

The North East and North Cumbria Tobacco Dependency Treatment Service

Communications
Toolkit



May 2022

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1. Introduction – an opportunity for the NHS

“Smoking rates have fallen significantly, but smoking still accounts for more years of life lost than any other modifiable risk factor. Smokers see their GP over a third more often than non-smokers, and smoking is linked to nearly half a million hospital admissions each year.”

NHS Long Term Plan.

Smoking is still the UK’s single biggest killer and people who smoke make up a significant number of those admitted to hospital.

The impact of smoking-related admissions affects every hospital, and all clinical pathways from pregnancy through to children and adults.

A hospital admission is likely to give any smoker new reasons to quit. Many smokers find quitting difficult due to addiction, previous failed quits and living or working around other smokers. Being admitted to the NHS can present a compelling opportunity to stop smoking, or at least stop while in hospital to improve the chances of a quick and successful recovery.

Smoking has often been presented as a lifestyle choice; an assumption that smokers know the risks but continue. However, the Royal College of Physicians has clarified that cigarette smoking should be understood first and foremost as addiction, with nicotine delivered by tobacco as addictive as “hard” drugs such as heroin. Smokers usually start as children, and are addicted by the time they are adults. Most smokers wish they had never started, and most have tried to stop.

The actions of tobacco companies impact on our patients and our hospitals. Tobacco companies manipulated cigarettes in the 20th century to make them even more addictive, with increased nicotine, bronchodilators added to enable tobacco smoke to enter the lungs more easily and ammonia added to enable nicotine to reach the brain faster. This not only made tobacco more addictive from the 1950s, keeping more smokers hooked, but increased the risk of death and disease especially from lung cancer. England’s Chief Medical Officer Chris Whitty recently commented that deaths from tobacco exceed the numbers of people dying from Covid and almost entirely for profit.

The North East and North Cumbria Integrated Care System (NENC ICS) is supporting NHS Foundation Trusts to roll out a new **Tobacco Dependency Treatment Service (TDTS)** for patients who smoke. This will ensure every smoker admitted to hospital or engaged with maternity services will be asked if they smoke and given the support to remain tobacco free – at least for the duration of their stay in hospital or during pregnancy.

The toolkit

This toolkit has been produced by the Smokefree NHS/Treating Tobacco Dependency Taskforce of the North East and North Cumbria ICB. This is more than just a standard communications campaign toolkit but makes the case for treating smoking to be a core part of the NHS with statistics and evidence. It is also aimed at supporting local Foundation Trusts (FTs) with internal and external messages and planning for their local communications around treating tobacco dependency and the aims of the NHS Long Term Plan.

Alongside this toolkit will sit a suite of printed and digital materials, as well as training resources for FTs. These have been developed with input from FT Smokefree Leads across the 10 Trusts within the North East and North Cumbria ICS. These resources broadly fall into two types:

- For patients: the “offer” of what happens when they are in hospital or whilst pregnant and accessing maternity care
- For staff: to ensure staff are aware of the need to treat tobacco dependency and their role in supporting this. These will also sit alongside training resources



2. Background and context

i: Progress so far – The NHS Long Term Plan/PH48

The **NHS Long Term Plan (LTP)** has committed to action on prevention to help people stay healthy and moderate demand on the NHS. It aims to make a significant contribution to helping achieve the national ambition of a Smokefree 2030 by providing cessation support for people admitted to hospital.

Acute trusts across the North East and North Cumbria are already engaged in the prevention agenda, having taken steps to implement NICE PH48, or a “Smokefree NHS”. This means keeping grounds smokefree but also aims to ensure smokers are identified upon admission and offered medication to manage nicotine withdrawal and initiate quit attempts.

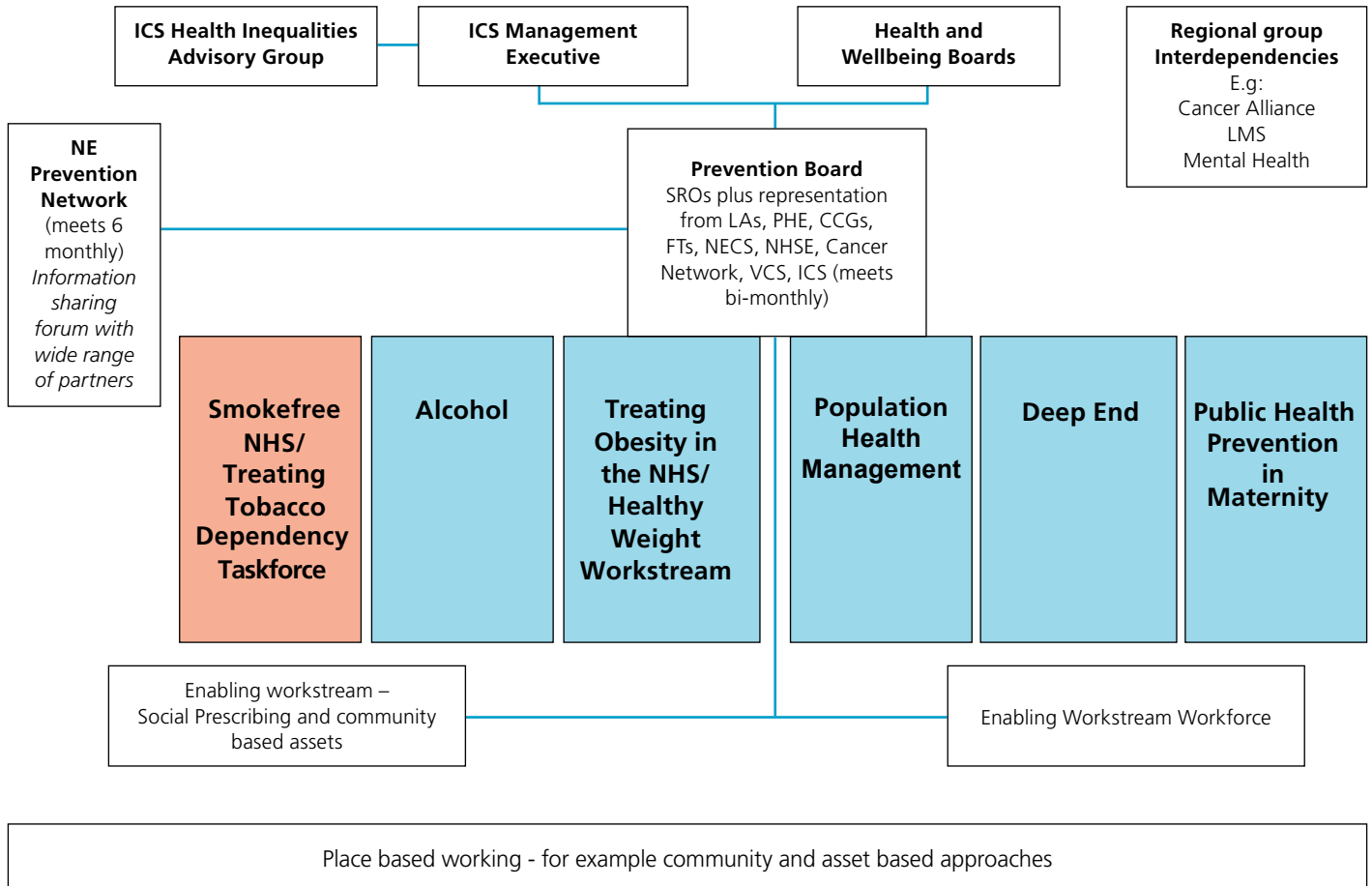
The Long Term Plan aims to go further with the introduction of ‘Tobacco Dependency Treatment Services’ across all hospital settings and work to embed the NHS LTP will be ongoing nationally until 2023/24.

ii: The NENC ICS Population Health and Prevention Board and Smokefree NHS/Treating Tobacco Dependency Taskforce

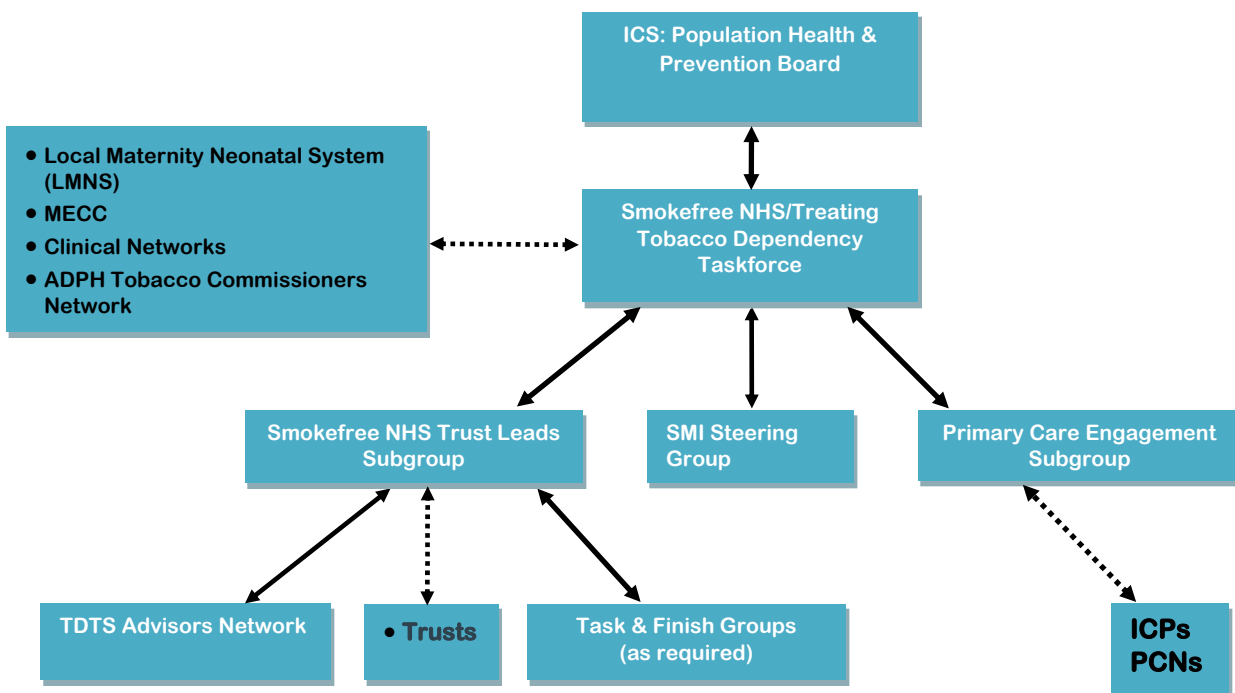
In the North East and North Cumbria, roll-out of the NHS Long Term Plan is governed by the ICS Population Health and Prevention Board. The NENC Smokefree NHS/Treating Tobacco Dependency Taskforce is a subgroup of this Board and is responsible for supporting the planning and implementation of system-wide treatment of tobacco dependency, including the delivery of the Smokefree NHS workstream across all FTs.

