NHS
South West
Clinical Senate

Clinical Senate Council Meeting

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Thursday 21st September 2017

Question
What would be the most effective methods for delivering smoking/tobacco prevention in the South West and how can we use our health community to support this?

Context
In May 2017 the Clinical Senate Council session considered smoking and obesity as criteria for fitness for surgery. The outcome of this session was not to support smoking or obesity as criteria for delaying or denying surgery but to recognise that referral for surgery represents a "teachable moment" to support changes in behaviours which impact on health. With this context, and following the publication in July 2017 of the Tobacco Control Plan for England Public Health England (PHE) brought the topic of tobacco prevention to the clinical senate to consider how to incentivise the health community to recognise smoking as tobacco dependency and that supporting people to quit is one of the highest value healthcare interventions the NHS offers.

Overview of Evidence
The evidence set out in the papers reviewed in advance of the session and heard on the day highlighted that:

- Tobacco is still the single biggest killer in England
- Although fewer people are smoking the prevalence of smoking in the South West is 14%
- More pregnant women than average are smoking in the South West
- 1 in 4 hospital beds are occupied by a smoker
- 1 in 4 patients accessing healthcare are smokers
- Hospital based programmes addressing tobacco dependence have been shown to significantly lower rates of all-cause readmissions, smoking-related readmissions, and all-cause emergency department visits

Despite this the British Thoracic Society Audit of Smoking Cessation highlighted that 1 in 4 patients did not have their smoking status discussed with them by a healthcare professional. Only 1 in 4 patients who smoked were asked if they would like to quit and only 1 out of 13 patients who smoke were referred to a smoking cessation service suggesting that clinicians are asking about smoking status as a risk factor, rather than with a view to intervene. This represents a considerable opportunity, which is currently being missed, to support smokers accessing hospital services to quit.

The Senate also reviewed the learning from the London Clinical Senate's 2014 initiative and their aim that "every London clinician knows the smoking status of each patient they care for and has the competence and the commitment to encourage and support that patient to stop smoking through direct action or referral". Their programme was supported by leaders across the system, focussed on presenting evidence of the impact of smoking and the effectiveness of intervention in ways which were accessible and relevant to clinicians, reframed the problem as tobacco dependence with an expectation that clinicians would recognise

File path:

the need to intervene and provided materials and equipment to support clinicians who were early adopters of the approach. The benefits of the provision of CO monitors enabling practitioners to use them as an essential near patient test to routinely ascertain smoking status and support the conversation with the patient around tobacco dependence was something clearly identified through this work and explored by the Senate Council.

The evidence regarding vaping was also considered by the Senate Council. While not completely risk free, e-cigarette use carries a fraction of the risk of smoking, with no evidence of harm to bystanders. E-cigarettes are 95% less harmful than cigarettes as they only contain nicotine and none of the other harmful products found in cigarettes. Vaping is now being supported by PHE as when combined with a quitting support service is 5-6 times more likely to result in a patient never smoking again. E-cigarettes are now the most popular quitting aid and current evidence shows that e-cigarettes are not acting as a route into smoking for children or non-smokers; rather they are a gateway out of smoking

Both PHE and the Clinical Senate sought patient input on smoking cessation and a preference for compliance over enforcement regarding reducing smoking dependency came through very clearly.

A Smokefree NHS

The Tobacco Control Plan sets out a description of a Smokefree NHS where:

- Every front-line professional discusses smoking with their patients
- Everyone understands there is no smoking anywhere on NHS property
- Every smoker is offered stop smoking support on site or referral to local services

The key recommendations in the plan to deliver a Smokefree NHS are;

1. Ensure hospitals invest in and implement the recommendations on tobacco from the PHE menu of interventions which aligns with NICE PH48 and recommendations from the British Thoracic Society Review. (https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions) (Pages 14-18)
2. Ensure every hospital trust is implementing CQUIN 9 'Preventing ill health by risky behaviours - alcohol and tobacco'.
3. Assessing (using CO monitoring) and recording smoking status during every patient episode
4. Providing very brief advice (VBA) about the smoking cessation offer and immediate access to nicotine replacement therapies (NRT) and/or pharmacotherapies. Where relevant, provide training of healthcare staff to deliver interventions. Patients who smoke should leave hospital with a clear treatment plan to address their tobacco dependence.
5. Smokers who have tried other methods of quitting without success could be encouraged to try e-cigarettes and NHS organisations should consider developing 'vaporising polices'.

Recommendations:

The South West Clinical Senate supports PHE in raising awareness that smokers accessing the NHS are a target priority population which if appropriately supported could significantly accelerate the decline of smoking in England and reduce costs to the NHS.

There is a key opportunity and 'teachable moment' when patients are accessing health services, particularly in hospital, to ask about smoking status not as a risk factor but as a precursor to intervening.

Given the evidence that smoking cessation is one of the highest value interventions in the NHS, all STPs should use this opportunity to improve the health of their patients and renew their focus on tobacco dependency and review their plans for tobacco prevention against the recommendations for a Smoke free NHS in the Tobacco Control Plan

The health system in the South West should embrace the aim:

"That every clinician in the South West knows the smoking status of each patient they care for and has the competence and the commitment to encourage and support that patient to stop smoking through direct action or referral"

To achieve this will require leadership and coordination across the system as evidenced in the London area. NHSE, PHE and STP leaders should agree how this could be resourced.

