Written evidence submitted by Nottinghamshire Healthcare NHS Foundation Trust (ECG0070)

1. Executive summary

1.1. This paper offers evidence from Nottinghamshire Healthcare NHS Foundation Trust (NHCFT); a major provider of mental health services in the UK. The Trust has been a Smokefree site since the launch of its revised Smokefree policy in October 2016, in-line with NICE guidance PH48 (1).

1.2. Though smoking rates have declined to an all-time low, they remain much higher for patients who have serious mental illness (SMI) for many reasons. Smoking has been an ingrained part of mental health culture, often seen as part of the solution rather than recognised for the additional harm it brings to physical and mental health alike. Smoking accounts for the biggest difference in life expectancy between those who are mentally well, and those who aren’t (2).

1.3. Nicotine replacement therapy (NRT) is available to support patients with enforced temporary abstinence since the revised policy was introduced, but is not as popular among smokers as e-cigarettes. Therefore a pilot for the use of one type of e-cigarette called E-burn is underway within psychiatric inpatient units. Feedback to-date from ward managers, ward staff and patients is presented for consideration for this enquiry. Feedback is positive, with all staff and patients noting benefits in terms of health and implementing the Smokefree policy.

1.4. Cost implications of smoking are great, with over £2 billion a year treating smoke related disease burdening the already stretched resources of the NHS.(3).

1.5. NRT is proven to be cost effective. Allowing patients to use E-burn if they choose instead, can reduce costs further, whilst reducing risk of harm.

1.6. A recommendation to balance the possible long-term risks of e-cigarette use in comparison to the well documented risks of tobacco smoking and promote the benefits as an alternative to smoking widely is made.

1.7. Support for further research is needed to provide the evidence base for increased confidence in the use of e-cigarettes.

2. Introduction

2.1. NHCFT is a major provider of mental health, intellectual disability and community healthcare services for the people of Nottinghamshire. We provide services across the county for people with mental health needs, with needs relating to drug or alcohol dependency, mental and physical health services for people with intellectual disabilities and community physical healthcare. We also provide secure mental health services.

2.2. On October 3 2017 NHCFT launched a revised Smokefree policy implementing NICE Guidance PH48 and becoming Smokefree in all buildings and grounds including car parks. There are many complex issues which makes success of implementing such a policy within in-patient psychiatric settings extremely challenging. Ensuring messages are clearly and widely communicated, staff are trained adequately and all possible effective tools to support patients with the discomfort that enforced temporary abstinence has the potential to cause, are vital elements of the recommendations contained within the NICE guidance.

2.3. E-cigarettes have proven a very popular consumer product to reduce harm from smoking. Lack of long-term evidence however, remains a concern among some and organisations grapple to know what is the right position to take regarding them. Reassurance can be taken though, from the words of Duncan Selby in the Public Health England E-cigarette evidence update released in August 2015 when he stated that “In a nutshell, best estimates show e-cigarettes are 95% less harmful to your health than normal cigarettes, and when supported by a smoking cessation service, help most smokers to quit tobacco altogether.”(4).

2.4. This paper offers local evidence relating to E-cigarette use within in-patients psychiatric units of NHCFT where some of our most vulnerable citizens with serious mental illness (SMI) are admitted both informally and formally being detained under the Mental Health Act. Due to safety concerns specific to mental health environments, one type of e-cigarette called E-burn is being used under a pilot scheme with.
3. National context

Nationally we have seen smoking prevalence in the UK drop to just 15.5%, the lowest level since records began (5). Yet prevalence rates have remained stubbornly high within some groups of our society, including people with serious mental illness (6).

