

Equality Impact Assessment

Medway policy to enable care and treatments to be safer and more effective through encouraging smokers to quit

QUIT SMOKING FOR BETTER, SAFER CARE

Description and Aims of Policy/Service

The aim of this policy is to support clinicians in encouraging and enabling their patients to quit smoking as an adjunct to the treatment of any condition and, as clinically appropriate, in advance of elective surgical procedures, and thereby to reduce the risks, and increase the clinical effectiveness, of treatments of most types of disease and disability.

Brief Summary of the Evidence

Smoking tobacco is the single greatest cause of preventable death and ill-health¹ and is causally linked to many conditions affecting almost all parts of the body.² It is also a significant cause of avoidable treatment complications, treatment failures and prolonged hospital stays. There is also strong evidence that smokers who have surgery are at higher risk of complications and poorer outcomes.^{3,4}

In Medway, over 1,190 deaths and 1,900 hospital admissions each year are directly attributable to smoking in the 35 years and over age group and the smoking prevalence in Medway is 22.3% and this is substantially above the national average.⁵

It is noteworthy that some 70% of smokers attending hospital say that they would like to stop.⁶ Stopping smoking is central to treatment and prognosis for those with smoking related diseases. Clinical consultations of all types provide an opportunity to help people to quit smoking at a time of increased vulnerability (because of the effect of disease or disability) and of increased motivation.

Results of Initial Screening or Full Equality Impact Assessment

Protected characteristic	Assessment of Impact	Comment
Age	Positive – no adverse effect on this group	Age-appropriate services need to be provided, especially for children and young people
Disability	Positive – no adverse effect on this group	Smoking cessation services need to be adapted to meet specific needs of people with disability, especially for those with mental health problems and learning disability, in order to maximise the likelihood of success
Race / Ethnicity	Positive – no adverse effect on this group	Smoking cessation services need to be provided in a culturally sensitive way
Gender	Positive – no adverse effect on this group	
Gender	Positive – no adverse effect	

Reassignment	on this group	
Sexual Orientation	Positive – no adverse effect on this group	
Marriage and Civil Partnership	Positive – no adverse effect on this group	
Pregnancy and Maternity	Positive – no adverse effect on this group	The adverse effects of smoking in pregnant women affects not just their own health but also the health and development of their unborn child(ren). Pregnant smokers often require special support, but the proposals in this policy do not affect them adversely
Religion or Belief	Positive – no adverse effect on this group	Smoking cessation services need to be provided in a religiously sensitive way

Risks relating to policy

The principle risks that people who smoke are exposed to are those of their smoking habit, especially in relation to the increased risk that smoking causes for a variety of treatments, especially surgery, and the adverse effect that smoking has on a wide range of treatments in terms of reduced clinical effectiveness and/or the worsening of underlying clinical conditions.

This policy is designed to ensure that: (i) people are only referred to smoking cessation services prior to elective surgery after clinical assessment of its appropriateness and with their informed consent; (ii) they can opt out of smoking cessation services and, subject to clinical assessment by their medical adviser and in discussion with them about relative risks, continue with their treatment and continue smoking; (iii) that any delay in receiving a surgical intervention is minimal and will carry less risk than their continuing to smoke; and (iv) that no treatment or clinical intervention is, in any way, conditional on their quitting smoking.

Decisions and/or Recommendations (including supporting rationale)

Smoking cessation services will be available to all population groups equally. The policy will have an equal impact on all users. However, additional smoking cessation support may be necessary for some people and services need to be provided in a flexible way to ensure appropriateness for individuals' circumstances in order to maximise the likelihood of success..

It is not expected that this policy will lead to deterioration of relations between groups.

Smoking cessation coverage will continue across Medway and service providers will need to ensure that they do not discriminate between or against service users on the grounds of any of the protected characteristics reviewed in this assessment.

Every reasonable attempt should be made by service providers to supply appropriate assistance and make reasonable adjustments for service users who do not speak, read or write in English as a first language or who have communication difficulties of any type.

Date EIA completed	12th October 2016, reviewed and revised 3 January 2017
EIA completed by	Dr Julia Duke-MacRae; Dr Andrew Burnett
Responsible director	Dr Andrew Burnett

REFERENCES

- 1 See: <http://www.who.int/mediacentre/factsheets/fs339/en/> (accessed 3 January 2017)
- 2 Surgeon General. *The Health Consequences of Smoking – 50 years of Progress. A Report of the Surgeon General*. US Department of Health and Human Services. 2014. See: http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm (accessed 3 January 2017)
- 3 Turan A, Mascha EJ, Roberman D, Turner PL, You J et al. Smoking and perioperative outcomes. *Anaesthesiology* 2011; 114: 837-46
- 4 See: <http://www.rcoa.ac.uk/sites/default/files/Joint-briefing-Smoking-Surgery.pdf> (accessed 3 January 2017)
- 5 Local Tobacco Control Profile for England, Public Health England.
See: <http://www.tobaccoprofiles.info/profile/tobacco-control/data> (accessed 3 January 2017)
- 6 Lewis K, Rajanna H, Murphy J, et al. Where do smokers prefer their smoking cessation to be based? *Thorax* 2005;60:S37