Clinical Policy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Pre-elective Surgery Referral for Stop Smoking Services: 'Stop Before Your Op'

Scope

This policy covers the pre-operative referral of patients who smoke to a stop smoking service (SSS). It includes patients undergoing elective surgery. It does not include patients undergoing urgent non-elective surgery.

Policy

GPs and other referrers: All patients who smoke and are being referred for possible elective surgery should also be:

- Advised on the benefits of stopping smoking (online training http://www.ncsct.co.uk/publication_very-brief-advice.php).
- Given the 'Stop Before Your Op' patient information leaflet. Patient information leaflet
- Referred to a Stop Smoking Service (SSS) indicating that the patient is referred through the 'Stop Before Your Op' policy.

Stop smoking services: Should arrange for the patient to attend a course and provide a letter (either to the patient or secondary care) confirming attendance and outcome (eg quit, or tried, but unsuccessful, or not willing to quit).

Secondary care: Where there is no information from the SSS that the patient has attended a course and the patient is still smoking, the importance of smoking cessation should be re-emphasised and the patient should be referred to a SSS before surgery.

Note: There is no requirement for a patient to have stopped smoking, but contact with a SSS is mandated prior to surgery.

• Referrals by email:	Cambridgeshire	CAPCCG.camquit@nhs.net
	Peterborough	livehealthy@peterborough.gov.uk
• Telephone:	Cambridgeshire	0800 018 4304
	Peterborough	0800 376 5655
• Online:	Cambridgeshire	http://www.camquit.nhs.uk/

- Where a within-surgery, pharmacy, hospital or equivalent service is available, refer to a service as per patient choice.

Rationale and Evidence

There is evidence that smoking is associated with an increased risk of complications during and after surgery. Smoking more than doubled the risk of wound complications and was associated with a greater than 50% increased risk of general infections, pulmonary complications, general morbidity and admission to an intensive care unit[1].

Pre-operative intensive smoking cessation interventions have been shown to improve rates of self-reported smoking cessation. In RCTs of intensive smoking cessation interventions compared with standard care, 11 times more patients had quit by the time of their operation and, at the 12-month follow-up, three times more patients had quit[2]. Rates of all post-operative complications were reduced by 60% and wound complications by 70%[2].

NICE public health guidance 10 Stop Smoking Services[3] states that: "Patients should be encouraged to stop smoking before elective surgery"; NICE public health guidance 6: Behaviour change[4] states that "a hospital admission may boost a person's receptivity to smoking cessation interventions…and increase their motivation to stop smoking"; and The British Thoracic Society[5] advocate that "every hospital admission provides an opportunity to help stop smoking".

Numbers of People Affected and Anticipated Additional Referrals

It can be estimated that in 2012/13 approximately 50,000 major elective operations were conducted in C&P. With the assumption that rates of smoking in C&P approximate national rates, and that smoking in the operative population approximates that of the national average (~20%), there were approximately 10,000 operations in smokers over the course of 2012/13. Of these, some represent multiple operations in the same patient. Some patients may have already been referred to stop smoking services and some will refuse the opportunity to attend. A very loose approximation may be 1,000 additional referrals to the stop smoking services each year. If approximately 50% of these smokers quit (as per typical SSS quit rates)[6], 500 patients would stop smoking each year, resulting in significant improvements in population health.

References

1. Gronkjaer M, Eliasen M, Skov-Ettrup L S, et al. Preoperative smoking status and postoperative complications: a systematic review and meta-analysis. *Annals of surgery.* Jan 2014;259(1):52-71.
2. Thomsen T, Villebro N, Møller A M. Interventions for preoperative smoking cessation. The Cochrane Library 2014, Issue 3
3. National Institute for Health and Care Excellence. Public Health Guidance 10: Smoking Cessation Services. 2008.
4. National Institute for Health and Care Excellence. Public Health Guidance 6: Behaviour change: the principles for effective interventions. 2007.
5. British Thoracic Society. Recommendations for Hospital Smoking Cessation Services for Commissioners and Health Care Professionals. *British Thoracic Society Reports.* 2012;4(4).
6. Camquit: Cambridgeshire's Stop Smoking Support Service. 2012/13 Evaluation Report.

Glossary

Elective surgery Surgery that does not involve a medical emergency. Includes urgent or semi-urgent cases with anticipated desirable waiting time 90-365 days.

Policy effective from/ developed:	Policy approved by CCG GB on 12 January 2016 Policy approved by SCPG on 25 November 2015 Policy approved by CPF on 6 November 2015 New Policy
Policy to be reviewed:	January 2018
Reference:	R:\CPF Pols & working Area\Clinical Threshold Pols\CCG Policies\Draft\Stop Before Your Op\ V1 STOP BEFORE YOU OP JAN 2016