Enclosure No:	X/XXXXX/XXXX
Agenda item No:	Initial Clinical Management of Adult Smokers in Secondary Care
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1.0 ACTION FOR CONSULTEES

Consultees are asked to consider and comment on the *Initial Clinical Management of Adult Smokers in Secondary Care* document.

2.0 PURPOSE

This document provides a guideline for all hospital settings in Wales to support adults who smoke at the point of their admission to hospital. To support secondary care-initiated smoking cessation, all sites must have available all forms of NRT and other smoking cessation pharmacotherapies. Timely access to these products is vital.

The document is intended to be used alongside the AWMSG-endorsed *All Wales Guide: Pharmacotherapy for Smoking Cessation*, to indicate roles and responsibilities of staff in the patient's smoking cessation journey.

The document does not cover the use of Electronic Nicotine Delivery Systems (ENDS).

The guidelines are pertinent to the following recommendations made in the AWMSG Strategy 2018–2023:

- 2.1 Workforce development
- 2.3 Safe medication systems
- 4.2 Nationally available medicines list
- 4.3 Improving prescribing and medicines optimisation within NHS Wales

2.1 Process

- AWPAG meeting: December 2020
- Consultation: January-February 2021
- *AWPAG meeting: March 2021*
- *AWMSG Steering Committee meeting: April 2021*
- *AWMSG meeting: May 2021*

2.2 Consultees

Includes, but is not limited to:

- Royal College of Nursing
- Medicines and Therapeutics Committee (MTC) Chairs and Secretaries
- Chief Pharmacists
- Medical Directors
- Assistant Medical Directors
- Local Medical Committees
- General Practitioners Committee (GPC) Wales
- Royal College of General Practitioners (RCGP)
- Patients and patient groups
- AWMSG members and deputies
- AWPAG members and deputies
- AWTTC members.

3.0 SUMMARY

This document provides information and guidance in NHS Wales on the initiation of nicotine replacement therapy (NRT) in secondary care settings, for nicotine withdrawal management in adults who smoke. It includes: patients who wish to start a quit attempt; those who do not wish to start a quit attempt but want to have NRT to manage nicotine withdrawal while in hospital; as well as out-patients, patients' families and friends, and hospital staff.

The document sets out the roles and responsibilities of healthcare staff (nurses, doctors, pharmacists and smoking cessation practitioners) at admission, during an in-patient stay and at discharge. It covers initial assessment and prescribing of NRT, and prescribing of additional "when required" NRT products; providing additional support and advice to patients, and summarises the training available for healthcare staff.

Contents

1. Policy statement

This document provides information and guidance on the initial clinical management of nicotine addiction using nicotine replacement therapy (NRT), in adults who are admitted for short-, medium- or long-term stays in secondary care. Adult includes anyone over the age of 18 years.

Oral pharmacotherapies should only be initiated following a full smoking cessation assessment, including assessment of nicotine dependency. For more information on how to assess nicotine dependence please refer to the All Wales Guide: Pharmacotherapy for Smoking Cessation February 2018 [1].

Although the primary aim of this policy is to offer guidance for inpatients, the management of visitors, outpatients and staff are also covered. The use of Electronic Nicotine Delivery Systems (ENDS) is not covered by this policy.

2. Introduction

From 1 March 2021 it is illegal to smoke on hospital grounds across Wales (with the exemption of mental health units). Therefore it is important that adults who smoke are provided with, or signposted to, pharmacotherapy and / or behavioural support to manage the symptoms of nicotine withdrawal.

This applies to people who smoke, in the following categories:

- Inpatient
- Out-patient
- Visitor
- Staff

3. Inpatients

All patients who are admitted to a ward should be asked about their smoking status (current smoker; ex-smoker; non-smoker [history unknown]; never smoked; or not stated). This is the responsibility of all staff. The initial assessment of their smoking status needs to follow the following steps.

