

Addressing winter pressures through treating tobacco dependency

An ICB briefing for Winter 2023/24 Planning Submission

Overview

1. This briefing lays out how tackling smoking can help ICBs make effective winter plans in line with the [guidance](#) from NHSE and simultaneously make strong progress on health inequalities and the prevention agenda, which form ICBs' core purpose and objectives.
2. **Paragraphs 4-14** set out how integrating smoking cessation into existing services in Trusts and the community, through collaboration with GPs and Local Authorities, will help to increase capacity and relieve winter pressures. **Table 1** describes the relevance of smoking cessation to each of **10 the high impact areas** highlighted in the NHSE winter pressures guidance, interventions to address tobacco that will help ICBs to deliver on these high impact areas, and **relevant evidence**. **Table 2 maps interventions to the winter planning submission template.**
3. The NHS Long Term Plan (LTP) made the commitment, enabled by dedicated funding, that by 2023/24 "*all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services*", with a "*new smoke-free pregnancy pathway*" and "*a new universal smoking cessation offer...as part of specialist mental health services*". However, ASH and Cancer Research UK recently [surveyed ICBs](#) and reviewed ICP plans. They found a mixed picture in terms of activity and commitment to action on smoking which does not match the level of impact that smoking has on the healthcare system and beyond.

Maximising impact of vaccination programmes

4. People who smoke should be contacted by their GPs (text or letter) and told the increased risk they have of contracting influenza and pneumococcal pneumonia, the immediate benefits of quitting and the help available to increase their likelihood of success.
5. All smokers attending their GP surgery or local pharmacy for an influenza or pneumococcal vaccination should be given "[Very Brief Advice](#)" to quit (VBA is a 30-second intervention that can be delivered by all healthcare professionals in almost every consultation with patients who smoke) and signposted to stop smoking services where available or the NHS quit smoking app in the absence of local services. Staff can be trained rapidly to deliver effective VBA with this free high-quality [VBA training module](#).

Workforce: KLOE-6.3

6. In the midst of a staffing crisis, maintaining the health and productivity of staff is more important than ever before. The winter planning guidance mentions "*it is vital that Trusts fulfil their occupational responsibility to get their staff vaccinated for flu and covid to preventing ill health, reducing staff absence rates and create a resilient workforce.*"
7. NHS staff offered flu vaccines should at the same time be asked if they smoke, offered 30-second VBA to quit if they do and referred to stop smoking services or signposted to the NHS quit smoking app. This free NHSE [e-learning for health module](#) can be used to train staff rapidly to deliver VBA in the secondary care setting.

8. [73,000 members of NHS staff currently smoke causing sickness absence due to smoking-related illness](#). NICE guidance states that NHS staff should be offered smoking cessation support on site, in work hours and with immediate access to nicotine-replacement therapy (NRT).
9. **Case study:** The North East and North Cumbria ICB embedded a region-wide pilot offer to support NHS Foundation Trust Staff to quit smoking as part of the NHSE national pilot programme 13 Local Authority areas and 11 Foundation Trusts. Between the pilot start in December 2023 and summer 2023, over 1800 quit attempts have been registered through the programme, with 48% of quit attempts reporting a successful 4 week quit outcome.

Address health inequalities through smoking cessation

10. Reducing rates of smoking help Trusts and systems make progress on priorities in the [23/24 operational planning guidance](#) and the NHS Long Term Plan (LTP), including a requirement to take “**measures to improve health and reduce inequalities... paying due regard to the NHS Long Term Plan primary and secondary prevention priorities, including... smoking cessation.**”
11. Access a [bespoke briefing for your ICS](#) on how addressing smoking will impact health inequalities in your patch. For more information on how addressing smoking can help to achieve core ICS purpose and make progress on health inequalities read our [briefing for Joint Forward Plans](#).

