South London and Maudsley NHS
NHS Foundation Trust

SMOKE FREE POLICY

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Author:	Mark Allen
Responsible Director:	Mark Allen
Responsible Committee:	Smoke-free Committee
Target Audience:	All Trust Staff members, Locum Staff, Contractors, students, patients and carers
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Equality Impact Assessment	Assessor: Macius Kurowski	Date: 02/02/2015
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Document History

Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
5	02/02/2015	Prohibit smoking on hospital grounds Clarify SLaM position on the use of e-cigarettes		Mark Allen

Consultation

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
Trust Smoke-free committee	Monthly meetings	Update policy to comply with NICE guidance PH48 (2013) Tobacco dependence treatment pathway
Trust wide staff and patient consultation	Q&A meetings CAG Exec meetings E-mail communication	e-cigarette guidance
Service Users/Carers consulted	**Date**	**Changes Made as a Result of Consultation**
Focus Groups	7th, 14th and 21st January 2015	Clarify position for smokers who are escorted by staff as part of treatment plan

Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
Key changes to policy:			
Prohibit smoking in all Trust premises including grounds. Make screening for smoking status standard practice. Offer tobacco dependence treatment in line with best practice as indicated.			

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1.0 Introduction

The Smoke-free Policy prohibits smoking in Trust premises i.e. buildings, grounds and Trust vehicles. South London and Maudsley NHS Foundation Trust is committed to improving the health and wellbeing of patients, carers, staff and visitors. The historic image of mental health services is strongly associated with smoking. The Trust is dedicated to changing this to one that positively promotes health and wellbeing for all. We will provide treatment to smokers who wish to quit and support smokers who do not want to quit to temporarily abstain from smoking whilst in Trust buildings or grounds. We will provide a healthy environment to work in and create outside spaces that are conducive to nurturing wellbeing. The policy complies with Smoke-free legislation (Health Act, 2006) and The Nice Guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013).

2.0 Background

Smoking is the main cause of preventable illness and premature death. Currently in the UK, approximately 19% of adults smoke. Approximately 60% of people with a severe mental illness who receive services from SLaM smoke and 88% of people who receive treatment for a substance use are currently smokers. Staff rates of smoking are between 21% and 45%. People with a mental illness who smoke are more likely to be heavier smokers and more tobacco dependent than smokers in the general population. The high rates of smoking exacerbate the health inequality already experienced by those with a serious mental illness. The largest positive impact on the health of people with mental health problems will come from increasing the focus on their smoking behaviour and through the routine provision of smoking cessation support.

Smoking causes a wide range of diseases and medical conditions, including cancers, respiratory diseases, and coronary heart disease. It also has a negative impact on mental health. Smokers experience more severe mental health symptoms, require higher doses of psychotropic medication and spend more time in hospital compared to people with a mental illness who do not smoke. Approximately a third of welfare benefits are spent on cigarettes and patients often prioritise buying tobacco over buying food, toiletries and spending on leisure activities.

Smoking cessation amongst our population brings about the single most important health benefit to improve all of our health. Smoking behaviours are strongly influenced by our local social networks, our friends, families, carers, peers and the social norms. This policy is targeted to all those who work in the Trust as well as patients, carers and families.

3.0 This policy supports the implementation of the Trusts' smoke free strategy, (Appendix 1). The themes of this strategy are:

3.1 Reducing the harm to Service Users

Caring and protecting our services users and promoting their health and well-being, underpins the essence of all healthcare. All professional clinical staff will promote the health and wellbeing of service users by being able to provide support to those who wish to either quit smoking or reduce their use of tobacco.

3.2 Supporting Staff to deliver successful smoking cessation interventions

The Trust is committed to developing strong leadership capabilities within each Clinical Academic Group (CAG) to support staff to deliver successful smoking cessation and harm reduction interventions to service users and staff. The smoke-free committee will support CAGs to develop local resources and training to support the delivery of this.

3.3 Supporting Staff to stop smoking

The health and wellbeing of staff is important to the Trust and staff who wish to quit smoking will be supported to do so.

3.4 Promoting a healthy environment

Our working environment must be conducive to creating a healthy workplace; as well as a safe and therapeutic place in which service users, families and carers can be cared for. Our open spaces will be seen to be healthy places that promote healthy lifestyles and the organisation will support local areas to become completely smoke free.

4.0 The purpose of this policy:

This policy sets out the requirements for all staff employed by SLaM to promote healthy behaviours. All clinical staff are specifically tasked with screening for smoking status and providing very brief advice – ASK, RECORD, ADVISE, ACT. Some clinicians are responsible for assessment and treatment of tobacco dependence. The extent and the nature of the interventions delivered will be dependent on staff's role and the patient's choice. All clinicians are expected to be familiar with the care pathway for those who are tobacco dependent and ensure referrals are completed as required.

5.0 The scope of this policy is to:

5.1 Promote Health & Wellbeing for all:

Through comprehensive screening, tobacco dependent patients are identified and offered evidence based treatments.

By eliminating the health risks associated with passive smoking, the health and wellbeing of patients, staff and visitors is improved.

By supporting patients to quit, patients are potentially able to reduce prescribed medications and this will contribute to improved health status and less side-effects.

Since smoking cessation is the single most important way to reduce the risk of respiratory disease, coronary heart disease, cancer and other serious illness it is a worthwhile endeavor.

Smoking cessation has proved to be associated with improvements in mental health compared with continuing to smoke, in particular improving mood, self-confidence, and reducing levels of anxiety.

Smoking cessation support for staff will provide opportunities for improved health status, good role modeling and improved attendance at work.

5.2 Promote Social Inclusion:

By providing access to evidence based interventions that previously have not been easily accessible to people with mental health problems.

By supporting patients in the ongoing management of their health care needs.

By promoting recovery through the integration of physical and mental health care delivery in line with the public health agenda.

6.0 Roles and responsibilities

6.1 The Trust Board

- Ensure that staff, patients, visitors and contractors are made aware of the policy.
- Provide resources to ensure effective implementation.
- Comply fully with the policy and provide suitable role models for staff and patients.
- Monitor compliance via the Trusts' Smoke free committee.
- Ensure representation on all four local borough Tobacco Control Networks.
- Ensure that all jobs advertised will state that *South London and Maudsley NHS Foundation Trust is a smoke free Trust.*
- Ensure that all Service Level Agreements with other organisations contain the following clause *'South London and Maudsley NHS Foundation Trust is a smoke free Trust. Smoking is banned in all Trust buildings, grounds and all Trust vehicles.*

6.2 Occupational Health

- Provide smoking cessation services for all staff to access.
- When joining the Trust, occupational health staff will make new employees aware of the smoking cessation support services within the Trust.
- Screen all new recruits for smoking status
- Support staff to have access to tobacco dependence treatment programmes.

6.3 CAGs

- Each CAG will have a named individual responsible for the implementation of the Smoke Free Policy.
- Have a documented action plan in relation to the Trust's smoke free strategy and policy.
- Support **all** front line staff to complete the Level 1 smoking cessation e-learning programme and meet the Trust mandated training requirements for staff trained in smoking cessation.
- Each service will have a minimum of 2 Level 2 smoking cessation Advisors. However, services who care for patients who have a higher prevalence of tobacco dependence, such as Addictions, Forensic, and Psychosis will require a much higher ratio of staff with specialist skills in order to meet the need for prompt nicotine replacement (NRT) and behavioural support.
- Provide smoking cessation resources such as carbon monoxide monitoring devices.
- Promote the choice of smoking cessation and temporary abstinence pathways for patients and staff.

- Ensure that staff use the electronic patient record to record all assessments and interventions delivered to support temporary abstinence and smoking cessation activity, including referral, cigarette reduction and quit rates.

6.4 Line Managers will ensure:

- There is safe and appropriate skill mix within teams to meet the tobacco dependence needs of patients (either to provide very brief advice or intensive behavioural support). Services who care for patients who have a higher prevalence of tobacco dependence, such as Addictions, Forensic, and Psychosis will require a much higher ratio of staff with specialist skills in order to meet the need for prompt nicotine replacement (NRT) and behavioural support.
- Staff do not facilitate patients to smoke (i.e. escort a patient to the ward garden, to the hospital grounds or off site to smoke, buy tobacco products, or light cigarettes)
- Staff are competent at identifying and recording the smoking status of every patient in their electronic record (ePJS)
- All staff with clinical contact provide very brief advice (VBA) to all smokers (ask, record, advise, act)
- All smokers are offered support to stop smoking on admission and at regular intervals throughout their admission
- NRT is offered to a smoker within 30 minutes of admission to an inpatient facility, Registered nurses can administer NRT without prescription for up to 24 hours in line with the Trust approved homely remedies policy (see Appendix 7 of the Medicines Policy v5 – July 2014).
- All smokers who want to stop smoking are referred to a level 2 trained Tobacco Dependence Treatment Adviser.
- All smokers who do not wish to permanently stop smoking are offered NRT to manage temporary abstinence from smoking and are referred to a Tobacco Dependence Treatment Adviser for consultation.
- Every smoker has a personal tobacco dependence treatment plan.
- NRT is available in all inpatient areas to manage tobacco withdrawal symptoms (either for planned abstinence or temporary abstinence).
- Ensure staff and patients are aware of the need to adjust medication if required according to smoking status and this is reflected within individual's care plans.
- Ward systems are in place so that 1) patients are supplied with an adequate amount of NRT during periods of leave and on discharge, 2) follow up plans are in place if the patient wishes to maintain their abstinence after discharge
- Patient information regarding the relationship between smoking and illness (both physical and mental) is available in patient areas and is made accessible.
- Information on tobacco smoke and medication interactions is available in all clinical areas and is shared with patients in a way that they understand.
- Staff appraisals and personal development plans reflect an employee's training needs to deliver tobacco dependence treatment.
- All staff who have clinical contact with patients have completed basic knowledge training (E-learning level 1) and complete the annual refresher competency test.

- There are sufficient staff trained in Tobacco Dependence Treatment Advanced Skills training (Level 2) to meet the needs of smokers in each clinical area.
- Smoking cessation training is promoted, taken up and translated into practice.
- Staff are fully supported in reminding other people of the smoke free policy.
- Comply fully with the policy and provide a suitable role model for staff and patients.
- Staff do not take smoking breaks during work hours.

- Staff who smoke and who want to quit are supported to access up to eight smoking cessation sessions during work time either at their local tobacco dependence treatment service or at the Maudsley Smokers Clinic.
- Ensure that no smoking signs are placed in the buildings and gardens where services are delivered.
- Ensure that welcome packs and promotional materials provided about the service describe the smoke free status.
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- Ensure that all appointment letters and communications from the service communicate the smoke-free status in the service.

6.5 Clinical staff working in in-patient settings will:

- Ask and record a patient's smoking status on admission and provide very brief advice to all smokers
- Refer all smokers who want to stop smoking to the ward or on-site-hospital Tobacco Dependence Treatment Advisor via ePJS (in the Current Physical Health Assessment Form).
- Work closely with Advisors to support the patient to maintain abstinence.
- Liaise with the ward/hospital Tobacco Dependence Treatment Advisor to ensure smokers who do not want to quit, are supported in managing temporary abstinence from tobacco during an inpatient admission
- Empower smokers through conversations about the benefits of quitting, motivate and encourage engagement in collaborative tobacco treatment plans.
- Educate patients about and recommend the use of NRT and other stop smoking medicines to all smokers.
- Review care plans at each ward round, CPA or clinical review meeting, taking the opportunity to recognise achievements and adjust medication if indicated.
- Monitor adherence with NRT daily, promoting self-medication where possible.
- Ensure patients are supplied with an adequate amount of NRT during periods of leave and on discharge
- Ensure follow up plans are in place if the patient wishes to maintain their abstinence after discharge. Refer to the local community NHS Stop Smoking Service on discharge (via the Current Physical Health Assessment Form in ePJS).
- Advise patients that they should not bring, tobacco, cigarettes, lighters or matches onto the ward. If patients are found to be in possession of these contraband items during the admission process or later, they will be asked to return the items to their home with family or friends if this is feasible. If this is not possible the contraband items will be stored and returned to the patient at the point of discharge.
- Ensure that patients have access to a variety of diversional activities and fresh air during their admission to support their smoke free compliance.
- Ensure that patients are provided with advice and support to actively manage stress and nicotine withdrawal.

