Lincolnshire Partnership
NHS Foundation Trust

Lincolnshire Partnership NHS Foundation Trust (LPFT)

Smoke Free Premises Policy

DOCUMENT VERSION CONTROL	
Document Type and Title:	Policy & Procedure
Authorised Document Folder:	Policy Documents
New or Replacing:	Replacing Version 1. 2
Document Reference:	12
Version No:	3
Date Policy First Written:	9 May 2016
Date Policy First Implemented:	28 June 2016
Date Policy Last Reviewed and Updated:	15 May 2018
Implementation Date:	2 August 2017
Author:	Lynda Stockwell. Head of Physical Healthcare
Approving Body:	Quality Committee
Approval Date:	3 July 2018
Committee, Group or Individual Monitoring the Document	Quality Committee
Review Date:	May 2021

Contents

Equality Statement

Lincolnshire Partnership NHS Foundation Trust (LPFT) to its best ability will develop and implement business plans, project initiation documents, service change, service delivery and provision and policies and other corporate documents that meet the needs of the local community. They will take account of the provisions outlined in the Equality Act 2010, to eliminate discrimination, harassment and victimisation, promote equality of opportunity and build on good relations between the diverse communities.

The aim is to ensure no individual receives less favourable treatment on the grounds of age, disability (learning disabilities), sex (gender), race, gender reassignment, sexual orientation, religion and belief, marriage and civil partnership and pregnancy and maternity.

LPFT will have due regard to the different needs of those listed as the 'protected characteristics' and those not listed to ensure dignity and respect, leading to a fair and equitable service for all.

1. Introduction

Lincolnshire Partnership NHS Foundation Trust is committed to doing all that it can to promote the recovery and quality of life through inclusive, effective, innovative and caring mental health and social care services. As part of this vision the Trust has taken a decision to prohibit the use of smoking on any of its premises and to invest in supporting service users who smoke to either make a quit attempt or to temporarily abstain from smoking whilst they are receiving care on Trust premises.

LPFT Trust Board will sign the NHS Smoke Free Pledge (July 2018) as a demonstration of its ongoing commitment towards improving the health and wellbeing of patients, carers and staff.

The Trust wants to create a healthy environment for its service users, visitors and staff. This should be one that promotes healthy lifestyles through the introduction of smoke free premises. Smoking is a proven risk factor for cancer, respiratory disease and circulatory disease which are all major causes for premature mortality among patients with a serious mental illness. Smoking is the largest cause of preventable illness in the UK (NHS England). Smoking is the main cause of preventable morbidity and premature death in England. In it is estimated that the total of deaths are 96,000 adults aged 35 and over died as a result of smoking. This translates into nearly two in ten deaths in England of people aged 35 and over (ONS, 2017).
Among patients with a serious mental illness, estimates of smoking prevalence range from 36% among patients with bi-polar, to 56% in patients with psychosis. The general level of smoking among the UK population is 17.2% by comparison (ONS 2017).

Overall this inevitably leads to significant physical health problems and drastically reduced life expectancy. (20 Years Too Soon. Rethink 2012)

However the benefits of not smoking go further than physical health. Patients with Serious Mental Illness (SMI) are almost as likely as the general population to want to stop smoking – 69% of patients with psychosis reported wanting to quit compared with the general population answer of 66%. However, patients with an SMI have reported that they will find it more difficult to stop smoking and are more likely to need multiple attempts to be successful.

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.
(Smoking Cessation and Mental Health 2014 National Centre for Smoking Cessation and Training)

Smoking can provide flashpoints for bullying, exploitation and conflict. Smoking-related activities may be prioritised over other healthier ones. Inpatient nurses devote their time to supervising patients with smoking related behaviours that could be reinvested in healthier activities.

2. Purpose & Scope

This policy details the arrangements for the prohibition on tobacco smoking and the infrastructure that is required to support it.

This policy applies to all persons employed by or within Lincolnshire Partnership NHS Foundation Trust premises including staff, volunteers, contractors, patients and visitors. The policy is applicable to all Trust premises, including vehicles either owned or leased by the trust as well as privately owned vehicles being used by staff or volunteers for trust business.

3. Duties

3.1 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 with the policy
- Review the policy
- Ensure that contracts, service agreements with other organisations and job advertisements will state that "*Lincolnshire Partnership NHS Foundation Trust is a smoke free organisation. Smoking is prohibited on all Trust premises and in vehicles being used for Trust business."*

3.2 Associate Director of Estates and Facilities

- To support implementation of the policy including ensuring that Trust premises [including trust vehicles] have appropriate signage and that facilities are provided for the safe recharging of e-cigarettes.

