

Webinar – Session 3 A guide to delivering a successful tobacco dependency treatment service

Monday 21st March 2022

Speakers – Webinar 3, 21st March 2022

Delivery and Implementation of the Programme from an Early Implementor Site Perspective

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BTS Webinar 3 Delivering the programme

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The 7 Steps

Step 1 - Identify the funds

Step 2 - Identify your partners

Step 3 - Plan the programme

Step 4 - Education and training

Step 5 - Deliver the programme

Step 6 - Be a visible champion

Step 7 - Make the project sustainable

Tobacco steering group: Project manager, clinician, IT, operations manager, LG SSS, pharmacist

Admitted



- Pilot wards
- Phased roll-out (funding & HR)
- IT identifier
- I process



- Nurse assessments
- Pharmacist support
- Formulary (funding)
- E-prescribing/PGD
- Teaching iterative (TDA's + prompts)
- IT system
- Communications
- QI process

Smoking recorded electronically with automated opt-out referral to in-house



- IT team engagement
- IT system changes
- TDA in place
- Email accounts for TDA^{*}
- Computers for TDA
- IPADS for TDA
- QI process

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Bedside TDA support

App't with ** LG SSS set-up prior to discharge **NRT**





 Clear discharge pathway

- Seamless for patient
- TTO's Dr. training
- IT data transfer
- IT recording interventions
- Patient contact details
- Data administrator
- QI processes

6 **Discharge** home



On-going pharmacotherapy & 12 weeks of behavioural support from ** LG SSS





4-week quit recorded & reported



- IT systems
- Data admin
- Data quality
 - **Assurance** process
 - QI process

Office space

- Clinical space
 - IT access
 - F2F/ phone pathways

(pay range)

- Short stay patients
- **Branding**
- Relationship & teams
- **Teaching**
- QI process

- Successful transfer of care? Patient contact details
- On-going pharmacotherapy
- IT data transfer
- Outcome recording
- Funding NHS vs Public Health
- QI process



You will need resilience













ABOUT US









THE HARDSHIPS

ABOUT US

The Fylde Coast is a coastal plain in western Lancashire containing the towns of Fleetwood, Cleveleys, Blackpool, St Annes and Lytham, with Thornton and Poultonle-Fylde not far inland.

The central part of the Fylde Coast includes the smaller towns of Kirkham and Garstang. The rest of the Fylde Coast is mainly rural with many villages and hamlets.

We provide health and care services for approximately 354,000 people across the Fylde Coast, Understanding the needs of our people is so important if we are to effectively Thornton-Cle address the challenges we face and improve patient outcomes and quality of care.

The Fylde Coast has a vast amount of heritage and local attractions, making this a desirable place to live and to visit.

Yet beneath all of this, we are facing some major challenges with the health and wellbeing of our residents.



OUR POPULATION

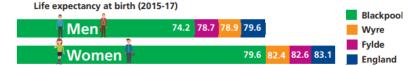
We will see continued growth in the elderly population resulting in a change in the type of services that are needed

By 2041 the over 65s will make up around a third of the population of the Fylde Coast



HEALTH

We have poor life expectancy in some areas of the Fylde Coast.

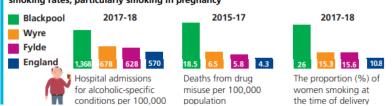


We have poor healthy life expectancy. This means people are living much of their lives in poor health. Healthy life expectancy in Blackpool is only 55 for males and 59 for females.

The overall burden of disease is increasing - more than half of premature deaths are associated with potentially preventable risk factors.

LIFESTYLE

We have significant levels of alcohol and illicit drug consumption, along with high smoking rates, particularly smoking in pregnancy



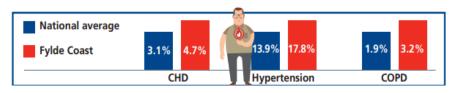
We have significant levels of deprivation in some areas of the Fylde Coast which has an impact on population health, lifestyle and health inequalities.



Half of the Blackpool population live in the most disadvantaged areas within England.

DISEASE PREVALENCE

We have high levels of disease prevalence across the Fylde Coast, particularly for coronary heart disease (CHD), hypertension, cancer, diabetes, and chronic obstructive pulmonary disease (COPD)



WELLBEING

We have significant levels of overweight adults and children, with a gradual worsening trend year on year

By age 10-11, approximately a third of Fylde Coast children are overweight

> Approximately twothirds of adults are overweight or obese on the Fylde Coast.

Significant levels of depression, severe mental illness, suicide and self-harm across the Fylde Coast.



Fylde Coast population diagnosed with depression 9.9%

National average

10.4% of the population report having a long term mental health problem

SMOKING AT TIME OF DELIVERY 2017- 2018 **26**%

In some months of this year this was over 30% 1 in 3 women.

WHAT HAVE WE DONE?

- Due to our high SATOB and SATOD rates in 2017 Blackpool Council commissioned a maternity based stop smoking service for Blackpool.
- Fylde and Wyre service continued to be run via Quitsquad
- Midwifery Health Trainers were employed as stop smoking advisors offering community based support IF referred.
- Community midwives encouraged to take CO monitoring's at Booking and 36 weeks

WHERE WE CURRENTLY SIT

20.34% OF WOMEN SATOB Q1 Women who booked April 2021

18.81% OF WOMEN SATOD Q1

Women who delivered April 2021

16.33% OF WOMEN SATOB Q3 Women who booked December 2021

16.76% OF WOMEN SATOD Q3 Women who delivered December 2021

COMMENCEMENT OF EIS (LTP)

