Implementation of the Health and Social Care Act (2012) allowed for a gap in commissioning sexual health services as part of cervical screening programmes.

Aim: To identify any change in access to cervical screening in sexual health services before & since health system reforms (2013) across BGSW.

Background

Implementation of the Health and Social Care Act (2012) allowed for a gap in commissioning sexual health services as part of cervical screening programmes.

Methodology

- BGSW cervical screening data was extracted from the Primary Care Information System for 6 years 2010-2015.
- Compared cervical screening samples taken in other healthcare settings to those in GP surgeries; examining time-trends, age and outcome/sample result.

Results / Findings

Cervical screening samples taken in other healthcare settings has declined at a higher rate than GP surgeries - a 30% reduction across BGSW 2010-2015.

- From the total number of samples taken in each setting:
  - Higher percentage of younger women (25-29 age group) chose to have their sample taken in other healthcare settings compared to GP surgeries and the numbers are increasing year on year.
  - Higher percentage of High-Grade Dyskaryosis found in other healthcare settings.
  - Higher percentage of Low-Grade Dyskaryosis and borderline changes (except 2011) in GP surgeries.
  - Higher percentage of samples HPV tested and inadequate rates are generally higher in other healthcare settings.

Discussion

- These findings are indicative of a higher need and poorer outcomes of women who present for cervical screening at sexual health clinics compared to those at GPs.
- Uptake of cervical screening in general pop is lowest in 25-29 age group, but amongst women presenting at these healthcare setting this age group is over-represented.
- And these are likely to be the most vulnerable women.
- Number of samples taken in other healthcare settings is relatively small.

Recommendations

- NHS England, PHE and DsPH to use these findings to help inform and review commissioning decisions.
- Commissioners monitor these trends, discuss the results with stakeholders and help implement actions for policy/service improvements.
Measles outbreak immunisation recording: cross-sectional study of the south west 2016 outbreak

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Background
- 122 cases of measles in an outbreak in the south west in 2016
- The health protection team (HPT) recognised that their gathering and recording of immunisation status may be suboptimal
- GP immunisation records considered to be gold standard

Methodology
- GP practices were requested to submit data on their record of immunisation status of cases from the outbreak
- GP data compared with HPZone records (health protection records)

Analyses:
- Were the 2 records significantly different?
- Were particular characteristics linked with immunisation status?
- Were particular characteristics linked with having incorrect records?

Aim
To gather and analyse the best available data on measles immunisation and the associated factors, for the south west 2016 outbreak to guide future health protection management

Possible impact
- Findings will contribute to discussions about how the health protection team should gather case information in the future
- Provides evidence that immunisation uptake was suboptimal in cases in the outbreak, particularly in affluent groups should be a focus
- MMR (measles, mumps & rubella immunisation)

Results

<table>
<thead>
<tr>
<th>Immunisation status</th>
<th>Best available data for all n=122</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPZone record was incorrect or inappropriately incomplete for 33 cases (27%)</td>
<td></td>
</tr>
<tr>
<td>Age and deprivation were significantly associated with incorrect records but this was non-linear.</td>
<td></td>
</tr>
<tr>
<td>More deprived people (determined by their postcode) were more likely to have been fully immunised</td>
<td></td>
</tr>
</tbody>
</table>

Conclusions
- HPZone records did not accurately reflect immunisations in this outbreak
- HPTs should consider verifying immunisation status from patient records rather than verbally

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Immunisation status:
- 2 MMR immunisations received
- 1 MMR immunisation received
- Monovalent immunisation received
- Unimmunised
- Unknown
The effectiveness of electronic cigarettes compared with recommended methods for smoking cessation: a systematic literature review

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Since their 2006 appearance the popularity of electronic cigarettes (EC) as an aid for quitting smoking has grown dramatically. The immature evidence base to support their effectiveness and safety has often resulted in healthcare providers being unable to advise smokers on the use of them, and how effective they are compared with other available, recommended smoking cessation interventions.

AIM: To understand further the effectiveness in EC in supporting smokers to abstain compared with the usual recommended interventions.

