Nicotine Management Policy

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Consultation Groups	Trust's Smokefree Implementation
Approved by (Sponsor Group)	Quality Committee
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Name of originator/author:	Dr Kate Corlett
Executive Director lead :	Paul Gilluley
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Services	Applicable
Trustwide	x
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
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Final	November 2015	Dr Kate Corlett		
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Contents

1. Executive Summary

This policy sets the definitions and parameters of smokefree status which is applicable for the Trust (except for the Forensics directorate that has a separate nicotine management policy.

The ELFT directorates will implement this policy individually with the flexibility to take into account staff and service user needs, informed by QI methodology.

The policy outlines the evidence base for the smokefree status and the specific duties of different parts of the organisation in ensuring that this is maintained. The policy makes clear the responsibilities of individual staff members and managers in relation to smokefree status. The Trust commits to support both staff members and service users to maintain smokefree status.

Finally, the policy defines the monitoring standards by which the Trust will measure compliance.

2. Introduction

1. East London NHS Foundation Trust's mission is to improve the quality of life for all we serve. This policy supports this mission.
2. East London NHS Foundation Trust has developed a strategy for the future which comprises of four strategic outcomes and this policy supports all four of these outcomes:
   a. Improved population health outcomes.
   b. Improved experience of care.
   c. Improved staff experience.
   d. Improved value.
3. The principles of this policy have been implemented to achieve a completely smokefree environment. This means that no smoking is allowed within any of the premises and grounds owned by the Trust or vehicles used for the purpose of Trust activities.
4. The 2013 joint report from the Royal College of Physicians and the Royal College of Psychiatrists stated that smoking is a widely accepted component of the culture of many mental health settings, making cessation more difficult for smokers. Smokefree policies are a vital means of changing this culture.
5. ELFT promote a culture across all our buildings and sites that smoking is unacceptable and that everyone respects this. Of course, shifts in culture and behaviours can take time and are not achieved simply by releasing policies and guidance. The required culture change will be achieved by ELFT remaining committed to Smokefree.

3. Evidence Base

Supporting smoking cessation is a key component of the NHS long-term plan. Smoking also known as 'tobacco dependency' is a treatable, chronic, long-term relapsing condition, which is a shift from viewing it as a lifestyle choice to something that needs attending to in the same way for example as hypertension. Tobacco smoking remains the single greatest cause of preventable illness and premature death in England (bigger than the next six causes combined). One in two long-term smokers die prematurely as a result of smoking, half of these are in middle age. On average, each smoker loses 10 years of life and experiences many more years of ill health compared to a non-smoker. Smoking is also the highest single cause of health inequalities and accounts for about half of the difference in life expectancy between the lowest and highest income groups. Deaths caused by smoking are two to three times higher in low income than in weather groups.

Smoking causes a range of diseases including cancer, cardiovascular disease and respiratory diseases. It causes many other debilitating conditions such as age-related macular degeneration, gastric ulcers, impotence and osteoporosis. Further it can cause complications in pregnancy, including increased risk of

miscarriage, premature birth and low birth weight, it is also associated with lower survival rates, delayed wound healing, increased infections, prolonged hospital stays and repeated admissions after surgery.

Treating smoking-related illnesses costs the NHS an estimated £2.7 billion per year. The overall financial burden of all smoking to society has been estimated at £13.74 billion a year. This includes both NHS costs and loss of productivity because of illness and early death, as well as other factors. Treating smoking related illnesses in people with mental health problems has been estimated to cost the NHS £720 million a year in primary and secondary care.

Currently 15% of adults in England smoke, however prevalence is significantly higher in certain priority groups, which includes people with severe mental health issues. Smoking rates in those with severe mental health disorders such as bipolar disorder and schizophrenia are estimated to be between 58% and 90%. It is estimated that over 60% of all tobacco consumed is done so by people with mental health issues. There is a strong association between smoking and mental health conditions. People with a mental health illness also have high mortality rates compared to the general population. Evidence suggests that individuals with severe mental health disorders are more likely to start smoking earlier, to smoke more intensely (i.e. inhale more deeply) and are more likely to become nicotine dependent compared to the general population. However, despite these factors those with severe mental health are less likely to receive help to quit smoking. Life expectancy amongst people with serious mental illness is considerably lower – often 15-20 years - and much of this is attributable to the harms caused by smoking. A UK study found that for men and women living with schizophrenia the death rate from respiratory disease is three times greater than the national average.

