What does full implementation of NICE guidance on smoking in acute, maternity and mental health services (PH48) mean?

John Britton

UKCTAS
UK Centre for Tobacco & Alcohol Studies

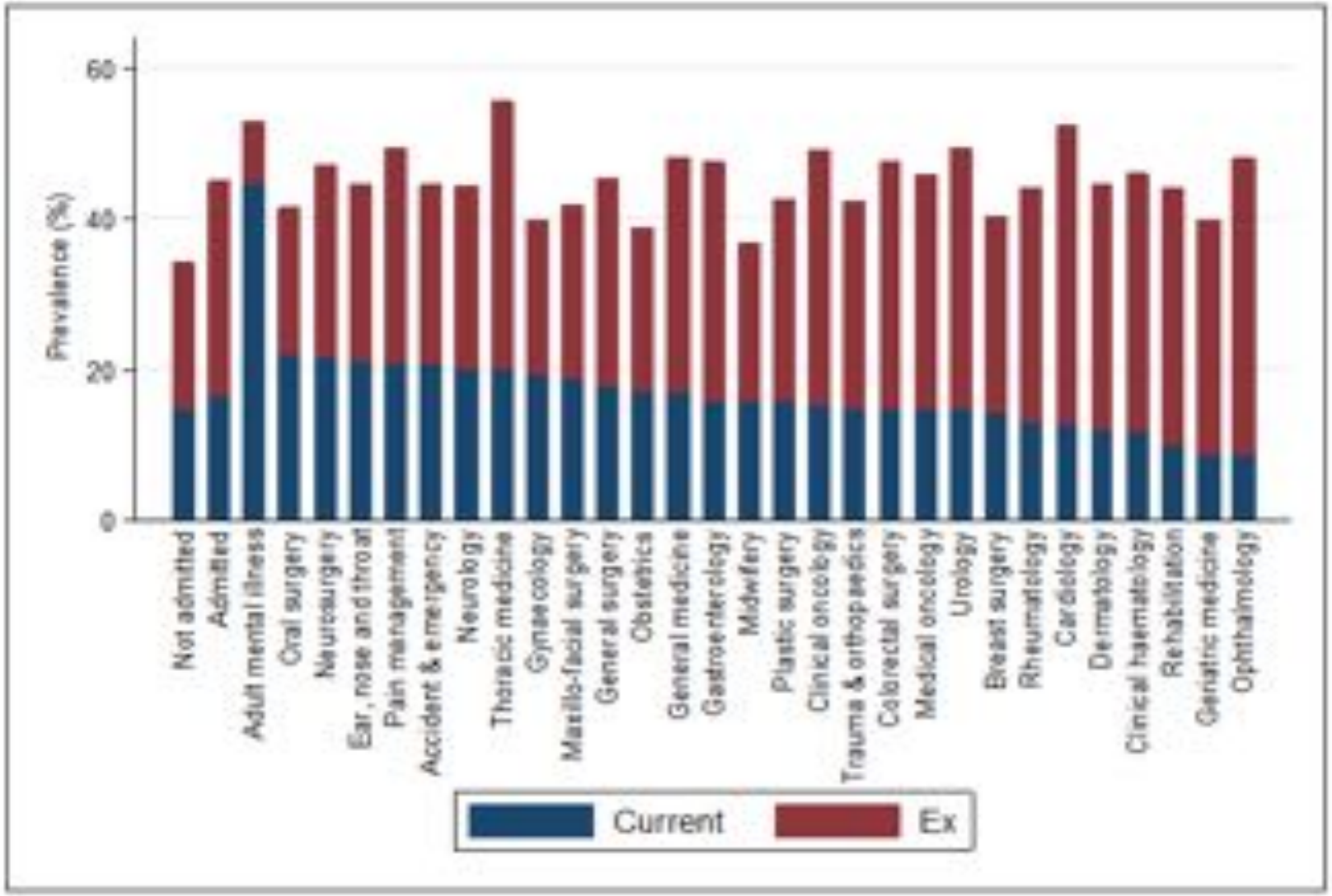
The University of Nottingham


No smoking
Show consideration to new born babies leaving this building
Second hand smoke kills!


