SUFFOLK AND NORTH EAST ESSEX POLICY FOR THE PRESCRIBING OF HOME OXYGEN TO PATIENTS WHO ARE KNOWN TO SMOKE

FINAL

Adapted and reproduced with kind permission of Somerset Clinical Commissioning Group

Version:	Version 2 Final
Approved By:	SNEE Area Prescribing Committee
Date Approved:	08th March 2022
Name of authors:	Donna Briggs, Debra Lovering
Date Issued:	08th March 2022
Date of review:	19th January 2024

Key contact details	
Regional HOS Lead:	NEECCG.HomeOxygenService@nhs.net
BOC Portal: Clinician Line:	www.bochop.co.uk 0845 609 4345
Suffolk & North East Essex region (SNEE)	Comprising the following 3 CCGs; North East Essex CCG Ipswich and East Suffolk CCG West Suffolk CCG
Local HOS teams; • NEE Community HOSAR (NEECCG) • Ipswich & East Suffolk CCG Community COPD Team • West Suffolk Community Services HOS Team	• 0300 003 2144 • Via the Care Co-Ordination Centre on 0300 123 2425 or 07415 261959 in an emergency • Via the Care Co-Ordination Centre on 0300 123 2425 or 07415 261959 in an emergency

FINAL

PRESCRIBING OF HOME OXYGEN
TO PATIENTS WHO ARE KNOWN TO SMOKE

ABBREVIATIONS & DEFINITIONS

Abbreviation & Definitions	Full Description
BTS	British Thoracic Society
FRS	Fire and Rescue Service
GP	General Practitioner
IHORM	Initial Home Oxygen Risk Mitigation Form
HCP	Health Care Professional
HOOF	Home Oxygen Order Form
HOS	Home Oxygen Service
HOSAR	Home Oxygen Service - Assessment and Review
MDT	Multi-disciplinary Team
NICE	National Institute for Health and Care Excellence
SI	Serious Incident
E-Cigarette	An **electronic cigarette or e-cigarette** is a handheld electronic device that tries to create the feeling of tobacco smoking. It works by heating a liquid to generate an aerosol, known as “vapour”, which the user inhales

FINAL

PRESCRIBING OF HOME OXYGEN
TO PATIENTS WHO ARE KNOWN TO SMOKE

1 INTRODUCTION

1.1 This policy has been developed in order to promote patient safety and give due consideration to the risks associated with smoking and the use of home oxygen therapy[1]. This includes the use of e-cigarettes[2]. The risks associated with fire and personal safety also affect family, HCPs and the general public.

1.2 NICE COPD guidelines 2018[3] state '*Do not offer long-term oxygen therapy to people who continue to smoke despite being offered smoking cessation advice and treatment and referral to specialist stop smoking services'* The BTS guidelines for home oxygen use in adults (2015) state '*Patients and family members who continue to smoke in the* presence *of home oxygen should be warned of the associated dangers of smoking in the presence of oxygen'* and 'P*atients who continue to smoke or live with other household smokers should be informed that the order for home oxygen will be reviewed and evidence of increased risk may lead to withdrawal of home oxygen therapy.'*

2 PURPOSE

2.1 This policy applies to all prescribers of home oxygen and sets out the procedure for prescribing home oxygen to patients who are known to smoke and are registered with a GP practice in one of the three CCGs listed in the Suffolk and North East Essex region listed on page 2.

2.2 It aims to ensure that all patients prescribed home oxygen receive care that is consistent and evidence based, thus reducing risk to patients, their families and carers, HCPs and the general public.

2.3 It aims to make certain all HCPs who undertake assessments for those patients who continue to smoke do so in a consistent manner, minimising risk to the patient, carers, clinical staff and general public and operate in accordance with the BTS guidelines[1] and NICE Guidelines NG115[3].

3 RESPONSIBILITIES FOR PRESCRIBERS AND HEALTHCARE PROFESSIONALS

General Roles, Responsibilities and Accountability

3.1 Managers and Heads of Service will ensure that all staff (including bank, agency and locum staff) involved in the care of, or prescribing for oxygen patients are aware of, and have access to this policy.

