

Policy title	Home Oxygen Prescribing BLMK Policy v0.2
Policy position	Oxygen must not be prescribed if the patient is an active smoker, e-cigarette user, or is deemed high risk when assessed.
Date of recommendation:	
Quality Cell	15.03.2021
Long Term Conditions	20.04.2021
Primary Care Cell	22.04.2021
Commissioning, Contracting and Flow Cell	13.05.2021
Collaborative Clinical Commissioning Forum	24.05.2021

Document control

Version	Details of amendment	Date
0.2	Reference to CCG changed to ICB Removal of Key contact details page Adjustment of page numbers Addition of email address for the reporting of serious incidents to page 8 Updating of email address for stop smoking services	Nov 2022

Contents Page

Section		Page
1	Introduction	3
2	Purpose	3
3	Responsibilities for prescribers and healthcare professionals	4
4	Consent	5
5	Assessment / Risk Assessment of new Home Oxygen Requests	6
6	Management of patients already in receipt of home oxygen therapy prior to the implementation of this policy who continue to smoke	7
7	Reporting of Incidents and Escalation Process	8
8	Removal of Home Oxygen Therapy	9
9	Monitoring and Assurance	10
10	Equality and Quality Impact Assessment	11
Appendix 1	Supporting Guidance	12
Appendix 2	Declaration Forms	14

Abbreviations

BLMK	Bedford, Luton, Milton Keynes
ICB	Integrated Care Board
HCP	Health Care Professional
GP	General Practitioner
HOOF	Home Oxygen Order Form
MCA	Mental Capacity Act
LPA	Lasting Power of Attorney
MDT	Multi-disciplinary Team
SBOT	Short Burst Oxygen Therapy
LTOT	Long Term Oxygen Therapy
AOX	Ambulatory Oxygen
iHORM	Initial Home Oxygen Risk Mitigation
HOCF	Home Oxygen Consent Form
HOAS	Home Oxygen Assessment Service

1. Introduction

This policy has been developed in order to promote patient safety and prevent avoidable harm associated with smoking and using home oxygen therapy. The risks associated with fire and personal safety also affect family, health care professionals and the general public.

Safety is a significant factor in the consideration of commencing and the continuation of home oxygen therapy. There is a significant risk to safety whilst using oxygen therapy and smoking, be it with tobacco, illegal substances or e-cigarettes. Consideration must also be given to patients using home oxygen therapy in the presence of others who smoke, although do not receive oxygen therapy themselves.

Local Context

Currently within BLMK 12% of those patients that have been prescribed Home Oxygen Therapy are recorded as active smokers (141 out of 1214 patients). From October 2018 to October 2020, there have been 5 reported smoking related incidents within Bedford, 1 in Luton and 3 in Milton Keynes; one of which resulted in the death of the patient. Following this death, there was a requirement to review local processes and policies governing the use of Home Oxygen.

2. Purpose

- This policy applies to all Healthcare Professionals (HCPs) and sets out the procedure for prescribing home oxygen to patients who are registered with a General Practitioner (GP), within the BLMK ICB area.
- It aims to ensure that all patients with a home oxygen supply receive care that is consistent and evidence based, thus reducing risk to themselves, their families and carers, HCPs as well as the general public.
- It aims to make certain all HCPs who undertake assessments for those patients who are smokers, do so in a consistent manner, minimising risk to the patient, carers, clinical staff and general public and operate in accordance with current guidance.

- This policy includes the risk assessment process and guidance on how patients who require oxygen, but are smokers, must be managed.

3. Responsibilities for Prescribers and Health Care Professionals (HCP's)

Managers and Heads of Services will ensure that all staff (including bank, agency and locum staff) involved in the care of or prescribing of home oxygen therapy to patients are aware of, and have access to this policy document

All prescribers acting under this policy must be confident and competent in risk assessment and instigation of risk management plans, as described in Section 6 of this policy document.

HCP's who recommend home oxygen therapy for patients are responsible for undertaking the initial risk assessment. If the Home Oxygen Order Form (HOOF) is signed by another HCP, then this HCP must have seen the original risk assessment form.

HCP's placing the order for Home Oxygen Therapy must ensure the order complies with the prescribing practices set out in this policy and the local Formulary.

