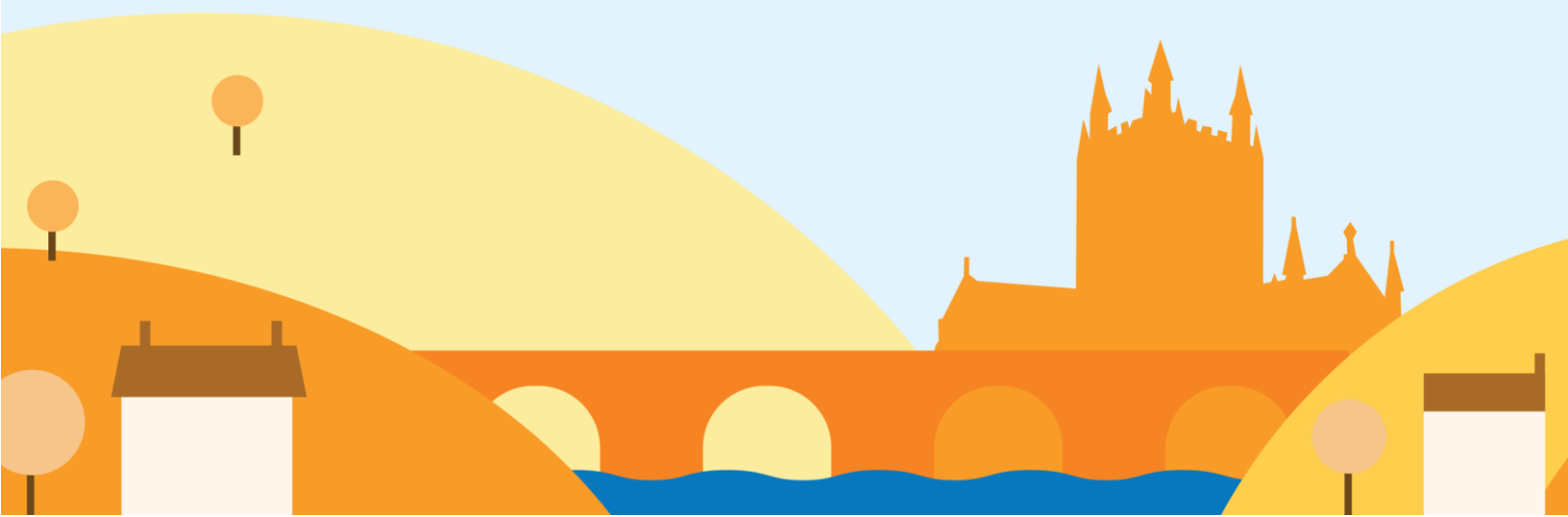




## **OPTIMISING YOUR HEALTH**

A COMPREHENSIVE GUIDE FOR  
HEALTH PROFESSIONALS AND A  
TOOLKIT FOR PATIENTS TO IMPROVE  
THEIR HEALTH AND WELLBEING



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# Guidance

## Introduction

### For Service Users

Herefordshire Clinical Commissioning Group (HCCG) recognises that lifestyle factors have a significant impact on the health of our population and place an increasing burden on our health economy. This trend is set to continue unless we make some changes to our lifestyle choices and in our approach to healthcare delivery. We recognise that we all have a part to play in making our communities healthier and we must work closely with the patients we serve and our highly skilled health workers who provide the support services to achieve this end.

We set out to inspire you to get involved and share responsibility by taking the positive steps to ensure that you are fit for surgery and our investing in your lifelong health. Our aim is to support you to reduce your individual risk of complications before, during and after surgery and have the best possible outcome of care and enjoy an improved healthier lifestyle. By optimising your health, you may be able to influence the immediate outcome of surgery and impact on the level of benefit that you get from the procedure.

### For GPs and Providers

The HCCG Treatment Policy 2019 has set out compliance requirements for all providers relating to procedures including those not offering value for patients. This Guidance is designed to support GPs and surgeons to comply by providing a number of user friendly 'toolkits' which offer practical advice and guidance offering such patients opportunities to meet the requirements set out in the Treatment Policy.

Therefore, to ensure optimal outcomes, all patients who smoke or have a body mass index (BMI) of 35kg/m<sup>2</sup> or greater and are being considered for referral for a surgical opinion into secondary care, will be strongly advised to access CCG or Local Authority Public Health commissioned smoking cessation and weight reduction management services prior to surgery. The CCGs Guidance on 'Optimising Your Health' requires all healthcare professionals including GPs and surgeons to ensure that patients are offered access to these services and also that patients are encouraged to use them and to assist those who are less able and need tailored support to achieve their goals.

Patient engagement with these "preventive services" may influence the immediate outcome of surgery and/or impact on the amount of benefit that a patient gets from a surgical procedure. **While failure to quit smoking or lose weight will not be a contraindication for surgery**, GPs and surgeons should ensure patients are fully informed of the risks associated with the procedure in the context of their lifestyle and how changes to their lifestyle would benefit their health and, specifically, how the benefits of the interventions would be made clear to the patient.

This Optimising Your Health before Surgery Guidance has been developed to encourage a joint approach to a more rounded and evidence-based link to successful surgery and lifestyle choices and meets current NICE guidelines.

## What this guidance is about?

The Optimising Your Health guidance is a shift of emphasis to support and inform the people of Herefordshire how to adopt and maintain a healthy lifestyle. For many, the need for surgery will be the trigger that will provide the incentive to make healthier lifestyle choices; it will provide clear guidance to patients and health professionals about what this means to you and how to apply it in terms of the benefits of:

- Managing your weight
- Being active
- Healthy balanced diets
- Quitting smoking
- Alcohol -safe drinking levels
- Positive mental health and wellbeing

This guidance will also provide sign posting information about what help is available and where to find it to support you to optimise your health before any surgery; and with continued effort a greater benefit to your long-term health.

## What is the scope of this guidance?

The Optimising Your Health guidance applies to all patients for whom the Herefordshire CCG has responsibility including:

- People provided with primary medical services by GP Herefordshire practices
- People usually resident in the areas covered by the CCG and not provided with primary medical services by the CCG

This guidance applies to patients over the age of 16 years that present in a health care setting with a health concern and are being considered for referral to secondary care for **planned (elective) surgery**.

## How does this guidance align to the HCCG Treatment Policy 2019?

This guidance aligns with the locally endorsed Herefordshire Clinical Commissioning Group (HCCG) Treatment Policy 2019, which set out what treatments and procedures are commissioned. The Treatment Policy describes the access and exclusion criteria which will apply to procedures of limited clinical value. These are treatments and procedures that are of value, but only in the right clinical circumstances. It also refers to lifestyle factors and how they can impact on the functional results of some elective surgery.

The HCCG Treatment policy states that patients who smoke or have a body mass index of 35kg/m<sup>2</sup> or greater and are being considered for referral to secondary care for a clinical opinion on surgery will be strongly advised to access HCCG or Local Authority Public Health commissioned smoking cessation and weight reduction management services prior to surgery. The Optimising your Health guidance provides information on lowering your level of ill-health by focusing on education and encouraging people to make healthy lifestyle choices before surgery and promote lifelong health.

The Treatment Policy requires GPs and hospital health professionals to ensure that patients who do not meet the eligible criteria are offered access to a choice of weight management programme and/or smoking cessation services and/or alcohol awareness support services and encouraged to use them.

Patient engagement with these “preventive services” may influence the immediate outcome of surgery and/or impact on the amount of benefit that a patient gets from the procedure. While failure to quit smoking or lose weight or reduce alcohol consumption will not be a contraindication for surgery, GPs, surgeons and anaesthetists will ensure patients are fully informed of the risks associated with the procedure in the context of their lifestyle and how changes to their lifestyle would benefit their health and, specifically, how the benefits of the procedure would be affected.

Weight reduction management for patients with a BMI greater than 35kgm<sup>2</sup> is particularly important for patients who require hip or knee replacement surgery as this is a restricted procedure, unless all the required criteria are met.

The specific eligibility requirements before planned surgery are:

#### Eligibility requirements before planned surgery

##### Weight

Patients with BMI >35 Kg/m<sup>2</sup> are required to have been offered and encouraged to attend a weight management programme (minimum of 6 months to determine efficacy).

##### Smoking

Smokers are strongly advised to have attended a smoking cessation course.

