

Policy Document Control Page

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The Fire Safety Order 2005

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Originator

Originated By: Vinny Nolan

Designation: Smoke Free Lead

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Equality & Diversity Team

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Where policy deemed relevant to equality-

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Approval and Ratification

Referred for approval by: Vinny Nolan

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Approved by: PCFT Smoke Free Group

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Executive Director Lead: Director of Nursing

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Review

Review Date: September 2018

Responsibility of: V Nolan via PCFT Smoke Free Group

Designation: PCFT Smoke Free Lead

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 15th December 2015

Pennine Care NHS Foundation Trust: Nicotine Management Policy

1. Introduction:

Tobacco smoking is the main cause of preventable and premature death in the UK.

People with a serious mental illness are 70% more likely to smoke than people without a mental illness.

However, research suggests that 60% of people with mental illness want to stop smoking.

Pennine Care NHS Foundation Trust cares about providing a safe, smoke free environment for all service users, staff and visitors.

Nationally **33% of people with a mental health problem smoke** compared to **18.7% in the population as a whole** in contrast to the progressive decline in smoking prevalence in the general population.

Smoking causes more preventable deaths than anything else - nearly 80,000 in England during 2011. There's also an impact on smokers' families: each year, UK hospitals see around 9,500 admissions of children with illnesses caused by secondhand smoke.

The Government aims to reduce smoking

- 18.5% or less for adults (compared to 21.2% for April 2009 to March 2010) - meaning around 210,000 fewer smokers per year
- 12% or less for 15 year olds (compared to 15% in 2009)
- 11% or less for pregnant women, measured at the time of giving birth (compared to 14% over 2009 to 2010)

A PHE and NHS England survey (**NHS England & Public Health England June 2015**) found that smoking rates among service users in mental health units is even higher at 64%. High smoking rates among people with mental health problems are the single largest contributor to their 10 to 20-year reduced life expectancy.

Smoking can affect the way that some psychiatric medicines are absorbed; meaning smokers may require higher doses of medication than non-smokers. There is evidence that, with the right support, people with mental illness can and does stop smoking.

NICE (National Institute for Health and Care Excellence) public health guidance, published in November 2013, recommends that secondary care organisations like PCFT take appropriate action to assist a safe, smoke-free environment for all.

Pennine Care NHS Foundation Trust has an important health promotion role

to play in relation to reducing tobacco related harm for patients. One of the most important aspects of this role is to provide a smoke free environment.

By introducing a Nicotine Management Policy, the Trust is not forcing patients to quit but promoting a healthier lifestyle through discouraging tobacco use and offering all patients the opportunity of quitting.

The principle of the human right to live or work in a safe environment prevails over the rights of individuals to smoke (Campion et al, 2006).

The British High Court (2008) ruled in the case Regina (G) v Nottingham Healthcare NHS Trust that smoking is not a basic human right and concluded that strict limitations upon smoking were justified. It is reasonable to expect the Trust to take action and therefore to preserve the health of patients and staff.

This policy is concerned with providing a safe, smoke-free environment and fostering health promotion for patients.

This policy offers advice in managing patient's nicotine dependency symptoms whilst on Trust premises and actively promotes access to the stop smoking services.

Health care professionals are important role models in promoting healthy lifestyle behaviour and choices to patients, visitors and the community, including children. Observed smoking by staff, regardless of whether in uniform or not, gives the impression that tobacco smoking is acceptable and permitted on NHS sites. This, in turn, undermines levels of public confidence in adopting a smoke free lifestyle, portrays a mixed message regarding smoke free policy and lowers levels of compliance.

2. Implementation

Stop smoking support will be made available to all patients and nicotine replacement therapy (NRT) prescribed where appropriate for patients in line with the 'Patient Group Direction' (PGD) for the Administration and supply of nicotine replacement therapy (NRT)

Pennine Care Foundation Trust will support any member of staff who takes all reasonable actions in order to implement this policy.