- Ensure that all escorted leave plans are negotiated in advance of leaving the ward, so that the patient is very clear he/she will not be permitted to smoke in the company
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  of his/her escort. Patients should be given adequate NRT to use whether they are on or off the ward.

6.6 Clinical Staff working in community settings will:

- Ask and record each patients smoking status at the first contact and provide very brief advice to all smokers.
- Review each patient's smoking status regularly and at least at each CPA meeting.
- Refer all patients who wish to quit to their local specialist stop smoking services (using the Current Physical Health Assessment Form in epjs).
- Ensure that blood plasma levels of relevant medications are monitored for those who are changing their smoking behaviour
- Actively engage patients, their family and carers about the benefits of quitting.
- Ensure that staff do not smoke whilst undertaking their professional duties.
- Ask all patients to refrain from smoking for at least one hour prior to their contact.

6.7 Level 2 Tobacco Dependence Treatment Advisors will:

- Support smokers who wish to make a planned quit attempt.
- Support smokers who do not wish to quit during an inpatient stay, to manage temporary abstinence from tobacco.
- Deliver one to one, drop in and group based treatment to patients and staff who smoke
- Following a referral from ward/community staff, carry out a comprehensive assessment of a smoker's needs, including the severity of tobacco dependency, patient preference for treatment, assessment and recommendation for the use of stop smoking pharmacotherapies.
- If authorised to administer NRT under the Trust's Patient Group Direction for NRT or following consultation with a prescriber, facilitate access to pharmacotherapy in line with Trust protocols.
- Liaise with prescriber (ward, community, primary care) re potential interactions of stopping (and restarting smoking) and psychotropic medication.
- Minimize withdrawal symptoms through optimising adherence to pharmacotherapy (e.g. correct technique, sufficient dose and length of treatment)
- Provide intensive psychological, behavioural and social support to assist the smoker
    - understand the personal relevance of smoking
    - cope with cravings
    - maximize motivation and commitment
    - maintain abstinence
    - maximize mental health
    - maximize physical health
- In collaboration with the smoker and their inpatient/community team, formulate, document and evaluate personal tobacco dependence treatment plans.

- For patients who have made a quit attempt whilst in hospital and who wish to maintain their abstinence, ensure a seamless handover to the local community NHS Stop Smoking Service (or level 2 trained Advisor in the CMHT) so that patients can receive follow up care for up to 4 weeks

- Attend annual refresher training

6.8 Staff who smoke:

- Must not smoke on hospital grounds, in Trust premises or in Trust vehicles.
- Must not smoke in front of patients, their families or carers.
- Will not take “smoking breaks” during their contractual hours of employment.
- Can access support to quit smoking, via occupational health or by the Maudsley smoking cessation service.
- Will meet with their line manager to discuss and agree time off work in order to attend a smoking cessation clinic.
- Understand that Trust disciplinary procedures for continued non-compliance with this policy may apply.

7.0 Application

This policy is applicable to all patients, carers, employees at all levels of the Trust’s hierarchy, as well as sub-contractors who undertake activities on behalf of the organisation and any visitors on the Trust’s premises. This policy and its mandatory application will be communicated to all employees, sub-contractors, visitors and interested parties.

As part of the Trust's induction process, new starters will be made aware of this policy and where to locate it on the Trust’s intranet system. The Human Resources department is responsible for informing job applicants of this policy. All employees are responsible for informing sub-contractors and other visitors to their area of this policy.

8.0 Prohibition of smoking

Smoking is strictly prohibited in any part of the Trust’s premises, including at entrances or anywhere on its grounds. This includes areas that are outside but that form part of the Trust’s premises.

Employees will not be permitted to smoke during normal working hours and ‘smoke breaks’ will not be allowed.

9.0 Signage

The Trust displays signs that make it clear that smoking is prohibited on its premises. All Trust owned vehicles will also display no-smoking signs.

10.0 Vehicles

The Trust does not permit workers to smoke at all in any vehicle owned by the Trust. Staff wishing to smoke in their own vehicles before work, during their lunch break or after working hours are not permitted to do so whilst on Trust premises.

11.0 E-cigarette use

E-cigarettes are battery powered devices that deliver nicotine via inhaled vapor. Since e-cigarettes do not contain tobacco and are not burnt, they do not result in the inhalation of cigarette smoke they are therefore regarded by most experts as much safer delivery devices for nicotine[1]. This does not mean that they are completely safe, but they are envisaged to be much less harmful than cigarettes.

[1] Cahn Z, Siegel M. Electronic cigarettes as a harm reduction strategy for tobacco control: A step forward or a repeat of past mistakes? Journal of Public Health Policy 2011;32:16-31.

E-cigarettes therefore may support compliance with SLaM's smoke free policy and help smokers manage their nicotine dependence. Focus group discussions have indicated that there is a desire among some patients and staff to use e-cigarettes to support cutting down or quitting tobacco. It is critically important that e-cigarettes do not simply replace cigarettes so that a culture of e-cigarettes replaces the smoking culture.

The Trust currently supports the use of disposable e-cigarettes (see the conditions below). As new evidence emerges about e-cigarettes The Trust will review this position.
Appendix 4 provides some additional background information on e-cigarettes.

11.1 Guidance for staff when facilitating e-cigarette use:

- Staff will explain to patients and carers that nicotine replacement therapies (NRT) and other licensed stop smoking medicines such as bupropion and varenicline, when given together with intensive behavioural support, are the most effective way to stop smoking and ideally should only advise on e-cigarette use after patients have tried these treatments.
- Staff will be provided with guidance on e-cigarettes and other harm reduction strategies, (see appendix 4, SLaM level 1 e-learning and Level 2 training).
- Information leaflets on e-cigarettes for patients should be used to develop a collaborative plan for any use of e-cigarettes, as they would with NRT or any other stop smoking medication.
- In order to safeguard children patients who are under 18 or pregnant will not be allowed to use e-cigarettes on Trust premises.
- Currently e-cigarettes cannot be prescribed or supplied by staff until they are licensed by the MHRA.
- When required, patients should be informed that disposable e-cigarettes are permitted in SLaM. However, if the patient does not find that disposable devices are acceptable rechargeable types can be considered provided an individual risk assessment is complete and that staff comply with Department of Health guidance including undertaking all the charging. Re-fillable e-cigarettes (often called tank models) are currently not permitted under any circumstances.
- E-cigarettes can be purchased by patients and/or brought into the service by visitors.
- E cigarette use should only be permitted in discrete places and never be permitted in areas where patients and staff congregate.
- E-cigarette use is only allowed by patients in designated areas (e.g. hospital grounds or single bedrooms, but **not** communal indoor areas or ward gardens).
- Staff should **not** replace fresh air (smoking) breaks with e-cigarette breaks.
- E cigarette use should not be included as part of therapeutic interventions or recreational conversations.
- E-cigarette users will be required to plan their use of these devices with their care team as part of their care plan (as they would with NRT) and allow staff to check the products that they are using.
- If a patient switches from smoking cigarettes to e-cigarettes this will affect the metabolism of some prescribed medication. Blood plasma levels will need to be monitored and medication regimes adjusted accordingly. This is especially important for patients taking clozapine.
- E-cigarette users will be required to store their e-cigarette safely and securely, they should not share products with others for infection control reasons and should not use them near oxygen/naked flames

- E-cigarette users are expected to be considerate to those around them and always use the e-cigarette when in an allocated and discrete area.

- E-cigarettes must be disposed of in a designated bin so that the battery and plastic can be recycled in line with European Union regulations.

11.2 Guidance for staff who wish to use E-cigarettes

- Staff who smoke will be encouraged to make full use of smoking cessation services, full and flexible support will be offered to staff in attempts to cut down and quit.
- Staff who smoke and are dependent on tobacco will be encouraged to use NRT whilst at work.
- Staff using e-cigarettes as part of their personal tobacco management plan should always do this discreetly and preferably off site. However there may be occasions where exceptions need to be considered. These should always be agreed by the member of staff's line manager.
- Staff are not permitted to use e-cigarettes *with* patients whilst at work.
- Staff are expected to make considered and sensible judgments on their personal use of e-cigarettes. They should never be used indoors, never be in highly visible areas or in the sight of patients. If ever in doubt advice should be sought from the local manager/s.

12.0 Managing breaches of the Smoke free Policy

The Trust do not want anyone to feel that they need to engage in difficult or overly challenging situations and should not approach individuals (whether staff or patients) to ask them to stop smoking unless they are confident that it is safe to do so.

Our expectation is to promote and develop a culture across all our buildings and sites that smoking is unacceptable and that everyone respects this. Shifts in culture and behaviours can take time and will not be achieved simply by releasing policies and guidance. The required culture change will be achieved if we stay committed to Smoke free becoming a reality and respond to situations when this does not happen as a breach and an opportunity rather than a failure of the project.

12.1 Staff breaches

All Trust staff are expected to promote a smoke-free environment and healthy living. Staff should avoid condoning or advocating tobacco smoking.

All Trust staff are prohibited from purchasing or providing tobacco products for patients. Staff must not use tobacco as a reward for patients.

If any staff member breaches the policy then in the first instance line managers should discuss the issue with them and ensure they fully understand the smoke free policy. If staff continue to breach the policy then action through the disciplinary process may be appropriate. All members of staff are obliged to support the implementation of the Smoke Free Policy.

12.2 Visitors and contractors breaches

Visitors to the Trust will be made aware of the smoke free policy through signs, posters, leaflets as well as conversations with staff. Carers will be provided with a list of the contraband items in the hospital which includes tobacco, cigarettes, lighters and matches. Any visitor who is found to be supplying a patient in hospital with contraband items will be reminded about the policy and asked to support the patient's treatment plan. The rationale for the policy will be explained and

carers will be offered support to learn more about the harmful effects of tobacco dependence. If appropriate they will be directed towards their local stop smoking service.

It is recommended that where staff choose to approach a patient or visitor to inform them of the trust policy, this approach is made only once. The information provided should be limited and along the lines of; 'Can I make you aware that this is a smoke free trust within both the hospital and grounds.' Breaches can be reported to smokefreeready@slam.nhs.uk with a brief explanation of the circumstances and outcome.

If staff observe a contractor smoking on Trust premises, they should make the contractor aware of the Trust's smoke free policy and ask them to stop smoking. If the contractor does not comply they should report the contractor to: smokefreeready@slam.nhs.uk

A zero tolerance approach will be applied to any individual who becomes abusive when reminded of the policy. Should the person become aggressive then the member of staff is to walk away from the situation and seek support from their line-manager.

12.3 Patient breaches

Prior to planned hospital admissions patients will be advised that smoking is not permitted in the hospital or grounds and they will be offered support to temporarily abstain or quit. This will include nicotine replacement therapy and behavioural support. They will be asked not to bring tobacco, cigarettes, lighters or matches with them to hospital.

For unplanned admissions patients will not be permitted to keep tobacco, cigarettes, lighters or matches on their person. If carers or family members accompanied the patient to hospital, then they will be asked to take the prohibited items home. If the patients are unaccompanied when they arrive at hospital, staff will store their contraband items and they will be returned at the point of discharge.

Should the patient become aggressive when the smoke free policy is being implemented then the member of staff should summon assistance and the aggressive incident managed according to that person's care plan.