3.3 Staff Wellbeing Service

- To support implementation of the policy through initiatives that encourage staff members to cease smoking.
- To provide support, advice and onward referral for trust staff who wish to access smoking cessation services

3.4 Ward Managers

- Be fully aware of this policy
- Ensure that they have the necessary resources to safely and effectively implement the policy
- Ensure that they have local arrangements in place to manage the storage and access to smoking products and e-cigarettes
- To ensure that staff, patients, carers and visitors are made aware of any arrangements in place to manage the storage and access to smoking products and e-cigarettes
- To ensure that at they have sufficient team members who are able to act as smoking cessation advisors when smoking is no longer permitted on trust premises
- Act as a role model to others in regard to the requirements of the policy
- Escalate any concerns about any factors that threaten the effective and safe implementation of the policy

3.5 Community Staff, Including Crisis & Home Treatment Teams

- Be fully aware of this policy
- Comply with the policy, including acting as a role model for colleagues, service users, carers and the wider community.
- Ensure that service users and their support networks are provided with information regarding smoke free premises prior to admission and, wherever practicable, are supported to make any arrangements that will enable them to comply with the policy.

3.6 Inpatient Staff

- Be fully aware of this policy
- Comply with and implement the policy, including acting as a role model for colleagues, service users, carers and the wider community

3.7 All other Trust Staff and Volunteers

- Comply with and implement the policy

4. Definitions

4.1 Smoking: the inhalation or possession of burning tobacco products or any other burning substance.

4.2 Trust Premises: The inside and outside of any premise that are owned or leased by Lincolnshire Partnership NHS Foundation Trust. This includes vehicles either owned or leased by the trust as well as privately owned vehicles parked on trust property or being used by staff or volunteers for trust business. Patients who choose to smoke are required not to smoke on Trust premises. In defining the boundary of any Trust premises, the potential impact on the general public and on any adjoining neighbours should be taken into

account. In respect of some sites, it may be in the interests of all concerned for patients to smoke just within the physical boundary of the site rather than on a public thoroughfare, for example. In such circumstances, this interpretation of the definition of Trust premises will be deemed to be compliant with the policy.

4.3 E-Cigarettes and E-Burns: E-cigarettes and E-Burns (Appendix 3) are battery powered devices that can deliver nicotine through inhaled vapour. There are many different types but most contain a battery powered heating element, and a cartridge, usually containing nicotine, glycerine and water. Throughout the policy, the statement or category of E-cigarettes will include E-Burns.

4.4 Vaping – the use of e-cigarettes for their express purpose.

4.5 Quit Attempt – The willing abstinence by an individual from smoking behaviour with the intention of never resuming smoking at any point in the future.

4.6 Temporary abstinence – The enforced or voluntary abstinence from smoking without any clear intention to stop smoking in the longer term. This could be for a particular set of circumstances, for example being too unwell, having to await an opportunity to smoke, smoking restrictions at work or detention in a smoke free environment.

5. **Development of Policies and Procedures**

5.1 The policy was developed during 2015-2016 by a working group led by the Nurse Consultant for Acute Care. It was implemented in May 2016.

6. Support for inpatients

6.1 Pre-Admission

- Prior to admission patients and their families should be informed that smoking is not permitted on LPFT premises and about any arrangements for the storage and access to smoking paraphernalia and e-cigarettes. Advice should be given on the availability of smoking cessation support including Nicotine Replacement Therapy. Staff should be sensitive to any potential service user distress and offer any immediate support and advice.
- Where patients wish to use e-cigarettes they should be advised about LPFT policy on e-cigarettes, including any restrictions on their usage.
- Where possible this should be supported with written information.

6.2 On Admission

- On admission patients should be asked whether they smoke, how much they smoke (how many cigarettes per day, how many roll-ups or how much tobacco they use) and their smoking status should be recorded.
- Depending on local arrangements patients will be required to hand over any smoking products or e-cigarettes for safe storage. These would be recorded and securely stored as per other restricted items such as razors.
- Patients who are smokers or who are using e-cigarettes will be asked whether they wish to access support to quit or temporarily abstain from smoking or vaping. Where appropriate this should include prompt access to Nicotine Replacement Therapy (NRT) within 30 minutes of arrival on the ward. [Please refer to clinical guidelines in Appendix One]. Other admission requirements should not prevent the patient being offered Nicotine Replacement Therapy where this is indicated.

- Where a patient is in agreement a referral should be made to a smoking cessation advisor who should arrange to meet with the patient at the earliest practical opportunity. Referrals should be offered for those patients who are making or want to consider a quit attempt as well as those who are temporarily abstinent or using e-cigarettes.
- E-Burns can be considered as a harm reduction intervention for adults who are unable or unwilling to undertake smoking cessation and/or NRT on admission.

6.3 During inpatient stay

Patients' smoking status should be regularly reviewed and discussed with them. This should include whether they:-

- Require access to, or review of, pharmacological and other behavioural support to manage nicotine withdrawal during temporary abstinence or a quit attempt
- Where a patient is required to be temporarily abstinent from smoking or using e-cigarettes they should be offered Nicotine Replacement within 30 minutes of the commencement of abstinence. They should also be offered access to behavioural support regardless of whether or not they intend to make a quit attempt.