3. Aims of the Nicotine Management Policy:

- To support our patients in giving up smoking through the Stop Smoking Services and local ward based and borough wide brief interventions and the effective use of pharmacological support.
- To protect our staff, patients, visitors and contractors and local communities from tobacco related harm.
- For Pennine Care NHS Foundation Trust to continue its focus on becoming totally smoke free
- To comply with the legislation 'The Smoke Free Law, the Health Act 2006'
- To comply with the requirements of the CQC.
- To ensure patients medication is managed appropriately during quit

- attempts or reduction in smoking, to prevent toxicity.
- To provide a safe, smoke free environment for all
- To support patients who wish to stop smoking with suitable therapies and support
- To help people who do not wish to stop smoking, to manage their nicotine dependency symptoms whilst on Trust premises/grounds (temporary abstinence)
- To ensure that staff time is used effectively to support patient recovery
- To promote positive, alternative options available to help patients with recovery and prevent Nicotine withdrawal symptoms.

4. The Law

Local councils are responsible for enforcing the Health Act 2006, The Smoke Free Law, in England. There are legal obligations for both smokers and the Trust, a breach of which constitutes a criminal offence -

All enclosed or substantially enclosed premises owned and or occupied by the Trust are smoke free premises.

The offence of smoking within smoke free premises is set out in Section 7 of the Health Act 2006 and applies to patients, visitors, staff and contractors-

- (1) A person who smokes in a smoke-free place commits an offence
- (2) A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding a level on the standard scale specified in regulations made by the Secretary of State.

The Trust is liable to Prosecution under the Act if it fails to comply with the requirements of Section 8 of the Health Act 2006-

- (3) It is the duty of any person who controls or is concerned in the management of smoke-free premises to cause a person smoking there to stop smoking.
- (4) A person who fails to comply with the duty in subsection (1), or any corresponding duty, in regulations under subsection (3), commits an offence.
- (5) It is a defence for a person charged with an offence under subsection (4) to show:-
 - (a) That he took reasonable steps to cause the person in question to stop smoking, or
 - (b) That he did not know, and could not reasonably have been expected to know, that the person in question was smoking
- (6) A person guilty of an offence under this section is liable on summary conviction to a fine not exceeding a level on the standard scale specified

in regulations made by the Secretary of State.

In essence the Trust's duty is to take reasonable steps to cause patients, visitors, staff and contractors to stop smoking whilst on smoke free premises.

In addition to the legislative requirements set out above, the Trusts healthcare regulator, the Care Quality Commission 'CQC' issued their Essential standards of Quality and Safety in December 2009 which came into force in April 2010.

Outcome 10, Safety and Suitability of Premises, specifically requires all premises to comply with all relevant legislation and legal requirements. This includes the smoking legislation set out above.

Further, the CQC have issued guidance on their role in relation to the smoke free legislation. Whilst the Local Authority is responsible for enforcement, the CQC have confirmed that they will consider how the environment impacts on peoples quality of life and that where a lack of proper arrangements for smoking is adversely affecting people they will make recommendations or requirements.

This Nicotine management Policy will help to ensure a supportive environment for quit attempts and make non-smoking the norm.

5. Home Visits

- 5.1 The Trust is required by law not to put its' staff at risk and second hand smoke is now recognised to be a risk. All routine visits should be pre-booked and service users should be given a time for the visit. Second-hand smoke, or passive smoking as it's sometimes called, has been found to be detrimental to people's health. It can cause heart disease, strokes and lung cancer in adults. It is also harmful to children.
- 5.2 The Trust is committed to protecting its staff from the dangers of second hand smoke. We therefore ask patients to do everything possible to provide a smoke free environment, when a member of the Trust's staff visits them in their home by-
- advising them not to smoke inside their house for at least 1 hour before staff arrive, as a minimum they are requested to try and keep one room smoke free
 - advising the patient to open windows and doors, as this aids ventilation (weather permitting)
 - requesting patients/carers/families not to smoke during the visit.
- 5.3 In extreme circumstances patients may not comply with such requests but every effort should be made to minimise the risk to staff.
- 5.4 Whilst every effort will be made to protect staff from second hand smoke, the Trust recognises that there will be occasions when staff visits patients in their own homes and this may expose staff to tobacco related harm.