The strong association between smoking and both physical and mental ill-health means that many people who use secondary care services are smokers. When smokers use these services, it presents a valuable opportunity to use interventions of proven effectiveness and cost effectiveness to initiate and support stop smoking attempts or other strategies to reduce harm. Smoking is also more prevalent among people with a dual diagnosis, that is a diagnosis of mental illness combined with substance misuse or other co-morbidities.

Contrary to common perception, smokers with mental illness have been shown to be similarly motivated to stop smoking to the general population, and it has been shown that smokers with mental illness can quit smoking, and that they are more likely to quit successfully with appropriate support. The Trust is proactive in its support of smokers with mental illness because of the significant health inequalities that affect this population.

There is increasing evidence indicating that long-term smoking is associated with the onset, and worsening, of both depression and anxiety disorders. Smoking cessation does not exacerbate symptoms of mental disorders, and improves symptoms in the longer term. Smoking, mostly through the hydrocarbon agents in cigarette smoke rather than nicotine, stimulates a liver enzyme responsible for metabolising many drugs in the body. This additional enzyme production causes faster clearance of a number of antipsychotic, antidepressant, and anxiolytic drugs. As a result, smokers may need higher doses of these medications than non-smokers to achieve therapeutic levels. In fact, stopping smoking can lead to the doses of some medications needing to be reduced, sometimes by as much as 50%, to achieve the same blood level and therapeutic effect. This reduction in antipsychotic medication can be an incentive to quit, as service users would experience fewer, often unpleasant, side effects of their medication with the reduced dose. Smoking increases psychotropic drug costs in the UK by up to £40 million.

Tobacco smoke not only damages a smoker's health but also the health of the people around them. Breathing other people's smoke is called passive or second-hand smoking. Exposure to second-hand smoke is believed to increase the risk of heart disease in non-smokers by 25%. Also, tobacco poverty is known to be an issue often experienced by smokers with some of the lowest earners spending a third of their income on tobacco.

4. National and Local Guidance

The policy complies with Smokefree legislation (Health Act, 2006) and the NICE Guidelines for Smoking

Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013). NICE guidance PH48 and NICE quality standard 82 aim to support smoking cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings, recommend:

- Strong leadership and management to ensure premises go (and remain) smokefree.
- Identifying people who smoke, offering advice and support to stop.
- Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care.
- Integrating stop smoking support in secondary care with support provided by community-based services.
- Ensuring staff are trained to support people to stop smoking while using secondary care services.
- Supporting staff to stop smoking or to abstain while at work.
- Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.

In accordance with NICE guidance the Trust went smokefree in January 2017.

Article 8 of the WHO FCTC, recognises that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability'. As a result there is a shared commitment to adopt and implement 'effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places'. They note that:

- There is no safe level of exposure to tobacco smoke.
- Effective measures to provide protection from exposure to tobacco smoke, thus achieving the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smokefree environment.
- The duty to protect from tobacco smoke is grounded in fundamental human rights and freedoms.

The Court of Appeal has ruled that there is no absolute right to smoke. It also established that there has never been a right to smoke in public or in private in English law.

5. E-cigarettes

- The Trust has an e-cigarette policy which sits alongside this policy. The e-cigarette policy defines how e-cigarettes are used within the Trust. The policy has been written in accordance to Public Health England independent expert evidence review (April 2017).
- PHE research suggests that e-cigarettes are 95% less harmful to health than normal cigarettes.
- In the PHE's evidence update on e-cigarettes (August 2015) they pointed out that e-cigarettes should not be routinely treated in the same way as smoking and it is not appropriate to prohibit e-cigarette use in health trusts as part of smokefree policies unless there is strong rationale to do so.
- E-cigarettes are covered in the Trust's stop smoking advisor level-2 training.
- Individual directorates should continue to monitor the use of e-cigarettes on their wards and how these support them to maintain a smokefree status.
- The Trust will support teams to initiate QI projects which investigate the potential role of e-cigarettes in ELFT.
- E–cigarettes can be used as a nicotine replacement aid to reduce nicotine withdrawal symptoms, or to facilitate temporary abstinence from smoking, or as part of an attempt to quit smoking.
- E-cigarettes are allowed in single bedrooms and Trust grounds. Use in day areas, communal areas, clinical areas, ward gardens or during group or individual therapy should be by mutual agreement between service users and ward staff.
- A clinical trial undertaken by Dr Peter Hajek in 2017 compared E-cigarettes to Nicotine Replacement Therapy (NRT) as an aid to support smoking cessation. The results of the trial indicated that the one-year abstinence rate was 18.0% in the e-cigarette group, compared to 9.9% in the NRT group. And for those still abstinent at one year, the e-cigarette group were more likely to use their assigned product at

52 weeks than NRT group. The conclusion of the trial is that E-cigarettes were more effective for smoking cessation than nicotine-replacement therapy.