See over the ICS Population Health and Prevention Board governance framework:

The NENC ICS Population Health and Prevention Board governance framework:



The diagram below illustrates the links between the Smokefree NHS/ Treating Tobacco Dependency (TTD) Taskforce and other groups such as Local Maternity System (LMS), Local Authority Tobacco Commissioners, and clinical networks such as the Respiratory & Cardiovascular Disease (CVD) networks as well as the Health Inequalities Advisory Group. Within the TTD Taskforce there are topic specific operational subgroups to drive forward pieces of work.



More information about the structure and work of the TTD Taskforce can be found [here](#) or colleagues can contact the NENC Smokefree NHS Strategic Manager Rachel.mcilvenna@nhs.net

iii: The NHS Smokefree Pledge

In January 2018 the Smokefree Action Coalition launched the [NHS Smokefree Pledge](#).

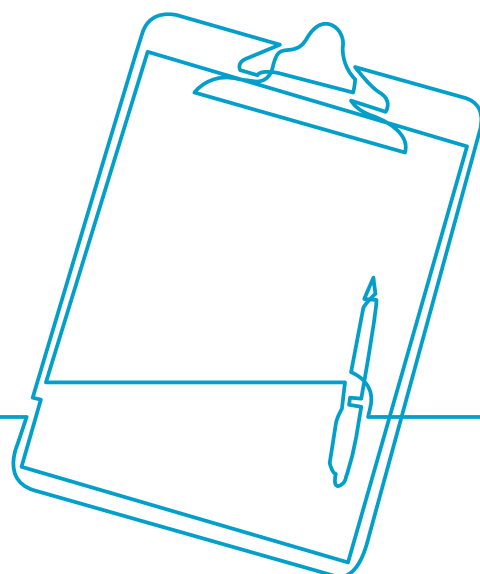
The Pledge is designed to be a clear and visible way for NHS organisations to show their commitment to a smoke-free NHS and helping smokers to quit. The Pledge has been refreshed and re-launched for 2022 and the NENC ICS is proud to be the first ICS to sign this. Individual Trusts are also encouraged to sign the pledge for 2022/23.

3. The North East and North Cumbria NHS Tobacco Dependency Treatment Service

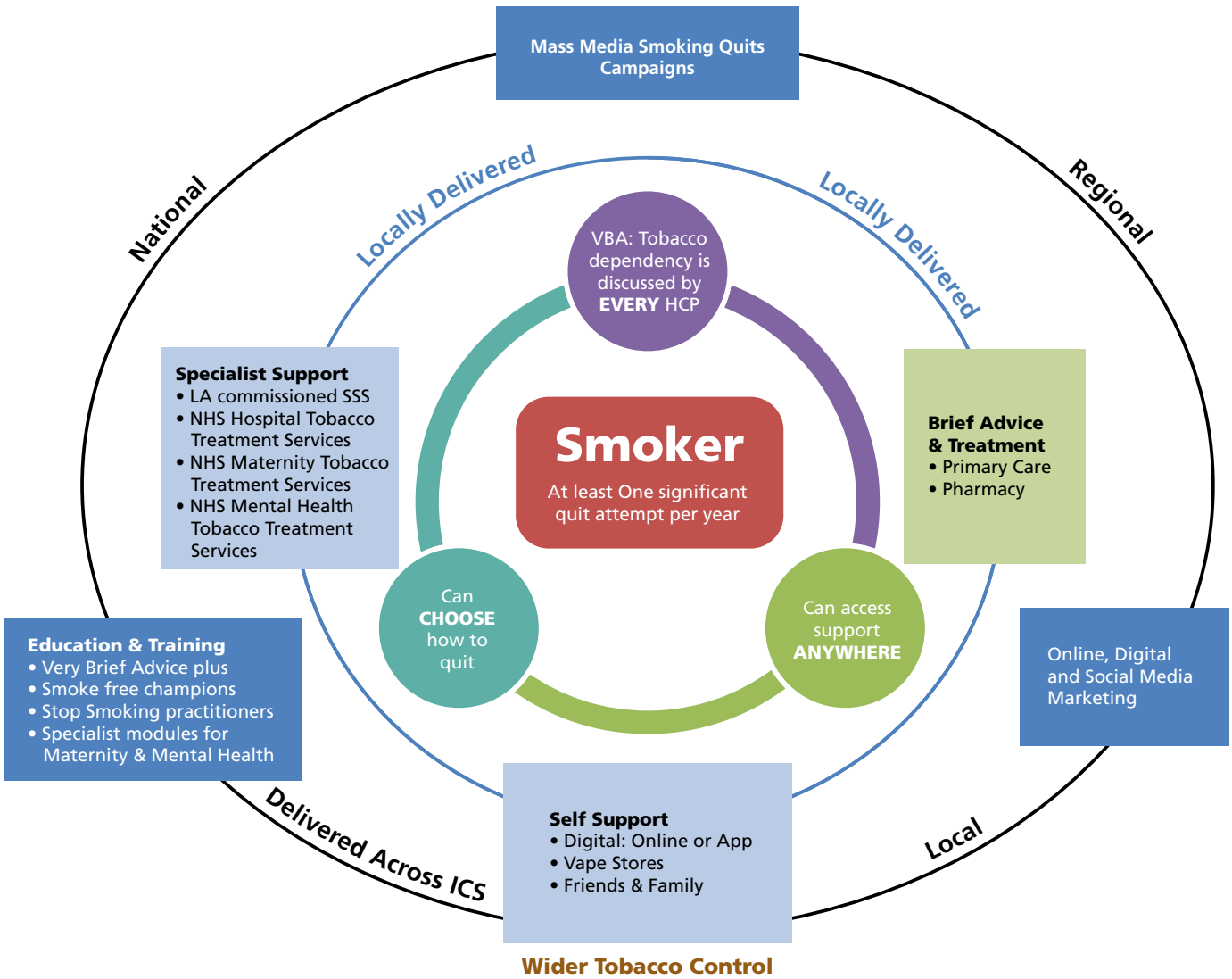
The Tobacco Dependency Treatment Service demonstrates the NHS's commitment to prioritising prevention by ensuring every smoker admitted to hospital or who is pregnant receives NHS funded treatment to treat their tobacco dependency. This will include staff based in hospital who offer onsite support to in-patients who smoke or within a maternity setting for pregnant smokers. While there will be tobacco treatment advisors who will primarily offer patients this support it is important to have involvement of the wider clinical team in supporting smokers. This will range from the ward staff who ask if a patient smokes on admission, to the nurses and doctors encouraging them to stay quit, at least while they're in hospital, as well as other clinicians linked to their episode of care.

It is important to note that the NENC NHS Tobacco Dependency Treatment Service is **not** the same as community Stop Smoking Services which are commissioned by local authority public health teams but will complement already existing provision. There is an important role for place-based discussions which will maximise the opportunities for a system wide approach to smoking cessation at both local and regional levels. The roll out of TDTS lends credence to the recognition that smoking is a chronic relapsing long term condition and that Health Care Professionals within the NHS have a clear role to treat tobacco dependence in their patients.

See graphic on page 9.



3. The North East and North Cumbria NHS Tobacco Dependency Treatment Service



The vision for holistic support to quit smoking across the North East and North Cumbria ICS

i. Development and pathway

NHS Tobacco Dependency Treatment Services are a national requirement as part of the Long Term Plan to ensure that by 2023/24 inpatients in hospital or who are engaged with maternity services are screened for smoking and offered treatment to stop as part of routine care.

In the North East and North Cumbria, the ICS Population Health and Prevention Board has committed to going further, faster and sooner than the NHS Long Term Plan by enhancing funds available to deliver a NENC NHS Tobacco Dependency Treatment Service (TDTS) and rolling this out at scale across all NHS Trusts in 2022/23.

The NENC NHS TDTS provides different treatment pathways for key NHS settings (acute, mental health and maternity), which are similar in approach but differ in some aspects, as to be expected:

- **Acute** – patients are asked if they smoke on admission, and ward staff offer Very Brief Advice (VBA) and offer of Nicotine Replacement Therapy (NRT) to manage withdrawal symptoms. Patients who smoke are then referred (on an opt-out basis) to an onsite tobacco treatment advisor to agree a treatment plan for their duration in hospital and on discharge, if a full quit attempt is made.
- **Mental Health** – as with the acute pathway, but with acknowledgement that an individual may be in crisis upon admission and ongoing support will be adapted on a case-by-case basis. Vaping will be offered as well as NRT.
- **Maternity** – delivered within maternity services, where every pregnant woman is CO tested at booking-in appointment and referred to a specialist trained advisor if they're identified as a smoker. Regular appointments and dedicated support is given to sustain a quit attempt throughout the pregnancy, for both expectant mothers and partners who smoke.

Visual representations of the three NENC NHS TDTS pathways can be found in appendices 1,2 and 3.

ii. What does Treating Tobacco Dependency mean?

“Smoking cessation is not just about prevention. For many diseases, smoking cessation represents effective treatment.”

Royal College of Physicians: Hiding in plain sight: Treating tobacco dependency in the NHS

“Treating tobacco dependency” is a cultural and clinical shift in the NHS. At one point in time smoking was often seen as a lifestyle choice, but smoking is an addiction and one which usually begins in childhood. Smoking is now seen as a long-term, relapsing condition which can and should be treated by the NHS. And by doing so, dramatically improve a patient’s health and wellbeing, boost their chances of recovery from treatment, and reduce hospital admissions and re-admissions.

The NHS recognises that;

- Smoking is an addiction that often starts in childhood – not a lifestyle choice
- Tobacco addiction/dependency is a chronic, relapsing medical condition that prematurely kills at least half of all long term smokers
- There are effective treatments for tobacco dependency which can prevent illness and save lives
- The NHS has a responsibility to treat smoking

Unlike community-based Stop Smoking Services, the Tobacco Dependency Treatment Service aims to support smokers by treating their addiction during their stay in hospital. It is true not all smokers at this point will want to quit for good (and this can feel daunting) but the TDTS provides all smokers with the best chance of successful recovery by treating their tobacco dependency at a time when it is most essential.

If a patient wants to go on and make a long term quit attempt, the Tobacco Dependency Treatment Service will provide help, including referring them to community-based Stop Smoking Services(where they are available) upon discharge or to the Advanced Pharmacy Smoking Cessation Service to ensure the patient is supported, even after they leave hospital.

iii. Ask – Advise – Act:

You may hear the term that it is “everyone’s business” to help patients stop for the time they come into hospital.