- 5.5 Patients can legitimately be asked to cease smoking for the duration of the visit, but clearly this cannot be enforced.
- 5.6 Supported living schemes and community residential settings cannot be regarded in the same way as inpatient services. Such settings should be regarded as if they were the patient's home.
- 5.7 Pennine Care NHS Foundation Trust is keen to work with employees to ensure that their responsibilities as an employer and as a service provider are met. It is acknowledged that there may be occasions when the Trust's responsibility in relation to fulfilling their duty of care may appear to place employees in a compromising position.
- 5.8 What does this mean for patients in the community?
If a patient is receiving treatment at home or in a community setting, they should be assessed for stop-smoking support and where appropriate an action plan should be developed in collaboration with the patient. .

Community staff should advise patients that if they are likely to need admission to hospital in the near future, they will be encouraged to try Nicotine Replacement Therapy (NRT) and for some Pennine Care NHS Foundation Trust community based services Zyban and Champix may be prescribed.

Community staff are obliged to inform patients of the Nicotine Management Policy and to consider what future support they may need to address their nicotine dependency during their stay in hospital. When PCFT staff visit patients at home, the patient will be asked to provide a smoke free room/environment.

6. Screening

- 6.1 Service users that are admitted to an inpatient ward will have their smoking status recorded and a nicotine management intervention plan implemented and thereafter screened at regular intervals-
E.g. Admission/Transfer, District Nurse assessment, Midwifery interventions, CPA Review,

This should be done on the Smoking Screening Assessment Tool which can be found on the intranet-Trust Approved Documents (TAD)
The screening outcome must be uploaded on the 'G' drive each week. Staff should also screen patients for their smoking status at the point of contact to PCFT services as part of the overall physical monitoring of patients who come into contact with our services.

- 6.2 Patients will not be permitted to smoke on trust premises except in the supervised designated external areas for in-patients only. Where a service user does not wish to stop smoking then a nicotine intervention plan should focus on providing NRT and psychological support to enable the patient to deal with the symptoms of nicotine dependency whilst an inpatient.

6.3 Patients who are already receiving smoking cessation pharmacotherapy prior to their admission to hospital will continue to receive support following an appropriate assessment by a trained smoking cessation advisor.

Each offer of stop smoking support and smoking cessation pharmacotherapy will be clearly documented on the screening sheet. The next scheduled review date will also be recorded.

7. Supervised Designated Smoking Areas:

7.1 In a partial ban, staff can supervise planned smoking breaks for patients more easily than 'on-demand' smoking. If smoking shelters are provided they are required by law to not be 'substantially enclosed'.

7.2 Staff must not without agreement of the manager, purchase cigarettes or other tobacco products for patients. Furthermore staff must not, under any circumstances, share cigarettes or other tobacco products with service users or prepare cigarettes or other tobacco products for service users

7.3 Taking into account the risk assessment of patients' staff must as much as possible remain a safe distance from the direction of the smoke whilst maintaining supervision of the area at all times.

8. Covert Smoking

8.1 Since the implementation of the smoke free legislation covert smoking on in-patient areas has become problematic. Covert smoking on wards can be harmful to others whether harm is intentional or not (through tobacco related harm and the risk of fire)

8.2 The Fire Safety Order 2005 requires us to carry out a risk assessment and to reduce the risk and as far as practicable stop a fire occurring. This is to safeguard employees, patients and visitors.

8.3 The order also requires us to reduce or replace the use of dangerous substances, which includes butane lighters. In order to achieve this, the use or possession of lighters in trust buildings should be controlled and as such all ignition sources are classed as contraband.

8.4 In order to support this it is mentioned in the order, that we should seek alternative substances or processes and provide safe storage. The use of electronic lighters outside ward areas and safes or fire rated boxes leading off the ward to store these materials would meet this requirement.

