



Public Health  
England

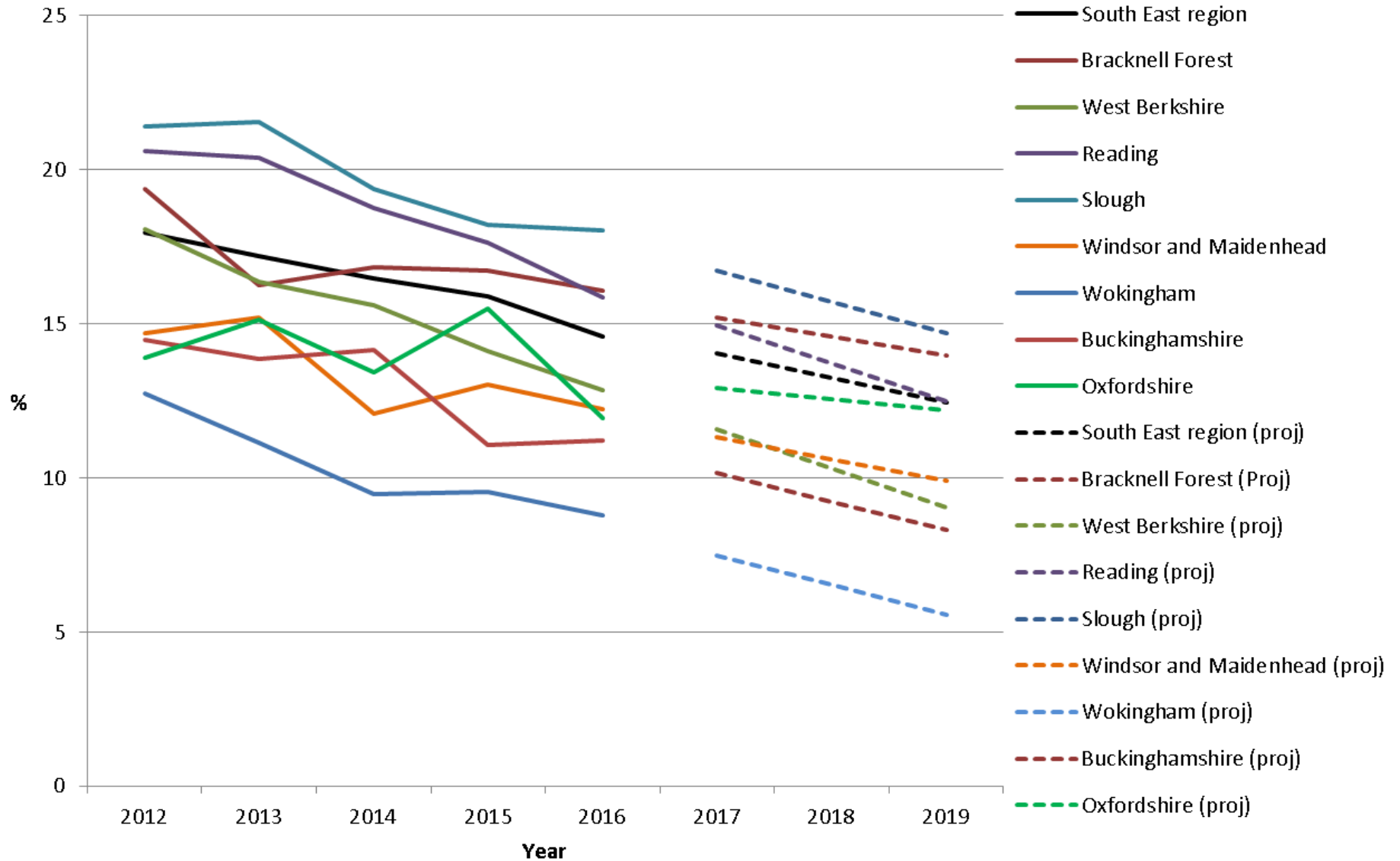
Protecting and improving the nation's health

# A spotlight on becoming Smokefree NHS and local implementation

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# Population smoking prevalence by LA





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# Why intervene in secondary care?



"I grew up to work at the hospital in the PICU and there was a little room you could smoke in. Luckily, we never blew up in the old days. Just a sign: 'No smoking: oxygen in use.'"

