

NHS Greater Manchester Specification for Smokefree services

A guide to support delivery of the inpatient, mental health, and maternity tobacco dependence treatment care pathways in acute and mental health Trusts.

Version 2 - July 2024

Enquiries: gmhscp.makingsmokinghistory@nhs.net

Specification for Smokefree services

This document will set out the core principles that are cross cutting themes across the Greater Manchester (GM) Treating Tobacco Dependency (TTD) Programme on which all standards and performance metrics align to. The aim is ensure a standardised approach and reduction in variation for people that smoke that touch the NHS anywhere in GM.

Objectives and Care Pathways

This Specification also provides the specific standards, processes and key performance metrics for individual workstreams within this programme:

1. Inpatient Treating Tobacco Dependency Service for patients admitted to acute or tertiary care Hospitals across GM.
2. Inpatient Treating Tobacco Dependency Service for patients admitted to Mental Health Hospitals or learning disability units across GM.
3. Treating Tobacco Dependency Service for pregnant women and their partners throughout pregnancy and 3 months post-partum.
4. Treating Tobacco Dependency Service for NHS staff and subcontractors provided through a digital app across GM.
5. Smokefree hospital grounds.

Commissioner Lead

Provider Lead

Period

Date of Review

Document Control

GM Authors

Dr Matthew Evison

Clinical Lead for
Treating Tobacco Dependency
and Make Smoking History
Consultant in Respiratory Medicine

Jane Coyne

Programme Lead for
Treating Tobacco Dependency,
Make Smoking History

Mandy Hancock

Programme Manager for
Treating Tobacco Dependency,
Make Smoking History

Bincy Ajay

Senior Tobacco Dependence
Specialist Nurse, Treating Tobacco
Dependency, Make Smoking History

1.0 Introduction

1.1 Background

Smoking tobacco is both uniquely addictive and uniquely dangerous, a deadly combinationⁱ. 2 in 3 people that smoke tobacco will die prematurely as a direct result of the harms of tobaccoⁱⁱ. For every person that dies a further thirty will be living with a serious and disabling disease of smokingⁱⁱⁱ. Smoking tobacco has led to approximately 8 million deaths in the United Kingdom (UK) in the last 50 years and will lead to another 2 million deaths in the next 50 years unless radical action is taken^{iv}.

Smoking causes significant harm through the whole life course from pre-conception through to older people. Smoking is a major risk factor for poor maternal and infant outcomes (increased risk of complications during pregnancy, miscarriage, still birth, low birth weight, infant mortality including sudden infant death syndrome, infant respiratory disease and childhood asthma)^v. Smoking causes around 1 in 4 cancer deaths in the UK and is a major cause of heart disease and stroke, and furthermore smoking tobacco increases the risk of dementia in the elderly, all of which can lead to people needing additional care and support almost a decade earlier than if they were non-smokers)^{vi}.

There is very clear evidence of increased smoking rates and smoking-related harm among people with severe mental illness (SMI). Smoking is the most important modifiable risk factor that contributes towards the excess mortality in people with SMI^{vii}. It is estimated that 50% of deaths in people with SMI are attributable to smoking. The prevalence of smoking in people with SMI is significantly higher compared to the general population (40.5% compared with 13.9%) with rates as high as 70% in people with schizophrenia and bipolar disorder^{viii}. People with mental illness are also more likely to be heavier and more dependent smokers and it is estimated that a third of all cigarettes smoked in England are smoked by people with a mental disorder^{ix}. Evidence shows there are considerable economic costs arising from smoking in people with mental health conditions. The NHS spends approximately £720m per annum in primary and secondary care treating smoking-related disease in people with mental health conditions)^x.

Smoking tobacco delivers nicotine to the brain very rapidly and causes a uniquely powerful addiction and chemical dependence to nicotine. This in turn leads to long-term inhalation of tobacco smoke to satisfy the intense cravings for nicotine and unpleasant withdrawal^{xi}. Smoking provides relief from the withdrawal symptoms, and this gives the user the sensation of rewarding effects of smoking, when this reflects the severity of nicotine dependence^{xii}. Nicotine itself, however, is not a major public health concern and is NOT responsible for the illness and death related to smoking tobacco. The harm of smoking is from the 5,000 additional chemicals created from the combustion of tobacco^{xiii}.

There are highly effective, evidence-based interventions to treat tobacco dependency^{xiv} that include replacing the source of nicotine from smoking tobacco to safe or significantly less harmful nicotine delivery mechanisms, medications that act in the same way as nicotine in the brain and relieve withdrawal and cravings, and specialist behaviour change support to help transition away from a deep-seated addiction. The treatment of tobacco dependency is the single most cost-effective intervention the NHS can provide. The real tragedy of tobacco dependency is that despite these highly effective and cost-effective interventions, only 5% of the 6 million current smokers in the UK receive access to the best treatment and support^{xv}.

1.2 The importance of Treating Tobacco Dependence

The core components of treating tobacco dependency are:

1. Medical treatment that alleviates withdrawal symptoms and cravings for nicotine to support a person not to smoke.
2. Behaviour change to support changing the deeply embedded routines and behaviours of smoking.

The best outcomes come from combining both these components.

The principal mission of the GM TTD programme is to ensure every person that smokes in GM that touches the healthcare system is provided with three core interventions:

1. **Knowledge.** Accurate and consistent information on the medical treatments for tobacco dependency.
2. **Opportunity.** The opportunity to access all evidenced-based medical treatments to begin to manage the withdrawal and cravings for nicotine without tobacco and the opportunity to access behaviour change support.
3. **Empathy.** Stopping smoking is exceptionally challenging and difficult. The vast majority of people that smoke are aware of the harm and would prefer to stop. Empathy towards how difficult it is to stop, the long journey it can often be to achieve and that they are the victim of tobacco helps to build rapport and engagement. It is important the correct language is used and this service specification provides guidance on this.

1.2 The importance of Treating Tobacco Dependence

The core components of treating tobacco dependency are:

1. Medical treatment that alleviates withdrawal symptoms and cravings for nicotine to support a person not to smoke.
2. Behaviour change to support changing the deeply embedded routines and behaviours of smoking.

The best outcomes come from combining both these components.

The principal mission of the GM TTD programme is to ensure every person that smokes in GM that touches the healthcare system is provided with three core interventions:

1. **Knowledge.** Accurate and consistent information on the medical treatments for tobacco dependency.
2. **Opportunity.** The opportunity to access all evidenced-based medical treatments to begin to manage the withdrawal and cravings for nicotine without tobacco and the opportunity to access behaviour change support.
3. **Empathy.** Stopping smoking is exceptionally challenging and difficult. The vast majority of people that smoke are aware of the harm and would prefer not to stop. Empathy towards how difficult it is to stop, the long journey it can often be to achieve and that they are the victim of tobacco helps to build rapport and engagement. It is important the correct language is used and this model of care provides guidance on this.

2.0 National and regional tobacco control strategy

2.1 National strategy

Each year in England, it is estimated that smoking costs £49.2 billion^{xvi}. Smoking negatively affects earnings and employment prospects equating to a total of £32Bn in lost productivity due to smoking-related lost earnings, unemployment, and early deaths^{xvii}. Healthcare costs due to smoking total £1.9Bn and are a result of smoking-related hospital admissions- and the cost of treating smoking-related illness via primary care services^{xviii}. **The NHS Long Term Plan** (LTP) recognizes the critical importance of treating dependency in the NHS, within acute care NHS Trusts and mental health NHS Trusts.

On 4th October 2023 the [gold command policy paper](#) was published as a new plan to create a Smokefree generation and an end to the burden of smoking. Outlined in the report is the bold action needed to stop the start of smoking, and in addition the government is taking new action to support current smokers to quit which builds on the existing infrastructure of funding and support that is in place through the NHS and local authorities across England.

2.2 Greater Manchester strategy

Addressing tobacco dependency and reducing harm from smoking is crucial to improving the overall health and well-being of the population in GM. In 2017, GM Integrated Care Partnership (previously GM Health and Social Care Partnership) published its Making Smoking History (MSH) strategy with the ambition of becoming a Smokefree city region to give everyone a healthier, fairer future^{xix}. Smoking rates in GM vary, both within different boroughs and within neighbourhoods. Financially each year it costs GM £2.54 billion, £101 million on healthcare costs related to hospital admissions and the costs of treating smoking-related illness^{xx}.

In GM, our MSH approach has been live since 2018 and is central to our role as a Marmot city-region and tackling health inequalities to ensure happier, healthier lives for all. At the outset of the MSH first strategy 8,000 people across all ten local authority areas responded to a consultation and 4 out of 5 residents responded and said they wanted to make smoking history. Since 2018, the MSH programme has been working with local authorities, the voluntary sector and the NHS to create a social movement.

Over 5,000 people die every year in GM from the diseases directly caused by smoking tobacco and at any one time there are over 150,000 smokers in GM living with serious and disabling illnesses caused by smoking and are drawing on health and social care services. There is a health-related 30% productivity gap in GM with nearly 15,000 people out of work due to smoking and the estimated cost to our economy is £898 million a year in lost productivity. The NHS GM Making Smoking History strategy has the ambition to achieve a Smokefree 2030 which will increase healthy life expectancy by 6 years for men and 7 years for women.

2.2 Greater Manchester strategy (continued)

Better treatment outcomes when stopping smoking is significant not just to the person who smokes and to local communities, but also to the NHS.

