Public Health England

Protecting and improving the nation's health

Tobacco Control in England

A Smokefree NHS: Reducing Inequalities and Delivering NHS Sustainability

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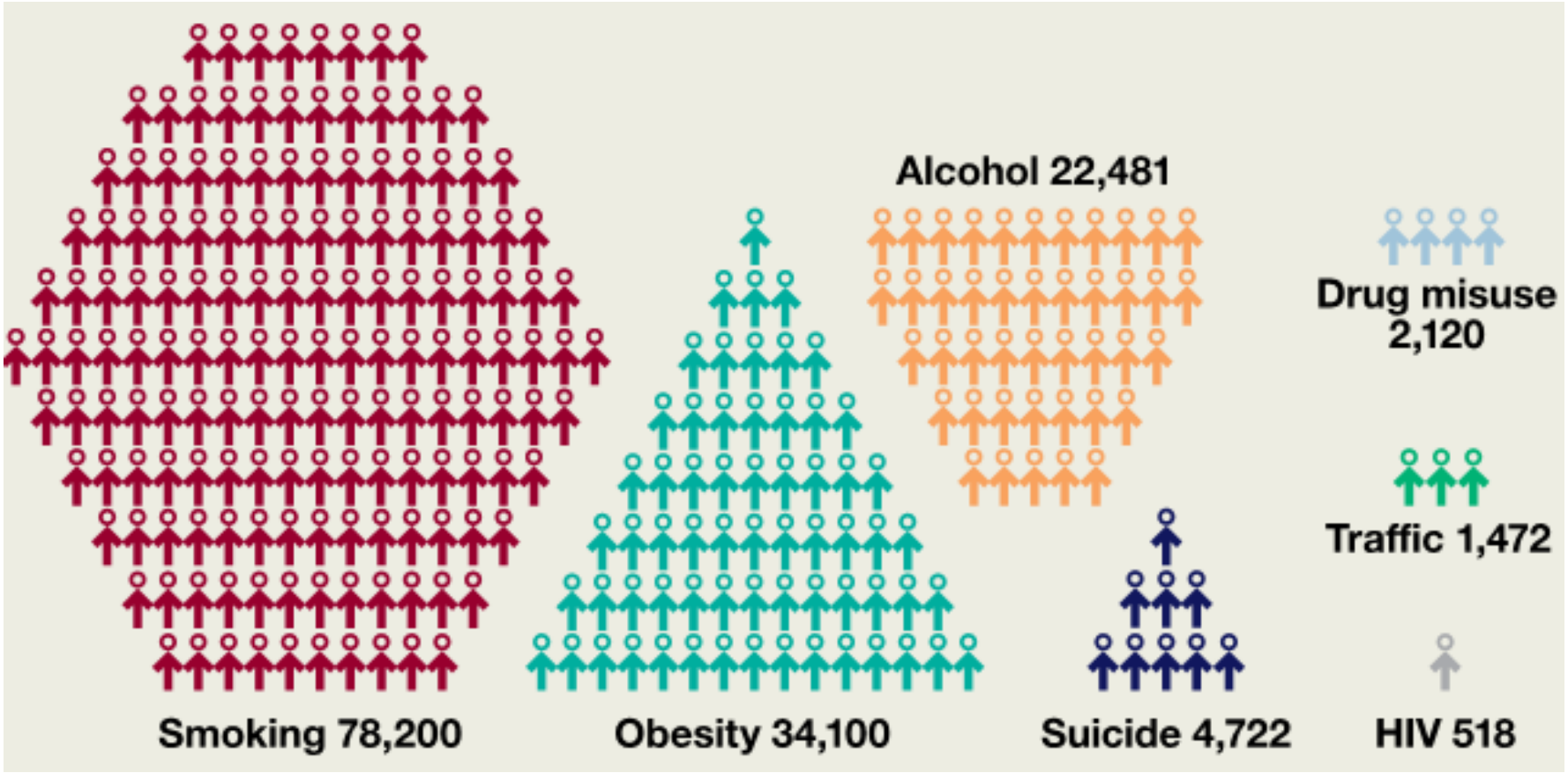
AIM

- To support discussion and debate at the South West Clinical Senate, May 2017

Overview

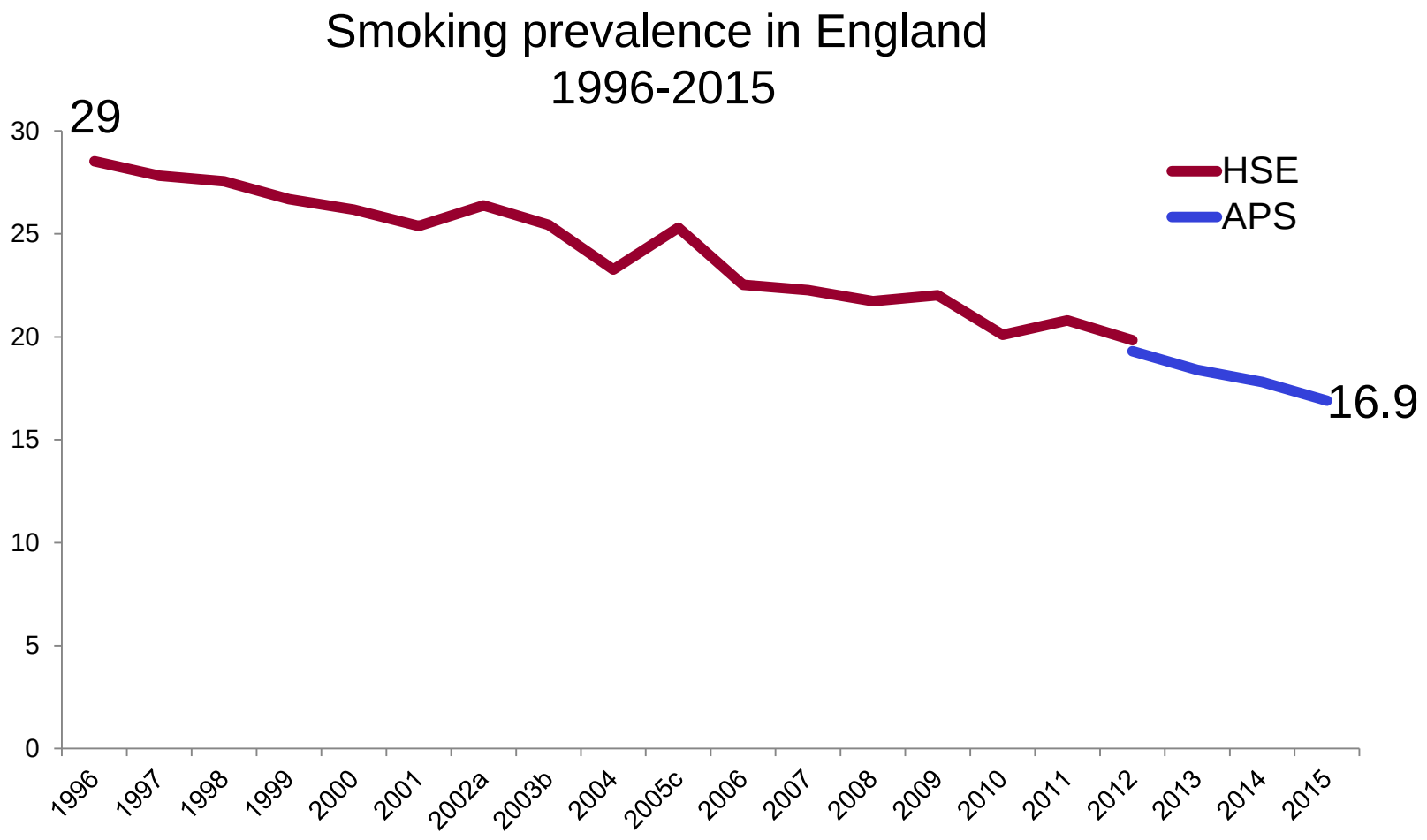
- Setting the scene
- Inequalities
- Impact of Smoking on Hospitalised Patients
  - The case for surgery
- WHY NOW?
  - NHS Sustainability
- THE ASK
- Enablers

