NCSCT
NATIONAL CENTRE FOR SMOKING CESSATION AND TRAINING

NHS England

ASH SMOKEFREE NETWORK

Developing your workforce training plan for Tobacco Dependence Treatment Services

Professor Matt Evison

A new standard of care

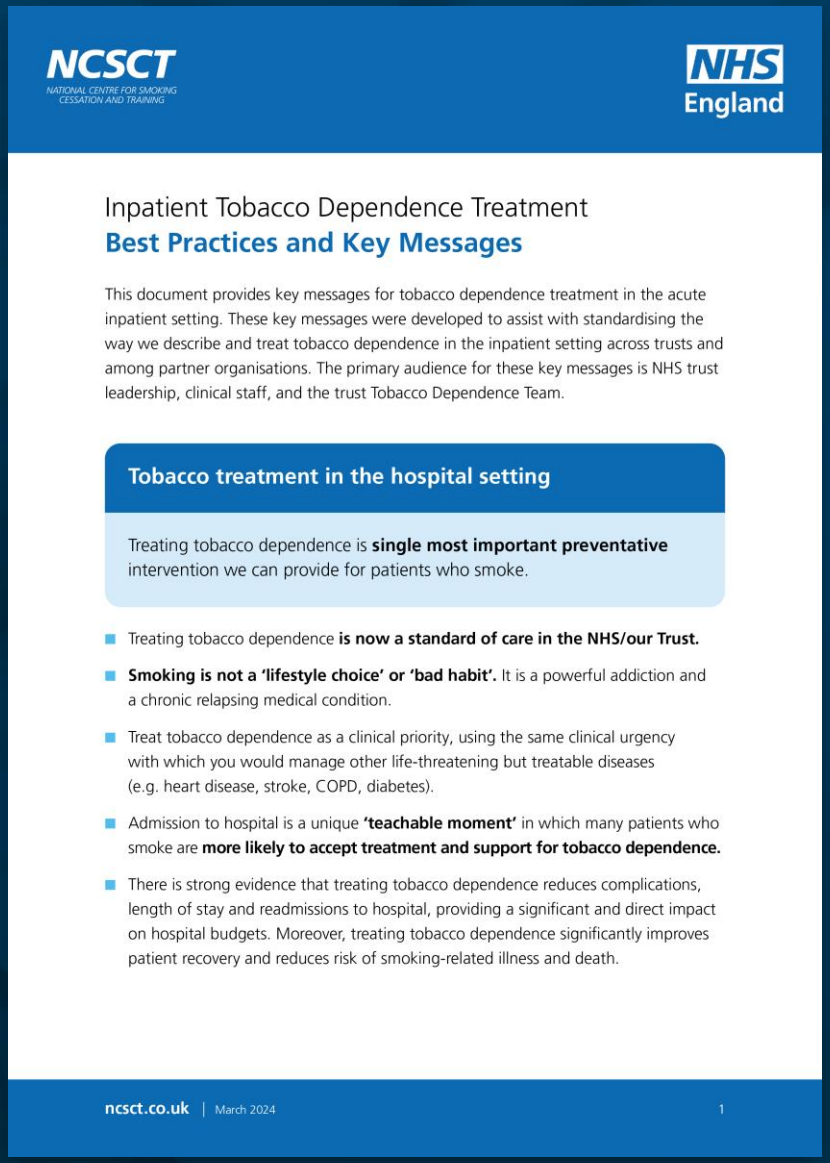
Treating tobacco dependence in patients admitted to hospital leads to substantial benefits for both the individual and the healthcare system and is now **a standard of care in the NHS**

Treat tobacco dependence as a **clinical priority,** using the same clinical rigor with which you would manage other life-threatening but treatable diseases.

This includes:

- **Diagnosis,**
- **Initiation of treatment**
- **Behaviour change support**
- **Regular follow-up**
- **Adjustment of the treatment plan**

Best practices and key messages



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Inpatient Tobacco Dependence Treatment
Best Practices and Key Messages

This document provides key messages for tobacco dependence treatment in the acute inpatient setting. These key messages were developed to assist with standardising the way we describe and treat tobacco dependence in the inpatient setting across trusts and among partner organisations. The primary audience for these key messages is NHS trust leadership, clinical staff, and the trust Tobacco Dependence Team.

Tobacco treatment in the hospital setting

Treating tobacco dependence is **single most important preventative** intervention we can provide for patients who smoke.

- Treating tobacco dependence **is now a standard of care in the NHS/our Trust.**
- **Smoking is not a 'lifestyle choice' or 'bad habit'.** It is a powerful addiction and a chronic relapsing medical condition.
- Treat tobacco dependence as a clinical priority, using the same clinical urgency with which you would manage other life-threatening but treatable diseases (e.g. heart disease, stroke, COPD, diabetes).
- Admission to hospital is a unique **'teachable moment'** in which many patients who smoke are **more likely to accept treatment and support for tobacco dependence.**
- There is strong evidence that treating tobacco dependence reduces complications, length of stay and readmissions to hospital, providing a significant and direct impact on hospital budgets. Moreover, treating tobacco dependence significantly improves patient recovery and reduces risk of smoking-related illness and death.

A shared promise:

We will never again refer to tobacco dependence as a **‘lifestyle choice’** or **‘bad habit’** or **‘personal freedom’**

It is a powerful addiction and chronic relapsing clinical condition

Changing our language: new culture, new treatment model

Recommended	Replaces	Rationale
Patient/person who smokes/doesn't smoke	*Smoker/Ex-smoker*	A person should not be defined by one aspect of their disease nor labelled as such.
Chronic relapsing clinical condition	*Smoking is a lifestyle choice/bad habit*	Tobacco dependence should be recognised as a chronic clinical condition prone to relapse.
Smokefree admission/ temporary abstinence	*Support with quitting*	In the inpatient setting we support a smokefree admission, either temporary abstinence for the duration of the patient's stay, or long-term abstinence with the goal of continuous abstinence during the patient's stay and post discharge.
Treatment for tobacco dependence	*Stop smoking support*	We provide evidence-based treatment for a clinical condition.
Tobacco dependence aids	*Stop smoking medication*	Available aids can be used both to manage temporary abstinence and support long-term abstinence. The term 'aids' includes vapes in addition to medically-licenced medicines.
Long-term goal of abstinence	*Motivated to quit/ make a quit attempt*	Patients have a goal of not smoking following discharge.
NRT is an effective tobacco dependence treatment	*All nicotine is harmful*	NRT contains therapeutic nicotine that is effective treatment when prescribed in the correct and sufficient dose.
Every clinicians' responsibility to treat tobacco dependence	*'Not my role'*	Parity of care – screening **all patients** for tobacco dependence and routine provision of high value evidence-based treatment.