For providing tobacco dependency treatment to patients that smoke admitted to Hospital, a return-on-investment tool which uses the [Ottawa Model](#) for Smoking Cessation to estimate the impact of fully implementing tobacco dependency treatment services shows that for NHS GM ICB the impact after one year of fully established delivery of tobacco treatment services (based on an estimated throughput of 79,325 smokers):

- **1,394 reduction** in all cause 30-days readmission.
- **2,631 reduction** in all cause 1-year readmission.
- **2,609 reduction** in all cause 2-year readmission.
- **1,012 reduction** in all cause 30-day A&E presentations.
- **£4,209,900 annual savings** based on 1-year readmissions.
- **36 bed spaces** created per day based on 1-year readmissions.
- **1,372 lives** saved in 1-year.

A further [Health economic analysis for the CURE project or Treating Tobacco Dependency Service](#) has demonstrated the following benefits:

- **The gross financial Return on investment (ROI) ratio** was £2.12 return per £1 invested with a payback period of 4 years.
- **The cashable financial ROI ratio** was £1.06 return per £1 invested with a payback period of 10 years.
- **The public value ROI ratio** was £30.49 per £1 invested.
- **The cost per QALY** for this programme was £487.

3.0 NHS Smokefree services in Greater Manchester

3.1 NHS GM Inpatient and Tertiary Tobacco Dependence Treatment Care Pathway

This care pathway is recognised nationally as best practice (referenced in the NHS LTP, the National Respiratory and Lung Cancer [GIRFT reports](#), and [The Khan Review: Making Smoking Obsolete](#) published 9 June 2022) and supports hospital in-patients with tobacco dependency for better recovery and long-term health.

The pathway has three core components:

- 1. Admission:** Providing immediate brief advice, acute management of tobacco withdrawal and opt-out automated referral (or notification) to the in-house Tobacco Dependency Team at the point of admission.
- 2. Inpatient Care:** Providing personalised bedside tobacco dependence support from a **Specialist trained Tobacco Dependency Advisor**, including assessment of response to treatment and development of treatment plan.
- 3. Post-discharge Care:** The offer of a post-discharge treatment and support package as part of care, including tobacco dependence aids and referral to specialist support.

Inpatient and Tertiary Care Pathway Core Components	Responsible Team	Care Pathway Details
Admission	Admitting Team (Target for completion: Within 2 hours of admission)	Brief advice and acute management of tobacco withdrawal IDENTIFY – Identify tobacco use status. Any patient that actively smokes or has stopped within the last two weeks should be identified as meeting criteria for treatment. ADVISE – Provide brief advice on importance of smokefree admission, role of NRT, and available treatment and support. TREAT – Initiate combination NRT using rapid NRT prescribing protocol. Consider use of a nicotine vape or nicotine analogue medications were appropriate. REFER – Inform patient they will be referred to the in-house Tobacco Dependence service and complete referral using local pathway. RECORD – Tobacco dependence diagnosis is recorded in patient medical record, ideally in the admission diagnosis list and disease management plan.

Inpatient and Tertiary Care Pathway Core Components	Responsible Team	Care Pathway Details
Inpatient Care	Tobacco Dependency Team (TDT) (Target for completion: Within 24 hours of admission)	Initial assessment and treatment plan • Complete assessment. • Titrate /tailor or change medications as needed. • Provide personalised behavioural support.
	Tobacco Dependency Team (TDT) (Based on patient need and length of stay)	Follow-up consultations (whilst in hospital) • Titration of medications. • Provide behavioural support.
		Discharge planning and referral to community support • Provide referral for ongoing support and to continue 12-week course of medication. • Provide supply of combination NRT (supply should be 2 weeks). • Provide supply of vape device and e-liquid (supply should be 4 weeks). Refer to GM Vaping Standard Operating Procedure for further detail. • Ensure tobacco treatment plan is included in discharge summary and incorporates behavioural support provided, treatment provided, and details of referral to further stop smoking support.

Inpatient and Tertiary Care Pathway Core Components	Responsible Team	Care Pathway Details
Post-discharge Care	Tobacco Dependency Team (TDT)	Weekly contact up to 28-day post-discharge, followed by contact at week 8 and week 12 post-discharge. • Check smoking status, ongoing use of treatment. • Provide voucher code for further supply e-liquid for patients receiving treatment of vape. • 4-week follow-up contact and outcome assessment. • 12-week follow-up contact and outcome assessment. • Document smoking status, ongoing use of treatment.
	<u>OR</u> Transfer of Care to: Digital Smoke Free App <u>OR</u> Community Stop Smoking Service <u>OR</u> Community Pharmacy (Target for completion: 4-weeks, post discharge)	7-day post-discharge telephone contact • Check smoking status, ongoing use of treatment, check engagement with community-based tobacco dependence support, liaise with community support if appropriate. • Check engagement with community-based tobacco dependence support, liaise with community support if appropriate.

A comprehensive educational programme has been developed to enhance the skills and confidence of medical/clinical/non-clinical staff when providing advice and treatment to patients who smoke upon admission. The training is tailored for various healthcare professionals, such as nurses, doctors, pharmacists, physiotherapists, and other allied healthcare practitioners. The goal is to equip them with the necessary knowledge and tools to offer appropriate support to smoking patients, thereby contributing to their overall health and treatment outcomes. This supports the delivery of the three core interventions of knowledge, opportunity and empathy to every person who smokes admitted to hospital. Further details on the NCSCT online training can be [found here](#).

3.2 NHS GM Inpatient Mental Health and Learning Disability Tobacco Dependence Treatment Care Pathway

NHS LTP Early Implementor Sites (EIS) for Mental Health inpatient care pathways mobilised in 2022/23 providing the opportunity to bridge the gap between evidence and delivery in practice and provide learning for the national rollout of tobacco dependency treatment services in 2024/25. In late summer 2022 GM led the implementation of an inpatient/outpatient model as agreed by the GM Tobacco Dependency Mental Health Steering Group.

The pathway has three core components:

1. **Admission:** Providing immediate brief advice, acute management of tobacco withdrawal including an offer of vape on admission to the ward, and opt-out automated referral (or notification) to the in-house **Smokefree service** at the point of admission.
2. **Inpatient Care:** Providing personalised tobacco dependence support from a **Specialist Smokefree Advisor**, including assessment of response to treatment and development of treatment plan.
3. **Post-discharge Care:** The offer of a post-discharge treatment and support package as part of care, including tobacco dependence aids and referral to specialist support.

Inpatient Mental Health and Learning Disability Care Pathway Core Components	Responsible Team	Care Pathway Details
Admission	Admitting Team (Target for Completion: Within 2 hours of admission)	Brief advice and acute management of tobacco withdrawal IDENTIFY – Identify tobacco use status. Any patient that actively smokes or has stopped within the last 2-weeks should be identified as meeting criteria for treatment. ADVISE – Provide brief advice on importance of smokefree admission, role of NRT, and available treatment and support. TREAT – Initiate combination NRT using rapid NRT prescribing protocol and provision of vape following risk-assessment. Consider nicotine analogues (cytisine, varenicline) or bupropion as appropriate. REFER – Inform patient they will be opt-out referred to the in-house Treating Tobacco Dependency Service and complete referral using local pathway. RECORD – Tobacco dependence diagnosis is recorded in patient medical record, ideally in the admission diagnosis list and disease management plan.

Inpatient Mental Health and Learning Disability Care Pathway Core Components	Responsible Team	Care Pathway Details
Inpatient Care	Tobacco Dependence Team (TDT) (Target for completion: Within 24 hours of admission)	Initial assessment and treatment plan to support patient with a smokefree admission and support with stopping long-term • Complete assessment of severity of tobacco dependence. • Titrate/tailor or change nicotine.
	Tobacco Dependency Team (TDT) (Based on patient need and length of stay but typically weekly and more frequently if needed)	Initial assessment and treatment plan to support patient with a smokefree admission and support with stopping long-term • Complete assessment of severity of tobacco dependence. • Titrate/tailor or change nicotine vape, NRT or nicotine analogues as needed. • Advise on managing urges to smoke and copying strategies. • Where possible, test carbon monoxide (CO) level and discuss result. • Provide personalised behavioural support and discuss patient's smokefree goal and plan. • Provide brief motivational intervention (as appropriate). Follow-up consultations (whilst in hospital) • Assess treatment response. • Ensure correct use of vape/NRT. • Where possible, repeat CO test and provide feedback. • Review and revise treatment plan. • Consider use of nicotine analogue medications where appropriate. • Titration of medications. • Provide behavioural support. • Support smokefree plan in MDT discussions as appropriate. Discharge planning and referral to community support • Provide referral for ongoing support and to continue 12-week course of medication. • Provide supply of combination NRT (supply should be 2 weeks). • Provide supply of vape device and e-liquid (supply should be 4 weeks). Refer to GM Vaping Standard Operating Procedure for further detail. Ensure tobacco treatment plan is included in discharge summary and incorporates behavioural support provided, treatment provided, and details of referral to further stop smoking support.

