Suffolk Tobacco Control Plan
2026 – 2030

Stopping the harm of tobacco use in Suffolk

Version 1 - August 2026

Public Health, Communities & Public Safety. Suffolk County Council

Supported by the Suffolk Tobacco Control Alliance (Appendix 1)

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Our Goal

Reduce the prevalence of smoking in Suffolk to 5% or under by 2030

In line with the national ambition to reduce smoking in England to 5% or under by 2030, Suffolk will work in collaboration with smokers and communities, the public sector, third sector and private sector to reach that goal. Suffolk smoking prevalence is 10.5% (2024 latest data).

Our Mission — No Smoker Left Behind

All smokers in Suffolk can access equitable and effective support to help them stop smoking. This is why:

- Smokers are 3 times more likely to quit with help from a stop smoking service than making a quit attempt on their own.
- In Suffolk 4.8% of smokers set a quit date with a stop smoking service (5% target).
- Smoking prevalence is higher in Suffolk's most deprived areas, where quitting can be harder.
- While overall smoking prevalence is falling each year, it remains higher in some population groups (see page 9 for priority populations).
- To achieve our goal, we must prioritise those population groups, recognising both the independent and overlapping disadvantages that impacts people's ability to stop smoking.
- By using the 'No Smoker Left Behind' principle to guide all work programmes we will reach Our Goal.

Introduction

Smoking damages and cuts short lives in extraordinary numbers. From increasing stillbirths, through asthma in children, to dementia, stroke and heart failure in old age, it causes disability and death throughout the life course. It drives many cancers, especially lung cancer which is the most common cause of cancer deaths in both women and men in the UK. Large numbers of people are confined to their homes by heart failure or chronic obstructive pulmonary (COPD) disease caused by smoking, unable even to climb the stairs. Non-smokers, including children and pregnant women are exposed to the risks of second-hand passive smoking. The NHS has a huge burden of smoking-related disease to attend to, along with all its other work. ***Professor Sir Chris Whitty, Chief Medical Officer Oct 2023*** Stopping-the-start-our-new-plan-to-create-a-smokefree-generation[i]

The Suffolk Tobacco Control Plan aims to present information on the prevalence and impact of smoking and outline how the Suffolk system will reduce smoking prevalence between 2026 and 2030. It has been informed by the ASH 10 High Impact Actions for local authorities and their partners[ii]. **A Delivery Plan accompanies this Tobacco Control Plan.**

This Plan's primary focus is on adult smokers 18yrs and above. We recognise the increased prevalence in children and young people using tobacco and non-tobacco nicotine products. In 2026/27 we will develop a Suffolk Children and Young People (CYP) Nicotine Products Control Plan to reduce uptake of nicotine products and support people to stop using nicotine products.

❖ The Harm

- Smoking remains the single biggest cause of illness and death that can be prevented[iii].

- When used exactly as recommended by the manufacturer, cigarettes are the one legal consumer product that will kill most users – Globally, up to 2 out of 3 long-term smokers die from smoking-related diseases if they do not quit[iv]. For many smokers it may take 30 or more quit attempts before being successful[v].

- Just under 1 in 5 deaths in men aged 35+ are attributable to smoking (19%)[vi].

- One in 4 patients in a hospital bed is a smoker. Smokers see their GP 35% more than non-smokers[vii].

- Smoking increases the risk of many diseases and conditions including dementia, osteoporosis and type 2 diabetes and has links to Multiple Sclerosis, rheumatoid arthritis and meningitis[viii]. Several conditions are associated with or aggravated by smoking such as tooth loss and gum disease, stomach ulcers, back pain and depression[ix].

- On average smokers experience difficulty with everyday tasks 7 years earlier than people who have never smoked and receive care (help with basic tasks like dressing, walking across a room and using the toilet) 10 years earlier than never smokers[x].

- People with serious mental illness die 10 to 20 years earlier than the general population, with smoking a major contributor[xi].

- Smoking in pregnancy increases the risk of miscarriage, premature birth, stillbirth and low birth weight. Maternal smoking after birth has been linked with the risk of sudden infant death[xii]. Preconception paternal smoking is associated with an increased risk of spontaneous miscarriage [xiii].

- There are more than 50 cancer-causing chemicals in second-hand smoke. If someone can smell it, they are inhaling it. People particularly at risk from second-hand smoke include children, pregnant women and people with pre-existing heart or respiratory illnesses[xiv]. Being around second-hand smoke also makes it more difficult for smokers to stop and stay stopped.