6.4 Management of Tobacco Products and E-cigarettes during inpatient stays.

- The LPFT inpatient wards are varied so it is not possible to propose a specific policy for how smoking products and e-cigarettes should be managed that would encompass the variation in the design, purpose, clinical population and location of LPFT wards.
- Consequently each Ward Manager, in conjunction with their team, service users and carers should decide how best to manage the safe storage and access to smoking paraphernalia and e-cigarettes within their own locality. This should consider both the risks and benefits of these local arrangements.

6.5 Smoking and use of e-cigarettes during inpatient stays

- Those patients who are permitted to do so will be able to smoke or vape off of LPFT premises or to use e-cigarettes in outdoor areas of LPFT property.
- Informal or detained patients who wish to leave LPFT premises specifically to smoke or who wish to go to outdoor areas to use e-cigarettes should be risk assessed in the same way as requests to leave the ward for other reasons.
- Leave of absence will not be granted specifically to allow detained patients to have unescorted leave to smoke off of LPFT premises or to use e-cigarettes within outdoor areas.
- Decisions to support or prevent patients leaving LPFT premises or having unescorted access to outdoor areas will be made on the basis of risk assessment. Decisions to allow or disallow a patient to leave will not be made specifically to permit or prevent them from smoking or using e-cigarettes but should relate to the potential risks [for example vulnerability to exploitation, risk of self-harm] and benefits. Patients who smoke or vape should not be afforded preferential leave arrangements over non-smoking patients, purely on the basis of their smoking or vaping behaviour.
- Care plans and leave of absence documents should clearly state the arrangements for leave, including who has made the decision and how it was arrived at.

- Staff should not escort or accompany patients away from LPFT premises to facilitate smoking. When patients are allowed escorted leave off trust premises they should not normally smoke whilst with staff or use e-cigarettes whilst in close proximity to staff.
- There may be occasional circumstances where inpatients are off trust premises for longer periods and wish to smoke whilst escorted or accompanied by staff; for example an escorted or accompanied home leave. In such circumstances any arrangements should be negotiated and planned with the clinical team, taking account of any risks. Efforts should be made to support patients not to smoke and staff should not expect to be exposed to second hand smoke whilst escorting and accompanying patients. However this should be balanced with consideration of the extent of any jurisdiction trust staff might have over patients when they are outside of LPFT premises.

6.6 Management of changes to smoking behaviour on metabolism of medications

- Tobacco smoke increases the metabolism of some medications, including some antipsychotics, antidepressants and benzodiazepines.
- Prescribers should be aware of any potential risks on drug metabolism caused by stopping, reducing or recommencing smoking and arrange monitoring and any necessary alteration in dosages accordingly. For further advice please refer to the clinical guidelines in Appendix 1
- During changes to a patient's smoking behaviour other health professionals should be vigilant and monitor for any changes to the frequency or intensity of therapeutic or adverse effects of medication and to report these to medical staff promptly.

7. Use of Pharmacological Support for Nicotine Withdrawal

7.1 Nicotine Replacement Therapy

Pharmacy approved Nicotine Replacement Products will be readily available within inpatient areas. Wherever possible, decisions about Nicotine Replacement Therapy should involve discussion between the patient, prescriber and a trained smoking cessation advisor. Further guidelines are also contained within Appendix One

There may be circumstances in which Nicotine Replacement is urgently required to support smokers who are unable to smoke. Newly admitted and existing patients who are smokers and who are required to abstain from smoking or use of e-cigarettes should normally be offered suitable Nicotine Replacement Products within 30 minutes of their last cigarette. This is to minimise the discomfort of nicotine withdrawal symptoms.

Nicotine Replacement can be administered by suitably qualified registered nurses without prescription via a patient group directive [PGD]. This is for a limited period of time and circumstances stipulated within the PGD until the patient's pharmacological support is formally reviewed by a medical or non-medical prescriber, ideally with a Smoking Cessation Advisor. Guidance on Nicotine Replacement is contained in Appendix 1.

7.2 Other Pharmacological Interventions

- Other pharmacological interventions might be offered to patients by prescribers subject to assessment and review. Prescribers should be aware of both potential benefits as

well as any potential risks of preparations such as Varenicline [Champix] and Bupropion [Zyban].