Add value to your existing winter communications plan

12. The success and effectiveness of winter communications in reducing demand on the system can be increased by including stop smoking messages in Trust communications and ICB communications, both internal (staff & patients) and external (patient & population). These communications can also support the success and effectiveness of secondary care tobacco dependence services and programmes supporting staff to quit.
13. Case study & new resource: ICBs in the North East and North Cumbria are developing a communications pack that, once made public, could be adapted to your organisation. ASH will circulate this once it is released.
14. Support the annual [Stoptober](#) campaign this autumn.

10 High impact areas KLOE 2

15. Table 1 below demonstrates how smoking cessation interventions support the delivery of the 10 high impact areas referenced in the NHSE winter planning guidance and how the delivery of tobacco treatment services in secondary care can reduce demand across the system.

Table 1: How smoking cessation interventions support the delivery of the 10 high impact areas

Area	Action	Benefits of smoking cessation	How to implement
1.	Same Day Emergency Care:	<p>Reduce risk of future admissions and readmissions, improved treatment efficacy and reduced complications.</p> <p><i>Evidence:</i> Smokers are 36% more likely to be admitted to hospital than non-smokers; there are around 506,100 hospital admissions a year due to smoking. Smokers are twice as likely to be re-admitted within 30 days.</p> <p>Smokers have poorer treatment outcomes including reduced response to treatments, prolonged recovery and increased risk of complications, across many areas including surgery, cancer and CVD.</p>	<p>Existing inpatient tobacco treatment services reduce demand on emergency care across the system.</p> <p>Extend the role of existing tobacco dependence advisors working with hospital inpatients to working as part of the SDEC team.</p> <p>All staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed.</p> <p>Referred to community-based stop smoking services or NHS quit smoking app.</p>
2.	Frailty:	<p>Reduce risk of future admissions and readmissions, improved treatment efficacy and reduced complications.</p> <p>Reduce the risk of injury due to house fires in smokers, especially where patients need medical oxygen or an air flow pressure mattress.</p> <p><i>Evidence:</i> Smokers are 36% more likely to be admitted to hospital than non-smokers; there are around 506,100 hospital admissions a year due to smoking. Smokers are twice as likely to be re-admitted within 30 days.</p>	<p>Existing inpatient tobacco treatment services reduce demand on emergency care across the system.</p> <p>Extend the role of existing tobacco dependence advisors working with hospital inpatients to working as part of the frailty team.</p> <p>All staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed.</p>

		<p>Smokers have poorer treatment outcomes including reduced response to treatments, prolonged recovery and increased risk of complications, across many areas including surgery, cancer and CVD.</p> <p>Research carried out by the London Fire Brigade showed that smoking is the leading cause of fatal fires and that “many people who die in smoking-related fires are older people with mobility issues.”</p>	<p>Referred to community-based stop smoking services or NHS quit smoking app.</p>
3.	Inpatient flow and length of stay (acute):	<p>Smoking cessation has the potential to reduce the length of future hospital stays and will reduce risk of future admissions and readmissions.</p> <p><i>Evidence:</i> Smokers have poorer treatment outcomes including reduced response to treatments, prolonged recovery and increased risk of complications, across many areas including surgery, cancer and CVD.</p> <p>Smokers are 36% more likely to be admitted to hospital than non-smokers; there are around 506,100 hospital admissions a year due to smoking. Smokers are twice as likely to be re-admitted within 30 days.</p>	<p>Referral of patients to inpatient tobacco treatment services. Use the ASH Return on Investment tool (to be circulated early September 2023) to estimate the beneficial operational impact and cost savings of tobacco treatment services in your local organisation.</p> <p>Clinical leadership and executive sponsorship of inpatient tobacco treatment services to maximise performance.</p>

