Quality Improvement in Tobacco Treatment

Launch Event

14th November 2022, 10:30 – 15:00

Quality Improvement in Tobacco Treatment

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Welcome!

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Housekeeping

- Fire alarm test is scheduled between 11-11.30.
- Toilets are located to the right of the lifts on level 1 and the ground floor.
- Lunch will be from 12:45 – 13:30 and will be served on this floor
- Room 1.1 is available if anyone needs to take a break at any point or needs some space on their own (just outside the main auditorium).
- At the end of the event, we would like to record some vox-pops reflecting on your day the College, let us know if this is something you are interested in being involved in. More information can be found about these on your table

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Twitter

- We will be live tweeting this event so you may see the QI coaches on their phones during some sessions. Please also find and follow us **@NCCMentalHealth** or search for **#QuITTCollaborative**

- We encourage use of Twitter and social media to share the work that you are doing throughout the collaborative.

- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission.

- Thank you!

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Time	Item	Speaker
10:30-11:00	**Registration**	
11:00-11:10	Welcome and introduction	Tom Ayers, Director of the National Collaborating Centre for Mental Health
11:10-11.30	Icebreaker	All
11.30-12.30	Why this work is important: • Aideen Dunne, Acting Consultant in Public Health, Prevention Team, NHS England • Hazel Cheeseman, Deputy Chief Executive, Action on Smoking and Health	Presentations, followed by panel discussion chaired by Tom Ayers
12:30-12:45	How will we use quality improvement in this work?	Emily Cannon, Head of Quality Improvement, NCCMH Clementine Fitch-Bunce, Quality Improvement Coach, NCCMH
12:45-13:30	**Lunch**	
13:30-14:15	Exploring potential enablers and obstacles in the delivery of tobacco treatment services	All
14:15-14:55	Important next steps for your QI project	All
14:55 - 15:00	Close	Tom Ayers

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Welcome and introductions

Tom Ayers

Director, National Collaborating Centre for Mental Health (NCCMH)

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Participating organisations

- Avon & Wiltshire Mental Health Partnership NHS Trust
- Berkshire Healthcare NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Cambridgeshire & Peterborough NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Dorset HealthCare University NHS Foundation Trust
- East Coast Community Healthcare
- East London NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust
- Gloucestershire Health and Care NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust
- Healthy Cornwall (Cornwall Council)
- Hertfordshire Partnership University NHS Foundation Trust
- Isle of Wight NHS Trust
- Lancashire & South Cumbria NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leicestershire Partnership NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Midlands Partnership NHS Foundation
- North East London NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Somerset NHS Foundation Trust
- South West Yorkshire NHS Partnership Foundation Trust
- St Andrew's Heath Care
- Sussex Partnership NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust

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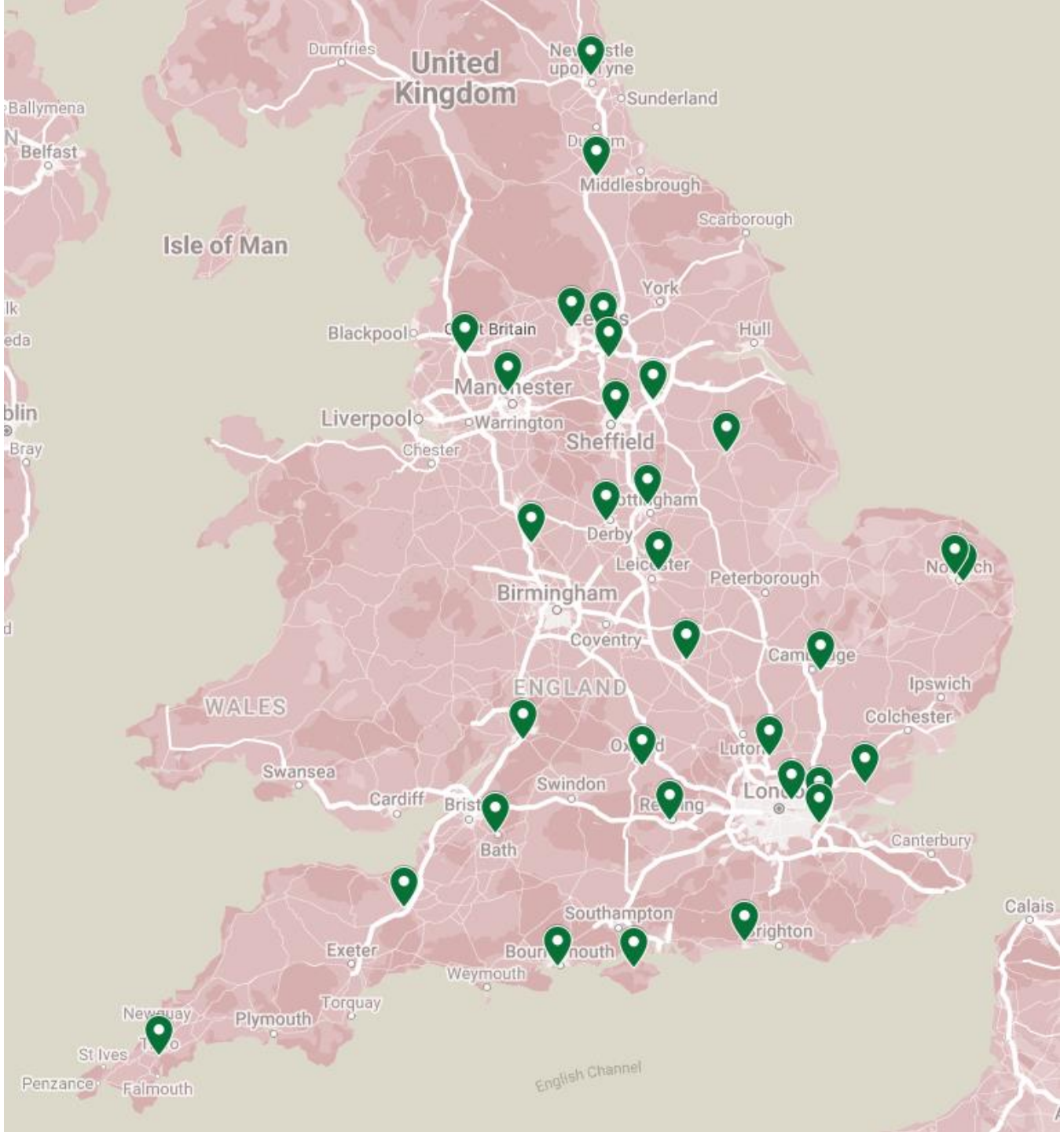
Participating organisations



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Collaborative Aim

To increase the proportion of patients on inpatient mental health wards, who smoke, who undertake meaningful tobacco treatment.

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Icebreaker

What famous person have you met?

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Connecting to why the work is important

Aideen Dunne

Acting Consultant in Public Health, Prevention Team, NHS England

Hazel Cheeseman

Deputy Chief Executive, Action on Smoking and Health

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- Caroline’s smoking cessation story - YouTube

NHS England

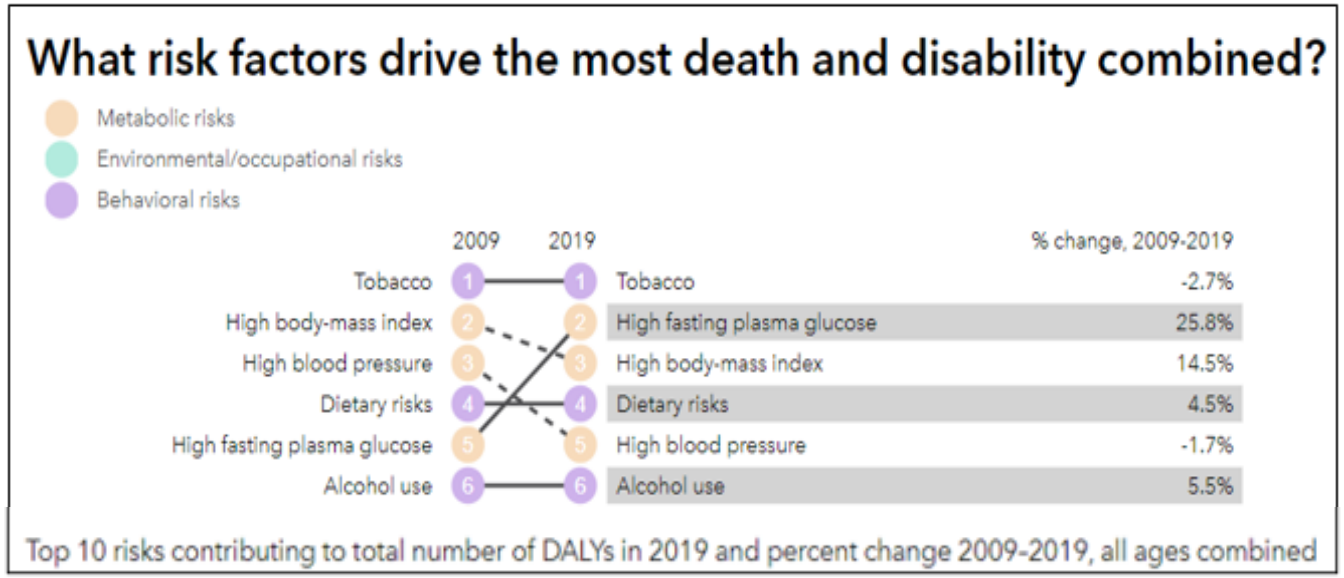
Treating tobacco dependency, everybody's business

