Short Life Working Group

Improving Stop Smoking Support within Secondary Care

Context

Stop smoking services within secondary care

It has now been several years since there was an STA Cessation Group or Cessation in Pregnancy Group and yet many STA members are involved in provision of stop smoking support or planning of stop smoking services. Consequently interest has been expressed in forming a short-life working group to identify ways in which cessation linked to secondary care might be improved.

People who smoke are significantly more likely to be admitted to hospital, making the NHS estate an efficient and effective place to provide stop smoking support to smokers, at a time when they may be particularly open to hearing the message.

Across Scotland there has been huge investment of time and resources in creating smoke-free hospital grounds, but implementation has been challenging. Ensuring consistent performance on stop smoking support in secondary care settings can play a major part in delivering on this goal.

The Scottish Guide to Smoking Cessation 2010 was updated in 2017 and provided advice on the provision of smoking cessation in secondary care and an extract of the guide is reproduced below to illustrate the ideal that was envisaged. Part of the role of a SLWG may be to identify the extent to which guidance is being implemented and whether there are still gaps to be filled.

From *A Guide to Smoking Cessation in Scotland 2017 Update:*

4.3.2 Hospital patients (including patients preparing for hospital admission)
There is a well-established link between smoking and post-operative complications (e.g. increased mortality, pulmonary/respiratory complications, wound complications, delayed recovery). Even short-term cessation prior to surgery or hospitalisation may reduce risk of post-operative complications in comparison with continuing smoking – the longer the smoker is stopped, the greater the health benefits. Those who have an unplanned admission, and therefore who are effectively undergoing enforced cessation given that all NHS Scotland hospital buildings and grounds are smoke-free, should receive high quality support and advice from practitioners/advisers to help them cope with unplanned cessation, which has the potential to become sustained abstinence. High intensity behavioural interventions which take place during a hospital stay, that include at least one month of contact and support after discharge, are effective and help promote smoking cessation among patients in secondary care, although studies suggest that at least two months post-discharge telephone follow-up is likely to be required in order to be more successful.

Recommendations for working with hospital patients
Patients should be reminded at every suitable opportunity of the short-term and long-term health benefits of stopping.
b. Patients should be encouraged to stop smoking, for their own health benefits as well as due to NHS smoke-free premises (buildings and grounds), and:
- offered timely access to an intensive/specialist support service and provided with intensive support (see also bullet ‘d’ below)
- reminded of the smoke-free status of hospital buildings and grounds and be advised of the types of support and pharmacotherapy available to help smoking cessation

	or temporary abstinence, in order that they and their visitors/carers can prepare for this accordingly, for their own health and to avoid exposing others to second-hand smoke. c. Patients referred for elective surgery, or waiting to be admitted to hospital, should be encouraged to stop smoking before the operation or pre-admission. Those who want to stop smoking should be offered timely access to an intensive/specialist service (for example, an NHS smoking cessation service) plus pharmacotherapy. d. Hospital inpatients who use tobacco in any form should be provided with intensive smoking cessation services and pharmacotherapy while in hospital, from an on-site service and within 24 hours of admission, following the offer of advice and NRT from a suitably trained health professional to help them to quit and/or to manage nicotine withdrawal symptoms through an enforced quit while in NHS smoke-free premises (hospital buildings and grounds) and the offer of a referral to / appointment with an intensive service. (Due to the rural and remote nature of some services in Scotland, an on-site intensive service may only be available in mainland hospitals; however, intensive support should be provided within or as close to 24 hours of admission such as within two working days.) e. Patients waiting to be discharged from hospital, particularly those who have tried to quit smoking in hospital, should be offered, and fast-tracked for, (continued) intensive cessation support, with an appointment booked prior to their discharge. f. Relatives/visitors/carers, as well as patients, should be reminded if/as appropriate that NHSScotland premises (including hospital buildings and grounds) are smoke-free, in order that they can prepare for appointments, visits and hospital stays accordingly. Additionally: - carers and household members should be reminded of the risks of second-hand smoke and not to smoke around the patient (including in the house and car). - all should be: advised of the use of pharmacotherapies for smoking cessation or temporary abstinence, for their own health and to avoid exposing others to second-hand smoke; advised of the benefits of stopping smoking; offered a referral to smoking cessation services; and, where appropriate/applicable, directed to point-of-sale of licensed nicotine-containing products for temporary. Do STA members recognise the outline above within their own service or is there still work to be done?
Aims:	1) To develop conversations,sharing and understanding of the challenges faced in delivering a coordinated stop smoking service across secondary care 2) To identify and ensure dissemination of good practice across NHS boards 3) To identify several strands of work that ASH Scotland staff could undertake in partnership with NHS staff in support of improving services 4) To oversee the development of resources in support of those services.
Group participants	Representatives from: Stop Smoking Services, health charities working with secondary care, service managers, researchers and health economists
Action timeline (tentative)	• Formation of a SLWG by March 2018 • Scoping and direction of action by May 2018 • Mapping of activity summer 2018 • Creation of resources and case studies by Autumn 2018 • Potential sharing event in Winter 2018.
First meeting agenda	1. Introductions 2. Issues analysis 3. Identify range of activities 4. Allocate some initial realistically achievable actions 5. Plan for next meeting.

