Item Number: 6

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP **GOVERNING BODY MEETING**	NHS Vale of York Clinical Commissioning Group

Meeting Date: 7 November 2013

Report Sponsor:	**Report Author:**
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1. Pre-elective Surgery Smoking Cessation Service

2. Strategic Objectives supported by this paper

1. Improve healthcare outcomes	Yes
2. Reduce health inequalities	Yes
3. Improve the quality and safety of commissioned services	Yes
4. Improve efficiency	Yes
5. Achieve financial balance	No

3. Executive Summary

This report describes a Pre-Elective Care Smoking Cessation Policy (Stop Before Your Op Policy) that has been developed with the support of member practices. The paper outlines the substantive evidence base for the policy and describes the practical application of the policy.

Failure to quit smoking before elective procedures can cause clinical detriment to the patient. When all other clinical features are identical, costs are increased and outcomes are worse in a smoker than in a current non-smoker. The Stop Before Your Op Policy is aimed at targeting elective operations, where prior smoking cessation treatment is unlikely to cause any patient harm. There is sufficient evidence that the appropriate referral delay to derive health benefit/ prevent operative complications is 8 weeks.

4. Evidence Base

Public health advice has suggested that significant financial benefits to the health and social care system could be gained from partners working together on a systematic public health programme to tackle the harm done particularly by smoking. There are huge opportunities to improve overall health outcomes and address health inequalities.

5. Risks relating to proposals in this paper

Risks associated with GPs not adhering to the policy. This will be monitored through the Referral Support Service (RSS) and fed back to practices.
Risk that smoking cessation services are unable to cope with demand- this will be monitored and managed accordingly. Business case in development to support hypnotherapy pilot.

6. Summary of any finance / resource implications

None currently

7. Any statutory / regulatory / legal / NHS Constitution implications

None

8. Equality Impact Assessment

No impact assessment has been undertaken; the policy will have an equal impact on all users.

9. Any related work with stakeholders or communications plan

Policy developed in partnership with public health team. with Council of Representatives, the Primary Care Programme Group, Public Health and GP Forum members.

10. Action Required

The Governing Body is asked to note the report.

11. Assurance

The Governing Body will be assured of progress through the monthly performance dashboard**.**

Governing Body Meeting: 7 November 2013

Pre-elective Surgery Smoking Cessation Service

1. Introduction

1.1 Public health advice has suggested that significant financial benefits to the health and social care system could be gained from partners working together on a systematic public health programme to tackle the harm done particularly by tobacco but also by alcohol and obesity too. There are huge opportunities to improve overall health outcomes and address health inequalities.

1.2 This report describes a Pre-Elective Care Smoking Cessation Policy (Stop Before Your Op Policy) that has been developed with the support of member practices. The paper further outlines some of the evidence base for the policy and how the policy will be implemented and patient information. The policy is a component of an overall Tobacco Harm Reduction Strategy.

1.3 The Stop Before Your Op Policy received conditional approval by the Governing Body on 5 September subject to support from the Council of Representatives. The policy was shared with member practices and the Council of Representatives and amended to reflect this engagement. The policy was endorsed by the Council of Representatives on 10 October 2013.

2. Background

2.1 While smoking increases the risk of ill-health and death, there is also evidence that it reduces the benefits from surgery. Smokers present for surgery at a younger age than their non-smoking counterparts and smoking affects postoperative recovery.

2.2 Failure to quit smoking before elective procedures can cause clinical detriment to the patient. When all other clinical features are identical, costs are increased and outcomes are worse in a smoker than in a current non-smoker (Appendix 1- Evidence Base). Increased use of hospital beds and associated costs mean less opportunity to treat other patients.

2.3 Following surgery, compared with ex-smokers and non-smokers, smokers are more likely to:

- have pulmonary, circulatory, and infectious complications;
- have reduced bone fusion and impaired wound healing;
- be admitted to an intensive care unit;
- have increased risk of in-hospital mortality; and
- have an increased length of stay in hospital

2.4 Public health advice has suggested that significant financial benefits to the health and social care system could be gained from partners working together on a systematic public health programme to tackle the harm done particularly by tobacco but also by alcohol and obesity too. There are huge opportunities to improve overall health outcomes and address health inequalities.