##### Alcohol consumption

The Chief Medical Officers’ guideline for both men and women is that to keep health risks from alcohol to a low level it is safest not to drink more than **14 units a week** on a regular basis.

People who drink as much as 14 units a week regularly should spread their drinking evenly over 3 or more days per week.

The number of units you are drinking depends on the size and strength of the drink

14 units = 6 glasses of 13% ABV wine (standard 175ml glass)

or

14 units = 5 pints of 4.8% ABV lager, ale or cider (standard 568mls pint glass)

(UK Chief Medical Officers’ Low risk drinking guidelines, August 2016)

Patients drinking above the lower risk guideline will be strongly advised to reduce alcohol consumption to lower risk limits at least 3 weeks before surgery.

Electronic copies of the HCCG Treatment policy can be found on the CCG website  
[www.herefordshireccg.nhs.uk/](http://www.herefordshireccg.nhs.uk/)

Electronic copies of the Optimising Your Health guidance can be found on the CCG website  
[www.herefordshireccg.nhs.uk/](http://www.herefordshireccg.nhs.uk/)

Summary Patient Information leaflets will be distributed to general practices.

## What happens if you do not fall within the eligible criteria?

Herefordshire Clinical Commissioning Group (HCCG) recognises that there may be circumstances when a treatment is either not routinely funded, or specified criteria are not met. In these circumstances a clinician who supports the treatment can submit an Individual Funding Request (IFR), to HCCG on your behalf, to explain why there are exceptional clinical circumstances that mean the treatment would be beneficial in your case.

The guidance contained in this policy is also appended to the CCG EMIS Web e-referral templates which have been previously distributed to practices. GPs and other referring clinicians are asked to make use of these templates when referring patients to Wye Valley Trust or other providers.

For more information about an Individual Funding Request refer to The Herefordshire Treatment Policy <https://www.herefordshireccg.nhs.uk/who-we-are/publications/policies/commissioning/1228-hccg0059-herefordshire-treatments-policy-2>

Or alternatively the Herefordshire Individual Funding Request policy <https://www.herefordshireccg.nhs.uk/who-we-are/publications/policies/individual-funding-requests/1171-ifr-policy-v1/file>

The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.

## Why this Guidance important to you?

When you are faced with a decision to progress with surgery to improve your quality of life, it is one of those milestones that will make you stop and think about your health. You may decide to view this significant life event as an opportunity to make some positive changes to your lifestyle that may influence the outcome of your surgery and benefit your health and well-being of not just your life, but the lives of your family going forward.

If you do fall outside the Treatment Policy criteria because of lifestyle factors, this guidance will provide you with lifestyle information and where to access the preventative/support services.

## What's the size of the problem?

If you are overweight, smoke or drink more than the alcohol lower risk quantities you are at greater risks of developing complication during and after surgery.

### **Weight**

In Herefordshire there are 15,300 people aged over 16 years with a BMI greater than 30kg/m<sup>2</sup> (obese), 10% of the population. The trend is increasing year on year so the size of the problem and impact on the health of individuals and the health service will continue to grow unless individuals do something about it. A proportion of this population will require surgery this year or next year or the year after. Few of us manage to avoid surgery throughout our lifetime.

This indicates that 15,300 people could benefit from making changes to their lifestyle that will enable them to lose weight, eat more healthily and become more active and energised.

Weight is classified by using a measurement call Body Mass Index (BMI). BMI is calculated as weight in kilograms divided by height in meters squared. The following table shows the parameters for a healthy weight or being underweight or overweight or obese.

<b>Classification</b>	<b>BMI kg/m2</b>
Healthy Weight	18.5 – 24.9
Overweight	25 – 29.9
Obesity 1	30 – 34.9
Obesity 2	35 – 39.9
Obesity 3	40 or more

The first step is to calculate your BMI. It will help you to decide your next steps. The NHS Choice website has a great simple to use tool which will calculate your BMI for you. Click on the link:

[www.nhs.uk/Livewell/loseweight/Pages/BodyMassIndex.aspx](http://www.nhs.uk/Livewell/loseweight/Pages/BodyMassIndex.aspx).

### **Smoking**

In Herefordshire there is 17% prevalence of smoking among persons aged 18 and over. Quitting smoking may be one of the most important decisions you make for both your health and lifestyle and your family's health and peace of mind. Once you stop smoking, some of the benefits are immediate and some are longer terms; and so long as you stop smoking before you develop cancer or a serious smoking related disease you can expect to increase your life expectancy regardless of your age.

The fact is that smoking is the greatest cause of preventable deaths in England. One in two smokers will die from a smoking related disease and on average you can expect to live 10 years less than a non-smoker. The good news is that you can do something to help yourself and there is lots of support out there to help you to succeed – thousands of people do quit smoking every year.

### **Alcohol**

In Herefordshire, alcohol problems are widespread, more than a quarter of the drinking population are estimated to indulge in increasing or higher risk drinking, and 20 per cent of all adults binge drink (mid-2009 estimates).

Harmful drinking is defined as a pattern of alcohol consumption causing health problems directly related to alcohol. This could include psychological problems such as depression, alcohol-related accidents or physical illness. In the longer term, drinkers may go on to develop high blood pressure, cirrhosis, heart disease and some types of cancer such as mouth, liver, bowel or breast cancer (National Institute of Health and Care Excellence, 2011).

Excessive consumption of alcohol is a major preventable cause of premature ill-health, disability and injury contributing to hospital admissions and deaths from a range of conditions.

It is important to note that most people who have alcohol related health problems are people who have drunk more than the recommended guidelines for many years – they are not necessarily addicted to alcohol, they have simply and gradually developed harmful drinking habits over time.

The average number of years of life lost per alcohol-related death among males is 9.6 years compared to 5.9 years among females.

You can lower your risk of developing alcohol related conditions by either abstinence of alcohol or keeping within the lower-risk guidelines. For some people they will need help and support to do this and the type of support may depend on the amount of alcohol you currently drink.

### **Chronic health conditions and pre-diabetes (metabolic syndrome)**

This guidance will focus on lifestyle factors that affect your health for example weight loss, smoking or alcohol intake, however, your GP or practice nurse will want to ensure that if you are at risk or known to have chronic conditions such as asthma, anaemia, diabetes, high cholesterol, high blood pressure, reduced kidney function or alcoholism your condition is under control prior to surgery.

There is a condition called *metabolic syndrome* (pre-diabetes) which includes a combination of obesity, high blood pressure and diabetes. This combination puts you at a higher risk of developing conditions that affect your blood vessels such as heart disease and stroke. This syndrome is a particular threat to your health and wellbeing.

Your GP or practice nurse will be happy to discuss this with you and support you to optimise your specific health requirements before you attend your pre-operative assessment so that your surgery can go ahead without delay. The anaesthetist may want to perform additional tests and take measures to reduce your risk before, during and after surgery.

It is important that you are fit, ready and available for surgery at the time your GP refers you to a specialist hospital consultant in secondary care/hospital.

