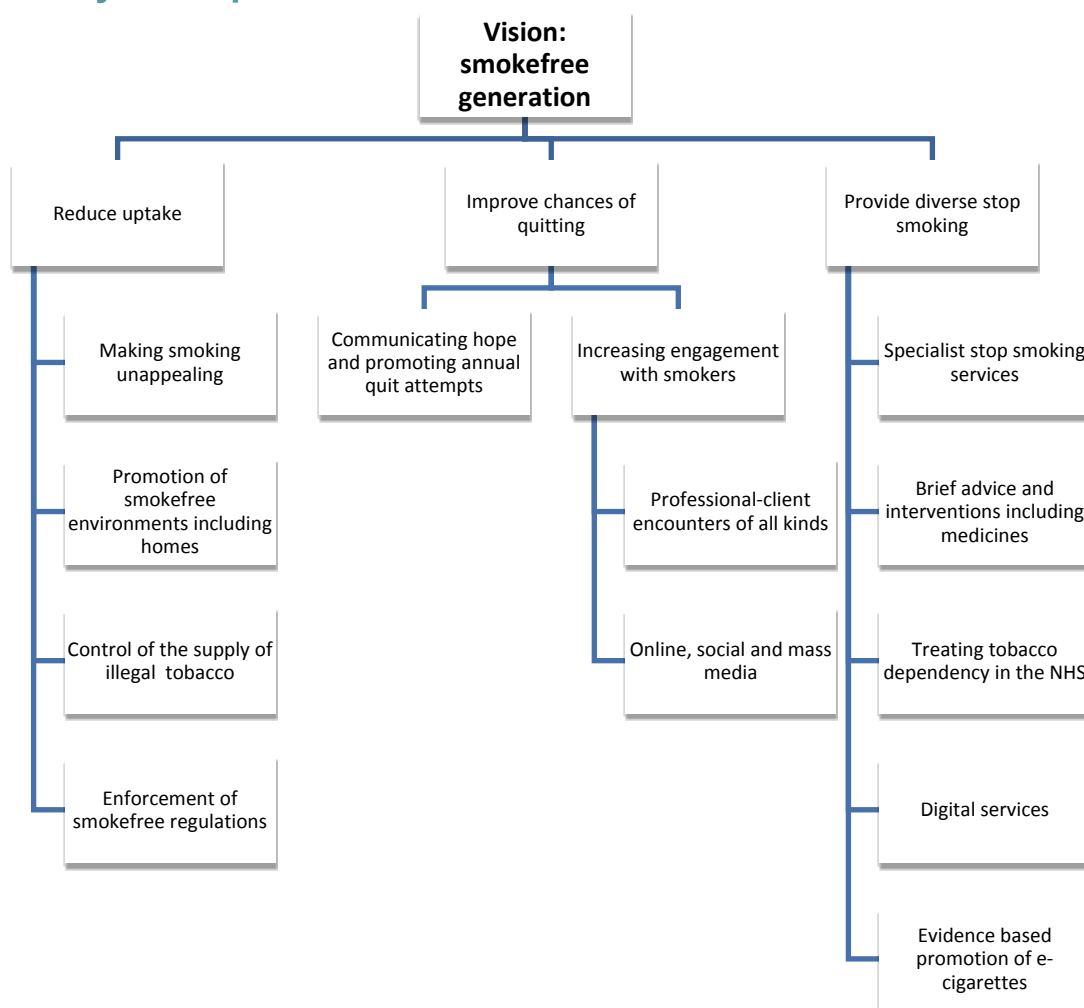
## One page summary: Bath and North East Somerset (B&NES) Tobacco Control Strategy 2019-2024

### Aims

To reduce health inequalities in B&NES by achieving a smoke free generation (5% smoking prevalence) by 2030, in line with national ambitions and local needs. This strategy seeks to build on the progress resulting from the previous 2014-2018 strategy by defining how the local authority and its partners will seek to act in an evidence based and needs based way across the next 5 years in order make meaningful impact on:

- Prevention of uptake of tobacco use and relapse into tobacco use
- Protection from the harm of smoking in existing smokers and from second-hand smoke
- Increasing quit attempts and evidence based support to quit

### Our Key Principles



### Priorities

Smoking prevalence and exposure in these groups represents an important source of health inequality: pregnant women, people with severe mental illness or substance misuse issues, people who are lesbian, gay, bisexual, transgender or questioning (LGBTQ), communities that are more socio-economically deprived, children and young people and gypsy, boater and traveller communities.