3.1 Initial assessment[2]

- **Ask** patients if they smoke; if they do not smoke no follow up is necessary, if they do smoke determine the type and amount consumed daily;
- **Assess** their pharmacotherapy needs based on the information provided (see Figure 2); and
- **Advise** them on the health effects and benefits of stopping;
- **Act:** offer and consider prescribing patients nicotine replacement therapy to help the patient cope with nicotine withdrawal (for inpatient prescribe for the duration of inpatient's stay and minimum of 2 weeks on discharge). N.B. patients who request or are interested in trying an oral agent as part of a quit attempt should be referred to either a secondary care smoking cessation practitioner (SCSCP), doctor or prescribing pharmacist.

3.2 Managing smoking in patients

Patients who smoke and are admitted to hospital will have one of three options.

1. Not to be provided with NRT while in hospital to manage their nicotine withdrawal symptoms or on discharge. This is a patient's choice.
2. To receive NRT to manage withdrawal symptoms while in hospital but to continue to smoke once discharged. These patients will not receive NRT on discharge from hospital.
3. To use their admission as an opportunity to quit smoking using NRT and referral for behavioural support to support their quit attempt. These patients will receive NRT whilst in hospital and on discharge from hospital.

Behavioural support will be via the on-site SCSCP whilst in hospital and continued upon discharge via outpatient appointments with the SCSCP or to a specialist smoking cessation service in the community accessed through the online e-referral to Help Me Quit, depending on what is available locally.

Whether the patient is choosing to start a quit attempt or not, NRT should still be offered to manage the patient's nicotine withdrawal symptoms while they are in hospital.

The fact that patients are unable to smoke whilst in hospital provides an opportunity for healthcare staff to provide brief interventions to encourage patients to consider stopping or reduce their smoking.

4. Roles and responsibilities

Please also refer to local Smoke-Free Environment Policies[3].

On admission to a Health Board, the smoking status of all patients should be obtained and **documented** in the relevant section of the patient's medical notes.

All staff should be encouraged to undertake brief intervention training to support local smoke-free environment policies. Training can be provided by the SCSCPs on a rolling program, or through Help Me Quit locally. Please refer to local guidance.

The smoking status of the patient can be obtained by following the procedure outlined in Section 3.1: Initial assessment.

The following roles and responsibilities are illustrated in Figure 1.

4.1 Nursing staff

- Obtain a smoking history on admission
- Inform patient that there is no smoking on hospital site
- Refer patients who smoke to SCSCP
- Ensure that the patient receives NRT within 4 hours, if requested and appropriate, in order to manage their nicotine withdrawal symptoms
- Ensure NRT medications are readily accessible 24 hours a day, seven days a week; i.e. not locked away in the patient's medication locker

- Encourage people who smoke to consider a quit attempt and refer them to an SCSCP, where available, whilst in hospital or refer to Help Me Quit for follow up upon discharge in the community (http://www.helpmequit.wales/)
- Monitor people who smoke for withdrawal symptoms and refer all patients (with or without treatment with NRT) who are struggling with their nicotine withdrawal symptoms (listed in Section 8) to a prescriber, pharmacist or the SCSCP for further support

4.2 Prescribers

- Reinforce “no smoking on site” message
- Prescribe initial NRT. Guidelines for prescribing NRT are given in Figure 1
- Refer patients for behavioural support via an SCSCP, if available, or to Help Me Quit for follow up upon discharge
- If NRT has been initiated then the inpatient medication administration record should be endorsed in the special instructions box with either **Quit Attempt**, for those patients who are trying to give up smoking long-term, or **Withdrawal Management**, for those patients who only wish to have NRT support while they are inpatients
- For patients who are smoking more than 10 cigarettes a day, “additional when required” NRT will also be needed (see Figure 2) and the patient should have a supply of the “when required” medicine at all times
- Patients who express an interest in using an oral pharmacotherapy that is not nicotine-based, such as varenicline (Champix®) or bupropion (Zyban®), must be referred to a secondary care SCSCP (where available) or via the Help Me Quit professional referral form (online) indicating that access to a service that can prescribe these medications is required
- Ensure smoking cessation medications are added to the patients discharge summary