### **Health care workers are here to help**

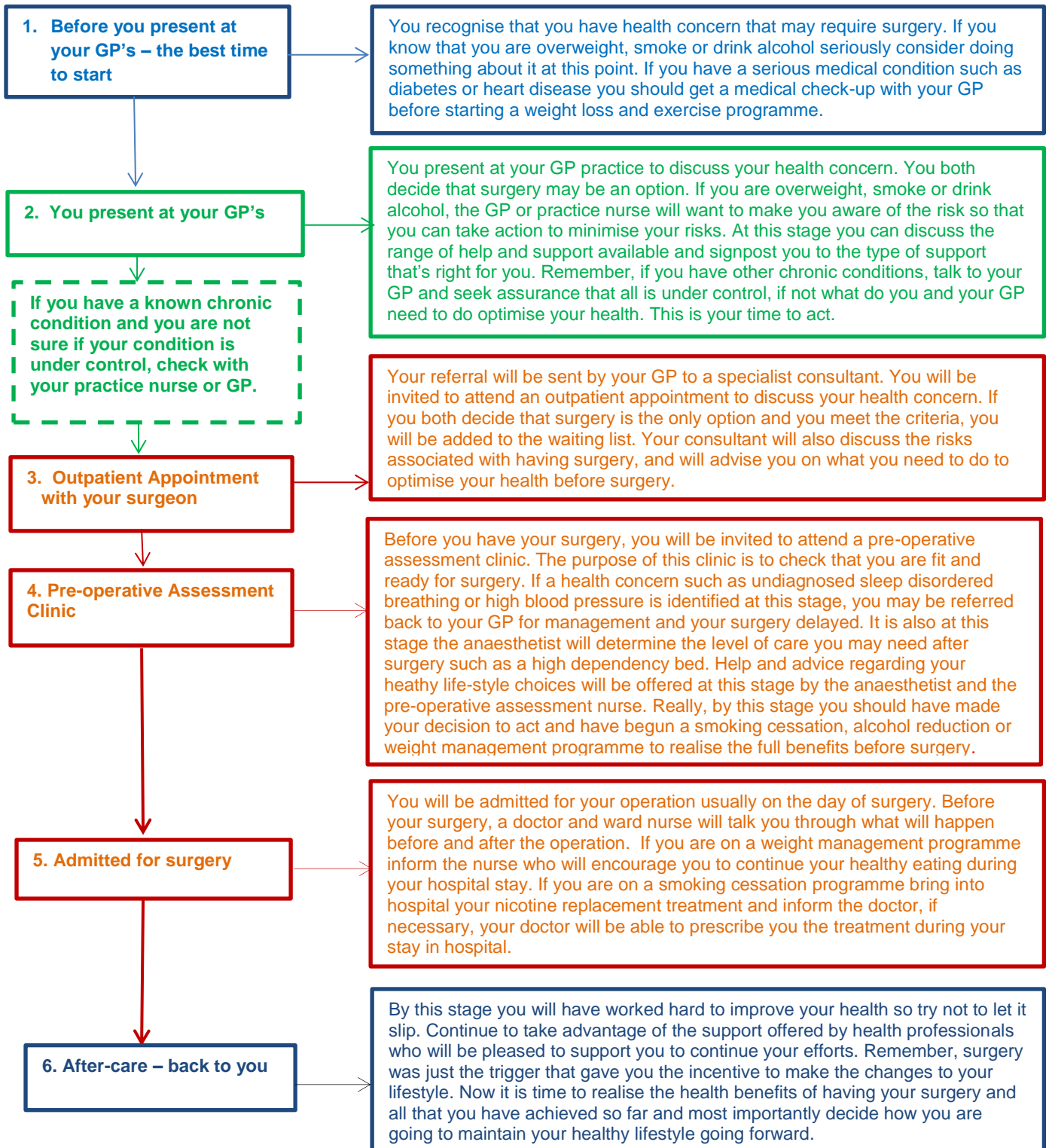
Health care workers will welcome the opportunity to support and guide you to be a fit and healthy as possible before surgery, but ultimately you will need to decide when and how you do it and find that self determination to commit to it and then stick at it.

Multiple factors contribute towards obesity, smoking and excessive alcohol consumption. For many, it will not be easy to lose weight or quit smoking or reduce your alcohol intake, but it will be worth it as the benefits will just keep on giving, not just in regards to you reducing the health risks during and after surgery, but you will be reducing the risk of developing life changing condition such as diabetes and heart and lung disease in the future. It really is within your control to initiate the changes to your lifestyle and then maintain it – remember you do not have to do this alone; help is out there.



## The Elective Surgical Pathway – Referral Opportunities

The Elective Surgical Pathway follows a set route. You will have six opportunities/contacts with health care professionals who will encourage you to access weight management, smoking and alcohol prevention/support services and optimise your health before surgery, as required. The earlier you start the greater the benefits to your health and less problematic for you as you progress through the elective surgical pathway and prepare for your surgery.



# Toolkit

## Weight Management

### LOSE WEIGHT AND GET FITTER BEFORE YOUR SURGERY

**Why being at a healthy weight for your height before surgery will reduce your risk of health complications, during and after surgery.**

#### What is obesity?

Obesity usually means an imbalance between the number of calories eaten and calories burnt off through exercise, such that excess calories are stored in fat cells. These fat cells increase in number over time leading to weight gain and obesity and several other diseases and health conditions.

Food containing carbohydrates, fats, sugars, or proteins all contains calories. To lose weight you must restore a balance by reducing the number of calories eaten and increasing the amount of physical activity.

Excess body fat presents a major risk to an individual's health, frequently results in increased risk of heart disease, hypertension, stroke, diabetes, osteoarthritis, gallbladder and liver disease, arthritis, sleep apnoea and some cancers. These conditions can cause or contribute to premature death and disability. Not having a balanced food intake will lead to under-nutrition and obesity which often occur hand in hand.

A further consideration is overweight or obesity and their associated health problems can have a significant economic impact on our healthcare system.

There is a condition called *metabolic syndrome* (pre diabetes) which includes a combination of obesity, high blood pressure and diabetes. This combination puts you at a higher risk of developing conditions that affect your blood vessels such as heart disease and stroke. This syndrome is a particular threat to your health and wellbeing and increases your risk of complication during and after surgery.

#### **An example of how weight gain over time can lead to joint replacement surgery**

Often weight gain is something that happens over many years and often as a result of lifestyle choices. For many, had they known that these lifestyle choices were to lead to surgery, they would have made some changes sooner. For example, gradual weight gain around your abdomen over time may put an added burden on your hip and knee joints causing more wear and tear and increase your risk of developing a painful condition called osteoarthritis (OA). Once developed, this is not a condition that can be cured and may lead to joint replacement surgery. You can reduce your risk of developing OA by maintaining a healthy weight. For some patients, the pain associated with osteoarthritis of a joint may be reduced by weight loss or delay the progress of the condition and delay the need for surgery - so it is never too late to do something positive about your weight and enhance your quality of life.

## How can I find out if I am overweight or obese?

Weight is classified by using a measurement call Body Mass Index (BMI). BMI is calculated as weight in kilograms divided by height in meters squared. The following table shows the parameters for a healthy weight or being underweight or overweight or obese.

Classification	BMI kg/m2
Healthy Weight	18.5 – 24.9
Overweight	25 – 29.9
Obesity 1	30 – 34.9
Obesity 2	35 – 39.9
Obesity 3	40 or more

## What does BMI mean and why is it important?

Body Mass Index (BMI) is a measurement of your weight with respect to your height and is commonly used to assess if you are overweight or obese. Your BMI usually correlates with total body fat – the higher your BMI, the higher your total body fat. BMI is an important measure because it is an indicator of your weight and the risk to your health which can start when you are only slightly overweight and increase significantly as your weight (BMI) increase.

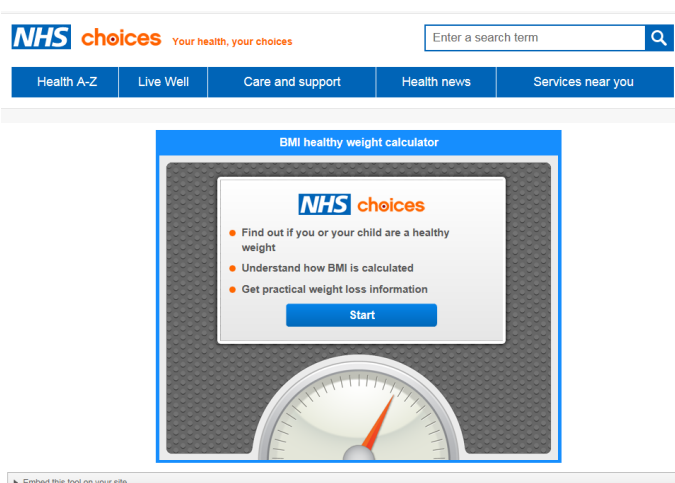
BMI is a less accurate indicator of adipose (fat) in adults who are highly muscular, or an elderly or frail person may be classified as normal weight when they have little muscle mass and a high amount of body fat. In these groups BMI should be interpreted with caution.

If you are classified as overweight or obese you will have increase the risk of developing serious medical conditions and the risk of premature death rises sharply.

## How can I calculate my BMI?

If you want to calculate and monitor your BMI go to NHS Choice website  
<http://www.nhs.uk/Livewell/loseweight/Pages/BodyMassIndex.aspx>

All you need is your height and weight either in kilograms or stones and pounds.



NHS Choices is a really helpful website and has tools that you could use on a regular basis to help you to monitor your progress. It will also act as a powerful motivation tool to encourage you to keep going.