8.5 It is important that where control measures are in force then staff support the ban in a proactive way. It has already been demonstrated where the use of safes/fire rated boxes has been encouraged and supported by staff then the incidence of covert smoking has reduced. In in-patient areas staff must complete the 'prompt' section on the door register to request patients to surrender their lighter for safe keeping on their return

from leave either outside the building.

8.6 In order to enforce the ban, if it becomes apparent that patients are smoking on Trust premises or there is evidence leading to that belief for example cigarette burns on carpets and bedding or cigarette smoke, It would then be reasonable to carry out searches of patients' belongings and searching of patients entering the ward. Whilst evidence of smoking within ward areas still exists searches should be maintained. (Please refer to the PCFT search policy (**CL35 Search of Patients: Persons and Property Policy V3**))

8.7 It is essential therefore that all staff are proactive in managing covert smoking and work collaboratively with patients in order to eradicate covert smoking.

When a member of staff finds a patient covertly smoking on the ward they should advise them in the first instance of the law in relation to smoking in enclosed spaces. They should also use this opportunity to discuss with the patient ways of supporting them to stop smoking.

Staff must not knowingly allow patients to smoke covertly on the wards (please refer back to section 1 of this policy 'The Law')

All patients on the in-patient wards will be asked to place their tobacco and lighter in the 'fire rated' boxes.

8.8 There is no legitimate reason for any patient to be in possession of lighters/matches or any ignition source, therefore where staff are made aware that a patient has a lighter in their possession they should request that patient to place their lighter in the 'fire rated' box provided. This is in accordance with fire safety and prevention.

If they refuse to do so and there are significant concerns about the level of risk posed to the safety to the individual and/or others regarding the ignition source then staff may decide to conduct a search of the

A) patient,

B) Patients property

and/or

C) Patients room/personal space area

8.9 Under the direction of the Search Policy (CL 35), maintaining of safety is a legitimate reason to search however those undertaking searches must be conversant with the policy and have undertaken the appropriate training. Alternative interventions to searching may also be employed and these are defined in the policy CL35. It is the responsibility of staff and managers to ensure they know the extent and boundaries to searching including the response of increasing a service users challenging behaviour if searched and using strategies to overcome this.

All incidents of suspected or actual covert smoking must be reported through the Trusts' electronic incident reporting system – 'Safeguard'

9. CAMHS (In-patients)

- 9.1 Health promotion is at the fore front of our care provision. Since 2014 both the Hope and Horizon Units have been smoke free environments and a young person who chooses to smoke only does so during periods of unescorted leave away from the ward. In this instance all young people have access to stopping smoking advice.
- 9.2 The wards have the secure boxes that allow any smoking related paraphernalia to be stored safely by staff for those young people who may want to use these products off the ward. In such circumstances where staff keep these items the young person is required to have parental consent to allow them to take these items off the ward to smoke off the hospital premises. This consent must be recorded on the care plan.
- 9.3 Where written parental consent is not given, or where a young person does not have unescorted leave off the hospital grounds, then those patients will not be allowed to smoke. However, they must be offered advice on stopping smoking to support them in quitting.
- 9.4 Where a young person is over 16 years and has capacity to make this decision then staff will encourage them to inform their parent or guardian of the fact that they smoke and where possible a written agreement will be sought from the parents/guardian and documented on their care plan. In any such instance the young person will need to be subject to the same leave arrangements as referred to above.

Staff will not purchase any tobacco products for patients.

10. Health Promotion:

- 10.1 There are very few healthcare professionals who do not treat conditions caused by or exacerbated by smoking. Helping these patients to stop smoking is often the most effective and cost-effective of all the interventions they receive. Despite this, however, rates of intervention by healthcare professionals remain low.
- 10.2 Simple advice from a clinician can have a small but significant effect on stopping smoking – more so than Nicotine Replacement Therapy (NRT) alone. Advice and/or counselling given by nurses also significantly increase the likelihood of successful quitting. Brief interventions are aimed at motivating smokers to quit and supporting them during the attempt. Current NICE guidance describes these interventions as lasting 10 minutes. However, in the UK, appointments with a hospital consultant typically last 15–20 minutes, while those with

a GP last 10 minutes. In such a context, it is not possible to spend 5–10 minutes discussing smoking when this is not the primary focus of the consultation.

