

POLICY STATEMENT	COMMISSIONING POLICY
STATUS	<p>CRITERIA LED</p> <ul style="list-style-type: none"> An eligibility criteria applies to all people referred for elective surgery
PROCEDURE/ TREATMENT	GET FIT FIRST IN BARNLSLEY – SMOKING CESSATION V2.0
EXCLUSIONS	<p>EXCLUSIONS TO THIS POLICY – full list Appendix 1</p> <p>The following group/patients with the following conditions will not be subject to this policy:</p> <ul style="list-style-type: none"> Patients undergoing surgery for cancer 2WW Referral for suspicion of cancer Patients with a BMI >30 and who have waist measurement less than 94cm (37 inches) in males or 80cm (31.5 inches) in females Patients with severe mental health illness, Learning Disability or significant cognitive impairment Referrals for interventions of a diagnostic nature e.g. endoscopy Surgical interventions that may be required as a result of pregnancy Children under 18 years Any urgent procedures <p>A list of specific procedures or conditions that are not subject to the policy are detailed in appendix 1.</p>
ELIGIBILITY CRITERIA	<p>The Get Fit First in Barnsley policy applies to the following surgical specialties:</p> <ul style="list-style-type: none"> Colorectal General Surgery (including Upper GI and Liver surgeries) Cardiothoracic ENT Gynaecology Neurosurgery (including spinal surgery) Plastic Surgery Trauma & Orthopaedics (including MSK) Urology <p>Barnsley CCG does not routinely commission referral to secondary care for routine, non-urgent elective surgery for patients who are active smokers. All non-urgent referrals to surgical specialties where the patient is an active smoker are to be offered information to access smoking cessation services to enable smoking abstinence. Most nicotine replacement therapy has a 12 week timeline to embed the change.</p> <p>Evidence of smoking abstinence will be required prior to referral for surgery</p>

	<p>accompanied by a CO reading that confirms abstinence. The Smoking abstinence should be maintained until commencement of surgery.</p> <p>Where a patient refuses to engage with smoking cessation services they will be offered support and information to help them understand the benefits of the Get Fit First in Barnsley request and be re-seen in the GPs surgery after 4 weeks and be re-offered the opportunity to engage with the service. If there is still no agreement they will be referred for surgery after 6 months from initial consultation and advised to abstain from smoking for a minimum of 2 days prior to surgical intervention. This will allow a period of health improvement.</p> <p>Patients who only use electronic cigarettes will be classified as a non-smoker for the purposes of the policy.</p> <p><u>Process for patients who smoke AND have a BMI above 30</u></p> <p>This commissioning statement should be read in conjunction with the Get Fit First in Barnsley – Weight Management Commissioning Statement</p> <ul style="list-style-type: none"> • Patients should be offered support to access both weight management and smoking cessation services • Patients should offered choice and be supported to focus on one health improvement goal at a time during the health improvement period. • If patient meets one goal earlier (smoking abstinence or weight loss target) then they can be referred regardless of outcome in other area
<p>Summary of evidence / rationale</p>	<p>Smoking Cessation</p> <p>https://www.nice.org.uk/guidance/PH45</p> <p>https://www.nice.org.uk/guidance/qs92</p> <p>Published:</p> <ol style="list-style-type: none"> 1 Smokeless tobacco cessation: South Asian communities. NICE public health guidance 39 (2012) 2 Quitting smoking in pregnancy and following childbirth. NICE public health guidance 26 (2010) 3 School-based interventions to prevent smoking. NICE public health guidance 23 (2010) 4 Preventing the uptake of smoking by children and young people. NICE public health guidance 14 (2008) 5 Smoking cessation services. NICE public health guidance 10 (2008) 6 Workplace interventions to promote smoking cessation. NICE public health guidance 5 (2007) 7 Varenicline for smoking cessation. NICE technology appraisal 123 (2007) 8 Brief interventions and referral for smoking cessation. NICE public health guidance 1 (2006)

	<p>References:</p> <ol style="list-style-type: none"> 1 http://ash.org.uk/files/documents/ASH_711.pdf 2 Thomsen, T., Villebro, N., Moller, A.M. (2010) Interventions for preoperative smoking cessation, Cochrane Database of Systematic Reviews, Issue 7 3 http://www.ash.org.uk/files/documents/ASH_116.pdf
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Author	Julie Frampton/Mike Simms
Clinical Reviewers	Clinical Forum Members
Approved by	<p>This policy was approved by: NHS Barnsley CCG Governing Body Date approved: 14.12.2017</p> <p>Amendments approved by Quality and Patient Safety Committee on 20.02.2020</p>
Responsible Officer	David Lautman - Lead Commissioning and Transformation Manager
Reference	<p>Ref No:</p> <p>Any feedback or suggestions to improve this guidance should be sent to:</p> <p>David Lautman - Lead Commissioning and Transformation Manager</p> <p>Only the electronic version is maintained, once printed this is no longer a controlled document.</p>

Appendix 1(v2.0)

Exclusion criteria for Optimising Outcomes from all Elective Surgery

The Get Fit First policy does not apply to non-elective referrals or urgent referrals.

Exclusions apply to routine elective referrals if a period of health improvement delay would cause clinical risk rather than support improved outcomes. All patients on an elective pathway must be offered access to smoking cessation and/or weight management concurrently.

Exclusions include:

- A. Cholecystectomy
 - B. Surgery for arterial disease
 - C. Anal fissure
 - D. Hernias that are at high risk of obstruction
 - E. Anal fistula surgery
 - F. Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, and gross implant loosening or implant migration.
 - G. Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
 - H. Nerve compression where delay will compromise potential functional recovery of nerve.
 - I. Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
 - J. Orthopaedic procedures for chronic infection.
 - K. Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair).
 - L. Lower limb ulceration.
- Referrals for interventions of a diagnostic nature:
 - A. Gastroscopy
 - B. Colonoscopy
 - C. Nasopharyngolaryngoscopy
 - D. Laparoscopy
 - E. Hysteroscopy
 - F. Cystoscopy

- Patients with advanced or severe neurological symptoms of Carpal Tunnel Syndrome such as constant pins and needles, numbness, muscle wasting and prominent pain.
- Patients who despite having a BMI >30 have a waist circumference of:
 - Less than 94cm (37 inches) male
 - Less than 80cm (31.5 inches) female
- Children under 18 years of age.
- Patients receiving surgery for the treatment of cancer or the suspicion of cancer.
- Any surgical interventions that may be required as a result of pregnancy.
- Patients with tinnitus.
- Patients requiring cataracts surgery.
- Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. (Please note that deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from an opportunity to stop smoking/reduce their BMI/improve pre-operative fitness). This includes patients with the following:
 - Learning disabilities
 - Significant cognitive impairment
 - Severe mental illness**

**Adults with a serious mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one or more major life activities