Inpatient Mental Health and Learning Disability Care Pathway Core Components	Responsible Team	Care Pathway Details
Post-discharge Care	Tobacco Dependency Team (TDT)	Weekly contact up to 28-day post-discharge, followed by contact at week 8, week 12 and then and then monthly contact to week 26 post-discharge as per clinical judgement (more frequent contact may be required for certain patients) • Check smoking status, ongoing use of treatment. • Provide voucher code for further supply e-liquid for patients receiving treatment of vape. • 4-week follow-up contact and outcome assessment. • 12-week follow-up contact and outcome assessment. • Monthly follow-up contact and outcome assessment between 12-week and 26-week follow up • 26-week follow-up contact and outcome assessment. • Document smoking status, ongoing use of treatment.
	<u>OR</u> Transfer of Care to: Digital Smoke Free App <u>OR</u> Community Stop Smoking Service <u>OR</u> Community Pharmacy (Target for completion: 4 weeks, post discharge)	7-day post-discharge telephone contact • Check smoking status, ongoing use of treatment, check engagement with community-based tobacco dependence support, liaise with community support if appropriate. • Check engagement with community-based tobacco dependence support, liaise with community support if appropriate.

3.3 NHS GM Smokefree Pregnancy (and support for partners) Care Pathway

The GM Infant Mortality review has highlighted smoking as the leading risk factor associated with infant mortality, posing preventable risks during pregnancy and childbirth with NHS England (NHSE)^{xxi} Saving Babies Lives Care Bundle (SBLCB) aims to improve stillbirth rates and reduce maternal and neonatal mortality by 2025^{xxii}. GM has had a multifaceted whole systems approach in driving down smoking at the time of delivery since 2018, which has supported over 4,500 Smokefree babies, reducing the prevalence of maternal smoking from 1 in 8 to 1 in 10 within just three years.

By increasing the number of Smokefree families, the programme aligns with the NHS's long-term plans. This evidence-based approach engages healthcare professionals spanning midwives, maternity support workers, obstetricians, GPs and more. The integration of pharmacotherapy and behavioural interventions has shown an 83% increase in smoking abstinence compared to usual care.

[The Smokefree pregnancy pathway](#)^{xxiii} includes an evidence-based financial reward incentive scheme to pregnant people and their families across GM which is an established evidence-based intervention. The combination of the incentive plus the support of a health professional beyond that traditionally offered by the NHS Stop Smoking Service is an effective combination providing both additional evidence and a model for commissioners seeking to reduce smoking in pregnancy. The incentive scheme also provides modest support to a significant other. Without this evidence-based financial reward incentive scheme there is an increased risk of maternal smoking for those who would find it hardest to maintain a quit without additional support.

The influence of the Smokefree Pregnancy programme extends beyond stopping smoking, as pregnant individuals who quit smoking experience reduced risks of miscarriage, stillbirth, pre-term birth and other complications. The programme's impact also resonates with second-hand smoke exposure, contributing to healthier pregnancies and better infant outcomes. The GM Smokefree Pregnancy Pathway supports pregnant people and their families and contributes to healthier pregnancies, reduced risks, and improved infant well-being and has an agreed system-wide guideline.

The pathway has five core components:

1. **Antenatal Booking Assessment:** CO testing, providing immediate brief advice and opt-out automated referral (or notification) to the specialist maternity Tobacco Dependency Service in the booking appointment.
 2. **Smokefree Pregnancy Care:** Providing personalised tobacco dependence support from a specialist trained maternity Tobacco Dependency Advisor for pregnant women and family members, including CO testing, provision of treatment, development of treatment plan, offer of incentives.
- Subsequent Antenatal Appointments:** CO testing, providing further brief advice

and referral to the specialist maternity Treating Tobacco Dependency Service if required. Risk perception intervention is required for those who have not engaged with the Tobacco Dependency Service by the time of their dating scan.

3. **Inpatient Care:** Providing CO test on admission and assessment of treatment required whilst in hospital.
4. **Post-natal Care:** Providing further brief advice and offer of a post-discharge treatment and support package as part of care for women and family members, including tobacco dependence aids and referral to specialist community stop smoking support. Discuss risks of second-hand smoke and Smokefree homes.

NHS GM Smokefree pregnancy (and support for partners) Care Pathway	Responsible Team	Care Pathway Details
Antenatal Booking Assessment	Admitting Team Booking Midwives (Community or Antenatal Clinic) <u>OR</u> Obstetrician at Booking Appointment	Brief advice and acute management of tobacco withdrawal IDENTIFY – Identify tobacco use status through completion of Carbon Monoxide (CO) testing. Any woman that actively smokes or has stopped within the last two weeks should be identified as meeting criteria for treatment. ADVISE – Provide brief advice on the harms of exposure to carbon monoxide and the importance of engaging with the specialist maternity Treating Tobacco Dependency Service. REFER – Inform the woman they will be referred to the specialist maternity Treating Tobacco Dependency Service and complete referral via immediate telephone call to enable the woman to leave with an appointment to see the specialist advisor within 5 working days. RECORD – Tobacco dependence diagnosis is recorded in patient medical record.
	Specialist Midwives and Maternity Tobacco Dependency Advisors	Initial assessment and treatment plan • Complete assessment. • Encourage quit date to be set and 'not a puff' rule. • Direct supply of medications/treatment as needed. • Provide personalised behavioural support. • Provide incentives. Follow-up consultations (up to 3 months post-partum) • Titration of treatment/medications. • Provide behavioural support. • Provide incentives.

RISK PERCEPTION INTERVENTION (if required) Delivered by Trained Antenatal Clinic Midwives for all women who have remained smoking or who have not engaged with the specialist maternity Tobacco Dependency Service at the dating scan.		
NHS GM Smokefree pregnancy (and support for partners) Care Pathway	Responsible Team	Care Pathway Details
Subsequent Antenatal Appointments	Midwives (Community or Antenatal Clinic) <u>OR</u> Obstetrician at Booking Appointment	IDENTIFY – Identify tobacco use status through completion of Carbon Monoxide (CO) testing. Any woman that actively smokes or has stopped within the last two weeks should be identified as meeting criteria for treatment. ADVISE – Provide brief advice on the harms of exposure to carbon monoxide and the importance of engaging with the specialist maternity Tobacco Dependency Service. REFER – Offer the woman referral to the specialist maternity Tobacco Dependency Service and complete referral via immediate telephone call to enable the woman to leave with an appointment to see the specialist advisor within 5 working days. RECORD – Tobacco dependence diagnosis is recorded in patient medical record.
Inpatient Care	Hospital Midwives <u>OR</u> Obstetricians <u>OR</u> Sonographers	IDENTIFY – Identify tobacco use status through completion of Carbon Monoxide (CO) testing. Any woman that actively smokes or has stopped within the last two weeks should be identified as meeting criteria for treatment. ADVISE – Provide brief advice on the harms of exposure to carbon monoxide and the importance of engaging with the specialist maternity Tobacco Dependency Service. REFER – Offer the woman referral to the specialist maternity Tobacco Dependency Service and complete referral via immediate telephone call to enable the woman to leave with an appointment to see the specialist advisor within 5 working days. RECORD – Tobacco dependence diagnosis is recorded in patient medical record.

NHS GM Smokefree pregnancy (and support for partners) Care Pathway	Responsible Team	Care Pathway Details
Postnatal Care	Hospital Midwives (Community or Antenatal Clinic)	IDENTIFY – Identify tobacco use status through completion of Carbon Monoxide (CO) testing. Any woman that actively smokes or has stopped within the last two weeks should be identified as meeting criteria for treatment. ADVISE – Provide brief advice on the harms of second-hand smoke exposure and the importance of engaging with local community stop smoking services. REFER – Signpost the woman and family members to the local community stop smoking service. RECORD – Tobacco dependence diagnosis is recorded in patient medical record.

3.4 Stop Smoking Offer for NHS Staff and Contractors

Smoking rates in NHS staff are particularly high, a recent study found that 19% of NHS staff in Manchester are current smokers, a prevalence 32% greater than the general population. The same study also found that 98% of smoking staff are aware of the harms of smoking and 68% feel they would benefit from free and easily accessible stop smoking support^{xiv}. Providing such support would, in addition to meeting staff needs, improve staff health, reduce sick days, improve productivity and promote the delivery of Smokefree environments.

NHS Staff and contractors have access to a digital service that includes:

- Six months' free access to the premium features of the Smoke Free App
- Personal 24/7 support from an expert quit smoking advisor (via the Smoke Free App)
- Free vape kit and e-liquids for 12-weeks.
- Free Nicotine Replacement Therapy (NRT) for 12-weeks.

The offer centres around providing NHS staff and contractors the opportunity to access tailored stop smoking support from experienced NCSCT advisors by downloading the Smoke Free App. Support is available around the clock at a time to suit them, which can be invaluable for shift workers. Advisors help staff to choose what tobacco dependency treatment is right for them, and in setting a quit date. Tobacco dependency treatment products are dispatched the next working day via Royal Mail 24-hour tracked postage.

3.5 NHS Smokefree Hospital Grounds

It is critical for all hospitals to have a clear Smokefree Policy and for there to be trust-wide commitment to tobacco dependence treatment and Smokefree environments. NHS Greater Manchester (NHS GM) has produced a practical guide on creating a Smokefree NHS for Trusts in GM. The guide was created with significant contributions from colleagues at several Greater Manchester NHS Trusts.