- 10.3 Stop smoking advice need only take as long as 30 seconds, all health and social care workers, as well as those working for partner organisations such as children’s centres, the fire service and workplaces, should be encouraged to systematically deliver very brief advice to all smokers at every opportunity-Triple A advice- Ask Advise Act.
- 10.4 In addition, all areas should provide information literature advising on both the dangers of continuing to smoke, the benefits of stopping smoking and the ways in which people can access support locally. This information should be available to both patients and staff.

11. Pharmacology

- 11.1 The tar in cigarette smoke can increase the activity of the enzymes in the liver responsible for metabolising medication and therefore patients who smoke need higher doses of these medications than non-smokers. Stopping smoking or even reducing the number of cigarettes smoked reduces exposure to tar and reduces the metabolism of these medications resulting in higher, sometimes toxic blood levels over a few days.
It is very important for some medication that the dose be reduced when patients stop smoking or cut down the number of cigarettes smoked to prevent toxic effects, for example clozapine or theophylline. Therefore it is recommended that the advice of a pharmacist be sought prior to smoking cessation.
- 11.2 For details of stopping smoking and drug interactions staff must refer to Nicotine Replacement Therapy Guidelines for Patients of Pennine Care NHS Foundation Trust (MM036)
- 11.3 As part of their clinical role the pharmacy team within the Trust are in a position to
explain to patients how stopping smoking can improve physical and mental health and highlight to patients and prescribers the need for planned reduction of doses of some medication upon stopping smoking or cutting down on the number of cigarettes smoked.
- 11.4 The pharmacy team can also advise on the extra monitoring that is required with some medication following stopping smoking.
- 11.5 The pharmacy team will speak to patients about their preferred method of stopping smoking and advise doctors to prescribe on the prescription charts.
Advise about the on-going stop smoking support available within the community and NHS stop smoking services.

12. Role of nursing staff

As a trust we now have a patient group direction which allows staff who have been trained in its' application, to offer patients nicotine replacement therapy on admission to our units prior to being seen by a doctor. This prevents patient craving nicotine on admission and encourages them to quit smoking or be able to abstain whilst inpatients. See PGD47 – The Administration and Supply of Nicotine Replacement Therapy (NRT) V2.

13. Web information

The Trust Internet and intranet websites will contain links to sources of help and information regarding the stop smoking services. There is also guidance on formulating a care plan for smokers.

Greater Manchester Fire and Rescue Service (GMFRS) partnership agreement:

The aim of this agreement will contribute to our vision to provide high quality health and social care and our aim of continually improving services and the experience of people coming into contact with them. It will ensure we build on our corporate social responsibility and support our strategic goal of being a leading service provider by enhancing the services we can provide to improve the health, wellbeing and safety of our communities. Staff can download GMFRS referral forms to refer patients for a free home safety check (HSC) by GMFRS. (From 2016 these checks will be known as 'Safe and Well Visits')

14. Signage

To ensure that everyone entering Pennine Care NHS Foundation Trust sites understand that smoking is not allowed clear signage will be clearly displayed informing them that Trust buildings and grounds are smoke free and smoking is therefore not permitted except for patients in designated supervised areas.

Estates to ensure no smoking signs shall be displayed within all Trust owned vehicles.

15. NICE Guidance (Best Practice Guidance)

- 15.1 There is a network of NHS stop smoking services across the country that can help to provide the specialist support those smokers with mental health problems need. Specialist stop smoking advisors should liaise with mental health professionals to support them in advising smokers to stop.
- 15.2 All health professionals (mental health, primary and secondary care) should routinely ask about smoking and advice smokers to stop. The triple AAA advice-

Ask
Advice
Act

- 15.3 All smokers who wish to attempt to stop should be referred to a trained adviser for specialist support. Referrals should include the contact details of relevant healthcare professionals working with the patient, who need to be notified about a quit attempt and details of current medication
- 15.4 The quit attempt should be monitored closely when the smoker is on psychotropic medication to check whether there is any exacerbation of medication side effects, whether the dose of neuroleptic medication needs to be altered, or if the smoker needs further help with withdrawal symptoms and urges to smoke

