



British
Thoracic
Society

Webinar – Session 2

A guide to delivering a successful tobacco dependency treatment service

Thursday 3rd March 2022

Speakers – Webinar 2, 3rd March 2022

Planning the Programme

- *Jo Coleman, Quality Improvement Lead, Gateshead Health NHS Foundation Trust, has successfully project managed both the acute & maternity tobacco dependency service over in Gateshead*

Education and Training

- *Melanie Perry, Project Manager BTS Tobacco Dependency Project*
- *Arran Woodhouse, Lead Tobacco Dependence Specialist, King's College Hospital NHS Foundation Trust & a member of the BTS tobacco Special Advisory Group*



Acute Tobacco Stop Smoking Service. Project management

Joanne Coleman

Quality Improvement Lead Nurse

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- Aims and Vision for the project
- Current state map
- Data collection
- Driver diagram
- Key stake holders/ sponsor
- Future state
- Implementation plan
- Business case
- PDSA

Aims and Vision for the project

- Our vision for Gateshead would be a single service – spanning sectors and specialities with a hospital based team able to flex to the needs of the patient groups.
- Gateshead to be smoke free by 2030.




Current State

The Scale of the Current Problem


According to Action on Smoking and Health (ASH) the estimated annual cost to the NHS in Gateshead due to smoking related hospital admissions alone is estimated at £9.8 million (<https://ash.org.uk/ash-ready-reckoner/>) for the following reasons:

- Smokers make up 16% of acute adult admissions and are more likely to have a prolonged LOS and have a higher readmission rate.
- Our patients are more likely to suffer complications, medical and surgical, and have more severe forms of chronic diseases.
- One person dies in Gateshead every 16 hours from a smoking related disease.
- Patients with Mental Health problems have >15years reduced life expectancy because of the correlation with tobacco dependence – their premature deaths are caused by smoking related diseases.
- Smoking remains is the single most important modifiable risk factor in reducing still birth rates.
- The Covid19 pandemic has widened health inequalities vastly and tackling smoking is an achievable way of working to reduce these and needs to be tackled urgently, eg there has been a 70% regional reduction in referral to stop smoking services from maternity since Covid.


