

Smokefree NHS

Communications Guide



This document has been developed by Fresh and is intended for NHS Trust communications leads, and colleagues who are communicating with the public and with staff about going Smokefree / implementing NICE PH48.

It outlines the core messages of Smokefree NHS (and treating tobacco dependency more broadly), provides significant stats and information and signposts to a number of key resources for both staff and the public to help deliver these, and gives some examples of how these could be communicated internally and externally through your Trust.

The guide is best viewed electronically as it contains a number of links to websites and electronic files.

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1. The importance of going 'Smokefree' – securing a Smokefree generation for England

i/ Why a Smokefree NHS?

'Smoking is coming down – but it's still our country's number one killer. And it's the single biggest medical reason why poorer people die sooner. Our job in the NHS is to help support the majority of smokers who want to quit' [Simon Stevens](#), Chief Executive, NHS England

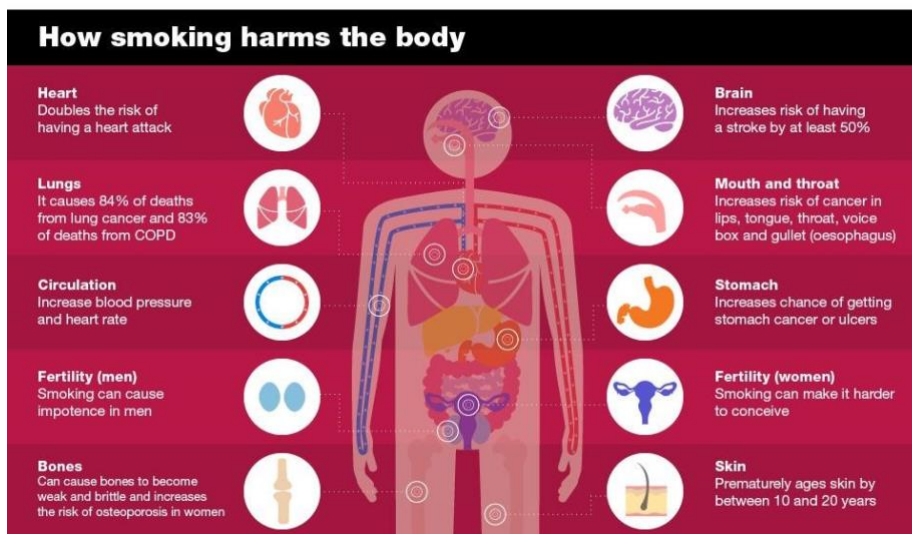
Smoking remains the leading cause of preventable illness and premature death in the UK and is responsible for half of the health gap between the poorest and most affluent communities. All clinicians encounter smokers in their daily work, and most will have firsthand experience of caring for people whose lives have been destroyed by addiction to smoking tobacco.

Many of these long term illnesses and deaths are entirely avoidable. 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 the taking every opportunity to engage those patients that smoke. 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.

Creating a Smokefree NHS is a key way of engaging with typically hard-to-reach groups. Many longer term smokers will already be in poor health and in regular contact with their GPs, local hospitals and wider community health services; this will also be true for many people with mental health problems, as well as pregnant women.

Public Health England (PHE) and NHS England are working together to support acute and mental health trusts and all frontline health staff to become Smokefree and take every opportunity to encourage anyone using, visiting and working in the NHS to quit ⁽¹⁾.

Tackling 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.



ii/ Background and strategic overview

Several recent major national strategic reports and documents have made the case for and accelerated efforts towards a Smokefree NHS.

This began with NICE PH48 guidance and the highly publicised NHS Five Year Forward View which stated: *“the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”*



Subsequently the Government and NHS England has committed to a greater focus on prevention through the national Tobacco Control Plan and NHS Long Term Plan.

As well as outlining the context and overarching ambitions and objectives of Smokefree NHS, the documents contain a wealth of statistics, evidence and executive statements providing a valuable repository of information relating to all aspects of the agenda.