Queen's Medical Centre is a No Smoking Site

Smoking in people admitted to English hospitals, 2010-11

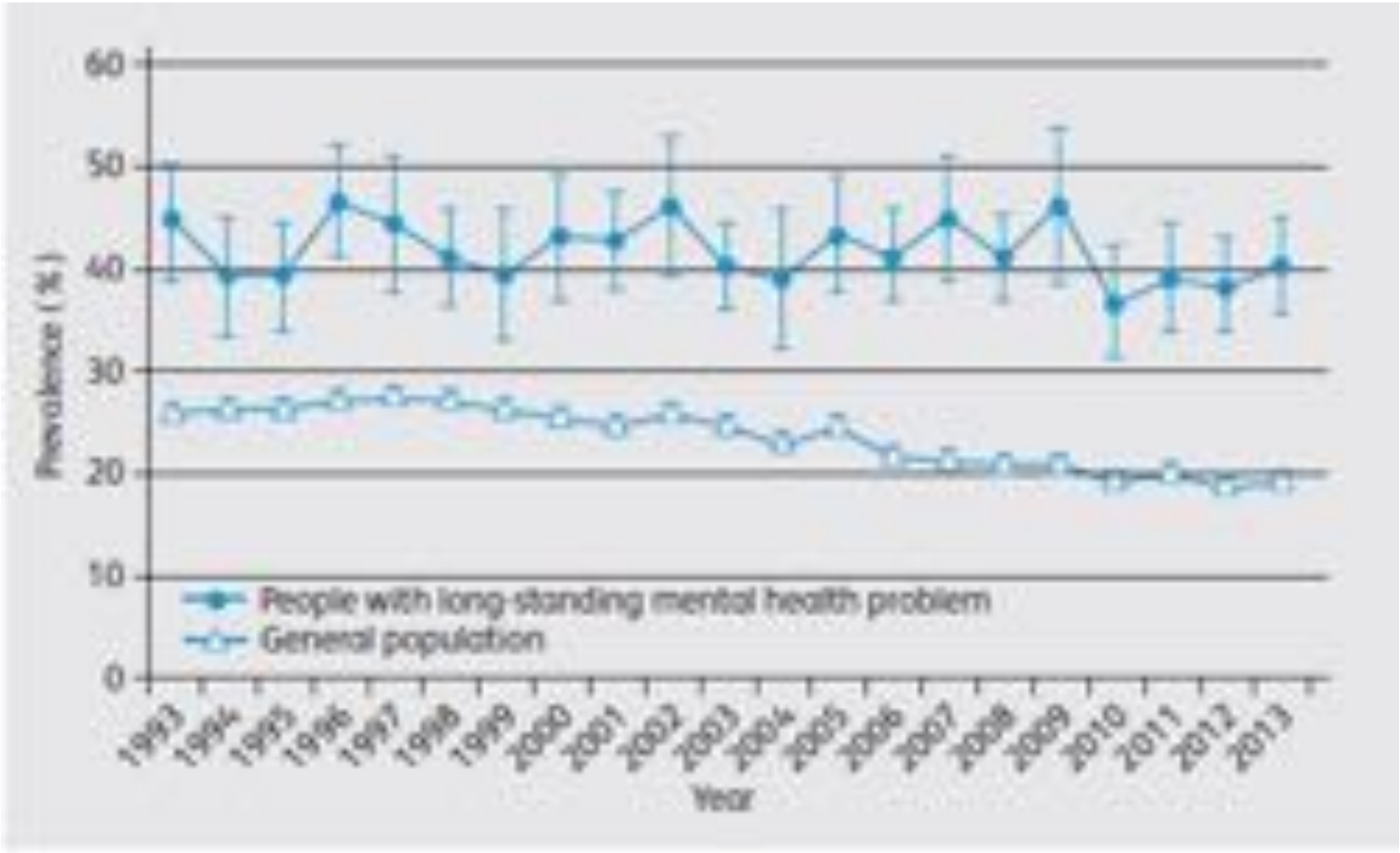
Szatkowski et al, Thorax, in press



Total of ~ 1.1 million smokers admitted to hospital

Smoking and mental disorder

Royal College of Physicians 2016



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PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Smoking cessation in secondary care: acute and obstetric services

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Smoking cessation in secondary care: mental health services

PH48 Smoking cessation - acute, maternity and mental health services (PH48)

Public health guidance PH48
Issued: November 2013

Smoking cessation in secondary care pathway
Fast, easy summary view of NICE guidance on 'smoking cessation in secondary care'

Smoking cessation - acute, maternity and mental health services

Public health guidance, PH48 - Issued: November 2013

Stopping smoking at any time has considerable health benefits and for people using secondary care services, there are additional advantages including shorter hospital stays and fewer complications. Secondary care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services.