Data Collection



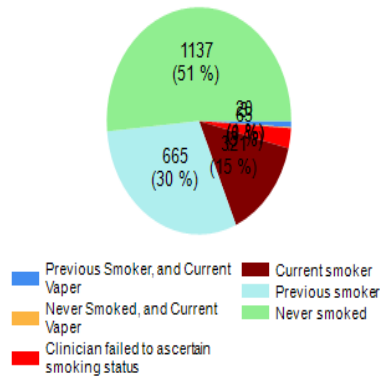
Inpatient Smoking Status Dashboard



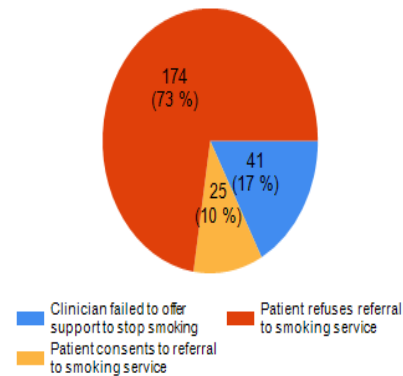
Gateshead Health
NHS Foundation Trust

Feedback 

Inpatient Smoking Status



Inpatient Smoking Referral Status



	Data Element	Data Item Description	Format	Code (National where applicable)	Code Definition (National Code definition where applicable)	Mandatory (M) / Mandatory Where Relevant (R)	Additional Validation Rules and comments
3	ENTERED ONCE PER SUBMISSION						
4	TRUST CODE	The ODS code of the Trust where the service is being delivered	min an3 max an5		https://data.dictonary.nhs.uk/data_elements/organisation_identifier_code_of_provider.html	M	All organisations must enter their organisation ODS code.
5	COMPLETE SMOKING STATUS	Number of people with a completed smoking status (any category) in the reporting month reported for all Admitted Patient Care - inpatient	max n5			M	Only to be submitted when an inpatient tobacco dependence treatment service is being delivered by the provider
6	COMPLETE SMOKING STATUS	Number of people with a completed smoking status (any category) in the reporting month reported for all maternity bookings	max n5			M	Only to be submitted when a maternity tobacco dependence treatment service is being delivered by the provider
7	COMPLETE SMOKING STATUS	Number of people with a completed smoking status (any category) in the reporting month reported for all first outpatient attendances	max n5			M	Only to be submitted when an outpatient tobacco dependence treatment service is being delivered by the provider
8	COMPLETE SMOKING STATUS	Number of people with a completed smoking status (any category) in the reporting month reported for all first community care contacts	max n5			M	Only to be submitted when a community tobacco dependence treatment service is being delivered by the provider
9	ENTERED FOR EVERY RECORD LEVEL SUBMISSION						
10	(Submit all possible fields for those referred to the tobacco dependence adviser. Submit demographics for smokers (including e-cigarette users and those making a quit						
11	NHS NUMBER	A number used to identify a PATIENT uniquely within the NHS in England and Wales	an10		https://data.dictonary.nhs.uk/attributes/nhs_number.html	M	There should only be one submission per NHS number per submission window UNLESS there is a different Activity Date and Time. Validation breaches should result in an error and rejection
12	INTERVENTION SETTING TYPE	The type of setting within which the prevention service is being delivered	an1	1	Acute (Physical)	M	
13				2	Mental health		
14				3	Maternity		
15	ACTIVITY TYPE	The type of activity for the current episode of care (i.e. the one which lead to the patient's inclusion in this submission)	an1	1	Admitted Patient Episode - Inpatient	M	For #1, only inpatient overnight stays (equivalent to Intended Management = 1). https://www.data.dictonary.nhs.uk/attributes/intended_management.html
16				2	Outpatient Clinic Attendance		
17				3	Community Care Contact		
18	ACTIVITY DATE AND TIME	The date and time of the activity for the current episode of care (i.e. the one which lead to the patient's inclusion in this submission)	max an25 (CCYY-MM-DDTHH:MM:SSZ)		https://www.data.dictonary.nhs.uk/data_elements/emergency_care_treatment_location_timestamp.html	M	Date/Time stamps not in the specified format will be rejected. Do not reject - validation warning where not associated with Hospital/Pre/OP or Community Identifier
19	HOSPITAL PROVIDER SPELL IDENTIFIER	The unique identifier for the Hospital Provider Spell which lead to the patient's inclusion in this submission	max an20		https://data.dictonary.nhs.uk/data_elements/hospital_provider_spell_number.html?hl=hospital%2Cspell%2Cnumber	R	[Exactly] One of Hospital Spell Number, Pregnancy Identifier, Outpatient Attendance Identifier or Community Care Contact Identifier must be entered
20	PREGNANCY IDENTIFIER	The unique identifier for the maternity episode which lead to the patient's inclusion in this submission	max an36		https://data.dictonary.nhs.uk/data_elements/pregnancy_identifier.html?hl=pregnancy%2Cidentifier	R	[Exactly] One of Hospital Spell Number, Pregnancy Identifier, Outpatient Attendance Identifier or Community Care Contact Identifier must be entered
21	OUTPATIENT ATTENDANCE IDENTIFIER	The unique identifier for the outpatient attendance which lead to the patient's inclusion in this submission	max an20			R	[Exactly] One of Hospital Spell Number, Pregnancy Identifier, Outpatient Attendance Identifier or Community Care Contact Identifier must be entered

Aim

Primary Drivers

Secondary Drivers



Gateshead Health
NHS Foundation Trust

**Gateshead
will be smoke
free by 2030**

Creating the conditions for a culture of safety and continuous improvement

Understand the culture and learning system in Gateshead health Foundation Trust

Build capability to improve both the culture and the learning in Gateshead Health Foundation Trust

Develop and nurture the conditions that enable a just and safe culture

Develop safe and highly reliable systems, processes and pathways of care

Improve work processes and outcomes for the patients of Gateshead using improvement tools and measurements over time

Learn from and design reliable pathways of care for a stop smoking service in Primary and secondary care

Improve the experience of patients, families and staff

Work with patients and families to improve their experience of a stop smoking service

Work with staff to improve the work environment to support staff to deliver safer care

Work effectively with local authority and commissioning organisations to develop effective stop smoking services with families as the focus.