iii/ Key documents

- **[Hiding in Plain Sight: Treating tobacco dependency in the NHS](#)**
Royal College of Physicians Report, released June 2018
The 'go to' report which calls on doctors to recognise that recognising and treating tobacco dependence is their business, and to incorporate smoking cessation as a systematic and opt-out component of all NHS services, delivered in smoke-free settings.
- **[NICE PH48](#)**
Released November 2013
16 recommendations (including a recommendation to 'communicate the Smokefree policy') aimed at a wide range of professionals working in health and social care, commissioners and people using these services. Guidelines cover helping people to stop smoking in acute, maternity and mental health services. It promotes Smokefree comprehensive policies and services and recommends effective ways to help people stop smoking or to abstain from smoking while using or working in secondary care settings.
- **[NHS Five Year Forward View](#)**
Released 2014
Outlines that a radical upgrade in prevention and public health could significantly help to plug the shortfalls in NHS funding, and save thousands of preventable deaths every year. The document provides the mandate for smoking to be at the core of this strategy.
- **[Towards a Smokefree Generation: a Tobacco Control Plan for England](#)** *Released July 2017*
Sets out the Government's national ambition to reduce smoking prevalence to 12% by 2022, the context of this (e.g. by highlighting national smoking prevalence rates including smoking in pregnancy and mental health) and how it will achieve this (e.g. it has a dedicated section on 'a Smokefree NHS' which sets out the vital role the NHS can play in achieving a Smokefree generation).
- **[NHS Long Term Plan](#)** *Released January 2019*
Chapter two in particular sets out clear ambitions around the need to help smokers to quit and why it is so important that prevention is up streamed in the NHS.

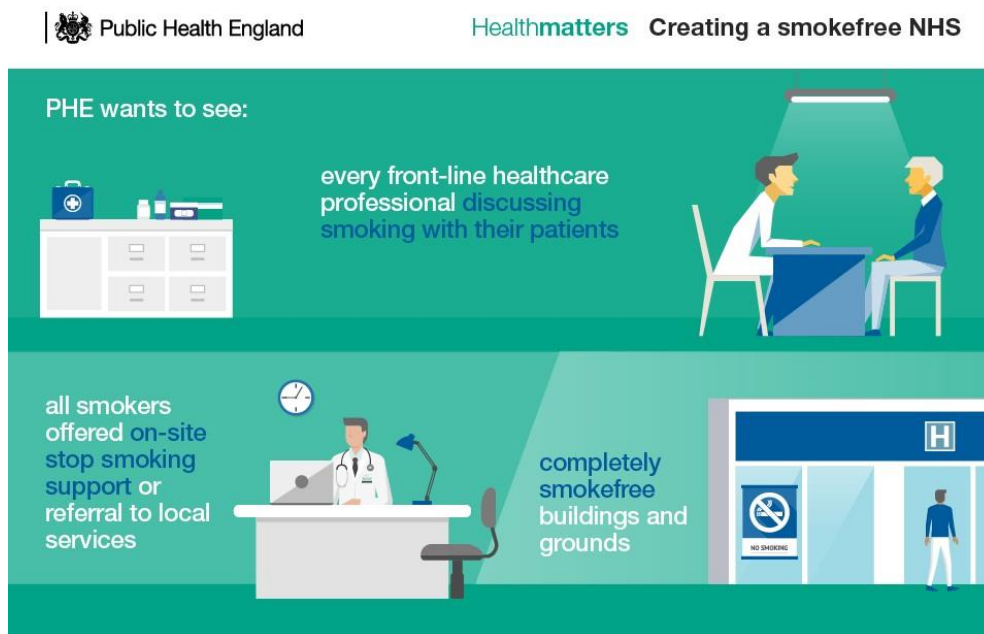
2. What does a "Smokefree NHS" mean?

All too often, a Smokefree NHS is taken to mean a smoking ban on hospital sites and if not careful, this can become the only focus of the story – especially when media cover it. While a smokefree site may feel more pleasant to walk around, and there are good reasons for having this, it is the efforts in helping patients (and staff) to quit which will result in the biggest health gains. It is vital the reasons, rationale and benefits are communicated.

A "Smokefree NHS" is about so much more than just a smokefree site. It is about improving the health of patients, firstly by identifying patients who smoke, by helping smokers to realise

the consequences of tobacco on their health if necessary, and offering them practical support to quit. Implementing PH48 brings multiple benefits to an NHS Trust and its staff, patients and visitors. Communicating these is an effective way of providing a positive and supportive - anti-smoking, not anti-smoker – message. It means:

- all frontline staff starting conversations about smoking with patients
- stop smoking support offered on site or referral to local services
- everyone understanding that there is no smoking anywhere on NHS property, including the grounds



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 doctors without it compromising the relationship. *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.

It is also worth noting here that “Smokefree” and “smoke-free” can have two meanings. “Smokefree NHS” is a brand and website that has been associated for many years with encouraging people to quit smoking, offering free online tools to quit and promoting local stop smoking services.

3. Communicating with staff

“Going Smokefree” is a major long term internal and external communications project which should include not just patients and visitors but critically, all members of staff early in the process.

Treating tobacco dependency reflects a cultural and clinical shift – with smoking (and smoking cessation) no longer considered as a lifestyle choice but rather as a long-term, relapsing, medical condition which can be treated, and by doing so, dramatically improve a person’s

health and well-being. For a Smokefree NHS to be successful it needs to be fully integrated into systems – but winning hearts and minds as well is vital.

