



British
Thoracic
Society

Webinar Series 2 – Session 4

How do I collect data to evaluate whether my service is delivering the right thing?

Tuesday 14th June 2022

Speakers – Webinar session 4, 14th June 2022

Why do we need to collect the information and how can we learn from it?

- *Paul Cilia La Corte, Senior Programme Manager - Prevention NHSE*

How to ensure our systems are capturing the correct data

- *Dr Carlos Echavarria, The Newcastle Upon Tyne Hospitals NHS Trust*



Why collect tobacco dependence data and what can we learn?

Paul Cilia La Corte, Senior Programme Manager
Prevention Programme, NHS England and NHS Improvement
June 2022

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england.tobacco-prevention@nhs.net

NHS England and NHS Improvement



Tobacco dependence is a core element of the NHS Long Term Plan

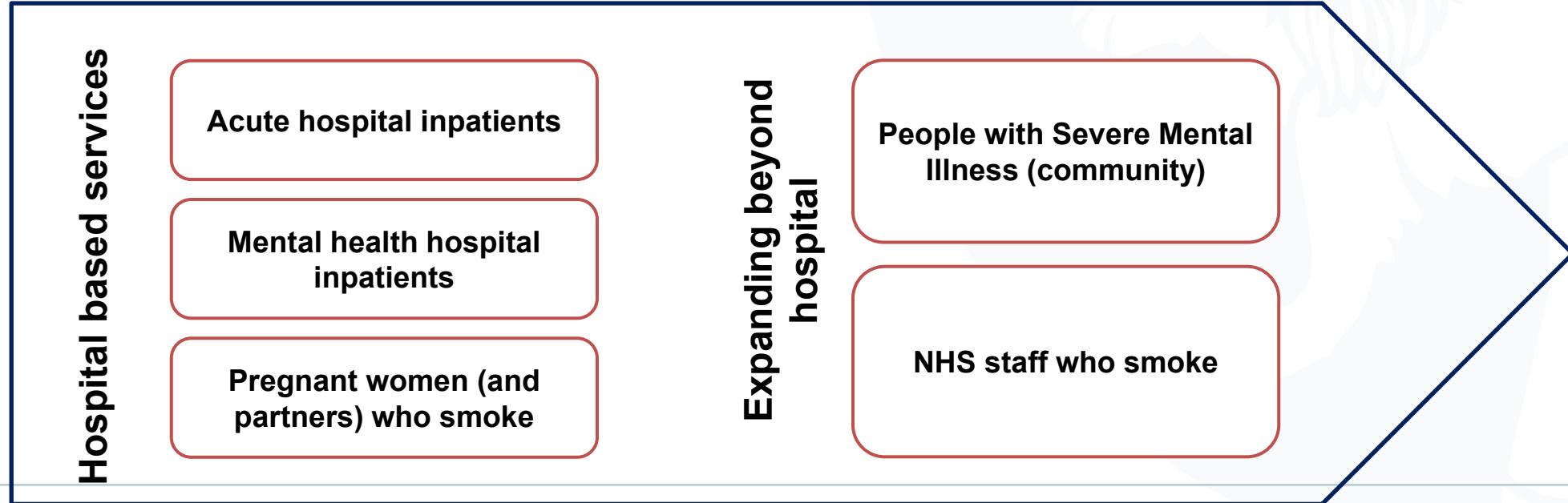


Prevention is a **core component** of the NHS Long Term Plan (LTP). The LTP **commitments** that set out **the NHS's contribution** to tackling tobacco dependence include:

By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

The model will be adapted for pregnant women and their partners, with a new smokefree pregnancy pathway including focused sessions and treatments.

A new universal smoking cessation offer will also be available as part of specialist mental health and learning disability services.