## Introduction

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Tobacco use also has an enormous economic cost for individuals and wider society ranging from health and social care costs to household fires, street litter and environmental harm.

Tobacco use or exposure to secondhand smoke is a major risk factor for many diseases such as heart disease, strokes, lung disease, multiple forms of cancer, diabetes, rheumatoid arthritis and poor immune function, and also adversely affects fertility and maternal health. Risk of developing dementia is also associated with tobacco use. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

Life expectancy varies in Bath & North East Somerset by up to 7.3 years for men in the most deprived areas and by 3.7 years for women (7). **Smoking accounts for approximately half this difference in life expectancy.** (3) (18)

The Government's Tobacco Control Plan (1) published in July 2017 sets out the Government's strategy to create a smokefree generation. This will have been achieved when smoking prevalence is at 5% or below. To deliver this the following national ambitions have been set out to help focus tobacco control across the whole system:

### National Ambitions from the Tobacco Control Plan for England 2017 (1)

#### 1. The first smokefree generation

Aim by the end of 2022 to reduce the prevalence of 15 year olds who regularly smoke to 3% or less and reduce smoking amongst adults in England to 12% or less.

#### 2. A smokefree pregnancy for all

Aim by the end of 2022 to reduce the prevalence of smoking in pregnancy to 6% or less.

#### 3. Parity of esteem for those with mental health conditions

#### 4. Backing evidence based innovations to support quitting

### Key national policy changes (2014 – 2019):

- Regulation to prohibit smoking in vehicles when children present (2014)
- Point of sale display ban in small shops (2015)
- Regulation for plain packaging (2015) standardised plain packaging for cigarettes and hand-rolled tobacco, including removing visual brand elements and increasing the size of graphic health warnings
- Revised EU Tobacco Products Directive (2016) regulating the sale and marketing of electronic cigarettes
- The NHS Long Term Plan and the upcoming green paper 'Advancing our health: prevention in the 2020s' both prioritise tobacco control and

announcements on new measures to tackle tobacco control in England are anticipated.

## Where this fits into the current B&NES Health and Wellbeing Strategy

This strategy is designed to align with the key themes of the current B&NES Health and Wellbeing Strategy (2) and to effect progress against its aims

- Theme 1 – Preventing ill health by helping people to stay healthy
- Theme 2 – Improving the quality of people's lives
- Theme 3 – Tackling health inequality by creating fairer life chances

## Bath and North East Somerset Tobacco Control

B&NES has an active and well-established Tobacco Action Network (TAN). The TAN oversees the delivery of the B&NES Tobacco Control Action Plan that results from the strategy and works collaboratively across all areas of tobacco control in B&NES.

### B&NES Tobacco Action Network Members

B&NES Council – Public Health Team (Chairs)

B&NES Council – Trading Standards Team

Virgin Care - Smoking Cessation and Healthy Lifestyles Services

Virgin Care – Health Visiting Service

B&NES CCG

Royal United Hospital - Smoking Cessation Midwifery Service

Avon Fire and Rescue Service

Avon Local Pharmaceutical Committee

B&NES has come to the end of its existing Tobacco Control Strategy which ran from 2014 – 2018(3).

### Local achievements to celebrate 2014-2018:

- Reduction in B&NES smoking prevalence in adults from 16.1% to 11.7%
- Reduction in B&NES smoking prevalence in pregnancy at the time of delivery from 10% to 7.5%
- Reduction in smoking prevalence amongst secondary school age children and young people from 4% to 3%
- Introduction of smokefree NHS sites, playgrounds and sports clubs
- Increased awareness and intelligence on illegal tobacco

Informed by the recent completion of a local tobacco control needs assessment (4) and the publication of a new guide for local authorities on achieving 'The End of Smoking' by Action on Smoking and Health (ASH) (5), this new strategy will drive action for the period 2019 – 2024

