



Saving the NHS by Becoming Smoke Free



Introductions





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Learning Objectives

- Detail the harms and costs arising from smoking in 25% of patients we see every day.
- Outline the new model and service that is delivering default, opt-out, systematic interventions for all inpatient smokers at the point of service contact.

 Present the impact that this model has demonstrated in Greater Manchester and showing comparable data with our new inpatient service that went live in April 2022.



The NHS Case for Tackling Smoking

- Tobacco remains the single biggest cause of preventable death, disability, illness, and social inequality. At least 1 in 2 smokers die prematurely due to their smoking, more recent estimates suggest this figure could be as high as 2 in 3.
- Smoking rates have fallen significantly but smoking still accounts for more years of life lost than any
 other modifiable risk factor. Around 6.1 million people in England still smoke. 1 in 4 patients in a
 hospital bed is a smoker. Smokers see their GP over a third more often than non-smokers, and
 smoking is linked to nearly half a million hospital admissions each year.
- Smoking costs communities in England £17 billion a year. The figures show the additional pressure that smoking is putting on the NHS and social care services including annual costs of £2.4 billion to the NHS, and over £1.19billion to local authorities from smoking-related social care needs.
- Smokers who quit have better treatment outcomes for everything from cancer to cardiovascular disease, diabetes to dementia, maternity to mental health, stroke to surgery, to the benefit not just of smokers but also the NHS. For example: smokers undergoing surgery require longer hospital stays and higher drug doses; and have higher risks of heart and lung complications, post-operative infection, impaired wound healing, admission to intensive care and re-admission to hospital.
- Supporting NHS staff to beat their tobacco dependence could save circa £206m per year by reducing absenteeism, ill health treatment and loss of productivity.

How smoking harms the body

Heart

Doubles the risk of having a heart attack



Brain

Increases risk of having a stroke by at least 50%



It causes 84% of deaths from lung cancer and 83% of deaths from COPD



Mouth and throat

Increases risk of cancer in lips, tongue, throat, voice box and gullet (oesophagus)



Increase blood pressure and heart rate



Stomach

Increases chance of getting stomach cancer or ulcers



Smoking can cause impotence in men



Fertility (women)

Smoking can make it harder to conceive

Bones

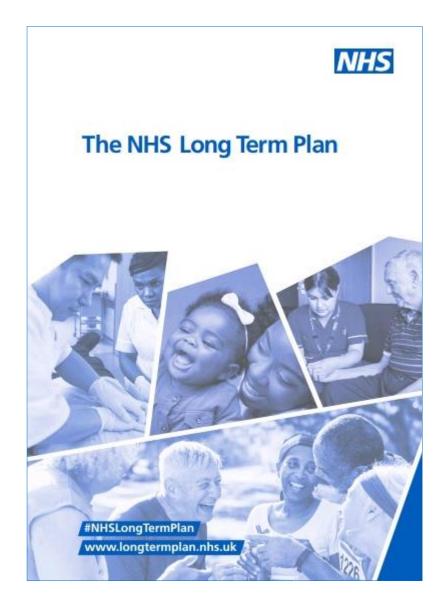
Can cause bones to become weak and brittle and increases the risk of osteoporosis in women