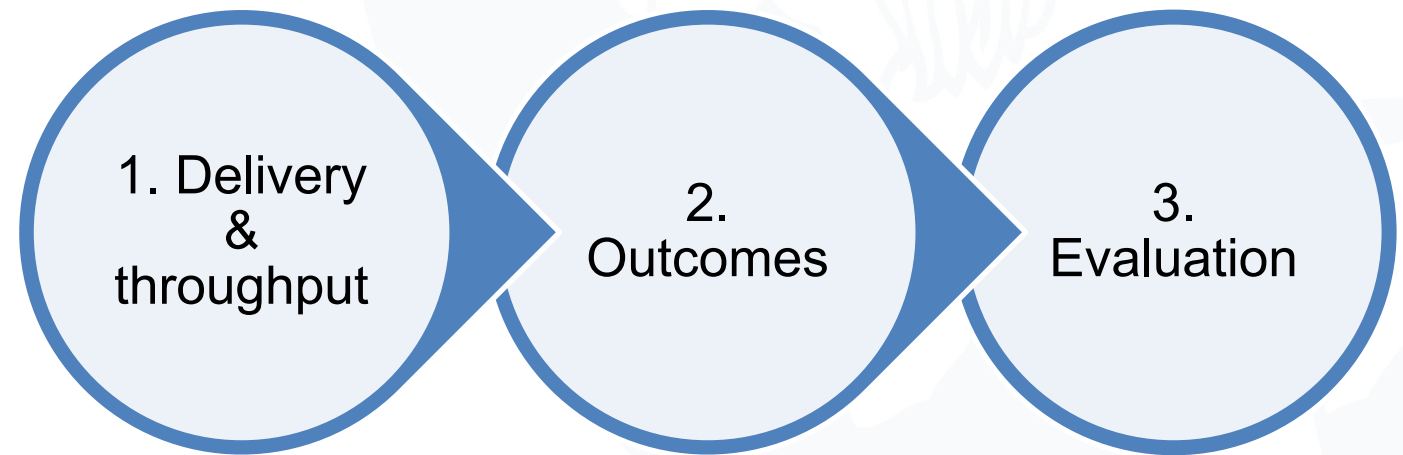
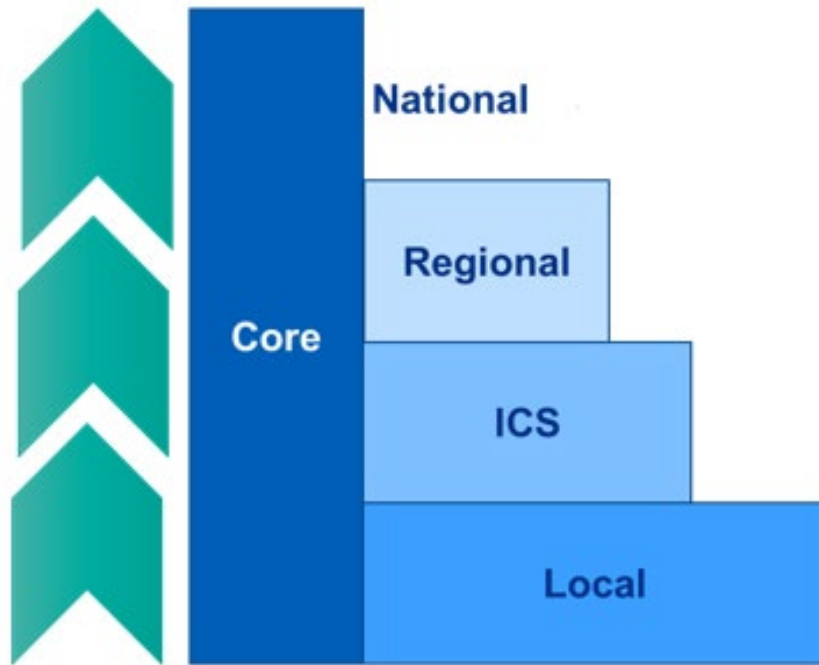
Data will demonstrate delivery, but more importantly effectiveness and drive improvements.



The NHS is traditionally data-rich, but the challenge is to be able to access and use it intelligently.

There is a **national data** ask

You will want more granular **local data**



Getting ready and actually collecting data takes a lot longer than most people expect.



Learning from our early implementer sites is that getting the data right is a big challenge; **starting early** and engaging **business intelligence** leads is key.



THE CURE PROJECT
CURING TOBACCO ADDICTION IN GREATER MANCHESTER

CURE initial assessment

Does the patient currently smoke
☒ yes ☐ no

As soon as 'Yes' is selected an automatic referral is made to the CURE team and the patient appears in a CURE inpatient list and will be reviewed

When 'Yes' is selected further questions and information appears

No. of cigarettes smoked a day
25

Length of time awake before first cigarette
☒ ≤ 30mins ☐ > 30mins

High Level Addiction
≥ 20 Cigarettes/day - Prescribe a long acting nicotine patch AND a short acting "reach for" nicotine replacement

These two questions assess the smoker's level of addiction which helps decide which nicotine replacement treatment they need

CURE initial interventions

Please provide the following brief advice to smokers:
The very best chance of stopping smoking is with the help of medications and specialist support; both