Learn from excellence and error or incidents

Learn effectively from episodes of avoidable harm

Learn effectively from examples of high quality care or excellence

Share findings from incidents and high quality care between organisations and within local health systems to aid adoption and spread

Improving the quality and safety of care through clinical excellence

Increase the identification of patients who smoke during their attendance to hospital

Increase the provision of effective staff training in relation to smoking

Increase in the provision of effective treatment to support staff to stop smoking

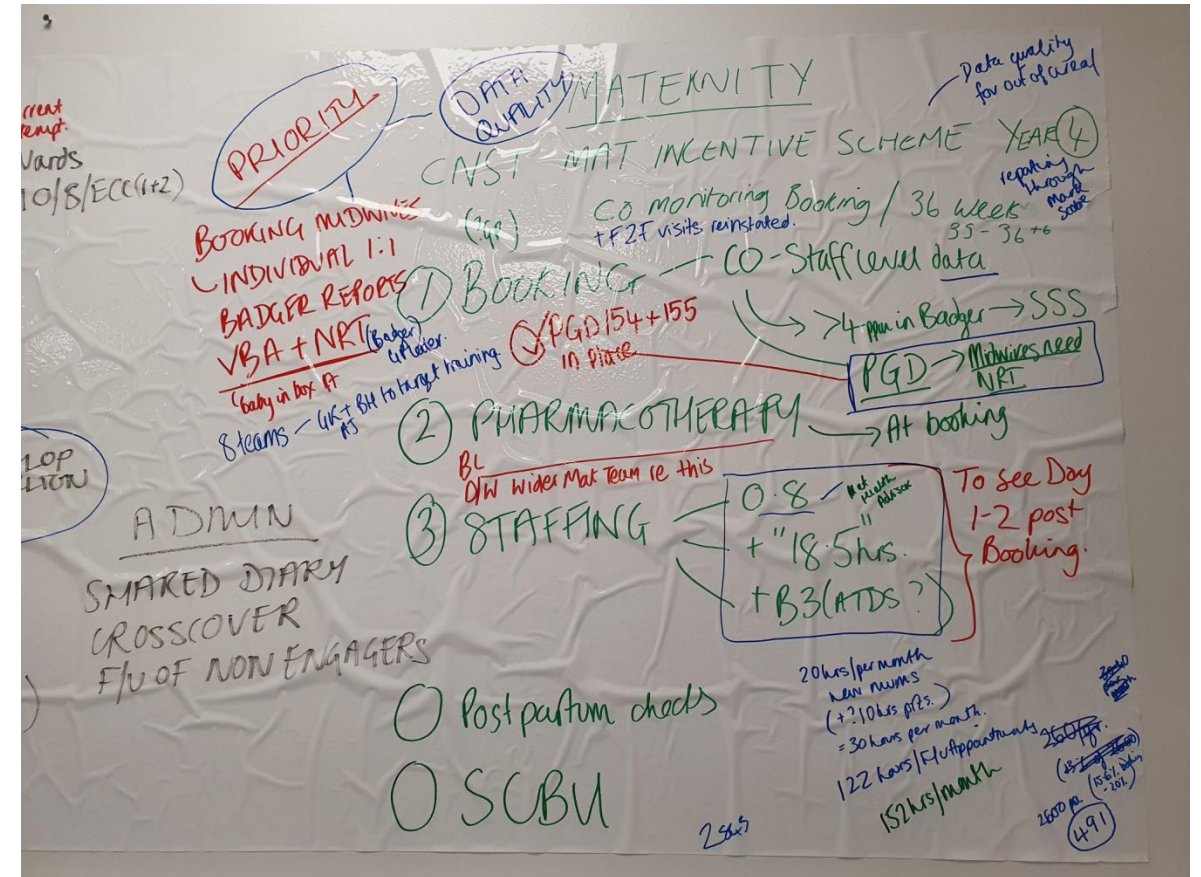
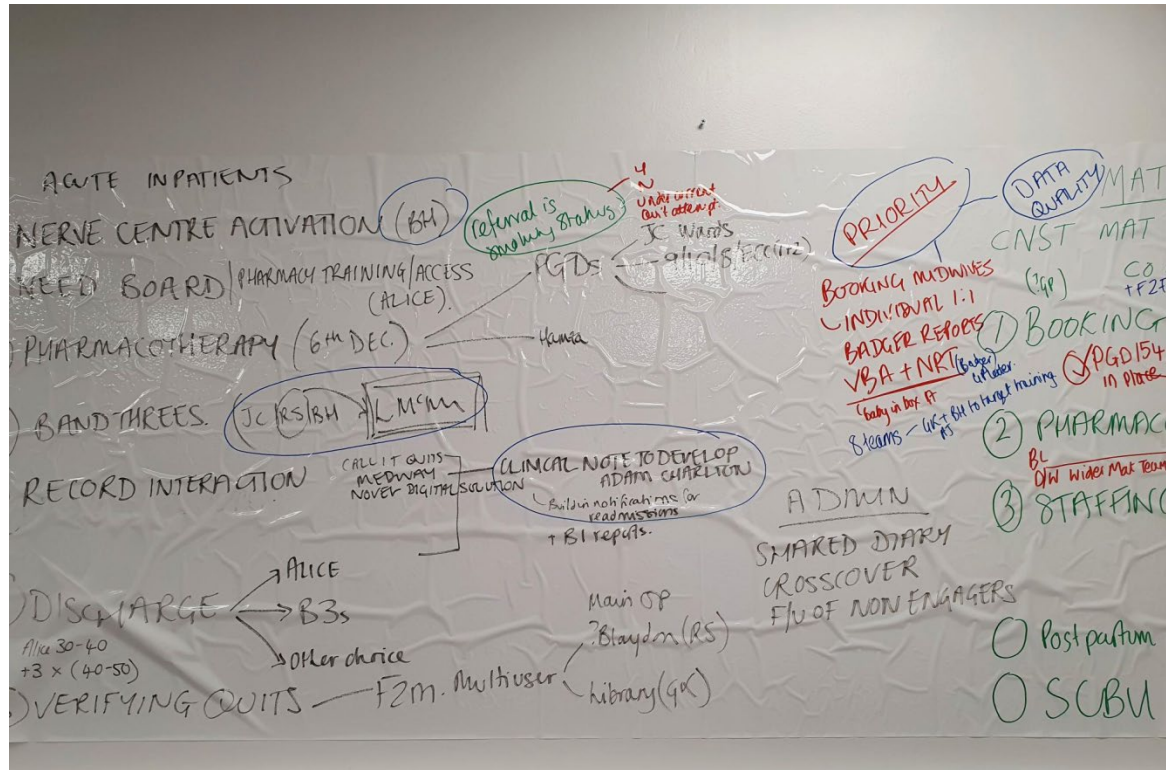
Establish a multi-agency partnership to support the commissioning and development of effective pathways across the system to increase the number of smoke free patients