4.	Community bed productivity and flow:	<p>Reduce risk of future admissions and readmissions, improved treatment efficacy and reduced complications, including in those with Serious Mental Illness.</p> <p><i>Evidence:</i> Smoking makes a major contribution to the excess mortality and morbidity in people with Serious Mental Illness and those with complex addictions; smoking cessation can improve both physical and mental health.</p> <p>Smokers have a reduced response to treatments, prolonged recovery, and increased risk of complications, across many areas including surgery, cancer, and CVD.</p>	<p>Existing inpatient tobacco treatment services reduce demand on community beds across the system.</p> <p>Staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed.</p> <p>Referred to community-based stop smoking services or NHS quit smoking app.</p>
5.	Care Transfer Hubs:	<p>Reduce risk of future admissions and readmissions, improved treatment efficacy and reduced complications.</p> <p><i>Evidence:</i> Smokers are 36% more likely to be admitted to hospital than non-smokers; there are around 506,100 hospital admissions a year due to smoking. Smokers are twice as likely to be re-admitted within 30 days.</p>	<p>Existing inpatient tobacco treatment services reduce admissions and readmissions across the system.</p> <p>Staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed.</p> <p>Referred to community-based stop smoking services or NHS quit smoking app.</p>
6.	Intermediate care demand and capacity:	N/A	N/A

7.	Virtual wards:	<p>Reduce risk of future admissions and readmissions, improved treatment efficacy and reduced complications.</p> <p><i>Evidence:</i> Smokers have poorer treatment outcomes including reduced response to treatments, prolonged recovery and increased risk of complications, across many areas including surgery, cancer and CVD.</p> <p><i>Evidence:</i> Smokers are 36% more likely to be admitted to hospital than non-smokers; there are around 506,100 hospital admissions a year due to smoking. Smokers are twice as likely to be re-admitted within 30 days.</p>	<p>Existing inpatient tobacco treatment services reduce admissions and readmissions across the system.</p> <p>Integration into virtual ward pathways; staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed.</p> <p>Case study: Imperial College Healthcare NHS Trust have included NRT prescribing into their virtual wards for smokers, and referral to community smoking cessation services is a KPI for COPD patients.</p>
8.	Urgent Community Response	<p>Reduce risk of future admissions and readmissions, improved treatment efficacy and reduced complications.</p> <p><i>Evidence:</i> smokers are 36% more likely to be admitted to hospital than non-smokers; there are around 506,100 hospital admissions a year due to smoking. Smokers are twice as likely to be re-admitted within 30 days.</p>	<p>Existing inpatient tobacco treatment services reduce physical and mental health crises across the system.</p> <p>Staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed.</p> <p>Referred to community-based stop smoking services or NHS quit smoking app.</p>
9.	Single point of access:	N/A	N/A

10.	<p>Acute Respiratory Infection Hubs:</p>	<p>Reduce risk of future admissions and readmissions, including for respiratory complaints, improved treatment efficacy and reduced complications.</p> <p><i>Evidence:</i> smokers are more than five times as likely as non-smokers to contract influenza (confirmed on virology), and twice as likely to develop pneumonia.</p> <p>Smokers have poorer treatment outcomes including reduced response to treatments, prolonged recovery and increased risk of complications, across many areas including surgery, cancer and CVD.</p> <p><i>Evidence:</i> smokers are 36% more likely to be admitted to hospital than non-smokers; there are around 506,100 hospital admissions a year due to smoking. Smokers are twice as likely to be re-admitted within 30 days.</p>	<p>Existing inpatient tobacco treatment services reduce respiratory infections & COPD exacerbations across the system.</p> <p>Staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed. Referral for ongoing smoking cessation and support included as a KPI.</p> <p>Referred to community-based stop smoking services or NHS quit smoking app.</p>
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For more information about how to support your ICB to accelerate progress on tackling smoking contact Dr Olivia Bush, NHS Strategic Lead, olivia.bush@ash.org.uk

Table 2: recommended content for winter planning submission 2023/24.

For the evidence behind recommendations, see table 1 above.

KLOE 1: How will the system work together to deliver on its collective responsibilities?

