Dear Colleagues

PRE – ELECTIVE CARE SMOKING CESSATION POLICY- “STOP BEFORE YOUR OP”

Introduction
A Pre-Elective Care Smoking Cessation Policy has been developed in response to the suggestion that was put forward by member practices. This letter describes the Stop Before Your Op Policy (Pre-Elective Care Smoking Cessation Policy) and the accompanying papers provide further information on the evidence base for the policy, how the policy will be implemented and patient information. The policy is a component of a Tobacco Harm Reduction Strategy.

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

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

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

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

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

The British Thoracic Society suggests that a stop smoking service should be part of the treatment system for smoking related diseases.
There may be exceptional cases of clinical need for whom a “stop before your op” policy is considered inappropriate. Additionally there may be patients who fail the quit attempt and it may be inappropriate to delay treatment further while a further quit attempt is made with additional support.

Current Smoking Cessation Services

The current model of stop smoking services in North Yorkshire and York includes a specialist (level 3) Stop Smoking Service (SSS) commissioned through Harrogate Foundation Trust. This contract includes more specialist behavioural support with a waiting time of approximately 2 weeks for heavily addicted smokers and also includes training and support for the level 1 and 2 services.

GPs and pharmacies provide levels 1 and 2 services and are paid on a case by case basis for successful quit attempts. GP practices and Pharmacies are required to complete documentation within a month of successful quit date in order to receive payment for providing a Stop Smoking Service.

The Stop Before Your Op Policy

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

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

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

The NHS stop smoking programme includes levels one and two provided in primary care or pharmacies with payments made for the provision of brief advice and support, including smoking status validation through carbon monoxide monitoring (COM) over a 6 to 8 week period to achieve an agreed quit date.

It is therefore proposed that the Stop Before Your Op Policy includes a two week referral from initial consultation to smoking cessation service in primary care or local pharmacy, an 8 week period to deliver the NHS 4-6 week quit programme, and two weeks for re-attendance for GP assessment, validation of smoking quit status and onward referral for secondary care outpatient consultation via RSS.

Practical Implementation and Decision Tree

The RSS will be used to triage all referrals into secondary care. Referrals received in which the patient hasn’t attempted a quit, will be sent back to primary care. Information in relation to the practical implementation of the Stop Before Your Op Policy and decision tree has been included with this letter.
The Stop Before Your Op Policy is aimed to target elective operations, where prior smoking cessation treatment is unlikely to cause any patient harm, examples include inguinal hernias and vaginal prolapse operations.

Practitioners' professional autonomy is not being removed by implementation of the policy. If a clinician judges the clinical risks of delaying referral for potential surgery exceed the additional risk of smoking they should refer. As long as the waiver form is signed by the patient, no further restriction to the referral will be made by the RSS

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

Patients are asked to sign a waiver where they consider that the ‘Stop Before Your Op’ treatment intervention is unacceptable to them.

- This acknowledges that they have received advice and guidance, and have made an informed choice to proceed with surgery given the risks associated with smoking.
- In these cases GPs will refer the patient through the RSS stating that the patient considers that a pre-elective quit attempt is socially or medically unacceptable to them.

**The Stop Before Your Op Policy and Secondary Care**

As previously mentioned, the policy is a component of a Tobacco Harm Reduction Strategy. We will be working with colleagues in York Hospitals Foundation Trust to implement the policy within secondary care.

The **Stop Before Your Op Policy is the first element of** a whole system programme to tackle the harm done by tobacco, alcohol and obesity in order to improve overall health outcomes and address health inequalities.

If you require any further information on the policy or wish to discuss further, please contact Shaun Macey (s.macey@nhs.net or 01904 555870)

Yours Sincerely,

Dr Mark Hayes, Chief Clinical Officer, Vale of York Clinical Commissioning Group
THE EVIDENCE: STOP BEFORE YOUR OP POLICY

Smoking Prevalence

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

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

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

Evidence base policy recommendations

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

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

The British Thoracic Society (BTS) recommended that smoking cessation considered as ‘treatment’ in 
smokers\(^3\) and the Draft NICE Public Health Guidance on smoking cessation in secondary care: acute, 
maternity and mental health services is currently out for consultation and advised that secondary 
care smoking interventions are integrated with those provided in the community, to ensure 
continuity of care when patients move between primary and secondary care.