16. Monitoring (Audit)

- 16.1 Compliance of this policy will be monitored by the Smoke Free Trust group and also through local governance arrangements.
- 16.2 Compliance will also be monitored by an agreed cycle of clinical audit.
- 16.3 Health and Safety should also support the monitoring of this Policy through local and Trust arrangements
- 16.4 Under the Health and Safety at Work Act employees have a responsibility to both themselves as well as others and so if staff fail to act on concerns regarding smoking on Trust premises or smoking related incidents they may be liable to disciplinary action being taken against them or more importantly they may be pursued legally by the Health and Safety Executive and liable to a fine of up to £20,000.

17. Electronic cigarettes

- 17.1 The electronic cigarette is a battery powered electronic nicotine delivery system that looks very similar to a conventional cigarette and is capable of emulating smoking[1] however the evidence for their safety is conflicting. The vapours from electronic cigarettes are a complex mixture of chemicals not pure nicotine. It is unknown whether this mixture is safe and as yet there is no evidence that electronic cigarettes are effective as treatment for nicotine addiction, therefore they are not approved as stopping smoking devices [2].
- 17.2 As the electronic cigarettes are claimed not to contain tar, patients taking medication potentially affected by reducing or stopping smoking should have their medication reviewed by a member of the pharmacy team or a medic before they start to use the electronic cigarette.
- 17.3 A number of countries have strict regulations on the use of the electronic cigarettes and many have banned their use [3]. Therefore due to the lack of information on the safety and the effectiveness of the

electronic cigarette in stopping smoking the Trust cannot approve or recommend its use at this time. This means that patients wishing to use this product can do so at their own cost, but it will not be allowed to be used within trust premises.

References

- [1] The emerging phenomenon of electronic cigarettes. Expert review of Respiratory Medicine. Feb 2012 vol/1(63-74).
- [2] Electronic cigarettes and third hand tobacco smoke: Two emerging health care challenges for primary care providers. International Journal of General Medicine 2011 vol/is 4/ (115-120).
- [3] E-cigarettes. A rapidly growing internet phenomenon. Annals of Internal Medicine Nov 2010.

Pennine Care NHS Foundation Trust does NOT endorse the use of electronic cigarettes.

Further Information:

Symptoms of nicotine withdrawal

Withdrawal symptoms from nicotine consist of the presence of **cravings to smoke plus four or more** of the following:

- Anxiety
- Restlessness
- Difficulty concentrating
- Frustration or anger
- Increased appetite
- Insomnia (sleeplessness)
- Irritability
- Depressed mood
- Decreased Heart Rate

Fresh Air Everywhere - A short guide for service users, carers and visitors.

What does it mean to be 'smoke-free'?

For the Trust to be smoke-free, it means that smoking is not permitted anywhere within hospital buildings or grounds. This means that our buildings and grounds will be safer and healthier.

What is second-hand smoke?

Second-hand smoke is other people's tobacco smoke. Also known as passive smoking, second-hand smoke is a major source of indoor air pollution. It can lead to heart disease and lung cancer, and make illnesses like asthma worse.

How dangerous is second-hand smoke?

Breathing someone else's smoke increases your risks of heart disease, cancer and respiratory problems. It can make asthma, hay fever and bronchitis worse and prematurely age your skin. Just 30 minutes exposure can affect your health.

Seven out of ten people who do not smoke suffer from eye and throat irritations and breathing difficulties when exposed to someone else's smoke.

Wouldn't ventilation solve the problem?

No – you would need a system as powerful as a tornado to get rid of the dense gases and particles in tobacco smoke -not exactly practical for Trust premises! Even expensive air cleaners cannot remove sufficient tar particles to eliminate the cancer risk from tobacco smoke.

Is all this just about trying to make people stop smoking?