HCP's must be aware of the Mental Capacity Act 2005 / and have appropriate Safeguarding knowledge for their roles and seek specialist advice if there are concerns in relation to the patient's capacity to consent/descent to treatment or if there are concerns in relation to abuse (including self-neglect and hoarding).

4. Consent

- HCP's must ensure the patient is able to understand the information given to them and are able to give their valid consent. This may necessitate the use of a professional interpreter and the translation of written information. A capacity assessment must be considered for those patients who are deemed unable to consent with reference to Trust/Organisation policies.
- In line with the Mental Capacity Act 2005, HCP's must conduct a Mental Capacity Assessment (MCA) and a decision must be made and recorded that a person lacks capacity to make the decision in question, before a best interests decision can be made.
- If the patient has authorised an attorney to make decisions about their health under a Lasting Power of Attorney (LPA) or Court Deputy they have authority to make decisions in the patient's best interests where it has been deemed there is lack of mental capacity. The original LPA certificate must be produced and a copy taken.
- HCP's wishing to make a best interest decision will take a collaborative approach and a decision will only be made following discussion and agreement made at a multi-disciplinary team (MDT) meeting.
- All outcomes of the assessment and decisions must be documented within the clinical record.

Prescribing of any Domiciliary Oxygen (LTOT, SBOT, AOX) for must be done so in accordance with the British National Formulary (BNF) / NICE guidance. This includes Oxygen for palliative care and cluster headaches.

- Before prescribing home oxygen therapy, the prescriber must complete an Initial Home Oxygen Risk Mitigation Form (iHORM), the Home Oxygen Consent Form (HOCF) and the Home Oxygen Order Form (HOOF).
- The patient/carer must complete the relevant declaration form (Appendix 2).
- The patient / carer must be given written and verbal information regarding the risks and safety issues of using home oxygen.
- Where risk is identified, action must be taken, with mitigating actions documented.
- Should a patient be identified as **High Risk**, home oxygen must **not** be prescribed.
- Should a patient be identified as a current smoker or e-cigarette user, home oxygen therapy must **not** be prescribed. The patient must be offered a referral to the local Stop Smoking Service, and advised that domiciliary oxygen can only be offered once the patient has stopped smoking / vaping, due to the associated risks.
 - Milton Keynes, Beds & Central Beds: <https://www.thestopsmokingservice.co.uk>
 - Luton: <https://www.totalwellbeingluton.org/stop-smoking.html>

The Stop Smoking Service will update the HOAS team as to the progress of the patient, at week 6 and 12, to ensure both teams are fully informed as to the patients smoking status and to inform care management planning.

Should a patient be identified that meets the criteria for home oxygen therapy, and does not smoke themselves, but does live in an environment with other active smokers or users of e-cigarettes i.e. the same residence; the patient / carer must complete the relevant declaration form (Appendix 2) and where possible, the HCP must offer a referral to the stop smoking service, for those that are smoking in the patients normal place of residence.

The local Fire & Rescue service must be informed so a fire safety call / visit to the patient can be offered.

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

6. Management of patients already in receipt of home oxygen therapy prior to the implementation of this policy who are active smokers or e-cigarette users

The Home Oxygen Assessment Service will carry out a routine assessment of the patient. At this visit, the clinician will discuss the new policy and its impact with the patient / carer.

The patient must be offered a referral to the Public Health Stop Smoking Service

- Milton Keynes, Beds & Central Beds: <https://www.thestopsmokingservice.co.uk> or
- Luton: <https://www.totalwellbeingluton.org/stop-smoking.html>

If the patient accepts, home oxygen therapy will be continued, the patient/carers must sign the relevant declaration form (Appendix 2). The Stop Smoking Service will update the HOAS team as to the progress of the patient, at week 6 and 12, to ensure both teams are fully informed as to the patients smoking status and to inform care management planning.

If the patient is subsequently found to be an active smoker or e-cigarette user during a routine assessment, a withdrawal plan must be agreed with the patient / carer and managed in accordance with section 8 of this policy to remove the home oxygen therapy.