Should a patient be observed breaching the smoke free policy by smoking in the hospital, staff should ensure the area is safe. If there is an imminent risk then support should be enlisted immediately using the emergency response systems. Where there is no immediate risk the staff should discuss the breach with his/her colleagues and agree the most appropriate time and place to meet with the patient to review the care plan. Patients who are struggling to comply with the smoke free policy should have a review of their nicotine replacement therapy, and consideration given to increasing the amount of behavioural support that has been provided.

It should be noted that there are no exceptions to this policy in respect of patients, there are to be no designated areas within buildings where the use of cigarettes is allowed (this will include 136 suites).

Patients in community settings will be informed about the smoke free policy in the Trust. They will be offered access to smoking cessation services. Those who are receiving treatment in their own home will be asked to ensure that they do not smoke for one hour prior to or during their treatment session. If patients struggle to comply with this policy the staff will explore with the patient a variety of options such as using an NRT product during the treatment session or smoking in a different room than the one used for the treatment session. Patients in community settings that persistently fail to comply with the policy will be reviewed by their care team and

appropriate action agreed taking into account their need for treatment and their risk assessment.

13.0 Policy Monitoring

The policy will be monitored by a variety of different methods including an initial review after three months and a more detailed review after the first 12 months.
There will also be a feedback process in place concerning progress and issues arising, via reports from key organisational meetings, including the Patients forum, Staff forum and regular nursing and senior management meetings.

All members of staff will be expected to reinforce the Trust's Smoke free Policy in circumstances which they are comfortable to do so. This will include asking patients and visitors to cease smoking on Trust premises. Senior staff should support junior staff in enforcing the policy. Red cards will be issued to staff and visitors who are found to be smoking on Trust premises. The cards will provide a reminder about the policy and contact details for smoking cessation services.
Staff safety must always be paramount. Under no circumstances should any member of staff enforce the policy if they believe they would be at risk in doing so.

14.0 Reporting of smoking related incidents

The Trust has a robust incident reporting system in place called DatixWeb. The aim of the system is to establish what is going wrong so that action can be taken to continuously improve the quality and the safety of the service provision. All members of staff should use the DatixWeb system to promptly share information about any difficulty with implementation of the smoke free policy. Analysis of all recorded incidents enables the Trust to be both proactive and reactive to reduce the impact and likelihood of future recurrence.

The Trust will carefully monitor violence and aggression, fire, and AWOL incidents that are linked to the smoke free policy. The DatixWeb system has been adapted to allow staff to specifically highlight a breach of the smoke free policy by adding to the subcategory list.

Staff should also use DatixWeb to record incidents when patients refuse admission or self-discharge against medical advice because of the smoke free policy.

Staff can use the smokefreeready@slam.nhs.uk email mail address to provide a quick report about a breach of the smoke-free policy in the grounds. This would be relevant if staff had observed smoking but did not feel confident to approach those concerned. The trust will ensure that appropriate measures are taken to enhance the smoke free policy at the location concerned.

15.0 Smoking Cessation Staff Training

The implementation of the policy requires a competent workforce. The Trust will provide a training pathway to enable Clinical Academic Groups to provide a safe and appropriate skill mix to meet the tobacco dependence needs of service users. There are currently two levels of training; basic training (level 1) should be completed by all staff that have clinical contact and refreshed annually. Advanced Skills Training (level 2) builds on the knowledge gained from the basic training (level 1) and enables staff to provide intensive support to smokers.

15.1 Basic training: Level 1 Mental health and tobacco dependence treatment E Learning Course (1-2 hours). The NICE guidelines for Smoking Cessation in Secondary Care (NICE, 2013) recommend that basic training should be mandatory and refreshed annually. The content of the course covers; 1) smoking prevalence in mental health settings, 2) Why mental health service users smoke and find it hard to stop. The impact of smoking and stopping smoking on

wellbeing, 3) Evidence based interventions for smoking cessation in mental health settings (including how to use NRT), 4) How to ask, record, advise and refer a smoker for specialist support. 5) How to provide brief interventions 6) E-cigarettes.

15.2 Advanced Training: Level 2 Mental health and tobacco treatment dependence skills training (3 days face to face training)

The aim of the course is to enable staff to provide intensive evidence based support to help service users manage their tobacco dependence (temporary abstinence, gradual cessation and planned abrupt cessation), in line with NICE (2013) guidelines and the NCSCT Guidelines for intensive behavioural support (level/stage 2 training). The content of the course covers; 1) Motivating service users to engage in smoking cessation treatment, 2) Assessing severity of tobacco dependence, 3) Using carbon monoxide (CO) monitoring as a motivational and monitoring tool, 4) Facilitating choice of medication to manage temporary abstinence, gradual cessation or planned abrupt cessation, 5) Safe and effective use of a Patient Group Direction for NRT, 6) Adhering to NRT, 7) Providing intensive behavioural support, 8) Staying smoke free

The Trust will provide staff who have received Advanced Training (level 2) with support and supervision to implement the training.

16 Associated Documentation

Disciplinary Policy
Health Safety and Wellbeing Policy

17 Freedom of Information Act 2000

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

Appendix 1 – SMOKEFREE STRATEGY 2010-2015

Introduction

Reducing smoking amongst our population brings about one of the single most important health benefits to improve all of our health. Smoking behaviours are strongly influenced by our local social networks, our friends, families, carers, peers and the social norms. Therefore this strategy is targeted to all those who work in the Trust as well as our service users, carers and families.

It is three years since the Health Act 2006 introduced the Smoking Ban, and two years since our inpatient and enclosed areas became smoke free. To support the implementation of the Act, 280 staff have been trained as level 3 smoking cessation advisors.

The Trust is committed to strong leadership within each CAG to support these staff to deliver smoking cessation interventions

Evidence

It is now well established that people with serious mental illnesses die prematurely and have significantly higher medical co-morbidity compared with the general population. Although reasons for this are complex, the high rates of smoking are arguably are the cause of the majority of the excess morbidity and mortality in people with a serious mental illness (Brown et al, 2000). The prevalence of daily smoking for people with major depression, bipolar disorder, and schizophrenia is estimated to be 57%, 66%, and 74%, respectively (Diaz et al, 2009) compared to approximately 21% in the general population (Health and Social Care Information Centre (2010). People with a mental illness are more likely to be heavier smokers and more nicotine dependent than smokers in the general population (Kumari and Postma, 2005). The high rates of smoking exacerbate the health inequality already experienced by those with a serious mental illness and the largest positive impact on the health of people with mental health problems will come from increasing the focus on their smoking behaviour and through the routine provision of smoking cessation support (Campion et al, 2008).

Mental health professionals often express concern that stopping smoking will exacerbate mental health symptoms and will increase the risk of violence. When smoke free polices are implemented in a consistent and safe manner and smoking cessation interventions include pharmacotherapy and psychological support, mental health symptoms do not deteriorate (Lawn and Pols, 2005).

Reducing rates of smoking in the general population has been a longstanding public health goal and services dedicated to providing evidenced based interventions in the general population are both clinically effective and cost effective (Raw et al, 2005). The choice of effective interventions available to people attending NHS Stop Smoking Services, who are motivated to stop smoking include Nicotine Replacement Therapy, Bupropion and Varenicline combined with behavioural support. The effectiveness of pharmacotherapy and individual or group behaviour therapy to support people in the general population to stop smoking has been evaluated in over 200 randomised controlled trials including over 70,000 patients.

Regardless of the intervention, pharmacotherapy and behavioural support increases a smoker's chance of quitting 2-3 fold compared to having no support.
When followed up 4 weeks after their quit date, around half of smokers who attend NHS Stop Smoking Services have quit smoking. There is a growing evidence base of successfully adapting standard smoking cessation interventions for mental health services users.

Uncontrolled and controlled studies evaluating the efficacy of Nicotine Replacement Therapy and psychological support in community patients with psychosis, report quit rates of between 6 to 13% at 6 months follow up (Addington et al, 1998, George et al, 2000, Baker et al, 2006).

Randomised controlled trials assessing the efficacy of 150mgs - 300mgs of Bupropion in addition to group therapy in community patients with schizophrenia, report quit rates of up to 18% at 6 months follow up compared to placebo (Evins et al,2007, George et al, 2008).

Although quit rates are lower in smokers with a serious mental illness, providing that the measurement of smoking cessation outcomes are robust, even small effects of smoking cessation treatments are thought to be clinically significant because of the very large health gains that accrue from stopping smoking (West, 2007)..

Clinical guidelines and evidence based advice for successfully integrating smoking cession support in mental health settings have recently been published (Lawn and Campion, 2010, Higgins et al, 2010). The organisational characteristics that are associated with greater success of smoke-free initiatives are clear, consistent and visible leadership; cohesive teamwork; extensive training for clinical staff; fewer staff smokers; effective use of nicotine replacement therapies and consistent enforcement of a smoke-free policy.

Reducing the harm to service users

Caring and protecting our services users and promoting their health and well-being, underpins the essence of all healthcare.

Vision

All professional clinical staff will promote the health and well-being of service users by being able to provide support to those who wish to either quit smoking or reduce their use of tobacco.

Outcomes

- All service users who smoke will be assessed every six months for their motivation to quit.
- All inpatient service users who choose to smoke will have a care plan including harm minimisation approaches to reduce the harmful effects of smoking
- Staff and service users are aware of the need to dose adjusted medication and this is reflected within the service user's care plan.
- Staff and service users will be aware of their choices when seeking out support to quit smoking.
- Information on NRT and medication interactions will be available in the clinical areas.
- Patient information regarding the relationship between smoking and mental illness will be available in patient areas.

- Each inpatient area will have access to a level 2 smoking cessation advisor and smoking cessation support.

- The Trust will have representation on all four boroughs Local Authority Smoke Free Committees.
- No member of staff will be seen smoking in the presence of service users, families or carers.

Supporting staff to stop smoking

The health and wellbeing of all staff is important to the Trust. For staff who wish to quit smoking we will support you to do this, as well as supporting staff to manage nicotine withdrawals and making it a pleasant environment for everyone to work.

Outcomes

- When joining the Trust staff will be made aware of the support services within the Trust to help them achieve to quit smoking.
- Staff will be aware of local smoking cessation services where they work and will have the ability to access these
- Occupational health will provide smoking cessation services for all staff to access
- Staff will have access to NRT
- There will be a reduction in staff sickness

Promoting a healthy environment

Vision

Our working environment must be conducive in creating a healthy workplace; as well as, a safe and therapeutic place in which service users, families and carers can be cared for.
Our open spaces will be seen to be healthy places that promote healthy lifestyles and the organisation will support local areas to become completely smoke free.

Outcomes

- Each clinical area will have a smoke free reduction plan
- Publicising “smoking times”, will not be allowed.
- Reduction in smoking related incidents
- Reduction in the use of physical intervention in relation to smoking related incidents.
- Reduction in fire related incidents

Supporting staff to deliver successful smoking cessation interventions

The Trust is committed to developing strong leadership capabilities within each CAG to support staff to deliver successful smoking cessation interventions to service users and staff. The smoke free strategy group will support CAGS to develop local resources and training to support the delivery of this.

Outcomes

Each CAG will have a named individual responsible for the delivery of the Smoke Free Strategy.

Each clinical service will have access to a named Level 2 smoking cessation advisor.

Level 1 training will be mandatory for all direct care staff and available for all other staff.

Level 2 smoking cessation advisors will have up to date resources in delivering Smoke Free interventions

The Trust will have named Level 2 trainers who are competent to dispense NRT from the Trust Patient Group Direction.

The Trust will provide details of equipment to support level 2 advisors to monitor Carbon Monoxide levels.

The Trust will provide 6 monthly support meetings for Level 2 smoking cessation advisors.

Resources will be centralised on the Trust's intranet webpage.

The level 2 trainers in the CAGS will audit and publish their interventions internally and also in journals.