If you don't have access to a computer, your practice nurse will help you to calculate your BMI.

## Why is obesity a concern when having surgery?

Obesity increases the risk of anaesthetic and surgical complications compared to healthy weight people.

### **Anaesthetic complications**

#### **Respiratory (airways and lungs)**

If you are obese you are at risk of obstructive sleep apnoea and several other respiratory problems which may affect your ability to breathe deeply. Breathing deeply is important to ensure effective ventilation (breathing) and oxygenation of body tissues while under anaesthetic. Also, because of the lack of space in the back of the throat, inserting the breathing tube used to pipe the oxygen to your body tissues during surgery may be more difficult.

Obese patients often have a prolonged anaesthetic and are also at risk of developing chest infections and other lung complications such as a collapsed lung if you are unable to breathe deeply and fill your lungs with air after anaesthetic.

#### **Cardiovascular (Heart and blood vessels)**

In obese patients the heart is under greater pressure to pump blood which carries oxygen around your body and as such you are at a greater risk of heart attack, angina pain, irregular heart rhythm, high blood pressure and stroke. Simple things like inserting a needle in your vein (intravenous line) can be more difficult due to the amount of subcutaneous body fat.

Safe anaesthesia is possible in obese patients, but the risk is greater and particular care and other anaesthetic techniques may be required such as spinal anaesthetic.

After your surgery, obese patients may experience breathing difficulties and patients have a greater risk of developing a deep vein thrombosis (blood clot in the leg) or a pulmonary embolism (blood clot in the lungs).

#### **Obesity and complications can also result in economic consequences for the health service**

Special beds, operating tables and moving and handling equipment may be needed at an additional cost. Operations and recovery may take longer, and longer surgery may result in fewer patients operated on for each theatre session.

Overweight and obese patients are more likely to require a high dependency bed post operatively and have a longer stay in hospital.

The **good news** is that reducing the risk of anaesthesia and preventing complications is within your control.

### **Surgical complications**

Operating on obese patients is generally more challenging.

The surgery often takes longer, leading to increased risk of developing a deep vein thrombosis; the operation/incisions deeper and a larger area, which increases the risk of wound infection. Also, blood flow in fat tissue is less than in other types of tissue, which may result in increased risk of slower wound healing.

## How much weight will I have to lose to make a difference?

For most people the ultimate goal will be to achieve a healthy weight by following a weight reduction programme of your choice. However, if you are overweight or obese, you may be able to lose just a small amount of weight to realise the medical benefits of weight loss and improve your overall health. Studies show that just a five to 10 percent decrease in your weight can change and improve your health.

Fortunately, elective surgery follows a defined pathway (page 9) and at each point in the pathway you will have the opportunity to talk with a range of health care professionals over a period of months. They will provide you with the information and support which will help you to decide when and how you want to make changes to your lifestyle and initiate the change. You will need to think about where you are on the motivation scale (page 14) so that you choose the right support services to ensure to achieve your goals.

Remember, for Hip and Knee replacement surgery if you have a BMI greater than 35kg/m<sup>2</sup>, attempting to lose weight before surgery is a prerequisite; and for those that require breast reduction surgery, you must be a non-smoker before you can be referred for surgery.

## Where you can find information and support services to help you manage your weight and diet and get fitter?

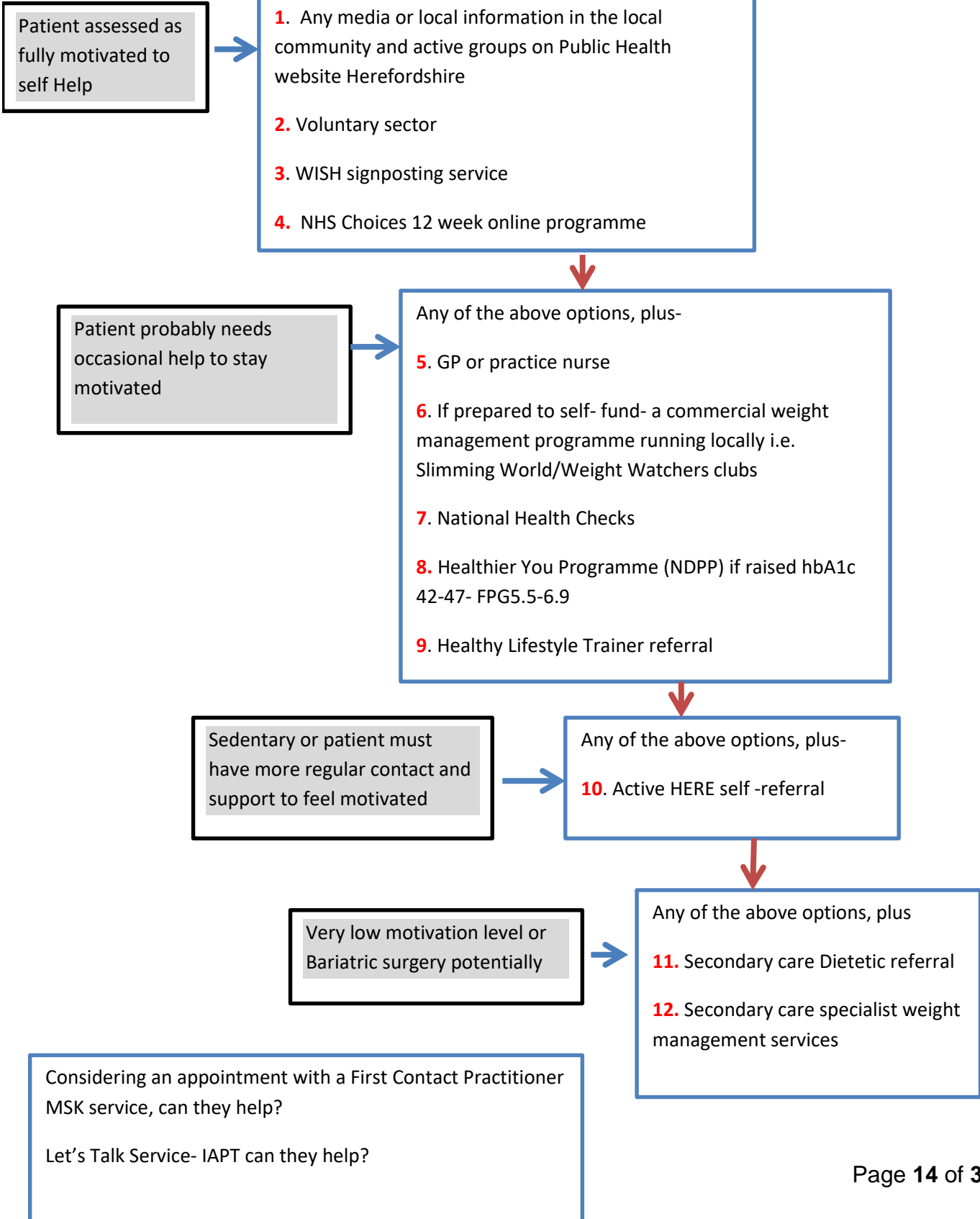
In Herefordshire there are 15,300 people aged over 16 years with a BMI greater than 30kg/m<sup>2</sup>, 10% of the population – this indicated that 15,300 people could benefit from making changes to their lifestyle that will enable them to lose weight, eat more healthily and become more active.

The first thing you will need to do is calculate your BMI as this will help you to decide your next steps. You can either go to the NHS Choice website and use the BMI calculator or if you don't have access to a computer, ask your practice nurse. You will need to know your height and your weight, and the calculator will do the rest.

The following diagram will help you to identify the right services for you based on how motivated you are to lose weight and the level of support you might need? It will also provide details including how to contact the services available.

**MOTIVATION SCALE and SERVICES WHICH MIGHT BE RIGHT FOR YOU**

GP /Practice Nurse/ Physio and patient have had a conversation within the CCG Optimising Your Health guidance and Treatment Policy prior to referral to secondary care



## Smoking

### QUITTING SMOKING – It is almost never too late to realise the health benefits

If you fall outside the Treatment Policy criteria because of lifestyle factors, the Optimise Your Health before Surgery guidance will provide you with information to help you make healthier lifestyle choices.

If you smoke you are at greater risk of developing complication during and after surgery.

