



# Smokefree Mental Health Services

**Lesley Colley - Project Lead Smoking  
Cessation & Nicotine Management**

**Tees, Esk & Wear Valleys NHS Foundation Trust  
(TEWV)**

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# TEWV provide Mental Health and Learning Disability services to:

- 2 million people
- 4000 square miles
- 130 sites
- £320 million
- 6600 staff




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# Time Frames to go Smokefree

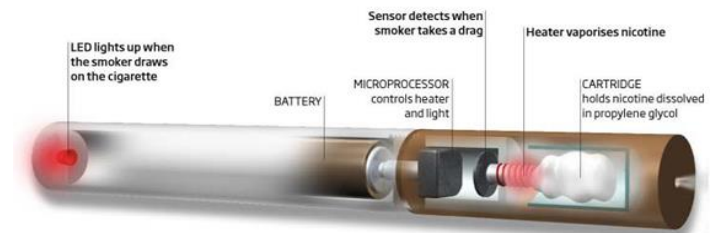
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- 1 → March 2015- Project Lead commenced in post
  - 2 → May 2015 - Sub groups were established
  - 3 → Information identified to support going smokefree
  - 4 → Staff, patients and carers identified to support project
  - 5 → Two conferences held to provide opportunity for discussion
  - 6 → March 2016 - Target date identified

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# Electronic Cigarettes in NHS smokefree policy implementation



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## Trust decisions on product choice!

- NRT Products
- e-Cigarettes
- Varenicline
- e-Cigarettes
- Bupropion
- e-Cigarettes
- Prescribing & administration
- e-Cigarettes
- Interactions
- e-Cigarettes



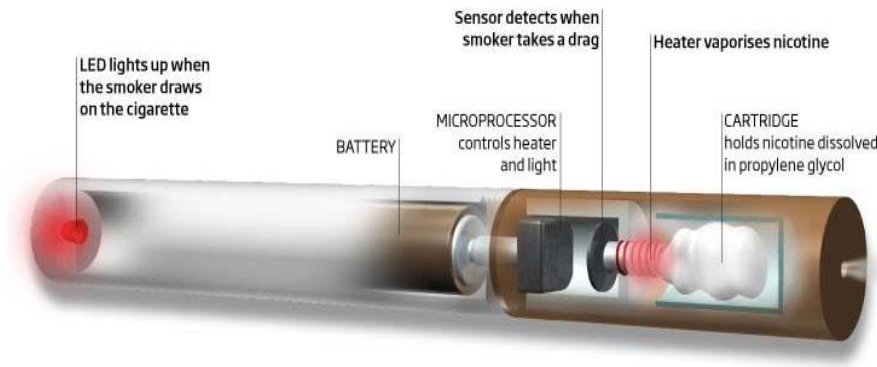
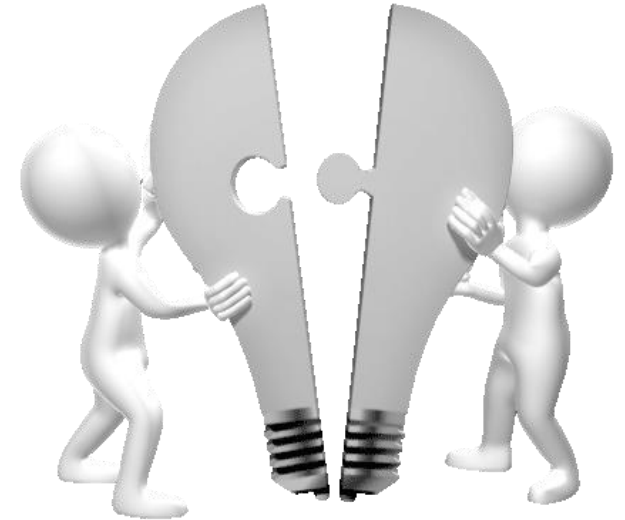
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# Innovation

*We asked our patients what they thought about using an e-Cigarette!!!*



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## Patient Response!!

*Overwhelming  
support for the offer  
& use of e-Cigarettes*



We would like to  
be able to use an  
e-Cigarette when  
in hospital!!