Skin

Prematurely ages skin by between 10 and 20 years

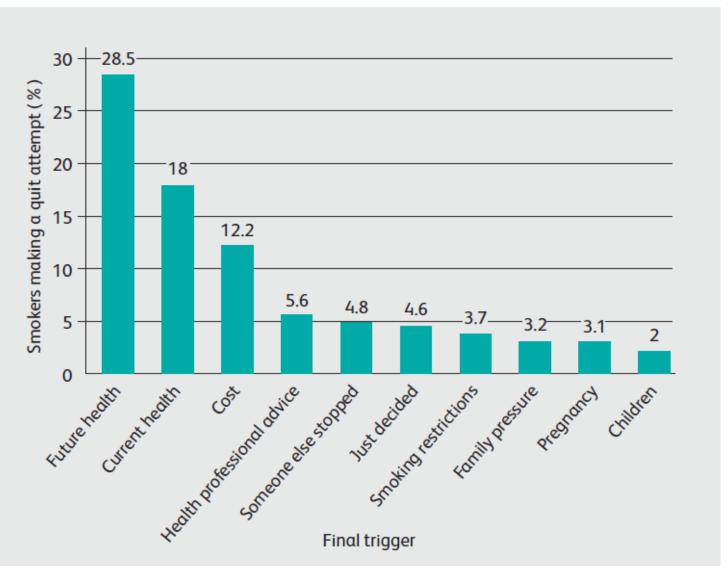
The NHS Long Term Plan (2019) overview



 The NHS Long Term Plan (LTP) set out clear commitments for NHS action to improve prevention by tackling avoidable illness, as the demand for NHS services continues to grow. The plan commits the NHS to investing in frontline services to tackle tobacco dependence for all inpatients, pregnant people, mental health services and high-risk outpatient services by 2022/23

Triggers reported as prompting the most recent quit attempt

- P Current or future health issues are powerful triggers for people to make a quit attempt, and advice from healthcare workers influences the likelihood of making a quit attempt more than input from family or friends.
- Smokers are overrepresented in the population of people who use NHS secondary care services, being around 36% more likely to be admitted to hospital
- A recent meta-analysis suggested that treatment of tobacco dependence by physicians advising all smokers to quit on medical grounds significantly increased the frequency of quit attempts and offering both behavioural support and medication generated more quit attempts than advice to quit on medical grounds alone



Vangeli E, West R. Sociodemographic differences in triggers to quit smoking: findings from a national survey. *Tob Control* 2008;17:410–15.

Best Practice Models





- Results from the Ottawa model suggest a 30-day reduction in readmissions by 6%, 12 and 24 month reductions at 12%, a reduction in smoking-related physician visits (specialist 5% and GP 2%) and reductions in mortality of between 6-7% based on one and two year outcomes.
- Applying the Ottawa assumptions to national modelling indicates that, nationally, the NHS could save nearly 100,000 admissions by the end of 2023/24.
- Results from the CURE pilot, a similar model implemented in Manchester, show that over 1 in 5 of all smokers admitted reported abstinence from smoking 12 weeks after discharge at a cost of £183 per quit.
- Adopting the Ottawa model for smoking cessation in the NHS would result in a net return of £60m in the first year.
- The estimated reductions in demand in Manchester suggest savings of nearly £2m to their health economy.
- Maternal smoking during pregnancy costs the NHS in England approximately £21 million each year in secondary care costs, arising from low birthweight, premature rupture of membranes, ectopic pregnancy, miscarriage and placenta previa.
- Exposure of children to passive smoking costs the NHS in England at least £5 million, possibly as much as £12 million in hospital costs.
- The RCP also estimated that smoking-related diseases among those with a mental health condition cost the NHS an approximate £719 million.

NHS LTP Treating Tobacco Dependence overview

The tobacco dependence treatment programme



Hospital based services

Acute hospital inpatients

Mental health hospital inpatients

Pregnant women (and partners) who smoke

Screen ALL patients for smoking

Opt-out referral to in-house Tobacco Dependence Advisers

Treat tobacco dependence: in-house services, referral to LA smoking cessation services, community pharmacy involvement

Report outcomes

Expanding beyond hospital People with Severe Mental Illness (community)

NHS staff who smoke

Identify (MH trust, community, GP)

Opt -out treatment (MH trust, LG SSS, pharmacy)

Report outcomes

Identify (Primary & secondary care, community, ambulance)– lower SES groups

Offer treatment (Hospital trust, SSS, pharmacy, digital)

Report outcomes

The Team

Specialist Stop Head of Service Service Lead Health Education Smoking Practitioner Practitioner Simon Shane James Louise Specialist Stop Specialist Stop Specialist Stop Service Smoking Smoking Smoking Administrator Practitioner Practitioner Practitioner Siobhan Helen Kelly Megan





Pathways, Protocols & Communications

Design and embed secondary care smoking cessation pathways and protocols that align to the NHS Long Term Plan requirements

Development and implementation of key aspects of the pathways and protocols for all patients admitted (>1day) to hospital resulting in the following deliverables