3.1 Within the in-patient psychiatric settings of NHC NHSFT prevalence is often as high as 80%.
3.2 People with mental health conditions want to quit smoking as much as other smokers do; but tend to smoke more heavily and be more addicted than those in the general population.
3.3 Smoking remains the key contributor to people with a mental health condition dying on average 10 to 20 years earlier than the general population.
3.4 The latest Tobacco Control Plan (6) for England states its commitment to “implementing comprehensive Smokefree policies, including integrated tobacco dependence treatment pathways, in all mental health services by 2018.”
3.5 NICE guidance PH48, Smoking Cessation in secondary care acute, maternity and mental health settings provides the framework for implementing Smokefree policies.
3.6 For smokers, typical physical symptoms following cessation or reduction of smoking include urge to smoke, irritability, anxiety, difficulty concentrating, restlessness, sleep disturbances, decreased heart rate, and increased appetite or weight gain.
3.7 Unpicking the widely held belief among those who smoke, and health professionals alike, that smoking can help reduce stress and offer part of the solution rather than being recognised for the additional negative impact that stressful withdrawal symptoms bring, represents a major challenge.
3.8 Nicotine replacement therapy (NRT) and other medications such as Champix and Zyban are widely available for smoking cessation; are recommended for use in NICE Guidance PH48 to be provided to patients within 20 minutes of admission, and are proven by research to be both cost effective and reliable in helping people to stop smoking.
3.9 However RCP notes differences in acceptability between NRT and E-cigarettes which are marketed as consumer products and are proving much more popular than NRT as a substitute and competitor for tobacco cigarettes (7).
3.10 Since the emergence of e-cigarettes and rapidly increasing popularity among smokers as a frequent harm reduction tool of choice, their role in smoking cessation has been and continues to be debated due to the lack of long-term evidence of the health effects.
3.11 An expert independent evidence review published by Public Health England (PHE) concludes that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking.

4. Local context

4.1 At the time that the revised policy was launched, the NHC NHSFT position on the use of e-cigarettes was in-line with traditional tobacco products due to concerns regarding lack of evidence of long term effects, safety, and lack of licencing and regulation
4.2 Contributory to those concerns were management of recharging devices and refillable products which could have illicit substances added to them very easily.
4.3 In addition, concerns about the risks and discomfort from side-stream vape, and introducing vaping as the new social norm replacing smoking.
4.4 After testing by the Trusts own security team at Rampton Hospital however, there was a small trial of one type of disposable e-cigarette called E-burn allowed in three of the 23 in-patient psychiatric units which commenced three months before the launch of the Smokefree policy. Guidance was written to support staff to manage E-burn use in their units safely and effectively.
4.5 Added confidence for allowing this came from the fact that numerous NHS Mental Health Trusts and private sector Mental Health hospitals were already facilitating the use of E-burn.

5. NHCFT E-cigarette pilot

5.1 The pilot commenced in August 2016. After the initial success, approval was given to continue use in the pilot areas. Feedback was sought throughout the pilot from patients and staff.

5.2 During the pilot period several external factors led the Trust to examine its position on e-cigarettes. These factors include:

- The EU Tobacco Products Directive (TPD) was introduced in May 2016 for tobacco products, herbal products for smoking and electronic cigarettes.(8)
- The Royal College of Physicians notes differences in acceptability between NRT and E-cigarettes which are marketed as consumer products and are proving much more popular than NRT as a substitute and competitor for tobacco cigarettes
- A blanket restriction on e-cigarettes is listed within the CQC guide on Smokefree Policies as an area which could give rise to challenge

5.3 Added to the above, feedback from ward managers, staff and patients showed the pilot to be very successful and after a year where no untoward incidents were recorder, confidence was sufficient for the Board to allow the widening of the pilot to all other in-patient areas in July 2017.

5.4 This pilot is on-going, and the information below provides the feedback so far. Evidence will continue to be collected and used to report to the Board of Directors to consider the on-going use of E-burn.

6. Feedback

6.1 Ward manager feedback

Feedback has been obtained from ten ward managers of the pilot areas. Of those:

- 7 out of 10 stated they noticed patients were more willing to comply with the Smokefree policy when using E-burn
- All ten said they had noticed a reduction in the amount of cigarettes smoked by patients
- All ten ward managers recommended the continuation of E-burn on in-patient psychiatric units

Further information provided below details the benefits the ward managers noticed with E-burn being used in their units.

"E-burn appears to be the first choice of NRT on the wards and appears to reduce the majority of patients cravings whilst an in-patient"

"The e-burn has been the most effective NRT. Patients seem to much prefer the e-burn as a substitute for not smoking. We would definitely want it to continue."

There have also been concerns from Ward Managers:

“The ordering could be easier for patients. Finding it hard to get patients to purchase them themselves.”

“Patients will often use where they choose despite staff reminders"
6.2 Ward staff feedback

To date feedback has been given by a total of forty-six members of staff from the pilot areas.