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Inpatient Tobacco Dependence Treatment Care Bundles

Melanie Perry, Inpatient Consultant
National Centre for Smoking Cessation and Training (NCSCT)

A clinical priority

Tobacco treatment in the hospital setting

Treating tobacco dependence is **single most important preventative** intervention we can provide for patients who smoke.

NHS Standard Treatment Plan (STP)

Clinical tool to support delivery of the Inpatient Tobacco Dependence Treatment Bundle

www.ncsct.co.uk

[via NHS page]

COMING SOON!

Tobacco Dependence Treatment Care Bundles

Admission

Brief Advice & Acute Management of Nicotine Withdrawal

30 mins (MH)
2 hours (Acute)

Most responsible:
Admitting team

Inpatient

Specialist Assessment & Treatment Plan

- Initial assessment (within 24 hours)
- Follow-up (based on LOS)
- Discharge plan

Most responsible:
Tobacco Dependence Team

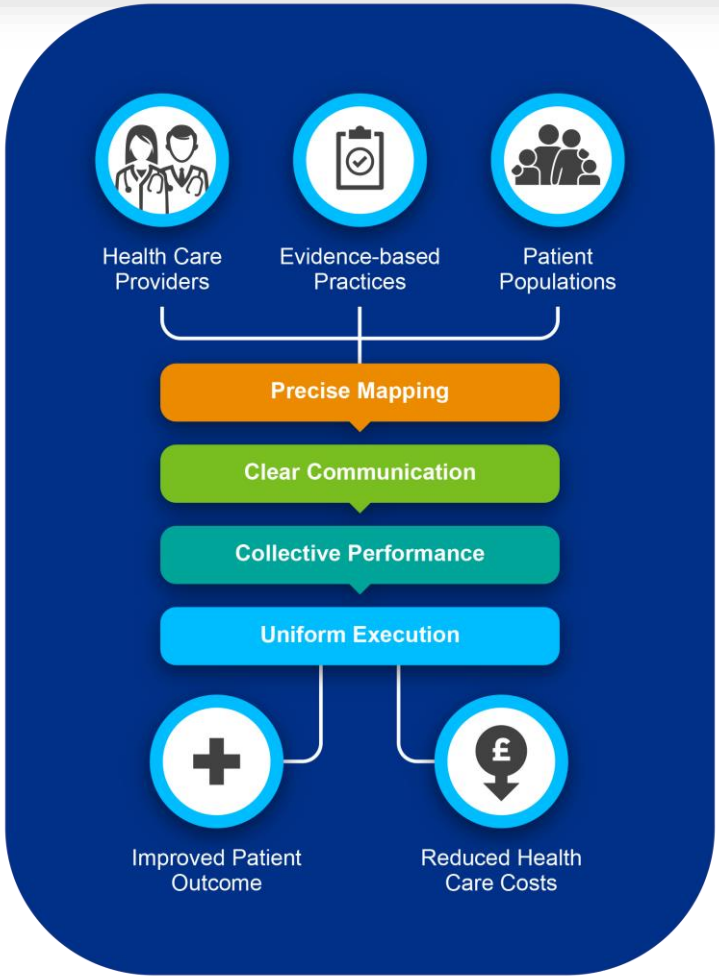
Post-discharge

1–12-week follow-up and outcome measurement

Most responsible:
Tobacco Dependence Team

Why organise as care bundles?

- A ‘care bundle’ is a collection of interventions that may be applied to the management of a particular condition
- Care bundles are sets of evidence-based interventions to improve quality of hospital care at admission and discharge.
- All the tasks are necessary and must all occur in a specified period and place.



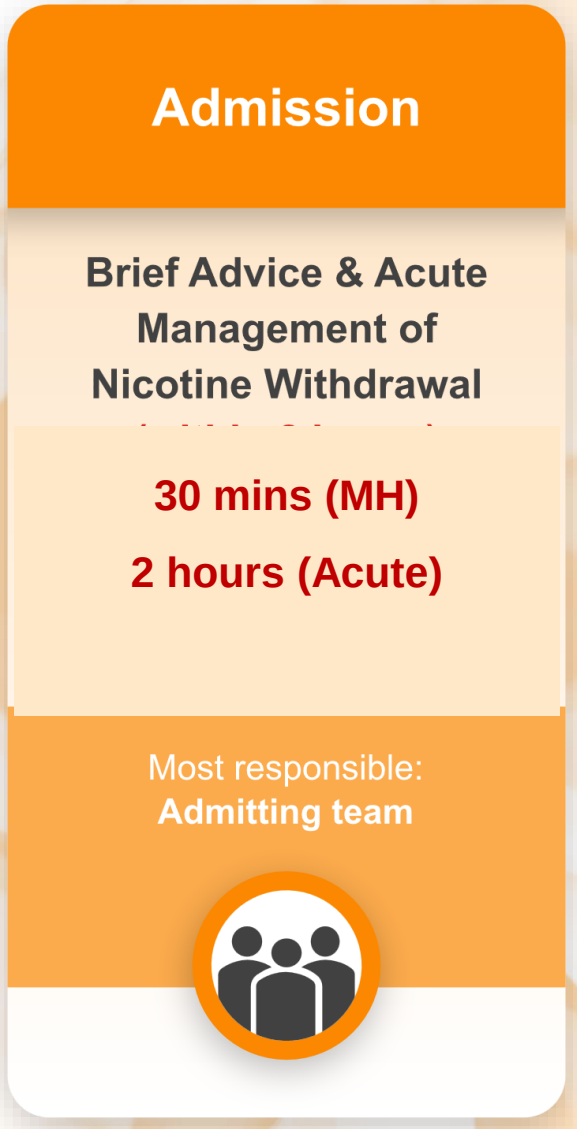
Admission Care Bundle

Brief intervention & acute management of nicotine withdrawal

Responsible Team: Admitting Team

Timeframe: As soon as possible; ideally

- 30 minutes (Mental Health)
- 2 hours (Acute Medical)



Admission Bundle

Brief intervention & acute management of nicotine withdrawal

Responsible Team: Admitting Team
Target for completion: As soon as possible; ideally within two hours of admission (acute) and 30 minutes (mental health)

1. IDENTIFY	Identify tobacco use (last 14 days)
2. ADVISE	Provide brief advice on importance of smokefree admission, role of stop smoking aids, and available support
3. TREAT	Initiate combination NRT and as appropriate consider use of nicotine vape or nicotine analogues
4. REFER	Inform patient they will be referred to the Tobacco Dependence Team. Use local pathway to refer/notify
5. RECORD	Tobacco dependence in the admission diagnosis list and disease management plan

Specialist Assessment & Treatment Plan:

Initial Assessment

1. **Establish rapport and learn about how patient is managing their abstinence**
2. **Provide personalised advice and inform about available support**
3. **Conduct assessment**
4. **Agree to treatment plan and provide specialist support during inpatient stay**
5. **Provide summary, agree to next follow-up and prompt commitment**