It’s important to say that ward staff are not expected to have long conversations about smoking, or persuade smokers to stop, although these conversations may naturally arise if smoking has played a part in the hospital admission. It is however, essential that staff on wards ask about patient smoking status and follow the Very Brief Advice (VBA) principles of Ask – Advise – Act (See Appendix 4).

Onsite tobacco treatment advisors will then be available to enable more in-depth conversations and support for smokers.

Do patients mind being asked if they smoke?

Patients do expect to be asked about smoking and many will be receptive.

It’s true that some smokers may be pessimistic about quitting but it is for ward staff to reassure them about the treatment to help them overcome cravings whilst in hospital.

Not asking about smoking may also give smokers the wrong impression that it is not important to their health. See below an example of Very Brief Advice on admission:

“Hi Mr Jones, can I just check if you smoke? OK thanks, you’re hopefully aware that this is a smokefree site. But it’s also really important for your treatment while in hospital that you don’t smoke and to give you the best chance of recovery.”

“We will arrange for you to be given Nicotine Replacement products while you are with us which will help you manage any cravings. We will also arrange for you to see a tobacco treatment adviser to agree your personal plan.”

iv. Rollout across Trusts and next steps

All Trusts across the North East and North Cumbria have committed to roll out of the Tobacco Dependency Treatment Service from January 2022.

Recruitment: The NENC Treating Tobacco Dependency Taskforce has drafted regional template job descriptions for TDTS roles. All Trusts are now in the process of recruiting to roles, including service leads and tobacco treatment advisors. Trusts may be working to slightly different timescales for implementation and launch with some further ahead in the process than others. Most Trusts hope to have staff in place in quarter 1 2022/23.

Training: Work is underway to develop a regional training package for tobacco treatment advisors. This will involve a mixture of face to face and online training, Training (acute settings) started in April 2022, once a majority of advisors have been recruited across the region to enable shared learning and peer to peer support. By providing a regional training offer, this will ensure a level of consistency around key messages and delivery mechanisms of the service. This is important so patient experience and expectations remains the same, regardless of which hospital they are admitted to. It is hoped there will be further opportunity to develop a 'train the trainer' session once tobacco treatment advisers are established in their roles.

Steering groups: To aid implementation of the Tobacco Dependency Treatment Service within organisations, each Trust has set up its own Smokefree NHS /Tobacco Dependency Treatment steering group. Membership of this group differs between FTs but includes representation from various partners from across the Trust, such as pharmacy, clinical colleagues, estates, public health and others.

The Smokefree NHS agenda and roll-out of the Tobacco Dependency Treatment Service within each FT is underpinned by a smokefree staffing structure which includes a data lead, smokefree FT operational lead, clinical lead(s) and an executive sponsor to ensure support at every level. The key colleagues within each FT can be found in the table in Appendix 5.

4. The role of communications

Helping to embed treating tobacco dependency

Communications is a core part of system change, just as it has been for reducing smoking rates in England.

Many colleagues have been involved in the roll out of Smokefree NHS policies in hospitals. Communications has helped foster change and understanding among both staff and patients, from PR and websites to internal staff training and communications.

Communications in Q1-2 2022/2023 can help embed the role of the NENC NHS Tobacco Dependency Treatment Service in FTs to equip and enable staff to support patients to stay tobacco free as a routine, time-effective and cost-effective part of their treatment.

Change is of course a process over time. Comms activity will vary from Trust to Trust but we would suggest the focus be raising awareness of this new service locally, the offer of support to patients and the role all staff can play in this implementation.

Communication aims:

- Support the cultural shift around treating tobacco dependency with regards to the NHS Long Term Plan, the ICS and local Trust ambitions for 2022 and beyond.
- Raise awareness **internally with staff** of the new responsibilities the NHS has around treating tobacco dependency and how staff themselves can be empowered to make a life-changing difference.
- Communicate **externally with patients** and smokers at various touchpoints in their patient pathway so they are clear of the support they will be offered.

And:

- Support cultural change by helping all staff understand how smoking affects patients' health and the workload of a busy hospital
- Cascade information through the correct channels, to team leaders and onto staff, and encourage regular sharing
- Find champions to build momentum around the programme
- Ensure staff feel capable and confident to ask if a patient smokes and understand how they can offer the support to quit

There are many ways to engage with staff and patients to communicate key messages including;

- Training resources (an HR role)
- Comms briefings and team briefings
- Payslips
- Trust staff intranet
- Trust staff Facebook groups – often very widely used by staff
- Staff events and roadshows
- Stalls for staff (e.g. the main staff canteen)
- PR and internal communications involving champions and spokespeople
- Press releases
- Flyers and digital signage in waiting rooms
- Stop before the op communications

There has already been regional publicity for No Smoking Day about the role of the NHS in supporting smokers and the new offer of a NENC NHS Tobacco Dependency Treatment Service throughout Q1 and Q2 2022/23.

See <https://express.adobe.com/page/OgiPbefnW9rvX/>

5. How smoking affects patients and the NHS – Facts and figures

This section may feel more detailed than front line staff need to know and some of these facts and stats are covered more succinctly in the “key messages” section. However they are intended to highlight the impact that smoking has across the broad spectrum of health and its impact on the NHS.

i. Overview:

Most people know that smoking kills and is harmful. And most smokers know that smoking is not good for their health. But the scale of harm and range of conditions caused by smoking may shock even some health professionals in how vast and wide ranging it is.

- It is estimated around 6.9 million people in the UK smoke with higher smoking rates in the North of England.
- **At least 1 in every 2 long term smokers** will die from a tobacco-related disease.
- Smoking remains the single biggest preventable cause of death and illness in England with 74,600 deaths in England in 2019.
- Smoking has killed over 8 million people in the UK since 1971.
- In 2019/20 smoking caused an estimated 506,100 hospital admissions in England.
- Smokers on average lose 10 years of life compared to non-smokers.
- Smoking is the single biggest cause of health inequalities in England and the single biggest reason for the gap in life expectancy between the most and least affluent groups.

ii. Health risks

- **Cancer:** smoking causes 16 types of cancer. Smoking causes 8/10 cases of lung cancer which kills around 35,000 people a year in the UK. It also causes cancers of the mouth, nasal cavities, pharynx and larynx, stomach, kidney, bowel, liver, pancreas, ureter, oesophagus, cervix, bladder and ovaries and myeloid leukaemia.
- **Cardiovascular Disease:** smoking seriously increases the risk of developing heart and circulatory diseases – causing around 15,000 deaths each year according to the British Heart Foundation.
- **Respiratory:** smoking is the main cause of Chronic Obstructive Pulmonary Disease (bronchitis and emphysema). COPD kills over 27,700 people a year and the British Lung Foundation estimates that 1.2 million people in the UK are living with COPD.
- **Dementia:** smoking is associated with an increased risk of dementia. A 2017 Lancet Commission on dementia risk ranked smoking third among nine modifiable risk factors for dementia. The WHO estimates that 14% of cases of Alzheimer’s disease worldwide are potentially attributable to smoking.
- **Diabetes:** smoking significantly increases the risk of developing type 2 diabetes. Smokers with diabetes are more at risk of heart disease, kidney disease, poor blood flow in the legs and feet that can lead to infections, ulcers, and possible amputation (removal of a body part by surgery, such as toes or feet), retinopathy (an eye disease that can cause blindness), peripheral neuropathy (damaged nerves to the arms and legs that cause numbness, pain, weakness, and poor coordination).
- **Eyesight:** smoking doubles the chances of losing eyesight, particularly in the development of age-related macular degeneration (AMD) – one of the UK’s leading causes of sight loss – and cataracts.
- **Fractures:** smoking leads to decreased bone mineral density and is associated with increased risk of osteoporosis, fractures, back pain and degenerative disc disease.

- **Covid:** smoking has been associated with more severe illness and an increased risk of death in people who need hospital treatment for Covid-19, with even lighter smokers [twice as likely to die from Covid-19](#).
- **Winter pressures:** smoking harms the immune system with:
 - Smokers five times more likely to develop **influenza** than non-smokers. Flu symptoms may also be worse among smokers.
 - Smokers **twice as likely** to get pneumonia compared to non-smokers and have an increased chance of suffering pneumonia after surgery.
 - Smokers accounting for approximately half of healthy adult patients with invasive **pneumococcal disease** (causes pneumonia, bacteraemia, and meningitis).
- **Childhood disease:** Secondhand smoke exposure harms babies and children, with an increased risk of respiratory infections, increased severity of asthma symptoms, more frequent occurrence of chronic coughs, phlegm and wheezing, and increased risk of cot death and glue ear. The National Review of Asthma Deaths (NRAD) found more than 1 in 3 (36%) childhood asthma deaths were in smoking families.



iii. Smoking and pregnancy

Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes, including stillbirth, miscarriage, and pre-term birth.

When a woman smokes during pregnancy or when she is exposed to secondhand smoke, oxygen to the baby is restricted making the babies heart work faster and exposing the baby to harmful toxins. As a result, exposure to smoke in pregnancy is responsible for an increased rate of stillbirths, miscarriages and birth defects.

The national [Smoking in Pregnancy Challenge Group](https://smokefreeaction.org.uk/smokefree-nhs/smoking-in-pregnancy-challenge-group/) is a partnership between the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists and the Royal College of Paediatrics and Child Health. Find out more about its work and resources available.

<https://smokefreeaction.org.uk/smokefree-nhs/smoking-in-pregnancy-challenge-group/>

iv. Smoking and mental health

People with a mental health condition are more likely to smoke and die from a smoking related illness. People with a mental health condition have a 10-20 year reduced life expectancy and smoking is the single largest contributor to this. The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension.

It is estimated that around 30% of smokers in the UK have a mental health condition, and more than 40% of adults with a serious mental illness smoke. Smoking is associated with increased risk of major depression and smoking rates among adults with depression are twice as high as among adults without depression.

It is not clear whether smoking is the cause or effect of mental health conditions. However, there is some evidence that smoking could act as a trigger for mental ill-health.

Most people who smoke believe that smoking helps them to cope. However a [Cochrane review](#) shows quitting can improve mental health; Smokers who quit for 6 weeks or more report feeling happier than those who carry on smoking. Reductions in anxiety and depression in those who quit smoking are found to be at least as great as from taking anti-depressants.

Smoking can also interfere with medication for mental health. Smokers with mental health problems often require higher doses of some antipsychotic medicines and antidepressants because smoking interferes with the way these medicines work.

Read more about smoking and mental health https://ash.org.uk/wp-content/uploads/2019/08/ASH-Factsheet_Mental-Health_v3-2019-27-August-1.pdf

v. The impact on the NHS

Capacity

Smoking is linked to around 506,100 hospital admissions each year ([Smoking in England report 2020](#)).