[1] British Thoracic Society (BTS) Guidelines for Home Oxygen Use in Adults, June 2015
[2] https://www.ecigarettedirect.co.uk/media/electroniccigarettesoxygen.L16.pdf
[3] https://www.nice.org.uk/guidance/ng115 - December 2018

3.2 HCPs who recommend oxygen for patients are responsible for undertaking the initial risk assessment to ensure oxygen is a suitable therapy, even if they do not place the orders themselves.

3.3 Before prescribing oxygen for use at home, the prescriber must complete an IHORM which is available on the BOC online portal: www.bochop.co.uk Home oxygen will not be provided without confirmation via the Portal that this has been completed.

3.4 The information supplied on the IHORM should raise awareness of the risks associated with providing home oxygen along with highlighting the potential danger to patients utilising the service, thus ensuring the clinician makes a considered risk-based decision before submitting an order for oxygen.

3.5 In cases where consultants or other HCPs recommend GPs prescribe oxygen therapy for a patient, they should first complete a risk assessment using the IHORM form. If the patient is considered high risk or greater, alternative therapies should be considered and GPs should not be requested to prescribe the oxygen.

3.6 The prescriber, or appropriate HCP, should take the following actions:

Existing home oxygen patients who smoke (including e-cigarettes)

- Offer to refer to the local smoking cessation service or equivalent
- Refer to the local FRS for a home safety assessment
- Inform and liaise with the patient's HCP in order that they can support smoking cessation and minimisation of risk to the patient and general public
- Provide patient / carer with additional information (Appendix 3), providing a video link highlighting the risks
- In order to continue to be in receipt of home oxygen the patient must sign the Declaration Form (Appendix 1 or 2 as appropriate), agree that they will abide by the terms set out in the Declaration and accept that they will be at risk of home oxygen being removed if the terms of Declaration are broken
- If the patient is not prepared to sign the Declaration Form or is not willing to complete a course provided through the smoking cessation service, then the clinical decision may be to remove the oxygen

New home oxygen requests for patients who smoke (including e-cigarettes)

- The HCP must offer to refer to the local smoking cessation service before proceeding with prescribing oxygen
- To be in receipt of home oxygen the patient must sign the Declaration Form (appendix 1 or 2 as appropriate) that indicates they will only be prescribed home oxygen if they adhere to the following treatments;
  - Intervention through the local smoking cessation service or equivalent
  - Optimisation of inhaled therapy (if applicable)
  - Management of breathlessness, including referral for pulmonary rehabilitation (where clinically appropriate)

FINAL

- HCPs must not offer oxygen therapy to people who continue to smoke despite being offered smoking cessation advice and treatment and referral to specialist stop smoking services[4]
- For people who smoke or live with people who smoke, but who meet the other criteria for oxygen therapy, ensure the person who smokes is offered smoking cessation advice and treatment, and refer to specialist stop smoking services.

3.7 If there is any breach of 3.6 above, then oxygen will not be prescribed and if already commenced, it may be withdrawn.

3.8 The prescriber should inform the consultant and GP of smoking status, the risk assessment outcome and any resulting oxygen prescription.

3.9 If the prescriber is satisfied home oxygen should be prescribed, the HOOF must be completed via the BOC online portal www.bochop.co.uk **Home oxygen cannot be ordered via any other route.**

3.10 The prescriber within the Suffolk region will remain responsible for the patient's annual medication reviews, including seeking evidence of smoking cessation and monthly reviews of concordance data. Currently, in North East Essex, these responsibilities remain with NEE Community HOSAR, regardless of the indication for home oxygen.

3.11 BOC will conduct a further risk assessment of the patient upon installation of home oxygen and will also train the patient in the safe use of the modalities installed.