Smoking causes the greatest number of preventable deaths



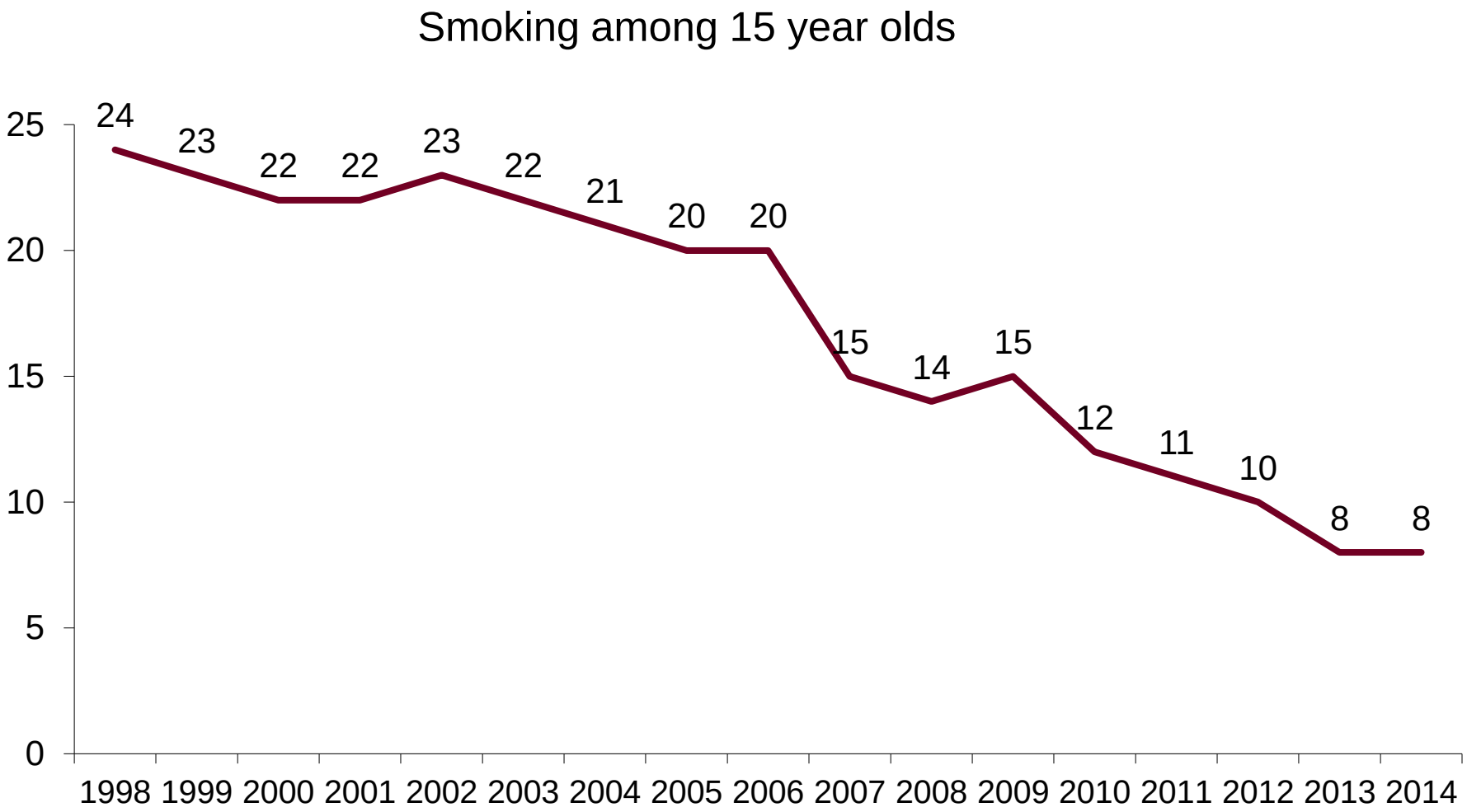
Comprehensive local tobacco control: why invest? (2014)

Adult smoking rates are falling



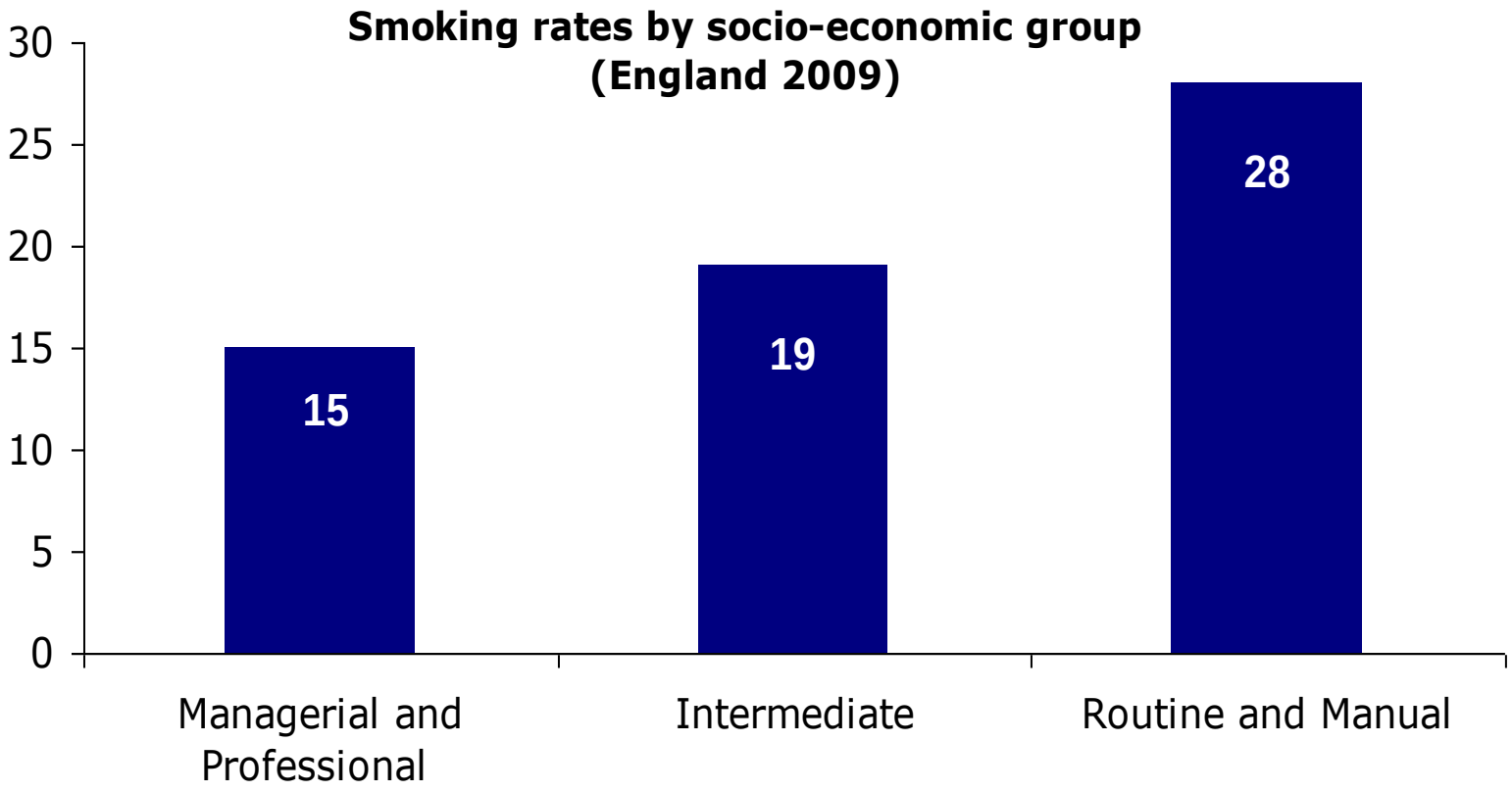
Health Survey for England/ Annual Population Survey

