NHS
South West
Clinical Senate

Notes from Clinical Senate Council Meeting

Held on Thursday 21st September 2017
At Taunton Rugby Club

Meeting Notes

		Action
1	**Introductions and Senate business items**	
	Attendance and apologies listed below. Sally Pearson is the newly appointed Senate Chair. SPearson expressed gratitude to the outgoing Chair Phil Yates for his leadership to date and for building on the foundations of the Clinical Senate. The Senate Council members agreed to take part in some review of the Senate's activity over the coming months. The aim of this is to form a consolidated view of where the Senate has come from and how to develop the Senate going forward. The outcome of this will be shared at the 22nd March Senate Assembly annual conference.	
Topic: ***What would be the most effective methods for delivering smoking/tobacco prevention in the South West and how can we use our health community to support this?***		
2.1	**Making a million opportunities count**	
	Duncan Selbie the Chief Executive of Public Health England (PHE) gave an address for the Senate Council via a recorded video message. Link: https://www.youtube.com/watch?v=7Pu5o6-8r5s The question for this deliberation is not just about implementing a total smoking ban at hospital sites but more about how to make the most of and having the right conversations with patients in hospital about smoking cessation. The aim of this deliberation being to discuss how PHE can best influence local systems to implement the tobacco control plan and advise on delivering a smoke free NHS in the South West.	
2.2	**The next chapter of tobacco control in the South West**	
	Russ Moody, PHE South West Health and Wellbeing programme Lead presented this. The tobacco control plan was published in July 2017. The focus is on pregnancy and mental health. Key messages regarding smoking in the UK currently are that smoking still remains the biggest killer in the UK with 1 in 4 hospital beds being occupied by a smoker. Less than 1 in 10 smokers in hospital are getting support to quit. There is a call for smoking interventions to be everyday practice in the NHS. The vision is for a tobacco free generation with prevalence less than 5%. A British Thoracic Society (BTS) review has highlighted that only 1 out of	

	13 patients who smoke were referred to a smoking cessation service. It is felt that clinicians ''*are asking about smoking status as a risk factor, not because we want to intervene" Dr Sanjay Agrawal, BTS.*	
3	**Review of evidence and practice in prevention and patient optimisation with particular reference to smoking and obesity**	
	Maggie Rae, Consultant in Health Care, PHE presented this. Following the May 2017 Senate Council meeting at which the Council considered weight loss and smoking cessation criteria to improve surgical outcomes, MRae has written a report detailing the current incidence and prevalence data for smoking, the best interventions and how to approach smoking cessation with patients. The key actions/recommendations which PHE would like the Senate to put forward are: • Ensure hospitals invest in and implement the PHE menu of interventions which aligns with NICE PH48 and recommendations from the British Thoracic Society Review. • Implement Making Every Contact Count. • Endorse and promote smoking cessation brief advice in primary care. • Ensure every hospital trust is implementing CQUIN 9 'Preventing ill health by risky behaviours - alcohol and tobacco'. PHE is now promoting e-cigarettes and vaping as an aid to smoking cessation and as a harm reduction mechanism as part of the process of quitting or as a 'last resort' for those unable to quit tobacco dependency. E-cigarettes are 95% less harmful than cigarettes as they only contain nicotine and none of the other harmful products found in cigarettes. There will be an evidence review published later this year regarding the safety of e-cigarettes. There was some concern about the legitimacy of promoting e-cigarettes as a strategy however, PHE are already working on developing guidance and policies for hospitals. Although the initial cost of starting to use e-cigarettes/vaping is equal to the cost of a packet of tobacco, in the long term it is a cheaper option as e-cigarettes can be used one puff at a time rather than having to smoke a whole cigarette. Therefore, the cost-effective argument can be a useful one for clinicians having the conversation with patients.	
4	**Tobacco control programme for England towards a smokefree generation**	
	Allan Gregory, PHE National Tobacco Control Manager presented this. PHE have supported the plan as it has been developed. In order to achieve a smokefree generation, the tobacco control plan sets out the following national ambitions: 1. Reduce adult smoking rates from 15.5% down to 12% or less. 2. Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less 3. Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less. 4. Reduce the inequality gap in smoking prevalence between those in	