<http://www.workingnurse.com/articles/When-Nurses-Smoked-in-Hospitals>

# National ambitions

The DH (2017) Tobacco Control Plan sets out a number of ambitions:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.
- Parity of esteem for those with mental health conditions
- All public services working together, leading the way in helping people to stop smoking;
- All health professionals will engage with smokers to promote quitting;
- Commissioning for Quality and Innovation and Sustainability and Transformation Partnerships: alcohol and tobacco CQUIN“;
- All NHS hospitals fully implement NICE PH48 guidance

# Smoking and CVD

- Smoking increases the risk of developing cardiovascular diseases, which includes coronary heart disease and stroke.
  - It damages the lining of the arteries, leading to a build up of fatty material (atheroma) which narrows the artery. This can cause angina, a heart attack or a stroke.
  - The carbon monoxide in tobacco smoke reduces the amount of oxygen in the blood, causing the heart has to pump harder to supply the body with the oxygen it needs.
  - The nicotine in cigarettes stimulates the body to produce adrenaline, which makes the heart beat faster and raises blood pressure, making the heart work harder.
  - blood is more likely to clot, which increases the risk of having a heart attack or stroke.
- Smokers are almost twice as likely to have a heart attack compared with people who have never smoked.

# Why intervene in secondary care?

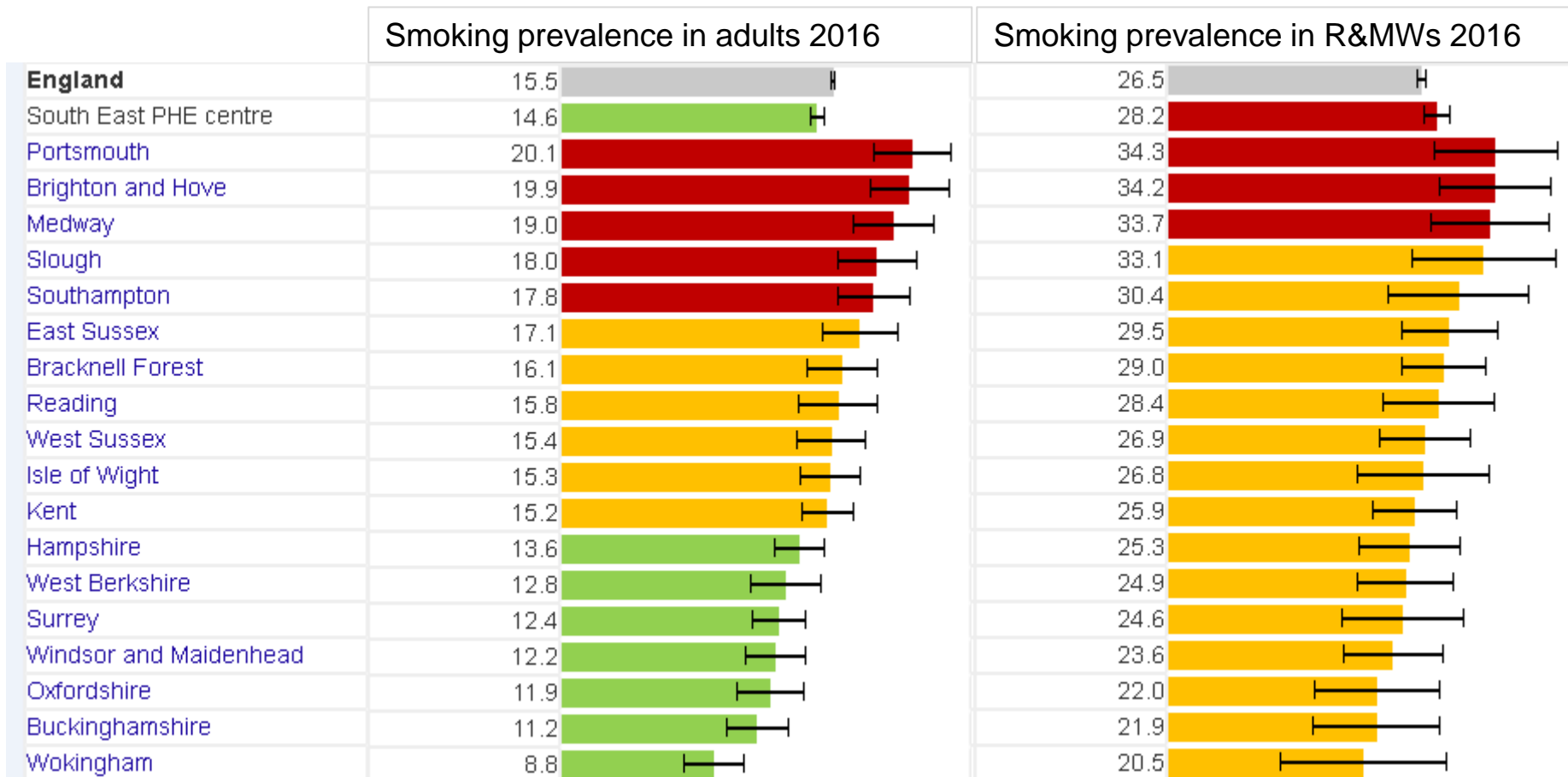
Hospitalisation offers an opportune time to encourage patients to stop smoking for four main reasons.