Communications has a role to play in explaining the move towards Smokefree – from senior management to medical and ward staff, to training and estates. It should be clear that the move has senior management and clinical support, where staff fit into this process, and the benefits to the day-to-day work of the Trust. Most staff will recognise many of these benefits in terms of reducing death and disease, but some may be less familiar, such as benefits for post-operative healing. There are many ways to engage with staff and communicate key messages about Smokefree NHS including;

- Comms briefings and team briefings
- Payslips
- Trust staff intranet
- Staff roadshows
- Training
- Smokefree champions and spokespeople

Key facts and messages for staff

i/ Who smokes?

- Nearly 1 in 7 adults smoke and there are around 90,000 regular smokers in England aged between 11 and 15. (Statistics on Smoking, England 2018).
- One in four patients admitted to hospital are smokers ([Public Health England](#)).
- In the North East around 363,000 adults smoke (Action on Smoking and Health Ready Reckoner).
- The NHS is the fifth largest employer in the world. In September 2017 in England alone, the NHS employed about 1.3 million staff and although smoking rates among healthcare staff are lower than the general population average, a substantial number of NHS staff smoke. By encouraging more staff to quit, the NHS could improve staff sickness rates and set positive role models for patients.

ii/ The impact on health:

- **Life expectancy:** About a half of all life-long smokers will die prematurely. On average, cigarette smokers die 10 years younger than non-smokers.
- **Deaths:** Smoking causes 20% of deaths among men and 12% of deaths among women aged 35 and over ([Statistics on Smoking: England, NHS Digital, 2018](#)).
- **Heart disease:** Smokers under the age of 40 have a five times greater risk of a heart attack than non-smokers.
- **Lung disease:** Smoking causes around 80% of deaths from lung cancer and around 80% of deaths from bronchitis and emphysema.
- **16 cancers:** Smoking causes 16 types of cancer and more than one quarter of all cancer deaths can be attributed to smoking. These include cancer of the lung, mouth, lip, throat, bladder, kidney, pancreas, stomach, liver and cervix.
- **Childhood disease:** Secondhand smoke exposure also harms babies and children, with an increased risk of respiratory infections, increased severity of asthma symptoms, more frequent occurrence of chronic coughs, phlegm and wheezing, and increased risk of cot death and glue ear. The National Review of Asthma Deaths (NRAD) found more than 1 in 3 (36%) childhood asthma deaths were in smoking families.
- **Dementia:** People who smoke have a 50 per cent greater chance of developing dementia than those who have never smoked.

- **Meningitis:** Exposure to tobacco smoke via both active and passive smoking has been shown to increase the risk of developing meningococcal disease.
- **Diabetes:** Among people with diabetes, smoking aggravates the risk of serious disease and premature death. There is also a growing body of evidence to suggest that smoking is an independent risk factor for diabetes.
- **Mental health:** Tobacco interacts with some psychiatric medication making it less effective, resulting in increased dosages and more side effects associated with these drugs. It is estimated that of the 10 million smokers in the UK, about 3 million have a mental health condition. It is not clear whether smoking is the cause or the effect of mental conditions. However, some researchers believe that smoking could act as a trigger for mental ill-health. As a result of high smoking rates, people with a mental health condition also have high mortality rates compared to the general population.

iii/ The impact on NHS resources:

- Smokers and former smokers use primary care services and outpatient secondary care services more than never-smokers. This adds annual costs to be £1.1 billion and £696 million, respectively. ([Royal College of Physicians, Hiding in Plain Sight report, 2018](#)).
- Smoking is linked to nearly half a million hospital admissions each year ([NHS Long Term Plan](#)).
- For the North East this means an annual cost of around £127m to the NHS, which includes over 33,000 hospital admissions and over 222,000 outpatient appointments for smoking-related diseases.

iv/ The benefits of quitting after surgery and on hospital wards

“Smoking is associated with worse outcomes before orthopaedic, cardiovascular, cancer, gastrointestinal, hernia, plastic and day surgery. Non-smoking patients need lower anaesthetic dosages and have fewer experiences of postoperative pain.” (Source: London Clinical Senate)

Helping patients to quit can bring significant long term outcomes to health. However, these are some facts some staff may not be aware of:

- **Wound infections:** Smoking increases the risk of wound infections even for simple wounds. However, four weeks of abstinence from smoking reduced the risk to that of never-smokers. (<http://www.medscape.org/viewarticle/458282>).
- **Surgical Outcomes:** Quitting smoking improves surgical outcomes through reducing risk and complications: ([Royal College of Anaesthetists](#)). Smokers are 38% more likely to die after surgery than non-smokers. Following surgery smokers also have:
 - higher risks of lung and heart complications
 - higher risks of post-operative infection, have impaired wound healing
 - more chance of requiring longer hospital stays and higher drug doses
 - more chance of being admitted to an intensive care unit, have increased risk of emergency readmission
- **MRSA:** Smoking can make matters worse when it comes to MRSA - an antibiotic-resistant superbug, which can cause life-threatening skin, bloodstream and surgical site infections or pneumonia. A study found MRSA bacteria exposed to cigarette smoke become even more resistant to killing by the immune system. (<https://www.sciencedaily.com/releases/2015/04/150402174345.htm>).
- **Quit attempts in hospital are more successful:** Quit attempts initiated in hospital significantly increases the chance of someone still being quit at 6 months.
- **Reducing hospital admissions:** Quit attempts initiated in hospital have been shown to reduce re-admissions at 30 days and at 1 year, and in emergency department admissions at 30 daysⁱⁱ.

- **HIV** According to [a 2014 study](#), if you have HIV, are on treatment and smoke, your risk of death is doubled. On the other hand, non-smokers with HIV who are doing well on treatment can expect to have a normal lifespan ([Terrence Higgins Trust](#)).

Read a full briefing on Smoking and Surgery from Action on Smoking and Health (ASH), the Royal College of Anaesthetists (RCOA), the Royal College of Surgeons of Edinburgh (RCSEd) and the Faculty of Public Health.

<https://www.rcoa.ac.uk/sites/default/files/Joint-briefing-Smoking-Surgery.pdf>

4. Communicating with patients and members of the public

i/ A Smokefree site

Communications will play a role in communicating the Trust's Smokefree status and what is expected from members of the public and patients. But just as with staff, it is still important to make people understand the reasons for the move – even if not every visitor agrees.

Communications should communicate the reasons for going Smokefree but importantly, be written in a non-judgemental tone of voice, and should not in any way feel “anti-smoker”. Visiting hospital can be a time of stress and it is important to understand smoking is an addiction. Most smokers get hooked as children and many would like to be able to quit. A good example of messaging which conveys the rules in a suitable tone but is also understanding and empathetic is found on the Northumbria NHS Trust website (adapted):

‘As an NHS organisation, we have a duty to protect and care for the health and wellbeing of our patients, staff and visitors. Many of the people who access our services are particularly vulnerable to the harmful effects of second hand smoke, such as pregnant women, babies, children and those with medical conditions.

We do not discriminate against those who smoke. However we ask that you help us keep our buildings and grounds Smokefree to protect others. If anyone is seen smoking on our premises, our staff have the right to respectfully request for them to stop and extinguish their cigarette.

We know that many people are giving up smoking by switching to e-cigarettes and these have been proven to be an effective way of helping people to quit smoking completely. As ecigarettes do not expose others to second hand smoke and offer a less harmful alternative to smoking their use is permitted within the grounds of our sites, but their use is not permitted indoors’.

<https://www.northumbria.nhs.uk/patients-and-visitors/smokefree/>

Key messages

ii/ Support to quit in hospital

- This is an important time for you to stop smoking (see health messages around specific diseases in section 3.ii).

- When you enter hospital, you'll be offered support to quit smoking. We know that lots of smokers would like support to stop and that refraining from smoking can be very difficult. Smokers are four times more likely to stop smoking with the use of Nicotine Replacement products and NHS support.
- Our staff are being trained to help smokers refrain from smoking whilst in our care. Patients who are admitted either as an emergency or planned admission, will be offered nicotine replacement therapy (NRT) [/ AMEND AS APPROPRIATE] in the form of [INSERT TREATMENT] and will be offered a referral for ongoing support.

iii/ Questions about Nicotine:

Many people still wrongly believe that the harm from smoking comes from Nicotine and that Nicotine Replacement Therapy (NRT) or e-cigarettes are equally or more harmful than cigarettes.

Most health problems are caused by other components in tobacco smoke, not by the nicotine. It is safer to use licensed nicotine-containing products than to smoke and much less harmful to vape than to smoke. There is reason to believe that lifetime use of licensed nicotine-containing products will be considerably less harmful than smoking.



Some people think that using NRT is just swapping one addiction for another. But this isn't true. Smoking is highly addictive, mainly because cigarettes deliver nicotine very quickly to the brain and this makes stopping smoking difficult.