14th November 2022

Tobacco in the Long Term Plan

Prevention, specifically tobacco dependence is a core component of the NHS Long Term Plan (LTP). This is based on tobacco being the top modifiable risk in the Global Burden of Disease profiles England. The LTP commitments which are 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 [both physical and mental health inpatients].
- 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



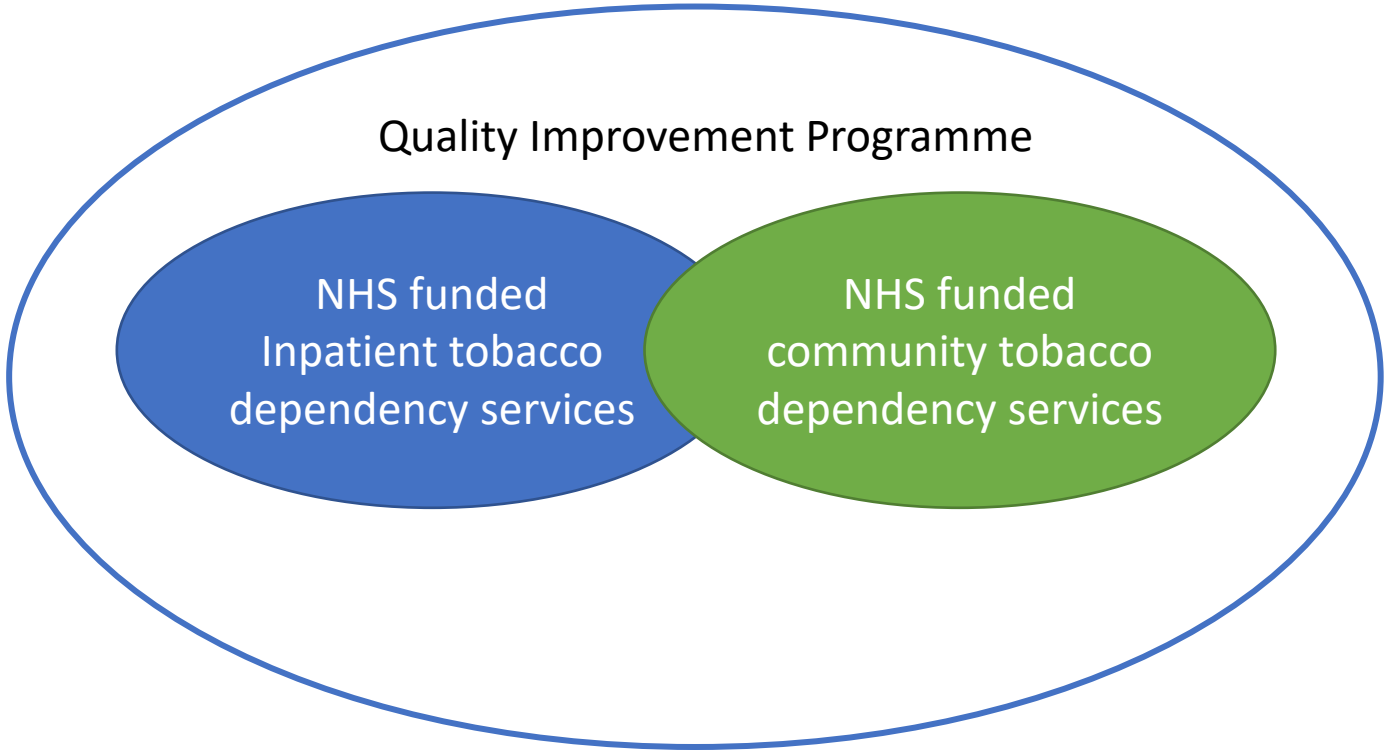
Why is treating tobacco dependency in people with severe mental illness important?