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## e-Cigarettes-What next

*Agreed that a decision would be made at the Drug & Therapeutics Committee*

### Concerns:

- Unlicensed
- Plethora of products
- Concerns internationally
- Health & Safety risks (fires)
- Increased cost to the Trust for supplying free e-Cigarettes

### Positives:

- Public Health England endorsement
- Licensed product to follow
- Primary care view
- Patient view
- Risks & benefits

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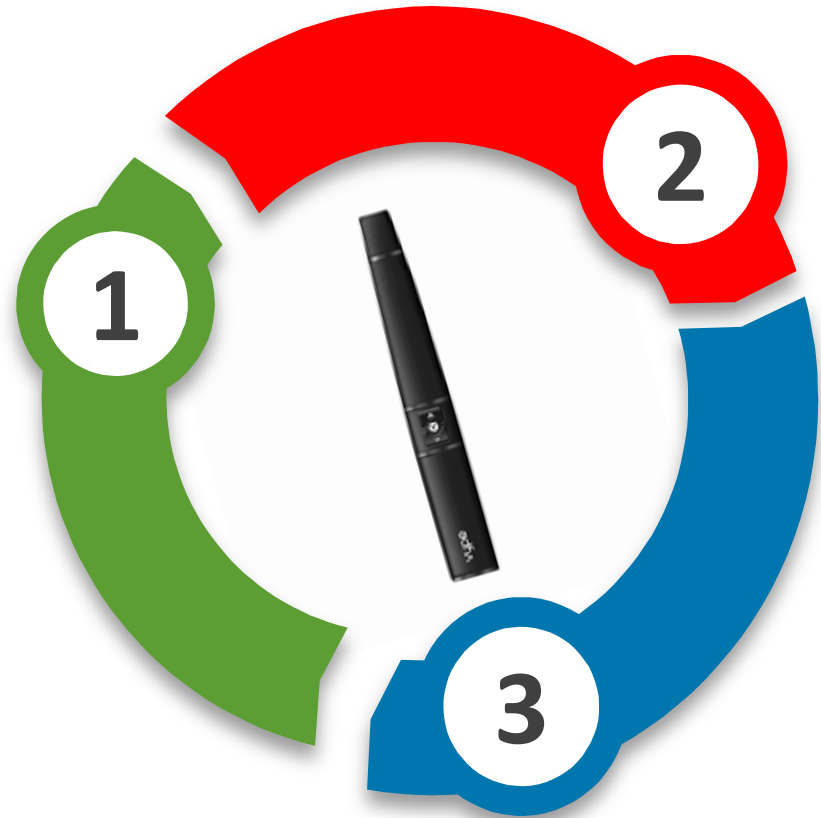
## e-Cigarettes-Next steps

- Electronic cigarettes were debated at D&T – September 2015
- Although no decision was made about the exact status of e-Cigarettes, the principle was agreed that, following the PHE press release and review, there may be a place (as a non-medicalised option) for e-Cigarettes within TEWV
- The final decision regarding e-Cigarettes to be made by the Executive Management Team
- Full approval given by D&T as no clinical reason for them not to be allowed for use

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# Generations of e-cigarettes

- Disposable
- Rechargeable
- Tank model



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# e-Cigarettes-Options



**Use allowed in  
most places**



## **Supply**

- Not to be prescribed
- Lloyds able to provide disposable products -Nicolites across all in-patient areas
  - ordered via procurement system
  - charged outside of medicines invoices



**Not allowed in  
Forensics  
(prior decision)**

Electronic cigarettes are not classified as a medicinal product and cannot be prescribed as an alternative to nicotine replacement therapy (NRT). They should only be used by staff and patients in line with the [Trust smoking policy](#)



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## Q&A

- Who can recharge e-Cigarettes
- Who can buy e-Cigarettes
- Do patients need a risk assessment to use an e-Cigarette
- Can patients use e-Cigarette in 136 suites

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# Use of Vapes

**TEWV**  
**SMOKEFREE**

Tees, Esk and Wear Valleys **NHS**  
NHS Foundation Trust

### How to get the best out of the e-cig

Using an e-cig is different from smoking. To get the best out of an e-cig and make it last longer, service users need to know how to use it properly. They will need to use an e-cig enough to replace the nicotine they used to get from smoking and to avoid getting withdrawal symptoms – especially after waking in the morning.

### How long should an e-cig last?

In general a 400 puffs cigarette contains the same amount of nicotine as 40 tobacco cigarettes, so 10 puffs on an e-cig counts for one cigarette. Used in the right way an e-cig should last about the same time as 25-30 cigarettes.

### How it works

The e-cig heats up a liquid which contains nicotine. This creates a cloud of nicotine 'vapour' which delivers a hit when you breathe it in. This is why using an e-cig is often called 'vaping'.



### A few hints and tips....

They should take regular and fairly short puffs – the action should be like sipping on a straw.