	routine and manual occupations and the general population. The four main themes in the tobacco control plan are: 5. Prevention first 6. Supporting smokers to quit 7. Eliminating variations in smoking rates 8. Effective enforcement The roles of PHE and NHS England in providing national leadership, and the need for close partnership working across local healthcare systems to deliver targeted, evidence-based interventions to support smokers to quit. The 'Golden Threads' throughout the tobacco control plan are to reduce inequality and commitment to NHS sustainability. Key points for 'a smokefree NHS': Support NHS England to help smokers using, visiting or working in the NHS to quit and support NHS Trusts and secondary care units to implement NICE guidance PH48 on stopping smoking for people using maternity, mental health and acute services. As e-cigarettes and vaping are promoted by PHE going forward, the products used within e-cigarettes and vaporising liquid are registered and listed in the products directory. Although some concern was raised about the sweet vaping flavours and that this could be an attraction for young people, PHE confirmed that there is good monitoring of uptake of vaping and young people are more likely to smoke than vape, the numbers of young vapers is very low and that there are less young people experimenting with vaping than smoking. There was some suggestion for using school based activity for smoking prevention (these techniques have a proven high success rate for other subjects). However, PHE confirmed that the biggest factor in stopping children and young people from smoking is to tackle adult smoking as adult smoking role models has the greatest effect on children taking up smoking. Funding to support the implementation of the CQUIN was requested as it has been found that the cost of provision of nicotine replacement products is in excess of the provision from the CQUIN. The financial sustainability and benefits of implementing the CQUIN will be as long term savings rather than immediate as the whole system works together.	
5	**What contribution can clinical collective leadership make? Lessons learnt from the London Clinical Senate.**	
	Sian Williams from the London Respiratory Team presented via video link. SWilliams presented a case study of the London Clinical Senate research into their question deliberated in 2014: **"That every London clinician knows the smoking status of each patient they care for and has the competence and the commitment to encourage and support that**	

	patient to stop smoking through direct action or referral." SWilliams also presented the Ottawa Model and the evidence now for treating tobacco dependence. • CO4 campaign: having the right **co**nversation with patients, **CO** monitoring, effective **co**ding, **co**mmissioning and funding. • The outcome of this programme is relevant for STPs currently as tobacco dependency is part of the five year forward view clinical priorities. • Cost effective and clinically effective diagnostic tools and treatments are substantially underused by NHS clinicians across specialties, professions and settings. Effective diagnosis and treatment of tobacco dependence requires an urgent improvement in clinical training, use of carbon monoxide monitoring as an essential near-patient test, and medicines optimisation. Key messages: • Commit and accept the burden of improvement. • Smoking cessation is the treatment for tobacco dependence and smoking cessation as treatment has a very strong evidence base. • It is a clinician's responsibility to diagnose and treat tobacco dependence in every patient seen. • Develop the influencing strategy. • Reframe as tobacco dependence, with effective affordable treatment that's everyone's business. • It's the highest value intervention the NHS offers - and benefits are much wider. With the backing of the Clinical Senate, implementing this programme ensures buy in and support from all relevant organisations. Varenicline has a strong evidence base for effectiveness for tobacco dependency and has a good safety profile. It works as a smoking antagonist so the feelings of smoking dependency disappear with its use.	
6.1	**A public and patient perspective**	
	Russ Moody presented the findings from a focus group he ran in July with Maggie Rae. Key findings: • Supportive of a total smoking ban at hospital sites and that with time, this would become the social norm. • Enforcement focus – regulation is required • Hospitals have a key role in promoting healthy lifestyles and provision of adequate smoking cessation services is essential • Support for use of e-cigarettes on site • Benefit of professionals providing advice • Better use of signage The full report will be circulated with the meeting notes.	

