Implementing Smokefree NHS/NICE PH48 Staff Training Guide



This guide has been developed by the North East Smokefree NHS Strategic Manager to support NHS Trusts in the region around staff training to implement Smokefree NHS and NICE PH48.

It outlines the core training elements of Smokefree NHS and treating tobacco dependency, providing guidance on available training courses and the learning outcomes for different staff groups in acute NHS settings.

Whilst this guide does not cover learning outcomes for additional training applicable to special groups, such as pregnant smokers and mental health patients for example, it is developed from an evidence base which can be adapted for use with all smokers, including these groups. The Local Maternity System has developed a specific training matrix for health professionals working with pregnant women.

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1. The impacts of smoking and the role of the NHS

Despite continued declines in smoking rates, 16.9% of adults in England still smoke – over 7 million people. Smoking remains the leading cause of preventable illness and premature death in the UK and is responsible for half of the health gap between the poorest and most affluent communities. Many of these long term illnesses and deaths are entirely avoidable.

The annual cost of smoking to society in England is estimated to be £14.2bn. Of this, direct costs to the NHS are estimated at £2bn and costs to social care at £1.4bn. Smoking harms nearly every organ of the body. It causes cancers, cardiovascular disease, and respiratory disease and increases risks in pregnancy of miscarriage and neonatal health complications. Smokers who manage to quit reduce their lifetime cost to the NHS and social care providers by 48%. Helping sick smokers to quit provides fast and effective support for NHS sustainability and the outcomes are directly linked to reductions in mortality and readmission rates.

The NHS is in a unique position around prevention - one in four patients in hospital beds are smokers. As well as leading by example, gains in health can be made by taking every opportunity to engage with these patients. Reducing smoking among patients can reduce hospital admissions, reduce the risk of premature death, and also lead to many benefits you might not realise – such as the effectiveness of some medications and increasing healing after operations.

Ensuring smokers, using, visiting and working in the NHS, get support to quit is one of the key goals set out in the Government's Tobacco Control Plan for England, which states:

"NHS Trusts will encourage smokers using, visiting and working in the NHS to quit with the goal of creating a Smokefree NHS by 2020 through the Five Year Forward View mandate."

The Five Year Forward View and other supporting documents also commit the NHS to taking action to reduce smoking rates and working with partners in local government to achieve this. This includes implementing NICE PH48 Guidance which sets out that treatment of tobacco dependency should be offered routinely to smokers in the healthcare system.

Decreasing and treating tobacco dependency will be vital as part of an ambition to reduce tobacco smoking among adults to a prevalence of 5% in the North East, which is endorsed by all 12 Health and Wellbeing Boards in the North East.

2. Smokefree NHS

The responsibility for Smokefree NHS spans a range of strategic and operational roles across commissioning and provider organisations including Provider organisations (CEO / Board members, Senior & Middle managers, Frontline staff) and commissioning organisations.

A Smokefree NHS is much more than banning smoking on hospital grounds. It is about improving the health of patients and staff; by identifying smokers, helping them to realise the consequences of tobacco on their health and offering them practical support and treatment to quit.

Smokefree NHS aims:

- All patients who are admitted to hospital asked whether they smoke and their response recorded.
- All smokers given appropriate medication to help them to cope with nicotine withdrawal.
- Patients offered referral for behavioural support following discharge.
- Hospitals and hospital grounds to be completely Smokefree environments for all, sending out a clear message about smoking and health not being compatible and supporting smokers in their "quit" attempt.

The implementation of Smokefree NHS and NICE PH48 challenges a longstanding smoking culture. Smokefree policies are an essential part of the wider framework of tobacco control and need to be implemented alongside tobacco dependency treatment pathways and staff training.

To successfully embed Smokefree NHS systematically, a Trust needs to:

- provide a culture which encourages and promotes prevention and health improvement
- offer staff a suitable environment and the skills and knowledge to deliver VBA
- offer a consistent approach to information provided and the treatment available
- support staff to improve their own health and wellbeing
- enhance and develop existing systems, processes and service delivery mechanisms

All NHS staff have a key role in ensuring that colleagues, patients and visitors are aware of Smokefree NHS and in supporting implementation through two key training elements identified:

- 1. Routine Very Brief Advice
- 2. Treatment of tobacco dependency.