Giving up smoking is never easy but it is possible as thousands of people succeed every year and it is probably one of the most important changes to your life style you could make for both your short and long term health. You do not have to do this alone and there are a range of support services that will provide free advice, support and encouragement to help you quit smoking and stay quit - it is never too late.

Did you know that with the help of your local stop smoking service you are four times more likely to quit?

The reason why tobacco smoke is so harmful to your health is that it contains over 4000 chemicals. Every time you inhale the smoke, these chemicals enter your lungs and go into your bloodstream and body tissue increasing your risk of developing heart and lung disease, stroke and cancer. Nicotine is the substance that makes cigarette's addictive.

In addition to the harm smoking can cause your own health, passive smoking puts your family and friends at risk of developing these conditions. Research has shown that exposure to passive smoking can make asthma and allergies worse.

If you have a known lung condition or you are at a pre-symptomatic stage even temporary abstinence from smoking before surgery may reduce your risk of complication and improve your surgical outcome. The need for surgery may represent an opportunity that encourages you to permanently quit, with great benefit to your long-term health. If you stop smoking permanently the risk of heart disease, stroke, cancer and premature death will be reduced. Studies have shown that if you stop smoking at 60 years of age you can expect to live three years longer and if you stop at 30 your life expectancy increases by 10 years.

Smoking can cause fatal diseases such as pneumonia, emphysema and lung cancer. Smoking causes 84% of deaths from lung cancer and 83% of deaths from chronic obstructive pulmonary disease (COPD).

If you have an existing lung condition you may feel that there is no point in giving up smoking because the damage is already done – well you would be wrong. Giving up smoking could make you feel a lot better and it will stop your condition from getting worse and your quality of life may improve.

Please see page 22 for some interesting facts about the effects of cigarette smoking on the body and the benefits of quitting smoking taken from the SMOKEFREE website.

### What are the health benefits?

The health benefits of giving up smoking start from the moment you stop smoking. The recovery table taken from the information on British Heart Foundation, Stop Smoking Leaflet and smokefree.nhs.uk shows what you can expect when you quit smoking.



Time	Benefit
After 20 mins	Your blood pressure and pulse will return to normal (based on the assumption that you don't already have high blood pressure)
After 8 hours	Nicotine and carbon monoxide levels in the blood are reduced by half – oxygen levels begin to return to normal.
After 24 hours	Carbon monoxide is eliminated from your body. Your lungs start to clear out mucus and smoking debris.
After 72 hours	Nicotine has been eliminated from your body and your sense of smell and taste both improve. Breathing should become easier and your energy levels are greater.
Between 2 and 12 weeks	Your blood circulation around your body and breathing improves.
From 3 – 9 months	Any coughs, wheezing and breathing problems are reduced as your lungs repair. Your lung function increases by up to 10 per cent, making exercise and breathing easier.
After 1 year	Your risk of coronary heart disease is now half that of a smoker.
At 5 years	Your risk of having a heart attack is half of someone who still smokes.
From 10 years	Your risk of a heart attack is the same as someone who has never smoked.
10 – 15 years	Your risk of lung cancer is halved, compared to that of a smoker.

As you can see from this table, giving up smoking just three to four weeks before surgery has medical benefits that may reduce your risk of complications during and following your surgery.

## Why is smoking a concern when having surgery?

Quitting before your hospital stay can speed up your recovery and reduce the risks of complications such as the complications set out below. In addition, planning to quit now will make it easier to manage your stay in a smoke free hospital.

### During the operation

- Smoking has been associated with abnormal heart rhythm during the anaesthetic
- Smoking increases the risk of lung complication such a respiratory failure, the need for postoperative respiratory support or admission to intensive care
- Toxins from the cigarette smoke makes your blood thicker, narrows your blood vessels and makes your heart work harder, which increases the risk of heart attack or clots in your lung (PE) or leg (DVT) or stroke
- Smoking also puts you at greater risk of kidney problems.

### After the operation

- Smoking reduces the amount of oxygen that gets to your skin and slows down wound healing.
- Increased risk of wound related complications such as the wound breaking down and opening and wound infection.



- Smoking slows down bone healing
- Greater risk of graft failure
- Because of the greater risk of complications patients may have a longer stay in hospital

Health care professionals will do what they can to reduce the risks associated with the anaesthetic and surgery. However you can also help yourself and reduce your risks by quitting smoking before surgery. An additional consideration is the extra preventative care you will require which incurs greater costs to the health service.

## How can I expect to feel when I give up smoking?

Quitting smoking is difficult because the nicotine in cigarettes affects your brain and creates a 'craving'. As the level of nicotine in the brain drops you feel a 'craving' to smoke. Knowing what withdrawal and recovery symptoms to expect when giving up smoking and being able to control these 'craving' will help you to successfully quit smoking. As we are all different, you may experience the whole range of symptoms or only a few.

Remember, having a motivational trigger such as the need for surgery and the increased risk of complication will help to keep you focused on the end point.

Others positives include:

- You will live longer
- Your health will be improved, particularly your lung and heart health
- You will protect your family and friends from the harm caused by passive smoking
- You will save money – a typical 20 a day smoker will save around £250 a month
- You will improve your breathing and general fitness
- You will no longer smell of stale tobacco
- Your skin and teeth will look better

Below are some of the symptoms you might experience and how long you might expect them to last (British Lung Foundation). These are short term symptoms that for some will be difficult to manage but the benefits to your health will be long term.

Withdrawal and recovery symptoms	How long will they last
Light headedness	Less than 48 hours
Disturbed sleep	Less than 1 week
Nicotine craving	Longer than 2 weeks
Poor concentration	Less than 2 weeks
Depression	Less than 4 weeks
Restlessness	Less than 4 weeks
Irritability/aggression	Less than 4 weeks

### Increased appetite

More than 10 weeks – the average weight gain is less than half a stone but if you know this then you can plan to prevent it by eating healthy diet and snacks and increasing your exercise. Compared to smoking, it is a minor health consequence that you do something about.

When you are preparing to quit it is important that you gain an understanding of what ‘triggers’ or what tempts you to smoke. Triggers are something different to ‘craving’. Triggers are something that makes you associate what you are doing when smoking a cigarette. For example when you have a tea break you usually have a cigarette – this tea break is a trigger so think about how you can change this association – what can you do differently and reduce the temptation to smoke such as go on your tea break with a non-smoker or eat an apple instead keeping both your hands and mouth occupied.

## What help is there that could support me manage the withdrawal symptoms and stop smoking for good?

Seven out of ten smokers want to stop, but how they want to quit may differ. It is important that you decide the right approach for you. With the help of your local stop smoking service you are four times more likely to quit. Your success will be greatly influenced by what is motivating you to quit.

There are different ways to quit smoking and you can talk to a health professional including your pharmacist who will help you to decide what method will suit you. These ways are:

- going ‘cold turkey’ (smoke today and completely stop smoking tomorrow) and willpower
- cutting down – gradual reducing the number of cigarette’s you smoke over a period of time
- nicotine replacement therapy (NRT). These therapies include nicotine gum, nicotine patches, microtabs which dissolve under your tongue, nicotine nasal spray, nicotine lozenges and nicotine inhalers. If you are pregnant, breast feeding or have a heart condition you should talk to your doctors before you start NRT
- medications – there are two medicines (Bupropion and Varenicline) that contain nicotine and have been licensed to help people stop smoking
- complementary therapies such as hypnotherapy and acupuncture.

You will get free advice, support and encouragement to help you stop smoking.

- You will be offered support through a 12 week quit programme
- For the first four weeks, after you have set a quit smoking date, you will have weekly contact – either face to face or telephone consultations
- Then it is up to you how often you want to have contacts over the next eight weeks

During the quit sessions, the stop smoking advisers will:

- Provide support, advice and encouragement either 1:1 and group sessions
- Discuss treatment options such as nicotine replacement or drugs and recommend which product or combination of products could work for you

- How and where they can be accessed, dependent on your choice of product
- Take carbon monoxide readings to see how you are doing. This monitoring shows how your carbon monoxide levels drop to the same as a non-smoker, just 24 hours after your last cigarette.

