NHS Portsmouth

Increasing Fitness for Surgery:

Proposal to Require Stop Smoking Treatment Prior to Referral for Elective Surgical Procedures.

1. Aim

1.1. The aim of this initiative is to provide clinical support for abstinence from smoking prior to surgery in order to maximise the benefit of the surgical procedure.

2. Rationale

2.1. Cigarette smoke contains more than 4,000 chemicals, some of which have immediate effects that compromise the body's ability to heal and increase the risks associated with anaesthesia.

2.2. A patient who smokes is at a much greater increased risk of anaesthetic complications and surgical site infections. It is the duty of the treating clinician to reduce these as far as possible. Smoking Cessation services offer an effective intervention to enable patients to stop smoking.

2.3. People smoke for a variety of reasons, however the *Smoking-related behaviour and attitudes survey, 2007*. (ONS, 2008) identifies that 70% of smokers would like to give up smoking. Additionally most smokers do not smoke out of choice due to the addictive nature of nicotine.

2.4. This opportunity provides a teachable moment for patients where patients are more receptive to intervention and are more motivated to quit. In addition to this the hospital smoke free environment creates an external force to support abstinence.

2.5. To gain maximum benefit, hospital associated abstinence needs to lead to permanent quitting. However, temporary abstinence prior to admission and lasting until a patient has healed will still have worthwhile benefits.

3. Literature

3.1. Smoking up to the time of any surgery increases cardiac and pulmonary complications, impairs tissue healing, and is associated with more infections and other complications at the surgical site (see **Peters 2010** for review).

3.2. These complications impact on healthcare resources. Taking surgical site infections (SSI's) for example, evidence indicates that Orthopaedic SSI's prolong total hospital stays by a median of 2 weeks per patient, double readmission rates, and increase healthcare costs by more than 300% (**Whitehouse et al 2002**).

3.3. Abstinence from smoking leads to significant improvements. For example, (**Sorensen et al. 2003**) found a significant reduction in wound infections among smokers who had been abstinent for four weeks compared to continuing smokers.

3.4. Assignment to Stop Smoking Treatment prior to surgery is effective in producing abstinence. A review of trials found intensive intervention significantly increased smoking cessation at the time of surgery; pooled RR 10.76 (95% confidence interval (CI) 4.55 to 25.46) (**Thomsen et al 2010**). Intensive intervention comprises multi-session support and pharmacotherapy. Brief interventions did not produce long term effects on cessation.

4. Summary of Initiative

4.1. Smoking Cessation is best practice for patients prior to being referred to a surgical specialty.

4.2. Patients should be supported to quit smoking prior to referral for surgery and the referral should normally be delayed whilst smoking cessation interventions take place. If the referring clinician assesses the patient's condition and identifies that the benefits from giving up smoking are outweighed by the harm from waiting they should refer without delay. This would bring clinical benefit to patients and increase motivation to quit. Once referred if a patient relapses they will not be taken off the list but continued to be supported to make a further quit attempt.

4.3. The GP or health professional should review the patient's smoking status as standard best practice and to give the brief intervention of

- ASK and record smoking status
- ADVISE the patient of the personal and surgical benefits of quitting
- ACT on the patient response
  - prescribe NRT for patients in withdrawal
  - monitor withdrawal and adjust pharmacotherapy accordingly
  - refer to local NHS Stop Smoking Service

4.4. If the patient declines to give up smoking the GP can refer, stating this, and the hospital clinician will assess the benefit from the operation outweighing the significant risks of smoking. If they feel the risks of smoking outweigh the benefit they will refer back to the GP for smoking cessation.

4.5. Support for patients may be accessed via a trained Stop Smoking Advisors in some surgeries or directly via Specialist Stop Smoking Services. NHS Hampshire and NHS Portsmouth commission effective stop smoking support for patients and residents of Portsmouth and South East Hampshire. Stop smoking services are an effective way to give up smoking with a 70% success rate. Support is available within specialist clinics, within General Practice, Pharmacies and via a Telephone Support service.

5. Scope of the programme

5.1. This programme is for patients being referred for elective surgery at Portsmouth Hospitals Trust and other providers of elective surgery in Portsmouth and South East Hampshire. Numbers of smokers having elective surgery each year at PHT (based on NICE Commissioning model).