Tobacco dependency is a significant driver of health inequalities in people with severe mental illness (SMI), who are estimated to die between 15-20 years younger than the general population.

- People with SMI have been identified as a clinical priority in NHS England's Core20Plus5 approach to tackling health inequalities.
- There is very clear evidence of increased smoking rates and smoking-related harm among people with severe mental illness:
  - Smoking is the most important modifiable risk factor that contributes towards the excess mortality in people with SMI. [1]
  - It is estimated that 50% of deaths in people with SMI are attributable to smoking.[2]
  - The prevalence of smoking in people with SMI is significantly higher compared to the general population (40.5% compared with 13.9%)[3] with rates as high as 70% in people with schizophrenia and bipolar disorder[1].
  - People with mental illness are also more likely to be heavier and more dependant smokers[4] and it is estimated that a third of all cigarettes smoked in England are smoked by people with a mental disorder[5]

1. Peckham et al (2017) Smoking cessation in severe mental ill health: what works? An updated systematic review and meta-analysis
2. Centre for Mental Health (2020) A time to quit
3. Office for Health Improvement and Disparities (2022). Local Tobacco Control Profiles
4. Rethink (2020) A time to quit. Experiences of smoking cessation support among people with severe mental illness.
5. Public Health England (2020) Health matters: smoking and mental health

What is being delivered to support people with SMI with tobacco dependency?



Free MH focused training resources for the TD workforce

NHS staff tobacco dependency pilot sites

Tobacco Patient Level Data Collection

Why is QI important?

People with SMI are as motivated to quit smoking as the general population but may not be offered support at the same frequency. There may be organisational and cultural barriers for this.

Winning the hearts and minds of staff is a linchpin to the success of delivering tobacco dependency services in MH settings.

Quality improvement provides an approach for achieving this, whilst at the same time maintaining a focus on service delivery and improvement.

Working with staff can also have the empowering and powerful impact of using an organisations greatest asset, the people, as change agents, influencing the culture of the environments they are in.

NHS England have commissioned a national programme to support the implementation of the LTP commitments, ensuring that services are being established and delivered in the optimum conditions. The QI programme also has a secondary aim, to help build the evidence base for best practice in supporting people with SMI to quit smoking.

What does best practice look like for inpatient services?

The recommended **mental health inpatient pathway** is currently based on the evidence generated by the acute inpatient model of care and insight from mental health early implementer sites and subject matter experts. Adaptations have been made to ensure that this care model is best suited for mental health services and their users, and we continue to gather case studies and innovative ways of delivering services. The model is focused on:

- **Recording of smoking status:** Where possible smoking status recorded on admission, with opt-out referral to TDA and stop smoking medications offered to manage nicotine withdrawal, ideally NRT provided within 30 minutes
- **NRT provision: T**imescales for provision of NRT within the pathway are based upon management of nicotine withdrawal and are ideal timescales to be worked towards and are not mandated.
- **Initial consultation & care plan:** TDAs should aim to see smokers as soon as possible, ideally within 24 hrs of admission. Where a patient is admitted in crisis, it may not be appropriate for TDA to undertake the initial consultation, in which case nicotine withdrawal should be managed by ward staff. It is also acknowledged the initial consultation with the TDA may not be complete in one session and may require multiple visits.
- **Ongoing treatment & support:** As admissions in MH hospitals tend to have longer length of stay, it is anticipated patients will have frequent contact with their TDA, with a recommended minimum weekly contact during the first month. Where possible, support should be delivered by the same TDA to build trust and for continuity of care.
- **Discharge & onward support:** Prior to discharge, TDA should have a session planning how continued support and medication can be accessed post discharge to complete standard 12-week programme. TDA should transfer care to the community based specialist mental health tobacco dependency service. In absence of this service, support should be offered as per local pathway (SCIMITAR+). Ideally, TDA should follow up with a phone call with patient 1-2 weeks post discharge to ensure transfer of care is complete. If using medication, the patient should be discharged with at least 1-week medication.

Onsite tobacco dependency treatment services for inpatients should be supported by the **trust's smokefree policy**.

What does best practice look like within the community?

Whilst standard tobacco dependency services can be effective in treating tobacco dependency in people with SMI, we know from the evidence that a tailored service is likely to achieve greater quit outcomes.