Falling faster among children

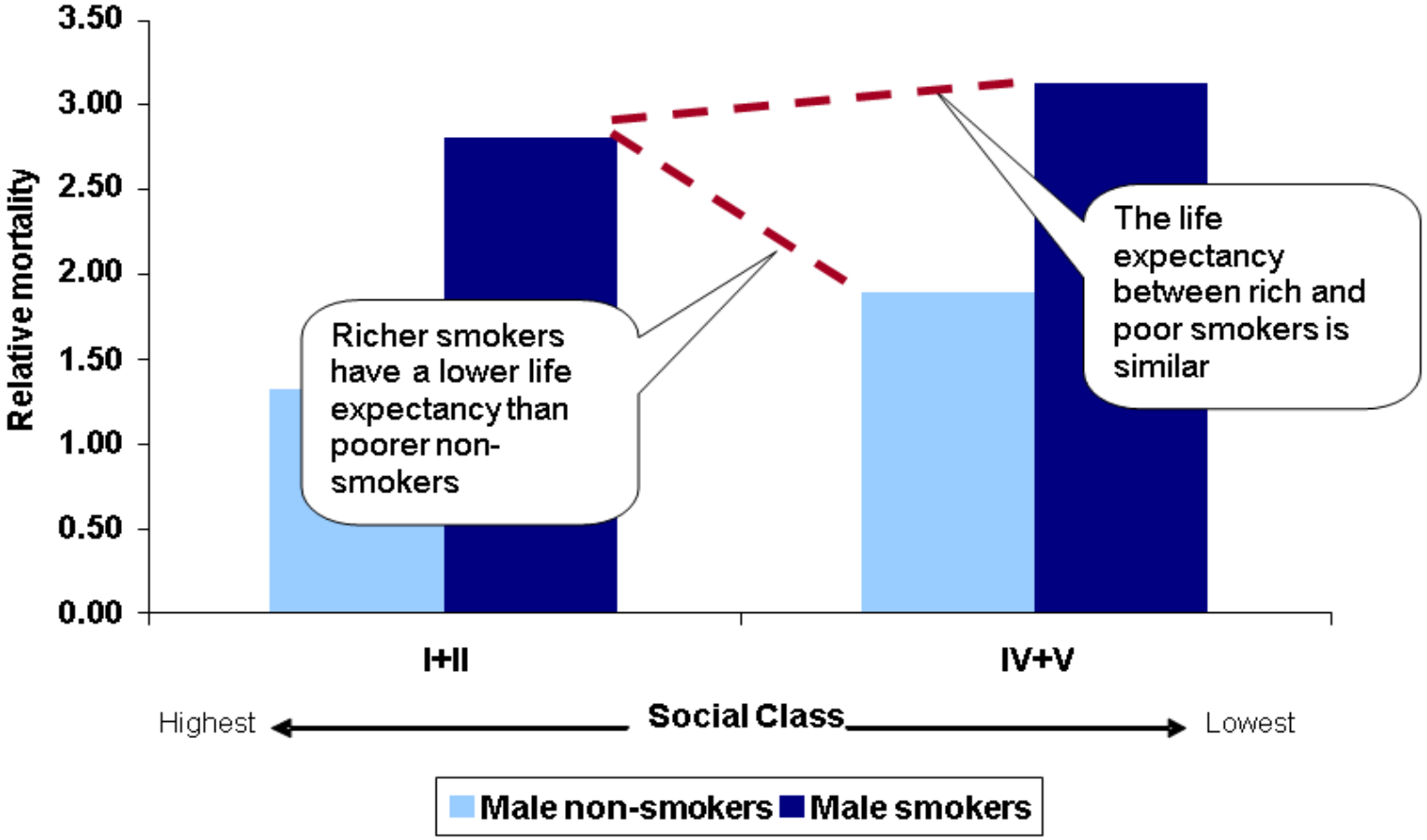


Smoking Drinking and Drug Use among Children, 2014

The poorer you are the more likely you are to smoke



Smoking is the greatest cause of health inequalities



Gruer L, Hart C L, Gordon D S, Watt GC M. Effect of tobacco smoking on survival of men and women by social position: a 28 year cohort study BMJ 2009; 338 :b480

Public Health England

Identify Local Priority Populations

- Address Local Demographics - including Routine & Manual Smokers
- Pregnant smokers
- Smokers with MH conditions
- Smokers in the Healthcare System

"If they are truly a priority,
then they deserve effective support"

[See PHE Menu of Preventative Interventions]

Reality Check

British Thoracic Society

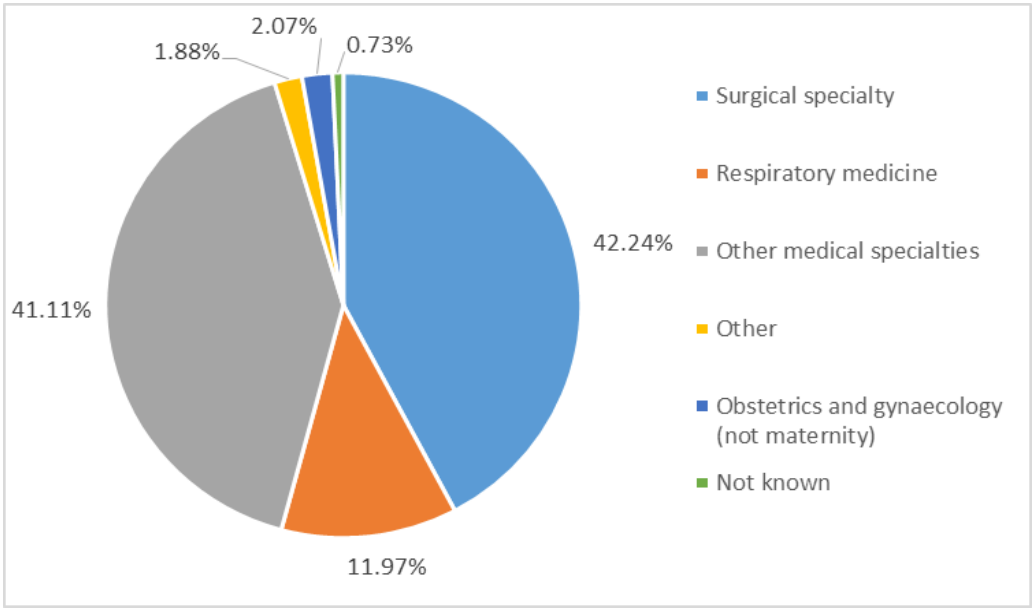
Better lung health for all

BTS Smoking Cessation Audit Report 2016

Smoking cessation policy and practice in NHS hospitals

BTS Results - Scope

Route of contact	Count	Percentage with smoking status recorded	Percentage of current smokers
Elective inpatient	3419	68.68%	18.99%
Emergency admission	11331	73.78%	27.15%
All patients	14750	72.60%	25.36%



Specialty	Count	Percentage with Smoking status recorded	Percentage of current smokers
Surgical specialty	6230	69.02%	24.95%
Respiratory medicine	1766	80.86%	30.04%
Other medical specialties	6063	74.72%	24.22%
Other	278	57.91%	22.98%
Obstetrics and gynaecology (not maternity)	305	73.11%	25.56%
Not known	108	61.11%	34.85%
All patients	14750	72.60%	25.36%

Reality Check

British Thoracic Society (2016)

- Over 7 in 10 (72%) of hospital patients who smoked were not asked if they'd like to stop.
- Only 1 in 13 (7.7%) hospital [patients who smoked were referred for hospital-based or community treatment for their tobacco dependency
- Over 1 in 4 (27%) of hospital patients were not even asked of they smoke
- 1 in 4 (25%) of hospital patients were recorded as smokers

The Clinical Case

The clinical case for smoking cessation before surgery

What is this initiative aiming to achieve?

- The aim of this initiative is to provide clinical support for temporary abstinence with a view to prompting a permanent quit supported by a referral to local Stop Smoking Services.
- To gain maximum benefit, a quit attempt needs to begin at least 8 weeks before surgery and lead to permanent quitting.
- However, temporary abstinence beginning immediately around the time of surgery and lasting until a patient has recovered may still have worthwhile benefits

http://www.ncsct.co.uk/usr/pub/interventions-in-secondary-care-june-10-surgical-patients-factsheet.pdf

The clinical case for smoking cessation before surgery (2)

What is the relationship between smoking and post-operative outcomes?