3. Very Brief Advice

Evidence shows most smokers vastly underestimate just how harmful smoking is. This said most are aware it is bad for their health and will mostly likely expect smoking to be raised as an issue by a healthcare professional without it compromising the relationship. Evidence also shows that not raising smoking can in fact create the wrong impression in the mind of a patient – some patients might mistakenly believe a doctor would have raised the issue had they believed it was risking their health. Likewise, failure to offer smokers help to quit implies that the smoker's health is less important than other patients and can perpetuate and exacerbate health inequalities.

Very Brief Advice (VBA) from health professionals can be one of the most important triggers for a quit attempt. VBA for smoking cessation aims to identify and support patients who smoke to make a quit attempt.

Healthcare professionals can provide VBA in as little as 30 seconds. The intervention is made up of three core components: ASK, ADVISE and ACT. Public health benefits are further maximised when healthcare professionals refer patients for an evidence-based smoking intervention and stop smoking medicines following discharge.

VBA is not about adding another job to already busy working days, staff becoming experts in Smoking cessation or providing ongoing support to individuals, or even staff telling somebody what to do and how to live their life.

Healthcare professionals do not require a comprehensive knowledge about tobacco dependency to deliver VBA effectively. Public Health England (PHE) and Health Education England (HEE) have developed a short e-learning module to compliment the national CQUIN: Alcohol & Tobacco Brief Intervention:

https://www.e-lfh.org.uk/programmes/alcohol-and-tobacco-brief-interventions/.

This module focuses on brief interventions that are recommended by NICE for delivery in secondary care and is suitable for all front line staff. The module is intended to provide staff with the minimum level of knowledge and skill needed to confidently and effectively identify risk and provide brief advice to patients who smoke.

A number of videos have been produced to accompany the 'Alcohol & Tobacco Brief Intervention' module and are also available for Trusts to use separately:

Introduction – Making the case: <u>https://youtu.be/NfifP3LDpe8</u> Very Brief Advice on Smoking: <u>https://youtu.be/BM5IPIIPVuY</u>

Many organisations are already supporting people to make and maintain positive lifestyle behaviour change through implementing Make Every Contact Count (MECC). MECC is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. MECC when delivered in line with NICE (2018), provides the basic communication skills, competency and confidence to engage people about health related activities, it provides signposting and referral activities which could be a good base of knowledge before engaging in the VBA.

It is recommended that Very Brief Advice training is core for all front line staff.

4. Very Brief Advice & Treating Tobacco Dependency

The treatment of tobacco dependency has been proven effective for hospitalised patients, regardless of reason for admission. However, although many healthcare professionals will advise patients about the risks that smoking presents, they are not routinely offered medication or support to stop smoking when they are admitted to hospital.

There is a strong evidence-base for the effectiveness of smoking cessation pharmacotherapies in helping people quit smoking.

The use of cessation pharmacotherapies are recommended by NICE PH48 for the management of nicotine withdrawal symptoms, where clinically appropriate. Three forms of pharmacotherapy are licensed and available in UK to assist smoking cessation. These are Nicotine Replacement Therapy (NRT), Varenicline and Bupropion.

NRT is also recommended for use to help reduce cravings to smoke during admission for patients who do not want to stop smoking completely ('temporary abstinence') and to deliver on smoke-free sites and policies. Temporary abstinence beginning immediately around the time of admission whether planned or unplanned and lasting until a patient has been discharged still has worthwhile health benefits by eliminating the acute effects of smoking on the body.

Offering support to quit or manage tobacco withdrawal symptoms during a period of temporary abstinence, rather than asking a smoker how interested are they in stopping or telling a person they should stop, leads to more people making a quit attempt.

Training on stop smoking pharmacotherapies is available via NCSCT e-learning module <u>http://elearning.ncsct.co.uk/stop_smoking_medications-launch</u>.

The Cure project have produced a variety of resources to support the delivery of secondary care based treatment programme for tobacco addiction, these are available via https://thecureproject.co.uk/.