- Where these products are prescribed prescribers should ensure that patients are closely monitored for potential positive and adverse effects.
- Guidance on the use of other pharmacological support is contained in Appendix 1

8. Behavioural Support

8.1 Smoking Cessation Advice

All service users who smoke and/ or use e-cigarettes should be offered early access to a Smoking Cessation Advisor. Where necessary advisors will:-

- 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.
- Assess and discuss use of e-cigarettes with service users within the context of smoking cessation. This should include consideration of harm minimisation as well as alternatives to vaping.
- Liaise with prescribers to facilitate access to pharmacotherapy in line with the patient's preferences, needs and best practice.
- Liaise with prescribers and patients regarding potential interactions of stopping (and restarting smoking) on metabolism of relevant medications.
- Provide intensive psychological, behavioural and social support to assist the smoker to understand the personal relevance of smoking; cope with cravings; optimise adherence to pharmacotherapy; maximise motivation and commitment; maintain abstinence and prevent relapse.
- Advise in collaboration with the patient and their inpatient/community team regarding ongoing access to smoking cessation support following discharge

8.2 Diversionary Activity

- Ward teams should recognise that patients who are temporarily abstinent or making a quit attempt may require a range of alternative behaviours to replace those associated with smoking.
- During temporary abstinence and quit attempts patients should be offered and prompted to engage in a range of activities to suit their needs and divert away from smoking. These should include compiling resources for a range of short term activities that patients can be encouraged to initiate to divert away from patterns of smoking behaviour.
- These behaviours should provide sufficient diversion and should include efforts to improve health and prevent further potential problems such as weight gain.

9. E Cigarettes

9.1 Overview

- E-cigarettes are considered to represent a method of significant harm minimisation with less health risks than tobacco smoking (E-cigarettes: an evidence update. Public Health England. April 2018). However the evidence base is limited and products are changing rapidly. E-cigarettes may also carry some fire risks through recharging and potential risks to health for example through ingestion of components or substances.

- Based on current evidence usage E-cigarettes will be permitted on LPFT premises within certain parameters set out below. However this position will regularly be reviewed by the Trust as new evidence and guidance becomes available.

9.2 Restrictions on usage of e-cigarettes on Trust Premises

- E-cigarettes can only be used in outside areas away from exits and entrances. They should not be used in proximity to other people who choose not to use them.
- E-cigarettes should only be recharged using approved devices and methods. Recharging should be under the supervision of staff within a specific designated safe charging area away from sources of ignition and accelerants such as oxygen supplies. Once recharging is complete the device should be promptly disconnected and returned to safe storage.
- Staff should be aware that fire risks whilst recharging e-cigarettes relate largely to:-
    - Use of incorrect or malfunctioning charger
    - Battery defects or overtightening of the battery
    - Overcharging of the product.
- E-cigarettes contain batteries and must be disposed of in a designated bin as electronic waste.

9.3 E-cigarettes Protocol

Inpatients who wish to use e-cigarettes should be offered advice on use of Nicotine Replacement Therapy and behavioural support as alternatives to e-cigarettes. If inpatients wish to use or to continue to use an e- cigarette the following actions are required:-

- The patient should be assessed as to the appropriateness of being able to use e-cigarettes. This should consider any relevant safety issues but also balancing this with an understanding of harm minimisation principles.
- Any restrictions on the use of e-cigarettes should be explained to the patient
- The use of e-cigarettes should involve a collaborative care plan that should be regularly reviewed with the service user and clinical team.
- Any non-compliance with the requirements of the policy will prompt an immediate review of the care plan.
- Staff will not escort or supervise service users solely for the purpose of using e-cigarettes. However all service users who have the necessary leave arrangements should be offered escorted or unescorted access to outside areas. During these periods service users may use e-cigarettes if they are permitted to do so as part of their care plan. Patients who vape should not be afforded preferential leave arrangements over non-vaping patients, purely on the basis of their vaping behaviour.
- Service users who are using e-cigarettes should still be invited to discuss their usage and to consider whether they want to consider other forms of smoking cessation that have a more clearly established evidence base.
- Service users who want to stop using or are unable to e-cigarettes should be offered Nicotine Replacement, pharmacological and behavioural support in line with the principles of those who want to quit or are required to temporarily abstain from smoking.

10. Staff & Volunteers who smoke or use e-cigarettes

10.1 Staff and Volunteers

- All employees of LPFT are expected to comply with the requirements of this policy as follows.
- Staff and Volunteers must not smoke on hospital grounds, in LPFT premises or in LPFT vehicles.
- Staff and Volunteers must not smoke in front of patients, their families or carers.
- Staff and Volunteers will not take 'smoking breaks' during their contractual hours of employment, staff who wish to smoke, take their break within their allocated break time outside LPFT boundaries. Staff should not be seen smoking in work uniform or whilst wearing LPFT identification. All staff must comply with the Working Time Regulations 1998 when taking breaks from the workplace and this will be monitored by line managers. There will be no additional smoke breaks.
- Staff (including bank, agency, locum and contractors) will not be allowed to smoke cigarettes, use e-cigarettes or use smokeless tobacco on LPFT premises, including the grounds (defined as within the boundary of the premises). This also applies to Trust staff whose workplace is on shared / leased premises, which may be on NHS or non-NHS sites.
- LPFT will support staff who wish to seek support for Smoking Cessation service. This should be sought via Staff Wellbeing Services.