4. REFERRAL PATHWAY AND PROCESS

4.1 All patients who are prescribed home oxygen, regardless of their smoking status, are required to sign the Declaration Form (Appendix 1 or 2 as appropriate) and given written and verbal information (Appendix 3) regarding the risks and safety issues when using oxygen. The Declaration Form will be signed by both the patient and the prescriber. One copy will be given to the patient and another copy will be kept on the patient's medical notes. A copy of the signed Declaration Form should also be sent to the patient's GP for their records.

4.2 The prescriber will only continue to prescribe oxygen therapy to people known to smoke if all conditions described in the Declaration Form are met.

4.3 If the patient has placed themselves, their carer, HCPs or the general public at **high risk** through smoking whilst in receipt of oxygen therapy, or shortly after within an oxygen rich environment, then instigation of the Incident Management Procedures (see Section 5) will take place, which may result in oxygen removal.

4.4 **Very high-risk** patients are defined as patients who "exhibit unsafe clinical or behavioural traits involving oxygen and smoking", such as:

[4] https://www.nice.org.uk/guidance/ng115 - December 2018

- Attempting to hide their smoking materials or activities
- Having a history of non-compliance with smoking rules
- Being reported to an HCP for smoking whilst in the receipt of oxygen
- Experiencing a smoking-related accident or incident whilst in receipt of oxygen.
- Smoking in a patient's sleeping room or other designated non-smoking area

4.5 All confidential patient information should be kept secure in line with local Information Governance policies

4.6 All risks and events should be recorded by the HCP and reported to BOC. A Datix form should be completed, with Claire Murphy at BOC copied in; Claire.murphy17@nhs.net The BOC Portal allows clinicians to input safety information and this should also be used in addition to completion of the Datix.

4.7 Any concerns raised by GPs during the course of their day to day work regarding home oxygen patients and smoking or unsafe use of oxygen equipment, should be escalated and discussed further with others involved in the supply and monitoring of the patient's home oxygen, as detailed in the Incident and Escalation Management process in point 5.2 below.

5 REPORTING OF INCIDENTS AND ESCALATION PROCESS

5.1 All serious incidents (SIs) or suspected SIs must be reported to BOC as detailed in point 4.6 above. This applies particularly in the event of an incident that has resulted in serious harm to the patient or where immediate action may be required to prevent further incidents, or where there may be media interest. BOC will notify the CCG in their subsequent SI report.

5.2 The incident management process involves the following (this list is not exhaustive);

- Reporting of all incidents to BOC. (See point 4.6 above)
- Urgent referral to smoking cessation.
- Urgent referral to the FRS for a home safety assessment.
- Reporting of incident to the patient's GP.
- Organising of an urgent MDT to include the patient, carer, GP, FRS, BOC, HOSAR and other agencies involved in the patient's care.
- Confirmation in writing to the patient of the decision taken at the MDT, including the rationale to either remove oxygen or impose conditions if oxygen therapy is to continue. Stakeholders should also be copied in.
- In the event that oxygen is to be removed, a clear removal date should be set.

5.3 Removing oxygen from a patient is a difficult decision; where possible, the support and understanding of the patient, their family and/or carers should be sought and their GP should also be contacted for support.

5.4 Further interaction with the patient may be necessary to agree a comprehensive management plan. The plan should make clear the option to review the position where evidence can be shown of sustained change of behaviour. The patient should continue

FINAL

to receive oxygen therapy until the removal date but this should be within two weeks of the MDT. Further support for the patient to manage their condition should be sought from services such as the pulmonary rehabilitation service.

5.5 The patient should be clearly advised of the implications of removal of their oxygen and the options available in the event that their condition deteriorates following the removal.

5.6 In the event that the patient continues to refuse to accept the conclusion of the MDT to remove their oxygen, the Commissioner should write to the patient and BOC to confirm that with immediate effect, funding will no longer continue for electricity for the oxygen equipment and no further cylinder refills will be supplied. The HOSAR team should continue to engage with the patient to secure permission to remove the equipment and notify BOC when this is obtained.

5.7 Where there is extreme risk, Commissioners may have to consider the involvement of the police, although this should only be done on an exceptional basis where patients refuse to return all of the home oxygen equipment.