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\(^1\) Smoking and drinking among adults, a report on the 2009 General Lifestyle Survey. The Office for National Statistics. 2011 

\(^2\) British Thoracic Society Report 2012 (op sit)

\(^3\) Recommendations for Hospital Smoking Cessation Services. British Thoracic Society Reports. VOL. 4 Issue 4 2012)
Reviews of large surgical databases (consisting of over 250,000 operations) confirm that active smoking at the time of surgery independently increases post-operative risk and many complications \(p<0.001\) in all types of surgery compared with even ex-smoking with a clear temporal relationship and significant dose-response between amount smoked and adverse outcome\(^6^\). Further, smoking cessation for at least 4 weeks before surgery reduces complications, morbidity and length of stay.[

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

Impact of Smoking on Post Operative Recovery

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

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

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- be admitted to an intensive care unit;
- have increased risk of in-hospital mortality; and
- have an increased length of stay in hospital

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

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


\(^7^\) Lewis K, Rajanna H, Murphy J, et al. Where do smokers prefer their smoking cessation to be based? Thorax 2005;60:537

THE STOP BEFORE YOUR OP POLICY

Policy summary

All smokers identified as needing or likely to need routine elective surgery will be referred to smoking cessation services prior to their operation, as detailed below.

Primary care

If a patient is identified by the GP as needing or likely to need elective surgery they will first have their smoking status assessed. If the patient is a smoker then they should:

• Be asked how they feel about quitting smoking.
• Be encouraged to quit by the GP and the benefits of stopping smoking with regards to their operation discussed.
• Be given the Pre-operative Smoking Cessation leaflet.
• Be referred to either the stop smoking service within their GP practice, pharmacy or to CYC stop smoking service where there are specific clinical needs or following previous unsuccessful quit attempt.

Background to the condition

Smoking remains the leading cause of preventable morbidity and premature death in England. There is sufficient evidence to suggest that people who smoke have a considerably increased risk of intra- and post-operative complications such as chest infections, lung disorders, wound complications and impaired healing \(^1\textit{-}^6\). Such complications compromise the intended procedural outcomes and increase the costs of care. Post-operative infections prolong hospital stay, increase ITU admissions and increase re-admission rates. Increased use of hospital beds and associated costs mean less opportunity to treat other patients.

Background to the treatment

Smoking cessation interventions before elective surgery have been shown to effectively reduce the number of people who smoke, resulting in a reduction in surgical complications, smoking-related illnesses and smoking-related deaths \(^1\textit{-}^9\). Smoking cessation interventions are highly cost-effective for the whole of the NHS. This is more effective than almost any other medical interventions apart from immunisation. Helping smokers to quit before elective surgery will therefore improve the health of patients undergoing surgery, reduce the risks of complications and increase the cost-effectiveness of surgical procedures. This policy will also help to increase uptake of smoking cessation services and reduce the number of smokers in-line with the Department of Health white paper “Smoking Kills”.

Vale of York
Clinical Commissioning Group
References

1. Warner MA, Offord KP. Role of preoperative smoking cessation and other factors in postoperative pulmonary complications: a blinded prospective study of CABG patients. Mayo clinic proceedings; 1989;64;609-16.
STOP BEFORE YOUR OP PRIMARY CARE PROCESS FOR POLICY IMPLEMENTATION

Stop Before Your Op Process to be followed as per flow chart (appendix 4)