- Compared to non-smoking patients, patients who smoke perioperatively have been shown to experience more problems. Smoking has been associated with local wound complications, pulmonary and cardiac complications, an increased need for postoperative intensive care and longer periods of hospitalisation.
- Specifically, poorer outcomes have been associated with gastrointestinal, hernia, orthopaedic, cancer, cardiovascular, day care and plastic surgery.[1]
- Smoking has also been implicated in a need for increased anaesthetic dosage and increased experience of postoperative pain. [2;3]

http://www.ncsct.co.uk/usr/pub/interventions-in-secondary-care-june-10-surgical-patients-factsheet.pdf
(1) Lindstrom D. Impact of tobacco use on post operative complications ISBN 978-91-7 409-071-0 Karolinska Institute. 2008.
(2) (2) Warner DO. Tobacco control for anesthesiologists. Journal of Anesthesia 2007; 21(2):May.
(3) (3) Moller A, Tonnesen H. Risk reduction: perioperative smoking intervention. Best practice and research clinical anaesthesiology 2006; 20(2):237-248.

The clinical case for smoking cessation before surgery (3)

What are the health benefits of quitting for patients undergoing surgery?

- Successful quitting will not only benefit a patient's long term health by reducing the risk of disease development[4] but there is evidence that quitting smoking before surgery may have more immediate benefits by reducing the risk of post operative complications [5] and that even brief abstinence may be beneficial to this aim. [6]
- Perioperative smoking cessation is beneficial, as it will eliminate some of the acute effects of smoking on the body; however, the earlier a smoker quits the better.[6]

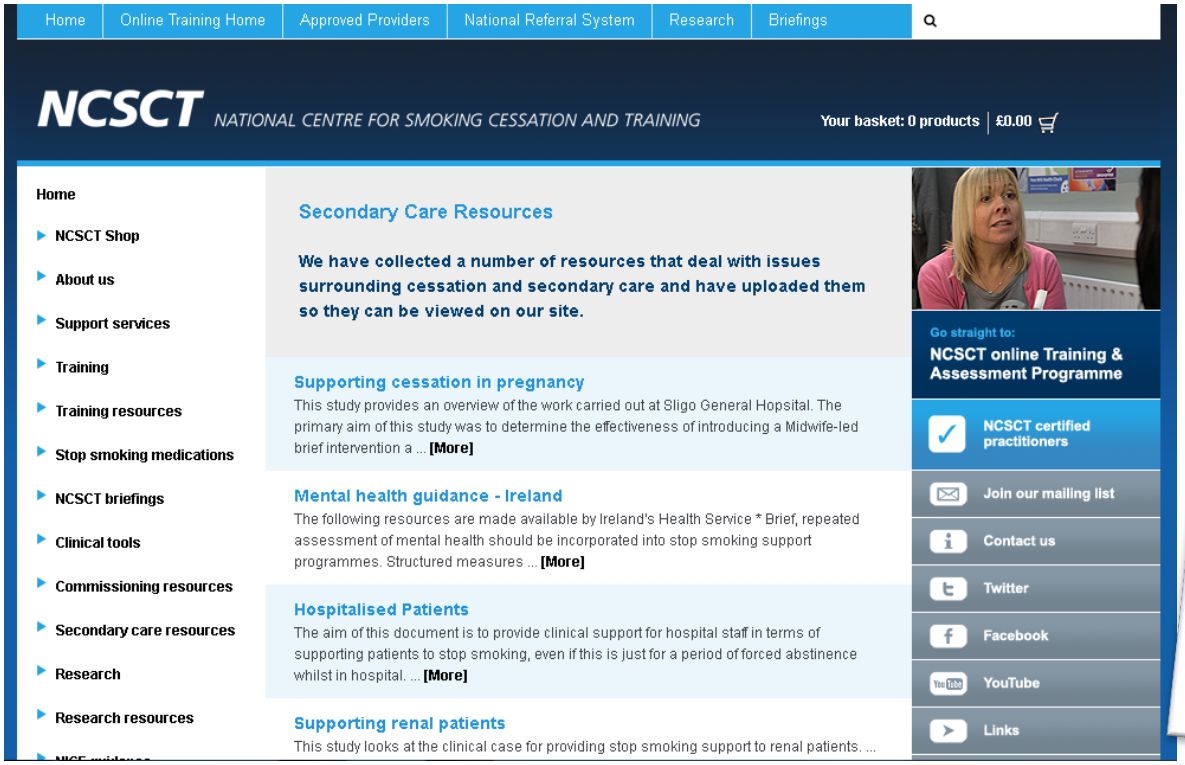
http://www.ncsct.co.uk/usr/pub/interventions-in-secondary-care-june-10-surgical-patients-factsheet.pdf

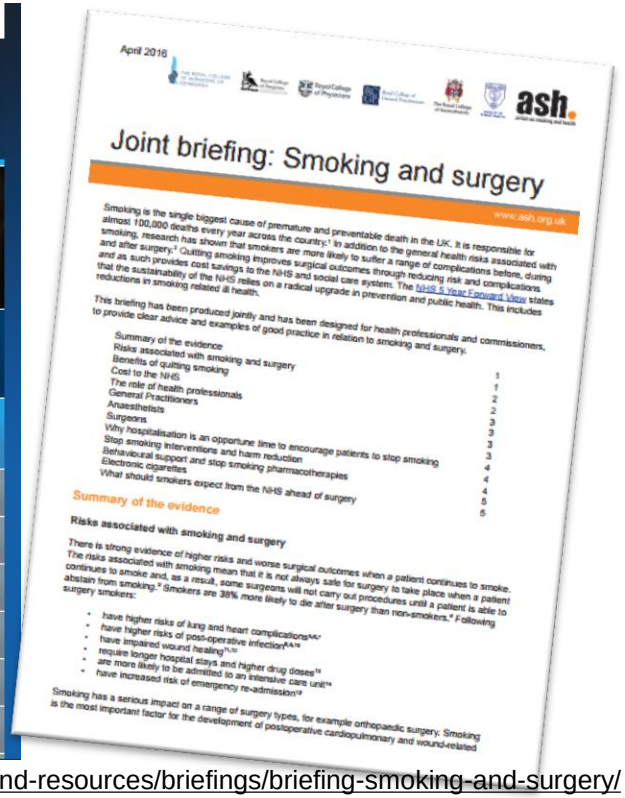
(4) Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ 2004; 328:1519.
(5) Theadom A, Cropley M. Effects of preoperative smoking cessation on the incidence and risk of intraoperative and postoperative complications in adult smokers: a systematic review. Tobacco Control 2006;15:352-358.
(6) Warner DO. Helping surgical patients quit smoking: Why, When, and How. Medical Intelligence 2005; 101:481-487.

NCSCT: Secondary Care Resources

http://www.ncsct.co.uk/pub_secondary-care-resources.php

Factsheets for the following patient groups: Renal, Ophthalmology, Stroke, Wound Care, Respiratory, Neurology, Rheumatology…..





http://ash.org.uk/information-and-resources/briefings/briefing-smoking-and-surgery/

Smoking cessation - long term conditions

- Before any type of surgery **reduced risks of complications**,[1] including wound healing and pulmonary complications.
- The most effective way to reduce the risk of developing **chronic obstructive pulmonary disease** (COPD).[2]
- Slows the accelerated rate of lung function decline and improves survival compared with continued smoking.[3]
- Increased asthma control and decreased risk of mortality and **asthma** attacks and exacerbations.[4]
- Associated with **improved lung functioning** and asthma symptoms.[4]

1. Mills E, Eyawo O, Lockhart I, Kelly S, Wu P, Ebbert JO. Smoking Cessation Reduces Postoperative Complications: A Systematic Review and Meta-analysis. The American Journal of Medicine.
2. Wagena EJ, van der Meer RM, Ostelo RJWG, Jacobs JE, van Schayck CP. The efficacy of smoking cessation strategies in people with chronic obstructive pulmonary disease: results from a systematic review. Respiratory Medicine:
3. Godtfredsen NS, Lam TH, Hansel TT, Leon ME, Gray N, Dresler C, et al. COPD-related morbidity and mortality after smoking cessation: status of the evidence.
4. McLeish AC, Zvolensky MJ. Asthma and Cigarette Smoking: A Review of the Empirical Literature. Journal of Asthma.