10.2 Staff and Volunteers using e-cigarettes must not

- Use them indoors
- Use e-cigarettes when they are in the presence of service users or their carers
- Use e-cigarettes during their hours of duty unless they are on their allocated break
- Recharge e-cigarettes on Trust premises

11. Training

11.1 Brief Advice & Support Training

Brief advice and support training focuses on the principles of being able to ask service users about their smoking; giving advice on smoking cessation and where appropriate, supporting access to smoking cessation services.

This training can be delivered via brief e-learning and/or face to face training.
All staff who have face to face contact with service users will be required to undertake brief advice and support training**.**

11.2 Smoking Cessation Advisor Training

- On successful completion of this training participants are able to act as Smoking Cessation Advisors. This role involves assessing patients, providing behavioural support and advising on suitable pharmacological interventions.
- The training comprises of approximately 8 hours of e-learning and assessment. Once this is successfully completed the participant is required to attend for 2 days face to face training.
- To be eligible to undertake Smoking Cessation Advisor staff should be registered health professionals who are ex-smokers or non-smokers.

11.3 Updates

Staff members who successfully complete Smoking Cessation Advisor training will be required to attend an annual update lasting approximately 2 hours

12. Enforcement

The most effective way of ensuring smoke free premises is through good communications with staff, carer, service user and public constituencies as well as providing the required level of support to help manage quit attempts or temporary abstinence. However there may be circumstances in which breaches of the policy occur. It is important that these are appropriately managed to support the policy and reduce risk of harm.
Patients and their care networks will be informed prior to, on and during admission about the Trust's smoke free premises policy.

12.1 Managing Patient Breaches

- These may include:-
  - Smoking or vaping in unpermitted areas
  - Smoking or vaping secretly [e.g in bathrooms or dormitory areas]
  - Refusal to hand over restricted smoking items
  - Not using approved charging arrangements for e-cigarettes
  - Not complying with with local arrangements for storage and access to smoking paraphernalia and e-cigarettes[For example secreting tobacco products on their person when this is not permitted]
- Where patients fail to adhere to the smoke free premises policy, wherever it is safe and reasonable to do so, they should be politely reminded of this and asked to comply with its requirements. For example being asked not to smoke on LPFT premises. Staff should try to avoid putting themselves at risk or increasing the likelihood of an aggressive or violent confrontation. However any breach of the Smoke Free Premises Policy should be discussed by the patient's clinical team and a decision made on how best to respond to the behaviour.
- Where there is reasonable suspicion that a patient is keeping smoking products or e-cigarettes on their person or property, and where this is contrary to local arrangements for managing these items, whilst on the ward they may be liable to searches in the same way as for other restricted or prohibited items. Please refer to the LPFT personal and bed space searches policy.
- Patients who fail to adhere to the smoke free premises should be reviewed by the team and a proportionate care plan should be formulated, ideally with the patient, to address the issue.
- Incidents of Service user breaches should also be recorded via the Incident Management System (Datix)

12.2 Managing Visitor Breaches.

- These may include:-
  - Smoking or vaping in unpermitted areas
  - Supplying restricted smoking products into ward areas

- Where visitors fail to adhere to the Smoke Free Premises Policy, wherever it is safe and reasonable to do so, they should be politely reminded of this and asked to comply with its requirements. For example by being informed that LPFT is smoke free and asked not to smoke on LPFT premises. Staff should try to avoid putting themselves at risk or increasing the likelihood of a violent confrontation.
- Where a visitor refuses to comply with a reasonable request to adhere to the Smoke Free Premises Policy this would constitute a trespass and they should be asked to leave LPFT premises. Afterwards the situation should be reviewed by the clinical team who can seek advice from line managers and/ or the Security & Resilience manager with a view to deciding whether the visitor should be allowed to re-enter Trust premises and any conditions that might be required.
- Incidents of Visitor breaches should also be recorded via the Incident Management System (Datix).

12.3 Managing Staff & Volunteer Breaches

- These may include:-
    - Smoking or vaping in unpermitted areas
    - Taking unpermitted smoking breaks during paid work
    - Supporting service users to smoke
    - Smoking or vaping in presence or sight of service users
    - Coming into LPFT premises smelling of tobacco smoke
- Where a member of staff or volunteer fails to adhere to the Smoke Free Premises Policy they should be politely reminded of this, on one occasion and asked to comply with its requirements.
- After any Smoke Free Premises Policy breaches, staff and volunteers should be encouraged and supported to access smoking cessation services via Staff Wellbeing.
- Staff and volunteer breaches should be reported to the staff member's line manager.
- Staff and volunteers who breach the LPFT Smoke Free Premises Policy must understand that Trust disciplinary procedures for continued non-compliance with this Policy will apply. The Disciplinary Policy will be utilised which could result in a disciplinary sanction being given to that individual.
- Incidents of Staff and volunteer breaches should also be recorded via the Incident Management System (Datix)

13. Post Discharge Support

- This policy specifically pertains to the provision of smoke free premises. However there is a clear need to ensure that service users who have made or are interested in making a quit attempt are offered the required ongoing support as part of their discharge planning.
- Smoking status should always be reviewed as part of discharge planning. Patients and their inpatient smoking cessation advisors who have made, or are interested in making, a quit attempt should have an opportunity to discuss with the team what further support they might require during periods of leave or discharge. These may include: -
    - Referral on to community smoking cessation services

- Ongoing prescription of Nicotine Replacement Therapy and pharmacological support
- Ongoing monitoring of potential effects of not smoking or resuming smoking on drug metabolism.
- Support and advice from Community Mental Health Services.