- NHS Portsmouth 5763 per year
- NHS Hampshire 5440 per year

5.2. In all cases the doctor should always assess whether the clinical benefit from the operation outweighs the significant risks of smoking- if they do then they should refer to hospital immediately.
For example

- Persons needing urgent or unscheduled care
- Any ‘Red flag’ patients needing orthopaedic referral
- Cancer or needing the 2 week urgent referral pathway
- People with Serious Mental Illness (on the GP SMI register)
- People with Learning Disability
- Children (up to 18 years)

5.3. In addition special consideration should be given to those who have made multiple quit attempts with a specialist service and there is reason why a further attempt is unlikely to be successful.

NHS Portsmouth

6. Legal and Ethical implications

6.1. Legal opinions are available

6.2. Equality Impact Assessment completed

7. Communication and engagement

7.1. A communication plan is being developed to include

- The evidence
- The benefits
- The process
- The role of each organisation and clinical staff
- Support Material and training
- The following organisations

  - Local GPs
  - Health Overview and Scrutiny Committee
  - Local NHS Trusts
  - Local MPs
  - Local Press
  - LMC and GMC
  - Community
  - Patient groups

8. Information for patients

8.1. There are a variety of fact sheets produced by the Department of Health available for clinicians to discuss with patients covering the facts and benefits of quitting prior to surgery.

- Wound Care
- Orthopaedic
- Surgical
- Cardio vascular
- Diabetes
- Pregnancy
- Respiratory
- Oncology
- Paediatrics

Operational Steps

1) GP reviews the recorded smoking status of the patient.

- Patients recorded as non-smokers (or ex-smokers): *Proceed with surgery referral process.*
- Patients recorded as current smoker: *Go to Step 2*

2) GP informs patient of the increased risks during and post op and deliver smoking cessation intervention.

- Patient agrees: *Go to Step 3.*
- Patient disagrees: *GP makes decision on whether referral should proceed based on clinical benefit/risk. GPs should inform patients that in some department if the patient smokes they may be declined surgery and referred back to the GP for smoking cessation advice*

3) GP does not make referral to secondary care AND makes referral to NHS Stop Smoking Service

- The GP practice makes referral to smoking services
- Make referral to NHS Stop Smoking Service or to Stop Smoking Advisor within the practice. Advise patient to come back following completion of Stop Smoking Treatment with confirmation of quit. Patients who access support from the Stop Smoking Service (i.e. - rather than an in-practice advisor) should be required to present written confirmation that they have quit.

4) Making a Referral to the NHS Stop Smoking Service

- Patients may be referred to the NHS Stop Smoking Service by either email, or fax, or telephone. Referrals should be made by the GP, consultant or health professional not by the patient.

- The only details required are the patient's name, date of birth and contact telephone number. Within a 2 working days of receiving the referral the patient will be telephoned by an NHS Stop Smoking Specialist who will talk them through their options for treatment. The treatment lasts approximately 7 weeks and is either delivered within group-based clinics, over the telephone or in 1-1 clinics.
- Referrals to Pompey Quit (Patients in Portsmouth) should be made on (T) 023 9236 9234
- Referrals to Quit4Life (Patients in Hampshire) should be made on (T) 0845 602 4663

5) Feedback from smoking service

- Patients will inform GP of quit status with written confirmation from the service.

6) Referral to PHT

- Once quit status is confirmed with GP a referral should be made to PHT clearly stating smoking status or quit date of patient.

7) Continuation of the message at PHT

- All health professionals should assess smoking status through the 3 As process (Ask, Advise, Assist) giving the same message in primary and secondary care and smoking services about the risks of smoking and elective surgery and refer to smoking services.

- Any smokers should be referred to smoking cessation as part of their treatment (without being taken off the care pathway)
- If the patient is already referred outside this initiative, (e.g. for an opinion) they should be referred back to the GP to engage in the smoking cessation pathway
- If the patient has relapsed following an initial quit the hospital consultant should refer to Smoking Cessation.

For Patients from Postcode PO1-6 referral should be to Portsmouth quit smoking services for Patients from PO7 to Hampshire quit smoking services. This would be done using the referral cards completed by the clinician with basic patient details.