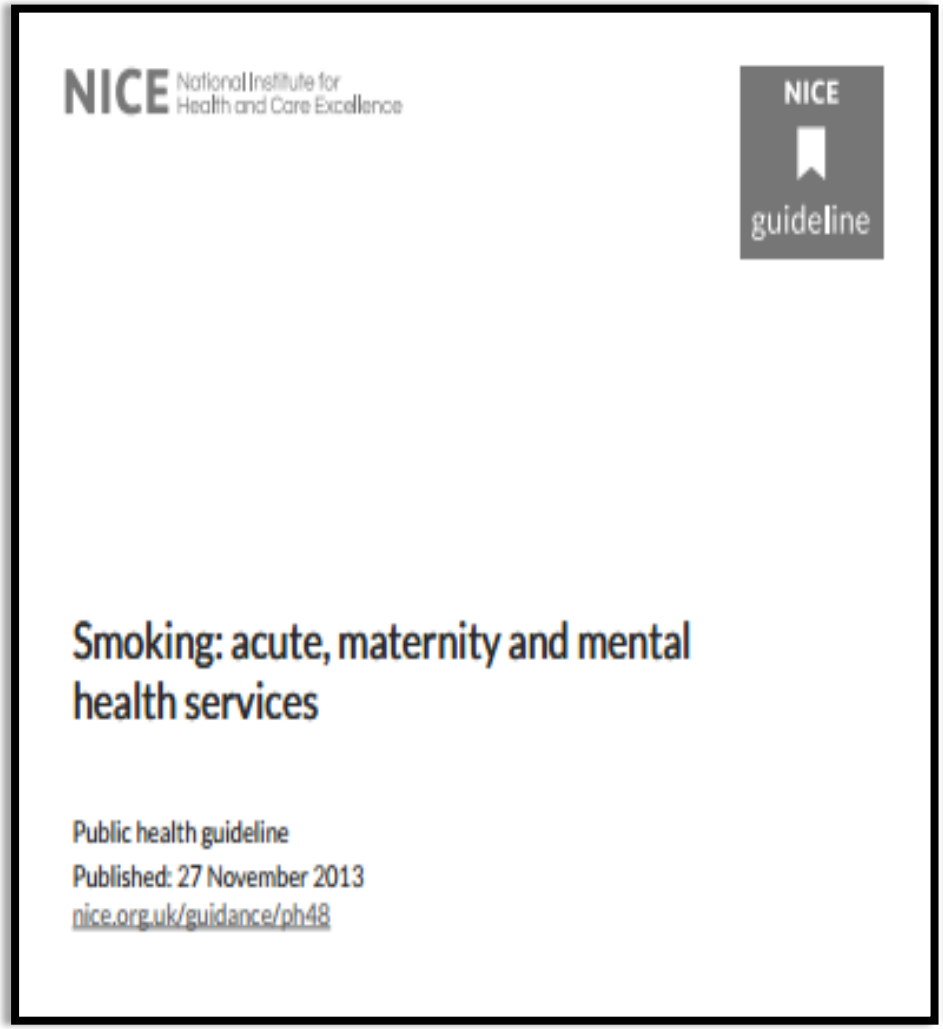
Smoking cessation - long term conditions

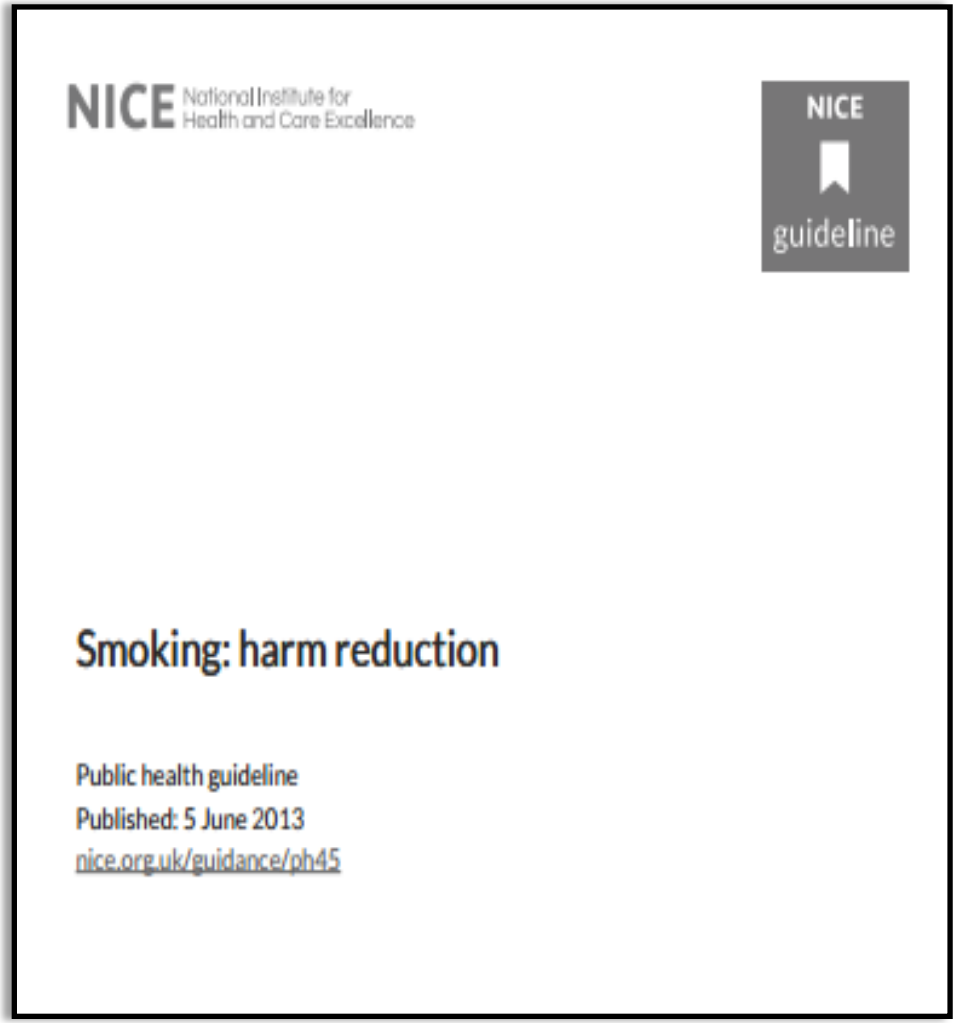
- The development of **type 2 diabetes** is another consequence of cigarette smoking, besides the better-known risk for cardiovascular and other disease.[1]
- Of “utmost importance” to facilitate glycemic control and limit the development of diabetic complications.[1]
- At 5 years of stopping smoking, a former smoker’s risk of **stroke** is reduced to that of a non-smoker.[2]
- Prevents getting an **aneurysm**, or reduce the risk of an aneurysm growing bigger.[3]

1. Eliasson B. Cigarette smoking and diabetes. Progress in Cardiovascular Diseases. 2003 Apr;45(5):405–13.
2. Aldoori MI, Rahman SH. Smoking and stroke: a causative role. BMJ. 1998 Oct 10;317(7164):962–3.
3. NHS Choices Brain aneurysm. 2016 http://www.nhs.uk/conditions/Aneurysm/Pages/Introduction.aspx

The Ask…

NICE Guidance





Interventions for smoking cessation in hospitalised patients

Smoking contributes to many health problems including cancers, cardiovascular disease and lung diseases.

Smoking also increases the risk associated with hospitalisation for surgery.

People who are in hospital because of a smoking-related illness are likely to be more receptive to help to give up smoking

Effective programmes to stop smoking are those that begin during a hospital stay and include counselling with follow-up support for at least one month after discharge.