The guide, informed by behavioural insights and good practice models, aims to support consistent implementation across all Trusts in Greater Manchester. The guide provides tools and strategies to form smokefree steering groups, develop comprehensive policies, and educate clinical teams on treating tobacco dependency. It aligns with the NHS Long Term Plan to tackle smoking, reduce health inequalities, and promote healthier lifestyles, contributing to a national effort to reduce smoking and improve public health.

[NHS Smokefree Hospital Guidelines and Toolkit](#)

4.0 The Medical Treatment of Tobacco Dependency

4.1 Nicotine Replacement Therapy

Nicotine replacement therapy (NRT) is readily available on prescription and over the counter. It is the cornerstone of managing nicotine withdrawal and cravings for nicotine in an inpatient setting. There is high quality evidence with Cochrane reviews that combination NRT (a long-acting transdermal patch and a short-acting nicotine product) is more effective than single agent NRT, and that high dose NRT is more effective than lower strength products. This is unsurprising given inhaling tobacco smoke is a highly effective mechanism for nicotine absorption into the body and NRT must try to replicate this.

Key information when discussing and providing nicotine replacement therapy:

- Nicotine patches are effective at preventing withdrawal from nicotine by providing a constant 'drip' of nicotine into the bloodstream. Short-acting nicotine products are useful for managing cravings to smoke.
- Use short-acting nicotine products 'on the hour every hour' and whenever cravings start.
- All short-acting nicotine products are absorbed through the oral-mucosal membranes. Encourage patients not to swallow the nicotine, let it rest in the mouth and absorb through the gums/tongue.
- The most serious risk of relapsing back to smoking is prescribing an insufficient dose of NRT to alleviate cravings.

4.2 Nicotine Vapes

Vapes (E-cigarettes, Electronic Nicotine Delivery System, ENDS) are electronic devices which allow patients to inhale nicotine through a vapour. Vaping should be thought of as a short-acting nicotine product that utilises inhalation with absorption predominantly in the oro-pharynx. Vaping devices contain a heating element which, when activated, rapidly heats liquid nicotine in a disposable cartridge, producing the vapour which is inhaled by the patient. Vaping devices do not contain tobacco and there is no combustion of tobacco. Vaping products are regulated by consumer product regulation and all devices require notification to the Medicines and Healthcare products Regulatory Agency (MHRA). Vaping is an effective treatment for tobacco dependency, more effective than NRT alone, and more effective when combined with NRT. The successful outcomes from vaping may reflect its mimicking of smoking with the rapid rise of serum nicotine levels, hand to mouth physical movements, and the sensation of vapour hitting the back of the throat, making a viable alternative to smoking tobacco that maintains the pleasurable psychoactive effects of nicotine without the combustion of tobacco. Vaping is substantially less harmful than smoking tobacco but not harm-free and is solely used as a treatment for tobacco dependency. People who do not smoke, should not vape. Public and professional misconceptions about the relative harms of vaping in comparison to smoking tobacco can act as a barrier to use vapes as an effective smoking cessation treatment and may influence people to continue to smoke. It is important for the GM NHS system to provide accurate and consistent information on vaping to patients that are tobacco dependant.

Key information when discussing and providing nicotine vapes:

- Vaping is an effective treatment for tobacco dependency in people aged 18+.
- When people use vapes to stop smoking, they should switch completely to vaping from smoking.
- Nicotine vapes deliver high dose fast-acting nicotine which can help to alleviate withdrawal and urges to smoke.
- Vaping should be used to quit smoking with support from an expert trained to help with tobacco dependence.
- When provided in the inpatient setting, nicotine vapes should be used alongside combination NRT as patients may not be able to use the vape at certain times or in certain environments (e.g., the internal hospital building).
- Nicotine vapes can be used whilst pregnant or breastfeeding.
- Inform patients who use nicotine vapes as part of their tobacco dependency treatment plan that vaping products are regulated under Tobacco and Related Product Regulations 2016 (TRPR), that adverse events related to vape products need to be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) and that vaping products should only be purchased from reputable sources. Additional information on reputable sources can be sought from local government stop smoking services.
- Vapes should not be used when using home oxygen therapy.
- Vaping is not risk free. People who do not smoke, should not vape.

4.3 Nicotine Analogue Medications

Varenicline is a licenced medication that acts as a dual agonist and antagonist at the nicotinic receptor in the brain. The agonistic effect creates the release of dopamine, and the antagonistic action prevents the release of dopamine in response to nicotine from smoking tobacco. Varenicline, therefore, both reduces withdrawal from nicotine and reduces the pleasurable psychoactive effects of smoking by preventing the downstream actions of nicotine at the time of smoking. This separates the reward from the action of smoking and is a very powerful tool to overcome the dependence to tobacco.

Varenicline is the most effective treatment for tobacco dependency in comparison to other pharmacotherapies in randomised controlled trials, in real-world data from local government stop smoking services and it is a highly cost-effective treatment. It is even more effective when combined with other treatments e.g., NRT. Varenicline has no drug interactions and very few contra-indications (avoid in pregnant or breastfeeding patients), so apart from knowing to prescribe according to the recommended starting dose escalation formula, it is very easy to prescribe. The most frequently recorded adverse effects of varenicline are nausea, sleep disturbance and vivid/colourful dreams. A significant barrier to the prescription and usage of varenicline had been concerns over mental health side effects, which have subsequently been disproven by several meta-analyses and the [EAGLES](#) trial that specifically tested the question of neuropsychiatric complications. Mental health illness should not preclude the prescription of varenicline.

Although varenicline is not currently available in the UK it is expected to be available once again in 2024/25. GM must be ready to re-integrate varenicline into TTD pathways at scale when this does happen.

Key information when discussing and providing varenicline

- Varenicline prevents withdrawal from nicotine and takes away the pleasurable effects of smoking.
- Varenicline is started on an escalating dosing schedule and is a total of 12 weeks treatment:
 - Days 1-3: 0.5mg once daily
 - Days 4-7: 0.5mg twice daily
 - Day 8 onwards: 1mg twice daily
- Varenicline is one of the most effective treatments for tobacco dependency and can be added to all other treatments, particularly as varenicline takes several days to reach its full effect & patients initially require additional nicotine from NRT/vaping products.
- Varenicline is more likely to be successful alongside the support of a tobacco dependency specialist practitioner.
- Warn about common side effects including nausea, sleep disturbance and vivid/colourful dreams.
- The dose can be reduced by half if any side effects are persistent or intolerable.
- Varenicline is a 12-week course but can be extended to 24 weeks or longer for patients with a high dependency on nicotine and/or high risk of relapse.
- Refer to the British National Formulary (BNF) for more information.
- Not for use in pregnancy or when breastfeeding.

4.3 Nicotine Analogue Medications

Cytisine is a naturally occurring chemical derived from the plant *Cytisus laburnum* ('golden rain', endemic to the Balkans) and is a nicotine analogue. It is a partial agonist of the nicotine receptor, similar to varenicline. It has a strong evidence base including randomised controlled trials and meta-analyses confirming its efficacy against placebo, non-inferiority (and probably superiority) to NRT and non-inferiority to varenicline **(24-28)**^{xxiv}. These studies also confirm reduced adverse events in comparison to varenicline but increased adverse effects in comparison to placebo (gastrointestinal disturbance). Cytisine is considerably cheaper than varenicline and has been a licensed medication in Europe for over 50 years.

Cytisine 1.5mg tablets are indicated for smoking cessation and reduction of nicotine cravings in smokers who are willing to stop smoking; the treatment goal of Cytisine is the permanent cessation of the nicotine containing products use.

Cytisine does not contain nicotine; it is a nicotine receptor partial agonist, binding to the same receptors responsible for nicotine dependence, alleviating the central and peripheral effects of nicotine withdrawal^{xxv}.

Cytisine is a Prescription Only Medicine. One pack of Cytisine (100 tablets) is sufficient for a complete treatment course, which is 25 days.

Key information when discussing and providing cytisine

- Advise that cytisine is a naturally occurring plant-based substance that mimics the effect of nicotine in the brain and has strong evidence it can help people who smoke to stop.
- Cytisine is started on an reducing dosing schedule over a 25-day course:
 - **Day 1-3: 1 capsule every 2 hours** (maximum 6 capsules/day)
 - **Day 4-12: 1 capsule every 2.5 hours** (maximum 5 capsules/day)
 - **Day 13-16: 1 capsule every 3 hours** (maximum 4 capsules/day)
 - **Day 17-20: 1 capsule every 5 hours** (maximum 3 capsules/day)
 - **Day 21-25: 1-2 hours capsules/day**
- Cytisine is an effective treatment for tobacco dependency and can be added to all other treatments e.g. NRT/vaping.
- Cytisine is more likely to be successful alongside the support of a tobacco dependency specialist practitioner.
- Warn about common side-effects including sleep disturbance, headaches, nausea.
- Not to be used when pregnant or breastfeeding.

4.4 Clinically Significant Drug Interactions with Tobacco Smoking Key points [\(as described in the NCSCT Standard Treatment Guide for Inpatient Tobacco Dependence\)](#)

- Tobacco smoke stimulates a liver enzyme responsible for metabolising some drugs in the body, which means that the metabolism of some drugs increases.
- This effect is not caused by nicotine but rather from the tar in tobacco smoke.
- When treating tobacco dependence, be aware of a small number of drugs, in particular clozapine, olanzapine which may require dose adjustment or increased monitoring when smoking status is altered.

This is irrespective of the tobacco dependence medication used.

