SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service name	Treating Tobacco Dependency Service
Service specification number	QVV/310
Population and/or geography to be served	Inpatients and Maternity patients attending Dorset County Hospital NHS Foundation Trust and University Hospitals Dorset NHS Foundation Trust should be screened for tobacco use in accordance with Service Condition 8.7
	This service is for:
	And/or Maternity Patients who have: • Quit smoking in the last 2 weeks • Have a CO reading ≥4ppm
	In Dorset, 98,385 people are coded by their GP as a smoker, accounting for 11.9% of the population. Based on the Index of Multiple Deprivation (IMD) National prevalence modelling estimates Dorset County Hospital NHS Foundation Trust and University Hospitals Dorset NHS Foundation Trust, 7.4% of Acute Inpatients and 7.6% of Maternity attendances will be smokers.
Service aims and desired outcomes	To establish smokefree hospital environments.
	To reduce the number of patients who smoke, by delivering inhouse Treating Tobacco Dependence Services (TTDS), 5 days per week, and referral on discharge to community Stop Smoking Services, for acute inpatients and maternity, in line with National Service Standards.
	Outcomes:
	A reduction in readmissions among smokers receiving secondary care smoking cessation treatment
	A 35% quit rate at 28 days for Acute Inpatients
	 A Smoking at Time of Delivery (SATOD) rate of less than 6%
	 A reduction in stillbirth, premature birth, miscarriage, low birth-weight and Sudden Infant Death Syndrome (SIDS)
Service description and	Rationale
location(s) from which it will be delivered	Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. Smoking is one of the main causes of health inequalities in England. Stopping smoking at any time has considerable health benefits, including for people with a pre-existing smoking-related disease. Smoking is not a lifestyle choice but a

dependency requiring treatment' (OHID, 2022)¹. Smoking is a major driver of need and demand for healthcare services.

Treating Tobacco Dependency is a key objective within the NHS Long Term Plan: By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments. These services will be delivered in conjunction with, and in addition to, local authority Stop Smoking Services (LSSS).

Service Description

Acute Inpatients:

Treating tobacco dependence in patients admitted to hospital is a standard of care in all NHS acute trusts. In addition, the Trust must provide:

- An opt-out referral (or notification) to an appropriately trained in-house Tobacco Dependence Adviser (TDA), and
- A personalised plan to support inpatients to stop smoking tobacco whilst in contact with NHS services and referral to specialist stop smoking support following discharge.

Maternity:

NICE guidelines recommend Trusts must:

- Provide routine carbon monoxide testing at the first antenatal (AN) appointment and at the 36-week appointment and all other AN appointments for people who smoke, are quitting or used to smoke, tested with 4 parts per million (ppm) or above at first AN appointment.
- Provide an opt-out referral to receive stop-smoking support during pregnancy
- Provide the pregnant woman or pregnant person with intensive and ongoing support to stop-smoking throughout pregnancy and beyond.
- Biochemically validate that the pregnant woman or pregnant person has quit on the date they set and 4 weeks after
- Consider / offer Nicotine Replacement Therapy (NRT) alongside behavioural support to help pregnant women and pregnant people to stop smoking in pregnancy
- Offer pregnant women's partners, and the partners of pregnant trans and non-binary people, who smoke help to stop

See Appendix 1 for Our Dorset pathways.

Appendix 1. Our Dorset Care Pathways

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¹ OHID (2022) Smoking and tobacco: applying All Our Health - GOV.UK (www.gov.uk)