This guidance aims to support smoking cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings. It recommends:

Guidance formats

Web format
Full Guidance (PDF)

Implementation tools and resources

Baseline assessment tool
Costing statement
PH48 Smoking cessation - acute, maternity and mental health services: podcast

See this guidance in practice

Shared learning

Key conclusions of PH48:

- Stopping smoking at any time has considerable health benefits
- Secondary care providers have ***duty of care*** to protect health of, and promote healthy behaviour among, people who use or work in their services
- Providers must provide strong leadership and management to:
  - prepare patients, visitors, other users to be smoke-free in secondary care
  - train frontline staff to deliver stop smoking support
  - identify patients who smoke as soon as possible
  - provide intensive stop-smoking support as soon as possible
  - help all staff to stop smoking
  - make services smoke-free – end tolerance of smoking on-site
- Exceptions and special cases undefinable and unworkable

PH48 **Smoking cessation - acute, maternity and mental health services (PH48)**

Public health guidance PH48
Issued: November 2013

- For planned or anticipated use of secondary care:
  - provide information on smoke-free policy and cessation support
- On admission:
  - ascertain smoking (use CO in pregnancy) and advise cessation at first face-to-face contact
  - Provide NRT or other pharmacotherapy immediately
  - Provide intensive behavioural support during admission
  - Promote temporary abstinence in smokers who are not ready to quit
  - Plan to reduce doses of antipsychotic/other drugs affected by smoking
- For patients, carers, friends, visitors:
  - advise on smoke-free policy, ensure NRT available for sale
- Ensure continuity of care after discharge

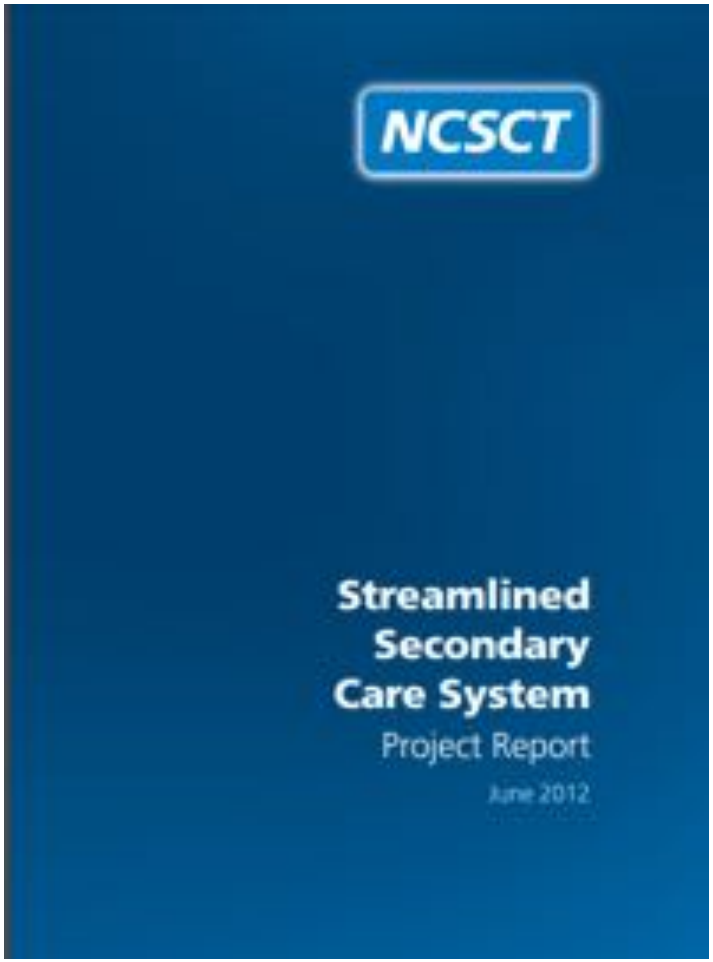
Effectiveness of levels of smoking cessation intervention in acute services