Specialist Assessment & Treatment Plan

Discharge plan

Post-discharge

1–12-week follow-up and outcome measurement

Most responsible:
Tobacco Dependence Team

1. **Reassess readiness to stop or reduce**
2. **Discuss continued treatment and ensure supply of stop smoking aids**
3. **Discuss importance of follow-up support following discharge**
4. **Provide guidance staying smokefree/reducing following discharge**
5. **Provide summary and address questions or concerns**

Clinical Checklist for TDT Care Bundles

The Admission Care Bundle

Brief advice and acute management of nicotine withdrawal

Timeframe: As soon as possible, ideally within two hours of admission
Responsible Team: Admitting Team
Duration: 5–10 minutes

Clinical checklist	Done
1 **IDENTIFY tobacco use status (smoked in last 14 days)**	☐
■ Conduct CO testing (Recommended best practice)	
2 **ADVISE – Provide brief advice on:**	☐
■ Hospital's smokefree policy and importance of smokefree admission	
■ Managing withdrawal symptoms and urges to smoke	
■ Nicotine not being source of harm from smoking	
■ Available treat ment and support	
3 **TREAT – Initiate combination nicotine replacement therapy (Recommended clinical practice: As soon as possible, ideally within 2 hours of admission)**	☐
■ Select NRT treatment and arrange for supply (initiate rapid NRT protocol)	
■ Provide instructions for use of NRT products	
■ As appropriate, consider use of nicotine vape or nicotine analogue medication	
4 **REFER – Inform patient they will be referred to the in-house Tobacco Dependence Team**	☐
5 **RECORD**	☐
■ Record tobacco dependence in **admission diagnosis**	
■ Ensure tobacco dependence treatment details are included in the **management plan**	

Communication skills used

Build rapport	Use reflective listening	☐
Boost motivation and self-efficacy	Provide reassurance	☐

After the consultation

Record tobacco dependence in the admission diagnosis list	☐
Record details of treatment in disease management plan	☐
Arrange provision of NRT or nicotine vapes (as soon as possible, ideally within 2 hours of admission)	☐
Ensure tobacco dependence team have been notified	☐
For patients taking Clozapine or Olanzapine or other medication where smoking affects drug metabolism, consult with prescriber on dose adjustment as per local protocol	☐

The Inpatient Care Bundle

Initial assessment and treatment plan

Timeframe: Within 24 hours of admission
Responsible Team: Hospital Tobacco Dependence Team
Duration: 15–45 minutes

Clinical checklist	Done
1 **Establish rapport and learn about how the patient is managing their abstinence**	☐
2 **Provide personalised advice and inform about available support**	☐
3 **Conduct assessment**	
■ Assess patient's level of tobacco dependence	☐
■ Assess withdrawal symptoms and urges to smoke	☐
■ Assess current treatment use (frequency, correct technique)	☐
4 **Agree to treatment plan and provide specialist support during hospital stay**	
■ Advise on importance of tobacco dependence aids and instructions for use	☐
■ Adjust NRT (as needed) and/or consider use of nicotine vapes/analogues	☐
■ Advise on managing urges to smoke and identify personal coping strategies	☐
■ Explain and conduct carbon monoxide testing	☐
■ Discuss patient's smokefree goal/plan during and beyond hospital admission	☐
■ Provide brief motivational intervention for patients (as appropriate)	☐
5 **Provide summary, agree to next follow-up, and prompt commitment**	
■ Address any questions or concerns	☐
■ Prompt commitment from patient for staying smokefree or harm reduction goals	☐

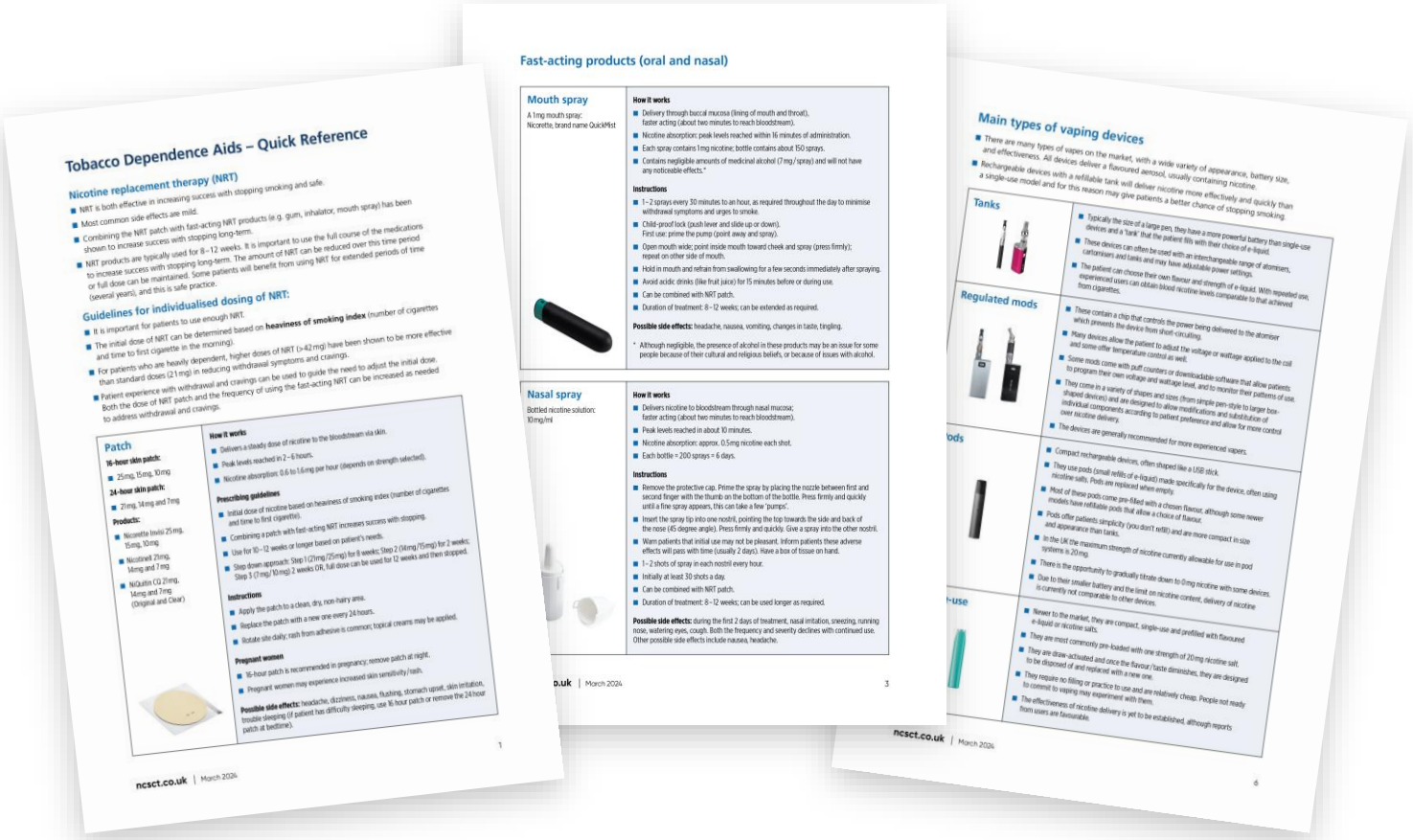
Communication skills used

Build rapport	Use reflective listening	☐
Boost motivation and self-efficacy	Provide reassurance	☐