The need for stop smoking service provision in secondary care	Smoking is implicated in around 1 in 5 deaths in Scotland: that is around 10,000 deaths and 128,000 hospital admissions each year. Amongst the 35 – 69 age group an average of 22 years of life are lost for every smoking related death. Smokers under the age of 40 have a five times greater risk of a heart attack than non-smokers. Around 670,000 people live with cardiovascular diseases in Scotland. More than 10,000 people had a heart attack in Scotland in 2015/16 (per ISD) 14% of deaths from heart disease are attributed to smoking. Around 5,000 people in Scotland are diagnosed with lung cancer each year and smoking causes around 80% of deaths from lung cancer. Around 80% of cases of COPD are directly related to smoking: 10 – 20% of smokers will go on to develop COPD, but just 10% of total cases occur in non-smokers. More than one quarter of all cancer deaths can be attributed to smoking. A heavy smoker increases their risk of developing dementia by up to 70%. Since the above information covers only a proportion of the diseases causing hospitalisation due to smoking it is clear that operating stop smoking services within secondary care will not only be vital to ensure better outcomes for patients in terms of, for example, wound healing but also cost effective in terms of reaching smokers and in reducing readmission rates. **Also see below from ASH Scotland Information Service**

Potential areas for investigation	1. A mapping exercise:
	
	• How many facilities have a resident daily stop smoking service
	• How many facilities have provision for issuing NRT on the day of admission
	• How many boards have an in-built system of referral for smokers scheduled for:
	  ○ A surgical procedure
	  ○ A test procedure
	  ○ A consultation with a specialist
	
	2. Are some specialisms more resistant than others in support of stop smoking support?
	
	3. Which areas might benefit from a bespoke referral card?
	
	4. How can tracking and support for patients who quit smoking on a secondary care pathway be improved?
	
	5. What existing innovations should be recommended for roll-out across Scotland?

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The British Thoracic Society (BTS) Jan 2018 launched a toolkit https://www.brit-thoracic.org.uk/standards-of-care/quality-improvement/smoking-cessation/ to help hospitals undertake local quality improvement (QI) projects. This is on the back of a 2016 audit of UK hospitals (not clear how many in Scotland but described by BTS as UK-wide) which found that:

- Over 7 in 10 (72%) hospital patients who smoked were not asked if they'd like to stop
- Only 1 in 13 (7.7%) hospital patients who smoked were referred for hospital-based or community treatment for their tobacco addiction
- Over 1 in 4 (27%) hospital patients were not even asked if they smoke
- Provision of nicotine replacement therapies and other smoking cessation treatments were 'poor' in hospital pharmacy formularies
- Only 26% of hospitals had an identified consultant 'lead' overseeing their smoke-free and smoking cessation plans
- 50% of frontline healthcare staff in hospitals were not offered training in smoking cessation
  Source: https://www.brit-thoracic.org.uk/media/315359/BTS-Smoking-Cessation-Audit-Report-7-December-2016-final.pdf (British Thoracic Society, 2016)

A**n example of good practice:**

Presented during a webinar by the Mental Health & Smoking Partnership in August 2017 where the webinar focussed on implementation of smokefree policies and is still available online at http://smokefreeaction.org.uk/smokefree-nhs/smoking-and-mental-health/

The presentation was by Lesley Colley, Project Lead Nicotine Management and Smoking Cessation for Tees, Esk, Wear Valley Trust and begins 14 minutes 50 seconds into the webinar (presentation lasts approximately 15 minutes). Summary of key points from the presentation:

- Implementation split the following areas:
  - provision of information and training;
  - identification of smokers and support;
  - pharmacy;
  - leadership and strategy;
  - smokefree policy and communication of policy
- Updated their Nicotine Management Policy, developed a new Pharmacy guidance, created information for staff/patients/carers, and developed new training materials and planned a comprehensive programme of delivery
- As a result of this work, they now routinely offer free NRT and e-cigarettes (as an alternative to NRT) on admission to hospital. Both NRT and e-cigarettes are offered and provided within 30-60 minutes of admission. Trained nursing staff can administer a 16 hour patch and/or inhalator immediately on admission and without a prescription.
- Massive multi-level training programme undertaken (approximately 4,500 staff identified who required training) staff were training in either: Very Brief Advice; Brief Intervention; Practitioner Training. At time of webinar, approximately 2,000 staff trained in either Very Brief Advice or Brief Intervention training and 189 staff trained in the more intensive Practitioner Level training. At the time of the presentation, training was still actively ongoing with 2-3 courses running each week.
- Overall results: They carried out a baseline audit before implementation then repeated the audit following implementation and found the following:
  - Trustwide, smoking rates reduced from 42.5% (2015-2016) to 28% (2016-2017);
  - all specialities have seen a reduction in smoking rates;
  - 98% patients offered brief intervention on admission;
  - 95% offered patches and inhalator on admission;
  - 80% offered NRT/e-cigs within 30-60 minutes of admission;
  - 10% of identified smokers wish to remain smokefree on discharge.