**Some interesting facts about the effects of cigarette smoking on the body and the benefits of quitting smoking taken from the SMOKEFREE website**

Smoking causes		Benefits of quitting smoking
<b>Circulation</b> Toxins from the cigarette smoke enter your blood	<ul style="list-style-type: none"> <li>• Make your blood thicker, and increase chances of clot formation.</li> <li>• Increase your blood pressure and heart rate, making your heart work harder than normal.</li> <li>• Narrow your arteries, reducing the amount of oxygen rich blood circulating to your organs.</li> <li>• <b>Together these changes can cause a heart attack or stroke.</b></li> </ul>	
<b>Heart</b>	<ul style="list-style-type: none"> <li>• Smoking damages your heart and blood circulation</li> <li>• Increase the risk of coronary <b>heart disease, heart attack, stroke</b></li> <li>• Carbon monoxide from the smoke and nicotine both put a strain on the heart by making it work faster. They also increase your risk of blood clots and narrowing of your arteries.</li> </ul>	Only one year of not smoking, your risk is reduced by half. After stopping for 15 years, your risk is similar to that of someone who has never smoked.
Smoking causes		Benefits of quitting smoking
<b>Stomach</b>	<p>Smokers have an increased chance of getting stomach cancer or ulcers. Smoking can weaken the muscle that controls the lower end of your gullet and allow acid from the stomach to travel in the wrong direction back to your gullet a process known as reflux.</p> <p>Significantly greater risk of kidney cancer.</p>	
<b>Skin</b>	<ul style="list-style-type: none"> <li>• Smoking reduces the amount of oxygen that gets to your skin. This means that if you smoke, your skin ages more quickly and looks grey and dull.</li> <li>• Smoking prematurely ages your skin by between 10 – 20 years</li> </ul> <p>The toxins in your body can cause cellulitis</p>	When you stop smoking, you will prevent further deterioration to your skin caused by smoking.
<b>Bones</b>	Smoking can cause your bones to become weak and brittle. Women need especially careful as they are more likely to suffer from brittle bones (osteoporosis) than non-smokers.	
<b>Brain</b>	<p>If you smoke, you are more likely to have a stroke than someone who doesn't smoke.</p> <p>Smoking increases the risk of having a stroke by 50%, which can cause brain damage and death.</p>	Within two years of stopping smoking, your risk of stroke is reduced to half that of a non-smoker and within 5

<b>Lungs</b>		years it will be the same as a non-smoker.
	Smoking can cause fatal diseases such as pneumonia, emphysema and lung cancer. Smoking causes 84% of deaths from lung cancer and 83% of deaths from chronic obstructive pulmonary disease (COPD).	To slow down the progression of COPD disease stopping smoking is the most effective way to do this.
<b>Mouth and throat</b>	Smoking causes a range of problems from bad breath and stained teeth and gum disease to the most serious cancers in your lips, tongue, voice box and gullet (oesophagus). More than 93% of oropharyngeal cancers are caused by smoking.	After 20 years of being smoke free, your risk of head and neck cancer is reduced to that of a non-smoker.
<b>Reproduction and fertility</b>	<p>Smoking can cause male impotence. It can damage sperm and cause testicular cancer.</p> <p>Up to 120,000 men from the UK in their 20's and 30's are impotent as a direct result of smoking.</p> <p>For women, smoking can cause reduced fertility. Smoking also increases your risk of cervical cancer.</p> <p>Smoking while you are pregnant can lead to miscarriage, premature birth, stillbirth and illness, and increases the risk of cot death by at least 25%</p>	

## Alcohol

When you drink alcohol, it's absorbed into your bloodstream and affects every part of your body. In the long term, this can put your health at serious risk. By staying within the lower-risk guidelines you can lower your risk of harm to your health and reduce the risk of complications during and after surgery.

The Chief Medical Officers' guideline for both men and women is that to keep health risks from alcohol to a low level it is safest not to drink more than **14 units a week** on a regular basis.

The number of units you are drinking depends on the size and strength of the drink for example:

14 units = 6 glasses of 13% ABV wine (standard 175ml glass)

or

14 units = 5 pints of 4.8% ABV lager, ale or cider (standard 568mls pint glass)

The lower risk guidelines are an important guide but how alcohol affects **you** can be influenced by certain factors such as your height, weight and gender. When you drink, even what you've had to eat that day or how much sleep you've had recently or medication you take can make a difference to how you feel.

Once you are familiar with the lower risk guidelines you will need to work out how many units are in your usual drink. "ABV" which stands for Alcohol by Volume, is a measure of the amount of pure alcohol as a percentage of the total volume of the liquid in a drink. The ABV can be found on the side of the bottle or can. For example, 14% ABV means 14% of the volume of that drink is pure alcohol.

### How to calculate the number of units in an alcoholic drink

The percentage of alcohol per drink will equate to a number of units. You can work out how many units are in a drink by using the following calculation:

Strength (ABV) x volume (mls) = unit

For example, to work out the number of units in a glass of wine (125ml) ABV 14%

$14 (\%) \times 250 (\text{mls}) \div 1,000 = 3.5 \text{ units}$

If you regularly drink 14 units per week, it is recommended that you spread your drinking evenly over three or more days. If you have one or two heavy drinking episodes per week, you increase your risk of death from long-term illness and injury.

Drinking too much in a single session is commonly referred to as 'binge' drinking and is defined as consuming more than eight units of alcohol in a single session for men, and more than six units for women. Binge drinking is not only harmful to your health but can increase your risk of accidents, hospital admissions, losing self-control and taking risks you wouldn't usually do such as walking home alone late at night or having unprotected sex.

As you get older your body becomes less efficient and you take longer to break down alcohol, as such the safe alcohol limits reduce even further. Because alcohol remains in your system for longer it leaves you more vulnerable to the short term and long-term effects of alcohol. On average it takes about one hour for your body to break down one unit of alcohol.

Excessive drinking of alcohol is a major preventable cause of premature ill-health, disability and injury contributing to hospital admissions and deaths from a range of conditions including psychiatric, alcoholic liver disease, gastrointestinal, heart disease, neurological conditions, infertility and certain types of cancer such as cancer of the mouth or breast. By abstaining or reducing your alcohol consumption you will be improving your health and reduce your risk of developing chronic and potentially fatal alcohol related diseases.

Interestingly, most people who have alcohol related health problems are people who have drunk more than the recommended guidelines for many years – they are not necessarily addicted to alcohol, they have simply and gradually developed harmful drinking habits over time. Alcohol use can not only impact of your life but also the lives of your family and friends.

If you are a moderate drinker you may be able to reduce your drinking to the lower risk guidelines yourself by setting yourself goals, but if you feel that you will need support to change your drinking habits, you will never be expected to do it alone. If you are a heavy drinker you should not attempt to do it without professional help.

### Alcohol dependent

Ethanol is a type of alcohol found in alcoholic drinks which causes chemical changes in the brain. It is these chemical changes that are addictive. If you think you might be alcohol dependent, arrange to speak to your GP, Practice Nurse or Alcohol Specialist today.

If you are a regular drinker and you don't notice the effects of alcohol as much it might mean that you have built up a tolerance. This tolerance does not mean that the effects are less so the harm is less, quite the opposite - the more you drink the greater the risk to your health. If you're building up tolerance, that's a warning sign.

## What is a heavy drinker?

If you regularly consume more than the safe levels of alcohol intake you may be considered to be a heavy drinker.

For some people heavy drinking may present with depression or some may struggle to perform at work or have deteriorating health or relationship problems. For others, they may be able to function without having noticeable problems in their life, but they are almost certainly damaging their health and eventually it will all come to ahead and the excessive drinking will start to show.

## Alcohol withdrawal syndrome (AWS) – a safety warning

An important warning if you have been drinking heavily for weeks, months, or years and you are thinking about either stopping or significantly reduce your alcohol intake, you may develop a condition called Alcohol withdrawal syndrome. This syndrome is potentially life threatening and symptoms can begin as early as two hours after your last drink and become rapidly worse and continue for weeks. The symptoms range from mild anxiety, irritability, agitation, hallucinations and shakiness to severe complications, such as seizures and delirium tremens (DT's). AWS can be managed with the proper care but can be dangerous without it.

Once you have decided to seek help and if you are at risk of developing alcohol withdrawal syndrome, it is important that you speak to your doctor before you make significant changing to your drinking habits. This is particularly important if you have pre-existing health conditions such as heart or lung disease, infections or you have previously has a seizure. Your doctor or Alcohol Specialist will need to decide how best to support you and will need to know:

- how long you have been drinking
- the amount consumed
- how often
- if you have attempted to give up drinking in the past and if you experienced any withdrawal symptoms
- are there any nutritional concerns
- if you have any mental health issues such as depression or eating disorders
- if you have a family history of alcoholism
- do you combine alcohol with other substances.