3. The Practical Application of the Policy

3.1 The Stop Before Your Op Policy is aimed at targeting elective operations, where prior smoking cessation treatment is unlikely to cause any patient harm. Numbers expected to fit the criteria for this intervention are approximately 40/10,000 registered patients per year.

3.2 The GP assesses the patient as requiring or likely to require elective surgery and if they are a smoker, the GP provides the patient with an information leaflet (Appendix 2) and informs the patient that the CCG operates a Stop Before Your Op Policy. The GP discusses the health benefits of stopping smoking as a 'health care treatment intervention' and the increased risks associated with elective surgery in a smoker.

3.3 Practitioners' professional autonomy is not being removed by implementation of the policy. If a clinician judges the clinical risks of delaying referral for potential surgery exceed the additional risk of smoking they should refer.

3.4 The policy will have significant health gains for those that stop smoking including improving operative outcomes, reducing the risk of post-operative complications and improve their overall health.

3.5 The Stop Before Your Op Policy is likely to delay referral for elective procedures by a minimum of 12 weeks in order to allow patients to take advantage of an offer to access smoking cessation advice and support.

3.6 The 12 week deferment period for pre-operative smoking cessation treatment is necessary to build in the standard NHS 4-6 week quit programme. There is sufficient evidence that the appropriate referral delay to derive health benefit/ prevent operative complications is 8 weeks.

3.7 Patients are not at any point denied surgery, the policy promotes smoking cessation treatment as part of the patient journey to reduce the serious risks associated with surgery for smokers.

3.8 Patients are asked to sign a waiver where they consider that the 'Stop Before Your Op' treatment intervention is unacceptable to them. This acknowledges that they have received advice and guidance, and have made an informed choice to proceed with surgery given the risks associated with smoking. In these cases GPs will refer the patient through the RSS stating that the patient considers that a pre-elective quit attempt is socially or medically unacceptable to them.

4. Next Steps in Implementing the Policy

4.1 Following the awareness raising activity throughout “Stoptober” the CCG has a public communication campaign prepared to launch the policy in November 2013.

4.2 The policy is a component of a Tobacco Harm Reduction Strategy. NHS Vale of York CCG will be working with colleagues in York Teaching Hospitals NHS Foundation Trust to implement the policy within secondary care.

4.3 NHS Vale of York CCG is working with Public Health on an overall whole system programme to tackle the harm done by tobacco, alcohol and obesity in order to improve overall health outcomes and address health inequalities.

5. Conclusion

5.1 There is significant evidence base about the risk of ill-health and death attributed to smoking. There is further evidence that smoking reduces the benefits from surgery, smokers present for surgery at a younger age than their non-smoking counterparts and smoking affects postoperative recovery.

5.2 The Stop Before Your Op Policy is the first element of a whole system programme to tackle the harm done by tobacco, alcohol and obesity in order to improve overall health outcomes and address health inequalities. The policy will have significant health gains for those that stop smoking including improving operative outcomes, reducing the risk of post-operative complications and improve their overall health.

6. Action Required

The Governing Body is asked to note the report.

APPENDIX 1

THE EVIDENCE: STOP BEFORE YOUR OP POLICY

Smoking Prevalence

In the recent large scale survey in 2011, around 21% of adults in the UK currently smoked cigarettes[1]. In 2005 tobacco smoking accounted for around 19% of all UK deaths and directly cost the National Health Service (NHS) at least £5.2 billion that year of which around 70% of the NHS cost in treating tobacco related illness is now falling on secondary care[2].

Smoking prevalence was estimated at 17.1% in York in 2011-12 (CI 15.0 to 19.2). This smoking prevalence estimate for York is significantly lower than the England average of 20% (range 13.2 to 29.3%) with a falling trend in from 19.3% in 2009-10. However, routine and manual groups, smoking prevalence in York was higher at 24.0%, and smoking status at time of delivery of 13.9% is above the England average and is a particular cause for concern.