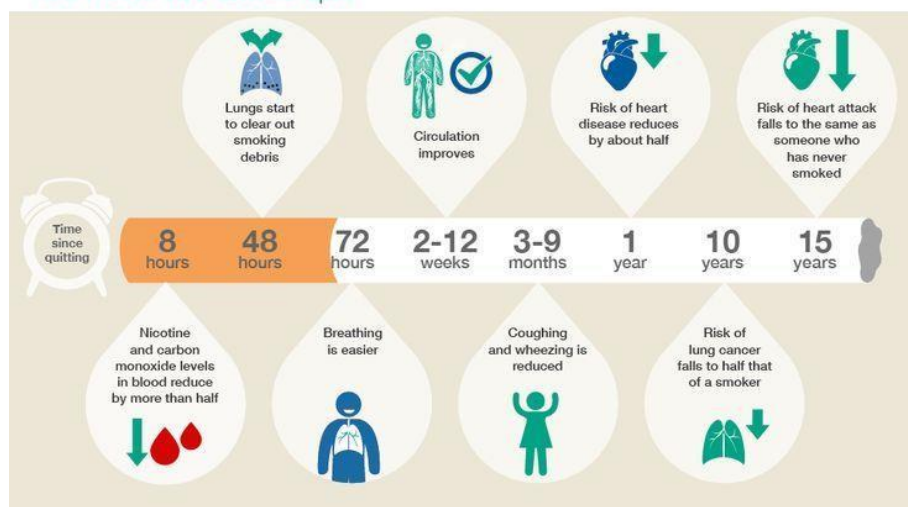
The nicotine levels in licensed nicotine-containing products are much lower than in tobacco, and the way they deliver nicotine makes them less addictive than smoking.

iv/ Benefits of quitting

Stopping smoking can make a massive improvement to your lifestyle and health.

The health benefits of quitting

It's never too late to quit



Once you stop smoking, some of the benefits are immediate and some are longer-term. For example, in addition to the health benefits of quitting, someone smoking 12 a day could save around £1660 a year not buying cigarettes.

- Even if you've tried before, don't give up on trying. It can take some people several tries. Getting the right support can also help your chances of success.
- Your chances of quitting are doubled if using a stop smoking medicine prescribed by a GP, pharmacist or other health professional. Quitting smoking can cause nicotine withdrawal symptoms. Stop smoking medicines can help you manage these withdrawal symptoms.
- Once you are out of hospital, your local Stop Smoking Services provides expert advice, support and encouragement to help you stop smoking for good. Combining quit aids with expert support makes it much more likely you'll stop smoking successfully.
- There is growing evidence that e-cigarettes / vaping can help people stop smoking. For anyone smoking, the latest evidence suggests they carry a fraction of the risk of cigarettes and can be particularly effective when combined with extra quitting support.

vi/ Messages about health (also see Section 3ii)

Circulation: When you smoke, the poisons from the tar in your cigarettes enter your blood. These poisons in your blood make your blood thicker, and increase chances of clot formation, increase your blood pressure and heart rate, narrow your arteries, reducing the amount of oxygen rich blood circulating to your organs. Together, these changes to your body when you smoke increase the chance of your arteries narrowing and clots forming, which can cause a heart attack or stroke.

Brain: If you smoke, you are more likely to have a stroke than someone who doesn't smoke. Smoking increases your risk of having a stroke by at least 50%, which can cause brain damage and death. And, by smoking, you double your risk of dying from a stroke.

Heart: Smoking damages your heart and your blood circulation, increasing the risk of conditions such as coronary heart disease, heart attack, stroke, peripheral vascular disease (damaged blood vessels) and cerebrovascular disease (damaged arteries that supply blood to your brain). Carbon monoxide from the smoke and nicotine both put a strain on the heart by making it work faster. They also increase your risk of blood clots. Other chemicals in cigarette smoke damage the lining of your coronary arteries, leading to furring of the arteries.

Lungs: Your lungs can be very badly affected by smoking. Coughs, colds, wheezing and asthma are just the start. Smoking can cause fatal diseases such as pneumonia, emphysema and lung cancer. Smoking causes 84% of deaths from lung cancer and 83% of deaths from chronic obstructive pulmonary disease (COPD). People with COPD have difficulties breathing, primarily due to the narrowing of their airways and destruction of lung tissue. Typical symptoms of COPD include: increasing breathlessness when active, a persistent cough with phlegm and frequent chest infections. Whilst the early signs of COPD can often be dismissed as a 'smoker's cough', if people continue smoking and the condition worsens, it can greatly impact on their quality of life. You can slow down the progression of the disease and stopping smoking is the most effective way to do this.