Quality and excellence in health

Key Stakeholders



Future state



Implementation Plan

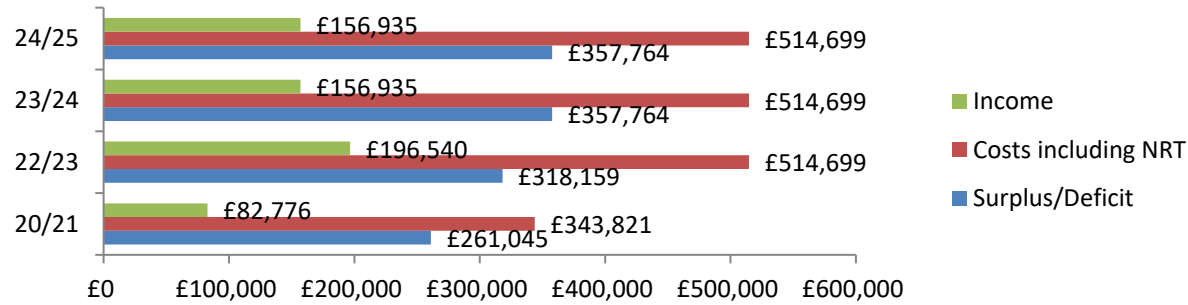
IMPLEMENTATION PLAN					OWNERSHIP KEY: O = Owner P = Participant I = Inform								
Activity #	Area	Task	Additional Information	Supporting Documents	Trust Project Lead	Senior management	ICS Implementation Manager	Pharmacy	Patients	local authority	Planned Start Date	Planned Completion Date	Status
Implementation Pre Go Live Activities													
1	Project Management	Agree Project or Task Group	Task and finish group set up to include. Clinical lead, quality improvement lead, service line business unit lead, finance lead, pharmacy, QE facilities	Pre-Engagement Assessment	O	P	P	P	I	I	28/06/2021		
2	Project Management	Identify & Project Lead/Coordinator	Clinical lead Dr Ruth Sharrock Project lead Joanne Coleman	Pre-Engagement Assessment	O	I	I	I			28/06/2021	28/06/2021	
3	Technical Delivery	Review of Digital data collection and digital processes for recording smokers admitted to the trust. Review of digital solution for referral to service. Review of digital recording of interactions	Agree Technical Go Live with Nerve centre. Go Live Support with nerve centre including training and testing etc. Go live with ICE for referral.	Pre-Engagement Assessment	O			P					

7	Business Readiness	Complete Pre Engagement Assessment	To baseline where the Trust is, the processes in place and where ICS can add value in terms of support	Pre-Engagement Assessment	P		O							
	Business Readiness	Complete business case	Include all financial costings including staffing, consumables, IT, furniture, NRT transport		P	O		P						
8	Business Readiness	Map Processes	Map current processes and 'to be' process	Workflow Template	O		P	P						
4	Communications & Engagement	Agree communication plans	Develop a communication plan setting out the way to communicate with key stakeholders	Communication Plan template	O	P	P	P	I	I				
5	Communications & Engagement	Implementation Rollout agreed	Inform ICS Implementation manager and key stakeholders of the plan and date for Go Live	Communication Plan template	O		I	P						
6	Communications & Engagement	Inform relevant stakeholders and impacted areas of online record implementation	The named lead will discuss plans and seek commitment with Senior Management within the Trust, key staff alongside external stakeholders	Communication Plan template	O	I	I	I	I	I				

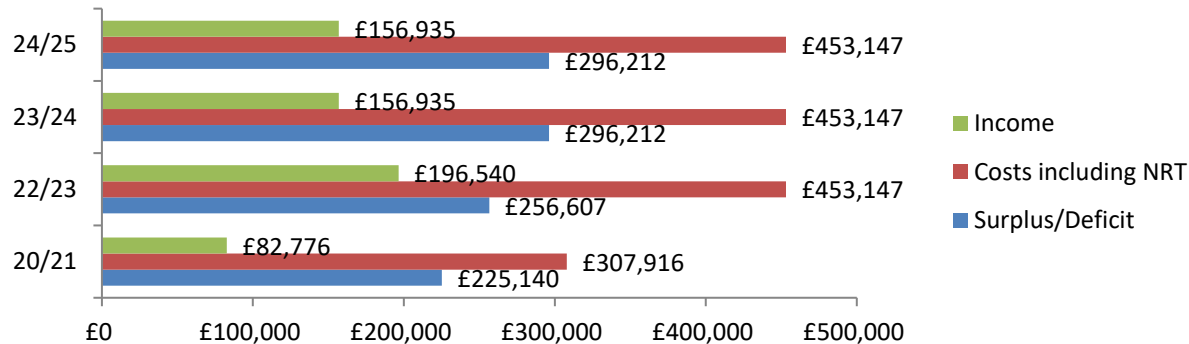
14	Training and education	Develop training materials	Ensure relevant materials are available for patients including information on accessing service and also local education materials	Business cards leaflets posters social media apps	O		I		P	I			
15	Stop smoking hub	location of smoking cessation hub	Equipment for room including computers and furniture		O	I	I						
15	Recruitment of staff	Develop recruitment plan	Vacancy control form	job description job advert	O		I			I			
16	Milestone	Go Live	Check point		O		I	P					
17	Reporting	Verify Technical Go Live and successful implementation into Business as Usual (BAU)			O		I						
18	Milestone	Business Go Live (BGL)	Check point	Go-live check list	O	I	I	I	I	I			
19	Training and education	Roll out training: new starters, wider workforce/ stakeholders BAU (Downtime Processes)		SOP	O		P	P	P	P			
Utilisation													
20	Reporting	Number of patients with access stop smoking service		Reports from System	O		I						
21	Reporting	Number of patients starting Quit attempt		Reports from System	O			P	P				
22	Reporting	Benefits - number of bed days reduced, number reduction in frequent attendances, feedback from patients		Benefits Realisation template Benefit Report Report	O		P		P	P			