This relatively low smoking prevalence contributes to an estimated smoking attributable mortality during 2009-10 for York of 189.1 that is significantly lower than England at 210.6 (371.8 to 135.3). However, smoking attributable deaths from heart disease, stroke and chronic obstructive pulmonary disease in York contribute disproportionately to the overall mortality and are similar to the average for England in 2009-10 despite York being a relatively affluent city with a low overall smoking prevalence. This is likely to make a significant contribution to the difference in life expectancy across socio-economic groups in York and health inequalities.

Evidence base policy recommendations

While smoking increases the risk of ill-health and death, there is also evidence that it reduces the benefits from treatment. Smokers present for surgery at a younger age than their non-smoking counterparts and smoking affects postoperative recovery.

NICE Guidance (PH10) recommends that patients referred for elective surgery should be encouraged to stop smoking before an operation. Cochrane Review, 2005 recommended that smokers awaiting surgery should be advised to quit at least 6 weeks before surgery and a subsequent review of trials of stop smoking services for inpatients found that programmes to stop smoking that begin during a hospital stay and include follow-up support for at least one month after discharge are effective 9Cochrane review 2008).

The British Thoracic Society (BTS) recommended that smoking cessation considered as 'treatment' in smokers[3] and the Draft NICE Public Health Guidance on smoking cessation in secondary care: acute, maternity and mental health services is currently out for consultation and advised that secondary care smoking interventions are

[1] Smoking and drinking among adults, a report on the 2009 General Lifestyle Survey. The Office for National Statistics. 2011 Available at http://www.ons.gov.uk/ons/ rel/ghs/general-lifestyle-survey/2009-report/index. html

[2] British Thoracic Society Report 2012 (op sit)

[3] Recommendations for Hospital Smoking Cessation Services. British Thoracic Society Reports. VOL. 4 Issue 4 2012)

integrated with those provided in the community, to ensure continuity of care when patients move between primary and secondary care.

Reviews of large surgical databases (consisting of over 250,000 operations) confirm that active smoking at the time of surgery independently increases post-operative risk and many complications ($p<0.001$)[4] in all types of surgery compared with even ex-smoking with a clear temporal relationship and significant dose-response between amount smoked and adverse outcome[56] .Further, smoking cessation for at least 4 weeks before surgery reduces complications, morbidity and length of stay.[

Hospitalised smokers are more likely to have a smoking related illness and these people represent a particularly high-risk group who remain extensive healthcare users. Up to 70% of smokers attending hospital say that they would like to stop [7] and stopping smoking is central to treatment and prognosis for those with smoking-related diseases. Admission to hospital provides an opportunity to help stop smoking at a time of perceived vulnerability and increased motivation[8]

Impact of Smoking on Post Operative Recovery

Failure to quit smoking before elective procedures can cause clinical detriment to the patient. When all other clinical features are identical, costs are increased and outcomes are worse in a smoker than in a current non-smoker. Increased use of hospital beds and associated costs mean less opportunity to treat other patients.

Following surgery, compared with ex-smokers and non-smokers, smokers are more likely to:

- have pulmonary, circulatory, and infectious complications;
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- have increased risk of in-hospital mortality; and
- have an increased length of stay in hospital

The British Thoracic Society argue that a stop smoking service should be part of the treatment system for smoking related diseases.

There may be exceptional cases of clinical need for whom a “stop before your op” policy is considered inappropriate. Additionally there may be patients who fail the quit attempt and it may be inappropriate to delay treatment further while a further quit attempt is made with additional support.

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[4] Hawn MT, Houston TK, Campagna EJ, et al. The attributable risk of smoking on surgical complications. Ann Surg 2011;254:914-20.

[5] Turan A, Mascha EJ, Roberman D, et al. Smoking and perioperative outcomes. Anesthesiology 2011;114:837-46.

[6] Thomsen T, Tonnesen H, Moller AM. Effect of preoperative smoking cessation interventions on postoperative complications and smoking cessation. Br J Surg 2009;96:451-61.

[7] Lewis K, Rajanna H, Murphy J, et al. Where do smokers prefer their smoking cessation to be based? Thorax 2005;60:S37

[8] West R, Sohal T. “Catastrophic” pathways to smoking cessation: findings from national survey. BMJ 2006;332:458-60.