After the consultation

Record assessment and treatment plan, update disease management plan	☐
Arrange continued combination NRT, nicotine analogue or nicotine vape supply	☐
Communicate with patient's treating team (as needed)	☐

Quick reference tools



Tobacco Dependence Aids – Quick Reference

Nicotine replacement therapy (NRT)

- NRT is both effective in increasing success with stopping smoking and safe.
- Most common side effects are mild.
- Combining the NRT patch with fast-acting NRT products (e.g. gum, inhalator, mouth spray) has been shown to increase success with stopping long-term.
- NRT products are typically used for 8–12 weeks. It is important to use the full course of the medications to increase success with stopping long-term. The amount of NRT can be reduced over this time period or full dose can be maintained. Some patients will benefit from using NRT for extended periods of time (several years), and this is safe practice.

Guidelines for individualised dosing of NRT:

- It is important for patients to use enough NRT.
- The initial dose of NRT can be determined based on **heaviness of smoking index** (number of cigarettes and time to first cigarette in the morning).
- For patients who are heavily dependent, higher doses of NRT (>42 mg) have been shown to be more effective than standard doses (21 mg) in reducing withdrawal symptoms and cravings.
- For patients who are heavily dependent, higher doses of NRT (>42 mg) have been shown to be more effective than standard doses (21 mg) in reducing withdrawal symptoms and cravings.
- Patient experience with withdrawal and cravings can be used to guide the need to adjust the initial dose. Both the dose of NRT patch and the frequency of using the fast-acting NRT can be increased as needed to address withdrawal and cravings.

Patch

16-hour skin patch:
- 25mg, 15mg, 10mg

24-hour skin patch:
- 21mg, 14 mg and 7mg

Products:
- Nicorette Invisi 25 mg, 15mg, 10 mg
- Nicotinell 21mg, 14mg and 7 mg
- NiQuitin CQ 21mg, 14mg and 7mg (Original and Clear)

How it works
- Delivers a steady dose of nicotine to the bloodstream via skin.
- Peak levels reached in 2 – 6 hours.
- Nicotine absorption: 0.6 to 1.6 mg per hour (depends on strength selected).

Prescribing guidelines
- Initial dose of nicotine based on heaviness of smoking index (number of cigarettes and time to first cigarette).
- Combining a patch with fast-acting NRT increases success with stopping.
- Use for 10 – 12 weeks or longer based on patient's needs.
- Step down approach: Step 1 (21mg/25mg) for 8 weeks; Step 2 (14mg/15mg) for 2 weeks; Step 3 (7mg/10 mg) 2 weeks OR, full dose can be used for 12 weeks and then stopped.

Instructions
- Apply the patch to a clean, dry, non-hairy area.
- Replace the patch with a new one every 24 hours.
- Rotate site daily; rash from adhesive is common; topical creams may be applied.

Pregnant women
- 16-hour patch is recommended in pregnancy; remove patch at night.
- Pregnant women may experience increased skin sensitivity/rash.

Possible side effects: headache, dizziness, nausea, flushing, stomach upset, skin irritation, trouble sleeping (if patient has difficulty sleeping, use 16 hour patch or remove the 24 hour patch at bedtime).

Fast-acting products (oral and nasal)

Mouth spray

A 1 mg mouth spray:
Nicorette, brand name QuickMist

How it works
- Delivery through buccal mucosa (lining of mouth and throat), faster acting (about two minutes to reach bloodstream).
- Nicotine absorption: peak levels reached within 16 minutes of administration.
- Each spray contains 1 mg nicotine; bottle contains about 150 sprays.
- Contains negligible amounts of medicinal alcohol (7 mg / spray) and will not have any noticeable effects.*

Instructions
- 1 – 2 sprays every 30 minutes to an hour, as required throughout the day to minimise withdrawal symptoms and urges to smoke.
- Child-proof lock (push lever and slide up or down). First use: prime the pump (point away and spray).
- Open mouth wide; point inside mouth toward cheek and spray (press firmly); repeat on other side of mouth.
- Hold in mouth and refrain from swallowing for a few seconds immediately after spraying.
- Avoid acidic drinks (like fruit juice) for 15 minutes before or during use.
- Can be combined with NRT patch.
- Duration of treatment: 8 – 12 weeks; can be extended as required.

Possible side effects: headache, nausea, vomiting, changes in taste, tingling.

* Although negligible, the presence of alcohol in these products may be an issue for some people because of their cultural and religious beliefs, or because of issues with alcohol.

Nasal spray

Bottled nicotine solution:
10 mg/ml

How it works
- Delivers nicotine to bloodstream through nasal mucosa; faster acting (about two minutes to reach bloodstream).
- Peak levels reached in about 10 minutes.
- Nicotine absorption: approx. 0.5 mg nicotine each shot.
- Each bottle = 200 sprays = 6 days.

Instructions
- Remove the protective cap. Prime the spray by placing the nozzle between first and second finger with the thumb on the bottom of the bottle. Press firmly and quickly until a fine spray appears, this can take a few 'pumps'.
- Insert the spray tip into one nostril, pointing the top towards the side and back of the nose (45 degree angle). Press firmly and quickly. Give a spray into the other nostril.
- Warn patients that initial use may not be pleasant. Inform patients these adverse effects will pass with time (usually 2 days). Have a box of tissue on hand.
- 1 – 2 shots of spray in each nostril every hour.
- Initially at least 30 shots a day.
- Can be combined with NRT patch.
- Duration of treatment: 8 – 12 weeks; can be used longer as required.

Possible side effects: during the first 2 days of treatment, nasal irritation, sneezing, running nose, watering eyes, cough. Both the frequency and severity declines with continued use. Other possible side effects include nausea, headache.

Main types of vaping devices

- There are many types of vapes on the market, with a wide variety of appearance, battery size, and effectiveness. All devices deliver a flavoured aerosol, usually containing nicotine.
- Rechargeable devices with a refillable tank will deliver nicotine more effectively and quickly than a single-use model and for this reason may give patients a better chance of stopping smoking.

Tanks

- Typically the size of a large pen, they have a more powerful battery than single-use devices and a 'tank' that the patient fills with their choice of e-liquid.
- These devices can often be used with an interchangeable range of atomisers, cartomisers and tanks and may have adjustable power settings.
- The patient can choose their own flavour and strength of e-liquid. With repeated use, experienced users can obtain blood nicotine levels comparable to that achieved from cigarettes.