Of the forty-six members of staff:

- 29 (63%) identified that patients were more willing to comply with the Smokefree policy when using E-burn
- 34 (74%) noticed a reduction in the amount of cigarettes smoked by patients
- A 100% recommend that their units continue to allow the use of e-burn

Further information provided below details the benefits the staff members noticed with E-burn being used in their units.

"I feel this is an essential need, which has helped during new admissions and patients with no leave."

"Some patients arrive and get no leave and may use E-burn. E-burns are a good alternative."

"E-burn are a positive change towards reducing smoking levels"

"I feel that E-burn have contributed to less smoking related aggression and patients are happier as alternative to not smoking than other NRT"

"I think E-burn is helping a lot of patients to cope well while on the ward. Especially patients without section 17 leave."

"E-burn appears to be the most effective out of the NRT offered."

"Very useful tool!"

There have also been concerns from Staff members:

"Some use in communal areas despite signs being put up and reminded not to."

"Patients still want to smoke."

"Patients still feel and believe tobacco is more realistic than an electronic substitute"

6.3 Patients who smoke – feedback

Though the numbers are not large, the importance of this evidence given the clients group in terms of health and circumstances should be noted.

We have been able to gain feedback from thirty five patients who are smokers within in-patient psychiatric units, and are using E-burn to help them comply with the enforced temporary abstinence that the Trust Smokefree policy requires.

Of those thirty five patients

- 14 (40%) stated they were smoking less
- 15 (43%) stated they have stopped smoking
- 15 (43%) patients have noticed improved health or other benefits.
32 (91%) felt it the Trust should continue to offer E-burn

More details was given from some about the benefits they had noticed as documented below.

“*I have under active thyroid and when I smoke I feel sick. Now I use E-burn I don’t feel sick at all.*”

“*Feel Healthier*”

“*I don’t have as much as a smokers cough. I don’t wheeze as much*”

“*Felt like smoking*”

“*When I was at home i was smoking 20 and now I smoke 15. Smokefree policy is making people smoke less not the e-burn. The e-burn helps me cope with smoking less*”.

“*Started to put on weight - which is a benefit. I feel like I’ve got a spring in my step. More energy*”

“*Reduced agitation*”

“*Currently No leave - 2 weeks no smoking. Teeth whiter, chest isn’t tight, not smelling.*”

“*Smokers cough has practically gone*”

“*I don’t have a smokers cough. Food tastes better.*”

*Stopped smoking for 2 months. "More money, taste and smell is better. Cough less. Skin is better - more colour and less wrinkles. The e-burn is better that patches etc. didn’t work. Have two hours leave escorted and don’t buy cigarettes. "*

“*Health Improvements: "Breathing better in my sleep"*”

“*Was smoking 15 per day. Now smoking 5-6 per day.*

*Health Improvement: "Breathe better. Can concentrate better"

“*Was smoking 15 per day. Now smoking 1 per day."

“*Not coughing as much and not coughing black phlegm as much. Breathing is better*”

There have also been concerns from patients noted:

Risk or difficulties: "E-cigarettes can send you blind."

“*The difficulty is it’s not the same as a cigarettes i.e. the way it helps me relax.*”

“A reduced dosage need to be manufactured because I have been having nicotine again I’m worried I am addicted to nicotine again. “ (It is important to note that in the absence of E-burn this patient is very likely to have started smoking again when admitted as has been a frequent occurrence prior to Smokefree policies. The manufactures has agreed to develop an non-nicotine version in the near future).

“*Smoking is the only thing that helps my mental health. When I stopped at 28 years old I went crazy again.*”

“I think e-burn needs to be tested. Sucking on electric is not good . I know cigarettes are bad but it’s my choice.”

6.4. Patients who don’t smoke -feedback
Providing a balance for the information gathered has been addressed by also asking some in-patients who don’t smoke for their opinions. The number is low as only five patients completed the questions but when asked:

- Three out of five felt that having E-burn available for patients who smoke has improved compliance with the Smokefree policy
- None had noticed any risk or difficulties with E-burn being allowed on the unit
- All five would you recommend that the use of E-burn should be made long-term

Other comments are included below:

"A good substitute for smoking. Helps people stay calm."

"I think it’s a good idea that they should get it free while in hospital. My mum died of lung cancer. I think all patients who smoke should be encouraged to use them."