- Firstly, this time is often a “teachable moment” where patients are more receptive to intervention and are more motivated to quit.
- Secondly, the hospital’s no smoking environment creates an external force to support abstinence.
- Thirdly, patients are ideally placed to be given information about treatment options, support through withdrawal and signposted to specialist services.
- Fourthly, abstaining from smoking at this time can lead to significant health benefits.

# Targeting maternity and mental health units

- Every year maternal smoking causes up to:
  - 5000 miscarriages
  - 300 stillbirths
  - 2200 premature births
  - 19,000 babies to be born with low birth weight
  - increases the risk of sudden infant death by more than four times
- Increases the risk of developing placenta praevia and deep vein thrombosis
- Children born to mothers who smoke are more likely to have behavioural problems, including attention and hyperactivity problems, learning difficulties and reduced educational performance, and respiratory problems.
- A third of all tobacco now smoked in England is by someone with a mental health condition.
- People with a mental health condition are just as likely to want to stop smoking as other smokers but they face more barriers to quitting and are more likely to be dependant and therefore need more support.

# Smoking prevalence in the SE



Source: Annual Population Survey (APS)



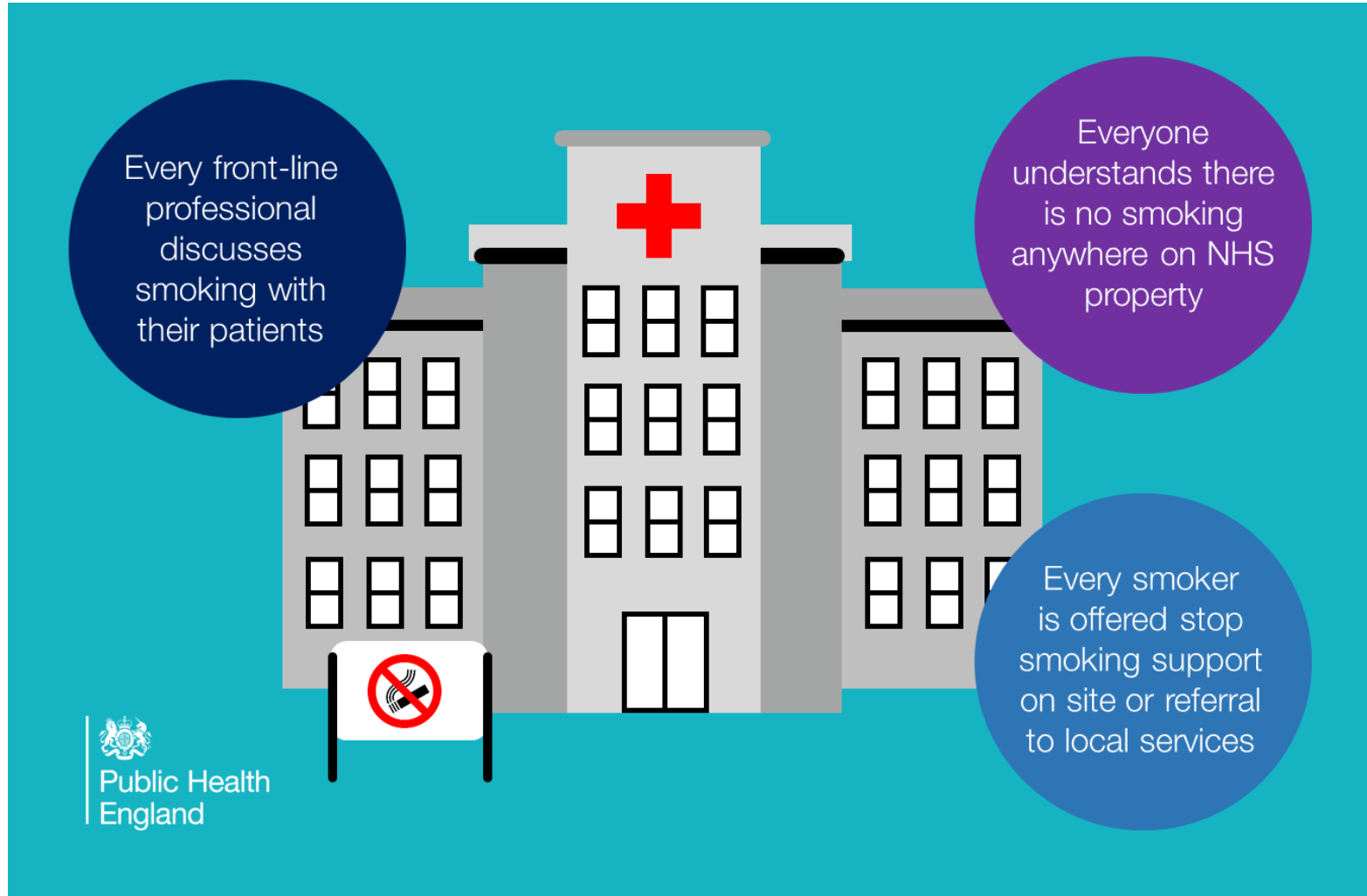


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# Guidance/Resources

# NICE guidance PH48



# CQUIN: Preventing ill health by risky behaviours - alcohol and tobacco

- Is intended to complement and reinforce existing activity to deliver interventions to smokers
- It focuses on identifying and, where required, providing advice and offering referral to specialist services for inpatients in community and mental health trusts (2017-19) and all acute trusts (2018-19).
  - Percentage of **unique, adult patients** who are **admitted** and **screened for smoking status**
  - Percentage of unique patients who smoke and are given very brief advice