- Service users should be encouraged to persist with efforts to quit smoking or advised on how they might access smoking cessation support in the future should they want to make a quit attempt.

14. Consultation, Approval and Ratification Process

The policy will be consulted upon, approved and ratified in accordance with the Trust's Corporate Documents and Policies Procedure. The relevant Executive Committee is identified in the appendices to that procedure.

15. Review and Revision Arrangements including Version Control

This policy will be reviewed regularly by the policy author in accordance with the Corporate Documents and Policies Procedure. Revision may occur earlier if relevant new legislation or guidance is issued.
The Executive Committee monitoring the effectiveness of the policy may also call for an early review on the basis of the reports it receives.
The Trust Secretary's Office will maintain a version control sheet, as per the Corporate Documents and Policies Procedure.

16. Dissemination and Implementation of a Policy

This policy will be disseminated in accordance with the Corporate Documents and Policies Procedure.
The policy will be implemented through ongoing communication and planned training of staff and will be available via LPFT's intranet site.
In order to support service users who may wish to make a quit attempt or service users who want to smoke but are unable to do so (temporary abstinence) it will be necessary to ensure that wards and teams have embedded smoking cessation advisors or access to Smoking Cessation Services – Quit 51 (www.quit51.co.uk)
Ward managers have nominated between 1 and 3 members of staff to undertake this role depending on the likely demand (wards with few smokers or detained patients are likely to require fewer advisors).

17. Policy Control including Archiving Arrangements

Corporate and Legal Services will retain a copy of each policy for a minimum of 10 years in line with the recommendations contained within 'Records Management NHS Code of Practice' (November 2017).

Individuals wishing to obtain previous versions of this policy should contact Corporate & Legal Services.

18. Monitoring Compliance with and Effectiveness of Policies and Procedures

Systems	**Monitoring and/or Audit**				
Standard/ NHSLA criteria	Measurable	Lead Officer	Frequency	Reporting to	Action Plan/ Monitoring
Inpatients will be assessed regarding their smoking status	Annual physical health audit	Audit Dept/Policy lead	Annual - July	Patient Safety and Experience Committee	
Inpatients who smoke will be offered advice / referral to smoking cessation advisors	Annual physical health audit	Audit Dept/Policy lead	Annual - July	Patient Safety and Experience Committee	
Inpatients who smoke will be offered pharmacotherapy and behavioural support	Annual physical health audit	Audit Dept/Policy lead	Annual - July	Patient Safety and Experience Committee	
For service users who are making a quit attempt will be offered referral on to community smoking cessation services	Annual physical health audit	Audit Dept/Policy lead	Annual - July	Patient Safety and Experience Committee	

19. **Associated Documentation**

- Clinical Care Policy
- Medicines Management & Medical Devices Policy
- Human Resources and Workforce Development Policy Handbook
- Safety, Health, Environment and Fire Policy
- Mental Health Act Policy
- Mental Capacity Act Policy, including DOLS Policy

APPENDIX 1

World Health Organisation ICD-10 codes
Current Tobacco Use is coded as Z72.0 (excluding tobacco dependence).
Mental and Behavioural Disorders due to Tobacco are coded as:

- F17.1 for harmful use
- F17.2 for dependence syndrome
- F17.3 for withdrawal state

Nicotine Replacement Therapy (NRT)

NRT products (such as patches, gum, lozenges and the inhalator) are also licensed for use during smoking reduction and temporary abstinence. **Combination NRT (e.g. patches plus a faster acting oral product such as lozenges or the inhalator) is more effective than using a single product.** A typical course of NRT should last for 8 to 12 weeks, however it is thought that a longer duration may be needed for mental health patients. **Due to higher levels of nicotine dependence, the amount of NRT required by smokers with mental illness is likely to be higher than the rest of the population.**
Licensed nicotine products contain lower levels of nicotine than tobacco and the way these products deliver nicotine makes them less addictive than smoking. They can be used as a substitute for smoking when people are cutting down and have proven to be safer than smoking. NRT does not interact with any mental health medicines or affect the blood levels of medication. However, it is important to consider the implications of smoking and stopping smoking on levels of certain medications. **It is safe to give NRT to smokers with a mental illness, even those who receive high doses of psychotropic medication and those who continue to smoke.**