Always give brief advice to smokers as described here – offer help don't just tell them to stop

Data sharing agreements with partner organisations

☐ nicotine replacement therapy has been supplied under a PGD
☐ nicotine replacement therapy not supplied but medical team contacted to prescribe
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have provided. This helps us monitor how are performing across the hospital

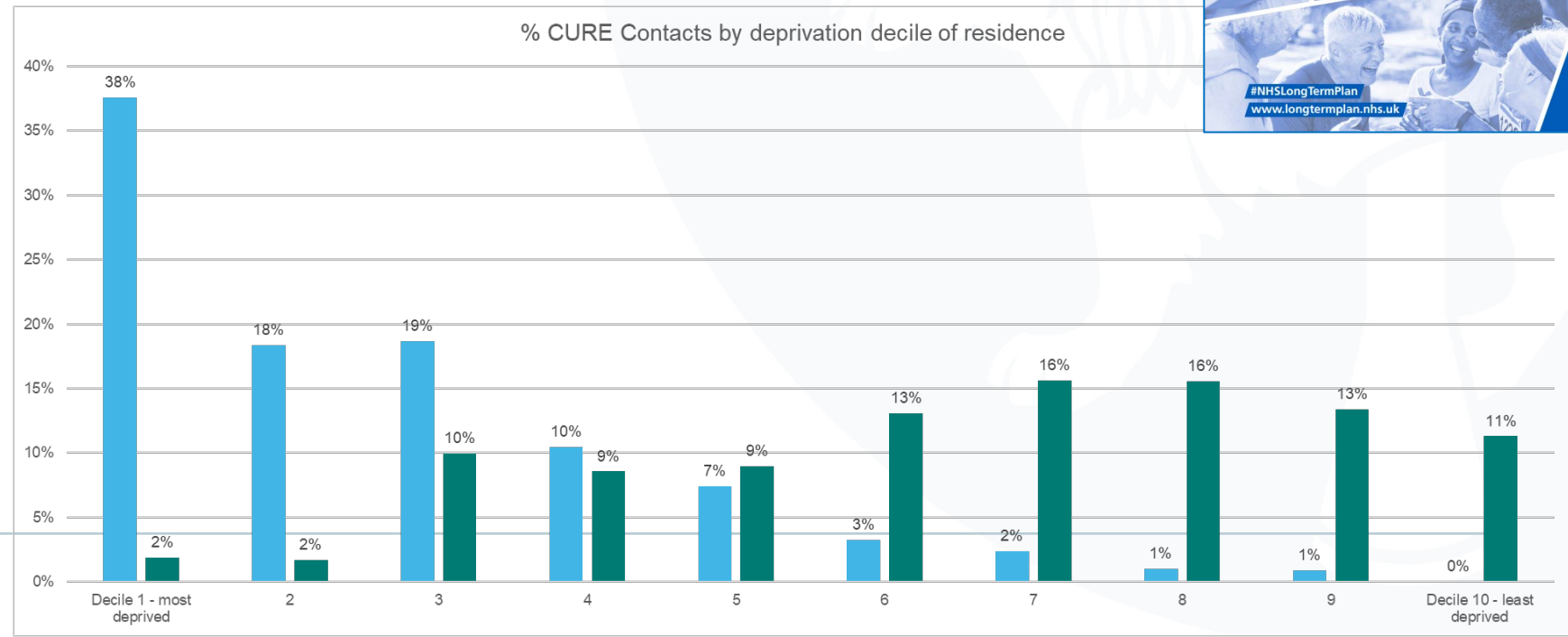
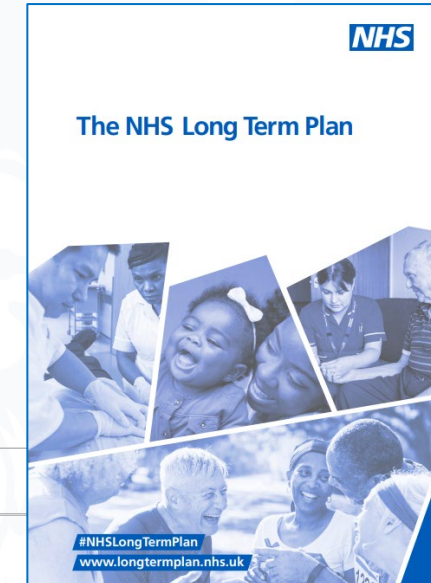
1. Delivery and throughput

The NHS will be investing over £70m per annum in tobacco dependence treatment as part of the LTP, we have to ensure we are **meeting the brief**, but also ensuring **access** for those that need it.