Recommendations for STPs

1. Review and report back to PHE on the commitments to addressing tobacco dependence within their Sustainability Plans.

Recommendations for Commissioners

1. Ensure that the Preventing ill health CQUIN 9 is being effectively implemented by hospital trusts.
2. Embed the quality aspects of the Preventing ill health CQUIN into care pathways with a view to treating tobacco dependence over the long-term (not just for the life of the current CQUIN).
3. Facilitate PH48 baseline assessments in trusts and highlight the requirement for Service Development and Improvement Plans which is now written into the NHS Standard Contract (see technical guidance pgs.15 and 64).
4. Ensure the local Directory of Services (DOS) are updated with available quitting services in collaboration with PHE South West.

Recommendations for Providers

1. Embrace the aim for every clinician to know the smoking status of each patient they care for and to have the competence and the commitment to encourage and support that patient to stop smoking through direct action or referral.
2. Provide all staff with the skills to help smokers quit through the provision of;
   - Training in brief interventions (eg. level 1 NCSCT online training and helping smokers quit website) http://elearning.ncsct.co.uk/vba-launch.
   - Scripts and easily accessible facts about the impact of smoking and the effectiveness of treatments.
   - Embedding CO monitoring as part of ascertaining smoking status and initiating treatment for all patients. This should include a review and increase of availability of CO monitors and training on their use.
3. Support Smokefree NHS sites by offering an easy to access and comprehensive support programme for staff and patients in-house.
4. Identification of smoking status to be recorded/tagged on patient notes with tobacco dependency as a diagnosis.

5. Tobacco dependency to be recorded on death certificates where it has been a contributory factor.
6. Increase access to and uptake of NRT and Varenicline in the hospital setting.
7. Include CO monitoring on observation charts and NRT or Varenicline on drugs charts.
8. Tobacco dependence and the relevant treatment plan to be reflected in discharge summaries and take home medicines.
9. Identify a clinical champion at board level to support implementation of a Smokefree NHS.

Recommendations for Local Authorities

1. Ensure there is a strong, evidenced based community smoking cessation support offer locally that builds on existing services (eg. the Healthy Living Pharmacy Model) and work with trusts to ensure effective care pathways to ensure smoking cessation support is easily accessible.
2. Support STPs to review the commitments to addressing tobacco dependence.

Recommendations for PHE

1. Undertake a baseline review in liaison with commissioners of how all trusts in the South West are currently working to PH48.
2. Undertake a review of the potential financial impact by Trust from reduced admissions through smoking cessation to encourage increased prescribing for tobacco dependence.
3. Undertake an inventory of smoking cessation services in the South West and link these to DOS updates by commissioners.
4. Develop information, scripts and other materials for providers to support delivery of the aim that every clinician will know the smoking status of each patient they care for and has the competence and the commitment to encourage and support that patient to stop smoking through direct action or referral.
5. Develop a standardised vaping policy for trusts/healthcare providers.
6. Continue to develop and communicate the knowledge and evidence on vaporising and the role it has in tobacco harm reduction in order to maximise the benefits while mitigating the risks of e-cigarettes in the local health service context.

Next steps

PHE and the South West Clinical Senate to write to STP leads, NHSE, commissioners, providers and local authority public health promoting these recommendations and seeking support for a coordinated approach to ensure that every clinician in the South West knows the smoking status of each patient they care for and has the competence and the commitment to encourage and support that patient to stop smoking through direct action or referral.

Pre-reading

- The Tobacco Control Plan for England (particularly pages 12 - 22)
- NICE Guidance – Implementing an inpatient stop smoking treatment service in the secondary care setting
- A study published in the BMJ that evaluated the programme cost-effectiveness of the 'Ottawa model' can be found here
- NICE PH48 https://www.nice.org.uk/guidance/ph48/resources/baseline-assessment-tool-69151933
- Introduction to Smokefree NHS
- Steps to a Smokefree NHS
- Resources and Tools for Smokefree NHS
- Introduction to the CQUIN
- May Clinical Senate Council Advice
- PHE Optimisation Review – Maggie Rae

Speaker slides and meeting notes are available at www.swsenate.nhs.uk

Bibliography

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3. **PHE.** *E-cigarettes: an evidence update.* London : Public Health England, 2015.
4. **University of Ottawa Heart Institute.** Ottawa Model for Smoking Cessation. [Online] 2017. [Cited: August 9th, 2017.] http://ottawamodel.ottawaheart.ca/.
5. **NICE.** *Smoking cessation in secondary care: acute, maternity and mental health sevices, baseline assessment tool.* London : National Institute for Health and Care Excellence, 2013.
6. **NHS England.** *Preventing ill health: CQUIN supplementary guidance.* London : NHS England, 2017.
7. **PHE.** *Local Health and Care Planning: Menu of preventative interventions.* London : Public Health England, 2016.
8. **NHSE.** *NHS Standard Contract 2017/18 and 2018/19 Technical Guidance.* s.l. : NHS England, Updated October 2017.
9. **National Centre for Smoking Cessation and Training.** Very Brief Advice training module. *National Centre for Smoking Cessation and Training.*
10. **PHE Menu of Interventions** *https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions* (Pages 14-18)
11. **CQUIN Guidance 2017-2019** (Including CQUIN 9) *https://www.england.nhs.uk/wp-content/uploads/2016/11/cquin-2017-19-guidance.pdf*