Smokers and former smokers use primary care services and outpatient secondary care services more than never-smokers. This adds annual costs of £1.1 billion and £696 million, respectively. ([Royal College of Physicians, Hiding in Plain Sight report, 2018](#)).

The North East NHS has an annual cost of around **£124.9 million** in smoking-related healthcare, made up of around 33,355 hospital admissions, 1.2m GP consultations, nearly 695,000 GP prescriptions, 413,000 practice nurse consultations and over 224,700 outpatient visits.

Impact on recovery and on hospital wards

“Smoking is associated with worse outcomes before orthopaedic, cardiovascular, cancer, gastrointestinal, hernia, plastic and day surgery. Non-smoking patients need lower anaesthetic dosages and have fewer experiences of postoperative pain.”

(Source: London Clinical Senate)

Helping patients to quit smoking can bring significant long term outcomes to health. However, these are some facts some staff may not be aware of:

- **Wound infections:** Smoking increases the risk of wound infections even for simple wounds. However, four weeks of abstinence from smoking reduced the risk to that of never-smokers. (<http://www.medscape.org/viewarticle/458282>).
- **Surgical Outcomes:** Quitting smoking improves surgical outcomes through reducing risk and complications: [Royal College of Anaesthetists](#). Smokers are 38% more likely to die after surgery than non-smokers. Following surgery smokers also have:
 - higher risks of lung and heart complications.
 - higher risks of post-operative infection, impaired wound healing.
 - more chance of requiring longer hospital stays and higher drug doses.
 - more chance of being admitted to an intensive care unit and increased risk of emergency readmission.
- **MRSA:** Smoking can make matters worse when it comes to MRSA – an antibiotic-resistant superbug, which can cause life-threatening skin, bloodstream and surgical site infections or pneumonia. A study found MRSA bacteria exposed to cigarette smoke become even more resistant to killing by the immune system. (<https://www.sciencedaily.com/releases/2015/04/150402174345.htm>).
- **Quit attempts in hospital are more successful:** Quit attempts initiated in hospital significantly increase the chance of someone still being quit at 6 months.
- **Reducing hospital admissions:** Quit attempts initiated in hospital have been shown to reduce re-admissions at 30 days and at 1 year, and emergency department admissions at 30 days.
- **HIV:** According to [a 2014 study](#), for people who have HIV, are on treatment and smoke, the risk of death is doubled. On the other hand, non-smokers with HIV who are doing well on treatment can expect to have a normal lifespan (Terrence Higgins Trust).

Encouraging patients to abstain from smoking, even if just for the duration of their stay in hospital, can hugely improve their recovery process.

6. Communications, branding and resources

i. Launch communications

A communications plan to announce the launch, promote and support the delivery of the new NHS Tobacco Dependency Treatment Service across the North East and North Cumbria has been developed by the Smokefree NHS/ Treating Tobacco Dependency Taskforce on behalf of the ICS.

In addition, it is expected that each FT will have its own communications plan in place setting out a localised plan for delivery.

ICS comms activity is broadly divided into two phases:

1. “Soft launch”: From No Smoking Day (March 9) 2022 onwards, there will be communications around the importance of the NHS treating tobacco dependency and the effectiveness of doing so. See <https://express.adobe.com/page/OgiPbefnW9rvX/>
2. “Hard launches”: Moving into Q1 2022/23 (and depending on progress around recruitment), FTs will communicate launches of the local TDTS supported by the Smokefree NHS Taskforce.

See page 23 a timeline of activity and key phases together with opportunities for further communications around smoking. As ever with communications, this may be subject to change.



Activity	Date	Discussion
Don't Wait campaign	2 March-23 March	Relaunch of Don't Wait campaign across NE and North Cumbria on TV, and radio/ digital/ Video on Demand in LA7 Comms toolkit circulated to partners w/c 14/ 2/ 22
No Smoking Day	March 9	"Soft" launch of the role of the NHS and treating tobacco dependency in the North East and North Cumbria https://ash.org.uk/media-and-news/press-releases-media-and-news/dont-give-up-on-giving-up-the-message-from-healthcare-professionals-to-smokers-this-no-smoking-day/
Comms resources such as flyers and posters	April/May	Development and distribution of branded printed resources to Trusts giving information for staff and patients about launch of the Tobacco Dependency Treatment Service - TDTS flyer – staff and patients - Staff facing poster - Public facing poster
Training for TDTS staff	April/May/ June	First two day training session is being provided for first recruited staff working in the new Tobacco Dependency Treatment Service (Acute settings)
Official launch of TDTS	TBC	According to local arrangements
Mental Health Awareness Week	9-15 May	Many smokers smoke for stress – but evidence shows quitting can reduce stress. Two excellent video links below: Smoking and mental health - Prof Eilish Gilvarry from CNTW discusses how smoking can improve mental health https://www.youtube.com/watch?v=PQsqjEO5NNk See Stress Free Quitting with Prof Robert West https://www.youtube.com/watch?v=zLpEKAFSiE4
World No Tobacco Day	May 31	This is an annual day co-ordinated by the World Health Organisation. The 2022 theme is how tobacco affects the environment https://www.euro.who.int/en/media-centre/events/events/2022/05/world-no-tobacco-day-2022-tobaccos-threat-to-our-environment The day may also be another opportunity to talk about the importance of quitting smoking and the role of the NHS
Love your Lungs week	June 21-26	A week co-ordinated by British Lung Foundation and Asthma UK to raise awareness of lung health and the impact that it can have on both a person's mental & physical health https://www.blf.org.uk/take-action/campaign/loveyourlungsweek
Stoptober	Launch Sept and running during Oct	National quit smoking campaign ran formerly by PHE and now by OHID. Launch tends to be the 3rd week of Sept. Sign up for resources at https://campaignresources.phe.gov.uk/resources/
Lung Cancer Awareness Month	Nov	Details The Lung Cancer Awareness Month Coalition is a global coalition of cancer and related organizations bringing our collective voices together to amplify the conversation around lung cancer, specifically during Lung Cancer Awareness Month in November. Find out more here: https://lcam.org/about/
New Year quit attempts	Jan	January is still a peak month for quit attempts and often will include a national campaign (TBC)

ii. Branding

A regional brand has been developed for the NENC NHS Tobacco Dependency Treatment Service to support consistency of messaging across the ICS, achieve economies of scale and recognising that patients often receive care from a number of NHS trusts.

The brand recognises that this is an NHS delivered service and will work alongside the ICS and partner branding. It can be used by all partner organisations aimed at staff and stakeholders that relate to delivery of the NENC NHS Tobacco Dependency Treatment Service.

iii. Resources

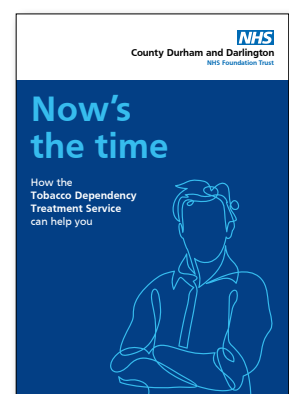
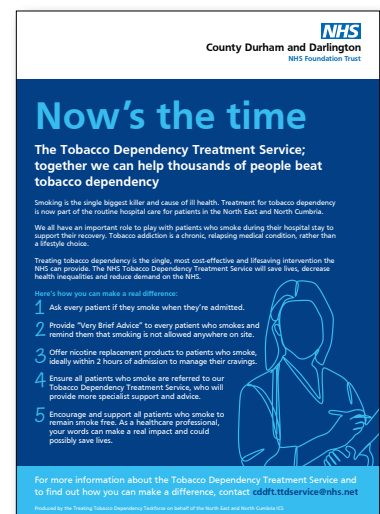
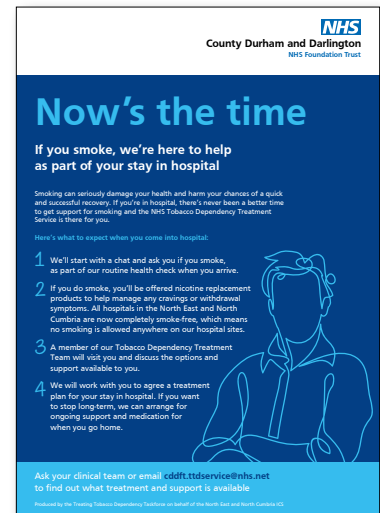
The Smokefree NHS Taskforce has been asked to produce one set of communications and training resources which will support the rollout of TDTS in trusts. This will include:

- Patient facing posters
- Staff facing posters
- Patient flyer
- Appointment cards
- Training resources
- Communications toolkit



It is aimed that all communications, whether public-facing (patients, visitors etc.) or internal (employees, stakeholders, partner organisations) will stick to the approved key messages.

Separately to promote quitting smoking (rather than in-house support) materials are still available from the NHS-supported Don't Wait campaign which ran in March. NHS comms teams have these including social posts and electronic screens for waiting rooms.



iv. Local ownership of communications

It is likely that you may see increasing mention in PR and social media of the role of the NHS in treating tobacco dependency in Q1, and the rollout of this service in Trusts.

As with smokefree sites and PH48, Trusts will ultimately be responsible for driving forward comms activity within their organisations and communicating the launch/existence of the local service once it is fully up and running.

Collaboration with their local authority tobacco leads within public health is strongly recommended. Ongoing activity will ensure that the two-way conversation between the Smokefree NHS /TTD Taskforce and FT comms teams and TDTS steering groups continues.

As mentioned throughout, the roll out of TDTS is a long-term journey and a phased approach is key. At this stage, FTs are encouraged to:

- Agree within your FT who will be the spokespeople for the rollout of TDTS within your organisation – someone able to deal with media enquiries, questions about the impact of smoking on wards etc. It is recommended a senior clinical lead could lead this but also desirable to allow a comms presence for the new staff if they are comfortable to be involved. Putting a face on the new services as supportive and empathetic to smokers is valuable.
- Develop social media plans to communicate the launch of the TDTS both publically and to staff internally.
- Map out FT key milestones – as things progress, comms teams should consider how they will deliver news of 'new' stages– e.g. training available for staff.
- Find quitter case studies – patients who have stopped.