6. Scope
1. The smokefree policy came into effect on 1 January 2017.
2. This policy applies to all staff, including but not limited to: employees, including bank and agency workers, volunteers, contractors, students, locums, seconded staff on either temporary or permanent contracts and to visitors entering premises and grounds controlled by ELFT or vehicles used for the purpose of ELFT activities.
3. The policy applies to staff during the time when they are being paid by ELFT or are wearing uniform or name badge and can be identified as a member of ELFT staff including during breaks.
4. This policy excludes service users in prison and tenancies where the service user pays rent; however it does apply to staff providing ELFT services in premises that are not controlled by ELFT.
5. Staff using private vehicles for trust business must also comply with this policy. This applies in all cases, regardless of whether travel expenses are claimed.
6. The policy will work towards eliminating the health risks associated with passive smoking and as a direct result will ensure that the health and wellbeing of patients, staff and visitors is improved.

7. Definitions
- "Smoke" means smoke from tobacco or any substance or mixture which includes nicotine; and a person is taken to be smoking, if the person is holding or is in possession or control of a substance or mixture which includes nicotine.
- Where the policy refers to staff, this means all staff members, including but not limited to employees', including bank and agency workers, volunteers, contractors, students, locums and seconded staff on either temporary or permanent contracts.

8. Duties

1. As the accountable director for Health and Safety, the Chief Medical Officer has overall responsibility for ensuring adherence to this policy.

2. The Smokefree Implementation Group is responsible for receiving notification of any significant breaches of the nicotine management policy and making recommendations for action where appropriate.

3. Clinical and Service Directors are responsible for:
   - Ensuring their directorate have in place a local procedure that operationalises and monitors adherence to this policy and for notifying the Smokefree Implementation Group of any significant policy breaches, unable to be resolved at local level.
   - Supporting the development of local smoking cessation resources, harm reduction interventions and training for staff members and service users.
   - Ensuring that the environment is conducive to creating a healthy workplace; as well as a safe and therapeutic place in which service users, families and carers can be cared for.

4. Senior Managers, Ward Managers, and Team Leaders are required to:
   - Ensure that the NRT protocol is adhered to which will enable all service users that smoke can access NRT within 30 minutes of admission.
   - Ensure all staff and service users are aware of and can access this policy and associated policies and procedures (available via the intranet).
   - Manage any policy breaches.
   - Ensure their staff are able to access training in smoking cessation.

- Include the smokefree statement in all recruitment literature, job descriptions and induction materials.
- Ensure that there is safe and appropriate skill mix within teams to meet the tobacco dependence needs of service users (either by providing very brief advice or intensive behavioural support) in order to meet the need for prompt nicotine replacement therapy and behavioural support.
- Ensure that all staff are competent at identifying and recording the smoking status of every service user in their electronic record (Rio / Emis etc.) and complete the lifestyle assessment form (as per the CQUIN requirements).
- Promote a culture which empowers smokers through conversations about the benefits of quitting.
- Motivate and encourage engagement in collaboration with the Tobacco Dependence Treatment Pathway.
- Review care plans at each ward round, CPA or clinical review meeting, taking the opportunity to recognise achievements and adjust medication if indicated. Ensuring staff and service users are aware of the need to adjust medication if required according to smoking status and this is reflected within service user's care plans.
- Ensure that service user information regarding the relationship between smoking and illness (both physical and mental) is available in communal areas and is made accessible.
- Ensure that welcome packs and promotional materials provided about the service describe the smokefree status.
- Ensure service users are supplied with an adequate amount of NRT during periods of leave and on discharge.
- Prior to admission (where possible) confirm to service users that the trust operates a smokefree policy, so they should be advised against bringing tobacco, cigarettes, lighters or matches onto the ward.
- Ensure that service users have access to a variety of diversional activities and fresh air during their admission to support their smokefree compliance.
- Support service users to achieve temporary absence from smoking or smoking cessation, so they are potentially able to reduce prescribed medications, which will contribute to improved health status and less side-effects. Smoking cessation should form a pivotal role in the discussion of care and treatment. This should be included in ward round and CPA meeting where recovery based care planning is discussed. Discussion regarding smoking cessation should involve the whole MDT with particular regard to pharmacy. It is important to ensure that care planning regarding smoking cessation is patient centred.
- Ensure smoking cessation resources such as carbon monoxide monitoring devices are available.