6 Audit

6.1 Compliance with this policy will be documented in the patient's notes and through the quality control procedures mentioned in this policy.

6.2 The Commissioners will monitor all clinical risks through the SIRI reporting system.

6.3 Audit of the service by the HOS leads will inform quality control associated with equipment, service activity and outcomes.

7 Quality and Equality

7.1 All patients deserve our care, to be valued as a person and to be treated equally. The decision to remove or not install equipment does not rest on discriminatory grounds, but on patient and public safety.

FINAL

APPENDIX 1

HOME OXYGEN PRE-ASSESSMENT FORM

INPATIENT DECLARATION*

Patient agreement to confirm smoking status to enable safe assessment and supply of oxygen at home

You are being assessed for eligibility for oxygen at home In order to safely prescribe oxygen for you it is essential that you are aware of your health and safety responsibilities when using your home oxygen equipment. You must ensure the Home Oxygen Service are fully informed of your smoking status and that of other members of your household, in order to ensure the safety of you and those around you. You will be asked to confirm your smoking status at each future assessment.	
NAME AND ADDRESS:	
1. I am the patient named above / I am the carer with responsibility for the patient named above. *(Delete as appropriate)*	**YES / NO**
2. I have discussed with a health care professional and understand the reasons for not smoking whilst oxygen equipment is in the house	**YES / NO**
3. I confirm I am a non-smoker (including e-cigarettes)/I have never smoked cigarettes or e-cigarettes *(Delete as appropriate)* **If yes, go to question 6**	**YES / NO**
4. I confirm I have been offered support to stop smoking	**YES / NO**
5. I confirm I have accepted support to stop smoking	**YES / NO**
6. I confirm I will not smoke or allow any other person to smoke in my home whilst I am receiving oxygen therapy	**YES / NO**
7. I confirm I understand that oxygen therapy may be discontinued and the equipment removed if I or anyone in my household continues to smoke whilst I am in receipt of home oxygen.	**YES / NO**
8. I confirm I will inform my home insurance company when home oxygen equipment is installed	**YES / NO**

Person making the declaration

……..... (print) …….(sign) …….. (date)

Healthcare Professional

……. (print) ……..……(sign) …….. (date)

*** Please use the separate 'community' form where the individual is not currently an in-patient**

A copy of the signed declaration form should be given to the patient and the original should be held on the patient's notes

FINAL

APPENDIX 2

HOME OXYGEN PRE-ASSESSMENT FORM

COMMUNITY DECLARATION*

Patient agreement to confirm smoking status to enable safe assessment and supply of oxygen at home

You are being assessed for eligibility for home oxygen In order to safely prescribe oxygen for you it is essential that you are aware of your health and safety responsibilities when using your home oxygen equipment. You must ensure that the Home Oxygen Service are fully informed of your smoking status and that of other members of your household, in order to ensure the safety of you and those around you. You will be asked to confirm your smoking status at each future assessment.	
NAME AND ADDRESS:	
1. I am the patient named above/I am the carer with responsibility for the patient named above. *(Delete as appropriate)*	**YES / NO**
2. I have discussed with a health care professional and understand the reasons for not smoking whilst oxygen equipment is in the house	**YES / NO**
3. I confirm I am a non-smoker (including e-cigarettes)/I have never smoked cigarettes or e-cigarettes**.** *(Delete as appropriate)* **If yes, go to question 6**	**YES / NO**
4. I confirm I have been offered support to stop smoking	**YES / NO**
5. I confirm I have accepted support to stop smoking	**YES / NO**
6. I confirm I will not smoke or allow any other person to smoke in my home whilst I am receiving oxygen therapy	**YES / NO**
7. I confirm I understand that oxygen therapy may be discontinued and the equipment removed if I or anyone in my household continues to smoke whilst I am in receipt of oxygen therapy	**YES / NO**
8. I confirm I will inform my home insurance company when oxygen equipment is installed	**YES / NO**

Person making the declaration

……..... (print) ……..……..…… (sign) ……..…..... (date)