The most clinically important drug interactions are listed below; however, this should not be considered a comprehensive list:

Some antidepressants and anxiolytics:

- Amitriptyline
- Clomipramine
- Diazepam
- Duloxetine
- Tricyclic antidepressants

Some antipsychotics:

- Clozapine
- Olanzapine
- Chlorpromazine

Physical drugs:

- Aminophylline
- Caffeine
- Erlotinib
- Flecainide
- Insulin
- Methadone
- Propranolol
- Riociguat
- Theophylline
- Verapamil
- Warfarin

For patients taking Clozapine, NCSCT Standard Treatment Plan for Inpatient Tobacco Dependence recommends:

Hospital admissions

Review smoking status on and during admission; arrange blood levels and dose reduction if smoking is significantly reduced or stopped.

Seek urgent specialist advice

Smoking status changes have a clinically important effect. Individuals stopping or reducing cigarette smoking are at risk of severe toxicity if blood levels and dose are not closely monitored. Those starting or resuming smoking may require dose titration.

Monitoring and dose adjustment

Dosage adjustment under specialist supervision will be needed. If stopping smoking, take blood levels (in addition to any usual tests), and reduce dose as needed. Repeat blood levels after one week. If starting (or restarting) smoking, take blood levels and titrate dose to maintain therapeutic effect. Repeat blood levels as needed. Review changes if smoking is resumed.

5.0 Behaviour Change Support in Treating Tobacco Dependence

Tobacco dependency specialists/practitioners are healthcare professionals who are trained in behavioural support and provide evidence-based behaviour change counselling to patients with tobacco dependency. They are also experts in how to advise patients (and health professionals) on the use of medications and other interventions to treat tobacco dependence. Combining behavioural support with pharmacotherapy has added benefit in supporting long-term abstinence from tobacco. There is high-certainty evidence from Cochrane meta-analyses that providing behavioural support in person or via telephone for people using pharmacotherapy to stop smoking increases quit rates. Furthermore, there is evidence that behavioural or multicomponent interventions to help patients stop smoking that are started in hospital (and continue after discharge) increase treatment success rates, including a Cochrane meta-analysis demonstrating a significant increase in tobacco cessation rates through the combination of nicotine replacement therapy (NRT) and specialist behavioural support provided during a hospital admission.

It is critical that specialist behaviour change support from a trained practitioner is part of treating tobacco dependency and people that smoke are advised about the importance of working with a specialist and what the service offers.

6.0 The Pillars of Treating Tobacco Dependency in Greater Manchester

Considering all the information provided above, Greater Manchester can set out its pillars of treating tobacco dependency that form the foundations of all TTD services and work programmes:

- Systematic screening to identify people that smoke at all times. The TTD programme uses 'teachable moments' and opportunistic touch points with the healthcare service to systematically identify people that smoke in order that every person with tobacco dependency is provided with these pillars of treatment.
- Provision of key information about tobacco dependency and its treatment. It is important for any person with a dependence to tobacco to understand why it is so difficult to stop due to the powerful cravings for nicotine and the unpleasant withdrawal symptoms. As smoking tobacco rapidly transports nicotine into the brain which relieves these negative symptoms, smoking tobacco can be interpreted as rewarding when the truth is this reflects withdrawal and dependency. This is fundamental knowledge to support engagement with treatment and support.
- Discussion and offer of nicotine replacement therapy as part of treatment plan. NRT is an effective treatment to alleviate nicotine withdrawal and cravings for nicotine and can support a person not to smoke. NRT should always be provided as combination NRT (long acting and fast acting products). Combination NRT can be used in combination with other medical treatments.
- Discussion and offer of nicotine vapes as part of a treatment plan. Nicotine vapes are an effective treatment to alleviate nicotine withdrawal and cravings for nicotine and can support a person not to smoke. Nicotine vapes can be used in combination with other medical treatments.
- Discussion and offer of nicotine analogue medications as part of a treatment plan. Nicotine analogue medications are an effective treatment to alleviate nicotine withdrawal and cravings for nicotine and can support a person not to smoke. Nicotine analogue medications can be used in combination with other medical treatments.
- Onward referral or ongoing support from a specialist team or service to ensure long-term behaviour change and review of medical management on the journey towards long-term abstinence. Referral to specialist teams should be opt-out and a standard of care.
- Smokefree environments. These interventions should be delivered within Smokefree environments that both protect members of the public from the harmful effects of side stream smoke but also support people trying to be Smokefree by removing visual cues to smoke.
- Working with the patient's multi-professional care team. A Trust-wide commitment to tobacco dependence treatment in mental health hospitals and a consistent approach among all members of the patients care team is critical. Tobacco Dependency Advisors must work with the patient's care team, family and significant others to regularly communicate about the patient's smoking and vaping status and response to treatment.
- Tobacco Dependency Advisors in all Trusts can support the Admission Care Bundle by reinforcing and expanding the skills of frontline staff, to help them increase confidence in initiating the rapid NRT protocol and initiating referrals to the Specialist Tobacco Dependency Team.

7.0 Standards of Care, Key Performance Indicators and Outcomes

7.1 Outcomes Framework Domains and Indicators

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	x
Domain 3	Ensuring people have a positive experience of care	x
Domain 4	Treating and caring for people in a safe environment and protecting them from avoidable harm	x

7.2 Standards of care and key performance indicators for acute, tertiary, and mental health:

All acute, tertiary, and mental health Hospital sites should assess their compliance against the standards of care set out below.

Standard	Compliance (Yes / No)
Process in place to screen all patients for tobacco dependency and record smoking status within electronic patient record	
On-site hospital-based tobacco dependency treatment service	
7-day working for the tobacco dependency team	
Out-opt referral process for people that smoke to tobacco dependency team (automated, electronic referral)	
Hospital protocol for initiating NRT on admission to hospital	
All NRT products on formulary	
Mechanism for tobacco dependency team to direct supply NRT to patients during assessment (PGD/protocol)	
Nicotine vapes available for patients that smoke as part of a treatment plan	
Nicotine analogue medications (Varenicline and / or cytisine) available and on formulary for patients that smoke as part of a treatment plan	
Electronic data capture for outcome of a Smokefree admission	
Onward referral pathway available for community stop smoking service	
Onward referral pathway available for community pharmacy stop smoking service	
Onward referral pathway available for Smoke Free App	
Ongoing support within hospital tobacco dependency team after discharge available	
Hospital Smokefree steering group set up and active	
Smokefree policy that supports vaping as part of tobacco dependency treatment implemented	
Training programme for all staff to ensure confidence and competence in the treatment of tobacco dependency available	

Key Performance Indicators

Care Pathway Process Measures and Key Performance Indicators		Target*
Trust measures		
TM1	Smoking status assessed at point of inpatient admission	≥95%
TM2	Proportion of people with a recorded smoking status where the person is recorded as smoking	≥90%
TM3	% Trust staff that have completed VBA tobacco dependence training	No target
TM4	% people recorded as smoking referred to the in-hospital tobacco dependence treatment team	No target
TTD team KPI's (acute, mental health and tertiary)		
Proportion of referrals received by the TTD specialist team		
KPI 1	Total number of people who are referred to the in-house tobacco dependence specialist team that are seen by the service	≥75%
KPI 2	% people who are referred to the tobacco dependence specialist team that are seen by the service within 24-hours (one working day)	≥75%
KPI 3	% people seen by the tobacco dependence specialist team that accept specialist continued support from the hospital-based service post discharge	≥30%
KPI 4	% people seen by the tobacco dependence specialist team that accept a referral and transfer of care for post-discharge follow-up	No target
KPI 5	Provide individual totals / proportions referred to community stop smoking service, SCS pharmacy, Smoke Free App, VCSE.	No target
Discharge KPI's for the TTD specialist team		
KPI 6	Total number of people who are seen/contacted by the in-house tobacco dependence specialist team for treatment post-discharge	No target
KPI 7	% people who are seen/contacted by the in-house tobacco dependence specialist team within 7-working days from discharge	No target
KPI 8	% of people who are seen/contacted by the tobacco dependence specialist team that are smokefree at 28-days post-discharge/quit date	≥20%
KPI 9	% people who are seen/contacted by the tobacco dependence specialist team that are smokefree at 12-weeks post-discharge/quit date	≥15%
KPI 10	% people who are seen/contacted by the tobacco dependence specialist team that are seen at 26-weeks post-discharge/quit date (mental health only)	No target

*As data starts to flow into tableau these targets will be reviewed and may be subject to change.

N.B. KPI's for the Smokefree Pregnancy service are separate and outlined in the [Smokefree Pregnancy guideline](#).

8.0 Data Reporting

Smoking status is electronically monitored for all acute, tertiary and mental health patients admitted to hospital, and the smoking status of pregnant women is noted as early as the first appointment with the midwife. As a result, smoking status is thoroughly documented in all cases.

A cross system multi-provider digital stop smoking system programme commenced in April 2023 with the aim of developing a digital solution to capture personalised data on all NHS in-patients who smoke. The data will be used for clinical purposes at a provider level and for reporting at both a GM and national level.