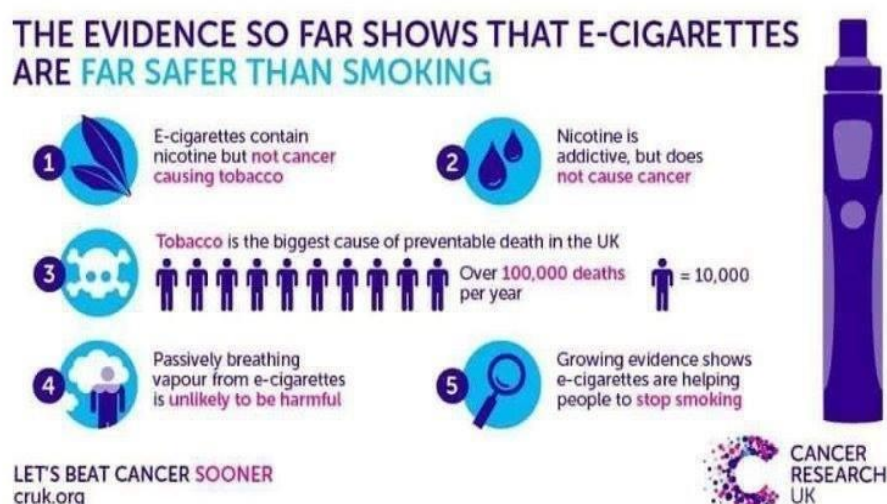
Cancer: More than 1 in 4 cancer deaths in the UK are caused by smoking. You might know smoking causes lung cancer, but it also causes cancers of the mouth, nasal cavities, pharynx and larynx, stomach, kidney, bowel, liver, pancreas, ureter, esophagus, cervix, bladder and ovaries as well as myeloid leukemia.

Poisons: Whether you smoke cigarettes or roll ups, you breathe in more than 5000 chemicals, including dozens known to cause cancer like arsenic and radioactive polonium 210. These enter your lungs and spread through your body.

5. Electronic cigarettes

"...In the interests of public health it is important to promote the use of e-cigarettes, NRT and other non-tobacco nicotine products as widely as possible as a substitute for smoking in the UK." **Nicotine without smoke: Tobacco Harm Reduction, Royal College of Physicians, 2016.**

Comms teams and hospitals should have confidence to support people who are using ecigarettes to quit. The current best estimate is that e-cigarettes are at least 95% less harmful to health than tobacco cigarettes, a figure which has been endorsed by Public Health England.



There is now widespread agreement from organisations such as Action on Smoking and Health, Public Health England, Cancer Research UK, the Royal College of Physicians and the Royal College of GPs that, on the basis of current evidence, electronic cigarettes represent a significantly less harmful alternative to cigarettes for smokers who are unable or unwilling to

stop using nicotine, and that switching completely from smoking to vaping conveys substantial short-term, and is likely to deliver long-term health benefits.

There is also evidence that e-cigarette use is associated with improved quit success rates and an accelerated drop in smoking rates across the country.

E-cigarettes are the most common quitting aid for smokers in England. Currently there are around 2.5 million people using e-cigarettes in England with most people using them as part of quit attempt.

There is no evidence of harm from exposure to secondhand Vape and CQC guidance highlights the role of e-cigarettes in supporting Smokefree policies.

Many Trusts which have gone Smokefree (e.g. Northumbria Healthcare NHS Foundation Trust) do allow the use of e-cigarettes outdoors in the grounds. Mental health trusts, such as Tees Esk Wear Valley NHS Foundation Trust, where the proportion of patients who smoke is very high and people may spend extended periods in hospital including in closed units, have developed policies allowing vaping in specific indoor areas. Trusts that allow the use of e-cigarettes have had a positive experience, with smokers welcoming the chance to make a positive choice to improve their health.

Allowing vaping in all or part of the hospital grounds can support compliance with the Smokefree policy. And, the easier you make compliance, the less you depend on enforcement.

6. Communications methods: ideas and examples of press releases

Below are a few suggestions to help shape and deliver Smokefree NHS communications:

- Engage clinical leads who treat the diseases caused by smoking as key media spokespeople. A comment from a Doctor is a good way to strike a credible and engaging tone. This will also ensure the message is about quitting and health.
- Make it EVERYONES business - patients, all staff, visitors, volunteers, governors, partner organisations etc.
- Don't focus only on estates – a “Smokefree NHS” should involve everyone and the biggest impact to be made will be on the inside amongst your patients and colleagues, through helping them to quit smoking and helping to prevent others from taking it up.
- Identify your key stakeholders - understand what will engage, guide and motivate them.
- Get feedback and continually review and re-engage – set up an enquiries mailbox, attend key meetings, host engagement events or stalls at existing events.
- Make compliance easy by building support internally – celebrate staff success stories of quitting smoking, provide easy accessible information about e-cigarettes and provide alternatives to smoking in key areas (think about healthy, positive messages and activities for staff and patients).
- Remember the biggest challenge is yet to come - Trusts which are already Smokefree report that the biggest challenges came after their Smokefree launch date so establish a comprehensive communications plan which covers ‘going Smokefree’ and beyond and will help sustain implementation of PH48.
- Inform, inform, inform – provide the answers before receiving the questions by having a one-stop shop on your internet/intranet, having a FAQ's sheet on hand for staff and volunteers and developing a clear and supportive Smokefree policy in place.