7. Key messages

i. For all

- Smoking is the single biggest cause of preventable deaths, disability and illness in the UK.
- Smoking and tobacco dependency is a major cause of health inequalities.
- Tobacco dependency is a chronic clinical condition – an addiction which often starts in childhood and is not simply a ‘lifestyle choice’.
- Smoking causes 16 types of cancer including lung cancer, COPD, diabetes, heart attack and stroke, dementia and diabetes.
- Smoking weakens the immune system and makes smokers more vulnerable to infectious diseases like influenza and Covid.
- At least **1 in every 2 long term smokers** will die from a tobacco-related disease. For longer term smokers who start younger, it is closer to 2 in 3 smokers.
- By building treatment for tobacco dependency into patients’ routine care, the NENC NHS Tobacco Dependency Treatment Service will save lives, decrease health inequalities and reduce demand on the NHS.
- The NENC NHS Tobacco Dependency Treatment Service is being rolled out in all Trusts across NENC for all inpatients and pregnant women who smoke.
- The NENC NHS Tobacco Dependency Treatment Service will help give smokers in the region the support they need to abstain from smoking whilst in hospital and to make a quit attempt if they choose. For pregnant women they will be supported to quit during pregnancy.

ii. For patients

- It is important to stop smoking whilst in hospital to improve your treatment outcomes. Smoking can harm your ability to recover from treatment or an operation.
- We know refraining from smoking can be difficult but you will be supported with specialist help throughout your time under NHS care.
- It is never too late to stop smoking. Even if you've tried before, the benefits begin at any age.
- The benefits of stopping smoking can be noticed immediately:
 - The lungs and body start to repair from the moment you quit.
 - After 20 minutes your heart rate returns to normal and within 48 hours your body clears out poisonous carbon monoxide.
 - Within weeks you'll be breathing easier and able to do more, and with quit aids your cravings should start to disappear.
 - Before long coughs clear up and you could feel like a new person.
- Don't be put off by previous quit attempts. It can take smokers many tries before they stop for good.
- The team will support you whilst in hospital to manage your craving with nicotine replacement products even if you don't want to quit.
- Staying off tobacco or quitting smoking doesn't need to be stressful as the NHS can support you to manage your cravings and make the process less stressful.

iii. For staff

- Smoking is the number one cause of premature death in the UK and affects both patients' chances of a successful recovery and re-admission to hospital.
- The NHS has committed to treating tobacco dependency as part of the NHS Long Term Plan.

- In 2022 the NHS in the North East and North Cumbria will play a major role towards helping thousands of smokers break free of tobacco dependency.
- The NENC NHS Tobacco Dependency Treatment Service will identify smokers in hospital and treat their addiction as part of their routine care.
- Treating tobacco dependency is the single most cost effective and lifesaving intervention the NHS can provide.
- Tobacco dependency treatments have a bigger clinical impact than most medical interventions. Nicotine Replacement Therapy (NRT) and other medications and behavioural support can cure people of their addiction.
- Most smokers do want to stop but can find it difficult and it can sometimes take a number of attempts before they can quit for good. Smoking is not a lifestyle choice. It is a chronic relapsing condition and nearly always starts in childhood.
- All staff have a role to play to ensure this becomes routine clinical practice. Smokers expect to be questioned about smoking and are receptive to practical support to stop.
- Most smokers will have tried to quit before. NHS staff are in a unique position to help them do so.
- Treating tobacco dependency will save lives, ease people's stress, help with money worries, decrease health inequalities & reduce NHS demand.
- Being admitted to hospital can be a pivotal moment in a patient deciding now is the time to stop, due to illness/health concerns, feeling too unwell to smoke or not being able to do so in a smokefree environment. Contact with a health professionals in secondary care can provide the right patient motivation to start their quit attempt.
- Patients who stop smoking have rapid improvements in their health. Even stopping for a short duration can have an impact.
- Re-admission rates for people who quit smoking start to decrease within just a few weeks of quitting.
- Trusts are now recruiting locally to their Tobacco Dependency Treatment Service and it is important staff know how and where to refer patients to for support. Liaise with Smokefree NHS leads.

Why it is important to help smokers to quit: GP Dr Chris Tasker

<https://www.youtube.com/watch?v=yYnOFEQ7GL8>

Tobacco prevention in the NHS Long Term Plan: Dr Ruth Sharrock, Respiratory Consultant and NHS Regional Clinical Lead for Treating Tobacco Dependency

<https://www.youtube.com/watch?v=QxXwGW84qrA>

Advice for NHS employees supporting smokers to quit: Dr Ruth Sharrock, Respiratory Consultant and NHS Regional Clinical Lead for Treating Tobacco Dependency

<https://www.youtube.com/watch?v=zhSOajYi-oc>

iv. Mental health – staff and patients

- People with poor mental health die on average 10 to 20 years earlier than the general population. Smoking is the biggest cause of this life expectancy gap
- Tobacco smoke interacts with some psychiatric medication and make it less effective, resulting in increased dosages and more side effects.
- Stopping smoking can actually reduce levels of anxiety, depression and stress and the benefits can be seen in a matter of weeks. Tobacco does not reduce stress; it only reduces the symptoms of nicotine withdrawal.
- Smoking is higher in people with a mental health condition compared to the general population. Approximately 60 per cent of people admitted to acute mental health admission wards smoke and approximately 40 per cent of people on the GP QOF severe mental illness registers are recorded as smoking.
- Up to 70% of smokers attending hospital report that they would like to stop smoking. Mental health patients who smoke are just as likely to want to stop but often lack the confidence and ability to do so.
- Smoking rates have remained high in those with mental illness, further increasing health inequalities. People with a mental health condition also tend to smoke more heavily and intensively.

v. Maternity – staff

- Nearly 13.0% (2020/21) women smoke at the time they give birth in the North East and North Cumbria
- Smoking and exposure to secondhand smoke during pregnancy is responsible for an increased rate of stillbirths, miscarriages and birth defects. Smoking is the single most modifiable risk factor for adverse outcomes in pregnancy including neonatal complications and low birth weight
- Smoking is a major source of carbon monoxide (CO) which is detrimental to the developing foetus.
- Tobacco dependency in pregnancy is estimated to contribute to 40% of all infant deaths
- It is estimated that up to 2,200 premature births and 5,000 miscarriages are caused by smoking.
- All pregnant women should be CO screened and all those with elevated levels referred for specialist support delivered within their maternity team.
- The midwifery team should also have brief meaningful conversations with about the harms of continuing to smoke and the benefits of quitting.
- Nicotine Replacement therapy (NRT) is safe to use and may help a woman quit during pregnancy.
- If a pregnant woman chooses to vape (use an electronic cigarette) she should be supported as this is safer than continuing to smoke.
- Protecting an unborn baby from tobacco smoke is one of the best things anyone can do to give their child a healthy start in life.
- Smoking during pregnancy presents significant financial costs as well as human costs for the NHS. It was estimated that in 2015/16 the cost of smoking during pregnancy was over £20 million through 10,032 episodes of admitted patient care.

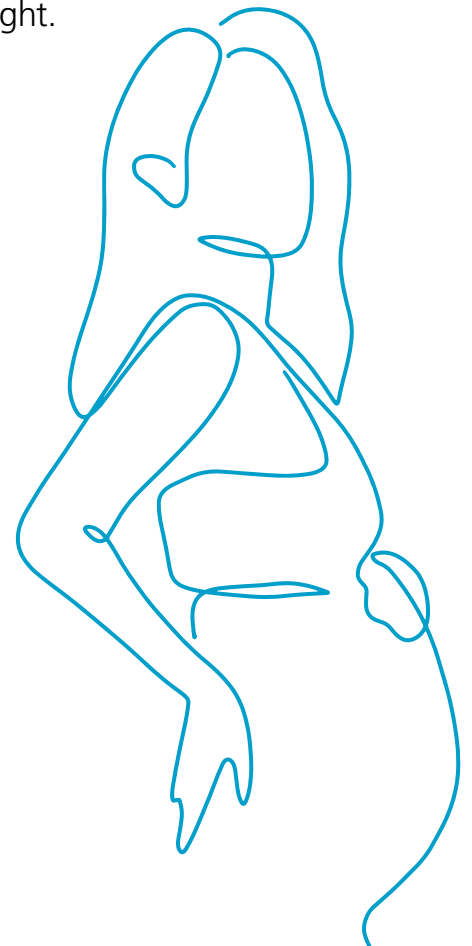
vi. Maternity – patients

Every cigarette you smoke contains over 5,000 chemicals, so smoking when you are pregnant harms your unborn baby. Cigarettes can restrict the essential oxygen supply to your baby. As a result, the baby's heart must beat harder every time you smoke.

Stopping smoking will help both you and your baby immediately.

When you stop smoking:

- You reduce the risk of complications in pregnancy and birth.
- You are more likely to have a healthier pregnancy and a healthier baby.
- You reduce the risk of stillbirth.
- Your baby is less likely to be born too early and have to face the breathing, feeding and health problems that often go with being premature.
- Your baby is less likely to be born with a low birth weight. Babies of smokers are, on average, 200g (about 8oz) lighter than other babies, which can cause problems during and after labour. Lower birth weight babies does not mean an easier birth...they are more likely to have problems keeping warm and are more likely to get infections which can result in more trips back to hospital.
- You will reduce the risk of sudden infant death syndrome (SIDS), also known as "cot death".



vii. On nicotine and vaping

About

- Nicotine Replacement Therapy (NRT) is a medication that provides a low level of nicotine, without the tar, carbon monoxide and other poisonous chemicals in tobacco smoke.
- NRT can help make quitting less stressful and reduce unpleasant withdrawal effects.

Effectiveness

- Many thousands of people in the UK have already stopped smoking with the help of an e-cigarette. There's growing evidence that they can be effective.
- Using an e-cigarette can help smokers manage nicotine cravings. To get the best out of it, make sure you're using it as much as you need to and with the right strength of nicotine in your e-liquid.

See further NICE guidance for advice on nicotine-containing e-cigarettes <https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence#stop-smoking-interventions>

Risks

- E-cigarettes may not be completely risk free, but they carry a small fraction of the risk of cigarettes. E-cigarettes do not produce tar or carbon monoxide, two of the most harmful elements in tobacco smoke. The liquid and vapour contain some potentially harmful chemicals also found in cigarette smoke, but at much lower levels.
- E-cigarettes don't cause the lung condition known as popcorn lung. There have been no confirmed cases of popcorn lung reported in people who use e-cigarettes. [See Cancer Research UK.](#)

viii. Corporate/organisational

- Treating tobacco dependency in the NHS has huge potential for positive outcomes and the NHS to make a real difference with regards to reducing health inequalities.
- Smoking remains the most significant health hazard and biggest cause of preventable disease, health inequalities, disability, and premature death. In the North East and North Cumbria, smoking accounts for half of the health gap between the poorest and most affluent communities and is a major contributor to the 15-20 years gap in life expectancy between people with a severe mental health illness and the general population.
- Reducing the number of people smoking has a very quick positive impact on both people's own health and on NHS and social care budgets. The financial benefits of the NENC NHS Tobacco Dependency Treatment Service for the NHS will start to be seen within a few weeks of patients starting to receive the intervention as admission rates for people who quit smoking start to decrease within just a few weeks.
- Supporting people to stop smoking is the quickest and most effective action to support a reduction in health inequalities.
- In NENC we have an ambition to reduce the percentage of adults who smoke to below 5% by March 2030, with a reduction in the gap between the proportion of the general population who smoke and people with routine and manual occupations and severe mental illness.
- A significant shift in culture will be needed to ensure all clinicians:
 - See tobacco dependency as a disease rather than a risk factor for other diseases or a lifestyle choice.
 - Treat tobacco dependency routinely as they would treat any other long term condition.
 - Recognise that treating tobacco dependency is their role and that it is unethical not to offer patients treatment.