For those patients who refuse a referral to the local Stop Smoking Service and/or refuse to sign the relevant declaration form (Appendix 2), a withdrawal plan to remove home oxygen therapy must be agreed with the patient / carer, and managed in accordance with section 8 of this policy.

During the withdrawal phase, a patient may decide to alter their original decision.

7. Reporting of Incidents and Escalation Process

All SIs or suspected SIs must be reported in accordance with the local SI policy, to the ICB and Oxygen provider. This applies particularly in the event of an incident that has resulted in serious harm to the patient or another, or where immediate action may be required to prevent further incidents, or where there may be media interest.

The incident management and escalation process includes the following steps; however, the list is not exhaustive:

- Reporting of all incidents to the ICB at blmkicb.seriousincidents@nhs.net and blmkicb.hos@nhs.net. All RCA's will be submitted within national and local timeframes and in accordance with the local Serious Incident Policy.
- Reporting of all very high risks or incidents to local Home Oxygen provider:
 - **Milton Keynes – Dolby Vivisol:** Tel 0800 917 9840 option 5 for clinical line, or email the HOOF team who will pass it onto the clinical team DMHRC.HOOFadmin@nhs.net
 - **Bedfordshire and Luton – BOC:** Tel 0845 609 4345
- Request made to local Fire & Rescue service to arrange a visit to the patient's home.
- Inform and liaise with the patient's GP.
- Where there might be safeguarding concerns (abuse from another person, circumstance or neglect of self), these concerns must to be documented and reported to the relevant local authority safeguarding team. Specialist advice can be offered from the Designated Nurse for Adult Safeguarding based in the ICB, as and when required.
- If there are concerns in relation to an individual's capacity, including ability to consent/descent to care and/or treatment, or if a person's decision making might be influenced (for example by possible domestic abuse) then advice must be sought from the local Mental Capacity Act Lead.
- Organise an urgent MDT to include the patient, carer, GP, Oxygen provider, HOAS and where appropriate associated care providers involved in the patient's care.
- Confirm in writing to the patient the decision made by the MDT, including the rationale for the decision to either remove or conditions to be imposed if continuing the oxygen provision and copy in all relevant stakeholders.
- An **ALERT**, informing of decision, must be completed on SystemOne.

8. Removal of Home Oxygen Therapy

Taking oxygen away from a patient is often difficult and, where possible, will require the support or understanding of the patient and family. The patient's GP must be brought into this process for support along with any other necessary professionals, eg;

- Safeguarding Team,
- Specialist Palliative Care Team,
- Community Services,
- Secondary Care

A management / withdrawal plan must be put in place, with a clear target date for home oxygen removal agreed with the patient / carer. This must be completed within a timescale appropriate for the reason(s) for removal.

Additional face to face or telephone follow-ups may be required between the patient and care providers / teams to agree a comprehensive management/withdrawal plan.

The management / withdrawal plan must make clear the option to review the position once there is evidence that the patient has maintained smoking cessation for 12 weeks or sustained change of behaviour.

If appropriate, other services to support the person's disease management should be considered.

It must be made clear in correspondence to the patient:

- The implications of loss of oxygen, e.g. potential detriment to health status life limiting;
- The options available to the patient, in the event their condition deteriorates after home oxygen has been removed.
- That the electricity supply will no longer be funded for the oxygen equipment, past the agreed withdrawal date for equipment.
- That no further cylinder refills will be provided past the equipment withdrawal date.
- The patient still has the option to quit smoking / attend the Stop Smoking Service, during the withdrawal period, if those were the grounds for removing Home Oxygen.

9. Monitoring and Assurance

- Compliance with this policy will be documented in the patient's notes and through the quality control procedures mentioned in this policy.
- Monitoring of compliance with this policy will be done via usual contractual routes.
- This policy will be applied to the respective provider contracts.
- The policy will be reviewed following the publication of any new national guidance which recommends changes to prescribing behaviour.
- Any incident forms, complaints or other feedback concerning the implementation of this policy will be reviewed as per normal practice.
- Home Oxygen Services must regularly touch base with the smoking cessation services to provide two way feedback in relation to patients who have used or are using their services to ensure collaborative working on the behalf of the patient.

