

**Meeting:** Adult Social Care Health & Wellbeing Sub Committee  
**Date:** 8 November 2018  
**Title:** Smokfree NHS – Tackling Nicotine dependency in Northumbria Healthcare Trust

---

**Author:** Judith Stonebridge. Consultant Public Health

**Service:**

**Wards affected:** All Wards

---

## 1. Purpose of Report

The purpose of this report is to provide an update on work within Northumbria Healthcare Trust to implement national guidance in relation to tackling nicotine dependence, reducing smoking prevalence and achieving smokefree status.

The evidence base for the work is presented along with the Trusts engagement with the wider system to facilitate a reduction in smoking prevalence.

## 2. Recommendations

The committee are asked to note the content of the report and the progress being made by Northumbria Healthcare Trust to help tackle Nicotine dependence and reduce smoking prevalence in North Tyneside.

## 3. Details

### Background:

Stopping smoking at any time has considerable benefits but for people using hospital services there are additional advantages including shorter length of stays, reduced prescribing requirements, fewer complications and reductions in readmission rates<sup>i</sup>.

Smoking in pregnancy carries significant risks for both mother and baby including an increased risk of premature birth, low birth weight and ear, nose and throat and respiratory problems<sup>ii</sup>. It is estimated that every year in the UK there are 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths are attributable to maternal smoking<sup>iii</sup>.

The health, economic and social benefits of helping smokers to quit, supporting temporary abstinence and creating smokefree environments are well documented and cost-effective public health interventions will improve population health and reduce demands on the health care system. Hospital attendance or admission provides a unique opportunity to target smoking cessation intervention to a population with both a high risk if they continue smoking and strong incentive to quit. Embedding systematic processes to

identify and treat nicotine dependence amongst those accessing hospital services has been found to be cost effective and can facilitate reductions in mortality and readmission rates amongst those targeted. The strongest evidence base for achieving smoking reduction in secondary care suggests a systematic and consistent approach to diagnosing and treating nicotine dependence on all contacts. Through routinely asking and recording smoking status, prescribing Nicotine Replacement Therapy (NRT) and facilitating a referral to specialist stop smoking support for those identified as smokers<sup>iv, v</sup>.

A recent audit of practice amongst secondary care providers in England highlighted that 1 in 4 patients accessing secondary care were not asked about their smoking status, and of those who were identified as smokers only 1 in 4 were asked if they would like to quit with only 1 in 13 being offered a referral for support<sup>vi</sup>.

### The impact of smoking on health and care:

Smoking is a major contributor to hospitalisation, estimates suggest that 5% of all admissions are attributable to smoking and that approximately 1 in 4 hospital beds are occupied by smokers. Smokers tend to have longer lengths of stay, higher incidence of wound infections and readmissions than non-smokers and smoking during pregnancy carries significant health risks for both mother and baby. The financial impact of smoking on the NHS therefore is high and the annual cost of smoking to the public in England is estimated to be in the region of £13.8bn of which £2bn are direct costs to the NHS. It is estimated that every year in the UK there are 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths are attributable to maternal smoking. Whilst significant progress has been made in reducing the rates of smoking at time of delivery in North Tyneside 271 women reported that they were smoking at time of delivery in 2016/17<sup>vii</sup>.

**Table 1: The cost of smoking in North Tyneside 2017**

Costs to local economy (loss productivity)	£2,398,119
The total additional spending on social care as a result of smoking for adults aged 50+	£ 6,129,033
Costs to non-smokers (passive smoking costs)	Adults: £293,681
	Children: £64,916
Healthcare costs:	£7,661,500

## **Key drivers and opportunities:**

Thousands of people access the services provided by Northumbria Healthcare Trust every year as inpatients and outpatients many of whom will be current smokers and at significant risk of the development or exacerbation of tobacco related disease. The thousands of interactions undertaken with the public who are often in a state of heightened motivation, more receptive to and have greater capacity to benefit from smoking cessation or temporary abstinence means the organisation is ideally placed to provide interventions that facilitate smoking reduction and improve the lung and general health of the local population.

The strongest evidence base for achieving smoking reduction in secondary care suggests a systematic and consistent approach to diagnosing and treating nicotine dependence on all contacts. Through routines asking and recording smoking status, prescribing NRT and facilitating a referral to specialist stop smoking support for those identified as smokers.

The ability to significantly impact on improvements in population health and NHS spend however, cannot be achieved through a focus on short-term abstinence alone. A system wide pathway of smoking support across primary, secondary and community services will ensure support for smoking cessation stretches beyond the length of the hospital episode and increase the likelihood of temporary abstinence translating into a permanent quit attempt thus maximising return on investment and optimising long term health outcomes. The trust continue to work collaboratively with the local authority and CCG to develop pathways of support for smokers.

## **Progress to date:**

As part of its commitment to improving the health and wellbeing of its staff, patients and visitors Northumbria healthcare Trust agreed a plan to become smokefree from 31<sup>st</sup> March 2018. Being smokefree means:

- Creating smoke free environments across all sites by not permitting smoking anywhere within the grounds
- Systematically identifying and documenting nicotine dependence in all patients at every contact
- Providing timely support to Nicotine Replacement Therapy and behavioural support to help smokers remain abstinent whilst in hospital or to facilitate a more permanent quit attempt.

Significant progress has been made across the organisation an overview of which is set out below:

1. Over 500 staff have received evidence based training on delivering brief advice to smokers.
2. Recording of smoking status has been embedded in the electronic patient record. Latest data suggests that 85% of admitted patients had their smoking status documented, over 85% of identified smokers were offered brief advice.
3. Rapid access to Nicotine Replacement Therapy is being facilitated by nurses as part of the admission process. Latest data suggests that over 85% of identified smokers were offered Nicotine Replacement Therapy

4. An in house stop smoking service has been established to improve access to behavioural support and facilitate access to on-going support after discharge. Over 1,200 patients received support from the service In the first 6 months of it being established.
5. Occupational health staff have been trained to deliver advice and support to staff who want to quit smoking
6. A robust communications plan has been implemented with staff and members of the public
7. As part of a national initiative in depth work is underway within maternity services to look at opportunities for increasing the proportion of smokefree pregnancies.

---

<sup>i</sup> Royal College of Physicians. *Hiding in plain sight: treating tobacco dependency in the NHS*. London: RCP 2018

<sup>ii</sup> US Department of Health and Human Services. *The health consequences of smoking – 50 years of progress: A report of the surgeon General* 2014.

<sup>iii</sup> Towards a Smokefree Generation - A Tobacco Control Plan for England: Department of Health (2017) London: Available at

<sup>iv</sup> NICE PH Guidance 48: Smoking: acute, maternity and mental health services (2013) Available at: <https://www.nice.org.uk/guidance/ph48>

<sup>v</sup> Mullen KA, Manuel DG, Hawken SJ, et al Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes *Tobacco Control* 2017;26:293-299. Available at: <http://tobaccocontrol.bmj.com/content/26/3/293>

<sup>vi</sup> Agrawal s & Mangera Z. *British Thoracic Society Smoking cessation audit report: Smoking cessation policy and practice in NHS Hospitals*. British Thoracic Society 2016.

<sup>vii</sup> PHE Local Tobacco Control Profiles: available at: [https://fingertips.phe.org.uk/profile/tobacco-control/area-search-results/E12000001?search\\_type=list-child-areas&place\\_name=North%20East](https://fingertips.phe.org.uk/profile/tobacco-control/area-search-results/E12000001?search_type=list-child-areas&place_name=North%20East)