1. GP assess patient as **requiring or likely to require elective surgery** and asks if they are a smoker.
2. GP provides patient information leaflet and informs patient that the CCG operate a Stop before your Op Policy and advises that the CCG won’t accept a referral until the patient has made an attempt to quit smoking (there will be a likely delay in referral for 12 weeks while smoking quit is attempted). GP discusses the health benefits of stopping smoking as a ‘health care treatment intervention’ and the increased risks associated with elective surgery in a smoker.
3. GP refers patient to in house/ pharmacy/ specialist stop smoking service (high risk/ previous failed quit/ highly addicted)
4. GP can decide whether to draft referral letter or not, however referral should not be sent until patient has attempted to quit.
5. Patient attends Smoking Cessation Service and is given advice and support to stop smoking
6. In some patients the clinical risk of delaying surgery may be judged to exceed the additional risk of smoking – These patients should be referred to the RSS with a note that they are ‘clinically exceptional’ for a second opinion?
7. Some patients may consider that the ‘stop before your op’ treatment intervention is unacceptable and, after receiving the patient information leaflet and advice, state that they do not wish to stop smoking. In these cases GPs should refer to RSS stating that the patient considers that a pre-elective quit attempt is medically or socially unacceptable to them. The patient will be required to sign that they accept responsibility for any additional detriment to their health including complications arising from surgery or anaesthesia attributed to their smoking. The GP informs patient that the referral is not a guarantee of surgery, that the anaesthetist may still defer surgery as the risks of smoking exceed the clinical risk of waiting for surgery while a quit attempt is made.
8. Patients/ Smoking Cessation Service Provider should notify GP when they have successfully quit (CO validated), the GP will then refer patient for elective surgery, with follow up support until the date of the operation.
9. Patients who are unsuccessful following a quit attempt or drop out require further assessment by the smoking cessation service provider.
10. Patients whose clinical need is not urgent should be advised to repeat the quit attempt and referred to specialist Smoking Cessation Service for more intensive follow-up and support
11. Patients who do not wish to try a second quit attempt should be referred for elective surgery and be required to sign that they accept responsibility for any complications arising from surgery attributed to their smoking.
12. Patients that have received support from specialist smoking cessation provider and are unsuccessful following a second quit attempt should be referred into secondary care for their elective procedure, however patients should be asked to sign that they accept responsibility for any complications arising from surgery attributed to their smoking
13. Patients who have failed a quit attempt should be reminded of the health benefits, provided with the patient information leaflet and advised that they may access the service again in the future if they change their mind.
Patient requires referral to surgical discipline (Exclude patients requiring urgent assessment) treatment

- GP provides patient information leaflet and informs patient of the Stop before Your Op Policy.
- GP discusses health benefits of stopping smoking as a ‘health care treatment intervention’ and the increased risks associated with elective surgery in a smoker.
- GP advises that there will be a delay in referral for 12 weeks while smoking quit is attempted.

- GP refers Pre-elective care smokers (PES) to in house/ pharmacy/ specialist stop smoking service.

Patient attends Smoking Cessation Service and is given advice and support to stop smoking.

- Patient achieves successful quit
  - NO
    - Patient refers to specialist Smoking Cessation Service for more intensive follow-up and support.
    - NO
      - Patients clinical need not urgent. Agrees to, repeat the quit attempt
        - YES
          - GP refers to RSS as ‘socially unacceptable’
          - For Patients where the clinical risk to delay surgery is greater than the benefits of stopping smoking refer to RSS for second opinion to stop.
          - GP refers to RSS stating clinical reasons why a quit attempt is inappropriate.

- Reviewed by GP Reviewer

- Patient referred to secondary care & Patient signs waiver to accept responsibility for any complications arising from surgery attributed to their smoking.
- Patient informed that the referral is not a guarantee of surgery, anaesthetist may defer surgery as the risks of smoking exceed the clinical risk of waiting for surgery while a quit attempt is made.

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Patient achieves successful quit

Patients/ Smoking Cessation Service Provider notifies GP of successful quit.

GP refer patient to secondary care with ongoing smoking cessation support.

Unsuccessful following a second quit attempt, patient should be referred into secondary care.

Patient signs waiver to accept responsibility for any complications arising from surgery attributed to their smoking.