- Tobacco takes 500,000 UK households (around 740,000 working age adults, 180,000 pensioners and 330,000 children) below the relative poverty line (60% of median income)[xv].

- HMRC estimated 10% of all cigarettes consumed in the UK in 2023/24 were illicit (2 billion cigarettes). For hand-rolling tobacco, the illicit market share was 24% (1.9 million kg).

- The illicit tobacco trade has strong links with organised crime and sellers often target children, increasing the risk that they will become addicted to smoking. The lower cost of illicit tobacco also undermines the impact of public health measures by reducing the financial incentive to quit smoking[xvi].

- Growing, making and smoking tobacco harms the environment at every stage driving deforestation, fuelling climate change, and littering the world with toxic, non-biodegradable cigarette butts.[xvii]

The full extent of harms caused by tobacco are not captured in this document. See ASH for more information.

❖ In Suffolk

Smoking prevalence

- In 2024, the Annual Population Survey estimated that 10.5% of adults (aged 18 and over) living in Suffolk were smokers, statistically similar to England (10.4%). Using 2024 population estimates, this equates to around 66,600 smokers (aged 18 and over) living in Suffolk[xviii]. The 3-year range (2022 – 2024) is at 11.0%, (England 10.9%) [xix].

- See smoking prevalence in people with long term conditions in Ambition Targets section page 9

- High smoking rates continue among people living in areas of deprivation, people with substance use disorders, people experiencing homelessness and people in the criminal justice system. Smoking prevalence is higher in people living in social housing and in routine and manual workers and some ethnic minorities (see prevalence in Ambition Targets).

- 20.8% of adults (aged 18 and over) with a long-term mental health condition smoke (2024/25). And 31.8% of people with a severe mental illness (SMI) in smoke.

Cost to Suffolk

- Using 2022-24 averaged prevalence, with 2025 prices it is estimated that smoking costs Suffolk £586 million per year, this includes the combined cost of smoking-related healthcare costs, social care costs, fire costs and productivity costs[xx].
- Premature deaths attributed to smoking gives an estimated loss of a further £573 million bringing the estimated cost of smoking to Suffolk £1.159 billion (May 2026)[xx].
- It is estimated that £206m is spent by consumers on purchasing tobacco (legal and illicit) annually in Suffolk (May 2026)[xx].

❖ The Hope

- It's never too late to stop smoking. Health improves at any age regardless of how long someone has smoked. The earlier a person stops smoking the greater the benefit, including for people with smoking related conditions.

- The NHS 10 Year Health Plan for England focus on prevention includes rolling out lung cancer screening for ex and current smokers with support to quit smoking. The Norfolk and Suffolk ICB Population Health Improvement Plan set an outcome measure of supporting 75% inpatient quit

attempts by 2028.

- The Tobacco and Vapes Act 2026 prohibits the sale of tobacco to people born on or after 1 January 2009; gives government powers on licensing of retail sales and the registration of retailers; product and information requirements and control of advertising on tobacco, vapes and other products; and provision of smoke-free places. Strengthening the existing ban on smoking in public places to reduce the harms of second-hand smoke in certain outdoor settings will particularly help children and medically vulnerable people[xxi].

- £2.7m has been committed by the Department of Health and Social Care for Suffolk to reduce smoking in 2026/27. Funding has been committed by DHSC until 2029.

- To tackle illicit tobacco and vapes and underage sales Suffolk Trading Standards vision of creating a Rogue Free Suffolk delivers on the following objectives.

    - To build resilient communities who can identify and say 'no' to scams and rogue traders by providing safety information and advice to consumers
    - To support genuine Suffolk businesses, and to act against and prosecute rogue traders
    - To carry out market surveillance and use intelligence to target our resources most effectively such as visits to those businesses causing complaints

Stubbing out the problem: A new strategy to tackle illicit tobacco March 2024 government high-level strategic aims are:

- Aim 1: Reduce demand for illicit tobacco
- Aim 2: Tackle organised crime to reduce community harm

The strategy strengthens the already effective collaboration between HMRC, Border Force and the Department of Health and Social Care, to drive enforcement in all areas and stub out the problem of illicit tobacco[xxii].

- The Feel Good Suffolk Stop Smoking Service unique council's partnership and delivery model uses local knowledge and relationships to deliver a range of stop smoking options.

- 60.7% of people in Suffolk have never smoked (2024). In Suffolk, in 2025/26 over 2924 people stopped smoking with the help of a stop smoking service.