10. Equality and Quality Impact Assessment

This policy has been subjected to a Quality and Equality Impact Assessment (QEIA). The policy & QEIA has been reviewed and approved through the Safeguarding and Quality Cell. The QEIA concluded that this policy will not create discrimination on any individual or particular group and will not negatively impact upon the quality of health and social care services commissioned by the Commissioner.

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

Appendix 1: Supporting Guidance

British Thoracic Society, 2015. *BTS Guidelines for Home Oxygen Use in Adults.*

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

National Institute for Health and Care Excellence NICE, 2018, *Chronic obstructive pulmonary disease in over 16's: diagnosis and management*, NG115.

<https://www.nice.org.uk/guidance/ng115/chapter/recommendations#managing-stable-copd>

In December 2018 NICE released a new national guideline which identified there were 2 levels of risk posed by smoking around oxygen and thus the recommendations made reflect those differences:

- **People with COPD who do not smoke but who live with people who smoke:** Using cigarettes near oxygen could cause fires or burns, but this risk is likely to be lower because the person who smokes can keep away from the oxygen. Oxygen therapy may benefit these people if they meet the eligibility criteria and the risk assessment is favourable.
- **People with COPD who smoke:** They will be smoking in close proximity to the oxygen, and the risks to them, the people they live with and their neighbours outweigh the potential benefits of long-term oxygen therapy.

The rationale for said recommendations:

For people with COPD who do not smoke, but live with smokers they decided that the benefits of LTOT could outweigh the risks and as a result, these people with COPD should have access to LTOT if they meet the criteria for this treatment and the results of the structured risk assessment are favourable. However, in an attempt to reduce the fire risk still further, the committee also included a reference to NICE guidance on smoking cessation in another recommendation to ensure that smokers who live in the same household as people with COPD who are being considered for LTOT are offered services to help them quit smoking.

For people with COPD who are still smoking and meet the criteria for LTOT, the committee emphasised the need to explore smoking cessation options to treat tobacco dependency to reduce the risk of fires and burns. They agreed that smoking cessation has been shown to be a highly cost-effective intervention, and does not have the same risks of harm as long term oxygen therapy. However, if the person with COPD is unable or unwilling to stop smoking, the committee decided that it was too dangerous for them and their families to allow them to access to LTOT. They made a do not offer recommendation to reflect the elevated risk of fires caused by people on LTOT who smoke.

British National Formulary: Oxygen

Full information page can be found here:

<https://bnf.nice.org.uk/treatment-summary/oxygen.html>

- Oxygen should only be prescribed for use in the home after careful evaluation by respiratory experts.
- Patients should be advised of the risks of continuing to smoke when receiving oxygen therapy, including the risk of fire.
- Smoking Cessation therapy should be recommended before home oxygen prescription.
- In patients with COPD, it should only be provided if the patient has stopped smoking.

Appendix 2: Oxygen User; Patient/Carer Declaration Form

Patient Name:	NHS Number:		
Address:			
<p>In order to safely prescribe oxygen, it is essential that you understand the health and safety responsibilities when using Home Oxygen Therapy, and that the Home Oxygen Service are fully informed of the smoking status of yourself and those you live with, to ensure the safety of yourself and others.</p> <p>At each subsequent assessment you will be asked to declare the smoking status of yourself and those that you live with. You may be asked to undertake a carbon monoxide test to confirm smoking status.</p> <p><i>Please circle your answers</i></p>			
1. I am the patient named above / I am the carer with responsibility for the patient named above.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px 10px;">Yes</td> <td style="width: 50%; padding: 2px 10px;">No</td> </tr> </table>	Yes	No
Yes	No		
2. I have discussed with a health care professional and understand my health and safety responsibilities whilst using home oxygen therapy.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px 10px;">Yes</td> <td style="width: 50%; padding: 2px 10px;">No</td> </tr> </table>	Yes	No
Yes	No		
3. I confirm I am a non-smoker, of both cigarettes / e-cigarettes.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px 10px;">Yes</td> <td style="width: 50%; padding: 2px 10px;">No</td> </tr> </table>	Yes	No
Yes	No		
4. I confirm I will inform the Home Oxygen Team of any change to my smoking status.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px 10px;">Yes</td> <td style="width: 50%; padding: 2px 10px;">No</td> </tr> </table>	Yes	No
Yes	No		
5. I confirm I will not allow any other person to smoke in my vicinity whilst I am receiving/wearing oxygen therapy.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px 10px;">Yes</td> <td style="width: 50%; padding: 2px 10px;">No</td> </tr> </table>	Yes	No
Yes	No		
6. I confirm I understand that, if I smoke or use an e-cigarette whilst in receipt of Home Oxygen Therapy, or I am identified as an active smoker during routine assessment, Home Oxygen Therapy will be withdrawn.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px 10px;">Yes</td> <td style="width: 50%; padding: 2px 10px;">No</td> </tr> </table>	Yes	No
Yes	No		
7. I confirm that I will inform my home insurance once Oxygen Therapy equipment has been installed.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px 10px;">Yes</td> <td style="width: 50%; padding: 2px 10px;">No</td> </tr> </table>	Yes	No
Yes	No		

