GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Help Me Quit Service Review

Summary of Key Findings and Recommendations

Date: 13 October 2025

Background

Smoking remains the largest cause of preventable deaths in Wales, with an average of 3,845 deaths amongst adults aged 35 and over between 2020-22 were attributable to smoking, more than one in ten of all deaths in this population. Over the same period, more than an average 17,000 admissions were due to smoking related illness every year. Smoking is a key driver of health inequalities, with rates of mortality from smoking more than three times as high amongst those living in the most deprived fifth of areas in Wales compared with the least deprived.

Help Me Quit was established in 2017 as the national smoking cessation service for Wales. It is delivered in partnership between Health Boards, who deliver HMQ directly and commission support through community pharmacy, and Public Health Wales.

The Help Me Quit Service Review was commissioned from Public Health Wales by Welsh Government "to ensure the current and continued effectiveness of the Help Me Quit system in supporting smokers who engage with the service to quit; and to strengthen the smoking cessation system in Wales". The Review was overseen by Project Board including representatives from the Directors of Public Health, Health Board HMQ services, community pharmacy and academia.

The review was carried out between September 2024 and May 2025 and included an audit of services against current standards, including NICE guidance, a service mapping exercise, data analysis and stakeholder engagement sessions. The final Report included nine key recommendations and 30 other recommendations, for Health Boards

1. How Effective is HMQ as a Service?

Help Me Quit is effective in supporting smokers across Wales to quit, with **good and improving outcomes** that compare well with other cessation services.

- In 2023-24, 17,104 HMQ clients became treated smokers[a], an increase of 18.4% year-on-year, driven in particular by increases in the number of smokers by referred from hospital settings, which increased increase by 50.9% year-on-year

[a] A 'treated smoker' is a smoker who has attended at least one Assessment/Treatment session with HMQ and set a quit date

- A total of 8,617 smokers in Wales had quit smoking 4 weeks after becoming a treated smoker in 2023-24
- The overall quit rate (the proportion of treated smokers who are recorded as having quit 4 weeks after their quit date) was 50.4%. This is above targets set in national guidance and is comparable to the rate reported by NHS England in the same period

A key measure of success for smoking cessation services is the **proportion of the estimated number of smokers** they reach:

- In 2023-24 5.2% of the estimated population of smokers in Wales became 'treated smokers' in 2023-24, with 2.6% of the estimated smoking population recording a quit four weeks after their agreed quit date. These figures are higher than those reported by NHS England

The HMQ Service Review also found Help Me Quit helps to **address the substantial health inequalities** caused by smoking:

- HMQ clients broadly reflect the underlying smoking population, and those who may be marginalised, particularly in relation to deprivation, have comparable outcomes to those who are not marginalised
- The data reinforce evidence from practice that current smokers in Wales are at least as likely to access HMQ and to benefit from the service as smokers in previous years

Evidence from the HMQ Service Review supports the case for **investment in smoking cessation** with strategic, sustainable funding:

- There is clear evidence that investment in smoking cessation services is associated with a greater proportion of smokers accessing services and achieving successful outcomes
- A key factor in the continued success of HMQ is stable and sustainable funding to support strategic service planning and sufficient capacity to meet service demand

There is also clear evidence that HMQ provides a **high quality service** that reflects the current evidence base:

- Help Me Quit continues to be delivered in line with current service standards as set out by NICE guidance and other key sources of guidance
- Staff demonstrate a clear understanding of the importance of their work and consistently show a strong commitment to supporting smokers to quit
- HMQ is effective as an integrated system, with services delivered across hospitals, community services and community pharmacy

However, to maintain and increase effectiveness, there are a number of **key challenges and opportunities** Help Me Quit needs to address:

- The COVID-19 pandemic had a major impact on the delivery of support through HMQ, with some challenges (e.g. CO monitoring of quits) continuing.

But there is also evidence of innovative approaches to meeting these challenges across the system

- Sustainable, strategic funding arrangements are essential to HMQ's continued effectiveness. Current annual financial cycles (e.g. via Prevention and Early Years funding) do not support the strategic objectives of building a skilled workforce and delivering consistently high quality services
- As smoking prevalence has reduced, the population of smokers is changing as are their needs and preferences for different models of cessation support and modes of service delivery
- The landscape in which Help Me Quit is delivered is changing, with factors including communication technology, evidence on emerging models of cessation support and the commercial availability of vapes and other nicotine products
- To continue to support smokers effectively, Help Me Quit needs to continue to develop a service offering that reflects client needs and current evidence of effectiveness
- There are opportunities to deepen integration, in particular through the use of common data systems
- The new Community Pharmacy Service Specification for smoking cessation creates opportunities to increase integration across the HMQ pathway, in particular for clients who are being supported by telephone or virtually by HMQ teams in the community, and to provide prescription pharmacotherapies more rapidly