- 4.9% of people smoke at the time of giving birth (Suffolk 2024/25), the lowest recorded percentage to date and statistically significantly better than the England estimate of 6.1%. The Norfolk and Suffolk ICB fund the stop smoking in pregnancy NHS Saving babies' lives services, which also supports partners to stop smoking, and the National smoke-free pregnancy incentive scheme was introduced in 2025.

- 890 people quit smoking using Suffolk hospital in and outpatient and emergency department stop smoking services 2025/26. West Suffolk Hospital showed a third of inpatients using the stop smoking services reduced their hospital readmissions (2024/25).

- Smoking is corrosive to individual, family and community health. Reducing smoking in has knock on benefits including a reduction in poverty[xxiii].

❖ Priorities: Using a system wide approach we will

1. **Target inequalities with a "No Smoker Left Behind" approach**
   1.1 Prioritise populations with higher smoking prevalence
   1.2 Focus on equitable access for all smokers
   1.3 Focus on effective stop smoking support for all smokers

2. **Develop, expand and sustain high-quality, evidence-based stop smoking support and stop smoking workforce capability**
   2.1 Resourcing proven stop smoking interventions
   2.2 Resourcing proven stop smoking training and other relevant training
   2.3 Strengthen referral pathways examining every aspect of referral and treatment pathways to meet the needs of all smokers
   2.4 Encourage innovation supported by evidence-based practice

3. **Reduce access to and use of illicit tobacco and vapes (and underage sales)**
   3.1 Supporting national enforcement
   3.2 Develop and support local initiatives working with the communities impacted most

4. **Foster a stop smoking culture through**
   4.1 Targeted, inclusive and health literacy aware public campaigns
   4.2 Cultivate support for smoking cessation amplifying smoking as an issue across the system building smoking into other's priorities, policy and action plans
   4.3 Creating smokefree places working with local stakeholders

❖ **Tactics** - How we will achieve our goal and priorities

1. **Take a whole-system partnership approach** working with public, private and voluntary sectors and communities to
    a. Set SMART[1] actions and monitor progress (Specific, Measurable, Achievable, Relevant, Time-bound)
    b. Ensure quality assurance and quality improvement through joined up programmes of work, learning, training and evaluation, including improved data quality
    c. Amplify smoking as an issue across the system building smoking into other's priorities, policy and action plans
    d. Support the implementation of the Tobacco and Vapes Act 2026
    e. Work with East of England colleagues using the benefits of economies of scale, regional campaigns and projects
    f. Understand the related and supported industries, supporting sectors and interactions, synergy among them e.g. the large and varied market of vape suppliers

2. **Embed behaviour change science** to create and improve stop smoking support models such as the COM-B behaviour change model

    e.g. Create *opportunities* to make quit attempts and quit, increase *capability* to make quit attempts and quit and *motivation* to make quit attempts and quit

3. **Focus resource on high smoking prevalence priority populations by**
    a. Setting 2030 smoking prevalence ambition targets for priority populations
    b. Deliver person centred and evidence-based stop smoking interventions
    c. Support organisations to assist their smoking employees to quit
    d. Examining every aspect of referral and treatment pathways to meet the needs of all smokers[xxiv]
    e. Using systematic and evidence-based tools e.g. Health Equity Assessment Tool to improve reach, efficacy and adoption of stop smoking support
    f. Using a place-based approach to understand what works best for communities and involve smokers and those closest to smokers
    g. Tobacco control is prominent in other council-wide strategies and plans

4. **Ongoing workforce development will**
    a. Include key workforce stakeholders in the development of action plans
    b. Build Communities of Practice: consistency of practice, adherence to guidance, share learning and innovation for ongoing improvement
    c. Upskill organisations and professionals in Stop Smoking Very Brief Advice (VBA)
    d. Upskill in wider areas of good practice such as health literacy and cultural competency

5. **Design and release effective communications and campaigns to**
    a. Encourage smokers repeatedly and consistently to make quit attempts

b. Contain the harms of smoking with hopeful messages on the benefits of quitting, where/how to access support, and effective quitting aids c. Consult communities on inclusion when promoting the stop smoking support d. Use literacy aware frameworks and widespread communications to reach hidden populations
6. **Reduce access to, use of and availability of illegal tobacco and vapes by** a. Working in partnership to support the aims Trading Standards and HMRC b. Create communications to reach the most vulnerable to the illegal market c. Reduce smoking and provide quit vaping support for those at risk
7. **Vaping cessation initiatives put in place for people ready to discontinue vaping, are not at risk of smoking relapse but may have inequality barriers to stopping** a. Where people who have used vaping to stop smoking and would like to quit vaping, we will support people to do so through vaping cessation initiatives