  - The percentage of unique patients who are smokers AND are referred to stop smoking services AND offered stop smoking medication.
- It incentivises non-specialist interventions for which there is sound evidence of effectiveness in reducing ill health and thereby the burden on health services, when delivered at scale.
- Requires a whole system approach to be effective.

# Fingertips CVD: Smoking status recorded in last 12 months (15/16) (<https://fingertips.phe.org.uk>)

**SMOK002: status recorded in last 12 mths (certain conditions), den.incl.exc.**

2015/16

Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
<b>England</b>	12,260,536	94.2	94.2	94.2
Bucks, Oxfordshire and Berks West	343,062	93.7*	-	-
NHS Wokingham CCG	30,309	92.9	92.6	93.2
NHS Aylesbury Vale CCG	42,626	93.2	93.0	93.4
NHS South Reading CCG	21,494	93.2	92.9	93.5
NHS Newbury And District...	22,739	93.5	93.2	93.8
NHS Chiltern CCG	67,719	93.7	93.5	93.9
NHS Oxfordshire CCG	135,861	94.0	93.9	94.1
NHS North & West Reading...	22,314	94.6	94.3	94.8

Source: QOF

**SMOK002: status recorded in last 12 mths (certain conditions), den.incl.exc.**

2015/16

Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
<b>England</b>	12,260,536	94.2	94.2	94.2
Frimley Health	143,952	94.1*	-	-
NHS Surrey Heath CCG	19,035	93.1	92.7	93.4
NHS North East Hampshire...	44,919	93.9	93.7	94.1
NHS Bracknell And Ascot C...	25,235	94.0	93.7	94.3
NHS Windsor, Ascot And Ma...	27,685	94.7	94.5	95.0
NHS Slough CCG	27,078	94.8	94.6	95.1

Source: QOF

# Record of support & treatment 15/16

**SMOK004: record of offer of support and treatment (15+, last 24 mnths), den. incl. exc.** 2015/16

Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
<b>England</b>	7,487,414	87.0	87.0	87.0
Bucks, Oxfordshire and Berks West	192,621	88.1*	-	-
NHS South Reading CCG	17,819	84.6	84.1	85.0
NHS Wokingham CCG	13,429	85.8	85.3	86.3
NHS North & West Reading...	11,742	86.9	86.3	87.5
NHS Aylesbury Vale CCG	22,411	87.3	86.9	87.7
NHS Oxfordshire CCG	78,495	88.0	87.8	88.2
NHS Newbury And District...	13,553	90.6	90.1	91.0
NHS Chiltern CCG	35,172	91.0	90.7	91.3