- The Fylde Coast (BF&W) needed a full Public Health approach to our families
- Decision made to employ a Public Health Team rather than a project manager and stop smoking advisors.
- PAN LANCS board, PHE, council, LMS
- Employed 1 band 7 Public Health Midwife
- Employed 5 new Midwifery Health Trainers
- Took full control of all pregnancy related smoking cessation **OPT** out service
- Commencement of service August 2021



HOW HAS BLACKPOOL DONE IT DIFFERENT

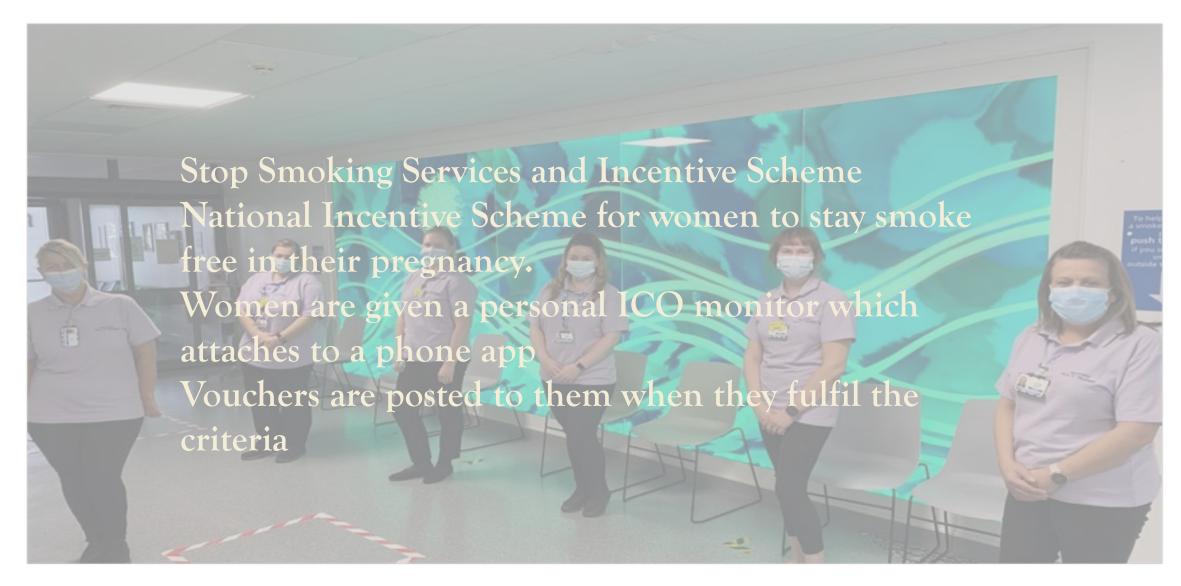
- Referrals of all pregnant women go straight through to our MHT's who pick up those that admit to smoking prior to booking.
- MHT's conduct 'First Stage' an appointment full of all public health messages needed for pregnancy including smoke free home/smoke free car.
- Midwives book pregnancies prior to 12+2 ideally and refer any women who are not already referred at this point.
- All midwives receive in house VBA training on Safeguarding training each year, 'round the teatray', 121 and the training is available via intranet sharepoint.

HOW HAS BLACKPOOL DONE IT DIFFERENT

- Midwives, MSW, Doctors all undertake the NCSCT training per year-although we plan to review this to be included in our local training.
- Recently commenced CO
 monitoring at EVERY clinical
 contact whether in the hospital or
 the community other than labour.



National Incentive Scheme





USE OF ICO's

- Women love the freedom of using the ICO in virtual appointments
- Brilliant to be used with our Incentive Scheme Women
- Easy way to validate partners

WHAT WE HAVE DONE WELL

Training

Communication with our team and the wider trust

Getting commissioning services on board

Being present

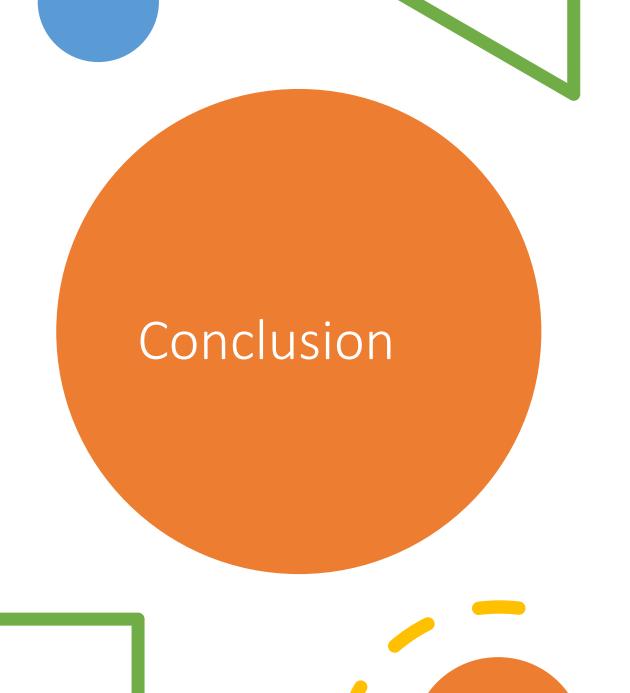
WHAT WE WISH WE COULD CHANGE

• Data

- Lack of data collection availability
- System incompatibility with collection for EIS
- Out of date server awaiting new system in 2022
- Our SS service does not link with our maternity service

Staff Culture

- Many staff don't view CO monitoring as important as BP, Urine, Palpation
- Covid restrictions made the last 2 years complicated
- Staff pressures-lack of staff, sickness, telephone consultations



- Challenging
- Continuing our work, bringing it in line with the rest of the country
- The model needed to be changed to meet our service need.
- We are trying to constantly think of ways to implement our service
- For families and staff education is the key



IN PARTNERSHIP WITH



Many thanks for your time and attention