4.3 Pharmacy staff

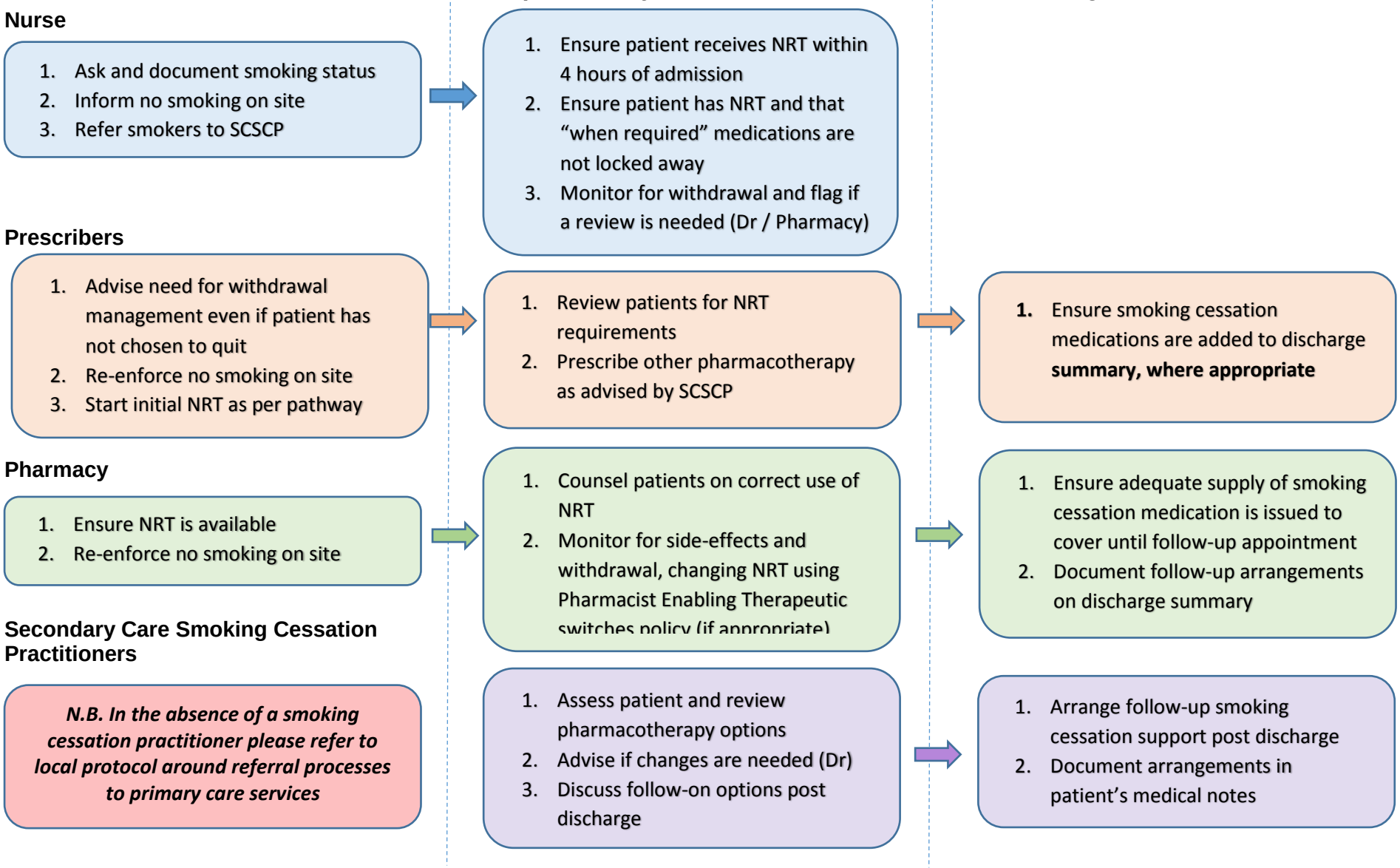
- Reinforce “no smoking on site” message
- Ensure NRT is available
- Support patients, by counselling on correct use and compliance with NRT, monitoring of side effects and checking for signs of nicotine withdrawal
- Add or amend NRT treatment(s) to the inpatient medication administration record, based on the patient’s needs and preference in accordance with the *All Wales Pharmacist Enabling and Therapeutic Switch (PETS) Policy* (pharmacists only)
- Refer people who smoke, and wish to make a quit attempt, to an SCSCP whilst an inpatient.
- Ensure patients receive an adequate supply of smoking cessation medication at discharge to cover until follow up appointment in accordance with their chosen treatment plan
- Ensure patients have follow-up support as necessary by referring them to an SCSCP or the community stop smoking services via the Help Me Quit professional referral form (online). Check with the patient or nurse whether this has been done
- Document follow up arrangement following discharge

4.4 Secondary care smoking cessation practitioners (SCSCP)

SCSCPs are available on specific days and times at different hospitals (please refer to local hospital guidance).