Local protocols should be implemented and available to all clinical staff initiating treatment and pharmacotherapies. These should reflect local processes to ensure that appropriate medication can be provided in a timely manner and referral to continue treatment following discharge.

The North East Smokefree NHS/Treating Tobacco Dependency Taskforce has produced a Statement on Nicotine Management to provide guidance and support acute Trusts across the North East to implement NICE PH48 and the national CQUIN, and establish minimum standards in relation to nicotine management for inpatients. This is available on the Smokefree NHS/Treating Tobacco Dependency Knowledge Hub Group.

It is recommended that Trusts enable training on Treating Tobacco Dependency for all clinical staff.

5. Smokefree sites

Hospitals are health promoting and caring environments for all and therefore, cannot be a place for illness-causing products and harmful substances, like tobacco, which cause a number of diseases, ill-health and death of so many.

NHS employees have the right to work in a smoke-free environment and all staff have a duty to support the Trust's smoke-free status to ensure this environment exists. Implementing Smokefree sites will present differing challenges to different hospital trusts.

Anecdotal evidence from NHS Trusts suggests that staff do not feel comfortable challenging patients, staff and visitors to stop smoking on an NHS site. This is due to many real and perceived barriers including: the fear of confrontation and aggression from smokers; the belief that this is not their role; lack of awareness of the policy; the legality of challenging smokers; the belief that people have the right to choose whether they smoke or not; and that smoking outside does not cause harm. Overcoming these barriers is important to ensure the successful implementation of Smokefree NHS.

Prevention work, such as embedding Very Brief Advice and routinely offering smoking cessation medication, are key ways to tackle smoking within hospital settings and improve compliance - rather than relying on enforcement.

Allowing vaping in all or part of the hospital grounds can also support compliance with the Smokefree policy. And, the easier compliance is the less dependence on enforcement is required. It is acknowledged that vaping policies need to strike a balance that works for everyone. Advice from PHE is that it should be made an easier choice for staff, patients and visitors using hospital sites to vape than to smoke. The Smokefree NHS/Treating Tobacco Dependency Taskforce have produced a Vaping Standard that brings together all evidence base, with the aim of addressing any concerns and provide guidance to healthcare professionals and NHS Trusts in relation to adopting a harm reduction approach to e-cigarettes and their use within NHS Trust grounds. This is available on the Smokefree NHS/Treating Tobacco Dependency Knowledge Hub Group.

A training module on e-cigarettes for healthcare professionals is available via NCSCT <u>http://elearning.ncsct.co.uk/e cigarettes-launch</u>.

6. Other resources and tools

- North East Smokefree NHS/Treating Tobacco Dependency Knowledge Hub Group: <u>https://www.khub.net/group/north-east-smokefree-nhs-treating-tobacco-dependency-taskforce-group/group-home</u>. Sign up to this free professional online group, managed by Fresh, to access a wide range of information and resources from leading tobacco and health experts and other trusts in the region.
- National Centre for Smoking Cessation and Training (NCSCT) <u>https://www.ncsct.co.uk/</u>. The NCSCT is a social enterprise committed to support the delivery of effective evidence-based tobacco control programmes and smoking cessation interventions provided by local stop smoking services.
- The CURE project. <u>https://thecureproject.co.uk/</u>. The CURE project in Greater Manchester is a comprehensive secondary care treatment programme for tobacco addiction.
- Cancer Research UK practical resources for health professionals <u>https://www.cancerresearchuk.org/health-professional/awareness-and-prevention/smoking-cessation</u>. The latest evidence, training materials, webinars, practical tools and resources to support your patient conversations around smoking cessation.
- Action on Smoking and Health has compiled factsheets consisting of detailed referenced information and statistics on a variety of medical topics including smoking and cancer, smoking and mental health, smoking and dementia, smoking and disease and many others: <u>http://ash.org.uk/category/information-and-resources/factsheets/</u>
- The Local Maternity Systems (LMS) in the North East: Darlington, Tees, Hambleton and Richmondshire and Whitby (DTHRW); Northumberland, Tyne and Wear and Durham (NTWD) and West, North and East Cumbria (WNEC), have produced a number of resources including training matrix, pathways and scripts to support to treatment of tobacco dependency in maternity.

Training Matrix



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