- NICE guidance for smoking in acute, maternity and mental health settings recommends an approach that proactively identifies people who smoke and offers them help to stop that includes behavioural interventions and pharmacotherapies.[1]
- A literature review of key elements of effective practice and adaptations to the specific needs and circumstances of smoking cessation for people with SMI identified: interventions delivered by staff who have training in helping people with SMI stop smoking, a phased quit attempt, higher than average levels of NRT, involvement of family and carers (through sharing educational materials and involvement in the quit attempt) and maintenance treatment to reduce the risk of relapse.
- The SCIMITAR Model is the most robustly studied tobacco dependency intervention in people with SMI in the UK.
  - The model has at its core NICE guidance for commissioning effective tobacco cessation services but offers the flexibility of providing additional and intensive support at key points on the pathway where the need is identified.
  - These features include;
    - Tobacco dependency advisors with **mental health experience/expertise**
    - A longer lead in time to setting a quit date (when required)
    - Weekly appointments over a 12 week period (if needed as opposed to 6-8 weeks recommended by NICE)
    - The offer of weekly appointments being delivered as home visits
    - Close **communication with the client's GP regarding medicines management**.

1. NICE (2021) Tobacco: preventing uptake, promoting quitting and treating dependence
2. Peckham et al (2017) Smoking cessation in severe mental ill health: what works? An updated systematic review and meta-analysi
3. Gilbody et al (2019) Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial

Summary

- People with SMI experience disproportionately greater health inequalities compared with the general population, and tobacco dependency is one of the greatest contributors to the 15-20 year life expectancy gap.
- The NHS Long Term Plan makes a strong commitment towards tackling tobacco dependency – particularly in supporting people with SMI.
- However, simply funding services is not enough – there is a need to recognise the cultural and organisational barriers that people with SMI face, preventing them accessing support.
- The QI programme builds on the commitments of the NHS Long Term Plan and focuses on working with staff and service users to address some of the cultural and organisational barriers to accessing tobacco dependency support.