Healthcare Professional

……..... (print) ……..……..…… (sign) ……..…..... (date)

*** Please use the separate 'in-patient' form where the individual is currently an in-patient**

A copy of the signed declaration form should be given to the patient and the original should be held on the patient's notes

FINAL

APPENDIX 3

KEY FACTS ABOUT THE RISKS

Reminders:
Oxygen itself does not burn, but it does help a fire to start and to keep burning. If air is enriched with increased levels of oxygen, there is a chance that a fire will start and spread more quickly, and continue to burn hotter and faster. For your safety, never smoke or allow anyone else to smoke near you or your oxygen equipment – this includes use of electronic cigarettes (e-cigarettes).

The use of oxygen therapy will be ineffective if you continue to smoke and you will not get any long-term benefit as the carbon monoxide in the smoke reduces the amount of oxygen that your blood is able to carry around your body. Watch this video clip to understand the real dangers of smoking while using oxygen at home:
https://www.youtube.com/watch?v=y_0vK2-Ag2g

Don'ts:
You must **never** smoke and you must **never** allow anyone else to smoke while you are using your oxygen; this includes e-cigarettes.

You must **never** charge an e-cigarette or similar device while you are using your oxygen or in the vicinity of oxygen equipment.

You must **never** use or store your oxygen within 3 metres (10 feet) of naked flames, heating elements or things that may cause a spark or a fire, such as pilot lights, hair dryers, cookers, gas fires, candles, e-cigarettes, open fires, mobile phone or other device chargers.

If there is a power cut use a torch – **do not use a candle near oxygen.**

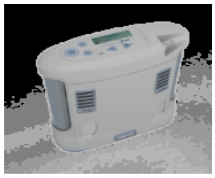
Never tamper with your equipment or change any settings.

Never use petroleum-based hand creams or ointments, such as products like Vaseline, cleaning fluids, paint thinners or aerosols as they are potentially flammable in the presence of oxygen. If you need to use a product, use a water-based lubricant like KY Jelly.

Never use any oxygen equipment that has been involved in a fire or accident. If your oxygen equipment is involved in a fire you should contact the Patient Support Team to inform BOC.

Do's:
Ensure you have smoke/fire alarms within your home that are in working order (the local fire service can advise you and supply you with them).

Ensure all visitors follow the advice above.







FINAL

APPENDIX 4

USEFUL LINKS

NICE COPD guidelines;

https://www.guidelines.co.uk/respiratory/nice-copd-guideline/454912.article

https://www.nice.org.uk/guidance/ng115/documents/evidence-review-2

British Thoracic Society Guidelines for Home Oxygen Use in Adults;

https://www.brit-thoracic.org.uk/document-library/guidelines/home-oxygen-for-adults/bts-guidelines-for-home-oxygen-use-in-adults/

The Fire Safety Good Practice Guide – SUFFOLK ONLY, NOT FOR NEE

Suffolk are a member of the National Association of Equipment Providers (NAEP) as part of the Eastern Regional Group and as such, they have adopted the guidelines for fire safety and have produced a Suffolk-specific appendix detailing what Suffolk Fire Service will offer their service users. Therefore, this document is NAEP and Suffolk specific only.



Fire Safety Good Practice Guide Suffolk

The **Fire and Public Safety Officer** in Ipswich can be contacted on 01473 260588 or at Fire.Business.Support@Suffolk.gov.uk

Essex County Fire and Rescue Service – Home Fire Safety website.
Contains lots of useful information and contact details
https://www.essex-fire.gov.uk/Home_Fire_Safety/Home_Safety_Advice_for_Carers/

Paul Pemberton at **Essex Fire Service** can also be contacted for help and advice;
paul.pemberton@essex-fire.gov.uk

FINAL

Version update	Description of change	Initials
Draft version 4	Amendment to Home Oxygen Pre Assessment Forms (community and inpatient) to remove references to patient needing to be a non smoker/smoke free for 6 weeks. Also, addition of reference to need for patient to notify their home insurance.	DB/DL

FINAL