

Ref: FOI/GS/ID 5810

Please reply to:
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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to CCG restrictions on treatments for smokers.

You asked:

1. Please confirm or deny if there are any requirements from your local CCG to ration any treatment or surgery options to people based on their smoking status (i.e. not limited to smoking cessation treatments); if confirm, please provide details.

Trust response:

West Kent CCG the Trust Commissioning Body has supplied the following information. Any further information required should be sent to West Kent CCG directly.

Overarching policies

1.1 Smoking status of patients prior to non-urgent surgery

Policy

- ☐ At referral for consideration of suitability for non-urgent surgery, the GP should check the patient's current smoking status and refer patients who smoke tobacco to smoking cessation services, unless the patient explicitly refuses consent*.
- ☐ When the decision is made that a patient requires non-urgent surgery, the responsible clinician should check the patient's current smoking status and refer patients who smoke tobacco to smoking cessation services, unless the patient explicitly refuses consent*.
- ☐ All clinicians should inform patients about the risks of smoking prior to surgery and the benefits of quitting.

This policy applies to Kent and Medway patients who smoke tobacco and are due to undergo non-urgent surgery commissioned by Kent and Medway

CCGs.

****Surgery should not be withheld in people who refuse referral to smoking cessation services.***

Policy exclusions:

Procedures which have local policies that include criteria relating to smoking status (e.g. assisted reproductive technologies and breast reduction) are excluded from the scope of this policy.

Rationale

Compared to non-smokers, patients who smoke pre-operatively are more likely to suffer a range of complications before, during and after surgery. Smokers undergoing surgery are more likely to require additional healthcare interventions such as oxygen therapy, intensive care and emergency readmissions. On average, smokers require a longer hospital stay than non-smokers. Smoking is also associated with lower survival rates following surgery.

Stopping smoking any time before surgery has no detrimental effects for patients; there are significant positive effects of stopping smoking in the 8 weeks running up to surgery.

This policy is consistent with NICE Public Health Guideline 48 (2013), a joint briefing from the Royal College of Anaesthetists (RCA), Faculty of Public Health (FPH), Action on Smoking and Health (ASH) and Royal College of Surgeons of Edinburgh (RCSEd) and a report by the Royal College of Surgeons (RCS).