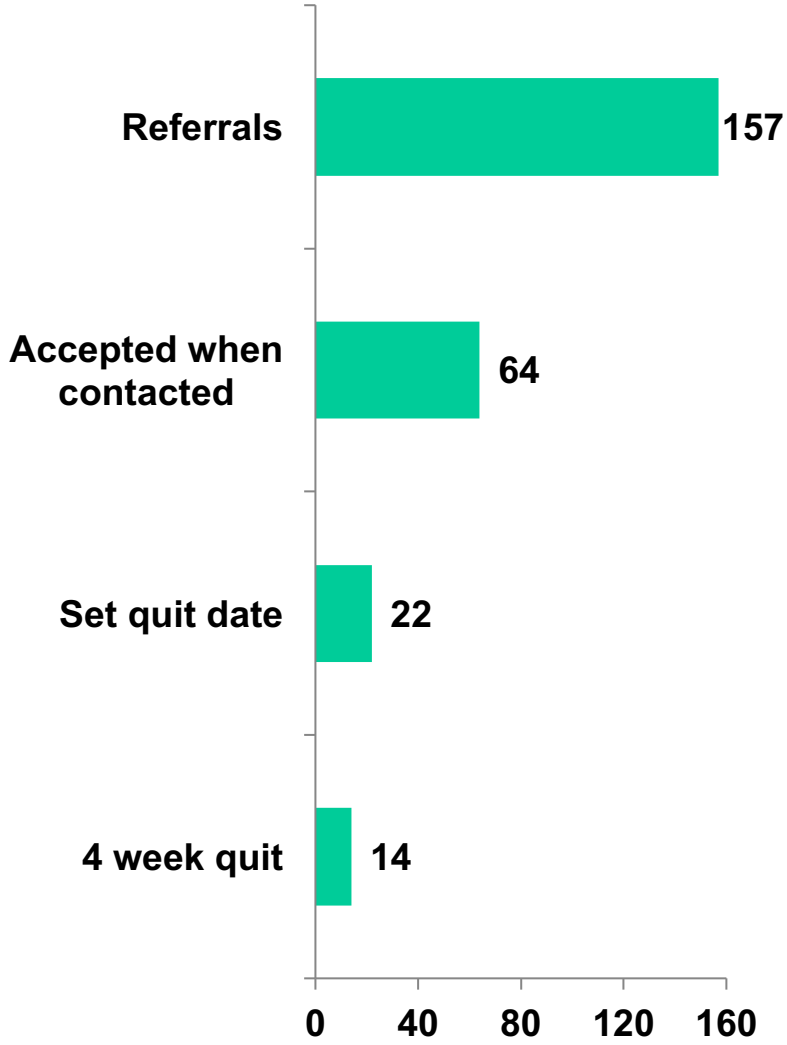
Intensity	Content	Effect	Add drug*
1	Single contact ± written/other material, no follow up	None	No effect
2	Longer or more contacts ± other materials but not beyond quit date	None	No effect
3	Contact + follow-up after quit date but <4 weeks	Modest (OR 1.17)	Modest (OR1.19)
4	Contact + phone/letter/email + > 4 weeks follow-up	Works (OR 1.51)	Works (OR 1.66)
5	Contact + follow-up with face-to-face contact for > 4 weeks	Works best (OR 1.28)	Works best (OR 2.26)