APPENDIX 2 – SlaM Tobacco Dependence Treatment Pathway and Protocol

Introduction:

Tobacco dependence is a treatable, chronic and relapsing condition. [1] The treatment needs of a smoker will differ slightly according to their smoking history and behaviour, age, gender, socioeconomic status, mental health needs, use of other substances, if they are an inpatient or outpatient and their personal choice about receiving support. However there are essential steps within the tobacco dependence treatment pathway that apply to all smokers.

The aim of the tobacco dependence treatment pathway is to

1. ensure we identify the smoking status of every current patient in recipient of inpatient and community care
2. ensure early diagnosis of severity of tobacco dependence
3. offer every smoker NRT within 30 minutes of arrival to an inpatient service
4. offer evidence-based pharmacological, psychological and psycho-education treatment to smokers in receipt of inpatient and community care
5. ensure smokers receive continuous, efficient care and treatment at transition points across the pathway
6. ensure SLAM meet to recommendations of the NICE guidelines for smoking cessation in secondary care [2]

The first part of these guidelines describes support during an inpatient stay and then goes on to describe support in the community. As the pathway develops in response to evaluation and feedback from clinicians, patients and carers, we will update it at regular intervals.

In Patient Pathway

STEP 1: Identification of smokers
The first step in treating tobacco dependence is to identify current tobacco users.

Ask every patient if they currently smoke tobacco.
Record smoking status in ePJS (Assessment tab – Current Physical Health Assessment form)

The identification and recording of each patient's smoking status needs to be completed regularly, i.e. on admission and discharge from hospital.

STEP 2: **Advise and offer support**

To comply with the Trust's Smoke free Policy and the NICE guidelines for smoking cessation in secondary care [2] smokers will need to abstain from smoking whilst in Trust buildings and grounds during an inpatient admission.

Making an attempt to permanently stop smoking is an opportunity not an obligation. During an inpatient admission a smoker has **three** options

OPTION 1: to temporarily abstain from smoking whilst in buildings and in the grounds, ***with*** pharmacological and/or psychological support

OPTION 2: to temporarily abstain from smoking whilst in buildings and in the grounds, ***without*** pharmacological and/or psychological support

OPTION 3: to use the opportunity to make a sustained quit attempt, with pharmacological and/or psychological support

Regardless of which option the patient chooses, **every smoker** should be **offered NRT** to manage their tobacco dependence **within 30 minutes** of arrival to an inpatient unit. This should be followed up by the offer of tobacco dependence treatment support from a ward tobacco dependence treatment advisor.

Offering support to quit or manage tobacco withdrawal symptoms during a period of temporary abstinence, rather than asking a smoker how interested are they in stopping or telling a person they should stop, leads to more people making a quit attempt. [3] The most effective method of quitting or managing tobacco withdrawal symptoms during a period of temporary abstinence, is with combination NRT (i.e. a patch and oral product) and intensive behavioural support. [2,4] Advising the smoker that stopping smoking is one of the best things they can do for their health and wellbeing is recommended by the Department of Health. [5]

Record in ePJS (in the Current Physical Health Assessment form)

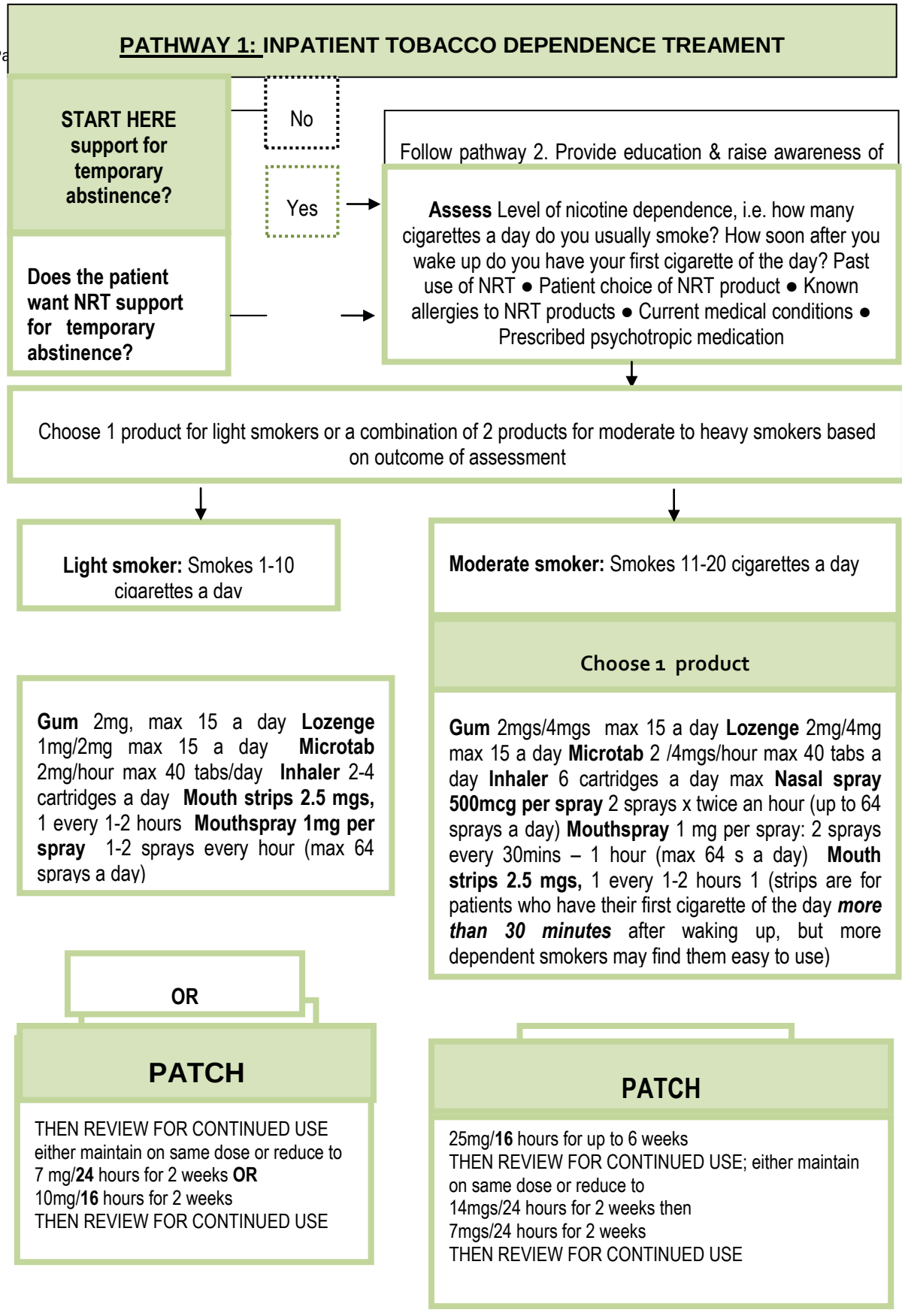
1] that you have advised the smoker that stopping smoking is one of the best things they can do for their health and wellbeing

2] if the smoker wants NRT for temporary abstinence

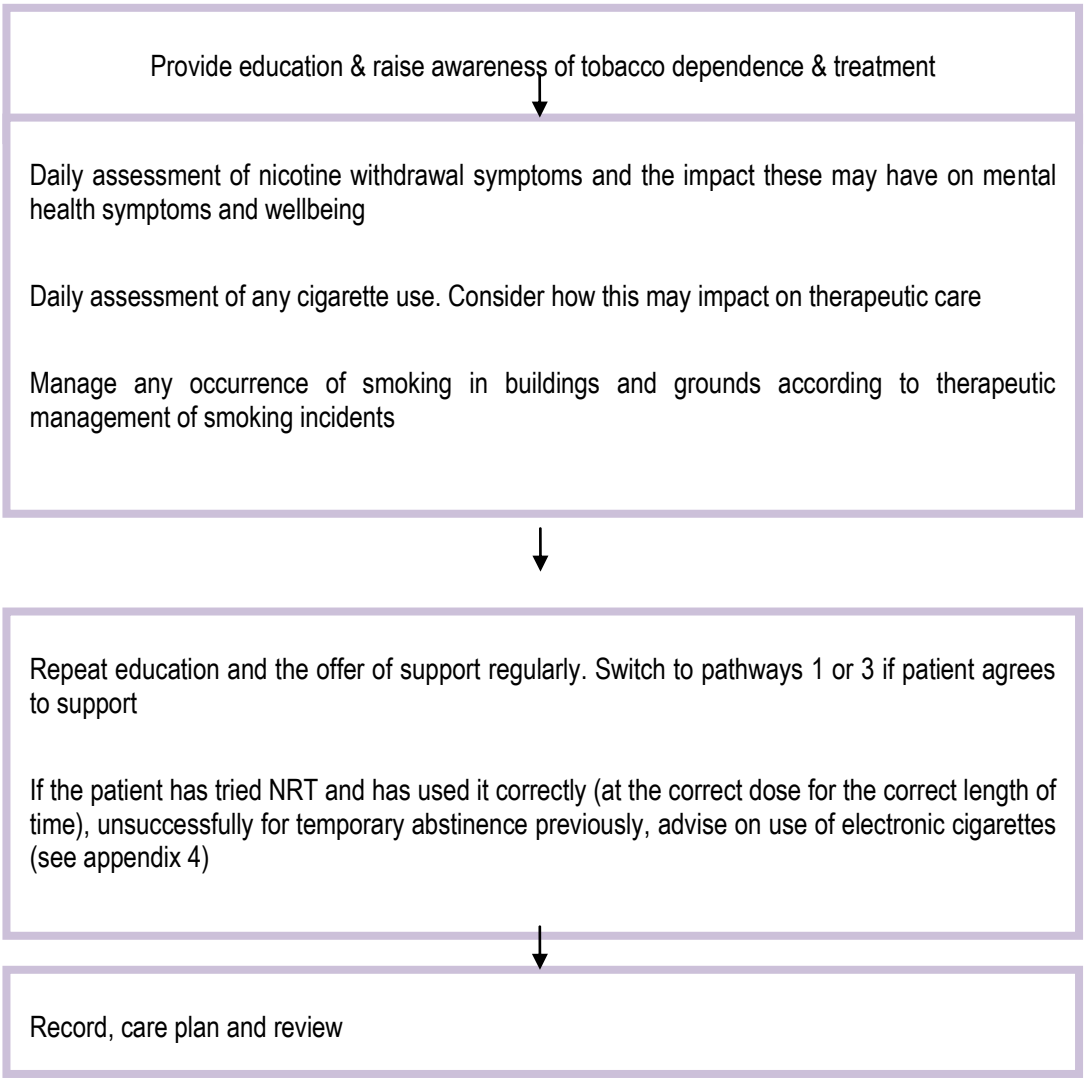
3] if they want to see a specialist tobacco dependence treatment advisor during their admission

