

## Smokefree Q&A

### What should you be asking your trust?

#### **Purpose**

This document sets out key questions to assess your trust's progress towards supporting service users to quit smoking in line with NICE guidance PH48.<sup>1</sup>

The Tobacco Control Plan for England states that the Government wants to see: *"NICE guidance PH48 and PH45 fully implemented in all mental health contexts. This will mean the full roll out of comprehensive smokefree policies in all mental health units by 2018, as recommended in the 2016 Independent Mental Health Taskforce Report 'The Five Year Forward View for Mental Health.'"*<sup>2</sup>

#### **Why smoking is important to mental health services**

Smoking makes a major contribution to early death and disease among people with a mental health condition with rates of smoking much higher than the general population.<sup>3</sup> Smoking also costs trusts money. Research estimates that facilitating smoking breaks cost four wards £130,000 in 6 months.<sup>4</sup>

Quitting smoking not only improves physical health but also benefits mental health with reductions in depression and anxiety and improved mood. Smokers on some anti-psychotic medications who quit may be able to reduce the dose of their medication.<sup>5</sup>

Implementing NICE guidance in your trust can save lives, release staff time and funds for therapeutic activity and increase the disposable income of service users.

#### **Smokefree Policy**

##### Key questions

- What is your trust's smokefree policy?
- Is your policy in line with NICE Guidance PH48 and PH45?
- Are service users advised of the policy in the community and offered appropriate support?

Comprehensive smokefree policies are designed both to protect people from secondhand smoke and create environments that support quitting and change the 'culture' of smoking and smoking breaks. Full implementation of smokefree policies, as set out in NICE PH48, involves treating tobacco dependence through nicotine replacement and behavioural support as well as enforcing smokefree policies. Partial or incomplete implementation will not help patients to quit or abstain from smoking and could make policy implementation harder for staff. It is also likely to run counter to the advice provided by the Care Quality Commission to their inspectors.<sup>6</sup>

Smokefree policies should be implemented alongside NICE guidance on smoking cessation (PH10)<sup>7</sup> and NICE guidance on tobacco harm reduction (PH45).<sup>8</sup>

#### **Collecting data on smoking**

##### Key questions

- What is the smoking status of service users on admission and discharge from the Trust?
- How many smokers have been offered brief advice on quitting?
- How many smokers have been referred to quit support?

Systems to record smoking status on admission and throughout hospital stays can inform commissioning of services, provision of pharmacotherapy and drive activity on the ground. This will also allow the trust board to track progress and the impact of policies.

#### **Treatment options provided for smokers**

##### Key questions

- How quickly are smokers offered medication on admission?

- What treatment options are offered to service users who smoke
- What percentage of smokers take-up support?

People with mental health conditions face multiple barriers to quitting, but with the right support they can be successful. The most effective support for quitting smoking is the combination of pharmacotherapy alongside behavioural support.

Quick provision of medication on admission is important for successful implementation of smokefree policies. Without treating patients' tobacco dependence through nicotine replacement smokers can quickly begin to experience withdrawal. Pharmacotherapy should be offered to patients within 30 minutes of admission to a smokefree ward.

## Training for staff

### Key questions

- What training do staff receive to promote and support smoking cessation?
- How many staff have received training to date?

NICE Guidance PH48 states that all frontline staff must be *“trained to deliver advice around stopping smoking and referral to intensive support”*. NICE recommends the National Centre for Smoking Cessation and Training (or similar) training modules be used to provide staff with the necessary skills to support service users to quit.<sup>9</sup>

## Supporting staff to quit

### Key questions

- What is the rate of smoking among staff working in your trust?
- Are staff members offered support to quit smoking?
- What is your policy on staff smoking in the working day?

Full implementation of NICE Guidance also includes providing support for staff to quit smoking. NICE Guidance PH5 recommends that staff are given access to in-house smoking cessation support alongside details for community services. In line with NICE Guidance PH45, advice on abstaining should be provided to those who can't quit so they can remain smokefree when onsite.

## E-cigarettes

### Key questions

- Does your trust have a policy which covers harm reduction including e-cigarettes?

Harm reduction options, including e-cigarettes, should be available to those struggling to quit or temporarily abstain from smoking. Information on e-cigarettes should be provided in line with guidance from Public Health England<sup>10</sup> and trusts should consider their policy in relation to use of e-cigarettes onsite in a way that best supports smokers.<sup>11</sup>

1 [Smoking: Acute, maternity and mental health services](#), NICE Guidance PH48, November 2013.

2 [Towards a Smokefree Generation: A Tobacco Control Plan for England](#), Department of Health, July 2017

3 Royal College of Physicians and Royal College of Psychiatrists, [Smoking and Mental Health](#), March 2013.

4 Sohal H et al. Preparing for completely smoke-free mental health settings: Findings on patient smoking, resources spent facilitating smoking breaks, and the role of smoking in reported incidents from a large Mental Health Trust in England. *Int J Environ Res Public Health*. 2016 Feb 25;13(3).

5 Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. [Change in mental health after smoking cessation: systematic review and meta-analysis](#). *BMJ* 2014; 348: g1151.

6 Care Quality Commission, [Brief Guide: Smokefree Policies in mental health inpatient services](#), January 2017

7 National Institute of Health and Care Excellence, [Stop Smoking Services](#), Public Health Guidance, PH10. 2008

8 National Institute for Health and Care Excellence, [Smoking: Harm reduction](#), Public Health Guidance PH45, 2013

9 National Centre for Smoking Cessation and Training, [Training and Assessment Programme](#).

10 McNeill A, Brose LS, Calder R, Hitchman SC. [E-cigarettes an evidence update: A report commissioned by Public Health England](#), August 2015

11 Public Health England, [Smokefree mental health services in England: implementation documents for providers of mental health services](#), March 2016