Regulated mods

- These contain a chip that controls the power being delivered to the atomiser which prevents the device from short-circuiting.
- Many devices allow the patient to adjust the voltage or wattage applied to the coil and some offer temperature control as well.
- Some mods come with puff counters or downloadable software that allow patients to program their own voltage and wattage level, and to monitor their patterns of use.
- They come in a variety of shapes and sizes (from simple pen-style to larger box-shaped devices) and are designed to allow modifications and substitution of individual components according to patient preference and allow for more control over nicotine delivery.
- The devices are generally recommended for more experienced vapers.

ods

- Compact rechargeable devices, often shaped like a USB stick.
- They use pods (small refills of e-liquid) made specifically for the device, often using nicotine salts. Pods are replaced when empty.
- Most of these pods come pre-filled with a chosen flavour, although some newer models have refillable pods that allow a choice of flavour.
- Pods offer patients simplicity (you don't refill) and are more compact in size and appearance than tanks.
- In the UK the maximum strength of nicotine currently allowable for use in pod systems is 20 mg.
- There is the opportunity to gradually titrate down to 0 mg nicotine with some devices.
- Due to their smaller battery and the limit on nicotine content, delivery of nicotine is currently not comparable to other devices.

-use

- Newer to the market, they are compact, single-use and prefilled with flavoured e-liquid or nicotine salts.
- They are most commonly pre-loaded with one strength of 20 mg nicotine salt.
- They are draw-activated and once the flavour/taste diminishes, they are designed to be disposed of and replaced with a new one.
- They require no filling or practice to use and are relatively cheap. People not ready to commit to vaping may experiment with them.
- The effectiveness of nicotine delivery is yet to be established, although reports from users are favourable.

Changing the stigma, attitudes & culture

Negative message

- You **must** stop
- Willpower alone
- Too late to treat
- Your fault if you fail
- Nicotine is harmful
- Lifestyle choice
- Behavioural change
- **Someone else's role**

Positive message

- Medical management
- Clinical condition
- Chronic disease management / maintenance
- Nicotine is safe
- Treatments work
- Never give up on giving up
- Every clinicians' **responsibility to treat tobacco dependence**

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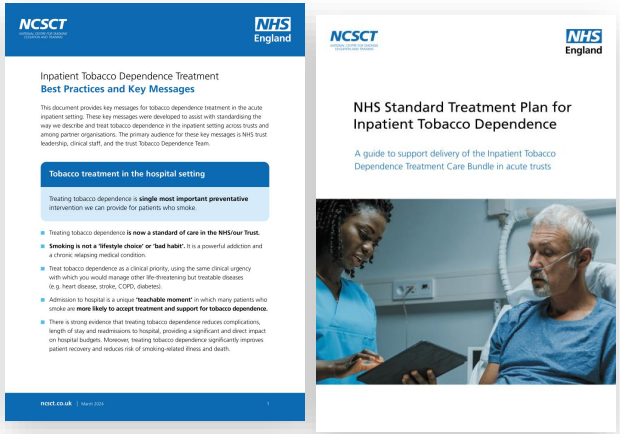
NHS England

New Inpatient Training Resources

Dr Sophia Papadakis, PhD, MHA
Academic and Heath Systems Consultant
National Centre for Smoking Cessation and Training (NCSCT)

New Guidance and Training: **Acute Inpatient**

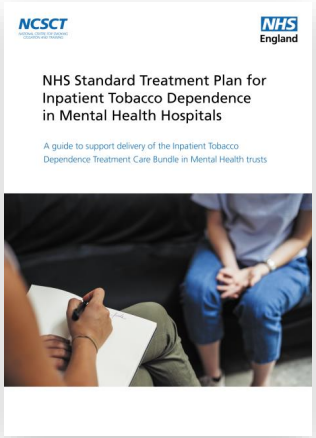


Standard Treatment Plan

eLearning for frontline staff

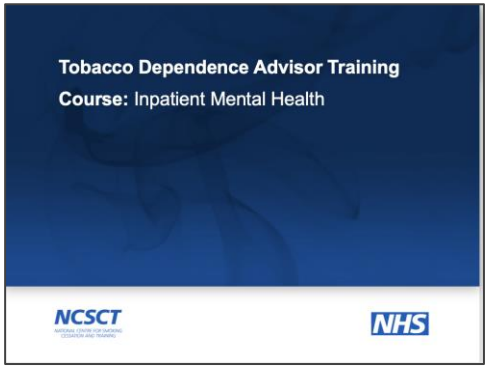
TDA Training Suite

New Guidance and Training: **Mental Health Hospitals**



Standard Treatment Plan

eLearning for frontline staff



TDA Training Suite

A Trust Wide Approach to Training

Leadership

Role: Supportive culture, organisational leadership, allocation of resources, expertise

- Senior Management
- Clinical Leads

Staff

Role: Ask, Advise, Refer

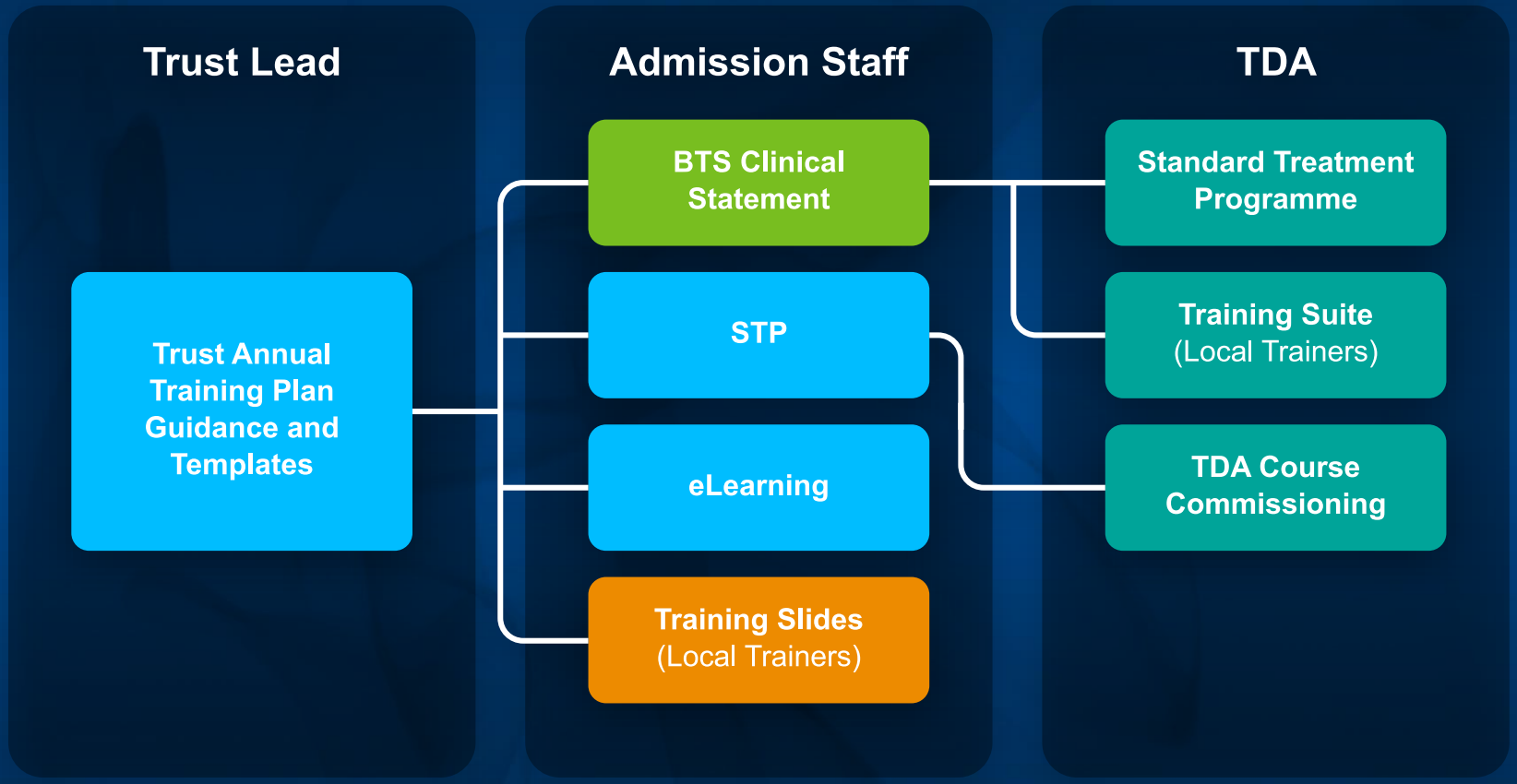
- Support workers
- Clinical support staff
- Nursing
- Pharmacists
- Allied health professionals
- Physicians