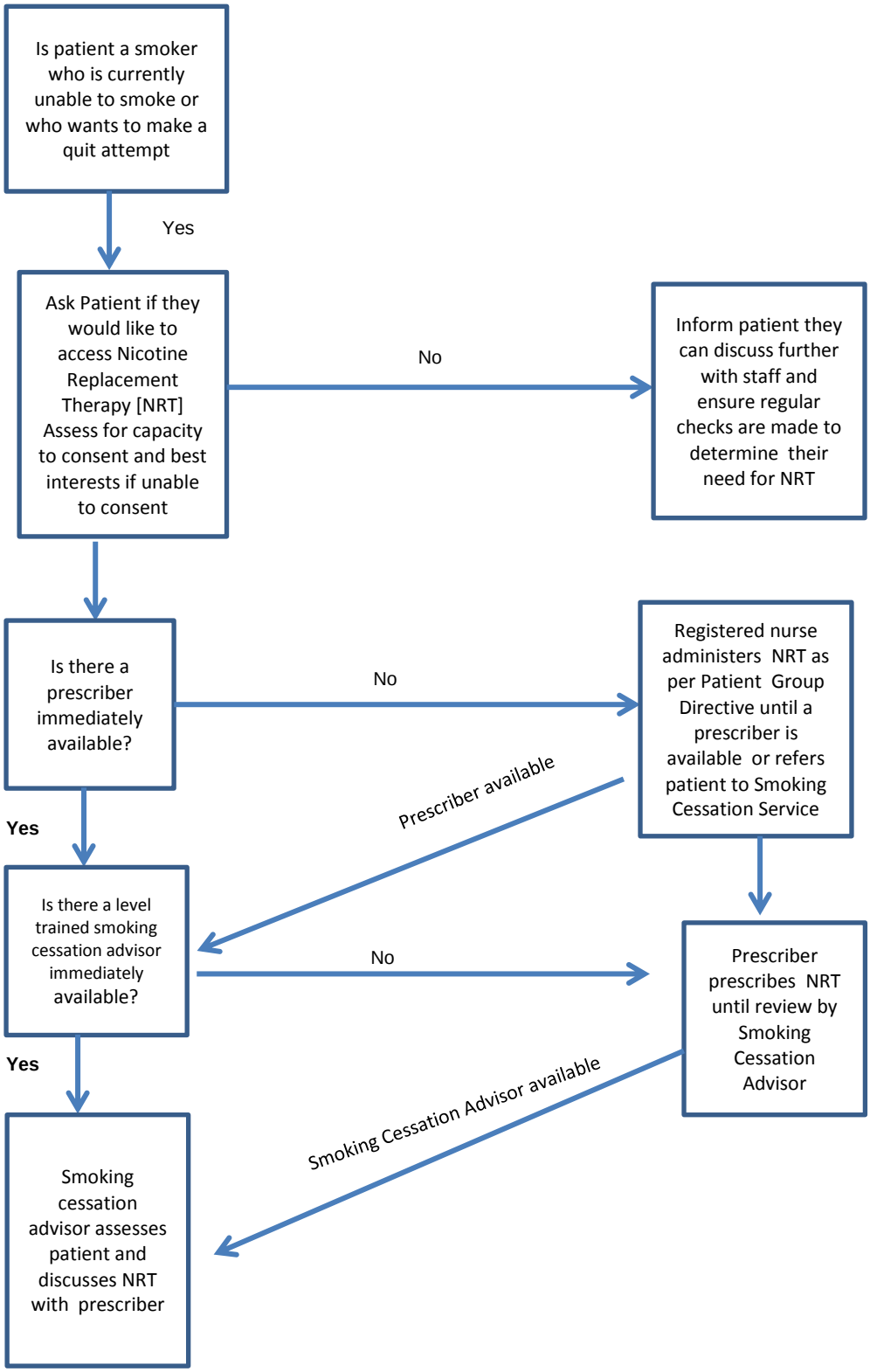
Prescribing advice for NRT

NRT for eligible patients

Dependence Level	Nicotine replacement therapy: Combination therapy
High	Patch 21mg/24 hrs or 15mg/16hrs AND *Lozenge 2mg or inhalator
Moderate	Patch 21mg/24hrs or 15mg/16 hrs AND *Lozenge: 2mg or inhalator
Low-Moderate	Patch 14mg/24 hrs or 10mg/16hrs AND *Lozenge: 2mg or inhalator
Low	May not need NRT, monitor for withdrawal symptoms. Patch 7mg/24 hrs or 5mg/16 hrs or Lozenge 2mg

***Maximum of 12 lozenges per 24 hours when combined with the patch.**
Minimum is 4 per 24 hours if experiencing breakthrough cravings.

Algorithm for Accessing Nicotine Replacement for LPFT patients



LPFT Staff Guidance

STEP 1: Identification of patients who smoke

The first step in treating tobacco dependence is to identify current tobacco users.
Ask every patient if they currently smoke tobacco.

Record smoking status on the Physical Health Assessment Form.