"I think people should use it because it’s much healthier than smoking"

No concerns about the use of E-burn on the wards were noted by this group.

7 National cost implications

7.1 Smoking costs the National Health Service (NHS) in England approximately £2bn a year for treating diseases caused by smoking. The total cost to society (in England) is approximately £12.9 billion per year. This includes costs to the NHS, to employers, and environmental costs.

7.2 In addition to the overall cost to our society, the individual impact beyond the appalling health implications to those who smoke is vast. It is estimated that around one third of all tobacco smoked in the UK is consumed by those with a mental health condition. Around 130,000 people with a ‘common mental health condition’ are pushed into poverty as a result of smoking if their expenditure on tobacco is taken into account.(10)

7.3 In order to reduce the burdens that smoking brings Stop Smoking Services have for nearly two decades, provided cost effective, evidence based interventions and have contributed to the decline in smoking rates within the UK. Department of Health Stop Smoking Service Monitoring Guidelines require(11)Stop Smoking Services to measure abstinence to four weeks for a service user to be recorded as a successful quitter. This is because research shows that those who stop smoking for twenty-eight days are five times more likely to stay smoke-free for good, (12) and is the theme for encouraging smokers to remain Smokefree throughout Stoptober.

7.4 Evidence shows that the best way to stop smoking is with a combination of treatment and support. This is the advice that all health professionals should be trained to provide at every opportunity, and is fundamental to the Standard Treatment Programme, A guide to providing behavioral support for smoking cessation.

8. Local cost implications

8.1 Estimated cost implications for the Trust were based on supporting abstinence through to twenty-eights days as per the guidance discussed above, with either appropriate therapeutic doses of combination NRT or E-burn.
8.2 Using a conservative figure of sixty percent smoking prevalence within these units, an estimated 112 patients who smoke would be admitted to these areas each month. Providing twenty-eight days supply of combination NRT (patch & Inhalator) would cost £160 compared to £70 for E-burn per patient, or £17,920 compared to £7,840 for E-burn to 112 patients.

8.3. This is supported by anecdotal evidence provided by colleagues at Greater Manchester West NHSFT who note wider benefits of allowing patients to use E-cigarettes include a reduction in smoking related incidents of about 50%, a reduction in safeguarding issues from buying and selling tobacco between patients for extortionate amounts of money.

8.4 A cost savings illustrated by figures for August 2016 when before allowing E-cigs the monthly NRT bill for 12 wards was £6031, compared to September 2016 when after introducing E-cigs it was £1875, and for January 2017 it was £409.

9. Accessibility

9.1 E-burn is manufactured by an on-line Community Interest Company. During the pilot much work has happened between Trust staff and the manufacturer to make purchasing the product easier for patients, who are encouraged to purchase their own supply after the twenty-eight days have been given. This approach empowers the patient to maintain the use of E-burn should they wish to continue use of this harm reduction tool on discharge. Ease of access is complex, unlike prescribable medications, and remains somewhat problematic. Work continues, to improve this area.

10. Conclusion

10.1. The harmful effects of smoking are very well documented but smoking rates in the UK have fallen dramatically. This fall has been due to many factors, including the emergence and rapidly increasing popularity of e-cigarettes. The evidence submitted within this document is representative of small numbers only. However, given that the information has been given by some of our most vulnerable citizens and the professionals who provide their care day-to-day, it’s importance should not be underestimated.

10.2. The lack of long-term evidence can be a potential barrier to confidence in promoting the use of e-cigarettes and this can only change with the evidence that is collected over time. In contrast, there is no lack of evidence of the harmful effects that tobacco smoking reaps on our society. The e-cigarette market is consumer-led with millions of people now using them and reporting benefits.

10.3. This document aims to add to the evidence. Clearly the experiences of those who have been involved in the pilot have noted the use of the E-burn e-cigarettes to have had multiple benefits in terms of health, cost and for supporting compliance to implementing the very challenging Smokefree policy at NHCFT. There has been a resounding recommendation from all who provided feedback that provision of E-burn should be continued.

11. Recommendations

11.1 Balancing the possible long-term risks of e-cigarette use in comparison to the well documented risks of tobacco smoking it is recommended that the possible benefits are widely promoted

11.2 Research is needed to provide the evidence base to increase confidence in the use of e-cigarettes and should be supported

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