Tobacco Treatment Team

Role: High quality service delivery and LTP targets

- Clinical Leadership
- QI Leads
- Tobacco Lead
- TDAs

New National Training Assets



Key Messages – Tobacco Dependency

New Training Assets

Tobacco Dependence Advisors (TDAs)

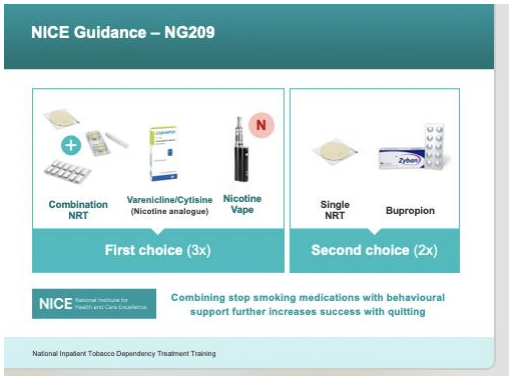
TDA Training Suite

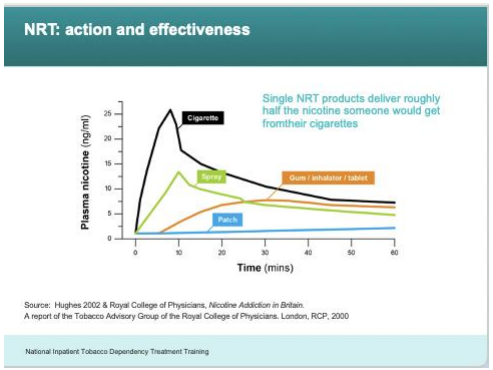
Set-up for:

- **Two day course** (virtual or FTF)
- **Modular delivery** (21 modules)

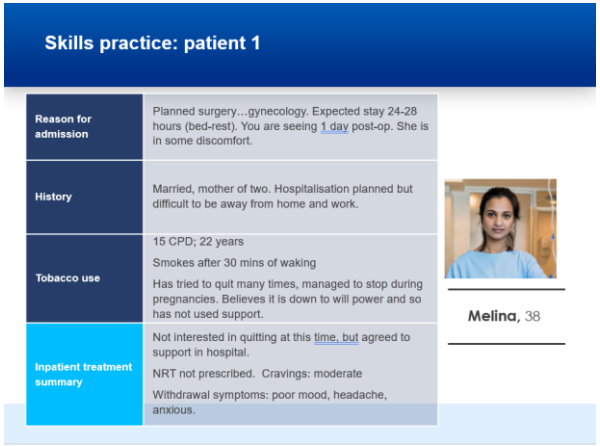
- Course outline
- Trainer's Guides
- PowerPoint Slides
- Detailed presenter's notes
- Case studies, skills activities
- Film clips
- Handouts, reference materials
- Course evaluation materials

Example of content from TDA Training Suite





Example TDA Training Suite - Patient Case Studies



Inpatient MH Case Studies

Gemma, 29

Kerri 55

Michael, 62

Tobacco Dependence Advisors

- eLearning course (certification)
- Two-day induction course
- Standard Treatment Programme for inpatient settings / TDA guidance
- Tobacco dependence specialist advisor, shadowing, observation, and mentorship
- Competency assessment
- Continuous education (advanced topics, training levels)
- Community of Practice

New Training Assets

Frontline NHS staff

Overview of national training for brief intervention in the inpatient setting (VBA+)

eLearning

- 30 mins
- Film clips / demos
- Assessment

Training pack

- Supports delivery of short outreach training (on-ward training / mini education sessions)
- 5 – 10 core topics
- 5 – 10 mins each
- With and without PPT

Advanced course

- 2.5 hours
- Advanced knowledge / skills
- Case studies

Bespoke training for three pathways: Acute, Mental Health, Maternity

eLearning Modules

Primary target audience: Team members who admit NHS patients to receive acute and mental health care.

Secondary target audience: All NHS staff.

eLearning for frontline staff

module outline

1. Treating tobacco dependence in inpatient acute and mental health settings
2. Inpatient mental health
3. Tobacco dependence aids
4. CO testing

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NHS England

Tailored training for Tobacco Dependence Treatment in Mental Health Hospitals

Mary Yates, Mental Health Nurse Consultant
National Centre for Smoking Cessation and Training (NCSCT)