- Standardised pathway initial and specialist assessment, treatment and discharge
- Tobacco addiction specialist and assessments and protocols
- Supply of Nicotine Replacement Therapy for inpatients and on discharge
- Integration with community-based smoking cessation services

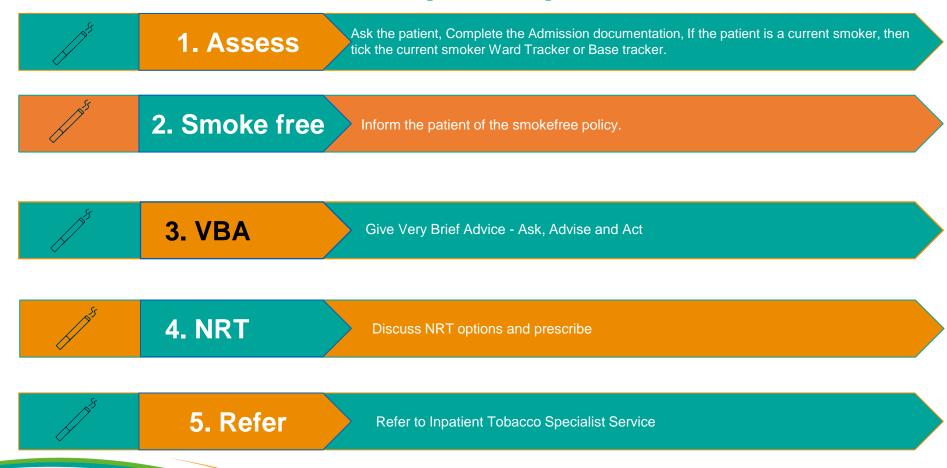




Roadmap

Treating tobacco dependency within acute inpatients – a roadmap to screen and treat

5 Simple steps





Electronic Referral Systems

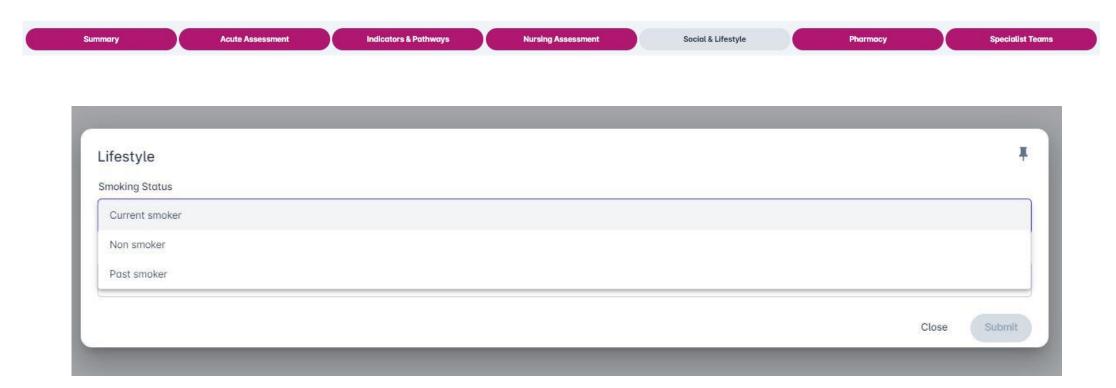
Formal Pathways

- ☐ Automated E-referral to the Inpatient Stop Smoking Service (Nexus Patient Record)
- □ E-referral app designed for the Elective & Outpatient Pathways
- ☐ ISFS signposts on to Community Services/Advanced Pharmacy Offer
- □ Rapid Response pathway using a Multitone Bleep system for the heavily dependent tobacco users