Ambitions Targets

1. **Ambition to reduce the smoking prevalence of smokers residing in Suffolk** from 10.5% 2024 to 5% or under, by 2030.
2. **A target of 5% of Suffolk's smoking population set a quit date year on year**. The 2024/25 proportion of local smoking population who set a quit date was at 4.8%. (1)
3. **A target of an overall quit rate of over 55% by 2030.** In 2024/25 Suffolk reached a quit rate of 45.87% (NHS Digital Return).
4. **Ambition to reduce smoking prevalence in priority populations by 52.4%.** To reach a 5% smoking prevalence in Suffolk a relative reduction of 52.4% across the population is required. It is acknowledged that some groups may remain above 5%. To reduce this inequality additional targeted interventions should be applied for those groups.

Priority populations

Table A below: Shows priority populations and our ambition target for those populations in 2030 (see Ambition 4 in table above). It is recognised that there will be intersectionality (overlap) present across priority populations e.g. someone who has a long-term condition may also be a routine and manual worker and be from an ethnic minority background.

Table A - Priority populations			
Smoking priority populations	**Data source**	**Suffolk Smoking Prevalence** (latest data available)	**Ambition of** 52.4% reduction by 2030
Routine and Manual Workers (1)	*Fingertips (2023)*	**20.8%**	**10%**
People with substance/alcohol use disorders	*Pathfinder PHM, 18+years (Data to Feb 2026) Excludes Waveney*	**29.3%**	**14%**
Smoking at Time of Delivery Focus on Waveney with higher prevalence	*Fingertips (2024/25) Waveney data required.*	**4.9%**	**2.4%**
Women aged 18-45 - Suffolk And smokers around them (no data)	*Pathfinder PHM, 18+years (Data to Feb 2026), N&W PHM Population Explorer (Data to Jun 2026)*	**14.9%**	**7.1%**
People with an SMI (2) - Suffolk	*Pathfinder PHM, 18+years (Data to Feb 2026), N&W PHM Population Explorer (Data to Jun 2026)*	**31.8%**	**15.2%**
Adults with a long-term mental health condition	*18yrs 2024/25 Fingertips*	**20.8%**	**10%**
Long-term Physical Condition. *Suffolk residents registered with GP*	% of people with condition current who smoke *(Data to Feb 2026), N&W PHM Population Explorer (Data to Jun 2026)*	**Ambition of** 52.4% reduction by 2030	
Cancer	**8.9%**	**4.3%**	
Hypertension	**10.3%**	**5%**	
Heart Disease	**11.1%**	**5.3%**	
Type 2 Diabetes	**12.6%**	**6.0%**	
COPD	**27.1%**	**12.9%**	
Obesity	**12.4%**	**6%**	
Epilepsy	**20%**	**9.52%**	

Smoking priority populations	**Data source**	**Suffolk Smoking Prevalence (latest data available)**	**Ambition of** 52.4% reduction by 2030
Eastern European (3) (Ipswich and East Suffolk, and West Suffolk Alliances excludes Waveney).	*Pathfinder PHM, 18+years (Data to Feb 2026) Excludes Waveney*	**32%**	**15.3%**
Ethnic minorities (Ipswich and East Suffolk, and West Suffolk Alliances excludes Waveney). Target populations for V1 of this plan. Reviewed annually. *More work to be done to understand who these are white other, any other ethnic group and Asian other are. And add Waveney data.*	*Pathfinder PHM, 18+years (Data to Feb 2026) Excludes Waveney*	Black Caribbean **(20.7%)** White Irish **(14.0%)** Bangladeshi **(14.0%)** Mixed black Caribbean and white **(20.9%)** Pakistani **(13.1%)** Chinese **(10.5%)**	BC – **9.9%** WI – **6.7%** B – **6.7%** MBCW – **9.9%** P – **6.2 %** C – **5.0%**
		White other **(22.1%)** Any other ethnic group **(21.4%)** Asian other **(11.1%)**	
Other smoking priority populations LGBT+ individuals Portugal Social housing tenants 33% *(ASH 2021)* People experiencing homelessness People in the criminal justice system People who are economically inactive due to ill health who smoke 11.3% (4) Armed forces and veterans (5) Gypsy and Irish Traveller/Roma G&IT 24.7% / R 24.8% 2024 Smoking & vaping health needs assessment	It is known from national and global evidence that these populations have a higher smoking prevalence. Due to lack of local data sets, there will be no targets set for V1 of this tobacco plan. **Action:** Acquire Suffolk smoking prevalence if available or work on ways to provide a measure of smoking prevalence in local populations. **Action:** Develop and deliver programmes to support these populations to stop smoking.		