This whole system approach will support providers across the inpatient Treating Tobacco Dependency Care Pathway beyond discharge and will improve patient care and make processes more efficient through:

- Consistent/standard record-keeping.
- Reducing duplication in records by linking to the GM care record.
- Reducing duplication in hand over on discharge.
- Improving reporting at a local, ICB and national level.
- Improving quality and safety in delivery across the entire pathway.
- Reducing attrition rates with services on discharge to create seamless transition for our citizens.
- Allowing for longitudinal review of outcomes: mortality/re-admission rates.
- Allowing review of population level data and its economic impact of the pathways.

9.0 Scope

9.1 Aims and Objectives of NHS Tobacco Dependency Treatment Services

People in contact with NHS services including all acute and mental health in-patients, people accessing specialist tertiary care services, people on a pregnancy pathway and long-term users of specialist mental health and learning disability services will receive a treatment programme for tobacco dependency.

At its heart is systematically identifying all active smokers and immediately providing tobacco dependence treatments (as well as ensuring access to evidenced-based pharmacotherapy and vapes) for the duration of the admission or pregnancy pathway. This is supplemented by a consultation with an expert tobacco dependency treatment team to construct a long-term treatment plan after discharge and throughout pregnancy including up to 3 months post-partum.

Tobacco dependency treatment pathways exist across the whole health and social care platform. People presenting at Accident and Emergency (A&E) who require additional mental health care will be supported by acute tobacco dependency treatment teams, and, through support from mental health liaison practitioners, subsequently be transferred to mental health inpatient units where they will receive ongoing treatment for tobacco dependency. Likewise, perinatal mental health services providing care and treatment for women with complex mental health needs that require support during/after pregnancy will do so alongside the specialist tobacco dependency treatment provided through the Smokefree pregnancy pathway.

9.2 Aims and Objectives for Greater Manchester

- To deliver and demonstrate the immediate benefits of a comprehensive treatment programme for tobacco dependency for all people admitted to hospital who smoke, all people accessing specialist tertiary care services, all people admitted to specialist mental health inpatient or learning disability services and pregnant people and their partners through the Smokefree pregnancy pathway. acute in-patients.
- To support and train the health and care workforce, Voluntary, Community, Faith and Social Enterprise (VCFSE) and community workforce to have the competence and confidence to discuss and initiate the treatment for tobacco dependency across the healthcare system including post-discharge.
- Develop and embed a standardised assessment and treatment pathway for smokers admitted to acute care trusts, mental health trusts and specialist tertiary care centres that ensures all patients and service users that smoke have access to the most evidence based and effective interventions for tobacco dependency.
- Appropriately resource the expert specialist tobacco dependency treatment teams to see all smokers and design individualised treatment plans beyond discharge or for the duration of the treatment pathway including up to 26-weeks for mental health and throughout pregnancy and 3-months post-partum.
- Deliver a standardised and robust handover of treatment plan to primary care upon discharge, including community, VCSE, or digital services where a transfer of care is required. The optimal pathway for discharge will be one that provides different options that can be individualised for each patient (see page 30).
- Support culture change within all NHS trusts to embed the treatment of tobacco dependency into all medical team's day-to-day practice.
- Develop IT systems to support the delivery of tobacco dependency treatment services.
- Implement truly Smokefree hospital grounds, including a clear distinction between smoking and vaping and ensuring that patients that smoke that are using vaping as treatment for tobacco dependency are supported to do so on hospital grounds.
- Report robust outcomes from this regional programme to continue to demonstrate the benefits and to secure long-term sustainable funding and make the treatment of tobacco dependency business as usual.

9.3 Service Description/Care Pathway

Patient Pathway

Tobacco dependency treatment services will contribute to the GM and locality ambition to reduce smoking prevalence by supporting smokers who are admitted to hospital to quit. All patients will be screened for smoking status on admission and the outcome recorded within the designated electronic system. All current smokers will be provided with advice and treatment by the admitting team (as per GM treating tobacco dependency prescribing protocol). The specialist Tobacco Dependency Team will then provide 1-2-1 for all patients who smoke and consent to the programme. The Smokefree pregnancy guideline and pathway can be [found here](#).

Treating Tobacco Dependency Services across all care pathways provide standardised treatment including:

Admitting Team

- Complete initial screening and provide information and knowledge on tobacco dependency to current smokers within 24-hours of admission to hospital.
- Commence initial treatment for tobacco dependency in line with the GM prescribing protocol.
- Ensure all patients admitted are referred to specialist Tobacco Dependency Team team (supported by electronic systems to automate this process).
- If the offer of treatment/pharmacotherapy is accepted by the patient, the admitting team should ensure a prescription is completed and medications commenced within 24-hours of admittance.
- If a pregnant person is found to be admitted, contact the lead specialist midwife in your NHS Trust. See Appendix A for contact details.

Discharge Pathways

A multiple discharge pathway model is in place to support smokers beyond their hospital admission. For patients in acute hospital care, this includes in-service ongoing support led by the specialist Tobacco Dependency Teams, electronic referral systems to ensure onward support from/transfer of care to community stop-smoking services, a community pharmacy led advanced smoking cessation service, Smoke Free App, and involvement of GP practices or VCSE organisations, when appropriate, to provide ongoing support for patients to remain abstinent and consider making a quit attempt. Mental health patients who are discharged from inpatient services are advised to continue ongoing treatment with their specialist Tobacco Dependency Team team or to be referred to local stop-smoking services via an established and bespoke pathway agreed upon by the mental health Trust.

The clinical management of clozapine whilst reducing/quitting smoking is the clinical accountability of the GP once they are automatically alerted by mental health Trust Tobacco Dependency Team and clinical staff. Therefore, local stop smoking services/VCFSE organisations supporting mental health service users on discharge will not be required to do anything if they have a patient on their caseload who has been discharged from an inpatient unit on clozapine.

The Smokefree pregnancy pathway ensures that specialist maternity tobacco dependency advisors will offer support throughout pregnancy and up to 3-months post-partum.

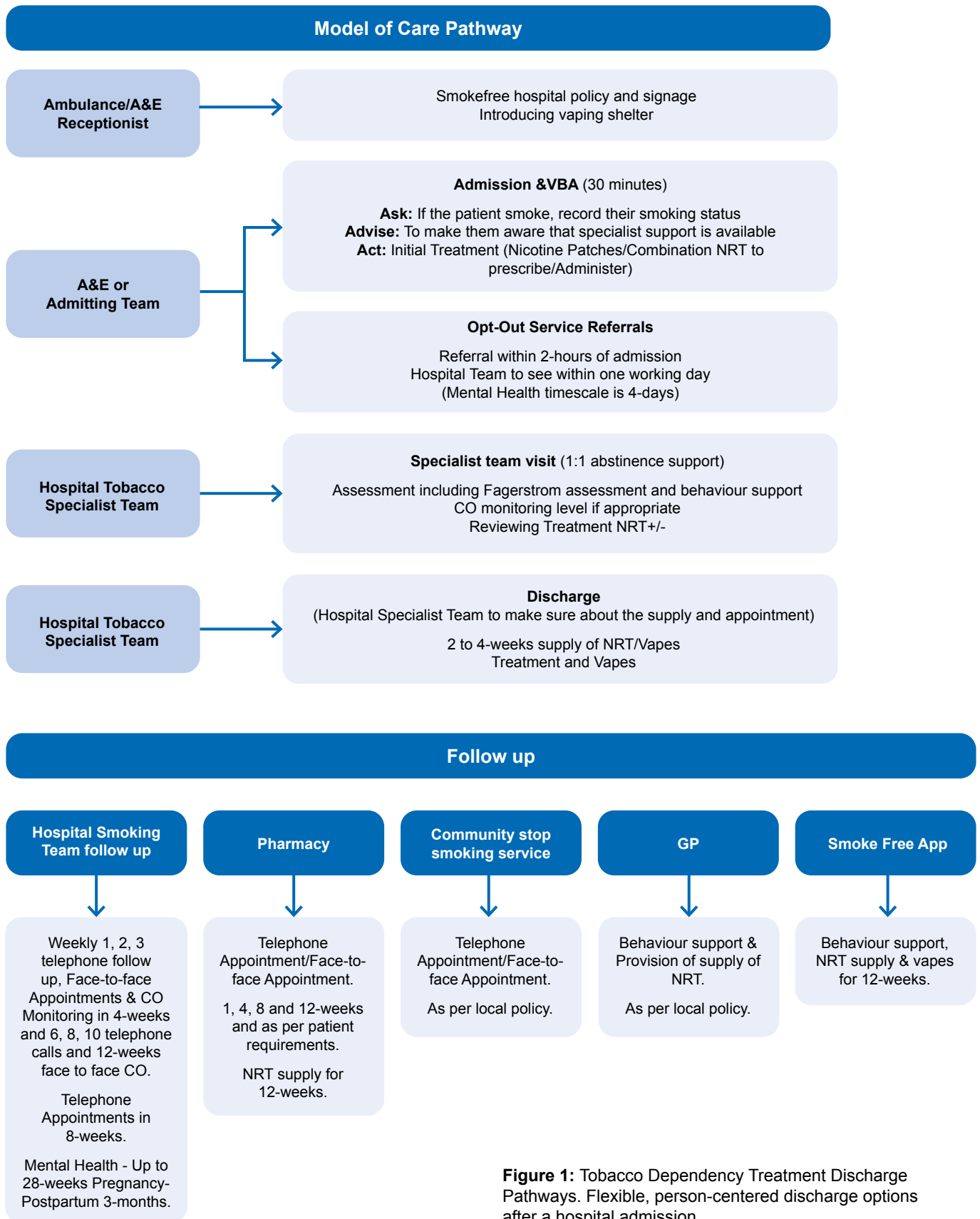


Figure 1: Tobacco Dependency Treatment Discharge Pathways. Flexible, person-centered discharge options after a hospital admission