Is the intervention being rolled out and monitored – delivery of the LTP

Are services available to everyone?

- volumes
- populations



2. Outcomes

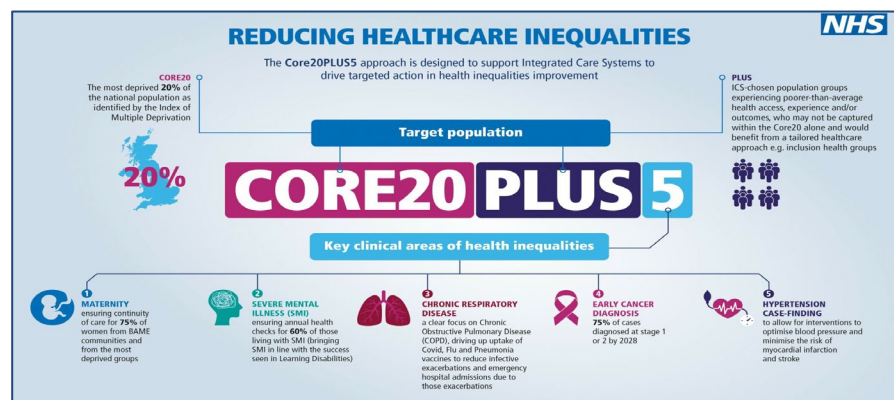
In addition to ensuring that people can access services, they have to be effective and deliver **successful outcomes**.

Are people quitting?

Who is quitting - is it the populations we expect?

Are there populations being engaged, but then not getting successful outcomes?

Going further – what data is pertinent to your local population?



Quality Improvement

Smoking cessation QI tool

The BTS Smoking Cessation QI Tool has been produced to help hospitals undertake local QI projects. It contains a number of resources, together with information on how to approach improvement projects tackling: referral for stop smoking support; prescription of nicotine replacement therapy and staff training. See our QI methodology page for more information on this topic.



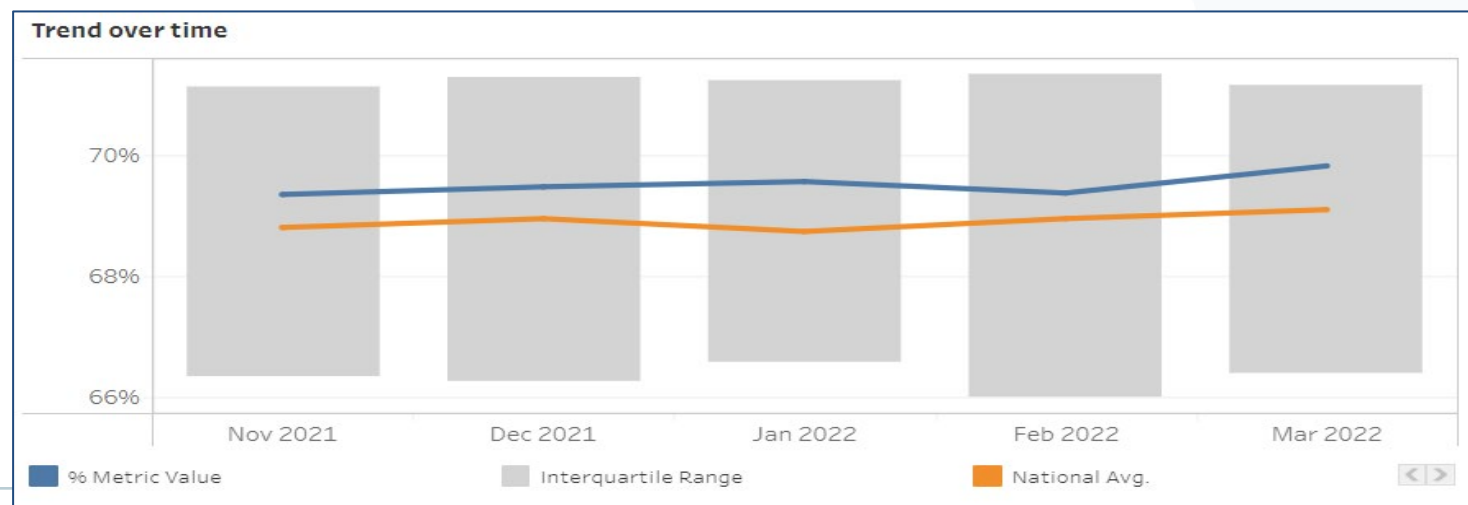
3. Evaluation

Evaluation is a key component of everything we do. The national programme will evaluate, but this should not preclude local learning to drive further improvements.