Table B: Shows the smoking prevalence by Integrated Neighbourhood Teams (INT) area and PCN (Waveney) data and the ambition smoking prevalence percentage for 2030 for those areas. Ward data is also available, and actions will be considered at a ward level.

Table B: Geographical areas of Suffolk		
PCN by Registered population – June 2026 (Source: Norfolk & Waveney Population Explorer PHM dashboard. Current smokers 18+years)	**Smoking prevalence 2026 of people 18yrs and over.**	**Ambition to reach** 52.4% lower by 2030
Lowestoft **PCN**	17.3%	8.3%
South Waveney **PCN**	12.6%	6%
INT by Residents Feb 2026 - (Source: Pathfinder PHM dashboard - Current smokers, 18yrs and over resident Ipswich & East or West Suffolk Alliances and registered to a GP)		
Ipswich West	21.1%	10.1%
Newmarket	18.7%	9%
Ipswich East	16.7%	8%
Mildenhall and Brandon	16.6%	8%
Haverhill	16.2%	7.8%
Felixstowe	14.2%	6.8%
Sudbury	14.2%	6.8%
Central Suffolk	13.5%	6.5%
Bury Town	13.2%	6.3%
Eye and North West	12.3%	5.9%
Saxmudham and North East	11.9%	6.2%
Bury Rural	11.2%	5.4%
South Rural	10.9%	5.2%
Woodbridge	9.7%	4.7%

Table C: Shows the smoking prevalence of the 6 GP practices with the highest smoking prevalence smoking population and the Ambition target for 2030. See full list of smoking prevalence for GP practices Appendix 2.

Table C GP Practices		
A 52.4% reduction in smoking prevalence in the 49 GP practices who have a prevalence (2024/25 data) of over 10.5%. Ambition target for 2030 in **bold**.		
Kirkley Mill Health Centre, Lowestoft, NR33 27.8% to **13.3%**	Burlington Primary Care, Ipswich, IP1 21.4% to **10.2%**	Barrack Lane Medical Centre, Ipswich, IP1 21.3% to **10.2%**
Alexandra & Crestview, Lowestoft, NR32 Surgeries 20.9% to **10.9%**	Hawthorn Drive Surgery, Ipswich, IP2 20.9% to **10%**	Brandon Medical Practice, IP27 20.2% to **9.7%**

❖ Target data sources and notes

(1) The DHSC measure if a county is reaching 5% of the smoking population for those aged 18+ (APS) based on the 3-year range which is 11% as of 2022 - 2024.

(2) Of 5975 people with an SMI in Suffolk, 1917 of those people smoke (32%).

(3) Eastern European: Bulgaria, Czech Republic, Hungary, Poland, Romania, Russian Fed, Slovakia, Belarus, Moldova, Ukraine.

(4) Current smokers; reaching 11.3% [9.9–12.7%] in 2025, compared with 5.8% [5.0–6.6%] in former smokers and 3.3% [2.9–3.7%] in never smokers. The Lancet Regional Health .

(5) At the time of the 2021 Census there were 30,976 UK veterans residing in Suffolk.

❖ Appendices

Appendix 1.

❖ Suffolk Tobacco Control Alliance Membership 2026/27	
Public Health, Communities & Public Safety	Newtide Homes
Feel Good Suffolk	Turning Point
Suffolk Fire and Rescue Service	Ipswich & East Suffolk Alliance
Suffolk Trading Standards	James Paget University Hospital Maternity Services
HMRC Risk and Intelligence Service	Community Pharmacy Norfolk & Suffolk
SCC Family Nurse Partnership	ESNEFT Pulmonary Rehab and Respiratory
Babergh & Mid Suffolk District Council	ESNEFT QI, Health Inequalities & Medical Directorate
East Suffolk Council Health, Wellbeing and Leisure	ESNEFT Consultant Cardiologist
West Suffolk Council Families and Communities	ESNEFT Tobacco Treatment Service
Ipswich Borough Council	WSFT Tobacco Treatment Service
Norfolk and Suffolk Foundation Trust (NSFT)	OHID (Office of Health Improvement and Disparities)
ICB Norfolk and Suffolk (Integrated Care Board)	Community Dental Services

Appendix 2.