5. All staff are responsible for:
- Familiarising themselves with, adhering to and implementing the nicotine management policy.
- Seeking the advice of the Smoking Cessation Advisors when appropriate (please refer to the trust's internet under smoking cessation for further information on these Advisors that support each directorate).
- Competing smoking cessation related training as per the trust's training requirements and any related training agreed with their line manager .
- Escalating policy breaches where appropriate.

6. The Communications team are responsible for:
- Ensuring all trust literature states 'East London NHS Foundation Trust is a smokefree organisation'.
- Ensuring service user and staff information about smoking cessation and the smokefree policy is available on the Trust's internet and intranet pages.
- Supporting Public Health England campaigns as appropriate, for example. Stoptober.

7. The Pharmacy Team are responsible for:
- Maintaining the Nicotine Therapy Replacement (NRT) guidelines.
- Managing the protocol and procedures to ensure that all service users are able to access nicotine replacement therapy within 30 minutes of admission to an inpatient ward.

- Delivering regular training, for example on Nicotine Replacement Therapy and Varenicline to the appropriately qualified staff members.
- Establishing the competency of Nurses, alongside Senior Managers to operate within the Trust's NRT supply process.

8. The Estates and Facilities team are responsible for:
   - Ensuring no new smoking shelters are built on premises controlled by ELFT.
   - Providing appropriate signage to ensure that everybody entering ELFT sites understands that smoking is not allowed in the buildings and grounds.

9. The Human Resources team are responsible for:
   - Ensuring that all jobs advertised includes reference to the Nicotine Management Policy and job descriptions will indicate that the adherence is a condition of employment.
   - Including reference to this policy in the Trusts disciplinary procedure.

9. The Policy

The Trust's position is that all premises should be smokefree and that staff members and service users will be supported to quit / reduce their smoking. Whilst this policy reflects that position it is acknowledged that each directorate will have areas of good practice, issues and challenges and so will have local operating procedures that support the principles of this policy, which are:

1. All staff are entitled to work in secure, healthy and safe environments. When staff are providing their services in non-ELFT settings, they should ask anyone smoking to stop for the duration of the staff visit. Staff may refuse treatment or care if they judge the situation to be unsafe.
2. Staff must be smokefree when on duty or otherwise in uniform, wearing a badge or identifiable as ELFT staff or undertaking trust business.
3. All service users will be informed of this policy. They will undergo a lifestyle assessment, which will include their current smoking status and be offered both pharmacological and psychological support. Anyone being admitted to premises controlled by ELFT will receive information about the Nicotine Management Policy as part of the admission process.
4. Any complaints made by service users about not being able to smoke should be managed in accordance with the Trust's procedure on handling complaints and will be included in any evaluation of this policy.
5. If a service user does not appear to be able to understand the requirements of the policy then staff should consider / refer to and follow the Trust's policy on the Mental Capacity Act 2005. This is not about the person's best interests to smoke, but about which NRT product is in their best interest if they lack capacity.
6. All actions to implement the Nicotine Management Policy should be documented in care records.
7. Service users will be asked to hand in products containing nicotine and any lighters on admission and they can request these back on discharge from the ward or unescorted leave. Staff will ensure wherever possible that these are kept safely and are returned undamaged. Where nicotine or lighters are suspected to be on the ward, network procedures and practice should be in accordance with the Trust procedure on personal and room searches. Risk Assessments and local procedures can be used to supplement the management of this restricted item.
8. Nicotine Therapy Replacement guidelines are in operation to ensure that all service users are able to access nicotine replacement therapy within 30 minutes of admission to an inpatient unit.
9. Stop smoking support is available to service users and staff members. The support follows NICE guidance and includes access to both pharmacological and psychological support. Pharmacological supports include both nicotine replacement therapy and Varenicline. Support available is provided through a combination of access to in-house appropriately trained staff members and partnership working with local community stop smoking services.
10. All staff are expected to promote this policy in the Trust's grounds and buildings.