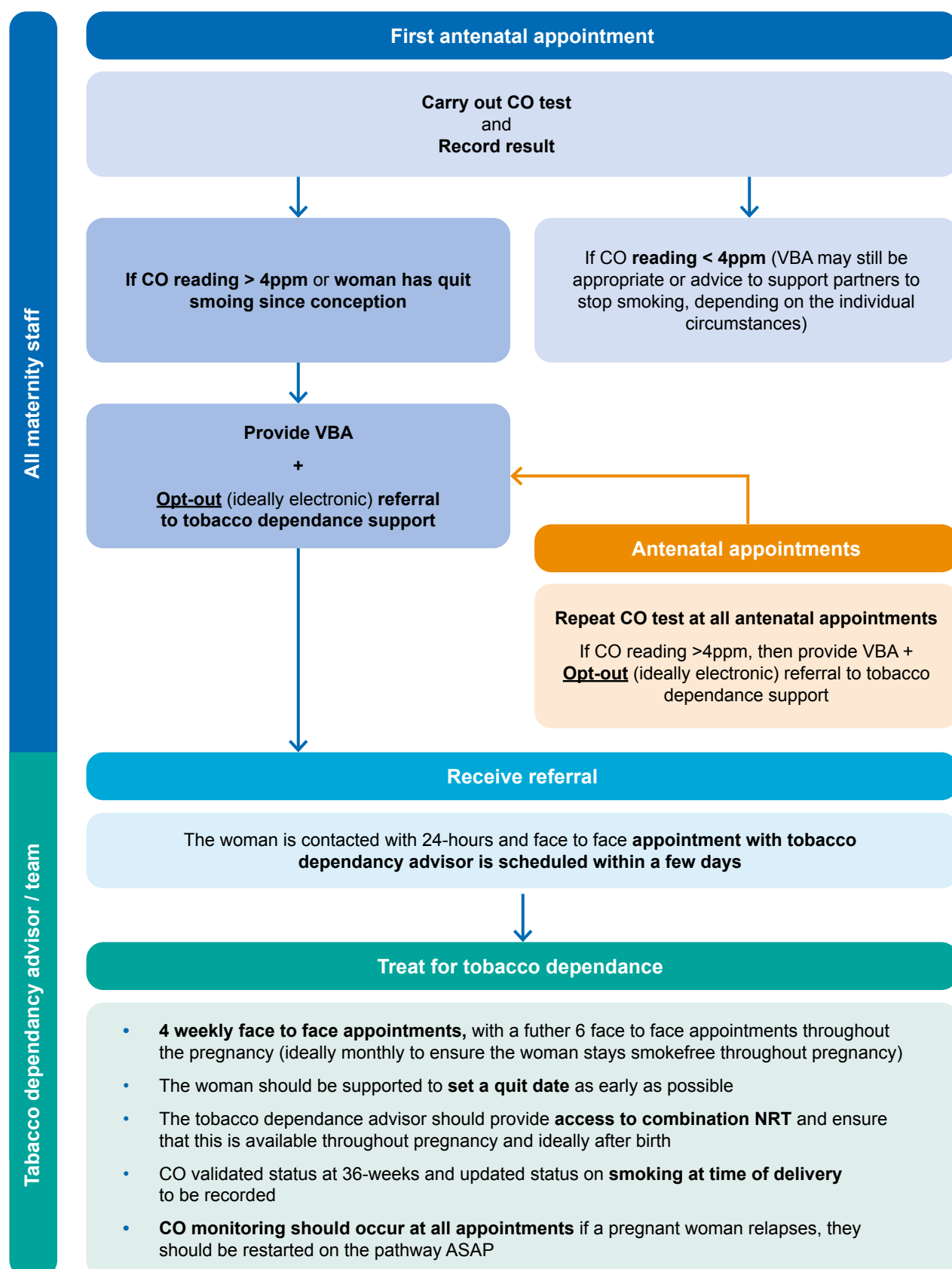


Figure 2: Smokefree Pregnancy Care Pathway

9.4 Local Objectives:

- Develop the required IT systems to support electronic screening of all acute and mental health hospital admissions for smoking status and facilitate automatic referral to the inpatient tobacco dependency treatment service for all current smokers (opt-out model).
- Implement a standardised prescribing protocol and support implementation (e.g. electronic prescribing and prompts to admitting clinicians).
- Develop robust discharge pathways, aligned to the local community follow-up services +/- follow up with the hospital Treating Tobacco Dependency Services to ensure ongoing treatment is provided beyond discharge. Ensure patients can also be supported by the Smoke Free App.
- Develop electronic systems to support the submission of key performance indicators (KPI's) to the GM tobacco control system and GM Treating Tobacco Dependency steering group.
- Support culture change within all NHS trusts to embed the treatment of tobacco dependency into all medical team's day-to-day practice.
- Ensure every health care professional has the competence and confidence to offer help to stop smoking through direct action and referral.
- Every patient has access to the best available treatments and expert support to treat the disease of smoking.
- Implement a standardised GM Smokefree hospital toolkit with evidence-based recommendations to support compliance to Smokefree hospital policies and ensure appropriate pathways are in place to capture 4 and 12-weeks outcomes (and up to 26-week outcomes for mental health patients, and throughout pregnancy and up to 3-months post-partum in line with the Smokefree pregnancy pathway and guideline).
- Report service outcomes on time and with complete datasets to the GM Treating Tobacco Dependency steering group.
- Report service outcomes on time and with complete datasets to NHSE in line with the Patient Level Data (PLD) Specification.

The local objectives will contribute to:

- Reducing the proportion of adults who smoke across local areas.
- A reduction in smoking-related illnesses and deaths.
- Improving the health of the population by reducing exposure to passive smoke.
- Improving choice of and access to stop smoking support, including pharmacological stop smoking aids and vapes (vapes are not available from the Christie).

Specialist Treating Tobacco Dependency Teams

To ensure effective delivery of motivational interviewing, behavioural change support and expert advice to smokers during their inpatient admission, specialist tertiary care or pregnancy pathway – this will require a team of specialist tobacco dependency advisors. This team will also:

- Review the effectiveness of initial treatments and prescriptions during their specialist consultation and make appropriate adjustments to ensure ongoing effectiveness.
- Discuss and offer vaping kits as part of the treatment of tobacco dependency with information regarding the hospital Smokefree policy.
- Ensure all available treatment options have been discussed and offered.
- Develop an individualised follow-up plan after discharge including a discussion of different discharge support available locally and access to the Smoke Free App.
- Follow the guidance for clinically significant drug interactions with tobacco smoking as outlined on pages 22-23 in this specification.
- All patients identified as a smoker to be approached by a treating tobacco dependency advisor and offered the support of the team. This includes a specialist consultation & development of a 1-2-1 treatment plan.
- Involvement of the tobacco dependency treatment team in devising a treatment plan for post discharge. Potential options:
 - Referral to the community stop smoking service.
 - Referral to community pharmacy smoking cessation service/SCS.
 - Ongoing support with the hospital tobacco dependency treatment team.
 - GP follow-up.
 - Smoke Free App (free access for GM residents).
 - Voluntary Community or Social Enterprise organisation.

10.0 Treatment

The treatment for tobacco dependence outlined in this specification is in accordance with

[Greater Manchester Medicines Management Group \(GMMM\) Medical Management of Tobacco Dependency.](#)

10.1 Prescribing Protocol

All patients should be offered NRT at the point of admission as the quickest method for alleviating cravings and withdrawal. In line with NICE guidance NRT should always be prescribed as combination NRT (long-acting patch plus a short-acting form).

Combination NRT is the NICE recommended standard and should be considered in all circumstances, however the specialist tobacco Dependency Advisors can consider tailoring NRT prescribing to individual patient requirements.

Step 1: Prescribe a long-acting nicotine patch

- Ask the patient how quickly they smoke from waking up.
- If <30minutes: **prescribe a 21mg/24hrs nicotine patch** (warn of possible sleep disturbance).
- If >30minutes: **prescribe a 25mg/16hrs nicotine patch.**

Step 2: Prescribe a short-acting nicotine patch

- Discuss all options with a patient but ensure they are aware that short-acting nicotine is absorbed through the gums – let the nicotine rest in the mouth and absorb.
- Try to avoid swallowing nicotine which will prevent absorption and cause dyspepsia.
- Nicotine is harmless and therefore the patient cannot overdose on it, but they can under-dose and still have cravings for tobacco – use regularly and as much as needed e.g. on the hour every hour.