Source: QOF

**SMOK004: record of offer of support and treatment (15+, last 24 mnths), den. incl. exc.** 2015/16

Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
<b>England</b>	7,487,414	87.0	87.0	87.0
Frimley Health	86,587	88.9*	-	-
NHS Slough CCG	18,727	86.9	86.4	87.3
NHS Windsor, Ascot And Ma...	16,437	87.9	87.4	88.3
NHS North East Hampshire...	24,983	89.0	88.6	89.3
NHS Bracknell And Ascot C...	15,997	89.0	88.6	89.5
NHS Surrey Heath CCG	10,443	94.5	94.1	95.0

Source: QOF

# System-wide action

## Call to action

Most smokers want to give up and now is the time for concerted and collaborative action



Pharmacists

Pharmacists can advise on how to stop smoking and provide information on the range of available medication

Primary care

GPs should, as a matter of routine, make every contact count and identify smokers and offer smoking cessation interventions



Local authorities

Local authorities should commission interventions including stop smoking services to meet the identified needs of their populations

Secondary care

Hospitals, mental health services and maternity units should become completely smokefree and all patients who smoke should be helped to stop for good



# Other resources

- NICE self-assessment tools
- PHE CLear tools with deep dive module (due early November)
- PHE Commissioning support packs
- NCSCT Training modules and briefs

# What we've found out

We were once smoke free but found this led to patients smoking in toilets on the wards etc, or going out to the main road which was dangerous, which is why the smoking shelters were introduced.

Staff are not permitted to smoke in uniform, even on breaks; they must change.

	all hospital grounds and buildings	13
<b>Type 2</b>	Smoking prohibited within buildings and secure gardens but allowed within open spaces outside the secure perimeter – such as hospital grounds (use of shelters or not)	6
<b>Type 3</b>	Smoking prohibited within buildings but allowed within secure gardens and outside of perimeter – such as hospital grounds (use of shelters or not)	
	Smoking prohibited within buildings (defined rooms or not)	
	Smoking prohibited within hospital grounds (use of shelters or not)	

It's very difficult to police and all we can do is remind people of the policy when we spot them smoking.

You might have a situation where a cigarette might be the only pleasure for someone who is terminally ill.



# What we've found out

"It is inevitable that hospitals will go smoke-free eventually and that this will become the social norm, given that smoking in pubs, cars and people's homes is becoming increasingly unacceptable"

"Smoking cessation services and routine interventions should be offered to patients – but not to visitors because 'smoking is a choice' and visitors can prepare – and should be encouraged to do so - in advance"

Hospitals should consider fines as a deterrent but this would be difficult to impose – so in the early stages a designated area to go to is a practical

"Hospitals need to be more explicit in promoting a smoke-free environment, but this should not be a surprise to patients when they arrive at a hospital.

"You need to give people time to prepare for a smoke-free environment, choosing a 'go-live' date and using local campaigns to explain to the community when the ban will come into force"

"Care pathways such as stop-smoking services, social care and GPs should be in place in advance that is acceptable, so that people are not surprised for this"

Staff smoking does not give the right message and not smoking on site should form part of contracts and job descriptions

# Stoptober



**STOP TOBER** TOGETHER WE CAN SAVE **ONE YOU**

MADE IT TO  
**28 DAYS**  
AND YOU'VE  
**5 TIMES**  
BEEN LIKELY TO STOP SMOKE  
**FOR GOOD**

**STOPTOBER.**  
**IT'S TIME TO ACT.**

**Hi Marcus,**

We've spoken with you before about stopping smoking and wanted to remind you that Stoptober is fast approaching and it's time we stopped talking and started acting.

Thousands of people just like you are going to grab the opportunity to take part in Stoptober and quit smoking for good.

There are dozens of ways to quit and with all the free support available, you're bound to find a way that will work for you. Make 2016 the year you'll quit by taking part in Stoptober.

**I'M READY TO QUIT**



# Learning from case studies

- Kent – Baby clear initiative
- Portsmouth – Whole system approach with IT integration and online training
- Hampshire – Quit4Life with vaping vouchers
- London clinical senate – Helping Smokers Quit programme

## Helping Smokers Quit: CO4



**C**onversation with every patient who smokes that gives them a chance/opportunity to quit

**C**O monitoring used by clinicians

**C**ode the intervention so we can evaluate effectiveness including death certification

**C**ommission the system to do this right: so right behaviours incentivised systematically.

Improving the health of Londoners by building stop smoking clinical leadership and capacity

# Themes for tables

- What are your priorities?
- What is going on that would be good to share?
- What support would you like?