- Reinforce the smoke-free policy for people who smoke on hospital grounds and advise them where they can access support
- Receive referrals for supporting people wishing to quit smoking
- Provide one-to-one support or group therapy when appropriate
- Deliver intensive behavioural support counselling together with or alongside pharmacotherapy provided by pharmacists (through *All Wales PETS Policy*), doctors and independent prescribers
- Assess patient and review pharmacotherapy options
- Advise prescriber if changes in pharmacotherapy are needed
- Discuss follow on options post-discharge to ensure a seamless transfer of care between hospital and community for people who smoke. Make sure they have a supply of NRT and a referral to speciality smoking cessation service via Help Me Quit where appropriate
- Collect and record data to measure effectiveness of service
- Establish a good working relationship with ward staff and provide support when requested as appropriate.

Figure 1: Roles and responsibilities flow chart

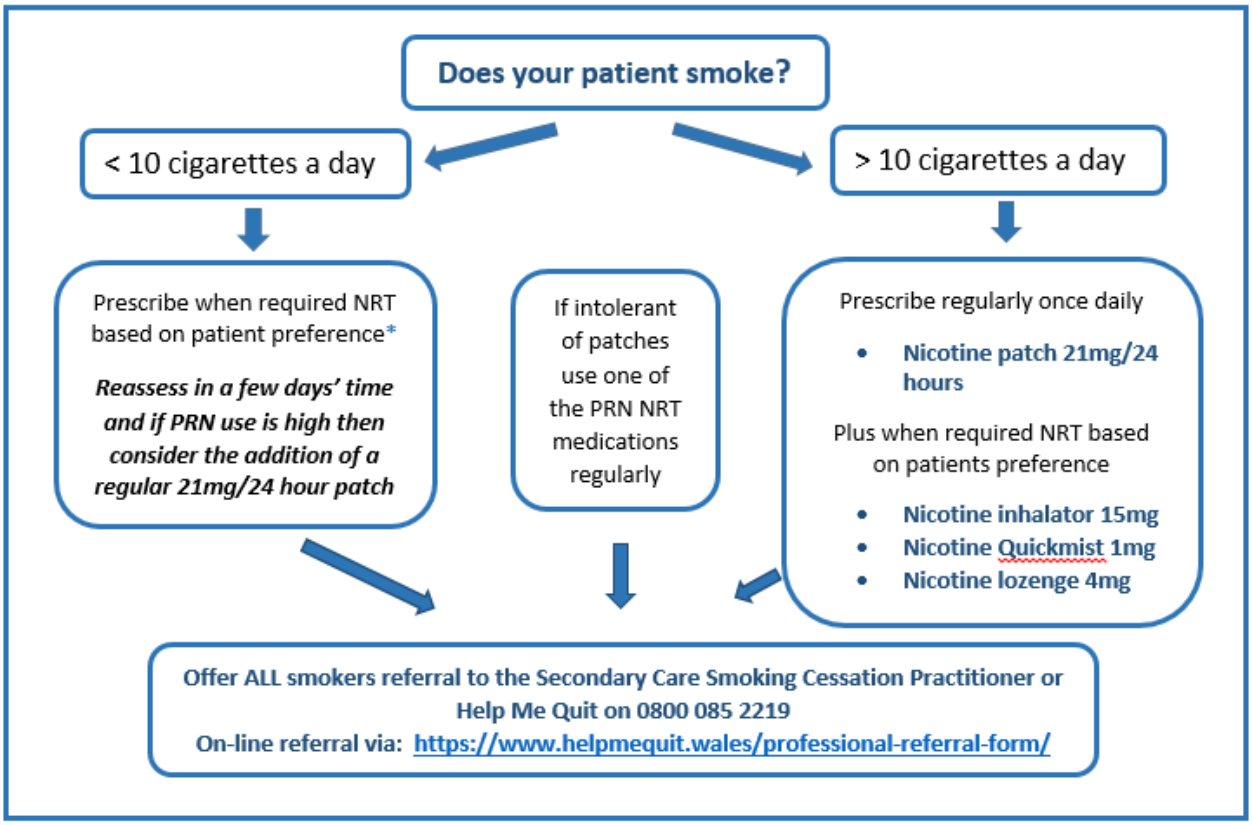


5. Nicotine replacement therapy prescribing

5.1 Initial prescribing of NRT

All patients require a complete assessment and a treatment plan should be based on withdrawal symptoms and dependency. However, at the point of admission to hospital this is not always possible and the patient needs medication urgently to prevent withdrawal. The flowchart in Figure 2 can be followed but doesn't replace the need for a complete assessment. This applies whether they are starting a quit attempt or not.

Figure 2: Initial prescribing of NRT



5.2 Calculating number of cigarettes a day

Not all patients who smoke will smoke cigarettes; some will smoke cigars, pipes or rolling tobacco. Before prescribing NRT the equivalent number of cigarettes a day that the patient is smoking must first be established and documented. Table 1 can be used to convert the amount of tobacco product the patient smokes into an equivalent number of cigarettes a day.

5.2.1 Rolling tobacco

If a person can't tell you how many roll-ups they smoke per day, the following may help. Each 25 g (1 oz) of tobacco is approximately equivalent to 50 cigarettes. Ask the person how many ounces of tobacco they smoke per day / week, then calculate the cigarette equivalents.

5.2.2 Cigars

One small size cigar is equivalent to approximately: **1.5 cigarettes**, a medium size cigar to **2 cigarettes** and a large cigar is equivalent to **4 cigarettes.**

