Modifiable Risk Factors:
High Impact Interventions

NHS England

Intervention	Summary	Cost of intervention / Return on investment	Impact on demand	Expected outcomes	Resources
Tobacco dependence identification and treatment in secondary care Identification of smokers in inpatient hospital settings and maternity services, providing advice and treatment (behavioural and/or pharmacological)	Support to stop smoking in secondary care services: inpatient and maternal services.	The CURE programme estimates a cost per quit at £475 (an est. cost per patient is closer to £120) The CURE programme estimates a ROI of £2.12 (of which £1.06 is cashable) with a payback period of 4 years. The RCP estimated that adopting the Ottawa Model of Smoking Cessation in the NHS, the net return would be £60m in the first year with an additional c£206m through supporting NHS staff to quit (by reducing absenteeism, ill-health treatment and loss of productivity). LTP modelling estimated that in the first full year (100% rollout) for inpatient and maternity services, the combined cost benefit ratio would be £1.85 to the NHS.	LTP modelling estimated nearly 42,000 admissions and c150,000 bed days saved in first full year of operation (100% rollout). Smokers are 36% more likely to be admitted to hospital (3,000 smokers per day being admitted) and 35% more likely to see their GP compared to non-smokers. The OMSC model (system-wide model) demonstrated a reduction in the relative risk of readmission and A&E attendance by 6% and 3% respectively at 1 year with a reduction in smoking-related physician visits (specialist 5% and GP 2%).	LTP modelling OHID estimated 167,000 people (inpatient and maternity services) undertaking a quit attempt with an estimated 57,000 quits and 1,611 lives saved (first full year of operation at 100% rollout). Benefits of quitting smoking are realised in the short and long term: • 67% reduction in the risk of admission for heart attack within a year of abstinence • CVD mortality reduces by up to 45% at 5 years in sustained quitters versus smokers (with a 32% reduction in al-cause mortality). • Between 5-15 years of abstinence the risk of stroke and coronary heart disease is “normalized” to that of never smokers.	NICE guideline NG209: Tobacco: preventing uptake, promoting quitting and treating dependence All our health: smoking and tobacco The Prevention Programmes NHS Futures webpages and ACT micro-site Action for Smoking and Health’s NHS tobacco control toolkit British Thoracic Society’s Tobacco Dependency Project OHID’s Local Tobacco Control Profiles OHID’s guidance on Screening and brief advice for alcohol and tobacco use The CURE Project

		NICE reports that a combination of varenicline and behavioural support provides a £1.65 return for every £1 spent through the avoidance of treatment costs for five key long-term conditions including stroke.		• Smoking is a key risk factor in COPD exacerbations and hospitalisations. Comparing smokers to ex-smokers over a 5 year period demonstrated a reduced risk (16%) of exacerbation in ex-smokers compare to smokers. • Self-reported smoking cessation is associated with a reduction in the risk of COPD morbidity of approximately 40%. • Lung function improves in 2-12 weeks • The risk of death from lung cancer is 2.2 times less common in sustained quitters compared to smokers at 15 years.	South Yorkshire ICB QUIT Programme
Weight Management services for people with diabetes and/or hypertension e.g. the NHS Digital Weight Management Programme Identification by GP practices and community pharmacists and	Rising population rates of obesity translate to increasing costs, in 2014/15 the NHS spent £6.1 billion on treating obesity-related ill health, this is forecast to rise to £9.7 billion per year by 2050. Evidence from systematic reviews and large randomised controlled trials on benefits of weight loss to diabetes and	The NHS Digital Weight Management Programme (DWMP) is centrally funded by NHS England. Referrals can be made locally by GPs or community pharmacists – these are currently nationally incentivised through the GP Enhanced Service or the Pharmacy Quality Scheme. The DWMP is a digital offer, supporting reach into communities who do not	Obesity was a factor in over one million admissions in England in 19/20; this was over twice as likely in the most compared to the least deprived areas. There were approximately 11,000 hospital admissions with a primary diagnosis of obesity. The Covid pandemic highlighted the higher risk posed to those living with obesity. Nearly 8% of critically ill patients with COVID-19 in intensive care units have	Weight management services in people with diabetes and/or hypertension have been demonstrated to lead to improvements in blood pressure, blood glucose, HbA1C and triglycerides. A Cochrane review on the long-term effects of weight-reducing diets in people with hypertension found that a reduction in body weight of approximately 4 kg would	NICE (PH53) Weight management: lifestyle services for overweight or obese adults. NICE clinical guideline [CG43]: Obesity prevention Expert panel report: Guidelines (2013) for the management of overweight and obesity in adults

referral to structured service to support people to lose weight and reduce their associated clinical risk.	hypertension (as well as wider CVD risk factors).	traditionally access face to-face weight management services. Average weight change in those who complete the 12-week programme is estimated between 3-4kg lost. Initial cost effectiveness models are calculating the DWMP as highly cost effective.	been morbidly obese, compared with 2.9% of the general population.	achieve a reduction of approximately 4.5 mmHg systolic blood pressure and of approximately 3.2 mmHg diastolic blood pressure.	All our health: adult obesity Public Health England (2020): Excess Weight and COVID-19. Insights from new evidence NHS England » The NHS Digital Weight Management Programme
Alcohol Care Teams Identification of people with alcohol dependency in acute hospitals, provision of specialist interventions and referral into community services for ongoing support and treatment	Alcohol-related liver disease is the one of the leading causes of death in the UK and is on the rise, having increased 43% over the last two decades and by an unprecedented 21% in 2020. In 2020, 5,608 alcohol-related liver deaths were recorded in England, a rise of almost 21% compared to 2019. This is substantially above pre-COVID trends - between 2018 and 2019 the increase was under 3%. Approximately 1 in 10 adults admitted to acute hospital may be alcohol dependent. Alcohol disorders places a disproportionate burden on hospital services; Alcohol Care	A NICE Quality Improvement Case study on the impact of an ACT in Bolton, found it saved 2,000 alcohol related bed days in its first year and reduced readmissions by 3%. A calculated RoI of £3.85 for every £1 invested was derived from the Bolton Case Study.	NHSE modelling suggest benefit of around 75,000 bed days per year based on 25% roll out of ACTs – circa 1.5k per hospital site. A recent NHS – commissioned report estimates that over the next 20 years, there will be an additional 207,597 alcohol-attributable hospital admissions and 7,153 alcohol-attributable deaths, costing the NHS an additional £1.1bn compared to 2019 alcohol consumption levels.	The risk of alcohol-related mortality increases steadily after 112g (approximately 14 units) average weekly consumption and is more accelerated with heavy drinking. As a consequence, reduction of drinking, and especially of heavy and dependent drinking – a key role for ACTs – is the main mechanism to reduce alcohol-related mortality. High quality systematic review suggests approx. 1 in 10 adults admitted to acute hospital may be alcohol dependent.	PHE (2016) Local health and care planning: menu of preventative interventions (Chapter 1) All our health: alcohol https://portal.e-lfh.org.uk/Component/Details/587422 Long Term Plan Alcohol Care team resources (incl. Core Service Descriptor) Clinical Competencies for the care of patients with Alcohol Use Disorders The Royal College of Psychiatrists' Alcohol Care Team Innovation and

	Teams (ACTs) help to address this.				Optimisation Network (ACTION) Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies Evidence Review The Prevention Programmes NHS Futures webpages and ACT micro-site