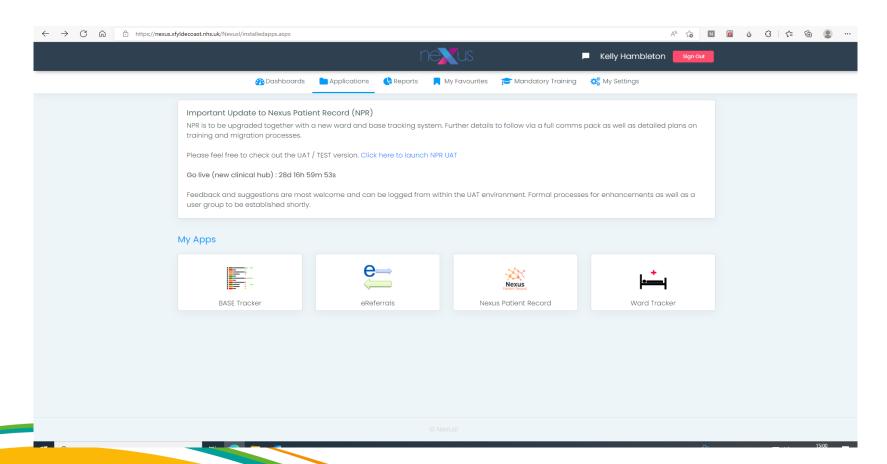
Informal Pathways

- ☐ Smoking Cessation Shared Inbox
- ☐ Inpatient Stop Smoking Office Telephone Number
- ☐ Shadow Days/ Trust Protected Learning time
- Social Media

How to identify a patient?



E-referral (Outpatient & Inpatient)





Hospital Culture Change

Workforce Training

Development of a training framework and delivery plan of e-learning modules for all staff

- Integration of smoking cessation awareness into induction for all staff
- Development and rollout of planned training schedule to ensure maximum coverage of staff.

- 'Drop In' sessions, 'Walkarounds' and ward visits, large scale training sessions
- Involvement of IT Learning & Development team to support and enable the additional training packages to mandatory training for specific staff groups
- Support from the Trust induction lead for all clinicians

Working towards positive outcomes

Inpatient smoking cessation programs have been shown to be highly costeffective interventions and can results in significant cost savings to the NHS.

Reduction in length of stay

Reduction of complications and 30-day readmissions and death

Stop smoking decreases the risk of post-op complications

Reduces wound healing complications by 20% to 40%

Working together

Everyone is responsible for making every contact count (MECC)

Early identification

Very brief advice the 3 A's (Ask, Advise and Act)

Referral process ward/base tracker E-referrals

Leading to holistic care plan and enhanced patient journey

NHS **Blackpool Teaching** Hospitals

NHS Foundation Trust

Our Fylde Coast Offer







the kit to

help you





Blackpool Teaching Hospitals

'Hello my name is... Megan. I am one of the Specialist Stop Smoking Practitioners.

I am ready to support my colleagues in becoming smoke free.

Our NHS staff smoke free service is a free dedicated tobacco addiction treatment service for colleagues working at Blackpool Teaching Hospitals"

E: bfwh.smokingcessation@nhs.net

Trust Smokefree Programme 2022/23 Priorities





Routinely offer smoking cessation advice to patients in all clinical areas and Nicotine Replacement Therapy (NRT) to all inpatients