5.2.3 Pipes

One bowl of tobacco is roughly equivalent to 2.5 cigarettes. Take the total number of bowls of tobacco smoked per day and multiply by 2.5, for example, 4 bowls of tobacco is equivalent to 10 cigarettes.

Table 1: Guide to work out cigarette equivalents of tobacco smoked[4]

Amount of tobacco smoked	Equivalent number of cigarettes smoked
25 gms (1 oz) of rolling tobacco	= approx. **7** cigarettes a day = approx. **50** cigarettes a week
1 small size cigar	= **1.5** cigarettes
1 medium size cigar	= **2** cigarettes
1 large size cigar	= **4** cigarettes
Pipes: One bowl of tobacco	= **2.5** cigarettes.

When NRT is to be administered, the inpatient medication administration record must be endorsed with either **Quit Attempt** or **Withdrawal Management**.

For patients who have reduced the number of cigarettes smoked per day in the days prior to their admission to hospital (due to being unwell), the initial NRT should be calculated using the current number of cigarettes smoked per day. With a note that these patients may require up-titration of their NRT depending on individual patient response, to cover the number of cigarettes they were previously smoking per day.

Patients not showing nicotine dependence may choose not to have NRT; this should always be the patient's choice.

5.3 Additional when required (PRN) prescribing of NRT

For patients who are prescribed regular NRT (either for a quit attempt or for withdrawal management) an assessment should also be made to establish what additional, when required (PRN) NRT is needed to deal with cravings and withdrawal symptoms. It is well established that patients are more successful when given regular and PRN NRT together[5]. See Table 2.

5.4 Pre-quit nicotine products

Most NRT products currently available are now also licensed as pre-quit nicotine replacement therapy. The following standard statement is contained within their Summary of Product Characteristics (SmPC):

> "Indicated to aid smokers wishing to quit or reduce prior to quitting, to assist smokers who are unwilling or unable to smoke, and as a safer alternative to smoking for smokers and those around them"

The exceptions to this are the nasal spray and a few of the low-dose oral products. In general, patients requiring the lower dose products do not smoke large numbers of cigarettes per day and so a pre-quit approach is not usually appropriate.

