PRIORY
HEALTHCARE

Going Smoke Free
Challenges & Benefits

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A REAL AND LASTING DIFFERENCE FOR EVERYONE WE SUPPORT

National Picture

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- UK government has set an ambition to be “smoke free” in England by 2030
- This included an ultimatum to make smoked tobacco products obsolete by 2030, with smokers quitting or moving to reduced risk products like e-cigarettes.
- NHS 5 Year Forward View includes a commitment for all hospitals to be smoke free by the Spring of 2020
- May 2019 PHE called for all acute NHS Trusts to be smoke free by which time 69% had achieved the target
- PHE called for all Mental Health Services to be smoke free by the Summer of 2018.
- NICE guidance (NG 92) “Stop smoking interventions and services” published Mar 2018
- NHS Scotland – Smoke free hospitals & grounds from Mar 2015.
- NHS Wales – Public Health (Wales) Act 2017 placed restrictions on smoking in hospital grounds by the Summer of 2019.

UK Smoke free Policy changes 2007 – 2019 what we've learnt

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- Smoke Free mental hospital buildings achieved 2008 (only 1 year after non-mental health buildings)
- The provision of entirely smoke free environments is not an infringement for human rights – Court of Appeal 2008
- Forensic sites successfully went smoke free 2015 (NHSE CQUIN requirement) specific patient group, but lessons learnt (& for the majority was done without e-cigs/vaping)
- ½ measures cause more problems than consistently applied bans
- Evidence Base – serious incidents & fires don't increase (patients have always tested boundaries)
- Nurses/HCSW shouldn't be smoke monitors in or out of hospital, it denigrates their health care role & is not a good use of resource or patient time
- E-cigs & vaping are not risk free but carry a fraction of the risk of smoking (PHE/RCP) & are a proven harm minimisation strategy; no smoke, therefore negligible passive smoking risk - as such we should provide to new acute admissions FOC & vend at sites (Calverton & NHS trials)
- The CQC support Smoke free sites with the caveat of a requirement for care planning & smoking cessation support (NCSCT counselling training is easily completed online & NRT/e-cigs widely available, along with specific non-nicotine treatments
- As we know the adverse effect on physical & mental health, there is no credibility to any quality of life argument for allowing smoking
- Smoking is a pernicious addiction that is the UK's greatest cause of preventable death & admission is an opportunity to successfully intervene

Why go smoke free & why now?

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- Serious & Enduring Mental Illness sufferers (SMI) have their life expectancy reduced by > 20 years, with > ½ of the "Stolen Years" being directly attributable to smoking
- The great progress made by the UK with smoking cessation has plateaued, so that whilst only 15% (fallen from almost 50% in 1974) of the UK population smoke, some disadvantaged groups remain in a widening health & economic gap.
- 40% of those with a mental health diagnosis smoke, 1/3 of smokers have a mental health disorder and **70% of mental health inpatients smoke, along with experiencing a greater degree of addiction/smoke more heavily.**
- Patients want to quit but find it more difficult & are less likely to access or be offered help to quit
- SCIMITAR+ (Lancet Psychiatry, May 2019) proves an evidence based package of support can achieve cessation for SMI sufferers (smoking history approx. 30 years & 24 per day)

Why go smoke free & why now?

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- Smoking also has a negative effect on mental health. Self-medication with nicotine stimulates Dopamine receptors causing transient relief of; low mood, anxiety, stress, irritability & anger, but this is short-lived & withdrawal has an opposite negative effect, along with a decrease in production of natural Dopamine
- Smoking cessation has a positive effect on Depression & Anxiety equal to treatment with antidepressant drugs
- Necessary regressive taxation amounting to 80% of the cost smoking accounts for a significant %age of the income of those with SMI & compounds the social disadvantage & heath inequalities they experience
- With the undoubted adverse effect on physical & mental health there is a parity of esteem duty to implement Priory Smoke Free sites. To not do so would be a highly invalidating statement to all our patients, inferring a lack of care for their health and wellbeing
- To do this ethically & effectively smoking cessation needs to be recognised as a central element of care with assessment of need before or at the point of admission, along with the offer & delivery as required, of a full range of intervention; counselling support, NRT, e-cigs and the prescription of licensed drugs