Understanding you and your needs will help your support team to develop an individualised treatment plan that can lead to successful changes to your drinking habits and make one significant step nearer to a new and healthier life.

## What are the health benefits?

The benefits of abstaining or reducing your alcohol intake to the lower risk limits may improve your health and general well-being. The benefits include:

### Physical benefits



- Feel better in the morning after a good night's sleep.
- Feeling less tired and having more energy during the day.
- Alcohol has a high calorie content so you may have piled on the pounds – cut back on alcohol and lose weight.
- Reduce the risk of infections as your immune system recovers.
- No hangovers.
- A clearer head and improved memory – you may find that your work becomes easier as your concentration improves.
- Your mood may improve – heavy drinking is linked to depression.
- Reduced risk of injury.
- Reduced risk of high blood pressure.
- Reduced risk of cancer.
- Reduced risk of liver disease.
- Reduced risk of brain damage.

#### **Other benefits**

- Your relationship with family and friends may improve.
- Your family will worry less about you.
- A reduced risk of drink driving.
- Save money and treat yourself.

### **Why is alcohol consumption a concern when having surgery?**

Patients drinking above the lower risk guidelines are strongly advised to stop drinking completely or reduce alcohol consumption to lower risk limits at least four weeks before surgery. Alcohol consumption increases the risk of anaesthetic and surgical complications, slows down recovery and you may require a longer stay in hospital.

If you are a heavy drinker do not attempt to quit drinking without the support of health professionals.

When asked, it is essential that you are honest about the amount of alcohol you consume because if your doctor is aware of alcohol related risks, they will be able to take additional and possibly life-saving precautions.

#### **During the operation - Anaesthetic complications**

Chronic alcohol use or alcohol in the body increases the requirement for a higher dose of general anaesthetic agents. These increased anaesthetic requirements can increase the risk of cardiovascular instability in patients who may be suffering from cardiomyopathy (disease of the heart muscle), heart failure, or dehydration.

Alcohol can cause depletion in clotting factors and platelets in the blood which may increase the incidence of bleeding during your operation. Treatment to reduce the risk of excessive bleeding can be given before and during your operation so it is important that you talk to your doctor before you operation if you are a moderate to heavy drinker.

#### **After the operation - Surgical complications**

Alcohol can cause depletion in clotting factors and platelets in the blood which may increase the incidence of post-operative bleeding.

The immune system is weakened by a decrease in white blood cells (leukocytes) found in the blood, which puts you at greater risk of post-operative infection, particularly surgical wounds, respiratory system, or urinary tract infection.

Underlying cardiac disease can limit the body's ability to meet the increased metabolic requirement after major surgery, and irregular heartbeat and low blood flow to the heart may result in a heart attack.

Alcohol use is an independent risk factor for the development of acute confusion or delirium after operation. There are drugs that can be administered to help control the symptoms.

**Alcohol use and complications can result in economic consequences for the health service.**

Chronic heavy alcohol use is associated with an increase in post-operative complications, with higher rates of admission to high-dependency or intensive care units and increased length of hospital stay.

Health care professionals will do what they can to reduce the risks associated with the anaesthetic and surgery. However you can also help yourself and reduce your risks by quitting or reducing alcohol intake before surgery.

## Steps to reducing your alcohol consumption

If you are a heavy drinker, remember involve a health professional today before you significantly reduce your alcohol intake.

If you drink over the lower-risk guidance but under the heavy drinker guidance you could start by trying two alcohol free days per week and order a smaller drink and only take a fixed amount of money to spend on alcohol.

The **Change 4 Life alcohol** website has helpful advice on how you could reduce your alcohol intake. The advice includes:

### If you like a drink at home

Don't drink on an empty stomach – having it with food means that the alcohol is absorbed into your system more slowly. Try only drinking with your main meal. Don't have the bottle on the table – just pour one glass and put the bottle away.

### Out of house, out of mind

If it's in the house, you're more likely to drink it. Avoid stocking-up on alcohol when you're doing the shopping.

### Label it!

If having a glass tends to mean drinking the whole bottle, try putting a label on the bottle saying "just one glass"...

### Measure by measure

Buy a drinks measure to check how much you're really drinking. Pouring your own means you're likely to drink more. A small glass of wine is 125ml.

### Distract yourself



When you get the urge to pour yourself a glass, resist it by doing something completely different instead. Go for a walk, phone a friend, do some odd jobs around the house.

### And when you're out...

- Change of scene - try meeting somewhere that doesn't serve alcohol. Try a café or coffee shop, or somewhere without an alcohol license instead.
- Make a plan - set yourself a limit on how much you're going to drink, including any drinks you have at home before you go out. Try to stick within the low risk guidelines.
- Budget - take out a fixed amount of money to spend on alcohol. By cutting back you could save some cash.
- Take your time – go out later. Break with tradition and opt out of rounds.
- Don't feel pressured to keep up with others – aim to be the slowest drinker.
- Have a good excuse ready when you're offered a drink you'd rather miss. The quicker you can make it, the less likely you are to be persuaded.
- Sit it out – we drink more slowly when sitting down than when standing. Find a table and put your glass down.
- Enjoy yourself. Do something else while you're out, like dancing, playing pool or darts – it's much more fun!

## Positive Mental Health and Wellbeing

The need to have surgery is a major event in life and the desire to survive the surgery and make a good recovery will motivate many people to make the necessary change as soon as they realise that surgery may be the only option, but for others this decision may come later.

There are four stages to changing behaviours that maintain a lifestyle habit such as smoking or unhealthy eating, these are:


1. Admitting to yourself that there is a problem, (your actions/habits are putting you at risk)
2. Deciding to change
3. Initiating the change
4. Maintaining the change


Although, it is never too late to do something positive about your health, the sooner you start the more you will achieve before your surgery and the greater the benefits.


Your motivation is what prompts you to behave in a certain way moving away from a harmful habit and towards a more positive healthy habit. Where are you on the motivation scale?


1. Fully motivated
2. Need some occasional help to stay motivated
3. Need regular contact and support to stay motivated
4. Very low motivation level or may require specialist help such as specialist weight management service in secondary care.


## Where can I find information and help?

Services available		Contact details
1	Any media or local information in the local community and active groups on <b>Public Health website Herefordshire</b>	Click on the hyperlink below to find out more: <a href="http://www.herefordshire.gov.uk">www.herefordshire.gov.uk</a>  Search weight – walks with local church groups, rambles, National England Walks and Guides, cycling, swimming, Fitness network - Herefordshire
2	<b>Voluntary sector</b>	Click on the hyperlink below to find out more: <a href="http://www.wisherefordshire.org">www.wisherefordshire.org</a>  Search weight – walks with local church groups, rambles, National England Walks and Guides, cycling, swimming, Fitness network - Herefordshire
3	<b>WISH website.</b> For staying healthy information and signposting to services in Herefordshire visit the Herefordshire Council WISH website  	Click on the wish hyperlink below to find out more: <a href="http://www.wisherefordshire.org">www.wisherefordshire.org</a>
4	<b>NHS Choices</b> Large range of services to help take control of health and wellbeing including: weight management, Stop smoking and alcohol safe drinking levels and alcohol use support	Click on the hyperlink below to find out more: <a href="http://www.nhs.uk/Tools/Pages/Losing-weight.aspx">http://www.nhs.uk/Tools/Pages/Losing-weight.aspx</a>  or visit NHS Choices website  <i>(When the link opens click red x on the top right hand corner)</i>  <a href="http://www.nhs.uk/Livewell/smoking/Pages/Betterlives.aspx">http://www.nhs.uk/Livewell/smoking/Pages/Betterlives.aspx</a>  When the link opens click red x on the top right hand corner  <a href="http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx#">http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx#</a>  When the link opens click red x on the top right hand corner