Short-term benefits for the NHS – sustainability.

Is there a local case to expand services – provider & ICS considerations

Comparison against peers?



Developing and testing a standardised evaluation framework for hospital-initiated tobacco dependence treatment services

5/4/2020



Why collect tobacco dependence data and what can we learn?

Paul Cilia La Corte, Senior Programme Manager

Prevention Programme, NHS England and NHS Improvement

June 2022

NHS England and NHS Improvement

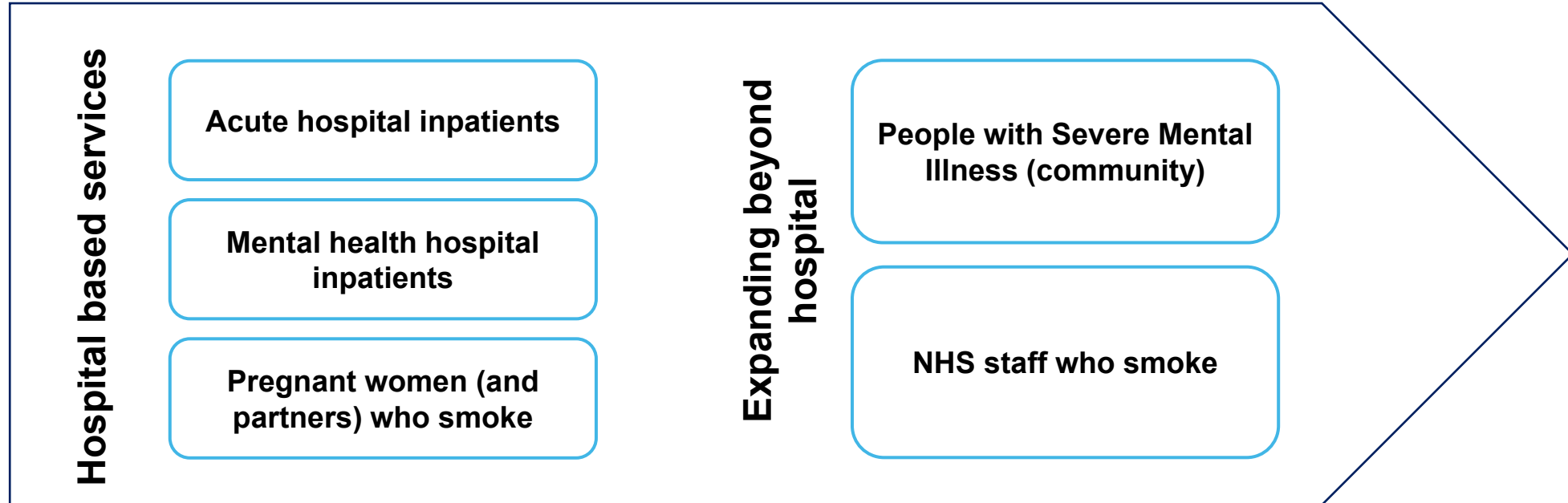


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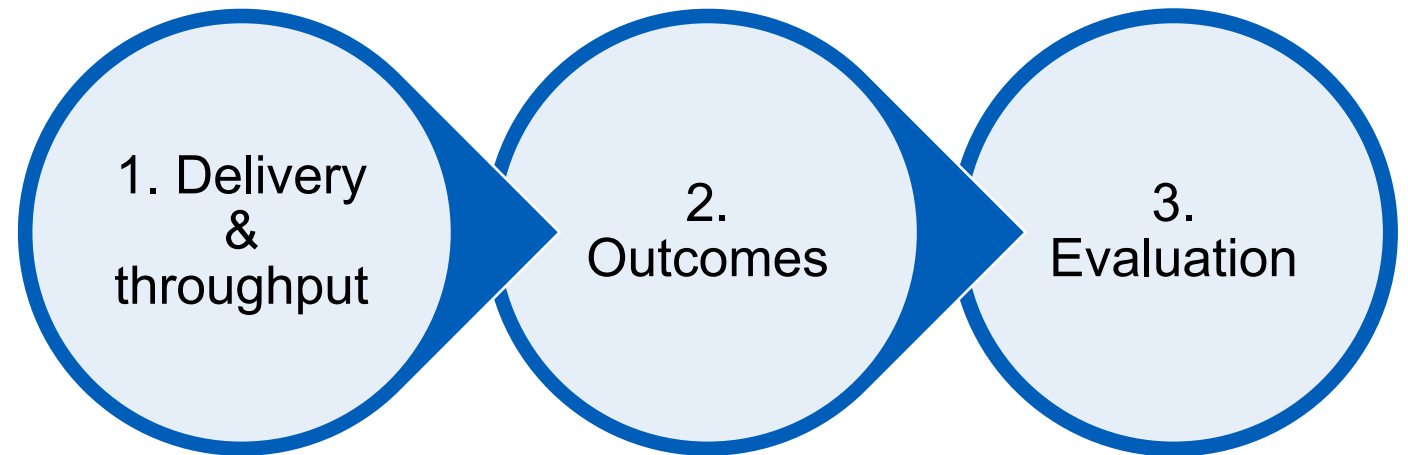
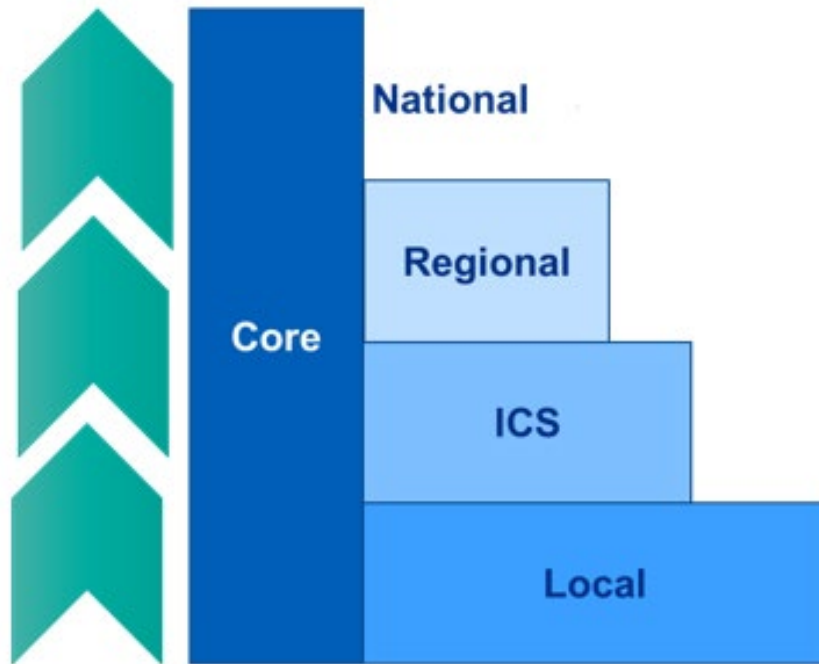