## Local health needs- A call to action

### Tobacco Control Needs Assessment

A Tobacco Control Needs Assessment for B&NES (4) was completed in early 2019 that aimed to systematically determine the needs or 'gaps' between current conditions of tobacco use in B&NES and the desired conditions for a smoke free B&NES. This covered local prevalence of tobacco use, use of e-cigarettes, passive smoking, illegal tobacco, quit attempt behaviour and the impact of tobacco use. The needs assessment also outlines 'what works' in tobacco control, local demands (residents, service users and professionals) for tobacco control, support services currently offered and their activity and wider work on tobacco control. A summary of the key findings is presented below;

#### Prevalence of tobacco use

There are approximately **17,937** adult smokers in B&NES (6).

Though the prevalence of smoking amongst adults in B&NES is falling as an overall trend, it is still at **11.7%**. This is statistically lower than the prevalence for England (14.4% of adults) but higher than in some of our 'similar neighbours' (7). Smoking prevalence is higher in males than females nationally and in B&NES. (7)

**In some of the local authority areas identified as 'similar' (17) to B&NES the prevalence of smoking is as low as 8.7%.**

#### Priority groups

Smoking prevalence in certain priority groups - **pregnant women (7.5% at delivery), people with severe mental illness or substance misuse issues (38.7%), people who are LGBTQ (25.3%), communities that are more socioeconomically deprived (routine and manual workers 27.3%, social housing tenants (35%)), children and young people (6.6% aged 15) and gypsy and traveller communities (53%)** is higher than in the general population or than national targets and represents an important source of health inequality to be addressed. Services in B&NES were noted to lack either specific resources to assist these groups, available data to assess need and progress in tobacco control or engagement with new avenues and professional groups that may help to better reach these communities.

#### Impact of tobacco use

Smoking related deaths and diseases in B&NES are lower than the English average; however smoking is still the single biggest cause of premature death and disease locally. 197 deaths per 100,000 in B&NES are directly attributable to smoking; there has been a consistent trend of reduction in this figure in the last decade and B&NES has the lowest figure amongst its nearest neighbours (7). Of every 100,000 hospital admissions in B&NES, 1,113 are attributable to smoking; there has been no significant trend in this figure over the last decade and B&NES has the lowest figure amongst its nearest neighbours. (7)

Only two thirds of current smokers in B&NES (67%) felt that their present level of smoking is harmful to their health (8).

## Economic impacts of tobacco in B&NES (9)



Each year we estimate that smoking in Bath and North East Somerset costs society a total of approx

**£35.6m**

This cost is accrued across a range of social domains:



### Healthcare

Smoking both causes and exacerbates long term health conditions and is the leading cause of preventable death and disease in England



The total annual cost of smoking to the NHS across Bath and North East Somerset is about **£8.2m**



### Social Care

Many current / former smokers require care in later life as a result of smoking-related illnesses.



Each year this costs society in Bath and North East Somerset an additional **£3.7m**

**£2m** is funded from the local authority social care budget



### Productivity

Smokers take more sick-leave from work than non-smokers and smoking increases the risk of disability and premature death



**£22.4m** of potential wealth is lost from the local economy in Bath and North East Somerset each year as a result of lost productivity due to smoking





## House Fires



Smoking materials are a major contributor to accidental fires in England, with around 7% being smoking-related.

Fatalities are disproportionately high in smoking-related fires, representing 49% of all house fire deaths

**It is estimated that Avon Fire and Rescue Service will attend about 6 smoking-related house fires each year in Bath and North East Somerset**

**£1.3m** is lost annually in the Unitary Authority as a result



## Littering



62% of people drop litter and smoking materials constitute 35% of all street litter.

The majority of cigarette filters are non-biodegradable and must be collected and disposed of in landfill sites.

Smokers in Bath and North East Somerset consume about 223,490 cigarettes every day.

Of these, roughly 195,470 are filtered, resulting in around

**33kg**  
of waste daily

**This represents 12 tonnes of waste annually, of which 5 tonnes is discarded as street litter that must be collected by the Local Government**

That's enough cigarette butts being discarded on the street to fill 220 standard wheelie bins every year (and that's not counting cigarette packaging and other smoking-related litter!)