Devise	Dose	Instructions
Inhalator	15 mg per cartridge	- Puff on it: absorbed through the gums 10 puffs = 1 puff of a cigarette - On the hour every hour + cravings
Gum	4 mg per gum	- Chew until fiery taste then park - On the hour every hour + cravings
Lozenge	4 mg per lozenge	- Suck like a sweet - Park if heartburn or hiccups occur - On the hour every hour + cravings
Microtabs	2 mg	- Under tongue, swallow / don't chew - On the hour every hour + cravings
Mouth spray	1 mg per spray	- Under tongue/in cheek, don't swallow - On the hour every hour + cravings
Nose spray	0.5 mg per spray	- Spray both nostrils - Watery eyes, runny nose, sneezing should settle - On the hour every hour + cravings

10.2 Vaping

- Vaping has a very strong evidence base as an effective tool for treating tobacco dependency. It has been shown to be twice as effective as NRT (NEJM 2019). It is critical patients with a dependency to tobacco are offered this method of treatment and are supported to do so by an appropriate Smokefree hospital policy that allows vaping on the external grounds of the hospital.
- Vaping can be combined with NRT and used alongside each other. The Treating Tobacco Dependency specialist nurses will discuss and offer vaping supplies (4-week starter kit) to all smokers as part of the specialist consultation.

10.3 Varenicline

Varenicline is a highly effective treatment for tobacco dependency. It works on the nicotine receptor in the brain to break the addiction to nicotine. It is cheaper and more effective than NRT. All smokers should be offered varenicline and it can be prescribed alongside NRT.

An alternative to varenicline, a plant-based naturally occurring chemical (cytisine) is currently undergoing due process to come to market in the UK and be available for patients via prescription. If this medication becomes available, the Treating Tobacco Dependency prescribing protocol will be amended, and this service specification updated.

Notes:

- Prescribers should be aware of this protocol, and it will need to be easily accessible as well as communicated effectively.
- Ward pharmacists to be educated on this protocol and be able to advise admitting doctors/nurses.
- Ensure process in place that checks if appropriate medication has been prescribed on admission by ward pharmacists, specialist nurse, tobacco champions.
- Short-acting nicotine should be readily available to the patient to use as required, not locked away.

10.4 In Scope vs Out of Scope

The service will apply/not apply to the following:

In Scope	Out of Scope
Screening and recording of smoking status for adults admitted for at least one night to an acute care trust or mental health trust, or within specialist tertiary care services.	Assessment of patients in Accident & Emergency, Day-case, Paediatrics, Maternity (has its own Smoking in Pregnancy programme).
Initial brief advice and NRT prescription by clinical team. Rapid access to NRT 24/7 with appropriate ward stocks.	Identification, assessment or treatment of outpatients*
Specialist assessment and treatment by the tobacco dependency treatment team on an opt-out basis; medication review, vaping offer, behaviour change, individualised discharge pathway.	Identification, assessment or treatment of outpatients*
Provision of inpatient and initial discharge tobacco dependency treatments (as per local policy).	Provision of tobacco dependency treatment after the initial discharge treatments**
4- and 12- week smoking status outcomes & complete KPI reporting to GM Treating Tobacco Dependency steering group.	
Development of robust pathways to refer to community follow-up programmes (stop smoking services, community pharmacy) as well as providing all patients with information to access the Smoke Free App.	Provision of specialist stop smoking support after discharge**
Delivery of supporting information to patients in line with Treating Tobacco Dependency projects delivered in scope of GM Make Smoking History strategy.	

*Local Treating tobacco dependency teams may decide within their team capacity, with appropriate business case and service development that the provision of outpatient services might be provided accordingly to local requirements

**Unless the service provides outpatient follow-up after discharge with the ability to provide ongoing medications

10.5 Workstreams

- Training and educating the medical workforce to have the competence and confidence to discuss and initiate tobacco treatment with smokers, signposting to [online training programme](#) (levels of training based on job role).
- A standardised assessment and treatment pathway for smokers admitted to acute care, specialist tertiary care, mental health and learning disability services or the GM Smokefree pregnancy pathway.
- An expert specialist tobacco dependency treatment team to see smokers and offer help/advice with treatment options, as well as design individualised treatment plans for beyond discharge.
- Standardised and robust hand-over of treatment plan to relevant discharge service for tobacco dependency treatment including access to the Smoke Free App.
- Culture change within NHS services to embed the treatment of tobacco dependency into identified relevant medical team's day-to-day practice.
- IT systems to support the delivery of this programme through electronic recording of smoking status, automated referral to the tobacco dependency treatment service, electronic prescribing, referral to community services and KPI reporting.
- Data completeness for KPI submissions including 4- and 12-week outcomes.
- Smokefree hospital grounds including vaping friendly policy allowing vaping on the external grounds to support abstinence from tobacco.

10.6 Acceptance and exclusion criteria and thresholds

This pathway is applicable to any patient with a tobacco dependency in line with the inclusion and exclusion criteria. The automated opt-out service should be operational for all adult admissions although in line with NICE guidance the tobacco dependency treatment team may accept referrals for patients 12 years and older*.

***Smokers under the age of 18 must not be given vape kits and/or e-liquids**

Exclusions within this Specification include:

- A&E**.
- Day case / Outpatients**.
- Paediatric wards (see above – referrals accepted for age 12 and over but not as part of opt-out model of care for adults described above)**.
- Members of staff**.

*See Appendix C for stop smoking offer for NHS staff and contractors. Local tobacco dependency services may also decide it is appropriate to offer staff treatment through the hospital service & future business case and service developments may include the treatment of hospital staff.

**Except where appropriate business case/approval is in place.

10.7 Interdependence with other services/providers

- Locality population/public health commissioner and leads for tobacco control.
- Hospitals across the GM conurbation.
- GM Cancer Treating Tobacco Dependency project team, part of Make Smoking History regional tobacco programme.
- All hospital departments (apart from those identified as 'out of scope' above).
- Community smoking cessation services.
- Primary care (i.e. GPs).
- Pharmacy.
- Community Pharmacy.

Appendix A

Specialist Smokefree Pregnancy Service Contacts

Bolton NHS Foundation Trust
07827 992883

Manchester University NHS Foundation Trust
07971 115482

Northern Care Alliance NHS Foundation Trust
07966 240892

Stockport NHS Foundation Trust
0161 419 4734 or **07876 351391**

Tameside and Glossop Integrated Care NHS Foundation Trust
07425 096 374 or **0161 922 5989**

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
07786 50132

Appendix B

Applicable Service Standards

NICE Guidelines 2021 (NG209): Preventing uptake, promoting quitting and treating dependence

Smoking & Health 2021: A coming of age for tobacco control (Royal College of Physicians)

Hiding in Plain Sight: Treating Tobacco Dependency in the NHS (Royal College of Physicians)

The NHS contract in England for 2017–2019, which has specified that commissioners must agree plans from the provider to maintain a Smokefree hospital estate by December 2018

Office for Health Improvement and Disparities, Nicotine vaping in England: 2022 evidence update.

Independent report, The Khan review: making smoking obsolete. 2022.

Command paper, Stopping the start: our new plan to create a smokefree generation. 2023.

Appendix C

Stop Smoking Offer for NHS Staff and Contractors

The NHS stop smoking support is a free offer of support in the form of an app to support NHS staff and contractors in GM. As well as six months' free access to the app, individuals can also receive up to 12 weeks' worth of nicotine replacement and/or a vaping kit to help satisfy nicotine cravings and prevent withdrawal symptoms when quitting. Click here for details

[NHS Smokefree Hospital Guidelines and Toolkit](#)

- i [Smoking Kills: A White Paper on Tobacco](#)
- ii [Smokefree Action Coalition, Smokefree Generation](#)
- iii [Office for Health Improvement and Disparities Guidance Smoking and tobacco: applying All Our Health, April 2022](#)
- iv [Action on Smoking and Health: ASH at 50, December 2021](#)
- v [Action on Smoking and Health: Smoking Pregnancy and Fertility](#)
- vi [Department of Health and Social Care Policy Paper: Stopping the start: our new plan to create a smokefree generation, November 2023](#)
- vii [NHS England: Improving the physical health of people living with severe mental illness Guidance for integrated care systems](#)
- viii [Royal College Psychiatrists Quality Improvement in Tobacco Treatment \(QUITT\) Collaborative, March 2023](#)
- ix [Action on Smoking and Health: Smoking and Mental Health, August 2019](#)
- x [Action on Smoking and Health: Smoking and Mental Health, August 2019](#)
- xi [Action on Smoking and Health: Stopping Smoking, March 2020](#)
- xii [NCSCT NHS Standard Treatment Plan for Inpatient Tobacco Dependence: A guide to support delivery of the Inpatient Tobacco Dependence Treatment Care Bundle, November 2023](#)
- xiii [Cancer Research UK](#)
- xiv [Greater Manchester Medicines Management Group: The Medical Management of Tobacco Dependency, July 2024](#)
- xv [NHS England: Tobacco Dependency Programmes](#)
- xvi [Action on Smoking and Health: Ready Reckoner, May 2024](#)
- xvii [Action on Smoking and Health: Smoking, Employability and Earnings, September 2020](#)
- xviii [Action on Smoking and Health: Economic toll of smoking in England revealed, May 2023](#)
- xix [Greater Manchester Making Smoking History Strategy](#)
- xx [Action on Smoking and Health ICB Ready Reckoner, May 2024](#)
- xxi [Greater Manchester Smoke free pregnancy guideline and care pathway](#)
- xxii [NHS England Saving Babies' Lives Version 3: A Care Bundle for Reducing Perinatal Mortality, July 2023.](#)
- xxiii [Greater Manchester Smoke free pregnancy guideline and care pathway](#)
- xxiv [British Thoracic Society: Medical Management of inpatients with tobacco dependency](#)
- xxv [NCSCT: Cytisine](#)