



Resource impact summary report

Resource impact

Published: 4 August 2022

www.nice.org.uk

This August 2022 update covers using Allen Carr's Easyway in-person group seminars to help people stop smoking. It updates [recommendation 1.12.2 in the NICE guideline on tobacco](#), (originally published in November 2021).

Allen Carr's Easyway in-person group seminar has been recommended as an additional treatment option to the current treatment options. Making the intervention available through the NHS and local authorities alongside other interventions would broaden people's choice. It could also potentially increase the number of people attempting to quit by offering an alternative that does not include pharmacotherapy.

Around 14% (6.4 million) of adults smoke cigarettes in England ([Office for National Statistics, 2020](#)), of which 236,000 (3.7%) accessed NHS stop smoking services in 2020. In 2012 the prevalence was around 20% (8.8 million), of which 816,000 (9.3%) accessed stop smoking services. In 2021 around 179,000 adults who smoke set a quit date and received NHS stop smoking treatments ([NHS stop smoking services statistics 2020 to 2021](#)). Therefore, based on the 2021 figures around 179,000 people are estimated to be eligible for NHS stop smoking services including Allen Carr's Easyway in-person group seminars.

Where a change is required to current practice, this may require additional resources to implement. However, clinical experts suggest that it is unlikely that practice will change substantially as a result of this guideline update. If the new treatment option is chosen, it will displace any of the existing range of options and therefore may result in additional costs or savings depending on current local practice.

The price of an in-person group seminar can be obtained from [Allen Carr's Easyway website](#). Prices may be subject to variation where volumes vary. The guideline committee were advised that the NHS or local authority is likely to be able to negotiate a discount for the intervention if enough people take up the offer. There may be other costs involved, for example, administration and travel to attend the in-person group seminars.

Evidence reviewed suggests that the intervention is cost effective. Therefore, any additional costs may be offset by better healthcare outcomes, such as a reduction in potential future comorbidities and the associated healthcare costs.

Due to a lack of robust data on current practice and variation across organisations and services, the resource impact is also expected to vary locally depending on current and future commissioning arrangements.

Services are commissioned by local authorities and integrated care systems. Providers are secondary care, primary care and community local stop smoking services and private sector commissioned organisations.