Note: Illegal tobacco is unlikely to comply with fire safety standards – regulated cigarettes are designed to self-distinguish when they are not smoked, therefore trade in illegal tobacco is likely to contribute to smoking-related house fires (10).

### Quit attempt behaviour

Nicotine replacement therapy (NRT) prescriptions and smoking cessation service records suggest that around 4% of B&NES smokers made formal quit attempts in the last financial year. Considering the national figure that 25.5% of smokers made a quit attempt last year (11) this means there may be **around 4,500 smokers in B&NES who made self-supported quit attempts who had little or no interaction with local services**. Some of these people may have made quit attempts without use of NRT, using e-cigarettes or with NRT products bought over the counter – data is not available for these elements.

Local level figures from the Voicebox Survey suggest 43% of current smokers reported that they would like to give up smoking in the next 12 months (8) – **so there may be around 7,700 smokers in B&NES who are keen to quit this year**. Nationally there is a quit success rate of 17.4% in smokers who tried to stop (11)

### Electronic nicotine delivery devices - e-cigarettes

Use of e-cigarettes has remained stable at 5% of adults since 2013(11). Regular vaping in under-18s remains low at 1.7%(12). Over time, the proportion of vapers who smoke tobacco has fallen and the proportion who are ex-smokers has risen, while regular e-cigarette use among people who have never smoked has remained negligible at 0.3% (13).

### E-cigarette use in England

Just under **2.5 million** people use an **E-cigarette** in England:



The latest data from Action on Smoking and Health (ASH) shows that 1.7 million vapers – over half of the total – have managed to stop smoking completely (13) - and ONS figures suggest that more than 900,000 people have given up both smoking and vaping. This suggests that for many smokers, dual use (vaping while continuing to smoke) may be a stage in their journey to becoming smoke free and, ultimately, nicotine free (6). Specialist vape shops are the most popular source for

purchase. A *declining* minority of current smokers believe e-cigarettes are less harmful than cigarettes or are unsure. An increasing proportion believes they are equally harmful (11). There is no clear social gradient in e-cigarette use (11). Only 4% of quit attempts made through Stop Smoking Services nationally use an e-cigarette, despite this being an effective approach (12).

## Cost effectiveness of Tobacco Control

The PHE Health Economics Evidence Resource Tool (14) gives information on the cost-effectiveness of individual interventions indicating that there is strong evidence that the current standard content of local stop smoking interventions is cost-effective and often cost-saving.

The Local Government Association states that comprehensive tobacco control is the best thing a local authority can do for public health. The National Institute for Health and Care Excellence (NICE) estimates that every £1 invested in smoking cessation saves £10 in future health care costs. Councils should implement a robust tobacco control strategy that embeds a health-in-all-policies approach (5).

Recommendations from the NICE summary of systematic reviews (15) on cost-effectiveness of tobacco control interventions note that interventions that increase the quit rate in a population by 1% are cost effective at any cost under £225 per person. They also note that e-cigarettes are more cost-effective than many current nicotine replacement therapies and as they are also cheaper than cigarettes this may be a useful lever in harm-reduction strategies.

## What works?



## What is currently offered?

B&NES [Stop Smoking Service](#) is provided by Virgin Care and commissioned by Public Health. It is a free confidential service offering support and advice to smokers aged 12 years and over who live or work in Bath and North East Somerset who either want to stop smoking or to cut down the amount they smoke. Individual, face to face or telephone consultations are provided. The service can be accessed through GP practices or at most pharmacies in B&NES. The service is 'e-cigarette-friendly' meaning it provides support for any service users using their own vaping device, though it cannot directly prescribe devices.

Dedicated Stop Smoking Clinics are held in 7 community locations across B&NES on weekdays at a variety of times including early evenings. Some of which are drop in sessions. The clinic list is available [here](#)

Secondary care settings (acute trusts and community trusts) are working towards 'CQUIN 9' for risky behaviours, the intention is that all inpatients and AWP service users have their smoking status recorded and brief interventions offered.