6.2	**Survey findings with a focus on mental health and maternity**	
	Kevin Dixon, Chair of the South West Citizens' Assembly presented the findings of a survey distributed via each Healthwatch within the South West. The aim of the survey was to capture the public opinion on hospitals as smoke free sites as well as to look at the impact of this on patients with mental health issue and pregnant smokers; 191 responses were received. • There was a general feeling that a total smoking ban at sites was not acceptable but that adequate smoking cessation services was important. • A huge response in favour of permitting and promoting the use of e-cigarettes and vaping.	
7	**Group work**	
	The Senate Council members were split into the following four groups to deliberate: **What recommendations can the Senate make to encourage hospitals and primary care settings to invest in and implement the recommendations in the STP Menu of interventions? How can the following best be implemented to achieve a smokefree NHS? Who would deliver the suggested recommendations below, how and what might be the challenges?** **Group One – Secondary Care** 1. Implementation of Making Every Contact Count 2. Assessing (using CO monitoring) and recording smoking status during every patient episode 3. Providing very brief advice (VBA) about the smoking cessation offer and immediate access to nicotine replacement therapies (NRT) and/or pharmacotherapies in secondary care, including the harm reduction role of e-cigarettes. **Group Two – Secondary Care** 1. Offering smokers access to specialist in-situ quitting support 2. Automatic e-referral for intensive behavioural support and other specialist treatment 3. Where relevant, training of healthcare staff to deliver interventions. Success will also require continuing care after discharge. Patients who smoke should leave hospital with a clear treatment plan to address their tobacco dependence **Group Three** 1. Making all NHS settings smoke-free 2. Development of vaping policies **Group Four – Primary Care** 1. Endorse and promote smoking cessation brief advice in primary care including the harm reduction role of e-cigarettes.	

	2. Implementation of Making Every Contact Count in primary care	
8	**Recommendations**	
	Following feedback from each group: **Group 1:** • Normalising very brief advice (VBA) • Time for clinicians to discuss with patients • Embed co-monitoring into assessment • Tagging patient notes with smoking status • Pharmacist support – vaping • Training for staff • Factual scripts for Health Care Professionals (HCP) **Group 2:** • Know the patient • Common approach to recording • Hearts and minds/priority setting • Training • Signposting • Link to advice on interventions • Tobacco treatment plan in discharge summary • Focus on staff **Group 3:** • On STP agenda • Trust level buy in – PH48 baseline • Champions in each Trust • Vaping policies • Evidence and information to empower/support HCPs • Commissioning of cessation services • Mandatory training for trainee doctors **Group 4:** • Engage all clinicians • Clearly defined and shared message eg re e-cigarettes and vaping • Treat tobacco dependency the same as other addictions • Easy access to cessation services • Discharge and continuity of care • Information of cessation services on practice websites • Staff training webinars • Strong clinical leadership	

All slides and pre-reading are available from the Clinical Senate website here: www.swsenate.nhs.uk

Pre-reading:

- Tobacco Control Plan for England
- A study published in the BMJ that evaluated the programme cost-effectiveness of the Ottawa model
- Introduction to Smokefree NHS
- Steps to a Smokefree NHS
- Resources and Tools for Smokefree NHS
- Introduction to the CQUIN
- PHE report
- NICE Guidance - Implementing an inpatient stop smoking treatment service in the secondary care setting
- NICE PH48 https://www.nice.org.uk/guidance/ph48/resources/baseline-assessment-tool-69151933

Attendance and Apologies on the next page.