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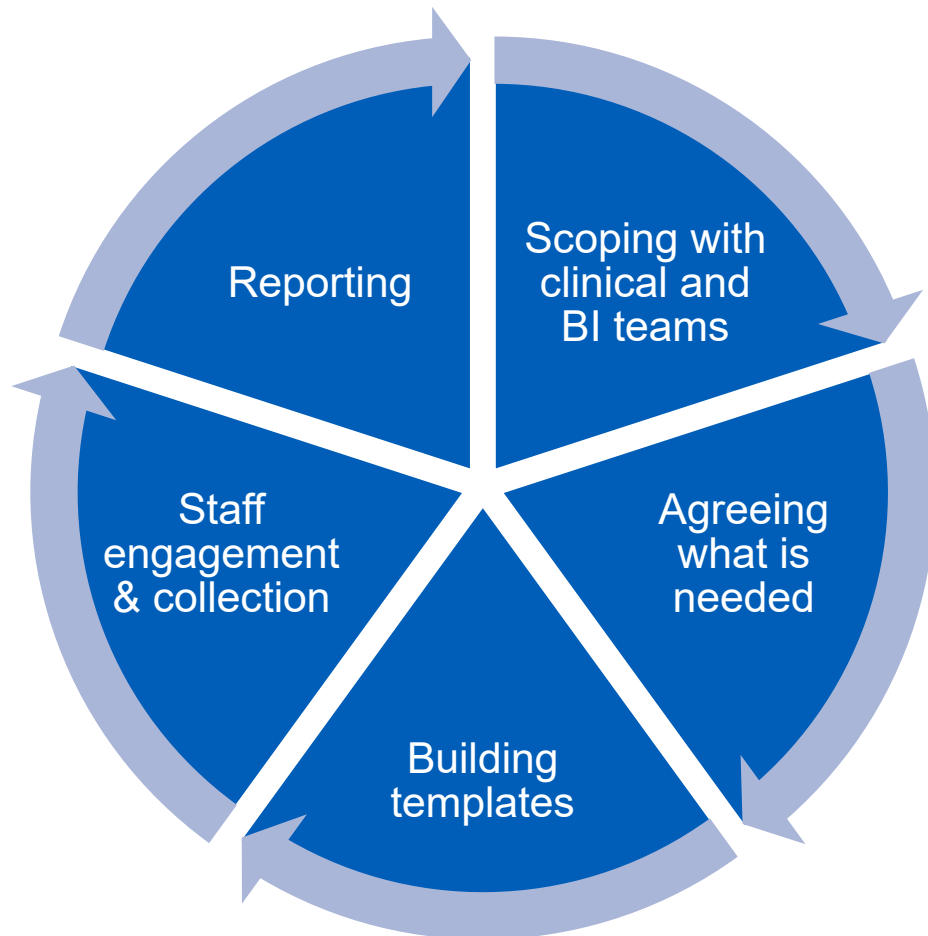
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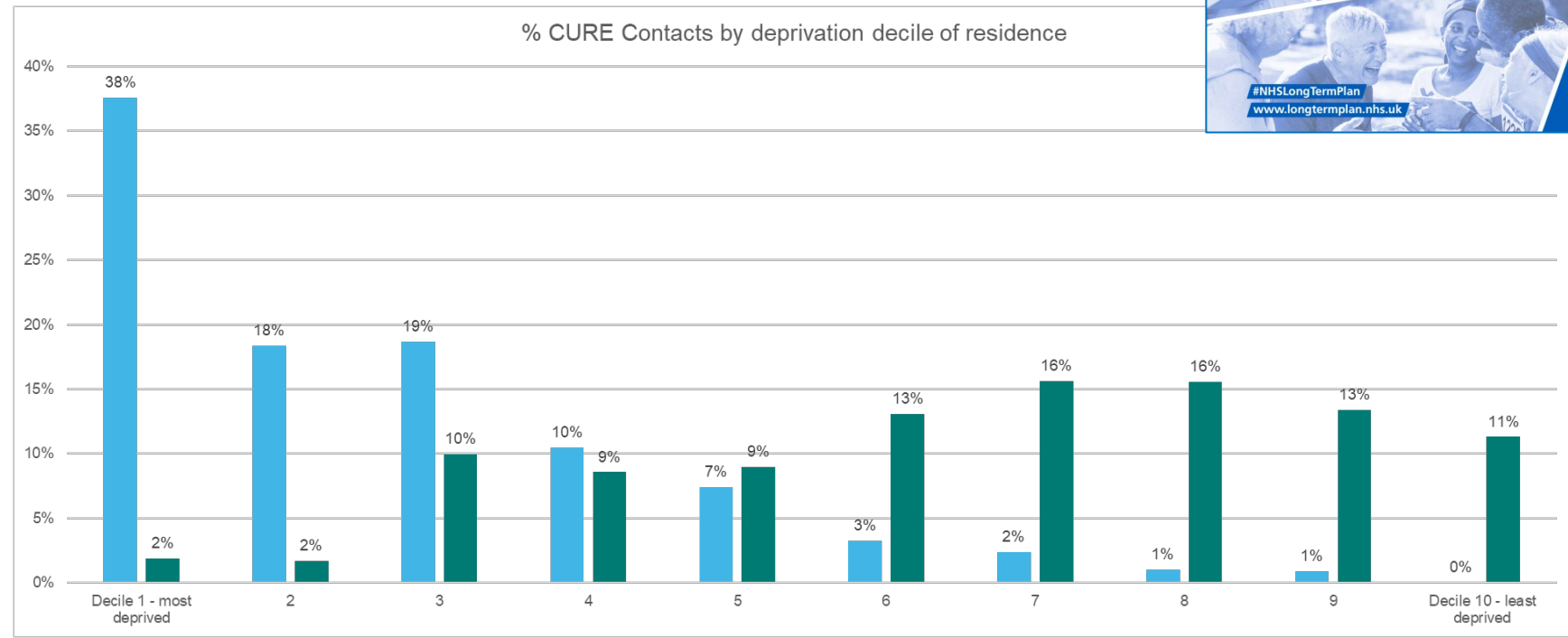
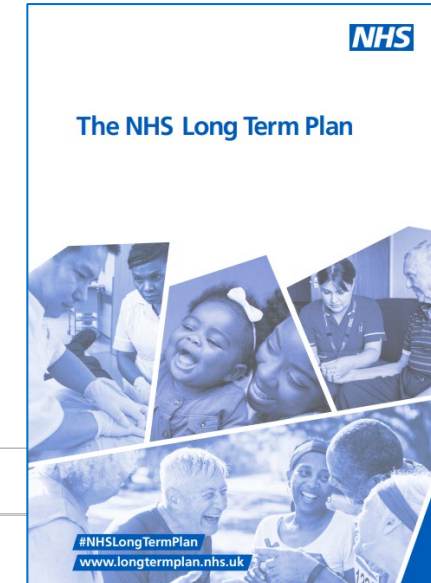