Other:

- NHS Health Checks are operational in B&NES - brief advice on smoking cessation is given. The focus for Health Check delivery is now on council workers and certain other workplaces.
- Health Optimisation – B&NES CCG has introduced a policy to identify and assist smokers to stop smoking before operations in a 3 months window before all non-urgent elective surgical referrals. The policy's future beyond its use in the hip and knee pathway is uncertain. There is an evaluation of the impact of the first phase of the policy rollout underway which seeks to place particular focus in determining any impact on health inequalities.
- Work is underway to increase the uptake and completeness of annual health checks for patients with severe mental illness in B&NES. The checks include smoking cessation advice and onward referral where appropriate
- Primary and secondary prevention work – school nurses and health visitors support the smoking cessation agenda and school lesson plans were produced to address tobacco use. Smokefree playgrounds and sports clubs have been a focus of tobacco control work in B&NES.

The Tobacco Control Needs Assessment (4) contains a summary of the main gaps in tobacco control in B&NES identified through the needs assessment process.

## How we will deliver

<b>Priority 1: Reduce uptake of smoking</b>	
<b>We aim to:</b>	<ul style="list-style-type: none"> <li>• Reduce the prevalence of 15 year olds who regularly smoke from 5% to 3% or less by the end of 2022</li> <li>• Reduce smoking prevalence amongst adults from 11.7% to that of our best performing neighbouring areas</li> <li>• Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population</li> <li>• Reduce smoking prevalence in maternity at the time of delivery from 7.5% to 6% or less by the end of 2022</li> </ul>
<b>Our objectives are to:</b>	<ul style="list-style-type: none"> <li>• Make smoking unappealing to smokers and non-smokers (denormalise smoking)</li> <li>• Improve enforcement of smokefree regulations</li> <li>• Promote smokefree environments (including homes)</li> <li>• Continue to use enforcement and campaigns to control the supply of illegal tobacco</li> <li>• Continue to monitor uptake, use and trends in tobacco use in B&amp;NES by use of nationally available data and locally commissioned surveys such as Voicebox and schools survey</li> </ul>

<b>Priority 2: Improve people's chances of quitting</b>	
<b>We aim to:</b>	<ul style="list-style-type: none"> <li>• Increase the percentage of smokers in B&amp;NES who make a quit attempt each year</li> <li>• Increase the quit success rate of all those who try to quit</li> <li>• Reduce the impact of tobacco company activity in B&amp;NES</li> </ul>
<b>Our objectives are to:</b>	<ul style="list-style-type: none"> <li>• Communicate hope and promote annual quit attempts</li> <li>• Increase engagement with smokers through all council and partner services, professional-client encounters of all kinds, and through online, social and mass media</li> <li>• Deliver high quality campaigns to motivate quit attempts including national campaigns such as Stoptober.</li> <li>• Target resources and activity towards priority groups and reach them more effectively by approaching professionals and services representing new avenues and enhanced partnership working</li> <li>• Work with the B&amp;NES Health and Wellbeing Board to respond to the Government's consultation on the green paper for prevention by endorsing increased commitments to tobacco control and to identify the support possible to address the issue of associated pension funds investing in tobacco companies</li> </ul>

Priority 3:	Provide diverse stop smoking support
We aim to:	<ul style="list-style-type: none"> <li>• Offer evidence based, sustainable stop smoking support to greater numbers of people</li> <li>• Offer support that better suits the priority groups</li> </ul>
Our objectives are to:	<ul style="list-style-type: none"> <li>• Continue to offer specialist stop smoking services and review their approach to best serve greater numbers of people</li> <li>• Increase brief advice and interventions including medicines by reinvigorating and increasing training offered to staff in multiple and diverse settings</li> <li>• Treat tobacco dependency in the NHS and explore the potential offered by primary care networks for new models of health improvement delivery</li> <li>• Explore greater use of digital services</li> <li>• Maintain 'e-cigarette friendly stop smoking services', increase promotion on the evidence based role of e-cigarettes and continue our research into their role in engaging priority groups (includes current pilot in B&amp;NES midwifery service)</li> </ul>

### Upcoming and Ongoing Campaigns:



Public Health England address smoking cessation nationally through various programmes and campaigns: [One You](#) incorporating [Stoptober](#),

[Health Harms](#) B&NES teams support PHE's national campaigns and provide local resource to increase their impact.