Present:

Sally	Pearson	Senate Chair	SW Clinical Senate
Marion	Andrews-Evans	Executive Nurse	Gloucestershire CCG
Helen	Aston	PH Specialist, Smoking Cessation & Tobacco Control, Guest	Public Health, Wiltshire Council
Mary	Backhouse	Chief Clinical Officer	North Somerset CCG
Diane	Crawford	Lead Scientist &Director of Medical Physics & Bioengineering	University Bristol NHS Foundation Trust
Katie	Cross	Consultant General Surgeon	Northern Devon healthcare trust
Ellie	Devine	Senate Manager	SW Clinical Senate
Kevin	Dixon	Citizens' Assembly Chair	Healthwatch Torbay
Sara	Evans	Consultant Geriatrician	Royal United Hospital Bath
Melanie	Feldman	Consultant colorectal surgeon	Royal Cornwall Hospital Trust
Kate	Fuller	Specialist Health Improvement Practitioner, Guest	South Gloucestershire
Caroline	Gamlin	Area Team Medical Director	NHS England South Region, South West
Sara	Gibbs	Public Health Practitioner, Guest	Devon County Council
Allan	Gregory	National Tobacco Control Manager, Speaker	Public Health England
William	Hubbard	Consultant Physician and Cardiologist	Royal United Hospital Bath
Nick	Kennedy	Consultant Anaesthetist and Intensivist	Taunton and Somerset NHS Trust
Bettina	Kluettgens	Director of Patient Safety	SWAHSN
Cathy	McMahon	Development and Commissioning Manager, Guest	Public Health, B&NES Council
Jane	Mitchell	Professional Lead for Physiotherapy	Cornwall Partnership NHS Foundation Trust (CFT)
Russ	Moody	Health & Wellbeing Programme Lead, Speaker	Public Health England
Dave	Partlow	Clinical Development Manager	South Western Ambulance Service NHS FT
Dan	Preece	Public Health Practitioner, Guest	Plymouth County Council
Cliff	Puddy	Citizens' Assembly member	Citizens' Assembly
Maggie	Rae	Consultant in Health Care, Speaker	Public Health England

Sarah	Redka	Senate Project Officer	SW Clinical Senate
Jo	Roberts	Clinical Lead for Innovation and Medicines Optimisation, Guest	South Devon and Torbay CCG
Philip	Rolland	Consultant Gynaecological Oncologist	Gloucestershire Hospitals NHS Foundation Trust
Peter	Rowe	Consultant Nephrologist	Plymouth Hospitals Trust
Hannah	Savigar-Jones	Specialist Health Improvement Practitioner, Guest	Smokefree South Gloucestershire
Mark	Stone	Pharmacist Consultant/Devon LPC Project Lead	Devon Local Pharmaceutical Committee
Andrew	Tometzki	Consultant Paediatric Cardiologist	University Hospital Bristol NHS Trust
Miles	Wagstaff	Consultant Paediatrician, Neonatologist	Gloucestershire Hospitals NHS Foundation Trust
Tariq	White	Assistant Director of Transformation and Outcomes	NHS England South Region, South West
Sian	Williams	Healthcare Consultant, Speaker	Public Health England
Paul	Winterbottom	Consultant Psychiatrist	2gether NHS Foundation Trust
John	Womersley	Clinical Chair, Guest	New Devon CCG

Apologies:

Tim	Burke	CCG Guest	Bruce	Laurence	Senate Council Member
Paul	Eyers	Senate Council Member	Vaughan	Lewis	Senate Council Member
Aileen	Fraser	Senate Council Member	Andria	Merrison	Senate Council Member
David	Halpin	Senate Council Member	Ann	Remmers	Senate Council Member
Ceri	Hughes	Senate Council Member	Andy	Seymour	CCG Guest
Paul	Johnson	CCG Guest	Debbie	Stark	Senate Council Member
Joanna	Kasznia-Brown	Senate Council Member	Margaret	Willcox	Senate Council Member
Nick	Kennedy	Senate Council Member	Jenny	Winslade	Senate Council Member
Ben	Lankester	Senate Council Member			