STEP 3: **Act on smoker's response**

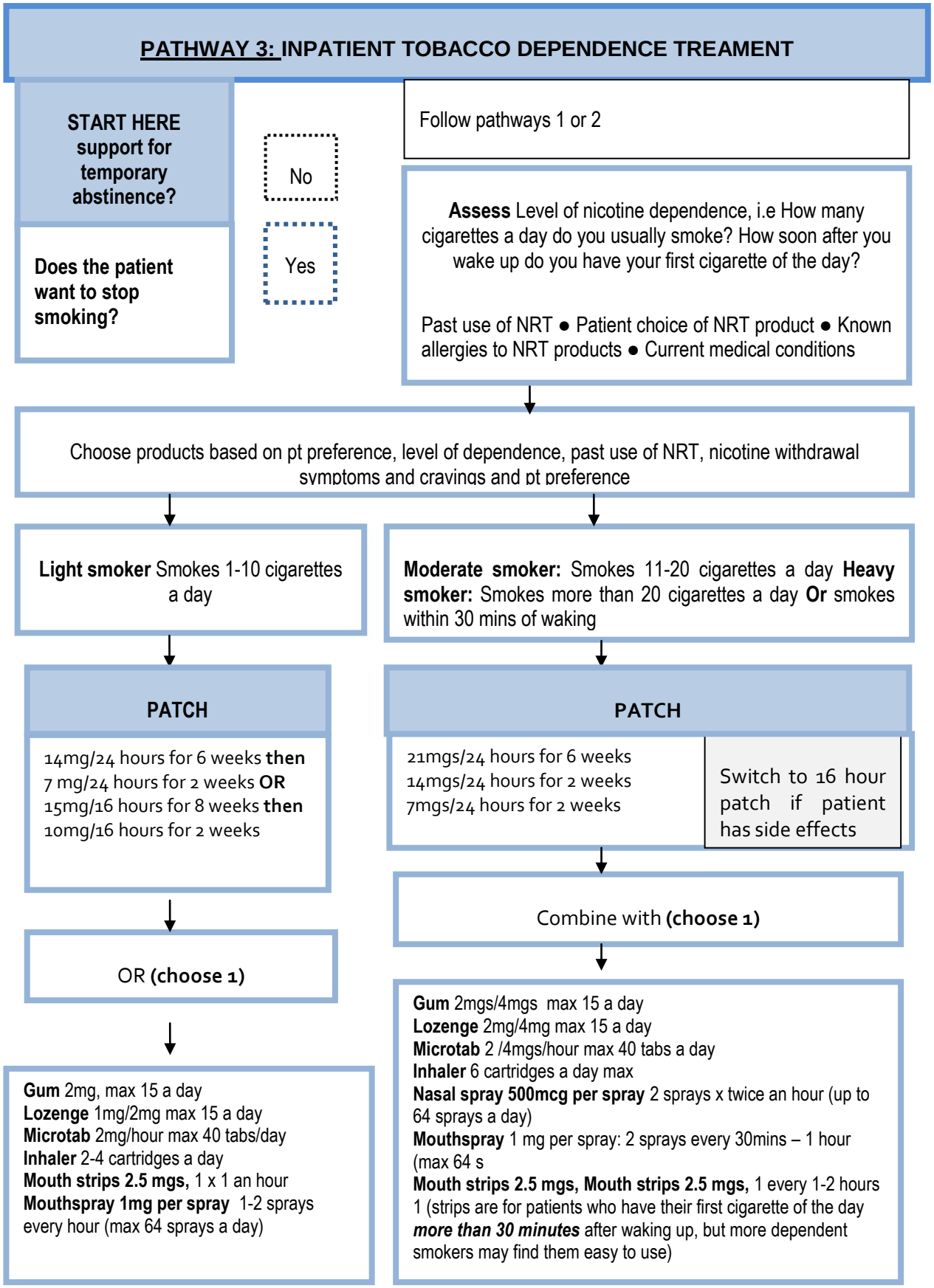
For smokers choosing OPTION 1: to temporarily abstain from smoking whilst in buildings and in the grounds, ***with*** pharmacological and/or psychological support, **follow treatment pathway 1** below.


PATHWAY 1: INPATIENT TOBACCO DEPENDENCE TREAMENT
START HERE support for temporary abstinence?
No
Yes
Follow pathway 2. Provide education & raise awareness of
Does the patient want NRT support for temporary abstinence?
Assess Level of nicotine dependence, i.e. how many cigarettes a day do you usually smoke? How soon after you wake up do you have your first cigarette of the day? Past use of NRT ● Patient choice of NRT product ● Known allergies to NRT products ● Current medical conditions ● Prescribed psychotropic medication
Choose 1 product for light smokers or a combination of 2 products for moderate to heavy smokers based on outcome of assessment
Light smoker: Smokes 1-10 cigarettes a day
Moderate smoker: Smokes 11-20 cigarettes a day
Choose 1 product
Gum 2mg, max 15 a day Lozenge 1mg/2mg max 15 a day Microtab 2mg/hour max 40 tabs/day Inhaler 2-4 cartridges a day Mouth strips 2.5 mgs, 1 every 1-2 hours Mouthspray 1mg per spray 1-2 sprays every hour (max 64 sprays a day)
Gum 2mgs/4mgs max 15 a day Lozenge 2mg/4mg max 15 a day Microtab 2 /4mgs/hour max 40 tabs a day Inhaler 6 cartridges a day max Nasal spray 500mcg per spray 2 sprays x twice an hour (up to 64 sprays a day) Mouthspray 1 mg per spray: 2 sprays every 30mins – 1 hour (max 64 s a day) Mouth strips 2.5 mgs, 1 every 1-2 hours 1 (strips are for patients who have their first cigarette of the day more than 30 minutes after waking up, but more dependent smokers may find them easy to use)
OR
PATCH
THEN REVIEW FOR CONTINUED USE
either maintain on same dose or reduce to
7 mg/24 hours for 2 weeks OR
10mg/16 hours for 2 weeks
THEN REVIEW FOR CONTINUED USE
PATCH
25mg/16 hours for up to 6 weeks
THEN REVIEW FOR CONTINUED USE; either maintain on same dose or reduce to
14mgs/24 hours for 2 weeks then
7mgs/24 hours for 2 weeks
THEN REVIEW FOR CONTINUED USE

For smokers choosing **OPTION 2**: to temporarily abstain from smoking whilst in buildings and in the grounds, ***without*** pharmacological and/or psychological support, **follow treatment pathway 2** below



For smokers choosing **OPTION 3**: to use the opportunity to make a sustained quit attempt, with pharmacological and/or psychological support, **follow treatment pathway 3** below


PATHWAY 3: INPATIENT TOBACCO DEPENDENCE TREAMENT
START HERE support for temporary abstinence?
Does the patient want to stop smoking?
No
Yes
Follow pathways 1 or 2
Assess Level of nicotine dependence, i.e How many cigarettes a day do you usually smoke? How soon after you wake up do you have your first cigarette of the day?
Past use of NRT ● Patient choice of NRT product ● Known allergies to NRT products ● Current medical conditions
Choose products based on pt preference, level of dependence, past use of NRT, nicotine withdrawal symptoms and cravings and pt preference
Light smoker Smokes 1-10 cigarettes a day
Moderate smoker: Smokes 11-20 cigarettes a day Heavy smoker: Smokes more than 20 cigarettes a day Or smokes within 30 mins of waking
PATCH
14mg/24 hours for 6 weeks then 7 mg/24 hours for 2 weeks OR 15mg/16 hours for 8 weeks then 10mg/16 hours for 2 weeks
OR (choose 1)
Gum 2mg, max 15 a day
Lozenge 1mg/2mg max 15 a day
Microtab 2mg/hour max 40 tabs/day
Inhaler 2-4 cartridges a day
Mouth strips 2.5 mgs, 1 x 1 an hour
Mouthspray 1mg per spray 1-2 sprays every hour (max 64 sprays a day)
PATCH
21mgs/24 hours for 6 weeks
14mgs/24 hours for 2 weeks
7mgs/24 hours for 2 weeks
Switch to 16 hour patch if patient has side effects
Combine with (choose 1)
Gum 2mgs/4mgs max 15 a day
Lozenge 2mg/4mg max 15 a day
Microtab 2 /4mgs/hour max 40 tabs a day
Inhaler 6 cartridges a day max
Nasal spray 500mcg per spray 2 sprays x twice an hour (up to 64 sprays a day)
Mouthspray 1 mg per spray: 2 sprays every 30mins – 1 hour (max 64 s
Mouth strips 2.5 mgs, Mouth strips 2.5 mgs, 1 every 1-2 hours 1 (strips are for patients who have their first cigarette of the day more than 30 minutes after waking up, but more dependent smokers may find them easy to use)

Provide information

How to use the NRT product correctly ● what side effects to expect and how to manage them ● what withdrawal symptoms to expect and how to manage them ● maximum dose to use ● how long to use product for ● importance of adherence

Assess

Severity and frequency of withdrawal symptoms ● response to treatment ● plasma level of clozapine and other medications (see section below on interactions between tobacco smoke and smoking/stopping) ● adherence with NRT

Access to NRT during an inpatient admission

To effectively treat nicotine withdrawal symptoms and provide the most comfort to the smoker, the patient should be offered NRT within 30 minutes of arrival on a ward. There are three ways of accessing NRT.

1. Prescription by a medical or non-medical prescriber
2. Administration by an authorised qualified nurse/pharmacist using the Trust Patient Group Direction for NRT
3. Homely Remedies Policy (appendix 7 of the Trust Medicines Management Policy)

Access to specialist support for tobacco dependence treatment as an inpatient

Every ward should have a minimum of 2 members of staff who are trained to provide tobacco dependence treatment (see page 8 for an outline of their roles and responsibilities). Additional specialist support can be provided by the Lead Hospital Tobacco Dependence Treatment Adviser. A referral to the Lead Hospital Tobacco Dependence Adviser is made through ePJS.

Referral procedure

- Go to the Current Physical Health Assessment Form in ePJS
- Scroll down to the section on smoking
- Record answers to the following questions
  - Does the patient currently smoke tobacco? (**yes**/no)
  - Has the patient been advised that stopping smoking is the best thing for their health and support is available? (**yes**/no)
  - Does the patient consent to a referral to support from a specialist adviser? (**yes**/no)
  -

If the answer is **yes** to the above three questions, ePJs will automatically populate a referral form and electronically send it to the relevant Lead Hospital Adviser.

Transfer between inpatient services

Information about NRT (prescription, use and adherence) and the patient's tobacco treatment care plan needs to be communicated from one service to another. The same standard of ensuring that NRT is offered within 30 minutes of arrival on a ward still applies. Transfers between services offer the opportunity to review the patients care plan and renegotiate support.

STEP 4: DISCHARGE from in patient care

1] Ensure that the record of the patient's current smoking status is updated.

2] If the patient wants to continue to receive support to stop smoking, refer to local NHS Stop Smoking Service. You do this in exactly the same way as making a referral to the Lead Hospital Adviser

Referral procedure

- Go to the Physical Health Assessment Form in ePJS
- Scroll down to the section on smoking
- Record answers to the following questions
    - Does the patient currently smoke tobacco? (**yes**/no)
    - Has the patient been advised that stopping smoking is the best thing for their health and free support is available? (**yes**/no)
    - Does the patient consent to a referral to support from a specialist adviser? (**yes**/no)

If the answer is **yes** to the above three questions, ePJS will automatically populate a referral form and electronically send it to the patient's local NHS Stop Smoking service.

3] If the patient wants to continue to receive support to stop smoking, ensure they are supplied with sufficient NRT to take home.

4] The Lead Hospital Adviser will provide a bridge between the ward and the NHS Stop Smoking Service for up to 4 weeks.

COMMUNITY PATHWAY

Community staff have an important role to play in the management of tobacco dependence before and after a smoker is admitted to hospital and during their episode of community treatment, whether their contact is brief or longer term**.**

STEP 1: Identification of smokers
The first step in treating tobacco dependence is to identify current tobacco users.

Ask every patient if they currently smoke tobacco.
Record smoking status in ePJS (on the Physical Health Assessment form)

The identification and recording of each patient's smoking status needs to be completed regularly – i.e on first contact with community services and at each Care Programme Approach (CPA) review.

STEP 2: **Advise and offer support**

Confirming if someone is a smoker, should be followed up with advice on the most effective way of quitting. Offering support to quit rather than asking a smoker how interested are they in stopping or telling a person they should stop, leads to more people making a quit attempt. [3]. Advising the smoker that stopping is one of the best things they can do for their health and wellbeing is recommended by the DH [5]. The most effective method of quitting is with combination NRT (i.e. a patch and oral product) or varenicline (Champix) and intensive behavioural support. ([2, 4] This level of support can be provided by a specialist stop smoking service. Smokers are up to four times more likely to succeed in quitting with an specialist stop smoking service than if they try to quit unaided. [6] Alternatively, mental health staff can attend training provided by SLAM to deliver intensive support in community mental health settings.