A focus on treating tobacco addiction will naturally lead to an improvement with Smokefree sites. It is important to note that this programme is different to previous smoke-free work undertaken in Trusts.

8. Press release/newsletter/web copy

i. Announcing the new TDTS – press release/public newsletter/web copy

[INSERT TRUST] is taking the next step on the road to supporting more patients who smoke.

All patients being admitted to **[INSERT]** will now be asked if they smoke and offered free Nicotine replacement products (NRT) on arrival to manage their cravings whilst in hospital. This helps patients to improve recovery, reduce their chances of re-admission and support the aims of our smokefree site.

[INSERT TRUST] is launching its Tobacco Dependency Treatment Service in **[INSERT DATE]** – this will include a team of advisors who will support ward staff to manage the cravings of smokers while in hospital and upon discharge.

Tobacco Dependency Treatment Services are a commitment in the NHS Long Term Plan to ensure that inpatients in hospital or who are engaged with maternity services are screened for smoking and offered treatment to stop as part of routine care while in hospital.

- Smoking is still the biggest preventable cause of death and illness in England, with around 506,000 hospital admissions a year. Smokers on average lose 10 years of life compared to non-smokers from tobacco caused diseases.
- Smoking causes 16 types of cancer including lung cancer, COPD, diabetes, heart attack and stroke, diabetes and dementia.
- Smoking weakens the immune system and makes smokers more vulnerable to infectious diseases like influenza and Covid.
- At least 1 in every 2 long term smokers will die from a tobacco-related disease

[INSERT SPOKEPERSON] said: “We want every patient to have the very best outcome at this hospital and the chances of a healthy recovery greatly improve when a patient stops smoking.

“Many people are in hospital because of smoking-related illness, and if they continue to smoke it’s likely they’ll take longer to recover. As part of our smokefree commitment, patients and staff will be given the tools and support they need to help them stop smoking.”

For further information about the work **(INSERT TRUST)** is doing to support the national ambition of a Smokefree 2030, contact **(INSERT SF LEAD DETAILS)**.

ii. Web copy/article – patient facing

If you smoke, we are here to help support you while you are in hospital and give you a better chance of a quick recovery.

Smoking causes heart disease, lung disease, COPD, cancer and stroke. But evidence shows it can also weaken the immune system, leaving people more vulnerable to infectious diseases.

If you need to go into hospital, smoking can harm your chances of a quick and successful recovery. It’s also important to note that smoking is not allowed anywhere on our sites.

When you arrive at hospital, you’ll be asked if you smoke and offered advice and support to stop throughout your stay, including free nicotine replacement products to help with withdrawal symptoms.

We’ll also work with you to develop your own treatment plan, including support for when you leave, should you choose to stop smoking for good.

Quitting smoking is one of the best things you will ever do for your health. When you stop, you give your lungs the chance to repair and you will be able to breathe easier.

For more information about the support available to you in hospital, ask to speak to one of our tobacco treatment advisors (INSERT CONTACT DETAILS) or to quit today, visit NHS <https://www.nhs.uk/better-health/quit-smoking/>

iii. Letters to patients

If you smoke, did you know it can not only affect your condition but your chances of a successful recovery?

If you're due for treatment or an operation, it is all the more important not to smoke. Research shows that people who stop smoking can have a shorter recovery period.

When you arrive in hospital we will discuss all treatment options with you including managing your tobacco dependency, so that you can focus on your treatment

Here are some of the benefits:

- Reduce the risk of complications
- Reduce the risk of complications from anaesthetic
- A lower chance of chest infections
- Non-smokers tend to spend less time in recovery and heal more quickly
- Non-smokers tend to have a shorter stay in hospital before being discharged

We would like to remind you that **[INSERT HOSPITAL]** is smokefree – patients, staff and visitors are therefore not able to smoke on hospital grounds.

IF YOUR TRUST POLICY ALLOWS VAPING ON SITE WE WOULD ALSO ADVISE INSERTING THIS HERE

iv. Email to staff/article for staff

Our Trust is taking the next step on the road to supporting more patients who smoke as part of our commitment to the NHS Long Term Plan.

All patients being admitted will now be asked if they smoke and offered free Nicotine replacement products (NRT) on arrival to manage their cravings whilst in hospital.

They will then be referred to our new, in-house Tobacco Dependency Treatment Service – our new team of advisers who will support ward staff to manage the cravings of smokers while in hospital and upon discharge.

This helps patients to improve chances of quick recovery, reduce re-admissions, support the aims of our smokefree site and reduce smoking-related illness in the longer term.

HOW? The main support for smokers will be through our Tobacco Dependency Treatment Service – our new team of advisers who will support ward staff to manage the cravings of smokers while in hospital and upon discharge.

WHO? We all have an important role to play in supporting patients who smoke during their stay to support their recovery. It will be up to all ward staff to help ensure smokers quit at least for the time they're in hospital by asking if they smoke, arranging nicotine replacement and putting them in touch with the service

Smoking is our single biggest killer and cause of ill health. Treatment for tobacco dependency is now part of the routine hospital care for patients in the North East and North Cumbria.

We all have an important role to play in supporting patients who smoke during their stay to support their recovery. Tobacco addiction is a chronic, relapsing medical condition, rather than a lifestyle choice.

(INSERT CONTACT DETAILS FOR TRUST TOBACCO DEPENDENCY TREATMENT SERVICE)

Here's how you can make a real difference:

1. Ask every patient if they smoke when they're admitted.
2. Provide "Very Brief Advice" to every patient who smokes and remind them that smoking is not allowed anywhere on site. Offer nicotine replacement products to patients who smoke, ideally within 2 hours of admission to manage their cravings.
3. Ensure all patients who smoke are referred to your Tobacco Dependency Treatment Team, who will provide more specialist support and advice.
4. Encourage and support all patients who smoke to remain smokefree. As a healthcare professional, your words can make a real impact on recovery and re-admissions and the patient's health.
5. We know some staff might feel worried about raising smoking...but this is not a long conversation persuading smokers to stop but following the process along with other routine health checks.



9. Social posts

Social media can be used to help announce your service, to remind patients around the importance of quitting smoking before hospital.

- If you're in hospital, now's the time to look after your body. But smoking can make recovery harder. That's why we now offer treatment for tobacco dependency for anyone who is admitted to our care.
- With the right support, you're more likely to quit smoking for good. If you're coming into hospital, now's the time to make use of the free treatment and support available to quit smoking and improve your recovery.
- Smoking during pregnancy can have devastating outcomes. We now offer treatment for tobacco dependency for all expectant parents who smoke, with support available for the duration of your pregnancy and beyond.
- If you're a patient who smokes, you'll now be offered FREE nicotine replacement aids and stop smoking support in hospital and when you get home. To find out more about the support available, speak to your clinical team
- Up to 70% of smokers attending hospital report that they would like to stop smoking. With free nicotine replacement aids and support, our new Tobacco Dependency Treatment Service can support you to do just that. Speak to your clinical team to find out more

Follow @FreshSmokeFree and @SmokeFreeNHS_NE on Twitter for regular content on a Smokefree NHS.

10. Q&A

How do I become a Smokefree champion?

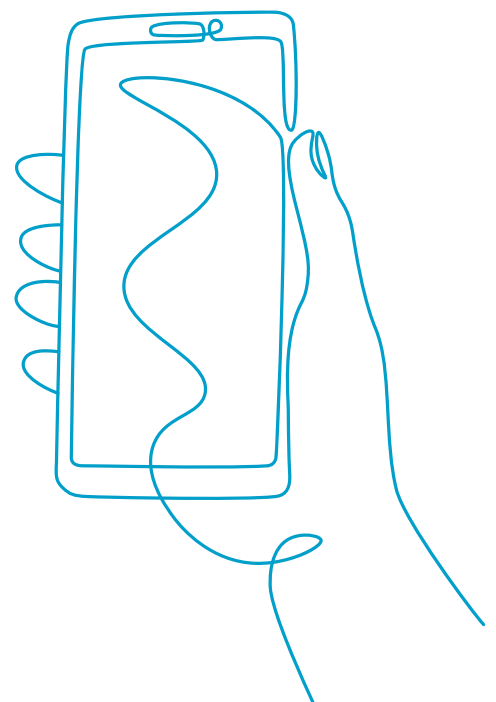
If you are interested in becoming more involved with the work your Trust is doing to reduce smoking, speak with your FT Smokefree Lead who will be able to provide you with further information.

What support is available for staff who smoke?

All staff across the NHS in the North East and North Cumbria are able to access free quitting support, including 12 weeks free NRT or a refillable vape, plus motivational support. To register, visit ghnt.smokefreestaff@nhs.net. Alternatively, please call 07980 969 259.

Who should I contact for ICS comms support around Treating Tobacco Dependency?

The Treating Tobacco Dependency workstream is overseen by the NENC ICS Smokefree NHS/Treating Tobacco Dependency Taskforce, which has produced this comms toolkit and subsequent materials. For further information about the resources and support available, visit the [Smokefree NHS Khub](#) or speak to your FT Smokefree lead.



11. Links

North East Smokefree NHS/Treating Tobacco Dependency Knowledge Hub Group: <https://www.khub.net/group/north-east-smokefree-nhs-treating-tobacco-dependency-taskforce-group/group-home>. Sign up to this free professional online group, managed by Fresh, to access a wide range of information and resources including comms resources presentations from leading tobacco and health experts and other Trusts in the region.

The Royal College of Physicians Hiding in Plain Sight Report provides an ultimate reference guide covering all aspects of Smokefree NHS: <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>

PHE Fingertips: <https://fingertips.phe.org.uk/profile/tobacco-control>. Provides a snapshot of tobacco use, tobacco related harm and measures being taken at local level to reduce this through data. The tool allows you to compare your local area against others as well as national averages. Includes smoking in pregnancy and local prevalence data.