Methodology
- Four databases screened for publications between 2004 and January 2016
- All study designs were considered
- Potential interventions that could be compared were; EC versus; NRT, POM, behavioural support, or a combination of NRT or POM with behavioural support
- Outcome measures; abstinence from smoking at the longest point of follow up. Self reported and CO validated abstinence rates were considered due to the immature evidence base

Discussion
- There is evidence from the two included studies that compared with NRT, placebo EC and no support, EC are an effective method for smoking cessation
- Neither of the included studies reported adverse effects associated with EC use amongst their participants
- There was a lack of one consistent measure of abstinence within included studies
- Further research needs to be conducted to develop a more definitive conclusion about the effectiveness of EC as a smoking cessation too
- A deeper understanding of why or how EC help smokers to quit is needed, as well as understanding the the very really place EC have/ can have in stop smoking services

Results
- Lack of available peer reviewed studies
- Two studies included; one RCT and one cross-sectional population study
- Both reported EC were effective at helping smokers to quit compared with NRT or no aid at all, however due to a lack of significant difference, superiority of EC as a more effective method of cessation could not be claimed
- Risk of bias of variable within and across included studies

Where are we now and what do we know?...

Regional Disparity

At least 95% less harmful than cigarettes

What next?...

Further qualitative work with EC users within smoking cessation services in Bristol will be carried out.
Background

- E-cigarettes are internationally controversial and regulated differently in different countries.
- In England, a ground-breaking set of guidelines has been issued from the National Centre for Tobacco Smoking Cessation on ‘e-cigarette’ friendly stop smoking services (McEwen & McRobbie, 2016).
- Little is known about how these services are responding to e-cigarettes.

Methodology

- Qualitative case-studies within services were conducted in South-West England.
- Semi-structured interviews.
- Sample: stop service managers, client advisors, service commissioners, and service users (n=50 in 8 services).
- Ethnographic research was also conducted with vape shops in each locality to ascertain potential for engagement.

Analyses: Thematic analysis (Braun & Clarke, 2006)

Aim

To investigate how smoking cessation services on the ground are interpreting guidance to become ‘e-cigarette friendly’.

Conclusions and possible impact

- There is potential for e-cigarettes to contribute to smoking cessation goals within public health.
- Training, strong leadership and sharing of best practice examples are needed.

Results

- No consensus about what constituted an ‘e-cigarette friendly’ service.
- Ranged from ‘not being negative’ about e-cigarettes, to more active involvement e.g. with local vape shops.
- One service was running a starter e-cig voucher scheme (Bristol) targeting ‘hard to reach’ groups.
- Advisor concerns focused on a) the ongoing scientific controversy over safety; b) the lack of medical legitimacy/equivalence to NRT and c) perpetuating hand to mouth addiction.
- At the managerial level, moral justifications relating to social justice drove motivation to be more active, given the vulnerability of existing smoker groups (e.g. poorer, with mental health difficulties).
- Negative attitudes toward e-cigarettes in wider public health (rather than tobacco control) was also identified as a barrier to their use.

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Funded by Cancer Research UK TAG

Cost-effectiveness of weight loss support provided by Community Health trainers

Aim

The Wiltshire Council Health Trainer service provides free one to one support to anyone wishing to improve their health. The majority of clients initial concern is to lose weight. This study aimed to find out:

1. Does the health trainer service lead to a reduction in BMI/weight for those who sought support for weight reduction?
2. What are the related costs?
3. Is the service cost-effective?

Methodology

524 clients were supported to completion in 2015/16 by the Wiltshire Council health trainer service. Of those 253 wished to have support to reduce their weight. The costs attached to the 253 clients were collated. And the results of the weight loss and costs analysed.

Results

The total cost of the service with regards to the weight loss clients was £85,071. This increased to £212,714 if the set-up costs were included. The total weight loss was 574kg with a mean loss of 2.5kg. In total 198 BMI points were lost with mean reduction of -0.9 BMI points. To increase the generalisability of the results the BMI reduction was converted to a QALY increase. 1 BMI point reduction = 0.02 increase in QALY. The base QALY ICER was found to be potentially cost-effective compared to the NICE QALY threshold.

Sensitivity analysis created a mean ICER of £468, with set-up costs this increased to £1,111. Converted into a QALY of BMI reduction the sensitivity analysis mean ICER for the health trainer service became £23,379 per QALY. This increased to £55,538 per QALY if the set-up costs were included.

Conclusions

The support offered by the health trainer service to those who wished to lose weight correlates with a reduction in BMI. The BMI reduction is similar to many weight reduction services, the kg weight loss ICER showed similar results to other weight loss interventions and the QALY ICER was found to be potentially cost-effective compared to the NICE QALY threshold.

References