Business Case

Option 1

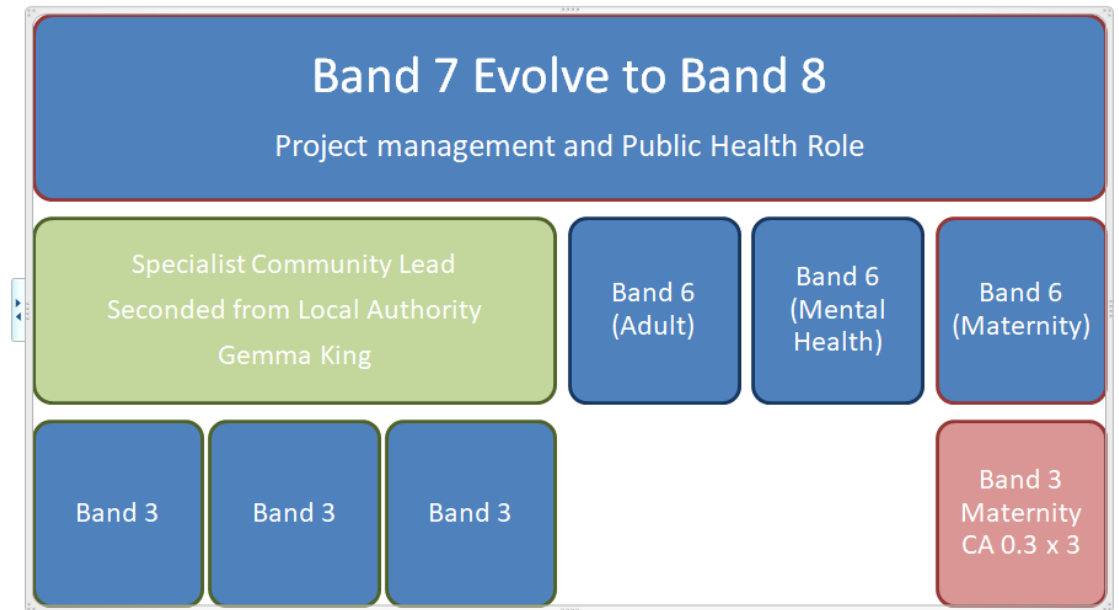


Option 2

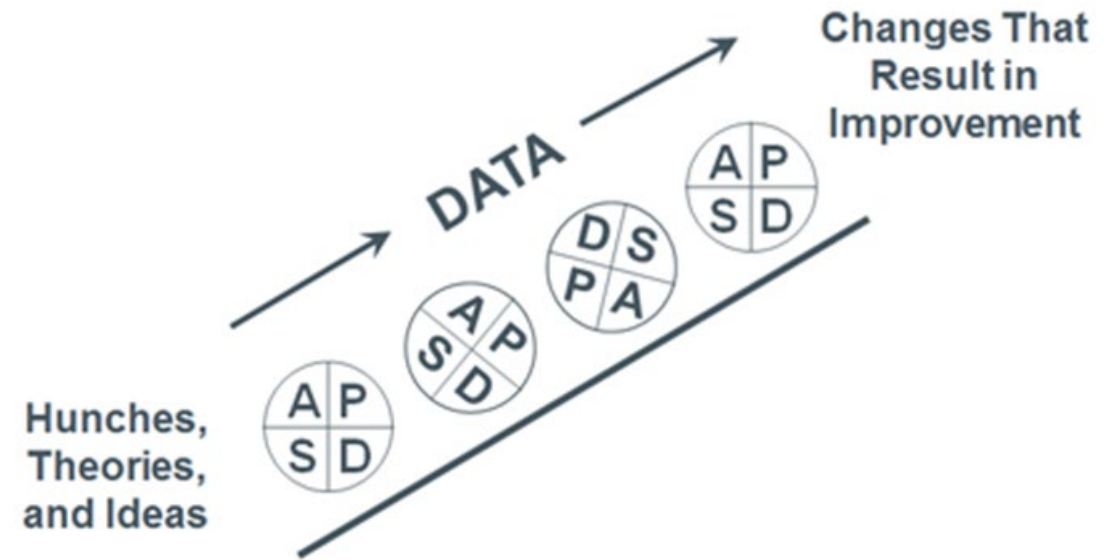
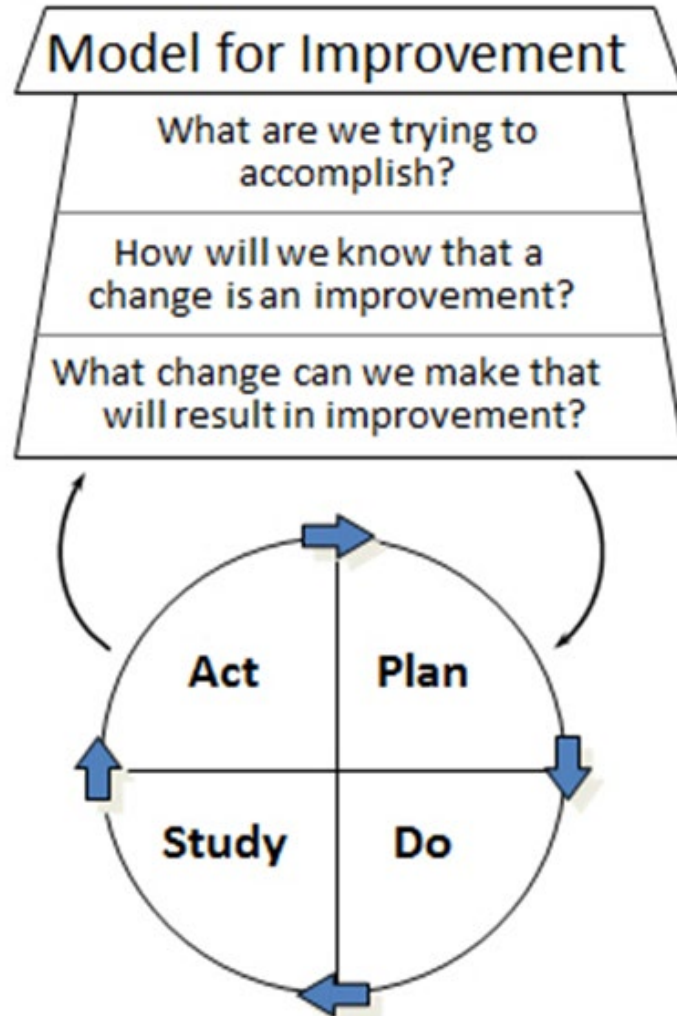


Breathe Well Gateshead

Overview of Acute Tobacco Dependency service – Community + Secondary care



PDSA Cycles



Source: *The Improvement Guide*, p. 103

The stop smoking Hub



Education and Training - Treating Tobacco Dependency

Speakers –

Melanie Perry, Project Manager BTS Tobacco Dependency Project

melanie.perry@brit-thoracic.org.uk

Arran Woodhouse, Lead Tobacco Dependence Specialist, King's College Hospital NHS Foundation Trust & a member of the BTS Tobacco Special Advisory Group

arranwoodhouse@nhs.net



What does optimal delivery of a service look like?