Our Staff

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As an employer we have a clear interest in the health & wellbeing of our staff:

- Nationally 10% of professionals & managers smoke whereas 25% of manual workers smoke (2017, ONS), there are also huge geographical variations; 8.6% East Devon cf. 21.8% Dundee
- At a Priory site in July it was anecdotally stated during a consultation session that 40-60% of the staff smoked (surveys of all staff was conducted to provide more objective data)
- Historically there has been a culture of smoking in mental health services, with collusion by staff in not addressing the quit agenda present in the wider population
- Quitting smoking is most successful with support i.e. the support of the organisation, cultural change & signposting to available NHS resources
- Equally staff are important role models and should not smoke on duty, on or off site, whilst representing the organisation, especially if identifiable as employees

Planning to go Smoke Free

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The Ten Step Plan:

Step 1	Establish Leadership	• Identify an appropriate leader. • Establish an implementation group. • Set dates for the group to meet. • Identify internal and external champions.
Step 2	Create Policy	• Confirm your smoke-free policy. • Decide on how to frame your policy.
Step 3	Define your plan	• Establish your implementation plan. • Set timetable for every part of the plan.
Step 4	Listen to views	• Listen to the views of key stakeholders. • Identify and acknowledge challenges. • Involve stakeholders in identifying solutions/compromises.
Step 5	Provide Smoking Cessation Support	• Ensure cessation support is widely available and accessible. • Ensure smoking cessation medications are widely available and accessible. • Review service user therapeutic activities and strengthen these if required.

Planning to go Smoke Free

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Step	Action	Tasks
Step 6	Consider Estate Issues	• Identify any required changes to your estate depending on the type of smoke-free policy.
Step 7	Staff Training	• Identify staff training needs. • Ensure training is available to address these needs.
Step 8	Communicate your policy	• Identify and advertise a firm date for implementing your policy. • Develop and put in place a pre-implementation communication policy.
Step 9	Establish New Protocols	• Identify the need for amending or introducing new protocols (including admission and discharge protocols) and address this.
Step 10	Monitor & Evaluate	• Assess monitoring information required. • Set up a monitoring and evaluation framework including baseline data if possible.

Current Situation/Challenges

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- Smoke Free policy published March 2019.
- Target date for all sites to be smoke free was July 31st 2019.
- Consultation exercise with all sites conducted to assess progress May 2019. All sites asked if they had specific issues and/or needed dispensation of more time
- Common issues that came from sites:
  - Safety issues due to being near main road
  - Conflict with residential neighbours close to hospitals
  - Capacity of some patients to understand information given
  - Poor knowledge of e-cigs and vapes
  - Fears that ADC may be affected, particularly in our private services
  - One CCG had expressed their concern and stated they may transfer patient to a service who will allow smoking to continue.
  - Staff requested to be allowed to use e-cigs or vape in hospital grounds
  - Whilst it is illegal to sell tobacco products to under 18s it has become apparent that some CAMHS patients smoke with their parents in the grounds & on community leave

Current Situation/Challenges

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How were these concerns addressed:

- Site specific advice and support offered.
- Specific sites with genuine safety or neighbour issues guided to identify a discreet patient smoking area close to perimeter boundary, but all other aspects of policy to remain in place (staff should not bring the organisation into disrepute by actions such as smoking near the gate or role model smoking to patients)
- Information shared with sites to de-mystify e-cigs/vape use
- 3 sites who were having difficulties received focused visits from external consultants to support their smoke free implementation
- Further liaison & consultancy work is scheduled
- Kirklees CCG's own policy is to be smoke free so we must challenge any attempt to withdraw patients. Similar commissioner behaviour should be initially redirected to their Director of Public Health or Medical Director & a Judicial Review would be an option
- Policy amended to allow staff to use e-cigs/vapes in Hospital Grounds
- 5 sites, including the 3 referred to above, have asked for a 3 month extension to October 31st.