Illegal Tobacco - B&NES is working with 8 other local authorities to raise awareness and increase local intelligence on illegal tobacco. Successful “#report it” campaigns have been run in 2017 and 2018 and this work will continue to be supported by trading standards and public health teams

across the south west.



Cigarette butts are the most common form of litter in the world. Cigarette filters are made from a type of plastic that can take up to 13 years to break down. Bin the Butt is a 'Keep Britain Tidy' initiative launched in

2018. It's a call to action across the UK to get smokers to think about how they dispose of their cigarettes.

B&NES Public Health is looking to roll out this campaign during the summer of 2019, in partnership with our Environmental Health team and Keep Britain Tidy, as well as involving local businesses.



## Integration with the NHS Long Term Plan

The [NHS Long Term Plan](#) makes specific commitments to tobacco control:

- By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
- Adapted model available for expectant mothers and their partners
- New universal smoking cessation offer be available as part of the specialist mental health services for long-term users of specialist mental health, and learning disability services

Work is ongoing to develop the implementation plan in response for the B&NES Swindon and Wiltshire Sustainability and Transformation Partnership (BSW STP). The existing BSW System Operational Plan: 2019/20 identifies the following as one of its ten early 'must do's':

- Build on the Smokefree NHS BSW STP initiative to ensure an equitable and effective approach to Smoking Cessation within Acute and Community settings

Primary Care Networks (16) are mandated to be set up in the next year – these are based around a GP registered list of approximately 30,000 – 50,000 patients, and encompass general practice and other partners in community and social care in local areas to provide more proactive care for the people and communities they serve. These networks will have a remit to address health improvement and prevention providing an opportunity to reach B&NES residents at scale to offer smoking cessation advice, prescriptions and referrals.

The action plan for this strategy will work in concert with these developments

## Measuring progress

Public Health England's Local Tobacco Control Profile (7) for B&NES will be used to monitor our progress

Key Indicators:

- Smoking prevalence in adults (18+) – current smokers
- Smoking prevalence in adults (18-64) – socio-economic gap in current smokers
- Smoking prevalence age 15 years – regular smokers
- Smoking status at time of delivery
- Smokers that have successfully quit at 4 weeks
- Smoking attributable mortality
- Smoking attributable hospital admissions

Stop smoking service provider and commissioner data, and data from locally commissioned surveys such as Voicebox and the school health survey will also be reviewed when available to monitor progress.

## Governance

The responsible working group is the B&NES Tobacco Action Network. The group will develop a comprehensive delivery/action plan that provides clear accountability

and risk management against the key priorities and approaches outlined above. The action plan will be reviewed annually. The Tobacco Action Network will produce an annual highlight report to the Health and Wellbeing Board.

## Stakeholder involvement in developing this strategy

The development of this strategy has been supported by members of the B&NES Tobacco Action Network Group (membership listed above) along with colleagues from their organisations. Thank you to all public and professionals who completed the online snapshot survey used to shape the strategy.

Thank you to the following partners and groups for their face to face engagement with the strategy development:

- B&NES Schools and School Nursing Team
- Avon Local Pharmaceutical Committee
- B&NES Clinical Commissioning Group, Medicines Management Lead, Communications Team and Patient and Public Representatives
- B&NES Primary Care Network Clinical Directors
- Avon Fire & Rescue Service
- B&NES Council Commissioning Team, Specialist Services
- B&NES Adult Social Services
- B&NES Family Nurse Partnership
- B&NES Gypsy, Boater and Traveller Outreach Service
- 3GS – B&NES 3<sup>rd</sup> sector organisations alliance
- Off the Record
- Royal United Hospital, Smoke Free NHS lead
- Greenwich Leisure Limited (GLL)

Along with service and setting specific content for the action plan for this strategy, the engagement work highlighted some key messages for priority action needed in B&NES tobacco control:

- Improve confidence and competence in communicating the facts and available support for e-cigarette use
- Create and renew the printed and online resources available to be given out for a wider range of groups and topics e.g. material for young people and material that focuses on personal money saving from quitting smoking
- Ensure training opportunities are wider reaching, more accessible and suited to the specific needs of B&NES professionals and communities
- Provide more clarity on the support referral pathways open to service users and residents

Consultation for further input will be sought on specific projects within the action plan as it is developed.



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