STEP 3: **Act on smoker's response**

If the patient would like specialist support to stop smoking, refer them to their local Specialist Stop Smoking Service.

Referral procedure

- Go to the Physical Health Assessment Form in ePJS
- Scroll down to the section on smoking
- Record answers to the following questions
    - Does the patient currently smoke tobacco? (**yes**/no)
    - Has the patient been advised that stopping smoking is the best thing for their health and free support is available? (**yes**/no)
    - Does the patient consent to a referral to support from a specialist adviser? (**yes**/no)

If the answer is **yes** to the above three questions, ePJS will automatically populate a referral form and electronically send it to a central referral point and passed on to the patient's local Specialist Stop Smoking service.

The patient will be offered a choice of treatment by the Stop Smoking Service depending on their smoking and mental health needs. Choice includes combination NRT (i.e. a patch and oral product), varenicline or bupropion and intensive behavioural support delivered one to one or in a group. The patient also has the choice of stopping in one go or gradually cutting down and then stopping.

STEP 4: Support the patient and specialist adviser

Working in partnership with local Specialist Stop Smoking Services ensures the patient receives the optimum care. With the patient's involvement, information needs to be exchanged between services.

The mental health team need to know	The NHS Stop Smoking Service need to know
The name and contact details for the local NHS stop smoking adviser	The name and contact details for the care coordinator
If the patient is stopping in one go or following a gradual cessation plan (as this will impact on the metabolism of some psychotropic medicines (see appendix 3)	Prescribed medication, so they are aware of potential interactions of stopping smoking and can alert the mental health team
Details of any medication advised for stop smoking (NRT or varenicline), so they can promote adherence.	Any risk issues
Any nicotine withdrawal symptoms the patient is struggling with (to distinguish between withdrawal symptoms and mental health symptoms)	Early warning relapse signs so they can distinguish between nicotine withdrawal symptoms and mental health symptoms and alert the mental health team
Outcome of treatment	

OPTIMISING SAFETY, ADHERENCE AND EFFECTIVENESS OF NRT

Better adherence to oral and transdermal NRT is associated with better quit rates. [7,8,9] However, adherence with NRT is undermined by misguided concerns of prescribers, clinicians, and smokers, particularly around safety, efficacy and addictiveness. Underuse of NRT, incorrect use and stopping treatment early, also undermine effectiveness. [10]

SAFTEY:

It is safer to use licensed nicotine-containing products than to smoke. [4] Any risks associated with NRT are substantially outweighed by the well-established dangers of continued smoking. NICE (2013) recommend the use of NRT during periods of temporary abstinence and when attempting to cut down cigarette intake without any intention to quit. The effects of cigarette smoking in conjunction with NRT are similar to those of cigarette smoking alone. [11] Excessive use of NRT by those who have not been in the habit of inhaling tobacco smoke could possibly lead to nausea, faintness or headaches.

NRT can be prescribed for up to 9 months if patients show evidence of a continued need for NRT beyond the initial 8 to 12 week treatment phase. [12] NRT was found to be safe to use for at least 5 years. There is reason to believe that lifetime use of NRT will be considerably less harmful than tobacco. [4]

All forms of NRT can be used by smokers aged 12 and over. Those prescribing or supplying NRT should check that the young person is dependent enough to warrant use of NRT.

Pregnancy: NRT can be used by pregnant smokers. Ideally, smoking cessation in pregnancy should be achieved without NRT. However if the mother cannot (or is unlikely to quit without NRT support), NRT is recommended as the risk to the unborn baby is far lower compared to continuing to smoke. Those prescribing or supplying NRT should ensure that the potential risks and benefits are understood by the mother. The 24-hour patch should be taken off at night.

Cardiovascular disease: NRT is safe in patients with stable cardiovascular disease. [13] Smokers currently hospitalised for a myocardial infarction, severe dysrhythmia (irregular heartbeat) or stroke *and* who are haemodynamically unstable (e.g. have a very low blood pressure), should initially be encouraged to quit without NRT. They should then be offered NRT under medical supervision. There is moderate evidence that NRT is safe in patients with unstable cardiovascular disease. [13]

Diabetes: Smoking increases the risk for developing type 2 diabetes and is associated with complications of type 1 and type 2. Nicotine increases the release of catecholamines (e.g. adrenaline and noradrenaline), which can affect carbohydrate metabolism. Glucose levels should be monitored more closely in smokers and people using NRT.

Gastrointestinal disease: Swallowed nicotine (e.g. from gum or lozenges) may exacerbate oesophagitis, gastritis or peptic ulcers, therefore oral NRT preparations should be used with caution in these conditions.

Renal or hepatic impairment: NRT should be used with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment as the clearance of nicotine and its metabolites may be decreased with the potential for increased adverse effects.

Phaeochromocytoma (tumour of the adrenal glands) and uncontrolled hyperthyroidism: NRT should be used with caution in patients with these conditions (due to the nicotine causing the release of catecholamines).

Lung Disease: Patients with obstructive lung disease may find use of the inhalator difficult. Nicotine gum, patch or sublingual tablet may be preferable. Nicorette inhalator should be used with caution in patients with chronic throat disease and bronchospastic disease.

Interactions between psychotropic medication, smoking and stopping smoking: Tobacco smoke interacts with medicines commonly prescribed for people with mental health problems. These interactions are caused by the components in the smoke (polycyclic aromatic hydrocarbons) and not the nicotine. Detailed guidance on prescribing is provided at the end of this document.

EFFECTIVENESS AND ADHERENCE

All NRT products are equally effective if used correctly, double the chance of successfully quitting compared to placebo [14] Combination NRT (i.e. a patch and an oral product) is more effective compared to using a single product. [15] The effectiveness of NRT can be improved by repeatedly providing assessment and advice on

- How to use the NRT product correctly
- What side effects to expect and how to manage them
- Use the maximum dose
- How long to use product for
- Importance of adherence

The table below summarises this information for each product

SUMMARY OF NRT PRODUCTS: Combination therapy is the most effective. The usual length of treatment is for approx 8-12 weeks			
Product	**Dose**	**Correct use**	**Side effects (>1/10)**
Patch	NiQuitin: 7mg, 14mg, 21mg Patches (24 hour patches) Nicotinell: 7mg, 14mg, 21mg Patches (24 hour patches) Nicorette: 10mg, 15mg, 25mg Invisi Patches (16 hour patches)	1] Take the adhesive stickers off patch, waft in the air for a few seconds. 2] Hold patch in palm of hand; apply one patch to non hairy, dry skin on upper arm, hip or chest. 3] Hold down for 20 seconds. 4] Alternate sites and try not to use the same site for a few days. 5] Remove old patch before applying new patch. 6] Do not apply to broken or inflamed skin	Site reactions are common in the first 2-3 weeks, including rash, itching, burning, tingling, numbness, swelling, pain, and urticaria. They resolve quickly following removal of the patch. Sleep disturbance (e.g insomnia and abnormal dreams) may occur with 24 hr patch
Notes	On the first day of using the patch, it takes about 6-10 hours for the nicotine from the patch to reach the highest level in the blood. To keep nicotine levels stable in the blood it is important that the patch is changed every 24 hours and not kept on any longer. It takes about 5-7 days for the patch to reach a steady state		
Gum	NiQuitin 2mg / 4mg gum Nicotinell 2mg / 4mg gum Nicorette 2mg / 4mg gum Maximum: 15 pieces a day	**Chew** slowly until taste becomes strong then **rest** between gum and cheek. **Chew** again several times slowly when taste fades, then **rest** between gum and cheek. Try not to swallow excessively. Repeat for 30 minutes or until the taste fades. Do not drink whilst using the gum. The nicotine needs to be absorbed through the cheeks and back of lips	Sore mouth or throat, jaw-muscle ache, gastrointestinal discomfort, hiccups, nausea, headache
	If chewed correctly, demonstrable blood levels are obtained within 5 – 7 minutes and reach a maximum about 30 minutes after the start of chewing.		
Lozenge	NiQuitin 2mg / 4mg lozenge NiQuitin Minis 1.5mg / 4mg lozenge Nicotinell 1mg / 2mg lozenge Nicorette Cools 2mg / 4mg lozenge Maximum: 15 per day	Allow to dissolve in mouth (about 20–30 minutes), moving from side-to-side from time-to-time. Try not to swallow excessively. Do not chew or swallow whole. Do not drink anything whilst using the lozenge. The nicotine needs to be absorbed through the cheeks and back of lips	Nausea, mouth, throat, tongue irritation
Inhalator	Nicorette 15mg Inhalator Maximum: 6 a day	Advise to either inhale deeply or take shallow puffs. Each cartridge will provide 40 minutes of intensive use. Suggest the patient experiments with what suits them best e.g. four 10 minute inhalation periods, eight 5 minute inhalation periods. There are approx 80 puffs per cartridge depending on how used. One cartridge is roughly equivalent to 4-6 normal strength cigarettes. The nicotine needs to be absorbed through the cheeks and back of lips	Headache, coughing, mouth and throat, tongue irritation
Notes	When used like a cigarette the inhalator on average delivers 1mg in 80 puffs (e.g. 8 puffs per minute for 10 minutes), this results in a degree of nicotine substitution of about 50% compared to hourly smoking		
Microtabs	Nicorette Lemon 2mg Sublingual Tablets Maximum: 40 tablets a day	Allow the microtab to dissolve slowly under the tongue. The nicotine will be absorbed through the lining of the mouth. The microtab should not be chewed or swallowed.	Sore mouth or throat, dry mouth, burning sensation in the mouth, rhinitis, gastrointestinal discomfort, hiccups, nausea, coughing, dizziness, headache, palpitations
Notes	Steady-state trough nicotine plasma concentrations, achieved after ten hourly doses of one tablet		

Nasal spray	**Nicorette Nasal Spray** 500 micrograms / metered spray: Nicotine 10mg/ml nasal spray solution: Maximum: 64 sprays a day	1.Prime spray by placing the nozzle between first and second finger with the thumb on the bottom of the bottle. 2.Press several times firmly and quickly until a fine spray appears (up to 7-8 strokes). Point the spray safely away when priming it. Do not prime near other people. 3. Insert the spray tip into one nostril, pointing the top towards the back of the nose. Press firmly and quickly. Give a spray into the other nostril.	Epistaxis (nose bleed), running nose, sneezing, watering eyes
Notes	The nasal spray is particularly good for heavier smokers, because of its faster onset of action If the full recommended dose is used, one bottle lasts just under half a week.		
Mouth spray	**Nicorette Quickmist** 1mg/mouthspray Maximum: 64 sprays a day	1.Point the spray nozzle towards open mouth and hold it as close to their mouth as possible. 2) Press the top of the dispenser to release one spray aiming into the cheek. 3) Do not inhale while spraying to avoid getting spray down their throat. 4) The spray is absorbed through the back of the lips and cheeks. 5) Repeat in other cheek, if needed. For best results, do not swallow for a few seconds after spraying	Distortion of taste, headache, hiccups, throat irritation, dry mouth, burning lips, indigestion, nausea
	The mouth spray is particularly good for heavier smokers, because of its faster onset of action compared to other products (e.g lozenges, gum)		
Oral strips	NiQuitin strips 2.5mgs oral film Maximum: 15 strips a day	1.Place one film on the tongue. Close the mouth and press the tongue gently to the roof of the mouth until the nicotine strip dissolves (approx 3 minutes). The strip should not be chewed or swallowed whole. The strip is absorbed through the tongue, back of the lips and cheeks. For best results, do not swallow for a few seconds after taking	Nausea

Appendix 3:

Interactions between tobacco smoke and medication

Tobacco smoke interacts with medicines commonly prescribed for people with mental health problems. These interactions are caused by the components in the smoke (polycyclic aromatic hydrocarbons within tar) and not the nicotine. The majority of interactions are as a result of the tobacco smoke inducing cytochrome P450 enzymes in the liver (primarily CYP1A2). This process speeds up the metabolism and clearance of some medicines. In order to have the desired therapeutic effect, one needs to prescribe higher doses of some psychotropic medicines for smokers compared to non-smokers. One benefit of stopping smoking is the dose of some medicines can possibly be reduced.