Services available		Contact details
5	<p><b>Change4Life</b></p>  <p><b>Change4Life is the Government initiative that aims to improve health amongst the UK population including weight management, smoking and safe drinking levels and support to reduce alcohol consumption</b></p>	<p>Your GP practice- Some practices offer weight loss support groups, support people who would like to quit smoking and/ or reduce or stop alcohol consumption.</p> <p>Click on the hyperlink below to find out more:  <a href="https://www.nhs.uk/change4life-beta/cards">https://www.nhs.uk/change4life-beta/cards</a></p> <p><a href="http://www.nhs.uk/change4life/pages/drink-less-alcohol.aspx">http://www.nhs.uk/change4life/pages/drink-less-alcohol.aspx</a>          When the link opens click <b>red x</b> on the top right hand corner</p>
6	<p><b>Self-funding</b> commercial services</p>	<p>Slimming World  <a href="http://www.slimmingworld.co.uk">www.slimmingworld.co.uk</a> or call 0344 897 8000</p> <p>Weight Watches  <a href="http://www.weightwatchers.com/uk">www.weightwatchers.com/uk</a> or call 0345 345 1500</p> <p>Both services have On-line or app or face to face meetings – cost approx. £20/month</p>
7	<p><b>NHS National Health Check</b>            National Health Checks at GP practices or local pharmacy offered to people aged between 40- 74 years every 5 years. You should get a letter through the post inviting you for a health check.</p> <p>The NHS Health Check is a free check-up of your overall health. It can tell you whether you are at risk of developing certain health problems, such as heart disease, diabetes, kidney disease and stroke over the next 10 years. The health professional doing the check will offer advice on what you can do to lower your risk.</p>	<p>The support includes patients who would like to lose weight or quit smoking. 1:1 and group meetings.  <a href="http://www.haloleisure.org.uk/en/activities/herefordshire/gym-classes/referred-by-gp">www.haloleisure.org.uk/en/activities/herefordshire/gym-classes/referred-by-gp</a>  <b>or phone:</b> 01432 278178</p> <p>For more information about NHS Health Checks click on the hyperlink below.  <a href="http://www.healthcheck.nhs.uk">www.healthcheck.nhs.uk</a></p>
8	<p><b>Addaction</b>            Addaction Herefordshire offers information, advice and support for people with drug and alcohol issues every</p>	<p>Click on the web link below  <a href="http://www.addaction.org.uk/services/addactionherefordshire">www.addaction.org.uk/services/addactionherefordshire</a></p>

Services available		Contact details
	<p>weekday, and on alternative Saturdays. Our recovery-focused service has bases in Hereford as well as outreach via partner organisations. We aim to support people to overcome their issues and develop the skills necessary to go on to live a fulfilling life in recovery. We also support the families of people with substance misuse issues.</p>	<p>Tel: 01432 802487</p>
9	<p><b>Alcohol Information</b></p>	<p><b>UK Chief medical Officers' Low Risk Drinking Guidelines, August 2016</b>  <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf</a></p>
10	<p><b>Drinkaware</b></p> <p>Drinkaware is an independent charity working to reduce alcohol misuse and harm in the UK. We're here to help people make better choices about drinking.</p>	<p>Click on the link below  <a href="http://www.drinkaware.co.uk">www.drinkaware.co.uk</a></p> <p>Tel: 020 7766 9900          Fax: 020 7504 8217          Email: <a href="mailto:contact@drinkaware.co.uk">contact@drinkaware.co.uk</a></p>
11	<p style="text-align: center;">   <b>NHS DIABETES PREVENTION PROGRAMME</b>  <b>Healthier You Programme – Diabetes Prevention (NDPP)</b>  <b>Healthier You – Diabetes Prevention Programme</b> – national programme to promote healthier lifestyle and weight management to prevent the onset of Type 2 Diabetes. Healthier You comprises 18 group sessions delivered over nine months and is a free service funded by NHS England.         </p> <p>Participants receive support to change their lifestyle in a friendly and supportive group environment, facilitated by specialist staff trained in behavioural change and diabetes prevention and recruited from the local community.</p>	<p>You GP can refer through the above weblink  <a href="http://reedmomenta.co.uk/healthieryou">http://reedmomenta.co.uk/healthieryou</a></p> <p>Healthy Lifestyle Trainers facilitate the sessions</p>
12	<p><b>Healthy Lifestyle Trainers</b></p> <p>Healthy Lifestyle Trainers – Public Health Funded active in the community and promote a holistic approach to lifestyle improvement - target deprived areas. 16 years and above</p>	<p>Click on the hyperlink below to find out more:  <a href="http://www.alphadocs.co.uk/bpc/noticeboard/HealthyLifestyleTrainerServiceApril16.pdf">www.alphadocs.co.uk/bpc/noticeboard/HealthyLifestyleTrainerServiceApril16.pdf</a></p> <p>Phone: 01432383567</p>

Services available		Contact details
	<p>Self-referral, secondary and primary care to Healthy Lifestyle Trainers.</p> <p>Trainers are embedded/ live in the area they cover so promote the service locally and therefore receive the majority of self-referrals. They have an in-depth knowledge of services to sign post people to support services.</p>	<p>Email: <a href="mailto:hlts@herefordshire.gov.uk">hlts@herefordshire.gov.uk</a>.</p>
13	<p><b>Active HERE</b></p>  <p>Active HERE Pathway for people who are currently not active.</p> <p>It is a Sport England and Public Health funded project. It is designed to support you to get more active through motivational sessions and tailored signposting to activities to suit you.</p> <p>The Kindle Centre- South Wye Development Trust is a charity committed to South Wye to benefit local people, making it a great environment to live, work, play and visit. We exist to support the community harness the creativity, heritage and diversity of the area to maintain and improve the places and spaces we look after. Through partnership working, stewardship and collaboration with every part of the community SWDT helps this vibrant part of Hereford City to continue to grow and thrive</p>	<p>Contact number 01432 383567</p>
14	<p><b>Secondary Care Dietetic Outpatient Service.</b></p> <p>This is a comprehensive behavioural and lifestyle assessment by a Dietician. The Dietician explore and understand what has contributed to the patient's obesity - how it impacts on their life and how best they can change their eating and activity behaviours to improve their health and quality of life.</p>	<p>Referral from your GP or secondary care doctor to Secondary Care Dietetic Outpatient Service Hereford County Hospital</p>

Services available		Contact details
15	<b>Secondary Care specialist weight management service</b>  Pre-bariatric and bariatric weight loss surgery	Referral from Primary and secondary care request requires CCG approval – case by case. If criteria met funding will be provided.  Under Choice policy pts can go anywhere in the county but Herefordshire people tend to go to Gloucester Royal Hospital.  Other local Hospitals are Shrewsbury and Birmingham.
16	<b>Pharmacies</b> in Herefordshire	<a href="http://www.herefordshire.gov.uk">www.herefordshire.gov.uk</a> and search for Stop Smoking. The website will provide you with list of community pharmacies accredited to offer help and support to Stop Smoking or use the direct link below <a href="https://www.herefordshire.gov.uk/info/200207/family_support/626/quit_smoking/2">https://www.herefordshire.gov.uk/info/200207/family_support/626/quit_smoking/2</a>
17	<b>Herefordshire Stop Smoking Service</b>  <b>Healthy Lifestyle Trainer Service (HLTS)</b>	For more information or make an appointment, contact the team on 01432 383567. Or click on the link: <a href="https://www.herefordshire.gov.uk/downloads/file/5164/healthy_lifestyles_-_smoking">https://www.herefordshire.gov.uk/downloads/file/5164/healthy_lifestyles_-_smoking</a>
18	<b>Herefordshire Council Quitting smoking</b> information and advice	Herefordshire Council Website <a href="http://www.herefordshire.gov.uk/stopsmoking">www.herefordshire.gov.uk/stopsmoking</a>
19	<b>Smokefree National Stop Smoking Helpline</b>  <b>Sign-up and choose advice and support that suits you.</b>	You can call on 0300 123 1044
		Smokefree mobile app (https:smarttools.change4life.co.uk/#quit-smoking)
		Smokefree website (http://smokefree.nhs.uk/)
20	<b>Let's Talk Service</b>  	Improving Access to Psychological Therapies Hereford- Let's Talk is the Improving Access to Psychological Therapies (IAPT) service, covers both Gloucestershire and Herefordshire.  <a href="http://www.talk2gether.nhs.uk/">http://www.talk2gether.nhs.uk/</a> or call 2gether Foundation Trust on Tel: 0300 4218 100