- As well as working with colleagues in your Trust, we'd strongly encourage engaging with your local tobacco control alliance (located with the Council) or public health team as well as your stop smoking service and seeking input from your staff, patients and visitors to help shape and deliver your communications.

Communications examples and good practice

Example communications approaches and top tips (as shown below) are available in the Knowledge hub group with thanks to Northumbria Healthcare NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust, South Tees NHS Foundation Trust and Lancashire NHS Foundation Trust:

Communications channels

Think about and utilise all of the opportunities you have to communicate your message, such as:

In-patients / out-patients	ALL Staff and volunteers	Visitors and the public
Smokefree NHS Pledge (and resources)		

TV screens	Intranet	Roadshows
Pre-admission letters	Payslips	Hospital signage and branding – positivity is key!
Signage	Department specific information (e.g. pharmacy and governors messages)	Press Releases
Leaflets and posters	Case studies	Radio
Press Releases	Animations and podcasts	Trust Website
Trust Website	E-bulletins / Newsletters / Staff Magazines	Social media
Social media	Email briefings	Cascaded briefings
Radio	Presentations	Posters and leaflets
	Staff awards/champion roles	Photography
	Screen savers / Banners	Consultation Exercises
	Face to face meetings	Admission letters
	Departmental specific information (e.g. pharmacy)	
	Social media	
	Staff Blogs / Forums	

Smoking and media campaigns

Fresh and PHE deliver a number of campaigns around smoking across the year. Key dates you could include in your activities, and to note for ordering materials and resources etc. as part of your communications are:

- New Year
- Fresh Quit 16 Campaign (second launch) 4 March 2019 (email info@freshne.com)
- No Smoking Day 13 March 2019
- World No Tobacco Day 31 May 2019
- Stoptober – September/ October
- World COPD Day 20 November 2019

TEMPLATE PRESS RELEASES

1/ ONE YEAR TO GO COUNTDOWN

[INSERT NHS Foundation Trust] has launched its [INSERT] countdown to becoming 'Smokefree'.

To help reduce the number of people who smoke and the serious illnesses associated with smoking, the trust has made a pledge for all of its hospitals and community sites to be completely 'Smokefree' from [INSERT].

[INSERT TRUST SPOKESPERSON] said: “We want every patient to have the very best outcome at this hospital and the chances of a healthy recovery greatly improve with quitting smoking.

“By going ‘Smokefree’, we aim to bring significant benefits for the health and wellbeing of everyone who uses our hospitals and services. A key part of this will be helping patients coming for a short stay in our hospitals to abstain from smoking.

“If you’re a patient, you have a lower risk of serious complications after operations if you don’t smoke. Quitting smoking helps people recover quicker from periods of illness or injury and have a lower risk of re-admission. People who don’t smoke also have a lower risk of wound infections and have a better chance of a shorter in hospital.

“We hope that visitors and members of the public will support us to help patients quit smoking by respecting the rules not to smoke onsite.”

Over the next 12 months, the Trust will be engaging with staff, patients and visitors to identify the most effective ways of supporting them to become “Smokefree” as they work towards the target of {INSERT DATE}.

Despite declines in smoking prevalence over recent decades, tobacco use remains the single largest cause of health inequalities and premature death.

For every death caused by smoking, approximately 20 smokers are suffering from a smoking-related disease while smoking during pregnancy is associated with a range of negative health outcomes for mother and baby.

The North East has an ambition to reduce smoking prevalence even further to just 5% of our population by 2025. This will bring substantial health benefits to local communities.

Ailsa Rutter OBE, director of Fresh, said: “We hugely welcome work by [INSERT TRUST] to look at ways they can support more smokers to quit their tobacco dependency.

“Smoking is our single biggest cause of preventable illness and early death and it results in nearly half a million hospital appointments every year.

“Helping patients to quit is not only effective, but cost effective and can save the NHS huge amounts of money. Most smokers have tried to quit, and yet many more would manage to do so successfully with the help of the NHS.”

(Thanks to Northumbria Healthcare NHS Foundation Trust for some of this content)

2/ TRUST GOING SMOKEFREE

Today [INSERT HOSPITAL] will become Smokefree as part of a major national drive to support more patients to quit.