Key question and points to consider	Response
<p>KLOE-1.6: Support for care homes</p> <ul style="list-style-type: none"> • What is the overall offer to care homes in supporting residents to remain well, avoiding unnecessary hospital admission. • How will care homes be supported across the following areas: <ul style="list-style-type: none"> ○ Vaccination and immunisation – staff and residents ○ Virtual wards ○ End of life care planning 	<p>To maintain health & avoid unnecessary hospital admissions, all care home residents who smoke should be given “Very Brief Advice” to quit (VBA is a 30-second intervention that can be delivered by all healthcare professionals in almost every consultation with patients who smoke), and signposted to stop smoking services where available or the NHS quit smoking app in the absence of local services. Staff can be trained rapidly to deliver effective VBA with this free high-quality VBA training module.</p> <p>Maximising impact of vaccination: all smokers (both staff and care home residents) receiving an influenza or pneumococcal vaccination should be given “Very Brief Advice” and offered NRT (residents & staff) and signposted to stop smoking services where available or the NHS quit smoking app in the absence of local services (staff).</p> <p>Virtual ward pathways: staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed.</p> <ul style="list-style-type: none"> • Case study: Imperial College Healthcare NHS Trust have included NRT prescribing into their virtual wards for smokers, and referral to community smoking cessation services is a KPI for COPD patients. <p>End of life care: nicotine withdrawal is a cause of delirium and agitation at the end of life; prescribe nicotine patches to relieve delirium and distress.</p>

KLOE 2: high-impact interventions

Key question and points to consider	Response
<p>KLOE-2.1: How will your choices to implement the high impact initiatives from the UEC Recovery Plan support you to achieve the required 4-hour Cat 2 ambulance performance over winter?</p> <ul style="list-style-type: none"> • Are there other high-impact interventions relevant to the system that are being prioritised? • Are there robust plans in place to make a material impact on these interventions ready for winter? • How will the system monitor progress against these interventions? 	<p>Smoking cessation is itself a high impact, evidence-based intervention for improving population health and reducing demand on the system. The table above demonstrates how smoking cessation interventions support the delivery of the 10 high impact areas referenced in the NHSE winter planning guidance and how the delivery of tobacco treatment services in secondary care can reduce demand across the system.</p> <p>The table includes methods of implementation, focussing on using existing services or integrating into existing pathways.</p> <p>Monitoring: integrate suggested activities into KPIs.</p>

KLOE 3: discharge, intermediate care, and social care

Key question and points to consider	Response
<p>KLOE-3.2: How will you meet any gap between demand and capacity identified in your Better Care Fund (BCF) intermediate care capacity and demand plan, or any additional gap as a result of demand that may occur over and above forecast levels:</p> <ul style="list-style-type: none"> • What are the plans to meet this gap through improving productivity, e.g., through reducing length of stay (in acute or community beds) 	<p>Acute:</p> <ul style="list-style-type: none"> • Referral of patients to inpatient tobacco treatment services. Use the ASH Return on Investment tool (to be circulated early September 2023) to estimate the beneficial operational impact and cost savings of tobacco treatment services in your local organisation. • Clinical leadership and executive sponsorship of inpatient tobacco treatment services to maximise performance. <p>Community:</p> <ul style="list-style-type: none"> • Staff trained in giving 30-second “Very Brief Advice”, and NRT prescribed. • Referred to community-based stop smoking services or NHS quit smoking app.

KLOE 6: Workforce

Key question and points to consider	Response
<p>KLOE-6.3: How will staff wellbeing be prioritised across winter?</p> <ul style="list-style-type: none"> • What initiatives are in place to support staff wellbeing across the winter? • What plans are in place to support a successful vaccination programme for influenza and Covid-19 if recommended for staff and volunteers? 	<p>A staff smoking cessation service should be implemented to reduce sickness absence:</p> <p>Case study: The North East and North Cumbria ICB embedded a region-wide pilot offer to support NHS Foundation Trust Staff to quit smoking as part of the NHSE national pilot programme 13 Local Authority areas and 11 Foundation Trusts. Between the pilot start in December 2023 and summer 2023, over 1800 quit attempts have been registered through the programme, with 48% of quit attempts reporting a successful 4 week quit outcome.</p> <p>NHS staff offered flu or COVID-19 vaccines should at the same time be asked if they smoke, offered 30-second VBA to quit if they do and referred to stop smoking services or signposted to the NHS quit smoking app. This free NHSE e-learning for health module can be used to train staff rapidly to deliver VBA in the secondary care setting.</p>