Such programmes are effective when administered to all hospitalised smokers, regardless of the reason why they were admitted to hospital, and in the subset of smokers who are admitted to hospital with cardiovascular disease.

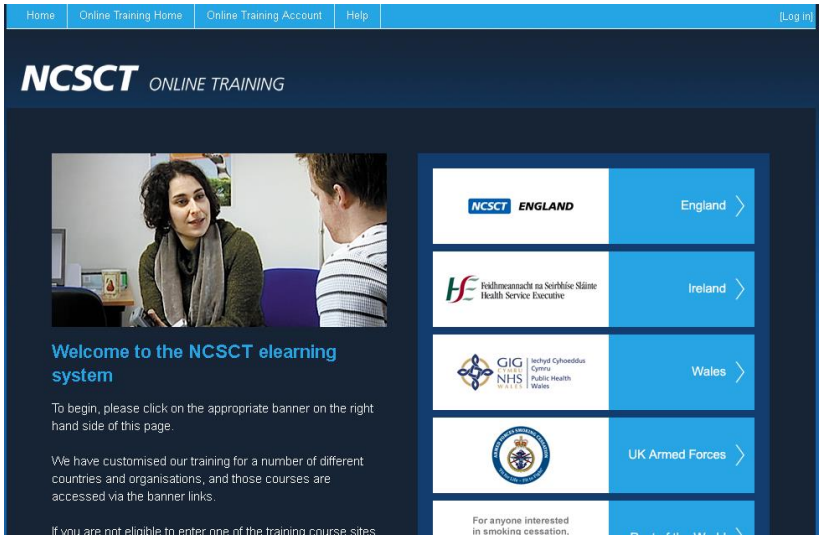
Rigotti NA, Clair C, Munafò MR, Stead LF. Interventions for smoking cessation in hospitalised patients. Cochrane Database

Ask, Advise, Act

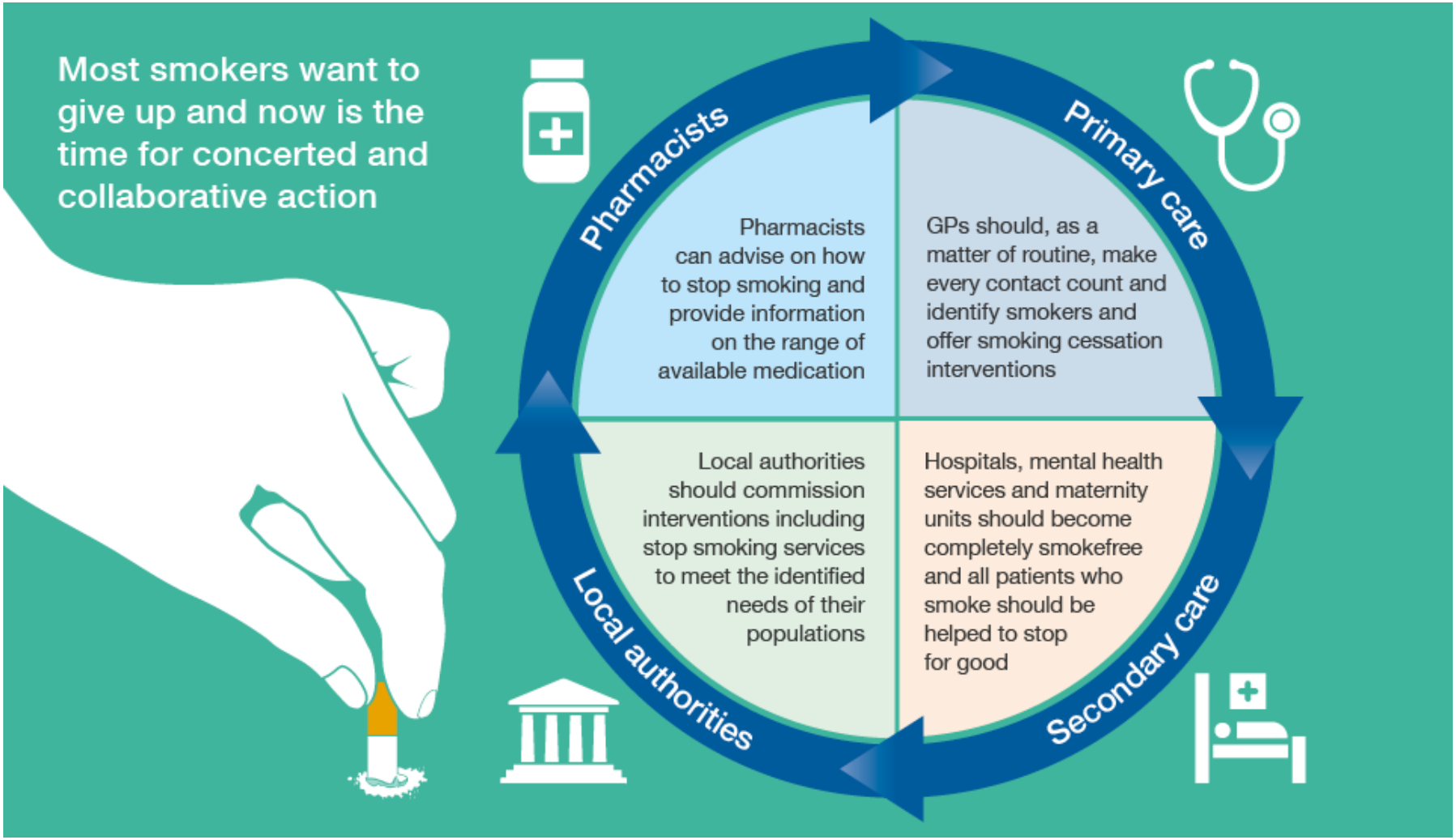
Ask and record smoking status

Advise that the best way to quit is through a combination of specialist support and medication

Act. Provide information and refer to stop smoking service. If the smoker is not ready to quit, consider a harm reduction approach.



Supporting smokers to quit



Why now?

Aligned with the Five Year Forward View

Five Year Forward View tobacco on 1st page AND also impacts most of the clinical priorities:

- Main cause of most cancers
- Causes 10-20 years premature death for people with mental illness
- Main cause of the three top reasons for hospital admission of people under 75 years of age (cancer, COPD, CVD)
- Most modifiable risk factor in reducing stillbirth

NHS mandate 2017 to 2018

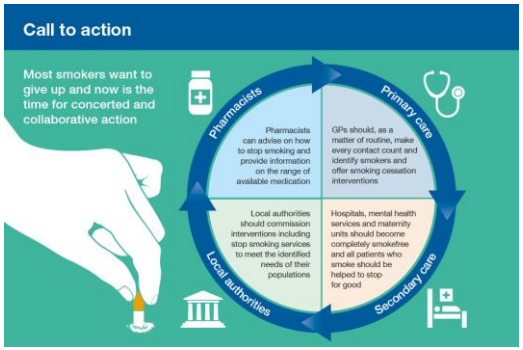
"Across the health and care system, we want the NHS to do more with partners on the broader prevention agenda, such as tackling smoking, alcohol and drug misuse and physical inactivity. We fully support the focus in the Five Year Forward View on preventing avoidable ill health and premature mortality."

Public Health England

Smokers in the healthcare system: a priority in STPs

"Smokers are not hard to reach, they are sitting in our waiting rooms"

- The key to reducing inequalities and improving NHS sustainability. (acknowledged with a new national CQUIN)
- The challenge locally is for a whole system response treating tobacco dependency; commissioning and providing accordingly.



Preventing ill health CQUIN

- The **preventing ill health (alcohol and tobacco) CQUIN** 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).
- This CQUIN is intended to complement and reinforce existing activity to deliver interventions to smokers and those who use alcohol at harmful and hazardous levels.