Changing the culture

Support & guidance for policy implementation

Treatment pathways

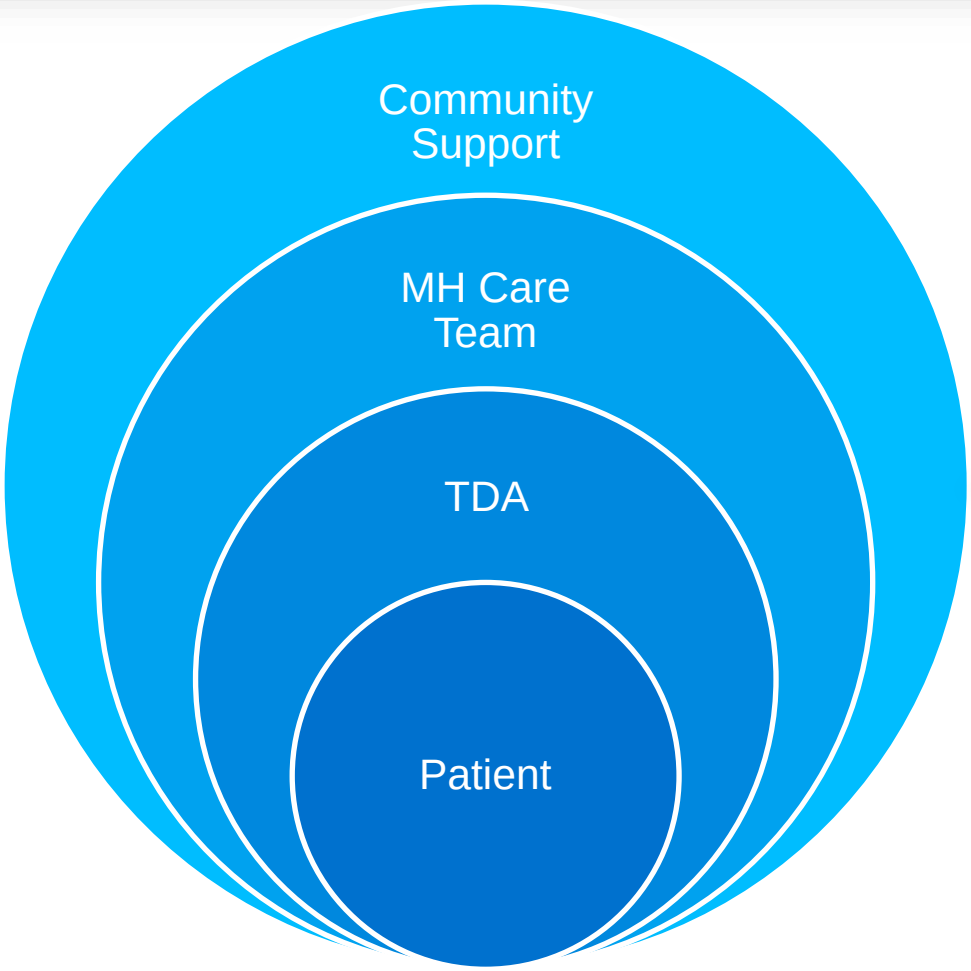
Education & Training Pathways

Improved intelligence

Research & evaluation

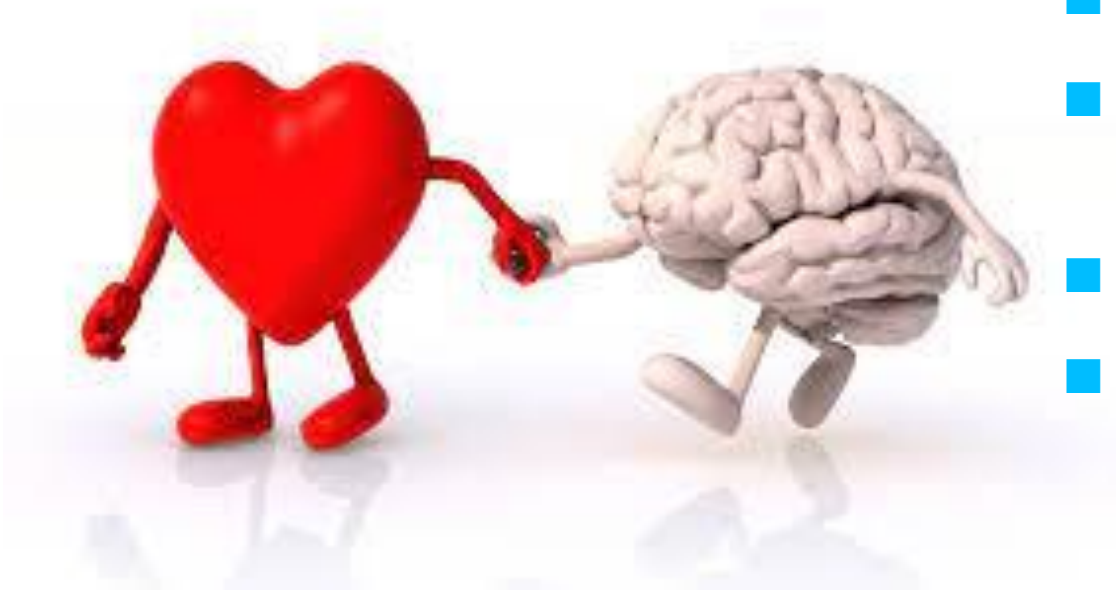
Enhance the infrastructure to support implementation

Underpinned by co-production with service users, carers & clinicians


Community Support
MH Care Team
TDA
Patient

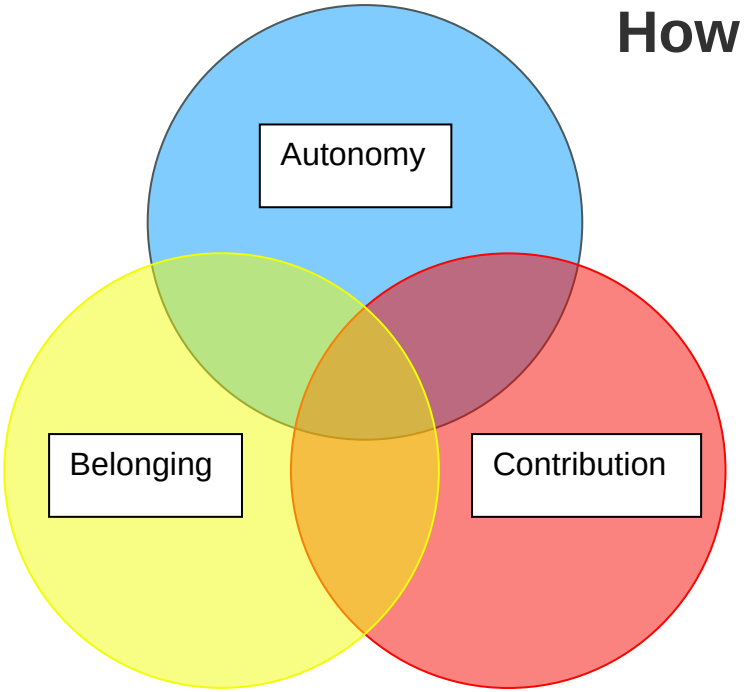

WHERE?
WHO?
WHAT?
HOW?
WHEN?

Changing hearts and minds



- Tell people what to do – EPE Model
- Tell people the reason why
- Show people what to do
- Change the system to accommodate the new practice
- Catch people doing the right thing
- Celebrate!