The move to a Smokefree environment follows a commitment in the NHS ‘Next steps on the NHS five year forward view’ to focus on identifying people who smoke and supporting them to quit, as well as creating Smokefree NHS estates by 2019/20.

Despite declines in smoking prevalence over recent decades, [INSERT % FROM [LOCAL TOBACCO PROFILES](#)] of adults in the [INSERT AREA] still smoke and tobacco use remains

the single largest cause of health inequalities and premature death. For every death caused by smoking, approximately 20 smokers are suffering from a smoking-related disease.

[INSERT SPOKEPERSON] said: “We want every patient to have the very best outcome at this hospital and the chances of a healthy recovery greatly improve with quitting smoking.

“Reducing smoking rates is a vital element of building a healthier society. Many people are in hospital because of smoking-related illness, and if they continue to smoke it’s likely they’ll take longer to recover. As part of our Smokefree commitment, patients and staff will be given the tools and support they need to help them stop smoking.”

Ailsa Rutter OBE, director of Fresh, said: “We hugely welcome work by [INSERT TRUST] to look at ways they can support more smokers to quit their tobacco dependency. Smoking is our single biggest cause of preventable illness and early death and it results in nearly half a million hospital appointments every year.

“There are so many important reasons for hospitals to be helping patients to quit. Besides adding years to someone’s life they can speed up the recovery process and reduce the risk of re-admissions.

Helping patients to quit is not only effective, but cost effective and can save the NHS huge amounts of money. Most smokers have tried to quit, and yet many more would manage to do so successfully with the help of the NHS.”

In 2014 trusts were encouraged to sign up to the NHS Statement of Support for Tobacco Control, which involves making a public commitment to work towards further reducing smoking prevalence. The commitment has received extensive support from Public Health England (PHE) and Fresh, who welcome the engagement of NHS trusts in tackling the serious damage caused by tobacco to individuals, their families and communities.

Duncan Selbie, PHE’s chief executive said:

“Most smokers want to stop smoking but it can be very hard to succeed without help and support. By putting quitting advice and support at the heart of your policy, [INSERT HOSPITAL/TRUST] provides an excellent example for other trusts to follow. Congratulations to all those involved.

“A Smokefree NHS is much more than banning smoking on hospital grounds. More importantly, it’s about all hospital staff taking every opportunity to support patients who smoke to beat an addiction that’s the country’s biggest killer.”

ENDS

6. Other resources and tools

Communications Resources

- North East Smokefree NHS/Treating Tobacco Dependency Knowledge Hub Group: <https://www.khub.net/group/north-east-smokefree-nhs-treating-tobacco-dependencytaskforce-group/group-home>. Sign up to this free professional online group, managed by Fresh, to access a wide range of information and resources

including comms resources presentations from leading tobacco and health experts and other trusts in the region.

- Northumbria Healthcare NHS Foundation Trust's '[We share clean air](#)' materials and collateral are also available to purchase. For enquiries, contact communications@northumbria.nhs.uk
- PHE also has a free, comprehensive, online resource area containing a number of useful templates and tips including letters to patients, staff and a press release: <https://campaignresources.phe.gov.uk/resources/campaigns/61/resources/2292>
- The Royal College of Physicians Hiding in Plain Sight Report provides an ultimate reference guide covering all aspects of Smokefree NHS: <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobaccodependency-nhs>
- PHE Fingertips: <https://fingertips.phe.org.uk/profile/tobacco-control>
Provides a snapshot of tobacco use, tobacco related harm and measures being taken at local level to reduce this through data. The tool allows you to compare your local area against others as well as national averages. Includes smoking in pregnancy and local prevalence data.
- ASH Ready Reckoner: <http://ash.lelan.co.uk/>
A tool which calculates the costs of smoking for your local area – including a breakdown of NHS costs.
- PHE Health Matters infographics: <https://www.gov.uk/government/publications/health-matters-stopping-smoking-whatworks>

Smoking during pregnancy, the [Smoking during Pregnancy Challenge Group](#) is a partnership between the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists and the Royal College of Paediatrics and Child Health. The group has a resources page with key facts and publications:

<http://smokefreeaction.org.uk/smokefree-nhs/smoking-in-pregnancy-challengegroup/smoking-in-pregnancy-challenge-group-resources/>

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:

<http://ash.org.uk/category/information-and-resources/fact-sheets/>

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<https://www.gov.uk/government/publications/health-matters-smoking-and-quitting-in-england/smoking-and-quitting-in-england>)

ii [R.L. Murray, J. Leonardi-Bee, J. Marsh, L. Jayes, J. Li, S. Parrott, et al., Systematic identification and treatment of smokers by hospital based cessation practitioners in a secondary care setting: cluster randomised controlled trial, BMJ 347 \(2013\) f4004.](#)