Provide a stop smoking support programme for staff



Systematically record the smoking status of all patients



Ensure NRT is easily accessible and readily available



Provide smoking cessation training for staff

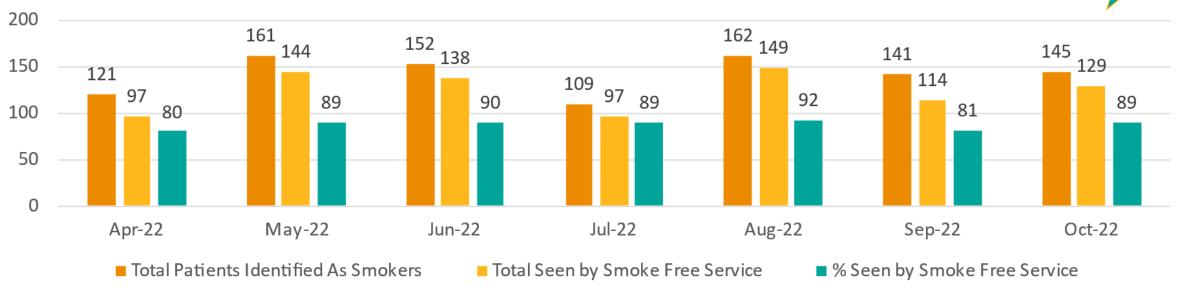


Promote smokefree hospital sites

Blackpool Inpatient Stop Smoking Service Performance

868

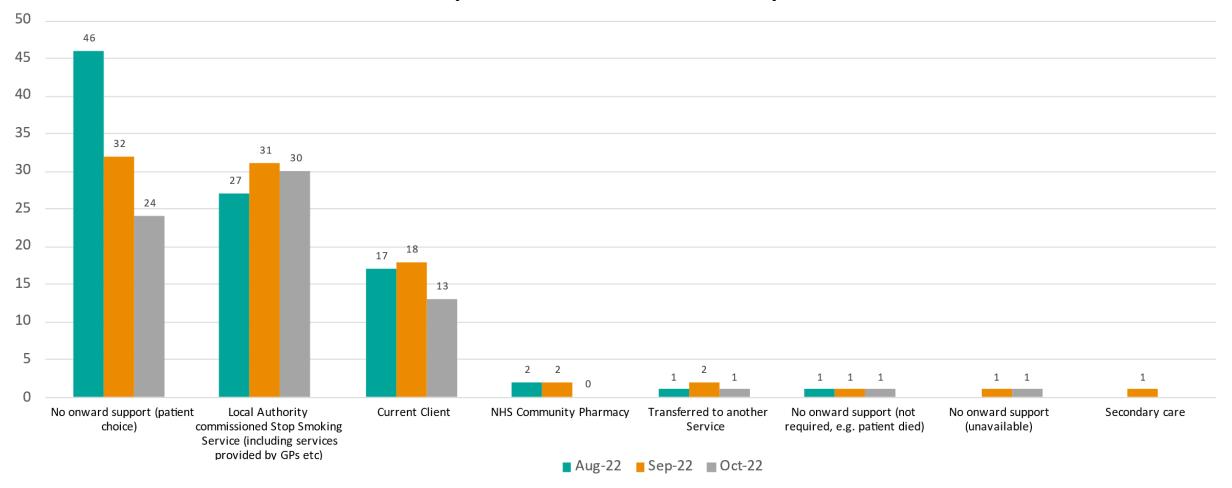
Inpatient Smokefree Service Monthly Performance



Month	Total Patients Identified as Smokers	Total Seen by Smoke Free Service	Percentage Seen by Smoke Free Service
Apr 22	121	97	80.17%
May 22	161	144	89.44%
Jun 22	152	138	90.79%
Jul 22	109	97	88.99%
Aug 22	162	149	91.98%
Sep 22 *NPR Launched	141	114	80.85%
Oct 22	145	129	88.97%

Blackpool Inpatient Stop Smoking Service Performance

Episode Outcome For Local Report



Predicted Yearly Quit Rates (Inpatient Model only) through BTH Inpatient Stop Smoking Service

Learning from the Wythenshawe pilot

Locality	Total number	% of all smokers	Number of quits	Quit rate* (% with FU data)	Quit rate** (% of all smokers)
All smokers	9,086	100%			
Completion of inpatient assessment and treatment	5,542	61%			
Completion of 2 week follow up post-discharge	4,180	46%			
Completion of 4 week follow up post-discharge	4,452	49%	1,870	42%	21%
Completion of 12 week follow up post-discharge	2,998	33%	1,979	66%	22%

^{*}Quit rate in those patients completing the follow-up assessment and smoking status recorded

^{**}Quit rate as a proportion of all smokers admitted during the pilot assuming all lost to follow-up have relapsed/continued to smoke (intention to treat basis)

CURE Impact on NHS Activity

Summary of the expected benefits from the BTH inpatient stop smoking service per annum based on Wythenshawe pilot data/current pathway and modelled on 2019 smoking admissions

Number of patients abstinent from tobacco 12 weeks after discharge	1,979
Number of deaths prevented (1 year mortality reduction 11.4% - 5.4%)	594
Number of hospital re-admissions saved (1 year re-admission rate reduced 38.4-26.7%)	5,085
Number of hospital bed days saved (Average LOS in England 2019 = 4.5 days)	5,205
Number of extra beds available at BTH per day	7