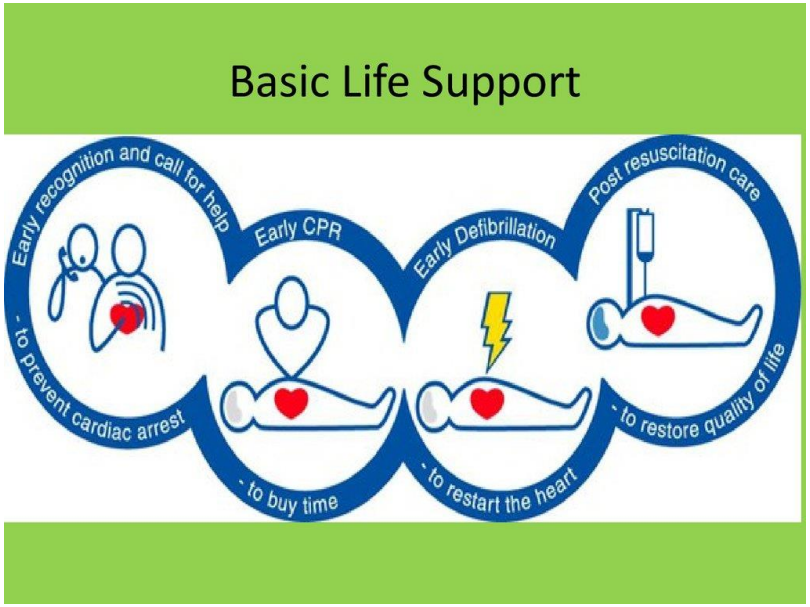
How to have a high level of motivation



- Protected time
- Create fair / safe environments
- Be flexible (options)
- Novice to expert – it takes time

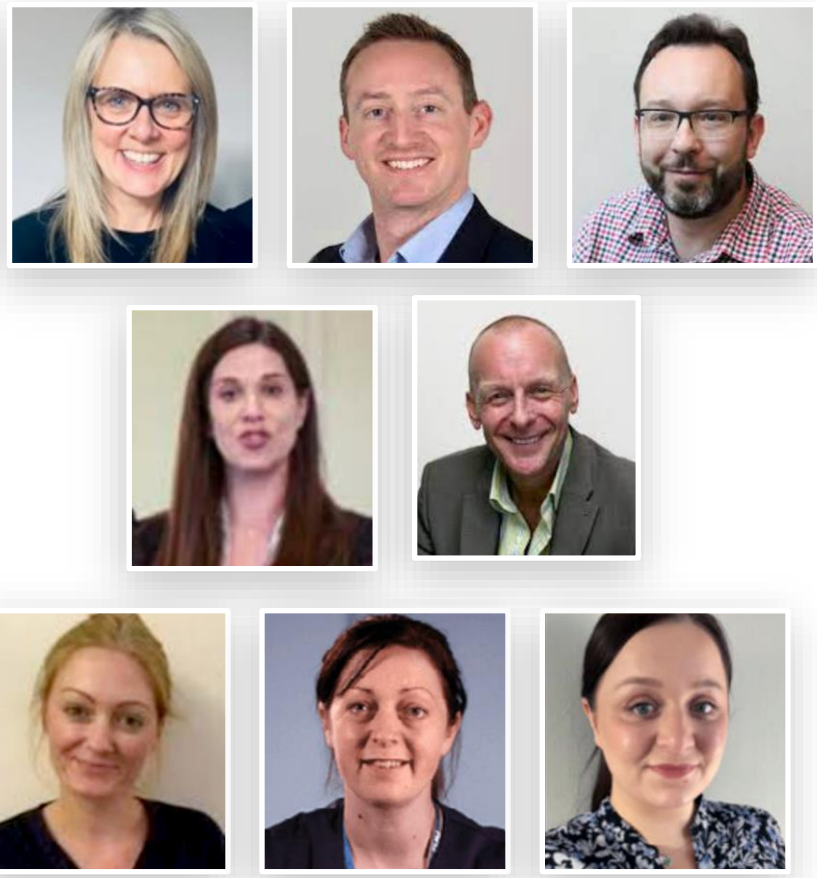
https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20summary_web_0.pdf

Can you do both every year?



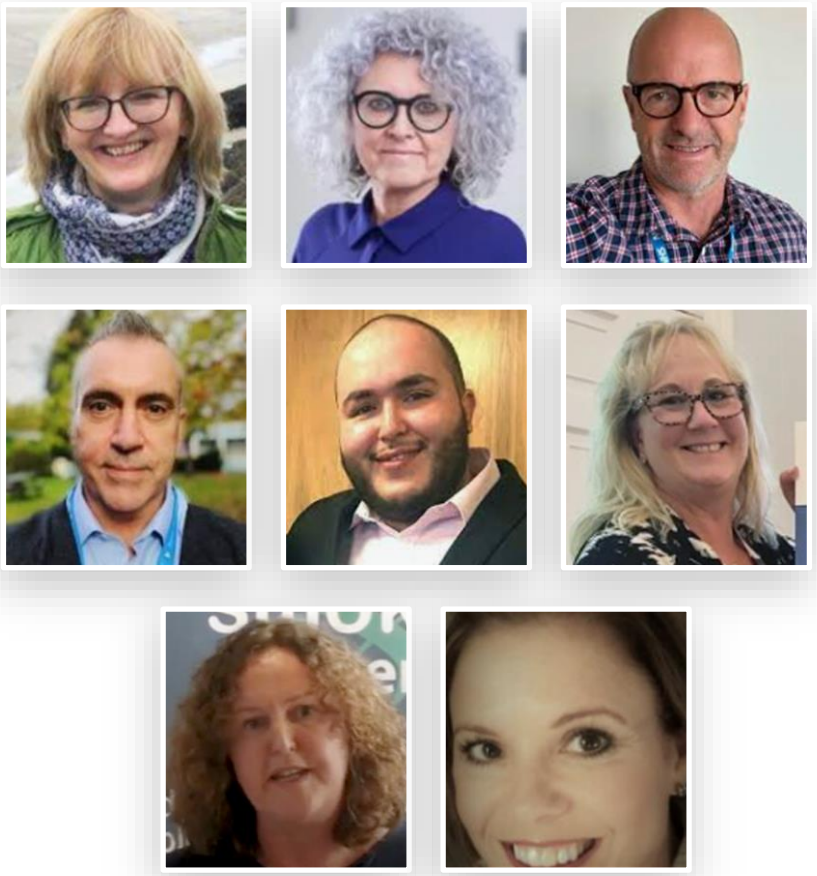
Expert Task Group

- Sophia Papadakis
- Melanie Perry
- Arran Woodhouse
- Matt Evison
- Heidi Croucher
- Andy McEwen
- Ruth Sharrock
- Caitlin Robinson



Inpatient MH Task Group

- Mary Yates
- Debbie Robson
- Martin Lever
- Pete Stewart
- Moira Leahy
- Tracy Sutton
- Helen Philips
- Kerry Apedaile
- Raf Hamazia

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