11. Ward signage, advance notice and a consistent approach will support staff to ensure that visitors respect and adhere to this policy. Possible action in the event of non-adherence may include; request to stop, warnings and asking the visitor to leave.

12. It is recognised that achieving freedom from a nicotine addiction can be extremely challenging for some people. Managers should be flexible to allow staff to attend any smoking cessation appointments in work time and emphasise the importance of adhering to this policy. Staff who do not adhere to this policy will be advised by their Line Manager of the smoking cessation options available, and that persistent and continued refusal to comply with this policy by a person employed or contracted by ELFT will be subject to disciplinary action. It is recognised that, as with any HR issue, managers may need and should seek additional line management or HR support where any such difficulties arise.

13. Visitors to the Trust are made aware of the nicotine management policy through signs, posters, leaflets as well as conversations with staff. Carers are to be provided with a list of the contraband items. The rationale for the policy should be explained.

14. There is a zero tolerance approach to any individual who becomes abusive when reminded of the policy. Should the person become aggressive then the member of staff is to walk away from the situation and seek support from their Line Manager. Staff safety must always be paramount. Under no circumstances should any member of staff enforce the policy if they believe they would be at risk in doing so.

15. It should be noted that there are no exceptions to this policy in respect of patients, there are to be no designated areas within buildings where the use of cigarettes is allowed.

16. All Trust staff are prohibited from purchasing or providing tobacco products for patients.

17. Staff must not use tobacco as a reward for patients.

18. If any staff member breaches this policy then in the first instance line managers should discuss the issue with them and ensure they fully understand the smoke free policy. If staff continue to breach the policy then action through the disciplinary process may be appropriate. All members of staff are obliged to support the Smoke Free Policy.

10. Training and Support

1. It is recognised that addiction is not a choice, but quitting smoking is. ELFT Staff members will have access to stop smoking advice and support.

2. Nicotine replacement therapy is available to staff members to support smoking cessation.

3. Staff who do not want to stop smoking will be encouraged to use NRT to manage the symptoms of nicotine dependency whilst on duty. There is also the option to use E-cigarettes in accordance with the Trust's E-cigarette policy.

4. The Trust will provide a training pathway to enable staff members to safely and appropriately meet the tobacco dependence needs of service users. All staff members are encouraged to complete dedicated stop smoking training, which includes brief intervention Level 1 training which is available via OLM, specialist training available via www.ncsct.co.uk. And selected staff members also have access to stop smoking advisor level 2 training which is run on an ad-hoc basis in each directorate. Directorates are expected to deliver the principles of this policy ensuring that staff members are asked to prioritise and complete the training available.

Standard	Time-frame/Format	How	Who
All prospective employees are advised of the policy.	On-going	All jobs advertised includes reference to the Nicotine Management Policy and job descriptions indicate that the adherence is a condition of employment.	HR and recruiting managers.
All staff are smokefree in work time and on Trust premises.	On-going	Line managers to discuss with the member of staff observed smoking and this discussion to be recorded in personnel files and 1:1 management supervision.	Line managers and Team Leaders
Current staff are aware of the policy.	On-going	Communication strategy implemented.	Communications team
All staff should complete Level 1 smoking cessation training via OLM.	On-going	Training reports.	HR/training
Service users offered support as part of admission process.	At every admission assessment (as a minimum).	Part of the admission checklist / physical health assessment.	Directorates
Recording of smoking interventions delivered to service users.	Each episode of intervention	Record on Rio/Emis etc. Part of MDT discussions and care plans.	Directorates
All staff offered the opportunity to be smokefree.	On-going	Staff members offered support.	Directorates
Monitor complaints and incidents recorded in relation to this policy.	On-going	Refer to reporting log.	Pals and complaints

Appendix

Appendix 1 - Effect of Smoking Cessation on Drug Metabolism

Staff should be aware that smoking cessation may alter the metabolism of a number of commonly used psychotropics. The following table summarises the effect of starting/stopping smoking on psychotropic metabolism.