ASH Ready Reckoner: <https://ash.org.uk/ash-local-toolkit/ash-ready-reckoner-2022/> – a tool which calculates the costs of smoking for your local area – including a breakdown of NHS costs from hospital admissions through to outpatient appointments. This is based on local smoking prevalence.

PHE Health Matters infographics: <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works>

Smoking during pregnancy, the [Smoking during Pregnancy Challenge Group](#) is a partnership between the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists and the Royal College of Paediatrics and Child Health. The group has a resources page with key facts and publications: <http://smokefreeaction.org.uk/smokefree-nhs/smoking-in-pregnancy-challenge-group/smoking-in-pregnancy-challenge-group-resources/>

Action on Smoking and Health has compiled factsheets consisting of detailed referenced information and statistics on a variety of medical topics including smoking and cancer, smoking and mental health, smoking and dementia, smoking and disease and many others: <http://ash.org.uk/category/information-and-resources/fact-sheets/>

NHS Smokefree Pledge: <https://smokefreeaction.org.uk/smokefree-nhs/nhs-smokefree-pledge/>. The pledge was refreshed for No Smoking Day 2022 and has already been signed by the NENC ICS. All Trusts across the region are now encouraged to consider signing in order to demonstrate their commitment to the Smokefree elements of the NHS LTP.

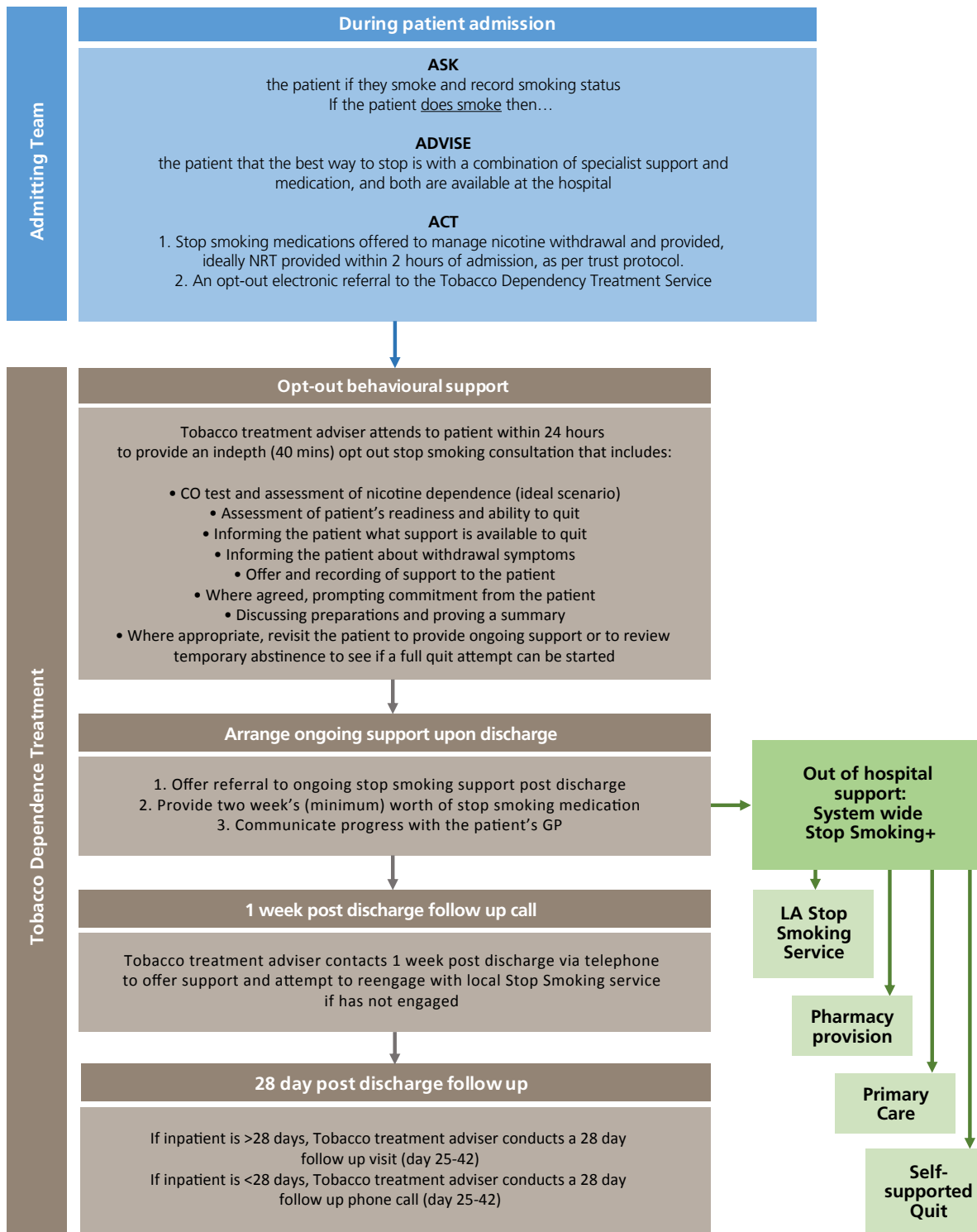
ICS tobacco briefing: ASH has developed a briefing for the Integrated Care Board detailing the impact of smoking using data at ICS level for the North East and North Cumbria. The briefing uses the new NHS England Core20PLUS5 framework which has been developed to help the NHS prioritise its activity to address health inequalities: [Guide-for-NHS-North-East-and-North-Cumbria-ICB.pdf \(smokefreeaction.org.uk\)](#)



12. Appendices

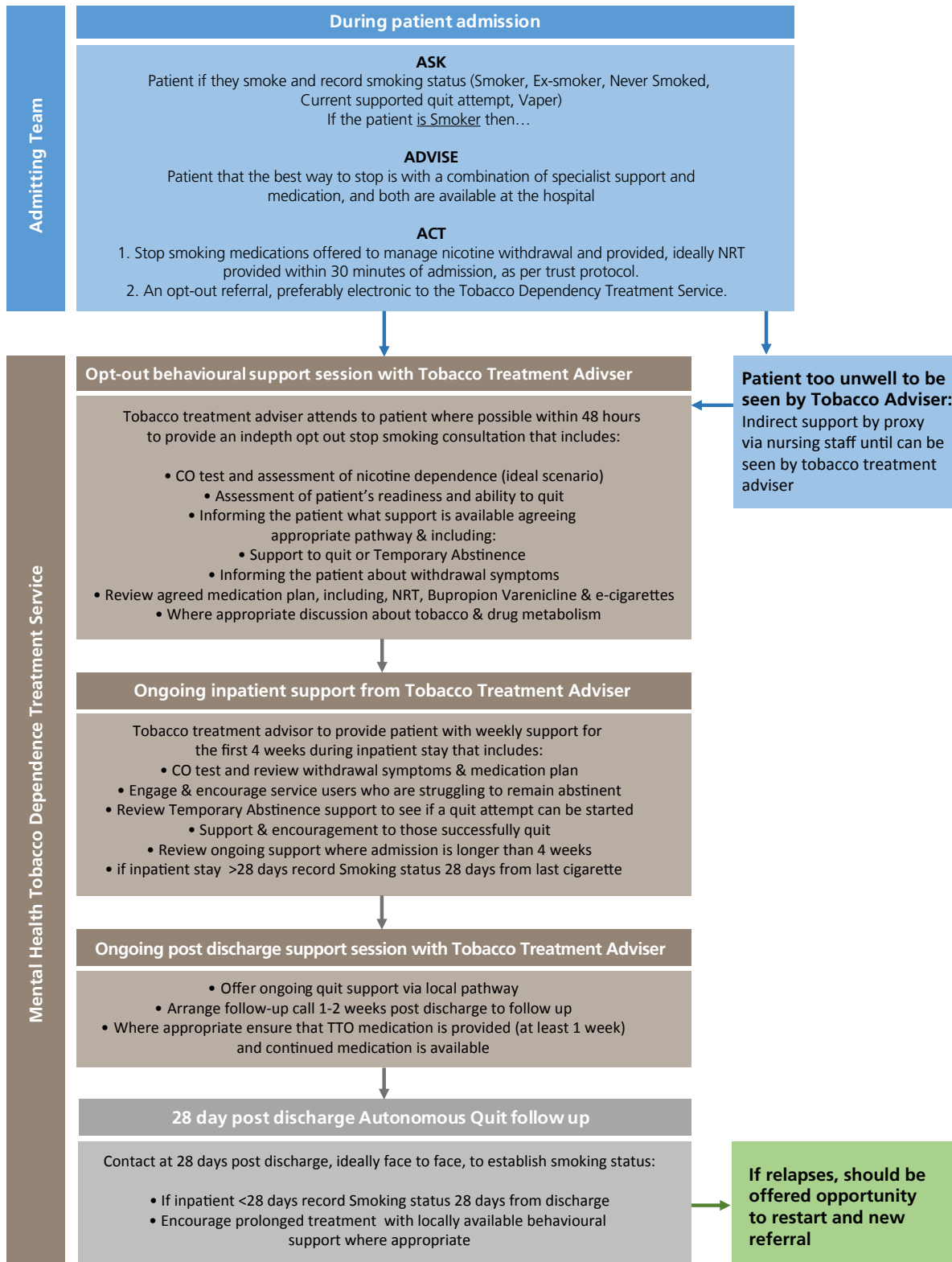
Appendix 1:

Acute inpatient Tobacco Dependency Treatment Service Pathway



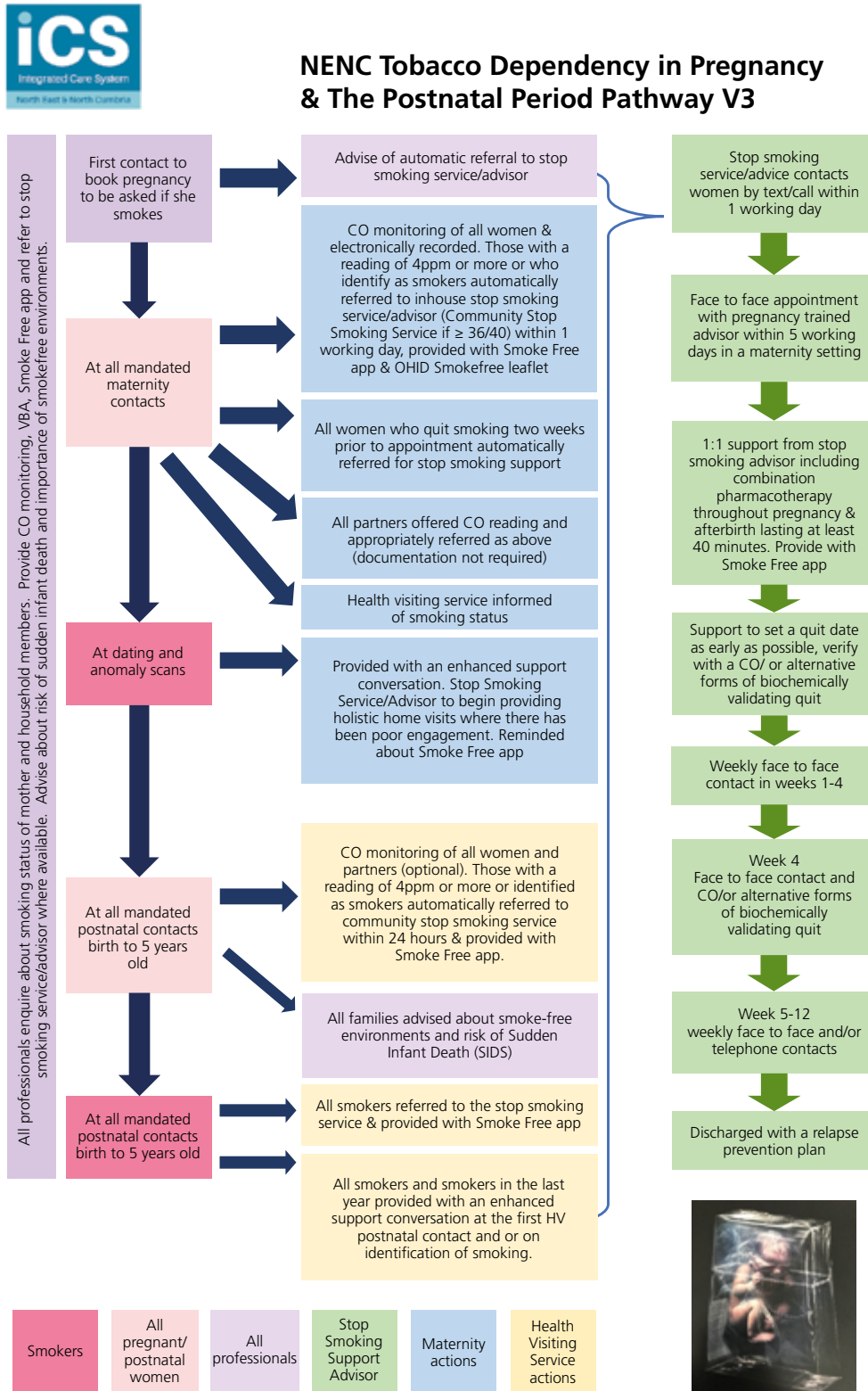
Appendix 2:

Mental Health Inpatient Tobacco Dependency Treatment Service Pathway



Appendix 3:

Maternity Tobacco Dependency Treatment Service Pathway



Appendix 4:

Ask, Advise, Act

1. Every patient admitted to hospital/has a booking appointment with a midwife will routinely be asked if they smoke. Everyone who smokes will be provided with very brief advice and immediate access to treatment such as Nicotine Replacement Therapy to manage nicotine withdrawal.
2. Patients who smoke will also be provided with an Opt out consultation with a trained Tobacco Treatment Advisor to discuss a treatment plan. For inpatients this will include (when appropriate) a referral into community stop smoking services to continue medication and support after discharge. In Maternity Services, ongoing support and treatment will be continued throughout pregnancy by the Tobacco Treatment Advisor.
3. People admitted to specialist Mental Health Services will also have the option of vaping products to help manage nicotine withdrawal symptoms and increase their chances of stopping smoking during hospital stays



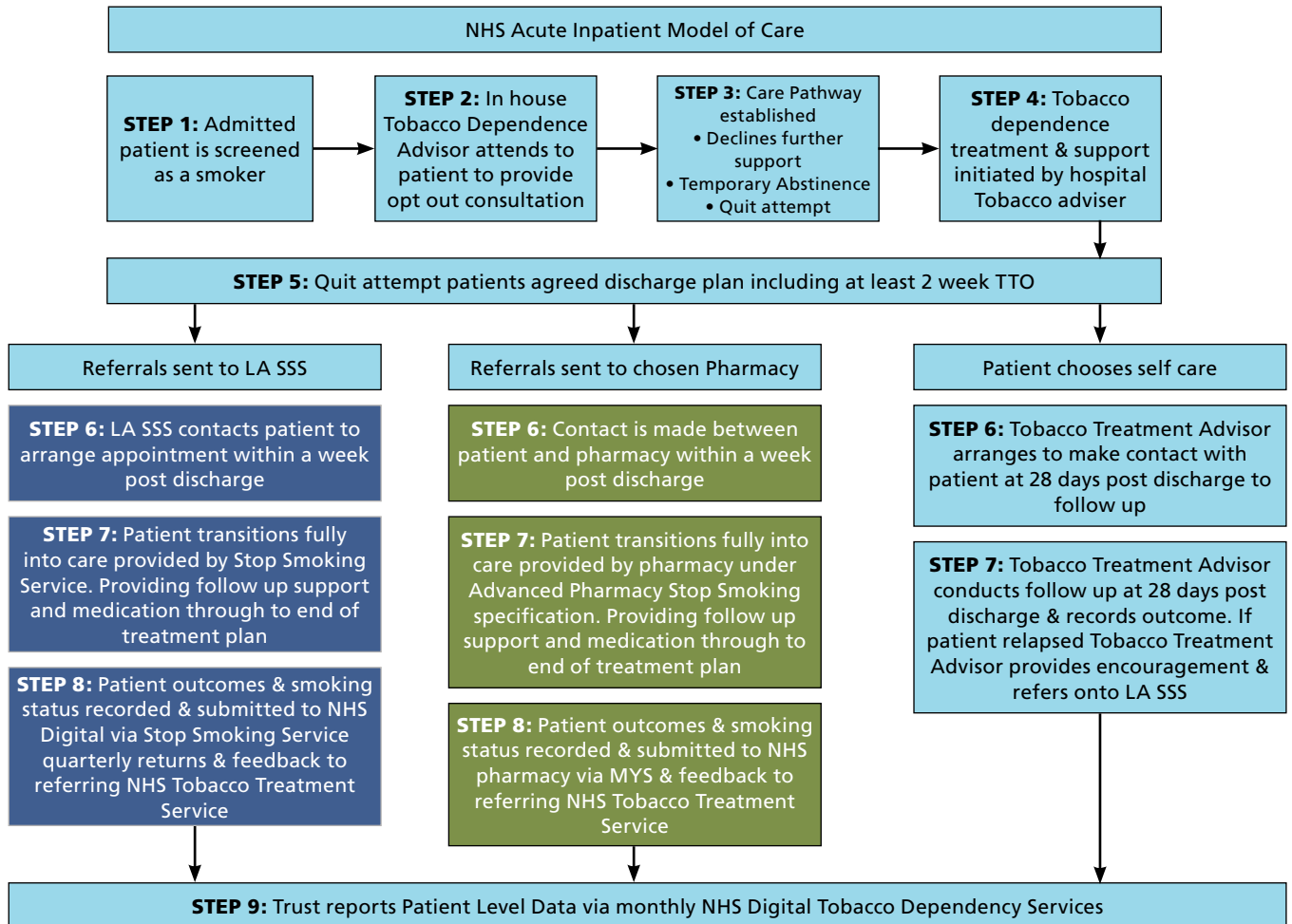
Appendix 5:

A list of community stop smoking services

Locality	Eligibility	Website and email	Telephone
Newcastle	All smokers	https://www.changegrowlive.org/stop-smoking-plus-service-newcastle/home newcastle.stopsmoking@nhs.net	0191 269 1103
North Tyneside	All smokers	https://my.northtyneside.gov.uk/category/597/quitting-smoking active@northtyneside.gov.uk	0191 643 7171
Northumberland	All smokers	Northumberland County Council – Specialist Stop Smoking Service stopsmokingservice@northumberland.gov.uk	01670 813135 tel:0344 811 8118
South Tyneside	All smokers	www.southtyneside.gov.uk/article/35947/Stop-smoking	0191 424 7300
Gateshead	All smokers	https://www.gateshead.gov.uk/SmokefreeGateshead smokefree@gateshead.gov.uk	0191 433 3058
County Durham	All smokers	www.smokefreecountydurham.co.uk smokefreelife.countydurham@nhs.net	0800 772 0565 0191 369 2016
South Tees (Middlesbrough, Redcar & Cleveland)	All smokers	www.stopsmokingsouthtees.co.uk stopsmoking@middlesbrough.gov.uk	01642 727579
Darlington	1. Pregnant or child <2yrs 2. CVD or Respiratory disease 3. At risk of CVD or Respiratory disease 4. Pre Op	http://darlingtonstopsmokinghub.org.uk/ cddft.darlingtonstopsmokinghub@nhs.net	0800 802 1850
Stockton	All smokers	www.nth.nhs.uk/stopsmoking Nth-tr.smokingcessation@nhs.net	01642 383 819
Sunderland	All smokers	www.stopsmokingsunderland.nhs.uk StopSmokingSunderland@nhct.nhs.uk	0800 169 9913 0191 567 1057
Hartlepool		www.hartlepool.gov.uk/stop-smoking-support	

Appendix 6:

NHS acute inpatient – discharge pathway



¹ <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117526/>

³ <https://truthinitiative.org/research-resources/harmful-effects-tobacco/how-big-tobacco-made-cigarettes-more-addictive>

⁴ Speaking at Gresham College in London, Prof Chris Whitty said: "Lung cancer is now the UK's number one killer in cancer. Almost one in five people will die from this. The reason that people like me get very concerned and upset about this cancer is it's almost entirely caused for profit. The great majority of people who die of this cancer die so that a small number of companies make profits from the people that have become addicted in young ages and then keep addicted to something which they know will kill them. Smoking is something that is one of the biggest causes of a very large number of diseases, of which lung cancer is only one, and the standard estimates are that over 90,000 deaths occur every year. So in this year and the last year it is likely that by the end of last year at least as many and probably more people will have died of smoking-related disease than of Covid. It also has a very significant impact on hospitalisations." <https://www.telegraph.co.uk/news/2021/05/20/chris-whitty-smoking-likely-have-killed-covid-last-year/>

⁵ <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

⁶ <https://www.bmj.com/content/348/bmj.g1151>

⁷ <https://www.gov.uk/government/publications/health-matters-smoking-and-quitting-in-england/smoking-and-quitting-in-england>

⁸ R.L. Murray, J. Leonardi-Bee, J. Marsh, L. Jayes, J. Li, S. Parrott, et al., Systematic identification and treatment of smokers by hospital based cessation practitioners in a secondary care setting: cluster randomised controlled trial, *BMJ* 347 (2013) f4004.

⁹ <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/whats-in-a-cigarette-0>