Remember that using an e-cig is different from smoking – they may need to experiment with the length of puffs and the amount they use to find out what works best for them.

They should hold the vapour in their mouth for a few seconds for the nicotine to

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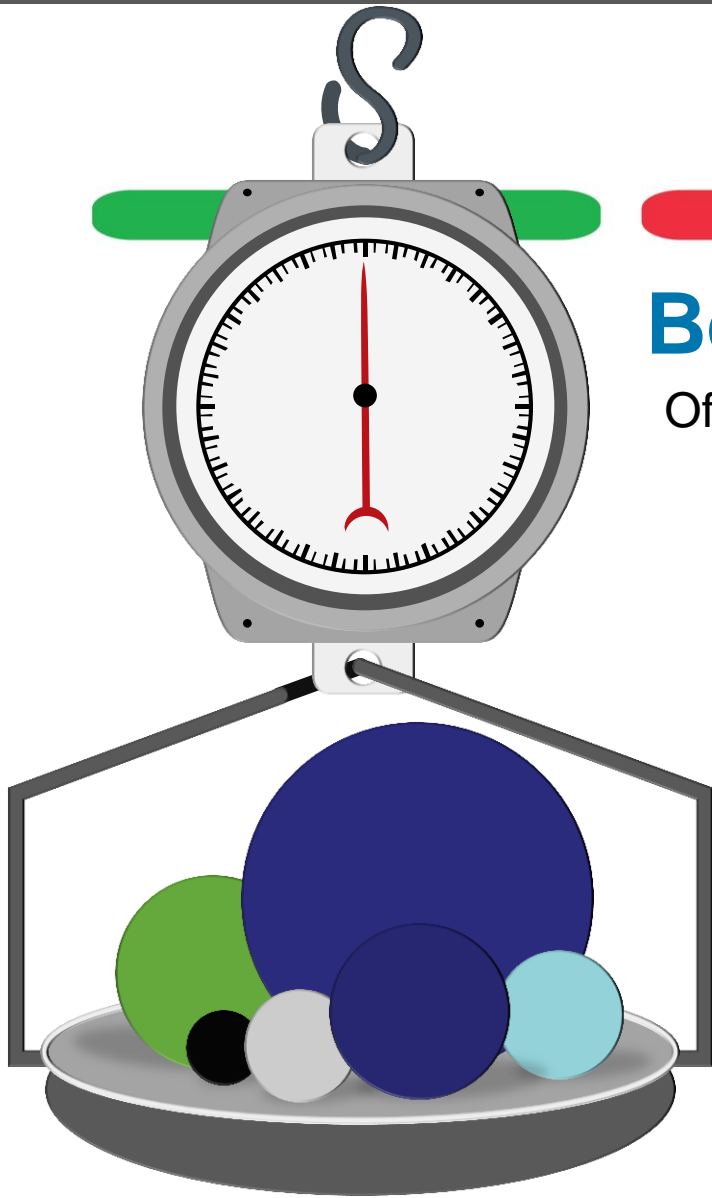
## Clear objectives for the use of Vapes

- To use as a harm reduction tool
- To provide nicotine management and smoking cessation support
- Support the reduction in secondhand smoke exposure
- Support the reduction in smoking rates

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## Benefits

Of e-cigarette use in TEWV

- Offered free to patients on admission-harm reduction
- Provide another option to NRT
- Embraced by staff and patients
- Supported the reduction in smoking rates for staff and patients
- No reports of fire/harm incidents
- Crisis teams carry supplies

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## Moving Forward

- Looking to provide free rechargeable e-Cigarettes
- Continue to support staff to switch-FFT results:  
**2015 -10%**  
**2017 - 7%**
- Review Policy to update on e-Cigarettes information



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## How have we done?



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# TEWV Audit results 2015-2017

Speciality	2015 smokers	2016 smokers	2017 smokers
ALD	38%	25%	0% (0/26)
AMH	62%	56%	51% (136/268)
CYPS (Inc. LD teams)	13%	4%	0% (0/38)
FLD	36%	7%	0% (0/66)
FMH	67%	16%	1% (2/138)
MHSOP	11%	6%	5% (8/148)

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## TEWV Audit Results-2017

- **98%** of patients were offered a brief intervention on admission
- **89%** of patients were offered NRT via the Homely Remedies Pathway
- **97%** of patients were offered NRT/e-Cigarettes within 30-60 minutes
- **9%** of patients wish to remain quit on discharge (14 patients)

**Overall smoking rate has reduced from:**

**42.5%** (2015)

**28.0%** (2016)

**21.0%** (2017)

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