Drug	Effects of smoking	Action on Stopping	Action on restarting
Benzodiazepines	Plasma levels reduced by 0-50%(depends on drug and smoking status)	Monitor closely. Consider reducing does by up to 25% over 1 week.	Monitor closely, consider restarting 'normal' smoking does
Chlorpromazine	Plasma levels reduced. Varied estimates of exact effect	Monitor closely, Consider dose reduction	Monitor closely, consider restarting 'normal' smoking dose
Clozapine	Reduce plasma levels by up to 50% (depends on number/type of cigarettes smoke)	Take plasma level before stopping. On stopping reduce dose gradually (over a week) until around 75% dose reached. Repeat plasma level 1 week after stopping. Consider further dose reductions	Take plasma level before restarting. Increase dose to 'normal' smoking dose.
Fluphenazine	Reduces plasma levels by up to 50% (depends on number / type of cigarettes smoke)	On Stopping, reduce dose by 25%. Monitor carefully over following 4-8weeks. Consider further dose reductions.	On restarting, increase dose to 'normal' smoking dose.
Fluvoxamine	Drug metabolism is potently affected by smoking	Monitor closely, consider dose reduction	Monitor closely, consider restarting 'normal' smoking dose.
Haloperidol	Reduces plasma levels by around 20% (depends on number /type of cigarettes smoked)	Reduce dose by around 10%. Monitor carefully. Consider further dose reductions	On restarting, increase dose to 'normal' smoking dose.
Lithium	Smoking induces metabolism of caffeine, therefore theoretically smoking can reduce xanthine levels, which could reduce lithium excretion(↑ plasma level)	Take plasma level before stopping. Repeat plasma level one week after stopping and consider need for dose increase.	Take plasma level before restarting. Repeat plasma level one week after stopping and consider need for dose reduction.

Olanzapine	Reduces plasma levels by up to 50% (depends on number /type of cigarettes smoked)	Take plasma level before stopping. On stopping reduce dose by 25%. After 1 week, repeat plasma level. Consider further dose reductions	Take plasma level before restarting. Increase dose to 'normal' smoking dose over 1 week. Repeat plasma level.
Tricyclic Antidepressants	Plasma levels reduced by 25-50% (depends on drug and smoking status)	Monitor closely. Consider reducing dose by 10-25% over 1 week. Consider further dose reductions	Monitor closely, consider restarting 'normal' smoking dose.
Carbamazepine Duloxetine Flupentixol Mirtazapine Zuclopenthixol	'May' be affected by smoking but effects on these drugs usually clinically insignificant.	'Caution' advised. Monitor	'Caution' advised. Monitor

Appendix 2 - Membership of Smokefree Implementation Group:

Title
TOWER HAMLETS, Lead Nurse
TOWER HAMLETS and NEWHAM Smoking Cessation Adviser
LUTON, Clinical Support Worker – Wellbeing Service
Head of Health and Well-being, Turning-Point
Physical Health Lead
CITY & HACKNEY, Clinical Nurse Manager
TOWER HAMLETS, Matron
Consultant Psychiatrist & Medical Director
CITY & HACKNEY, Borough Director
BEDFORDSHIRE, Physical Health Lead Nurse
BEDFORD & LUTON, Medical Director
TOWER HAMLETS, Borough Director
Public Health Commissioner, LBN
NEWHAM, Borough Director
Chief Pharmacist
LUTON, Active Luton
FORENSIC, Smoking Cessation Lead
Medical Director, CHS
Smoking Cessation Adviser
Public Health Development Officer, Luton
Active Luton
NEWHAM, Manager Adult Mental Health
Senior Public Health Strategist, LBH
Public Health Adviser, LBTH
FORENSIC, Principal Clinical Psychologist
Smoking Cessation Adviser
CITY & HACKNEY, Acting Head of OT/Smoke Free Lead
FORENSIC Clinical Practice Lead
TOWER HAMLETS, Matron
Head of People Participation
NEWHAM, Lead Nurse
Consultant Liaison Psychiatrist, Royal London Hospital
Deputy Learning & Development Manager
LUTON, Clinical Practice Nurse
Public Health, Central Bedfordshire
CENTRAL BEDFORDSHIRE, Public Health
Public Health Practitioner (Stop Smoking) Central Bedfordshire
NEWHAM, Matron
TOWER HAMLETS, Clinical Director
BEDFORD, Borough Lead Nurse
Associate Director of Estates, Facilities and Contracts
CITY & HACKNEY Consultant Psychiatrist/Deputy Clinical Director
CITY & HACKNEY/FORENSIC, Lead Pharmacist
Public Health, LBTH
FORENSIC Clinical Nurse Manager