Important that services ensure every patient admitted to acute, mental health and maternity settings are;

1. Screened for smoking status
2. Opt-out referral to tobacco dependence advisor
3. Provided tailored behavioural support and pharmacotherapy as soon as possible
4. Provided with a discharge package including continuing/transfer of care to continued support

This must be embedded and sustained across all settings to achieve the long term health improvements set out by NHSE



All front-line healthcare staff should be suitably trained to deliver systematic treatment of tobacco dependency

Very Brief Advice Training (VBA)

Ensure all staff can access the most appropriate training available to gain the necessary skills to carry out VBA with every patient that smokes on admission

This can be made available through on-line or face-to-face training, NSCST provides guidance on training standards

IT systems

Ensure staff are trained to use the IT systems required to capture the patient's details regarding their smoking status as the Long Term Plan Delivery model supports an opt-out tobacco dependency treatment pathway for all in-patients

Prescribing

Ensure staff are aware of how to prescribe pharmacotherapy as a treatment method using the relevant prescribing protocols and in-line with NICE guidelines (NG209)

Referral

Ensure staff are aware of how to refer the patient to the Tobacco Dependency treatment team based within the trust for on-going support and follow-up on discharge



Key points

- Whole culture approach, new clinical discipline that requires high standard of care
- Chronic relapsing disease and medical management
- Encourage a positive approach, discourage a negative reaction, dispel previous attitudes
- Celebrate successes, create opportunities, feed back to demonstrate impact
- Non-judgemental approach is vital - most people do not choose to smoke but do so because they are tobacco dependant
- Acknowledge role of dependence and importance of specialist treatment and support - most will not be able to give up without this intervention
- It won't be effective unless staff are trained with the skills and confidence to recognise how important this is!





**TOBACCO
DEPENDENCE
TREATMENT**



OBJECTIVES



PATIENTS

Offer **TDT** to every smoker admitted



TRAINING

Offer **training** to **all staff** to increase their understanding of tobacco addiction and treatment



RESOURCES

Develop brand identity and resources for patients and staff



DATA

Capture data about all smokers who **engage** with the project

Training modules include:

- Very Brief Advice (VBA)
- Homely remedies policy – trained nurses able to issue NRT without a prescription
- Ward Champions
- Advanced skills training

Training tailored to the staff group e.g. junior doctors, pharmacists or medical specialty.

Creative and proactive approach to training - offer support and training rather than waiting for them to come to us.



TRAINING



STAFF ENGAGEMENT

Nursing Assistants
Consultants
Pharmacists
Nurses
Ward Staff
Doctors
Student Nurses
Physiotherapists
Scientist



TRAINING INTERVENTIONS

Weekly ward based training
Opportunistic learning
Informal discussions
Teaching sessions
Presentations
Shadowing
Team huddles
Telephone mentoring
MDT meetings

- COVID-19
- Ward staffing shortages
- Disruption to local Stop Smoking Services
- Staff attitude - other aspects of health care given priority over treatment for tobacco dependence.
- Staff viewing smoking as a lifestyle choice rather than as an addiction.
- Reluctance to prescribe NRT
- Different patient cohorts across wards

- Resources e.g. leaflets and posters
- Campaigns and marketing e.g. Stoptober, No smoking day, World COPD day
- Use internal comms to promote the team and their work
- Feedback to wards on performance and activity
- Health informatics - dashboard
- A presence on the ward every day
- Utilising audits to help develop services, e.g. NRT prescribing levels
- Work with Learning & Development teams to ensure effective training delivery.
- Senior leads, clinical leads, nursing leads, matrons can help identify the key meetings to attend and identify 'champions'
- Flexible approach





IN PARTNERSHIP WITH



British
Thoracic
Society

Many thanks for your time and attention

