Sarah Wollaston Chair, Health Committee

It is a pleasure to serve under your chairmanship, Mr Brady. I commend Alex Cunningham for his tireless campaign on tobacco control and for introducing the debate.

In 1974, 46% of adults smoked, but that figure has now fallen to 16.9%. That is not an accident; it has been because of the concerted action of campaigners, cross-party working and Government support over the years. It has all been about price, marketing, availability, smoke-free environments, education, targeted support to help people to cut down and quit, and the availability of less harmful alternatives.

I also commend the Government and the Conservative-led coalition Government for their action over the past six years. We have seen an end to point-of-sale displays—the last refuge of advertising and marketing—and, finally, the introduction of standardised or what we might call "truth" packaging, which allows people to see the product and what it does to them. We have also seen further protection for children, with bans on proxy sales and on smoking in cars with children present.

The evidence shows that intervention saves lives, and in the case of smoking it saves lives very quickly. It can have a real effect in the same year on foetal, maternal and child health and on reducing cardiovascular disease and complications in surgery. It is definitely worth doing, both in the short and the long term. It should set a template for other public health measures, because it shows that they really make a difference and are definitely worthwhile.

As the hon. Member for Stockton North so clearly stated, however, these improvements do not mean we should be complacent. There are still 76,000 preventable and premature deaths a year as a result of smoking. Not only does that have a devastating impact on individuals and their families, it has other implications, not just for mortality but for the disease burden and the lives lived in very poor health. In my 24 years on the frontline in the NHS I saw that at first hand. Living with COPD and end-stage COPD is a dreadful burden on individuals.

There is also the cost to the NHS and the issue of health inequality, which we have heard about already. The cost to the NHS is about Â£2 billion a year. If we are to look at the long-term sustainability of our NHS, we must tackle that. Things can be done. Almost a quarter of hospital admissions for lung disease are attributable to smoking; we can do better on that.

As the hon. Member for Stockton North pointed out, the Prime Minister spoke in her first speech on the steps of Downing Street about the "burning injustice" of the life expectancy gap between rich and poor. I absolutely support her determination to tackle that; we also need to tackle the gap between rich and poor in healthy lives lived, which is also very important. The stark reality is that those who earn less than Â£10,000 a year are twice as likely to smoke as those who earn more than Â£40,000 a year. If the Government are serious about tackling health inequality, they have to have an effective tobacco control plan.
Of course, health inequality is a multi-factor problem. It is not just about issues such as smoking and obesity—there are many other important issues, such as education, poverty and housing—but we can make a difference both quickly and in the long term by continuing to tackle smoking. I really hope the Minister will acknowledge that it is about preventing new smokers from coming on board, helping existing smokers to cut down and quit, and imposing greater responsibility and accountability on the industry. The five year forward view rightly calls for a radical upgrade in prevention and public health, which is essential for the long-term sustainability of the NHS. Now is not the time to cut back on the services that deliver prevention and help for people to cut down and quit, but sadly that is what is happening.

I am afraid a lot comes down to budgets. In 2015, we saw a Â£200 million in-year cut to public health budgets, and that is set to continue. The Health Committee's recent inquiry into public health, which has now reported, found that there will be a real-terms reduction in public health budgets from Â£3.47 billion in 2015 to Â£3 billion by 2021. That will hit front-line services. Around 4.1% of total health spending is currently in public health, and that percentage is definitely set to decline, which is absolutely a false economy. We should be investing now to make the savings we need for the future—not just for individuals, though of course they should be the priority, but for the long-term sustainability of the NHS. That would be cost-effective.

We are already seeing the impact on front-line services: local authority stop smoking services have been decommissioned in Manchester, for example, and in Worcestershire they are now available only to pregnant women. We also need to look at how CCGs are withdrawing their support for GPs to prescribe nicotine replacement therapy. That is worrying, because there is a very clear evidence base for such services, as we have heard. I will not repeat what the hon. Member for Stockton North set out so eloquently. Cutting them is the worst example of poor value for money and letting people down. I really hope that when devising an effective strategy the Minister will look at that and make sure that those services are available, both within local authorities and at the frontline of NHS services.

As a former GP, I know the role GPs can play in persuading those who are in the most danger, because they see people when they are suffering the complications of smoking and their intervention at that point is often the trigger for people to quit effectively. But GPs are now left in a position where they cannot prescribe the products that we know might help patients. We absolutely must not abandon one of the most cost-effective measures in healthcare, and we must not add extra cost to the future.

Members in the main Chamber of the House of Commons are discussing baby loss this afternoon, and I am sorry that none of us can be in two places at once. However, it is essential to remember that if the Government are to succeed in their aim to reduce neonatal stillbirths and maternal deaths by 50% by 2030, we have to consider maternal smoking. Sadly, around 300 perinatal deaths every year are attributable to smoking. There are very important reasons across the board for tackling this.

Finally, I will touch on the issue of e-cigarettes, because there is some controversy around them. Some people fear that the industry will take over and that e-cigarettes will become a gateway into smoking, but the evidence so far does not support that. Of course we need to be vigilant and make sure that these products are not being marketed to children to push nicotine addiction, which then steps on to smoking, but so far the evidence is not there. Nevertheless, we need to watch the marketing side of things.
There is no doubt that for many people e-cigarettes are a gateway out of smoking or a way to reduce the amount that they use. It is estimated that in 2015 around 18,000 long-term smokers were helped to cut down and quit by such products. We should be encouraging their use, because the evidence supports that. We are currently members of the European Union and so subject to the tobacco directive, which will mean further restrictions on the use of e-cigarettes. Will the Minister confirm that she will look carefully at the emerging evidence to see where we want to fit in with and adopt that directive and, perhaps, where we feel that it might not be appropriate for the UK? It is an emerging picture, but the overall message should be that we should encourage the use of e-cigarettes and make them available to people when they need to use them.

I know that other Members wish to speak, so I shall not detain the House any further, other than to say that, like the hon. Member for Stockton North, I hope the Minister will be able to confirm today the timetable for the introduction of the tobacco control plan. I know that she will be personally determined to ensure it is effective.