Smoking prevalence by GP practice data for persons aged 15+ in 2024/25.
Fingertips | Department of Health and Social Care

Area Name	Value	Count	Denominator	Recent Trend
D83030 - Kirkley Mill Health Centre	27.8%	1,737	6,257	Decreasing
D83008 - Burlington Primary Care	21.4%	2,978	13,939	Decreasing
D83059 - Barrack Lane Medical Centre	21.3%	3,665	17,190	Decreasing
D83056 - Hawthorn Drive Surgery	20.9%	1,815	8,664	Decreasing
D83002 - Alexandra & Crestview Surgeries	20.9%	2,725	13,008	Decreasing
Y00774 - Brandon Medical Practice	20.2%	904	4,486	Decreasing
D83023 - High Street Surgery	19.6%	1,928	9,824	Decreasing
D83073 - Dr Solway & Dr Mallick Practice	18.7%	933	5,000	Decreasing
D83050 - Cardinal Medical Practice	18.5%	4,344	23,440	No significant change
D83062 - Forest Surgery	18.5%	1,199	6,474	No significant change
D83081 - Haven Health	17.9%	1,303	7,295	Decreasing
D83029 - The Rookery Medical Centre	17.4%	2,142	12,334	Decreasing
D83074 - Orchard Medical Practice	17.4%	2,095	12,073	Decreasing
D83021 - Haverhill Family Practice	17.1%	2,781	16,288	Decreasing
D83027 - Orchard House Surgery	16.2%	1,627	10,062	Decreasing
Y01794 - Ravenswood Medical Practice	16.1%	2,012	12,476	Decreasing
D83018 - Market Cross Surgery	16.0%	1,707	10,700	No significant change
D83016 - Victoria Road Surgery	15.7%	1,433	9,154	No significant change
D83075 - Siam Surgery	15.2%	1,623	10,697	Decreasing
D83610 - Swan Surgery	14.8%	1,619	10,928	No significant change
D83051 - The Derby Road Practice	14.8%	2,366	15,981	Decreasing
D83078 - The Reynard Surgery	14.7%	1,171	7,977	Decreasing
D83034 - Bungay Medical Centre	14.4%	1,478	10,229	Decreasing
D83012 - Unity Healthcare	14.4%	3,021	20,928	Decreasing
D83608 - Andaman Surgery	14.3%	797	5,558	No significant change
D83045 - Lakenheath Surgery	14.3%	679	4,755	No significant change
D83010 - Longshore Surgeries	14.0%	793	5,678	Decreasing
D83079 - Combs Ford Surgery	13.9%	1,128	8,119	Decreasing
D83028 - Leiston Surgery	13.7%	1,122	8,178	Decreasing
D83060 - Hardwicke House Group Practice	13.6%	2,825	20,736	Decreasing
D83004 - Felixstowe Road Medical Practice	13.6%	1,185	8,710	Decreasing
D83048 - Grove Medical Centre	13.5%	2,062	15,224	Decreasing
D83015 - Howard House Surgery	13.3%	1,006	7,569	Decreasing
D83047 - Rosedale Surgery	12.9%	1,735	13,432	Decreasing
D83005 - Angel Hill Surgery	12.9%	1,599	12,394	Decreasing
D83044 - Stowhealth	12.8%	2,453	19,239	Decreasing
D83067 - Oakfield Surgery	12.5%	842	6,714	No significant change

D83009 - Beccles Medical Centre	12.4%	2,091	16,835	Decreasing
D83040 - Victoria Surgery	12.2%	1,168	9,602	Decreasing
D83017 - Needham Market Country Practice	12.1%	1,439	11,899	No significant change
D83064 - Glemsford Surgery	12.1%	483	3,995	Decreasing
D83013 - The Guildhall and Barrow Surgery	12.1%	1,411	11,681	Decreasing
D83053 - Saxmundham Health Centre	12.0%	971	8,122	Decreasing
D83070 - Stanton Surgery	11.9%	535	4,487	Decreasing
D83011 - Bridge Road Surgery	11.6%	1,226	10,540	Decreasing
D83035 - Cutlers Hill Surgery	11.4%	1,060	9,297	No significant change
D83043 - Eye Health Centre	11.2%	612	5,467	No significant change
D83046 - Two Rivers Medical Centre	11.1%	2,800	25,136	Decreasing
D83022 - Sole Bay Health Care	11.1%	537	4,852	No significant change

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