Blackpool NHS Staff Smokefree Service

- The NHS Staff Smokefree Service went live on the 15th August to support current NHS staff to abstain from smoking whilst at work and/or to quit smoking altogether.
- The service is staffed by 2 Specialist Stop Smoking Practitioners as well as a 0.5 Health Psychologist to support staff and the service.
- NHS staff qualify for free nicotine replacement therapy for up to 12 weeks and provides an in-house motivational 12week support programme.
- The focus is on face-to-face appointments with all staff entitled to use 30 minutes of paid work time to attend their first and follow-up stop smoking clinic appointments.
- Primary care staff to be offered access from December.

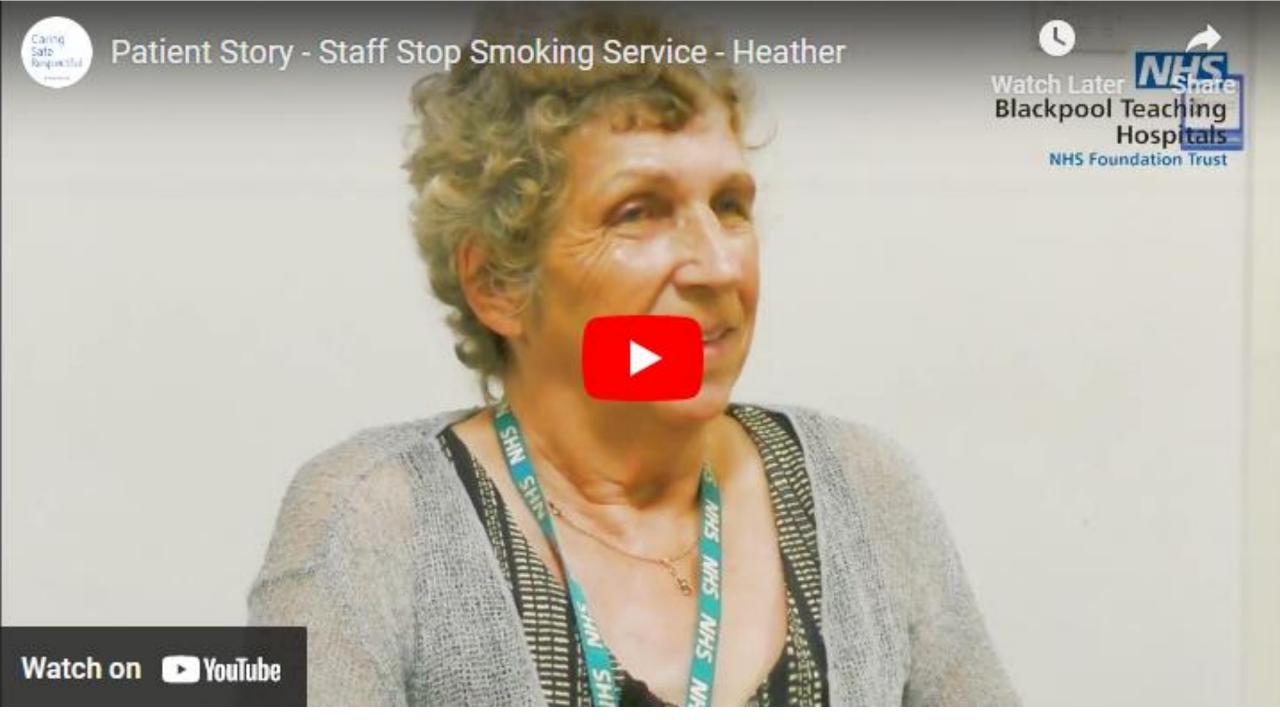


58 referrals for the NHS Staff Smokefree Service (up from 43 last month)

Five 4-week CO verified quits to date

1 staff member agreed to 1:1 interviews with NHS England

	Monday Clinic	Wednesday Clinic	Friday Clinic
Pending	7	9	7
Attended	13	9	13
Cancelled By Client	3	1	2
DNA	7	3	12







Any Questions?