Table 2: Guidance for prescribing additional when required NRT

	Product	Preparations	Dosing regimen	How does it work?	Benefits	Cautions	Side effects
When required (PRN) nicotine preparations	**Chewing Gum**	2mg, 4mg Available in a variety of fruit and mint flavours	***<20 cigarettes per day*** 2mg gum when urge to smoke ***>20 cigarettes per day*** 4mg gum when urge to smoke	Nicotine is absorbed through lining of mouth when gum rested between cheek and gum	Smokers that are concerned about gaining weight and want something to do instead of smoking (Not suitable for use with dentures)	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Indigestion Dry mouth Unpleasant taste Excessive salivation May stick to dentures
	Lozenge	1mg, 2mg, 4mg Available in mint flavours only	***<20 cigarettes per day*** 1mg/2mg lozenge every 1-2h when urge to smoke ***>20 cigarettes per day*** 4mg lozenge every 1-2h when urge to smoke	Nicotine is absorbed through lining of mouth when gum rested between cheek and gum and dissolved.	Smokers that are concerned about gaining weight and want something to do instead of smoking	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Indigestion Dry mouth Unpleasant taste Excessive salivation
	Mini Lozenge	1.5mg and 4mg Available in Mint flavours only	***<20 cigarettes per day*** 1.5mg lozenge every 1-2h when urge to smoke ***>20 cigarettes per day*** 4mg lozenge every 1-2h when urge to smoke	Nicotine is absorbed through lining of mouth / tongue	Smokers looking for discreet and fast craving relief N.B. Minis are available as either mint of cherry flavour (which is a good alternative for smokers that do not like strong minty flavours)	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Indigestion Dry mouth
	Sublingual tablets	2mg tablets	***<20 cigarettes per day*** 1 tablet per hour (increase to 2 per hour if necessary) ***>20 cigarettes per day*** 2 tablets per hour	Nicotine is absorbed through lining of mouth / tongue	Smokers looking for discreet and fast craving relief N.B. microtabs are original flavour	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Indigestion Dry mouth Unpleasant taste (if using microtabs)
	Inhalator	10mg and 15mg cartridge	When the urge to smoke occurs *or* to prevent cravings	Nicotine vapour is absorbed directly through lining of mouth (lasts 40 minutes)	Smokers looking for a substitute for the hand to mouth action of smoking	Take care with obstructive lung disease or chronic throat disease	Sore throat Dry mouth
	Nasal Spray	500mcgs spray	1 spray in each nostril when urge to smoke up to 2 sprays per nostril per hour	Nicotine is absorbed through lining of nose	Smokers unable to use oral products or have experienced side effects with oral products	Can aggravate asthma in some patients	Nasal irritation usually temporary Cough, sneeze, eye irritation
	Oral spray	1mg metered dose Available in cool mint or cool berry flavours	1-2 sprays in mouth when urge to smoke or to prevent cravings	Nicotine is absorbed through lining of mouth (quick acting - 60 seconds)	Smokers looking for discreet and fast craving relief and like a strong minty flavour	Nicotine can cause gastric irritation, therefore caution in peptic ulcer disease. Concurrent acidic drinks (e.g. coffee, fruit juice) can decrease nicotine adsorption	Sore throat and hiccups if sprays at back of throat Excessive salivation Watery eyes

6. Behavioural support and advice

Advice should be provided to all patients prescribed NRT on the signs and symptoms of nicotine withdrawal.

Nicotine withdrawal signs and symptoms include:

- Urges
- Anxiety/depression
- Aggression
- Increase in appetite
- Inability to concentrate
- Sleepiness/sleeplessness
- Mouth ulcers
- Constipation

The signs and symptoms of nicotine withdrawal can sometimes be viewed as a side effect of NRT products. Therefore it is important that the patient is counselled on the withdrawal signs and symptoms of nicotine, in order to prevent non-compliance with NRT products.

Patients should be advised that most warnings for NRT also apply to continued smoking but the risk of continued smoking outweighs any risks of using NRT. This advice should be given at the point of prescribing, but can be reiterated by the prescriber, SCSCP, nurse or the pharmacist responsible for the patient.

7. Additional prescriber support for complex patients

For patients that are smoking greater than 20 cigarettes or equivalent a day, (or are experiencing difficulties) then please refer to one of the SCSCPs or a healthcare professional with a specialist interest in smoking cessation.

8. Discharge process

Patients making a quit attempt should receive at least 14 days' supply of NRT or enough to last until the first follow up appointment. The quit attempt and medication prescribed in hospital should be documented on the patient's discharge medication report along with any follow-up arrangements.