The levels of medication in the blood can vary if a person starts, stops or changes the way they smoke (such as being temporarily restricted from smoking). Some patients may need the dose of their medicine altered when reducing or stopping smoking or when resuming smoking following a period of temporary abstinence in a smoke free environment. As a general approach, for a person who stops smoking, either planned or due to enforced abstinence, prescribers should consider a dosage reduction of drugs that are metabolised by CYP1A2. Conversely, if a person begins or resumes smoking following discharge, or even after a period of leave, the dosage may need to be increased. This is not an exhaustive list and new interactions are continually being discovered. It is important to liaise closely with the patient's prescriber in hospital and when in the community, when changes to psychotropic medication are made and also when their smoking status changes.

ANTIDEPRESSANTS			
DRUG	**EFFECT OF SMOKING**	**ACTION TO BE TAKEN ON STOPPING SMOKING**	**ACTION TO BE TAKEN ON (RE)STARTING SMOKING**
Duloxetine	Plasma levels may be reduced by up to 50%	Monitor closely. Dose may be reduced	Consider reintroducing previous smoking dose
Fluvoxamine	Plasma levels may be reduced by a third	Monitor closely, dose may need to be reduced	Dose may need to be increased to previous smoking dose
Mirtazipine	Unclear but effect probably minimal	Monitor	Monitor
Tricyclic antidepressants	Plasma levels reduced by 20-50%	Monitor closely. Consider reducing dose by 10-25% over one week. Consider further dose reductions	Monitor closely. Consider restarting previous smoking dose
ANTIPSYCHOTICS			
DRUG	**EFFECT OF SMOKING**	**ACTION TO BE TAKEN ON STOPPING SMOKING**	**ACTION TO BE TAKEN ON (RE)STARTING SMOKING**
Chlorpromazine	Plasma levels reduced. Varied estimates of exact effect	Monitor closely, consider dose reduction	Monitor closely, consider restarting previous dose (when patient was a smoker)
Clozapine	Reduces plasma levels by up to 50%. May be a greater reduction in people taking Valproate	Take plasma level before stopping. On stopping, reduce dose gradually (over a week) by 25%. Repeat plasma level 1 week after stopping. Continue to review dose	Take plasma level before resuming smoking (anticipate this may happen soon after discharge). Increase dose to previous dose (when patient was a smoker)
Fluphenazine	Reduces plasma levels by up to 50%	On stopping, reduce dose by 25%. Monitor for up to 8 weeks.	On restarting, increase dose to previous level.
Haloperidol	Reduces plasma levels by around 20%	Reduce dose by around 10% and continue to monitor	On restarting, increase dose to previous level.
Olanzapine	Reduces plasma levels by up to 50%	Take plasma level before stopping. On stopping, reduce dose by 25%. After 1 week, repeat plasma level. consider further reductions	Take plasma level before resuming smoking (anticipate this may happen soon after discharge). Increase dose to previous dose (when patient was a smoker)

OTHER PSYCHOTROPIC MEDICATION			
DRUG	**EFFECT OF SMOKING**	**ACTION TO BE TAKEN ON STOPPING SMOKING**	**ACTION TO BE TAKEN ON (RE)STARTING SMOKING**
Benzodiazapines	Plasma levels reduced by 0-50%	Monitor closely. Consider reducing dose by up to 25% over one week	Monitor closely. Consider re introducing previous smoking dose
Carbamazipine	Unclear	Monitor for changes in severity of side effects	Monitor plasma levels

APPENDIX 4 - Electronic cigarettes

What are electronic cigarettes (e-cigarettes)?

E-cigarettes are battery powered devices that deliver nicotine via inhaled vapour. Devices come in many shapes or forms, sometimes resembling cigarettes, but others resemble pens or gadgets. They commonly comprise a battery-powered heating element, a cartridge containing a solution principally of nicotine in propylene glycol or glycerine, water (frequently with flavouring), and an atomizer that when heated vapourises the solution in the cartridge enabling the nicotine to be inhaled (it should be noted however that some e-cigarettes do not contain nicotine). E-cigarettes can be disposable, rechargeable in packs or the cartridges can be refillable. E- liquids come in various different volumes, concentrations and flavourings. Over 2 million people in the general population in Great Britain currently use e-cigarettes, nearly all of these smokers or recent ex-smokers[2]. Recent data from England show that during the period when e-cigarettes have become popular, quit attempts have increased and the proportion of recent ex-smokers has increased suggesting that e-cigarette usage is not undermining quitting[3]. Offering a much less harmful alternative to tobacco for dependent smokers,

Are electronic cigarettes safer than ordinary cigarettes?

As e-cigarettes do not contain tobacco and are not burnt, they do not result in the inhalation of cigarette smoke which contains about 4000 constituents, around 70 of which are known to cause cancer. E-cigarettes are therefore regarded by most experts as much safer delivery devices for nicotine[4]. This does not mean that they are completely safe, but they are envisaged to be *much* less harmful than cigarettes.

Do e-cigarettes help smokers to stop?

There is evidence from a Cochrane review[5] which assessed two randomised controlled trials that e-cigarettes may help some smokers to stop, corroborated by surveys and case reports. A recent large cross-sectional analysis of a representative sample of the English population[6] found that those who used e-cigarettes in their quit attempts were more likely to report that they had stopped, than those who used a licensed nicotine replacement product over-the-counter or no cessation aid. A small pilot of e-cigarettes with people with serious mental illness was positive regarding reduction/cessation of cigarette smoking[7].

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[2] ASH Briefing. Electronic cigarettes. May 2014 http://ash.org.uk/files/documents/ASH_715.pdf

[3] West, R. www.smokinginengland.info/latest-statistics/

[4] Cahn Z, Siegel M. Electronic cigarettes as a harm reduction strategy for tobacco control: A step forward or a repeat of past mistakes? Journal of Public Health Policy 2011;32:16-31.

[5] McRobbie et al, Can electronic cigarettes help people stop smoking or reduce the amount they smoke, and are they safe to use for this purpose? *Cochrane Review,* 2015

[6] Brown J, Beard E, Kotz D, Michie S, West R. Real-world effectiveness of e-cigarettes when used to aid smoking cessation: a cross-sectional population study. Addition 2014 May 20 doi: 10.1111/add.12623.[Epub ahead of print]

[7] Caponetto P et al. Impact of an electronic cigarette on smoking reduction and cessation in schizophrenic smokers: a prospective 12-month pilot study. Int J Environ Res Public Health. 2013;10:446–61.

What concerns have been raised by e-cigarettes?

E-cigarettes were first introduced onto the market in the UK in 2004 so there have been no long-term health studies.

There are concerns that: e-cigarettes resemble ordinary cigarettes and therefore re-normalise smoking – although there is currently no evidence to support this; simply replacing some cigarettes with e-cigarettes may confer little benefit; some e-cigarettes are produced by the tobacco industry; and they are not tightly regulated in terms of their content and delivery. There is a potential fire risk that these devices may present, for example if an incorrect charger is used or if the device is left charging for longer than recommended. E-cigarettes must not be used near naked flames or oxygen.

How are e-cigarettes regulated?

Regulations are being introduced in England through the European Union tobacco products directive and manufacturers can also apply for an MHRA licence for e-cigarettes in this country which will allow them to be used for smoking cessation. The first MHRA licensed products are likely to come out later this year; other regulations are unlikely to be in place before 2016/7. In the meantime, e-cigarettes come under general product safety legislation (this is largely retrospective following complaints but some products have been withdrawn from the market under these laws). The Advertising Standards Authority recently ran a consultation on e-cigarette marketing.

E-cigarette use in public places

As stated above some are concerned that the use of e-cigarettes will renormalize smoking, particularly if used in public places. Whilst many e-cigarettes differ in appearance to ordinary cigarettes, when users exhale, they do produce a vapour for which there is no evidence of harm from secondhand inhalation, but could be irritating to non-users in their immediate environment. A number of organisations published a discussion document about whether e-cigarettes should be permitted or prohibited in various premises[8] and we have referred to this as well as listened to patients view when reaching a decision about e-cigarette use in SLaM. As new evidence emerges we will adapt this policy accordingly.

Estates & Facilities e-cigarette alerts

Guidance issued by the Department of Health (June 2014)[9] recommended that:
1) all staff should be made aware of possible fire hazards with use/recharging of e-cigarettes;
2) e-cigarette batteries should not be recharged in premises or vehicles;
3) e-cigarettes should not be used in an oxygen rich environment; and
4) safety advice should be given to patients receiving therapies at home.

[8] ASH Briefing. Will you permit or prohibit e-cigarette use on your premises.
http://www.ash.org.uk/files/documents/ASH_900.pdf
[9] Department of Health. Estates and Facilities Alert. Ref: EFA/2014/002. Issued 16 June 2014.

Additional guidance issued by the Department of Health (July 2014)[10] suggested that a complete ban on recharging might not be a workable solution. Action required included
1) reviewing the risk of withdrawing or discouraging re-chargeable e-cigarette use;
2) recording competing risks in the Risk Register;
3) assessing the opportunities for safe, supervised charging of devices by designated staff in designated areas and where this was possible taking several subsequent steps to further reduce risk *including* only using batteries/chargers that came with the e-cigarette, disconnecting when charge is complete, storing batteries safely etc.
These alerts are available on the SLaM smoke-free website and have informed this policy.

APPENDIX 5 –
Local support services available for smokers wanting to cut down or quit

Contact No for the SLaM Smoking Cessation service is: 020 3228 3848

Contact phone numbers of the local Smoking Cessation Services are:

Area	Contact Details
Southwark	0800 169 6002
Lambeth	0800 856 3409
Lewisham	0800 082 0388
Croydon	0800 019 8570
Bexley	0800 783 2514
Greenwich	0800 587 5833
Bromley	0800 587 8821

Trust Contacts for Smoke Free

Trust Lead – Mark Allen, Service Director Addictions Clinical Academic Group

[10] Department of Health. Estates and Facilities Alert. Ref: EFA/2014/002: E-cigarettes, batteries and chargers. Issued 7 July 2014.

PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
    1. All SLaM serice users have a say in the care they get
    2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
    3. All service users feel safe in SLaM services
    4. Roll-out and embed the Trust's Five Commitments for all staff
    5. Show leadership on equality though our communication and behaviour

Name of the policy or service development: Smoke Free Policy

Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?

Please select yes or no for each protected characteristic below

Age	**Disability**	**Gender re-assignment**	**Pregnancy & Maternity**	**Race**	**Religion and Belief**	**Sex**	**Sexual Orientation**	**Marriage & Civil Partnership** *(Only if considering employment issues)*
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

If yes to any, please complete Part 2: Equality Impact Assessment

If not relevant to any please state why:

Date completed: 02/02/2015
Name of person completing: Mary Yates & Macius Kurowski
CAG: Addictions
Service / Department: Smoking Cessation Team

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 2: Equality Impact Assessment

1. Name of policy or service development being assessed?

Smoke Free Policy

2. Name of lead person responsible for the policy or service development?

Mark Allen, Service Director, Addictions CAG

3. Describe the policy or service development

What is its main aim? There are 4 overarching aims;

1. To reduce harm to service users
2. To support staff to deliver successful smoking cessation interventions
3. To support staff to stop smoking
4. To promote a healthy environment

What are its objectives and intended outcomes?

As health care providers we have a duty to protect people from the harmful effects of tobacco smoke which would have a negative impact on their health and well-being. We have an opportunity to foster healthy behaviours and provide good role models for making healthy lifestyle choices. Smoking is the primary cause of preventable illness and death, causing around 100,000 deaths every year in the UK. Smoking causes a wide range of diseases but kills mainly through causing lung cancer, respiratory diseases and heart disease. Breathing in other people's smoke causes lung and heart disease in adult non-smokers and reduced lung function. Second hand smoke is causally linked to cot death, middle-ear disease and exacerbation of asthma – smoke free care environments and smoking cessation interventions as described in this policy can make a contribution to changing this.