**(typically NRT)*

Systematic NHS SSS referral in secondary care

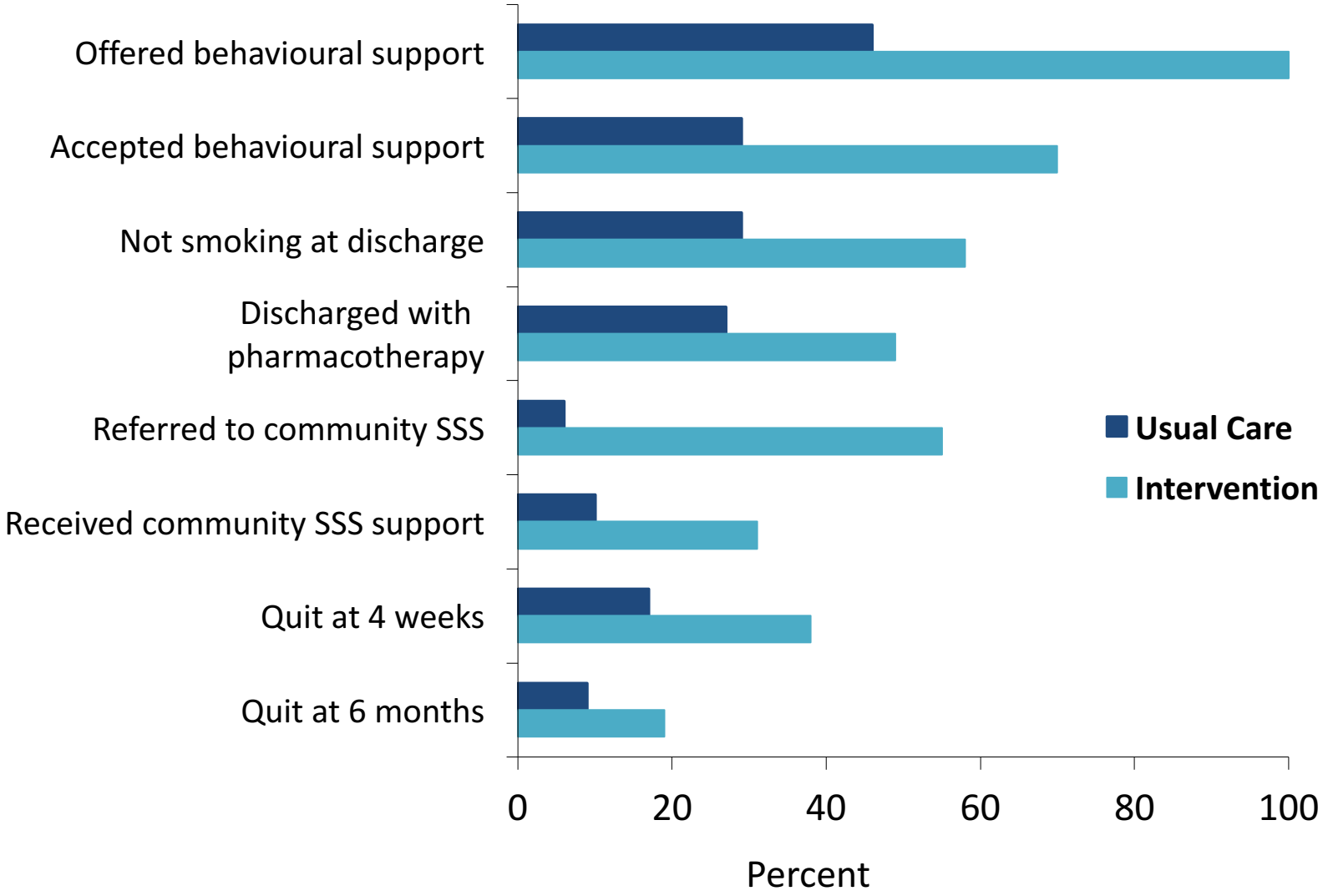
3-month Pilot at Queen Alexandra Hospital, Portsmouth. *http://www.ncsct.co.uk*





Systematic identification and treatment of smokers by hospital based cessation practitioners in a secondary care setting: cluster randomised controlled trial

Murray et al, BMJ 2013;347:f4004



Management responsibilities

- Strong leadership and management essential
- Make stop smoking services readily available on-site
- Train staff to support people to stop smoking
- Encourage staff to quit smoking, or else to abstain while identifiable as NHS staff.
- Ensure that grounds are also be smoke-free, with no
  - designated smoking areas
  - staff-facilitation of smoking by patients