Inpatient pathway

During patient admission Perform CO test if appropriate Patient if they smoke and record smoking status (Smoker, Ex-smoker, Never Smoked, Current supported quit Admitting Team attempt, Vaper) If the patient is Smoker then... ADVISE Patient that the best way to stop is with a combination of specialist support and medication, and both are available at the hospital 1. Stop smoking medications offered to manage nicotine withdrawal and provided, ideally NRT provided within 2 hours of admission, as per trust protocol 2. An opt-out referral, preferably electronic to the inhouse hospital tobacco dependence service. 3. An opt-out referral to LWD or Community Pharmacy via Smoking Cessation Advanced Service (SCAS) Opt-out in-depth behavioural support session with Tobacco treatment advisor Tobacco treatment adviser attends to patient within 24 hours to provide an in-depth opt Patient too unwell out stop smoking consultation that includes: to be seen by CO test and assessment of nicotine dependence (ideal scenario) tobacco advisor: Assessment of patient's readiness and ability to quit Indirect support by • Informing the patient what support is available agreeing appropriate pathway & including: proxy via nursing Support to quit & Temporary Abstinence staff until can be Informing the patient about withdrawal symptoms seen by Tobacco Review agreed medication plan · Where appropriate discussion about tobacco & drug metabolism treatment advisor Where appropriate, revisit the patient to provide on-going support or to review temporary abstinence to see if a full guit attempt can be started Tobacco dependence Service Ensure on-going support upon discharge NB: SCAS referrals to community pharmacy can only happen Check referral to LWD/Community Pharmacy (Via SCAS) for on-going support in the during inpatient stay community has been actioned - if not, submit referral or on patient . TTO for two weeks' worth of NRT discharge Communicate progress with the patient's GP Provide follow-up call 1-2 weeks post discharge If patient has relapsed, then should be offered another opportunity to restart Book follow-up appointment 28 days post discharge and new referral to LWD made Contact at 28 days post discharge, to establish smoking status verified with iCOquit CO test or self-verified status can be recorded over the phone: . NB. If inpatient <28 days record Smoking status 28 days from discharge Encourage prolonged treatment with locally available behavioural support where appropriate

ADVISE on the harm of smoking, second hand smoke and the importance of a smokefree home

ACT If CO reading is ≥4ppm, and/or a positive smoking status and/or have quit within the last 2 weeks send an opt – out
referral to SiP specialist team

Opt-out in-depth behavioural support with SiP Advisor

The woman is contacted within 2 working days by a 2 \times text, 2 \times phone call, 2 \times text system and offered a face to face appointment within 1 working week (if the partner smokes or has stopped within the last 2 weeks then encouraged to be present for the appointment)

SiP behavioural support programme with SiP Advisor

SiP adviser provide 4 weekly face to face appointments, with a further 4 face to face appointments at weeks 6,8,10 and 12 (these can be extended for a further 4 weeks)

- Assessment of patient's readiness and ability to quit Informing the patient what support is available, including
- - Communicate progress with the patient's CMW/HV

Repeat CO test at all AN appointments and record in notes.

If CO reading is ≥4ppm, and/or a positive smoking status and the woman is not engaging with the SiP specialist team re-send an opt - out re-referral.

CO validated smoking status at 36 weeks and at time of delivery should be recorded electronically in woman's notes.

Follow-up support for the SiP programme

- Advise about continued NRT and issue further supplies
 Discuss cravings and how she can deal with them in the future
 any difficult situations experienced and methods of coping a
 any potential high-risk situations in the future
- Assess risk of relapse, provide motivation and support
 Assess woman's individual needs for on-going and agree to plan for follow-up support and/or next appointment

Patient should have monthly follow -up post programme throughout pregnancy.

If patient has relapsed, they should be offered the opportunity to restart a new quit.

Communicate progress with the patient's CMW/HV.

Smoking in Pregnancy In-House Team

SiP Inpatient Pathway

During Maternity Patient Admission Perform CO test Midwifery Admitting Team ASK Patient if they smoke and record smoking status (Smoker, Quit in the last 2 weeks, Current supported quit attempt, Vaping, Ex-smoker, Never Smoked) If the patient is a Smoker or quit in the last 2 weeks then... ADVISE Patient that the best way to stop and stay stopped is with a combination of specialist support and medication, and both are available at the hospital. ACT 1. Stop smoking medications offered and provided to manage nicotine withdrawal. Ideally NRT provided within 2 hours of admission, as per trust protocol. 2. An opt-out electronic referral to the in-house Smoking in Pregnancy (SiP) Service. Opt-out in-depth behavioural support session with SiP Advisor r attends to patient within 24 hours to provide an in-depth opt out stop sn consultation that includes: Patient too unwell to be seen by SiP Indirect support by proxy via maternity staff until patient can be seen by SiP team Smoking in Pregnancy In-House Team Ensure on-going support post discharge and actioned; Provide 2 weeks supply of NRT Communicate progress with the SiP team and the patients CMW/HV Follow up call 1 week post discharge If patient has relapsed, they should be offered the opportunity to Follow SiP policy for on-going support for 12 week programme restart and a new referral made to SiP service