

HEALTH AND WELLBEING BOARD

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MEDWAY POLICY TO ENABLE CARE AND TREATMENTS TO BE SAFER AND MORE EFFECTIVE THROUGH ENCOURAGING SMOKERS TO QUIT - “QUIT SMOKING FOR BETTER, SAFER CARE”

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Summary

This is a proposed Medway policy to support clinicians of all types and in all sectors to enable many more people to quit smoking so that they are less likely to develop the avoidable consequences of smoking and that any treatment they receive is less risky and more effective.

Slight adaptation of this policy may be required for its application in community, mental health and social care settings. Work will continue on the policy's appendix, which provides an overview of the evidence-base to support clinicians in discussion with their patients, prior to implementation.

1. Budget and Policy Framework

- 1.1 The decision is within the council's policy and budget framework including the Council Plan. This report is linked to the Interim Director of Public Health's report on encouraging and enabling smoking cessation, which was discussed at the meeting of the Health and Wellbeing Board on 28 April 2016.
- 1.2 The Health and Wellbeing Board has a responsibility to encourage persons who arrange for the provision of any health and social care services in the area to work together in an integrated manner for the purpose of advancing the health and wellbeing of the people of Medway.

2. Background

- 2.1 At its meeting on 28 April 2016, the board unanimously supported the development of an approach to enable more patients and clients of Medway health and social care services to quit smoking to improve both the safety and effectiveness of their care. There is a plethora of scientific evidence that smoking tobacco, including exposure to second-hand smoke ('passive smoking'), substantially increases the risk of avoidable death from a number of conditions, is causally related to, or aggravates, many conditions which are not necessarily fatal, interferes with the metabolism of many drugs and

reduces the effectiveness of a number of treatments and/or counters their effect on the body in other ways and increases the risk of complications and death from surgery.

- 2.2 Meetings have been held with doctors, nurses, therapists and managers in both primary and secondary care services and the outcomes of these discussions have informed the development of this policy. It is desirable to have discussions with clinicians and managers in community, mental health and social care service providers so that any appropriate adaptations can be made for application of this policy in those provider settings.
- 2.3 There has been substantial approval, in clinician meetings, for the principle of clinicians of all types and in all settings encouraging and enabling more people to quit smoking as part of their treatment. This is especially in the context of both improving the effectiveness of care for and the reduction of risks to, patients.
- 2.4 These clinicians have expressed a desire for formal approval of such an approach at the highest appropriate levels in both the CCG and the acute trust to support all clinicians in this approach and to facilitate discussions in patient consultations of all types.
- 2.5 These clinicians agreed that the referring/supervising clinician should raise the topic of smoking cessation and make a referral to an appropriate smoking cessation service but that clinicians responsible for specialist care have an equivalent responsibility to reinforce the importance of quitting smoking and to make a referral if this has not been done or if their patient has not attended.
- 2.6 These clinicians also requested the provision of quantified risks and benefits of smoking and quitting and this will be completed (as far as possible as the evidence-base is extensive) before the proposed policy is put into effect.
- 2.7 The policy set out here has now been formally approved by both Medway Hospital NHS Foundation Trust and Medway CCG.

3. Advice and analysis

- 3.1 Board members are asked to comment on the proposed policy especially in the context of enabling its widespread implementation across all care settings in Medway to enable more people, in all circumstances, to quit smoking.
- 3.2 Studies in this country,ⁱ and others such as the USA,ⁱⁱ Australia and New Zealand,ⁱⁱⁱ show that at least two-thirds of smokers want to quit. This proposed Medway-wide policy is intended to empower health and social care provider organisations and front-line personnel of all types to encourage and enable a much higher proportion of current smokers to quit. Board members are thus invited to commit to working within their own organisations to ensure that this can happen.

i Health & Social Care Information Centre. *Statistics on smoking. England 2014*. Health & Social Care Information Centre. London. 2014

ii Centers for Disease Control and Prevention. *Quitting smoking among adults. United States 2001-2010*. See https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm?s_cid=mm6044a2_w (accessed 12 January 2017)

iii Mullins R. Borland R. Do smokers want to quit? *Aust NZ J Pub Hlth* 1996; 20:426-7

3.3 Medway Council has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it.

3.4 To assist the Council in fulfilling the legal obligations set out above, an equalities impact assessment (copy attached) has been completed, which indicates that there are no adverse effects in any protected characteristic group. However, in some instances, services need to be provided in ways to maximise inclusion and engagement

4. Engagement activity

4.1 Work will be required in each organisation to engage front-line personnel of all types to encourage and enable their patients and clients to quit smoking. The engagement of front-line personnel will require on-going support.

5. Risk management

5.1. Potential risks associated with this policy are set out in the table below.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure to adequately engage and support front-line personnel of all types in the principle and process of the proposed policy	Inadequate support and encouragement of front-line personnel will lead to lost opportunities to enable people to avoid the risks of smoking including the excess risks it causes in association with certain treatments (such as surgery) and its deleterious effect on a number of other types of treatment. This will expose patients/clients to significant avoidable risks and reduce the effectiveness of treatments. In turn, this will cause an inefficient use of resources and incur opportunity costs.	Ensure adequate promotion of the policy and training for clinicians, on-going support for clinicians, and adequate provision of smoking cessation services.	
External perception that the purpose of the policy is to ration services, and/or delay treatment, and/or that it is discriminatory	Unless the true purpose of this policy is recognised, that is, to reduce the risks and to increase the effectiveness of treatments through smoking cessation, the policy may fall into disrepute and opportunities to improve people's health and to reduce health inequalities will be lost.	The policy is written with a clear and sole emphasis on improving the effectiveness and safety of care through encouraging and enabling smokers to quit.	

5.2 In the context of these risks, it is important to note that these proposals are made to enable people who smoke to:

- (i) Only be considered for smoking cessation where any delay in possible surgery is clinically appropriate, having balanced potential risks and benefits of the proposed treatment and the continuation of smoking.
- (ii) Opt out of smoking cessation referral.
- (iii) Receive a proposed admission date for treatment based on their agreed proposed smoking quit date.
- (iv) Still have treatment – subject to informed consent concerning relative risks and benefits – should they be unsuccessful in quitting and in the case of non-surgical treatment, to have, or continue to have, treatment should they decline or be unsuccessful in quitting, subject to informed consent concerning relative risks and benefits.

6. Consultation

6.1. Consultation has been undertaken with clinicians and managers in various organisations. Public consultation is not considered necessary because no service is being changed or withdrawn and people who smoke, subject to being put in a position to give properly informed consent, can choose not to try to quit smoking.

7. Financial implications

7.1 There are financial implications for all organisations in terms of ensuring adequate training and support of front-line personnel of all types being sustainably able to implement this policy.

7.2 It will be desirable to increase the capacity of the smoking cessation service to provide adequate resource for people to quit smoking. A business case will be developed for this.

8. Legal implications

8.1 There are no legal implications other than those set out in the report.

9. Recommendations

It is recommended that:

- i) The Health and Wellbeing Board supports the Medway-wide implementation of this policy to enable more people, in all circumstances, to quit smoking.
- ii) Board members commit to working within their own organisations to ensure that this policy can be effectively and sustainably applied so that front-line clinicians of all types can systematically encourage and enable a much higher proportion of current smokers to quit smoking.

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Appendices

Appendix 1 - Policy document - Medway Policy to Enable Care and Treatments to be Safer and More Effective Through Encouraging Smokers to Quit - "Quit Smoking For Better, Safer Care"

Appendix 2 - Equality Impact Assessment of Policy

Background papers

The source documents used in the appendix to the policy are listed at its end.