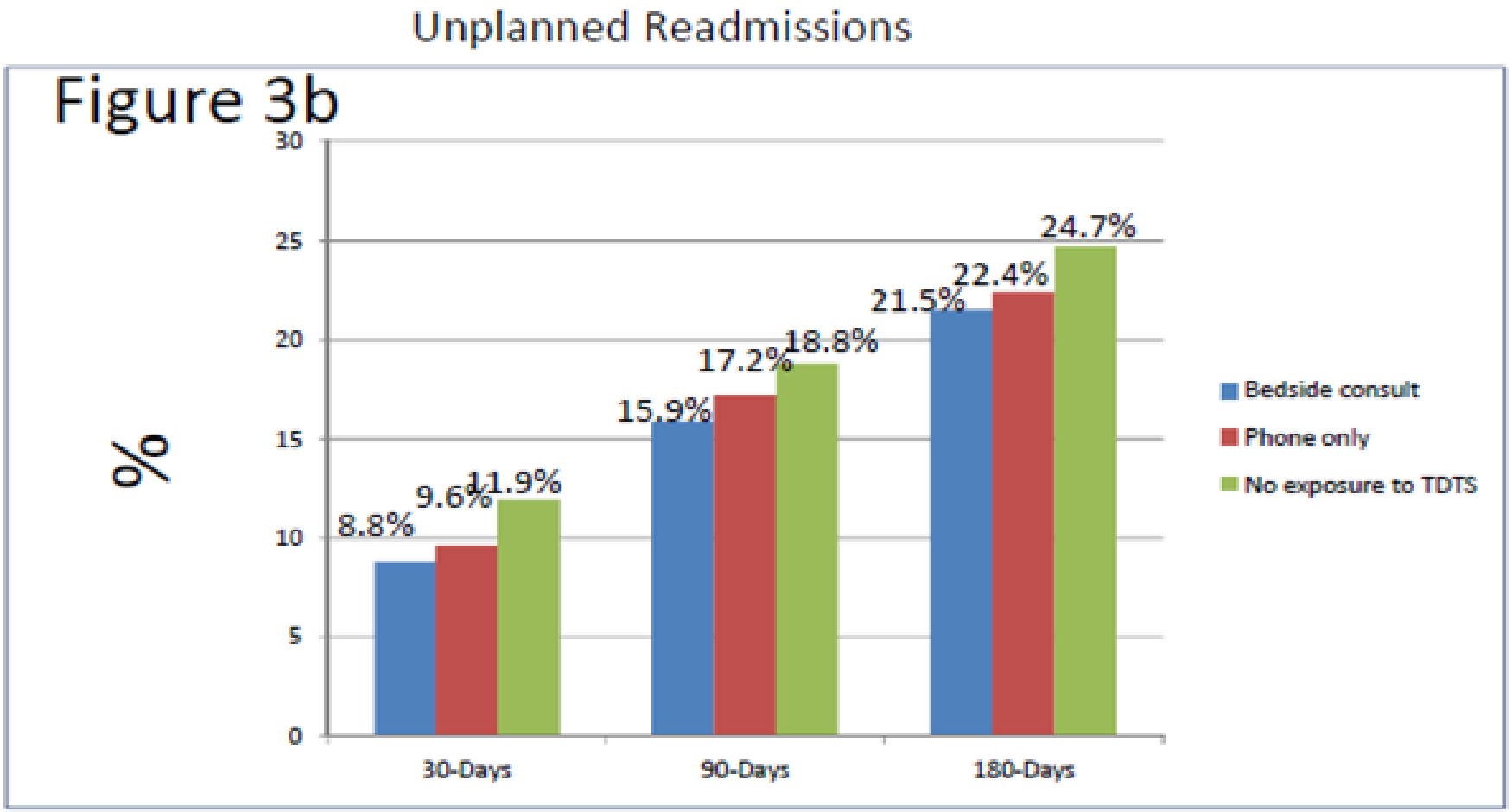
9. Preventing ill health by risky behaviours – alcohol and tobacco

There are five parts to this CQUIN indicator.

National CQUIN	Indicator	Indicator weighting (% of CQUIN scheme available)
CQUIN 9 - Tobacco	9a Tobacco screening	5% of 0.25% (0.0125%)
	9b Tobacco brief advice	20% of 0.25% (0.05%)
	9c Tobacco referral and medication offer	25% of 0.25% (0.0625%)
CQUIN 9 – Alcohol	9d Alcohol screening	25% of 0.25% (0.0625%)
	9e Alcohol brief advice or referral	25% of 0.25% (0.0625%)

Outcomes?

Reducing hospital readmission rates



Cummings MK, Cartmell K, Nahhas GJ, Dooley M, Mueller M, Dismuke C, Warren G, Talbot V. Reducing hospital readmission rates by Implementing an inpatient tobacco dependence treatment service

Treating tobacco dependence

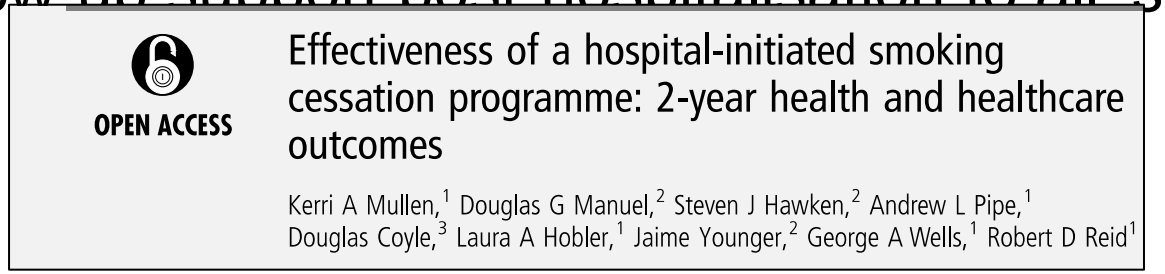
'THE value proposition for the NHS today.'

Prof John Moxham, Dir of Clinical Strategy King's Health Partners

2-group effectiveness study - Ontario, Canada.
Impact of 'Ottawa Model' for Smoking Cessation cf 'usual care'
Adult smokers admitted to hospital

Systematic approach to tobacco dependence treatment in healthcare

- ✓ identify and document the smoking status of all patients
- ✓ provide brief counselling **and**
- ✓ inhospital pharmacotherapy
- ✓ offer follow-up support post-hospitalisation to all 'smokers'



OPEN ACCESS

Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes

Kerri A Mullen,[1] Douglas G Manuel,[2] Steven J Hawken,[2] Andrew L Pipe,[1] Douglas Coyle,[3] Laura A Hobler,[1] Jaime Younger,[2] George A Wells,[1] Robert D Reid[1]

Treating tobacco dependence in hospital: impact on mortality

Significant reduction in mortality observed by **1 year**
11.4% vs 5.4%; ARR 6.0% (3.1% to 9.0%); p<0.001