Person making the declaration

Print name _____ Signature _____

Date _____

Health Care Professional

Print name _____ Signature _____

Position _____ Date _____

Appendix 2: Oxygen User; Active Smoker/e-cigarette user Declaration Form

Patient Name:	NHS Number:		
Address:			
<p>In order to safely continue to receive home oxygen therapy, you have agreed to stop smoking and remain a non-smoker. It is essential that you understand the health and safety responsibilities when using Home Oxygen Therapy, and that the Home Oxygen Service are fully informed of the smoking status of yourself and those you live with, to ensure the safety of yourself and others.</p> <p>At each subsequent assessment you will be asked to declare the smoking status of yourself and those that you live with. You may be asked to undertake a carbon monoxide test to confirm smoking status.</p> <p><i>Please circle your answers</i></p>			
1. I am the patient named above / I am the carer with responsibility for the patient named above.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
2. I have discussed with a health care professional and understand my health and safety responsibilities whilst using home oxygen therapy.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
3. I confirm that I am currently an active smoker and have been offered a referral to the stop smoking service.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
4. I confirm that I have accepted the stop smoking service referral and will utilise the support to stop smoking.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
5. I confirm I will not smoke or use an e-cigarette, or allow any other person to do so in my vicinity whilst I am receiving/wearing oxygen therapy.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
6. I confirm I understand that, I must remain a non-smoker to continue to receive Home Oxygen Therapy and should I be identified as an active smoker at any subsequent assessment, Home Oxygen Therapy will be withdrawn.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
7. I confirm that I have informed / will inform my home insurance that Oxygen Therapy equipment has been installed.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

Person making the declaration

Print name _____ Signature _____

Date _____

Health Care Professional

Print name _____ Signature _____

Position _____ Date _____

Appendix 2: Oxygen User; living with a smoker declaration form

Patient Name:	NHS Number:		
Address:			
<p>In order to safely prescribe oxygen, it is essential that you understand the health and safety responsibilities when using Home Oxygen Therapy, and that the Home Oxygen Service are fully informed of the smoking status of yourself and those you live with, to ensure the safety of yourself and others.</p> <p>At each subsequent assessment you will be asked to declare the smoking status of yourself and those that you live with. You may be asked to undertake a carbon monoxide test to confirm smoking status.</p> <p><i>Please circle your answers</i></p>			
1. I am the patient named above / I am the carer with responsibility for the patient named above.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
2. I have discussed with a health care professional and understand my health and safety responsibilities whilst using home oxygen therapy.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
3. I confirm I am a non-smoker, of both cigarettes / e-cigarettes, but, I live with someone who is an active smoker.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
4. I confirm I will inform the Home Oxygen Team of any change to my smoking status.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
5. I confirm I will not allow any other person to smoke in my vicinity whilst I am receiving/wearing oxygen therapy.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
6. I confirm I understand that, if I smoke or use an e-cigarette whilst in receipt of Home Oxygen Therapy, or I am identified as an active smoker during routine assessment, Home Oxygen Therapy will be withdrawn.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
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Yes	No		

Person making the declaration

Print name _____ Signature _____

Date _____

Health Care Professional

Print name _____ Signature _____

Position _____ Date _____