

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 22nd March 2017

Title and Author of Paper: Smokefree NTW: Update, March 2017
Dr Damian Robinson, Deputy Medical Director for Safety

Executive Lead: Gary O'Hare, Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Since implementing the new smokefree policy on 9th March 2016 the Trust has experienced both successes and challenges.
- Initial implementation resulted in a number of patients stopping smoking, improved access to NRT products, a large cohort of staff being trained to offer behavioural support around smoking cessation and a variety of communications activities to inform stakeholders.
- However, feedback would suggest that implementation in many areas has proved to be problematic at a clinical/operational level.
- Smoking in prohibited areas still takes place and staff have reported concerns in dealing with this.
- The enforcement of the smokefree policy requires further support in a practical sense to ensure higher levels of compliance and a number of possible improvements are being considered.

Risks Highlighted to Committee : None

Does this affect any Board Assurance Framework/Corporate Risk? NO
Please state Yes or No
If Yes please outline

Equal Opportunities, Legal and Other Implications:

- Legal advice will be sought in relation to individual Human Rights.
- Further clarity will be required from the CQC re their views on the imposition of a restrictive practice.

Outcome Required: Board of Directors to note content of report.

Link to Policies and Strategies:

- NTW(O)13 - Smoke Free Policy - V05 - Upd Index - May 16
- NTW(O)13pgn-HWB-PGN-04-Managing Smoking in In-patient Areas - V02-Issue2-Pg4-14 Mar 16

Discussions around the challenges experienced in relation to the smokefree policy have resulted in a Smokefree Task/Finish group being convened. This group involves a number of frontline staff and has the remit of discussing and actioning a number of suggested initiatives that could potentially provide improvements for patients and staff in relation to the operational issues experienced regarding the smokefree policy. These suggestions for improvements are as follows:

- **Removal of smoking materials on admission:**

The group will consider how best to move to a situation where smoking paraphernalia would become contraband ensure that a new policy can be safely implemented. The group will consider how this can be operationally managed in the most appropriate and least restrictive manner. Focus groups with staff led to this suggestion, which is currently policy in some other mental health trusts, who advise that this strategy had led to a less problematic and challenging experience of going smokefree. The group includes representatives from PALS and will be consulting with the MHA Office to progress this work. The work of the task and finish group should be completed to allow the introduction of the ban on smoking materials at the end of May 2017.

- **Use of Electronic Cigarettes (E-Cigs)**

The Trust currently permits use of disposable, non-rechargeable, non-refillable e-cigarettes and some of these models are stocked in trust shops. Other models of e-cig are currently being explored and an options paper is being drafted. The task/finish group will be looking at the pros/cons of e-cigarettes in general, the models which are best for patients, and whether provision of e-cigarettes to patients on admission would be possible/helpful, whilst maintaining the highest level of health and safety.

- **Involvement of Community Services and Crisis Teams**

The group intends to work with colleagues from community services and crisis teams to ensure that information is consistently and appropriately provided to service users prior to their admission to hospital. This is felt to be particularly important with the suggestions around removal of smoking materials on admission currently being considered. The group will be looking at how and when information is given to service users, including a review of the smokefree patient information leaflet.

- **Use of Varenicline**

Varenicline is available on the Trust formulary and has been shown to be effective and safe in mental health service users when used under supervision (there was initial concern about increased suicidality). However, it is still rarely prescribed to in-patients, but as one of the most effective pharmacotherapy options for smoking cessation the group will be looking at how to raise awareness and provide education to staff around this medication so that it can be offered more frequently and with confidence. Due to the way in which varenicline works, this could potentially be a very useful and supportive option for some inpatients.

- **Dedicated specialist tobacco dependence advisors**

Other Trusts (such as SLaM) have identified that one of the essential elements of their success has been the employment of three part time dedicated tobacco dependence advisors. These advisors support patients following referral from wards, which is done electronically on admission.

Presently NTW does not employ dedicated staff to do this role and instead has trained a small number of ward staff on each ward to provide Level 2 Smoking Cessation Advice. This has proved to have an impact on staff capacity and, due to other clinical responsibilities, is often demoted as a priority.

Other Trusts (such as TEWV) also provide all of their smoking cessation staff training in house, meaning that they do not rely on local stop smoking services to provide this. This has provided them with a much simpler process by which to train and support staff and has reduced negotiation and organisation time for training.

Indeed, while local services provided initial level 2 training for NTW staff, it is proving challenging to commission further training and supervision. The task/finish group will consider the value of identifying specialist staff in NTW.

In addition, the regional smokefree evaluation continues and is nearing the end of the data collection phase. NTW staff have worked with researchers from Tees University to facilitate collection of both qualitative and quantitative data. The final report is expected by the end of 2017.

Dr Damian Robinson – Deputy Medical Director (Safety)
March 2017