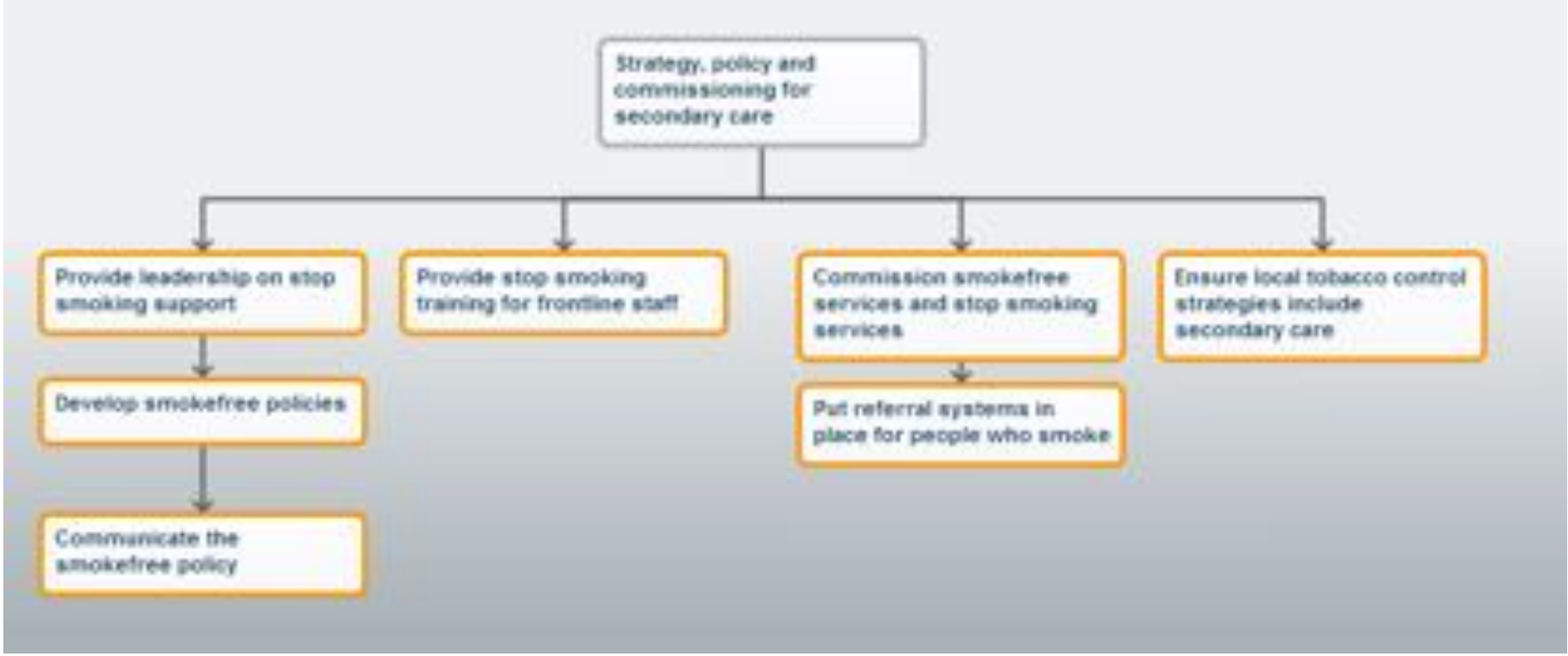
Barriers to success in acute services

- Smoking among health care staff
- Perceived lack of time, knowledge and skills
- Lack of training in delivery
- Lack of prompts, reminders, automated systems, audit and feedback
- Poor organisational support (service and medicine provision)
- Concerns that stopping smoking before surgery increases risks

Considerations in mental health settings:

- High intensity interventions effective, though less so
- Strong evidence of effectiveness with bupropion
- Varenicline evidence limited (at time of review)
- Barriers same but also include:
  - culture of smoking
  - staff facilitation of smoking
  - use of smoking as means of control/relationship building
  - belief that cessation exacerbates mental health problems
  - belief that smoke-free services discourage attendance and use
  - concerns over abuse, aggression, fires from clandestine smoking
  - Paternalism (‘their only pleasure’)

Importance of commissioning:



Short and long-term total incremental costs per QALY (Intensity 4 and 5 with pharmacotherapy)

	3 years (approx costs/range of costs)	Lifetime
Preoperative patients	Dominant	Dominant
COPD	£7000-9000	Dominant
Cardiac	Dominant	Dominant
Acute general	(£22,000)	Dominant
Schizophrenia	n/a	£2000-3000
Pregnancy (behaviour only)	Dominant to £155000	Dominant to £15000
Staff (intervention) Staff (smoke-free policy)	£4000 Dominant	Dominant Dominant

Fresher
Greener
Cleaner
Fresher
Healthier

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Nicotine Management Policy

CWP Nicotine Management Policy aims to:

- Provide a safe, smokefree environment for all
- Support patients and staff who wish to stop smoking with suitable therapies and support
- Help people who do not wish to stop smoking, to manage their nicotine dependency symptoms whilst on Trust premises/grounds (temporary abstinence)
- Ensure that staff time is used effectively to support patient recovery
- Promote positive, alternative options available to help patients with recovery and prevent nicotine withdrawal symptoms.