No, this is about making sure that everyone on Trust premises is protected from the dangers of second-hand smoke. It is not about making people give up smoking, although we would of course encourage anyone to consider the personal health benefits of stopping smoking.

What about my right to smoke?

People may have the right to smoke but they don't have a right to damage other people's health in the process. The right to be free from the damage caused by other people's tobacco smoke outweighs the right to smoke whenever and wherever someone wants.

It's not fair to ask people with mental health problems to stop smoking!

People living with mental health problems are particularly vulnerable to nicotine addiction. Smoking rates are at least twice as high among mental health patients as in the general population, and aside from the physical impact, heavy smoking has been found to be a predisposing factor for both anxiety and depression.

Research has shown that around 50 per cent of smokers with mental health problems want to quit. What's more, there's evidence that smoking cessation treatments are just as effective for people with mental health problems as for the rest of the population. Research suggests that quitting does not make psychiatric symptoms worse. Rather, it can actually lead to lowered anxiety levels.

Will inpatients be given access to nicotine replacement therapy (NRT)?

Yes, NRT will be available to people using our inpatient services, this may be to help them cope with their time at the Trust where they

cannot smoke or it may be prescribed as part of an attempt to stop smoking. People attending outpatient services and using community services can also be assisted in accessing NRT. NRT can also be prescribed by your GP.

Will there be support for service users if they want to stop smoking?

Yes, people who use our services will be asked if they smoke and if they do if they want any help in stopping. If they do, staff will arrange for support in helping them stop. If they don't want help to stop they will be offered help in coping without a cigarette whilst on Trust premises.

What if someone is really unwell, will they be expected to just stop smoking?

The policy recognises that some patients have circumstances that will require staff to make an assessment as to whether special arrangements need to be made. If a number of detailed criteria are met, a patient may be permitted to smoke on Trust premises but this will be determined depending on personal circumstances. No blanket exceptions will be made for particular categories of patients.

What about Trust staff, are they still allowed to smoke?

Absolutely not, all staff should be aware that they cannot smoke whilst on Trust premises. There are no exceptions to this.

Is there anywhere on Trust premises that visitors/carers can go to smoke?

No, all premises are to be totally smoke-free. Visitors will not be able to smoke whilst on Trust premises and will be politely asked to leave if they do.

What about people who are treated in the community?

The Trust has a responsibility to protect all staff from the dangers of second-hand smoke, this includes Trust staff that work in the community and visit people in their homes. The Trust recognises that it would be wrong to tell people they cannot smoke in their own homes but would ask that if they are due a visit from a member of staff that they do everything possible to keep a room in their house smoke-free for at least one hour prior to the appointment and for the duration of their appointment.

Will these rules ever change?

It is likely that there may be some change to the details of the Trust's smoke-free policy in the future. This may be because government guidance changes or because of feedback the Trust receives about how well these rules are working for people who use our services. If the Trust does need to make any changes to the guidance we will make sure that everyone is fully informed.

Where can I get more information about this?

People who use services are encouraged to speak to members of their care team who will be able to explain what support is available. There is also more detailed information available on the Trust website: www.penninecare.nhs.uk

Where can I get support to stop smoking?

You can get support and advice from your G.P practice or from your local Stop Smoking Service.

Contact Numbers:

Bury Stop Smoking Service: 08452239001 or 0161 2537574

Staff and patients can be referred to Bury Stop Smoking Service through this number.

Oldham Stop Smoking Service (Positive Steps): 08002889008

Staff and patients can be referred to Oldham Stop Smoking Service through this number.

Tameside & Glossop Stop Smoking Service: 0161 716 2000

Staff and patients can be referred to Tameside & Glossop Stop Smoking Service through this number.

Stockport Stop Smoking Service: 0161 426 5085

Staff and patients can be referred to Stockport Stop Smoking Service through this number.

Rochdale Stop Smoking Service: 01706751190

Staff and patients can be referred to Heywood, Middleton & Rochdale Stop Smoking Service through this number.

Trafford Stop Smoking Service: 0300 456 2400

Staff and patients can be referred to Trafford Stop Smoking Service through this number.