

**Report for: Portsmouth HOSP**

**Subject: Update on Issues related to Smoking, Obesity and Alcohol**

**Report by: Dr Paul Edmondson-Jones, Director of Public Health**

**Date: 22nd March 2012**

---

## **1. Introduction**

1.1 HOSP requested an update on 4 specific public health initiatives related to smoking, obesity and alcohol which had all been previously presented at an earlier meeting of HOSP. The four initiatives are:

- Increasing Fitness for Surgery – Smoking
- BMI Referral Criteria for Hip and Knee Surgery – Obesity
- Streamlined Secondary Care Referral System – Smoking
- Alcohol Specialist Nurse Service – Alcohol

## **2. Increasing Fitness for Surgery**

2.1 Increasing Fitness for surgery is an initiative that provides help to people to stop smoking for 4 weeks before having non-urgent (elective) surgery. It came about because there is robust evidence that stopping smoking prior to surgery has positive benefits for the patient, including fewer complications with anaesthetics, less ICU care, antibiotics, pain relief and re-admittance.

2.2 The programme is about delaying, not stopping surgery, while a patient quits. If a patient's clinical need outweighs the quit benefit they will be referred straight away. If a patient refuses to quit they will also be referred, but with a note of warning that some surgeon's policy is already that a patient must quit before surgery.

2.3 This programme was introduced to Portsmouth GPs in July 2011 however so far only 34 patients have been successfully referred for smoking cessation prior to their surgery. The local news featured a double page spread of patients that described how they were thrilled that they had quit before their surgery. However there is a long way to go before we are supporting the nearly 6000 elective surgery patients that are smokers each year.

2.4 While Portsmouth Executive Clinical Commissioning Group is generally in favour of this programme they report that some practical difficulties in implementing are the likely cause of the low numbers of referrals. It is for this reason that GPs are now considering a smaller pilot of this programme with 2 or 3 Portsmouth practices, together with surgeons at PHT and the specialist smoking cessation service, PompeyQuit. This will iron out the practical problems and ensure a smooth pathway between delayed referral, smoking services and the hospital.

2.5 Commissioners are now working closely with CCG leads to develop this further. Including:

- identify 3 pilot practices and a surgeon at PHT
- identify the practical issues to be resolved and implement an action plan
- the referral system to be put fully into operation by the end of September 2012
- monitor for 3 months with recommendations to CCG by end December 2012

### **3. Elective Hip and Knee replacement surgery and BMI referral criteria**

- 3.1 Higher BMI carries an increased risk of post operative complications and in October 2010 clinical leaders introduced a BMI threshold of 35 for elective hip and knee surgery.
- 3.2 Overall there has been a 10% reduction in the number of referrals of all orthopaedic procedures, not just hip and knee surgery. From the data collected it has not been possible to separate out the impact of the BMI thresholds. It has however been estimated that about 40 patients would be affected each year by the BMI thresholds in Portsmouth.
- 3.3 Through introduction of the shared decision making programme patients have full discussions about all possible treatment options including surgical and non surgical. Patients who have a BMI>35 will be supported by their GP and the community musculo skeletal pathways (MSK). They also have access to pain management, exercise programmes and weight management programmes.

### **4. Streamlined Secondary Care System – Smoking Referral**

- 4.1 The Queen Alexandra Hospital has been appointed by the NHS Centre for Smoking Cessation and Training (NCSCCT) as a pilot site that aims to support patients to initiate an attempt to stop smoking while they are in hospital. The incentive for patients is that this can dramatically increase their recovery and well being and using Nicotine Replacement Therapy while in hospital; can reduce cravings and discomfort. The departments currently involved are Trauma & Orthopaedics Outpatients, Respiratory Wards E7 & E8, Cardiology Wards C6 & C7, Maxillofacial Outpatients, Maternity Inpatients, General Outpatients.
- 4.2 As part of the programme patients receive support and encouragement to quit by PHT pharmacy technicians that have been trained specifically in this role. They are also able to offer Nicotine Replacement therapy (NRT) to patients at their bedside to help with withdrawal symptoms during their stay. Support continues after they have been discharged.
- 4.3 The system went live in November 2011 and so far there has been:
- 274 members of staff access the very brief training (VBA) training.
  - 141 referrals to stop smoking services
  - 10 Pharmacy Technicians trained to give stop smoking support & advice on NRT
- 4.4 Internal and external publicity has supported this pilot, including an article with the News and an interview on Express FM. PHT has also forged links to agencies outside PHT to work collaboratively towards No Smoking and provided Intranet information about the pilot and NRT guidelines. The evaluation report from the NCSCCT will be presented on the 27th March 2012. The future plans for the Project are being discussed currently with NHS Portsmouth & Portsmouth Hospitals Trust.

## **5. Alcohol Specialist Nurse Service**

- 5.1 The Alcohol Specialist Nurse Service (ASNS) started in April 2010 with one nurse, eventually becoming fully staffed in December 2010 with 3 nurses and an administrator. Since then Hampshire PCT have funded additional staff and the team currently stands at 4 nurses a health care assistant and an administrator. Their primary function was to treat dependent patients who were admitted to hospital through an unscheduled admission. The aim has been to reduce repeat hospital admissions.
- 5.2 An independent evaluation of the ASNS highlighted that between April 2010 and December 2011 the team provided alcohol treatment to 1482 patients (753 Portsmouth, 729 Hampshire). 82% of these patients were assessed as possibly dependant, with 65% of these commencing a detox. The rest received advice and ongoing support, up to 20 sessions. 43% of all patients were consuming over 200 units of alcohol per week, equivalent to 20 bottles of wine, with 4 patients even consuming over 1000 units per week (approximately 25 litres of spirits per week). 86% of all detoxifications were successfully completed.
- 5.3 The ASNS have developed wrap-around support services with alcohol therapy groups, a health trainer and JobCentrePlus all providing in-reach into the hospital. The therapy groups are amongst the best attended in the city, with patients reporting that they like the anonymity attending the hospital provides. The team also provides alcohol training across staff groups within the hospital. Staff audits have shown a significant improvement in knowledge of alcohol, recommended drinking levels and support services available.
- 5.4 The ASNS use the 'Alcohol Outcome Star' to measure changes patients make as a result of their treatment. Patients saw significant positive change in the following areas: alcohol consumption (100% saw an improvement), physical health (97.5% saw improvement) , use of time( 97.5%), social networks (92.5%), emotional health (87.5%), money (62.5%) and family & relationships (85%). An example for an "average" patient is attached.