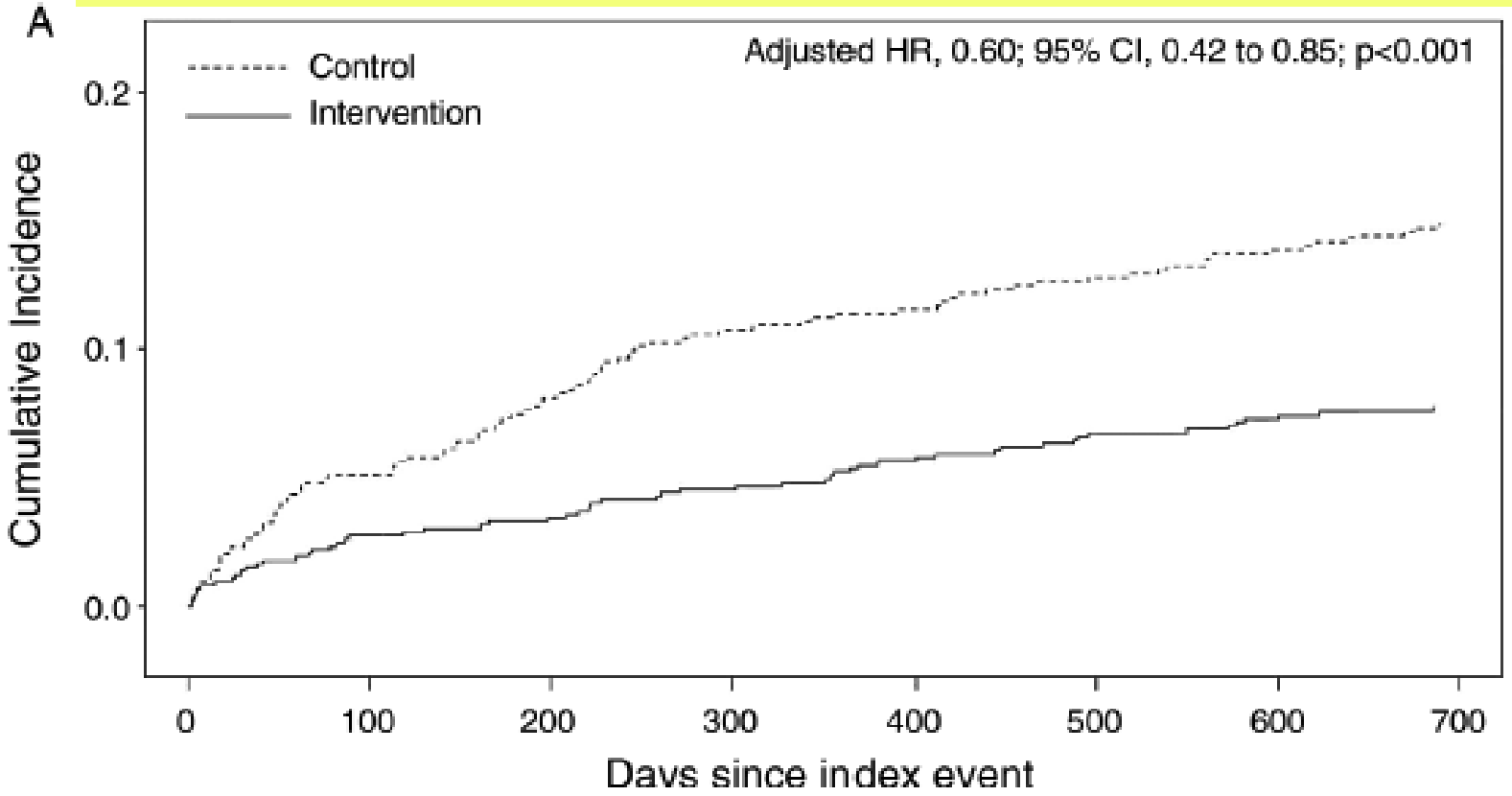


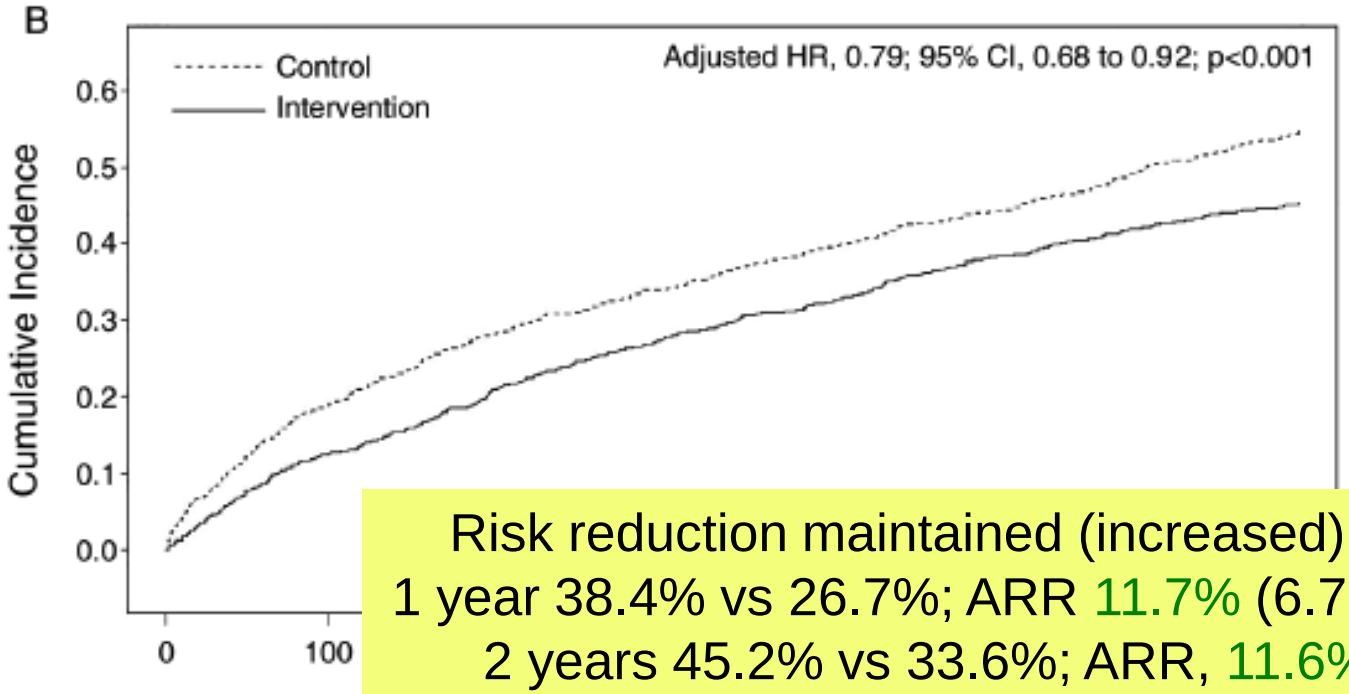
Figure 2 Cumulative incidence of mortality (Part A) and all-cause rehospitalisation (Part B) from index hospitalisation to 2-year follow-up in the control (n=641) and intervention (n=726) groups.

Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes

Mullen et al **Tob Control 2016;0:1–7. doi:10.1136/tobaccocontrol-2015-052728**

Treating tobacco dependence in hospital: impact on bed-days

Absolute risk reduction all-cause readmissions by 30 days: 13.3% vs 7.1%; ARR 6.1% (2.9% to 9.3%) p<0.001



Risk reduction maintained (increased) through to 2 years:
1 year 38.4% vs 26.7%; ARR 11.7% (6.7% to 16.6%) p<0.001
2 years 45.2% vs 33.6%; ARR, 11.6% (6.5% to 16.8%) p<0.001

Figure 2 Cumulative incidence of mortality (Part A) and all-cause rehospitalisation (Part B) from index hospitalisation to 2-year follow-up in the control (n=641) and intervention (n=726) groups.

Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes

Mullen et al **Tob Control 2016;0:1–7. doi:10.1136/tobaccocontrol-2015-052728**

Implementation

Unified Vision

Feedback from London Senate

- Tobacco dependence is the index long term condition
- Other diseases are co-morbidities
- Smoking cessation is the highest value intervention in the NHS: affordable, cost-effective, clinically effective
- Smoking cessation “specialists”
- You know where the people are
- Stratify according to dependence and need
- COMMIT: accept the burden of improvement

Next Steps

Feedback from London Senate

- Develop your influencing strategy (note: London Senate, NE Taskforce, Manchester)
- Baseline assessment against PH48 (PHE audit tool available)
- Agree the claims that matter
- Find the endorsers
- Reframe as tobacco dependence, with effective affordable treatment that's everyone's business
- Ask for commitment: VBA level 1 training, formulary, try it out, teach colleagues
- Stay hopeful and ambitious
- Channel the energy
- It's the highest value intervention the NHS offers - and benefits are much wider

It’s time for a truly smokefree NHS

The health gain comes not from getting smokers to smoke on the other side of the fence, but from helping them to quit.

We can reach some of those 7 million smokers through health services; they are in hospital waiting rooms, consulting rooms and beds, and many are NHS staff

A smokefree NHS means:

- Every frontline professional discussing smoking with their patients
- Stop smoking support offered on site or referrals to local services
- No smoking anywhere in NHS buildings or grounds

A matter of choice….

Smoking is not a choice.

Treating tobacco dependence: A relapsing and remitting long-term condition that starts in childhood.