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

STEP 2: Advice 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. Advising the smoker that stopping is one of the best things they can do for their health and wellbeing is recommended by the DH. The most effective method of quitting is with combination NRT (i.e. a patch and oral product) or varenicline (Champix) and intensive behavioural support. 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 a specialist stop smoking service than if they try to quit unaided. Alternatively, mental health staff can attend training 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 or Level 2 Smoking Cessation Adviser.

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.

Optimising safety, adherence and effectiveness of NRT

Better adherence to oral and transdermal NRT is associated with better quit rates. However, adherence with NRT may be 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.

Safety

It is safer to use licensed nicotine-containing products than to smoke

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. 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. 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.

Effectiveness and adherence

All NRT products are equally effective if used correctly, double the chance of successfully quitting compared to placebo Combination NRT (i.e. a patch and an oral product) is more effective compared to using a single product. 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

Appendix 3

E-Burns

The No.1 Vaping Solution
for secure environments
from E-Burn Limited
e-burn
High-Security Electronic Cigarettes

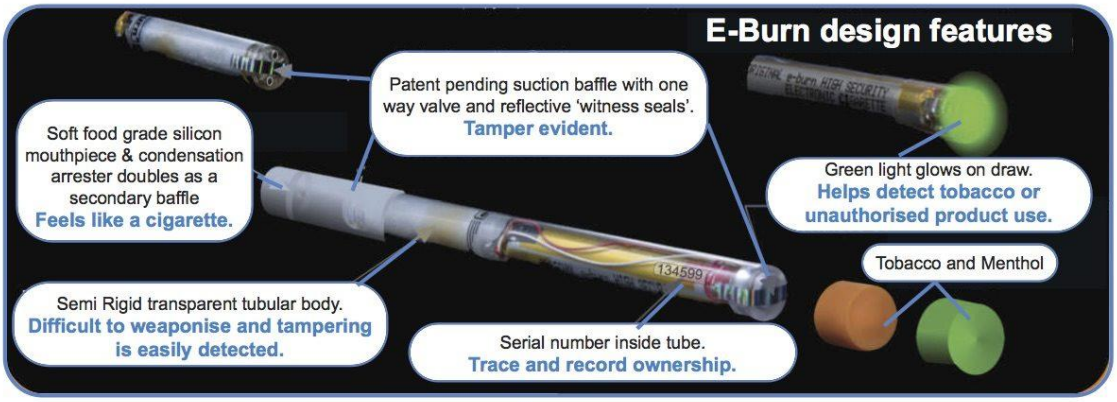
PRODUCT INFORMATION SHEET

November 2016

E-BURN is a unique product with a patent pending, which has been designed with safety and security in mind. With incorporated features that are not included in generic products it is suitable for use in smoke free secure environments where risks with generic products exist. Following extensive tests E-Burn is now widely used in a variety of locations including:-

NHS Mental Health Secure Units, Prisons, Private Hospitals and Nursing Homes.

Staff and residents can safely use the product comply with support smoke free policies and support of smoking cessation strategies.



The main design aspects which distinguish E-Burn from the standard generic products are:

- **Battery operated and disposable – no re charging required**
- **Green tip indicator light – spot at a distance use of unauthorised products or tobacco cigarettes**
- **Tamper evident seals - enables "security inspection at a glance" and avoids any misuse**
- **Unique one way check-valve system – prevents the ingress of liquids and powders (NPS etc)**
- **Individual serial numbers on each unit – where necessary ownership of each E-Burn can be confirmed.**
- **Semi-rigid clear tubular body – difficult to 'weaponise' or use to conceal other items.**
- **UK E-Liquid contains pharmaceutical grade nicotine – offers consistent high quality from a traceable source.**
- **Tobacco and Menthol flavours available – satisfies most tastes**
- **Cost effective - each E-Burn provides 320 x 2 second puffs (roughly equates to 30-35 cigarettes)**

E- Burn Limited is an independent company, a member of ECITA and is not controlled or connected to any tobacco company. We have in place £5 Million Public and Product Liability insurance. We are licenced to dispose of waste products and offer free collection service from the point of delivery (UK mainland only).

E-Burns will initially be available via the Physical Healthcare Team. Patients who are smokers will be offered a maximum period of support which will be decided in partnership with the patient and MDT. This will be care planned as a harm reduction intervention and it will be in negotiation with the patient's named nurse. Each E-Burn contains approximately 30-35 cigarettes. Therefore a patient will not receive additional E-Burns, on top of their usual intake of nicotine. For example if a patient smokes 15 cigarettes each day, they will be entitled to an E-Burn every other day. An empty E-Burn must be handed back to the staff

member for a replacement device. Empty E-Burns will be disposed of appropriately as they contain a lithium battery.
All patients must be risk assessed before E-Burns can be allocated.
During E-Burn usage a plan of care must be negotiated to clarify further E-Burn usage or whether the individual is ready to move to NRT. This can be done in partnership with Quit 51 or with the Physical Healthcare Team