For patients who have not decided to start a quit attempt and have been treated with NRT for nicotine withdrawal only (during their inpatient stay) no supply of NRT shall be provided on discharge.

9. Additional patient support on discharge

For patients who are attempting to stop smoking long term and have started their quit attempt during their hospital stay, it is important that supply of medication and behavioural support is available seamlessly upon discharge. This can be either by follow up out-patient appointments with the SCSCP or by referral to the Help Me Quit service by a healthcare professional via the website:
http://www.helpmequit.wales/professional-referrer/

A booklet "*Passport to smoke free*" can also be provided from ward level prior to discharge.

10. Out-patients

When attending out-patient appointments, all patients should be asked if they smoke and offered brief intervention advice.

Should they wish to start a quit attempt a referral can then be made to either an SCSCP or a specialist smoking cessation service in primary care (via Help Me Quit).

Where a patient has already been seen as an inpatient by an SCSCP, every effort should be made to combine out-patient follow-up appointments with smoking cessation appointments.

For patients that have been referred to an SCSCP, following the assessment (where appropriate), an initial supply of NRT should be provided by the SCSCP. This is to ensure continuity of supply until a primary care supply is available.

11. Visitors

Where a visitor to the hospital site (inpatient setting or out-patient setting) expresses an interest in starting a quit attempt, any member of hospital staff can signpost to local services, such as Help Me Quit.

If the visitor is with a patient during their smoking cessation assessment (such as a family member) then advice may also be provided to the visitor at the same time.

12. Staff

With a change to the status of smoking on hospital sites, consideration should be given to staff who smoke, on how to manage nicotine dependency and withdrawal during shifts. Nicotine dependence is a recognised chronic disease and staff should not be expected to abstain during working hours without support of some kind.

It may not be feasible or practical to allow staff to change out of their uniforms and to leave the hospital site during a shift to have a smoking break. Therefore consideration for a mechanism to support staff should take place locally. One possible consideration could be to provide NRT for the duration of the shift, but this is a decision that should be discussed and agreed at a health board level.

The cost of provision of NRT during a shift is outweighed by the working time lost in allowing staff to change and then leave the hospital grounds, in order to smoke.

13. Training

13.1 All staff

The UK accredited smoking cessation training recommended is provided by the National Centre for Smoking Cessation. The Smoking Cessation Training National Centre for Smoking Cessation Training (NCSCT) Online Smoking Cessation Training is open for all professional staff[2]. This includes nursing, pharmacy staff and prescribers: The training includes Very Brief Advice, Brief Intervention, Level 2 and Stop Smoking Medication Training for anyone providing stop smoking support and can be accessed via: http://elearning.ncsct.co.uk/wales

Please note the SCSCPs are also available to provide departmental training.

13.2 Prescribers

During induction all new prescribers to a health board must be made aware of the following:

Smoke Free Environment Policy for their health board
All Wales Initial Clinical Management of Adult Smokers in Secondary Care
All Wales Guide: Pharmacotherapy for Smoking Cessation February 2018[1]

13.3 Secondary Care Smoking Cessation Practitioner training

All SCSCPs must be NCSCT certified. They must all have completed the relevant NCSCT on-line training modules and be included on the NSCST practitioner register.

An additional guidance document will be given to all secondary care smoking cessation practitioners for the assessment of cautions, medication and disease interactions with the use of NRT, in people who smoke and have co-morbidities and those under 17 years of age.

Each health board should have a designated clinician as point of escalation for complex smokers where additional clinical advice is required.

14. Access to NRT within the secondary care setting

To ensure timely and consistent treatment with NRT, all settings where people who smoke are seen and assessed should have a basic stock of pharmacotherapy to aid smoking withdrawal symptoms.

It is the responsibility of the health board's pharmacy smoking cessation link person to ensure there is adequate stock, and that product lists and stock lists are updated in line with All Wales contract changes and product changes.

References

1. All Wales Medicines Strategy Group. All Wales Guide: Pharmacotherapy for smoking cessation. Feb 2018. Available at: https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/pharmacotherapy-for-smoking-cessation/. Accessed Jan 2021.
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