This policy sets out the requirements for all staff employed by SLaM to promote healthy behaviours. All clinical staff are specifically tasked with screening smoking status and providing very brief advice – ASK, RECORD, ADVISE, ACT. Some clinicians are responsible for assessment and treatment of tobacco dependence. The extent and the nature of the interventions delivered will be dependent on the role and the patient's choice. All clinicians are expected to be familiar with the care pathway for those who are dependent on nicotine and ensure referrals are completed as required.

What are the main changes being made?

The Smoke free Policy prohibits smoking in Trust premises i.e. buildings, grounds and Trust vehicles. South London and Maudsley NHS Foundation Trust is committed to improving the health and wellbeing of patients, carers, staff and visitors. The historic image of mental health services is strongly associated with smoking. The Trust is dedicated to changing this to one that positively promotes health and wellbeing for all. We will provide treatment to smokers who wish to quit and support smokers who do not want to quit to temporarily abstain from smoking whilst in Trust buildings or grounds. We will provide those who do not smoke with a healthy environment to work in and create outside spaces that are conducive to nurturing wellbeing. The policy complies with Smoke free legislation (Health Act, 2006) and The Nice Guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013).

What is the timetable for its development and implementation?

A working draft of the policy was launched on October 1st 2014, the policy was reviewed on 30th January 2015 taking in account feedback from all concerned stakeholders.

4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).

The development stage of the policy has incorporated a wide range of information sources including;

- Published relevant research related to smoke free policies in mental health care settings
- Visits for information gathering and learning to other services that are smoke free
- Local audit focussed on the prevalence of smoking in our services both within the staff and patient group
- Training needs analysis of staff to ensure skills and competency gaps are addressed.
- Service user and carer groups, such as the SLaM Annual Carers Event, weekly patients ward community meetings, local befrienders group meetings such as Peckham Befrienders, Croydon Hear Us group, and focus groups at Maudsley Outpatients, Ladywell Café and Bethlem Community Centre.
- All Trust CAG Executive meetings for engagements and risk analysis
- All Trust Physical Health Care Committees for engagement with staff and key players
- Staff side consultation
- Review of the evidence from the smoke free pilot in the B&DPCAG wards
- Road shows and listening events for short presentations and Q&A sessions
- Communication and engagement through slam intranet briefings
- Liaison with staff through smokefreeready@slam.nhs,uk which allowed for questions to be responded to in a timely way.
- Site meetings that considered local issues and responded with action plans
- Overarching Trust Smoke free Committee that provided leadership and direction to the work plan for implementation with service user representation,

This EIA is informed by the following information:

- Action on smoking and health smoking statistics - January 2015
- Action on smoking and health fact sheet - November 2014
- HSCIC statistics on smoking - November 2014
- Department of Heath Briefing on Healthy lifestyles for lesbian, gay, bisexual and trans (LGBT) people - 2007
- Stonewall healthy lives survey of gay and bisexual men in London – 2012
- Stonewall health lives survey of lesbian and bisexual women in London - 2012
- Action on smoking and health fact sheet on Tobacco and ethnic minorities - September 2011

5. **Have you explained, consulted or involved people who might be affected by the policy or service development?** *(Please let us know who you have spoken to and what developments or action has come out of this)*

As above: The entire policy has been shaped by the consultation process outlined above (see Q4).

Information leaflets have been published and sent to all services. Patients are informed about the

smoke free policy in advance of their admission to hospital and on admission. Details of the smoke free policy have been communicated through service user and carer forums as well as posters, signs, banners and the website. One example of where service user voice has impacted heavily on the policy content was in relation to the position on the use of e-cigarettes. It became very clear to us from listening to service users that there was a strong argument for supporting the use of these devices provided that they did not impact on others health and wellbeing. We found that by responding to this request we were able to find a reasonable way of supporting this request without compromising on people's wellbeing.

6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

(Please select yes or no for each relevant protected characteristic below)

Age	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for patients of all ages by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard

Evidence from national statistics shows that people aged 25-34 are more likely to smoke than other age groups. This would mean that the policy is particularly relevant to age and has the potential to bring about even greater positive impacts in relation to people aged 25-34 years.

It is therefore important for the Trust to monitor and analyse the effect the policy and related activity has on people on different ages (especially young people) to ensure interventions stemming from the strategy are equally positive for all.

Disability	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for disabled patients by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard.

Smoking causes and is linked with a large number of long-term health conditions. The lifespan of patients with mental health problems is reduced by 20% and this is widely attributed to have smoking as its root cause. For those who also have a learning disability they are 58 times more likely to die before they reach the age of 50. Respiratory problems are a common feature in the presentation of registered disabled people in our care and we are confident that the smoke free policy will have a

positive impact on addressing this, providing better opportunities for enhanced wellbeing and better quality of life.

It is therefore important for the Trust to monitor and analyse the effect the policy and related activity has on people with mental health problems and learning disabilities to ensure interventions stemming from the strategy are equally positive for all.

Gender re-assignment	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for transgender patients by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard.

Race	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for patients of all ethnicities by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard.

Smoking rates vary considerably between ethnic groups. In men, compared to the general population, rates are particularly high in the Black Caribbean (37%) and Bangladeshi (36%) populations but these differences are explained by socioeconomic differences between the groups. Among women, smoking rates are low (at 8% or below) with the exception of Black Caribbean (22%) and Irish (24%) compared with the general population.3 Overall, smoking rates among ethnic minority groups are lower than the UK population as a whole. This would mean that the policy is particularly relevant to ethnicity and has the potential to bring about even greater positive impacts in relation to men and women in these ethnic groups.

Smokeless tobacco is used by some ethnic minority groups, particularly those from South Asia. Chewing tobacco is most commonly used by the Bangladeshi community with 9% of men and 19% of women reporting that they use chewing tobacco.

It is therefore important for the Trust to monitor and analyse the effect the policy and related activity has on people with different ethnicities (especially Black Caribbean and Bangladeshi men and Black Carribean and White Irish women) to ensure interventions stemming from the strategy are meeting the needs of people of all ethnicities.

Pregnancy & Maternity	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for patients who are pregnant by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from

the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard.

There are potentially huge positive impacts for this patient group – smoking in pregnancy causes an average of 5000 miscarriages and stillbirths each year, and increases the risk of premature birth and low birth weight. Making smoking cessation a routine part of our daily practice will positively impact on creating a culture that supports abstinence and therefore protects expectant mothers and their babies giving them a better start in life.

It is therefore important for the Trust to monitor and analyse the effect the policy and related activity has on pregnant patients to ensure interventions stemming from the strategy are equally positive for all.

Religion and Belief	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for patients of all religions and beliefs by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard.

Sex	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for male and female patients by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard.

Evidence from national statistics shows that males are more likely to smoke than females and are over-represented in most of the estimates of the different deaths attributable to smoking. This would mean that the policy is particularly relevant to males and has the potential to bring about even greater positive impacts in relation to males.

It is therefore important for the Trust to monitor and analyse the effect the policy and related activity has on people on different sexes (especially males) to ensure interventions stemming from the strategy are equally positive for all.

Sexual Orientation	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for patients of all sexual orientations by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from

the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard.

Evidence from research and statistics shows higher levels of smoking among gay and bisexual men and lesbian and bisexual women. This would mean that the policy is particularly relevant to sexual orientation and has the potential to bring about even greater positive impacts in relation to lesbian, gay and bisexual patients.

It is therefore important for the Trust to monitor and analyse the effect the policy and related activity has on people on different sexual orientations (especially lesbian, gay and bisexual people) to ensure interventions stemming from the strategy are equally positive for all.

Marriage & Civil Partnership *(Only if considering employment issues)*	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

It is anticipated that the policy has the potential to deliver positive impacts for patients of all martial statuses by reducing the harm caused by smoking and encouraging a healthier environment. The Trust will ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge.

All patients will be screened for smoking status. Those who smoke will in hospital have the choice to temporarily abstain or quit either with or without support. NRT products and behavioural support will be provided as standard.

Other Carers	**Positive impact:** Yes	**Negative impact:** No

Please summarise potential impacts:

There are no unique impacts for this patient group. They may be asked to take cigarettes, tobacco, lighters, matches or other smoking related materials back home for our patients. They will be encouraged to support patients to cut down and quit. They will be also be able to engage in smoking cessation support if they chose to avail of this opportunity.

7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

YES: *Please detail actions in PART 3: EIA Action Plan*

- Continue to use the established communication systems so that feedback can be considered as part of the policy review..
- Continue with monthly trust smoke free committee and site meetings
- Respond to queries generated by those who use smokefreeready email

8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

(*This may should include agreeing a review date and process as well as identifying the evidence*

sources that can allow you to understand the impacts after implementation)

The policy review date has been scheduled for February 2017. Evidence will be used form:

- Datix incident reports
- Minutes of site committee meetings
- Issues log from the smokefreeready email
- Any formal complaints
- Consultation with service users, carers and external organisations working with them

Date completed: 02/02/2015
Name of person completing: Mary Yates & Macius Kurowski
CAG: Addictions
Service / Department: Smoke Free Team

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person
Monitor the actual impact of the policy on age, ethnicity and gender. In particular patients who are: • Aged 25-34 years • Male • Black Caribbean and Asian Bangladeshi men and Black Caribbean and White Irish women.	Include and analyse ePJS data on age, ethnicity and gender in audits on: • Identification of smoking status, referral for specialist support and the use of nicotine replacement therapy, varenicline and electronic cigarettes. • Measuring the change of inpatient activity, untoward incidents and medication regime before and after the implementation of the smoking ban. Ensure the Smoke Free considers and responds accordingly to this evidence at the appropriate time	Senior Post Doc Tobacco Researcher Smoke Free Committee
Monitor the actual impact of the policy on disability, pregnancy and sexual orientation. In particular patients who: • Have mental health problems or learning disabilities • Are pregnant • Lesbian, gay or bisexual	Where ePJS data is currently unavailable, consider and implement methods of getting feedback from individuals from these different groups. Ensure the Smoke Free considers and responds accordingly to this evidence at the appropriate time	Smoke Free Committee Policy Lead
Ensure that the communication systems the Trust establishes connects with and gets feedback from people of different ages, ethnicities, disabilities (especially people from the groups highlighted in this EIA), pregnant women and lesbian, gay and bisexual people.	Review existing communications networks and mechanisms and address any gaps identified for these groups	Smoke Free Committee Policy Lead Equality Manager
Review actual impact of policy	Review EIA alongside reviewing policy	Policy Lead

Date completed: 02/02/2015
Name of person completing: Mary Yates & Macius Kurowski
CAG: Addictions
Service / Department: Smoke Free Team

Please send an electronic copy of the completed EIA relevance checklist to:

1. macius.kurowski@slam.nhs.uk
2. Your CAG Equality Lead

Appendix 2 – Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Anthony Konzon, Claims and Litigation Manager [anthony.konzon@slam.nhs.uk)

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?		
Article 2 - Right to Life [Resuscitation /experimental treatments, care of at risk patients]	No	
Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical & mental wellbeing - potentially this could apply to some forms of treatment or patient management]	No	
Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues]	No	
Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances]	No	
Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues]	No	
Article 9 - Freedom of thought, conscience and religion [Drugging patients, Religious and language issues]	No	
Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information]	No	
Article 11 - Freedom of assembly and association	No	
Article 14 - Freedom from all discrimination	No	

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
Name of person completing the Initial HRA Assessment:	Mary Yates	
Date:	02/02/2015	
Person in Legal Services completing the further HRA Assessment (if required):		
Date:		