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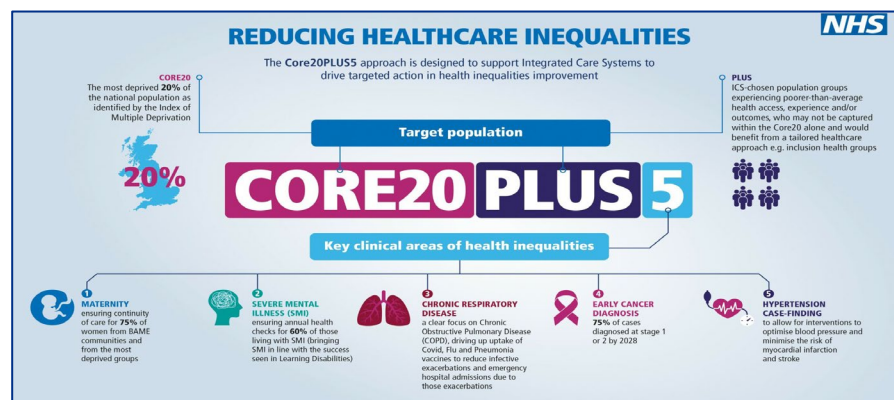
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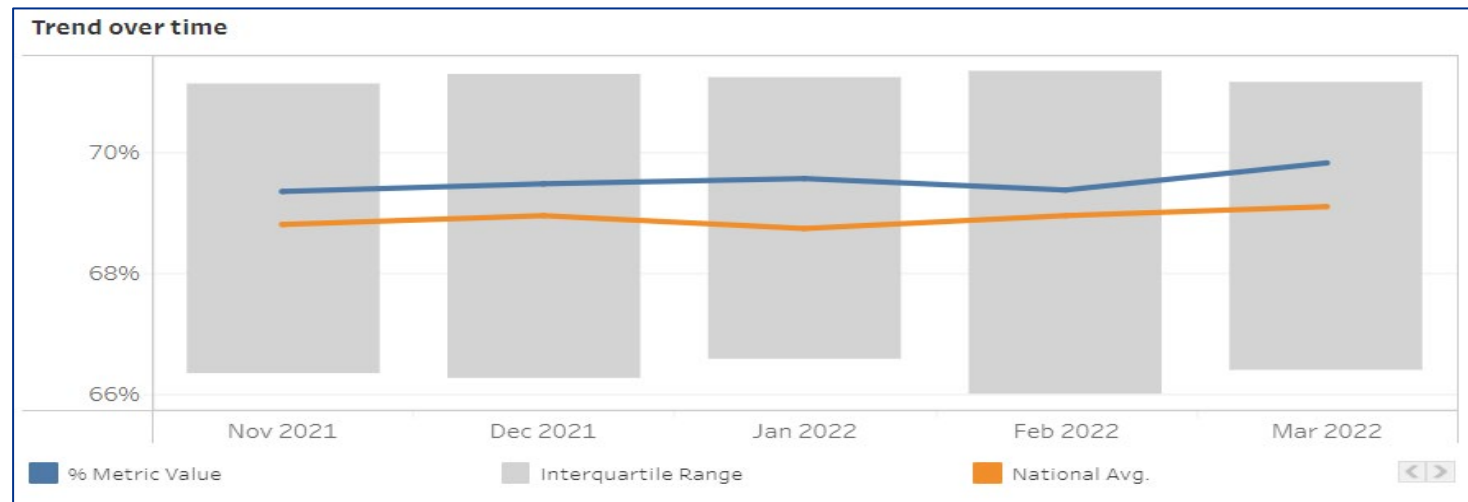
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Many thanks for your time and attention