- Hameed's smoking cessation story - YouTube

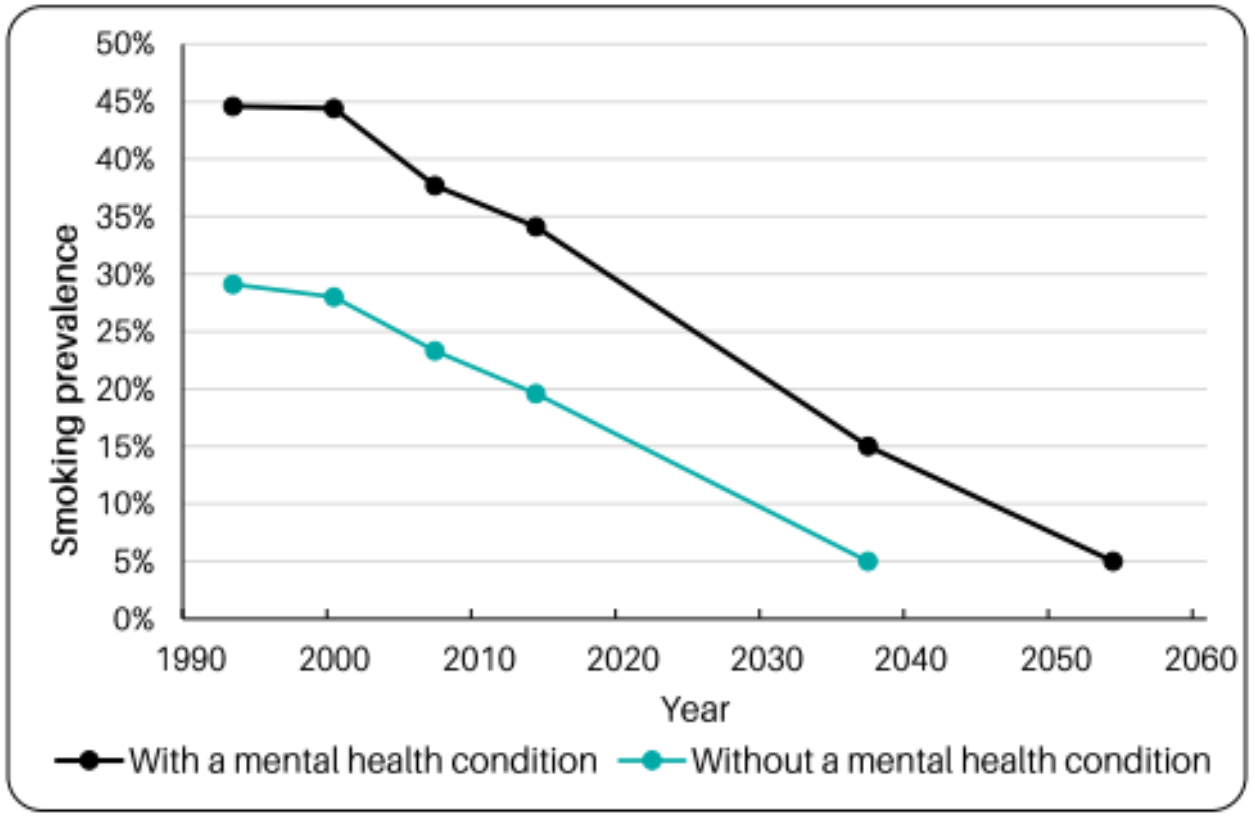
Why this work matters

Hazel Cheeseman, Deputy Chief Executive, Action on Smoking and Health (ASH)

ash.
action on smoking and health

mental health & smoking partnership

Decades behind



Using trend data from the APMS for 2000-2014, for people with and without a mental health condition, weighted estimates of smoking prevalence in England were used to linearly extrapolate smoking prevalence after 2014. (Richardson & Robson, unpublished data)

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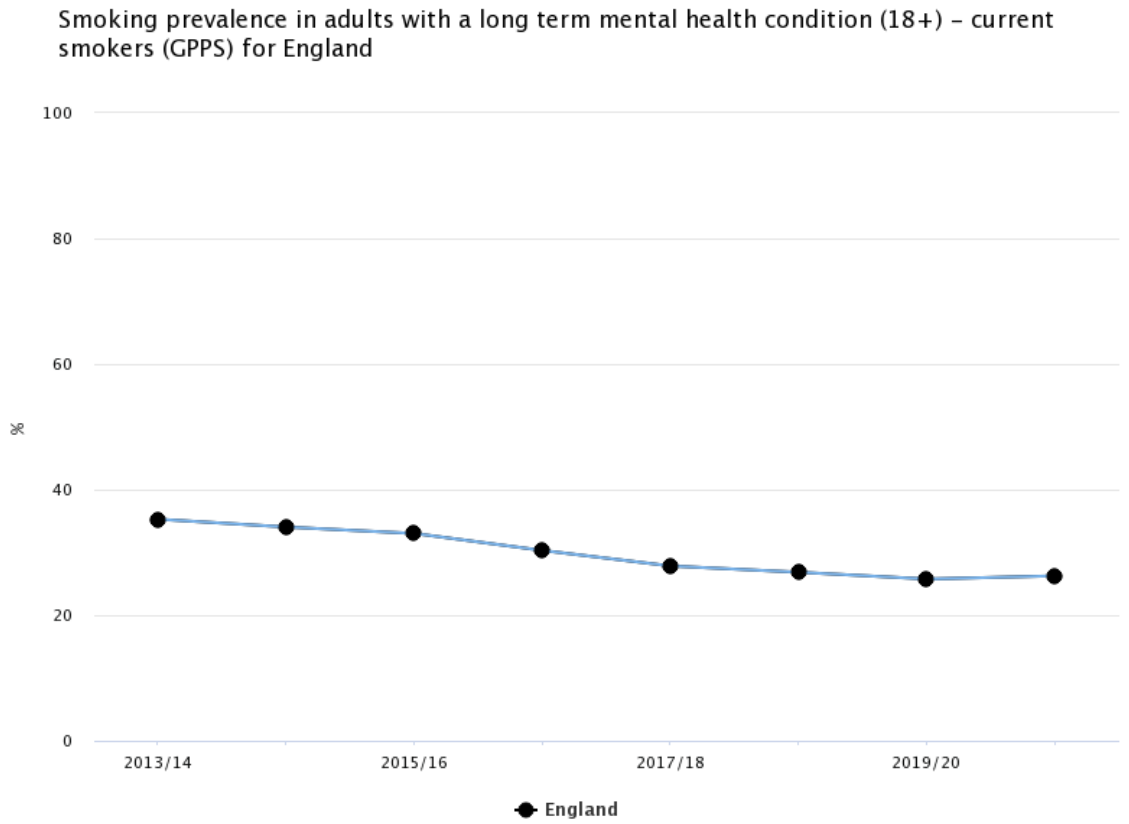
May be getting worse



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Why these services matter

- Good clinical care, effective access to medications, positive care pathways
- Also about shifting culture of mental health services to one that is pro-quitting, pro-health and not complacent about the harms from smoking

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Harms of smoking: early death and disease

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Harms of smoking: loss of income

- Money spent on tobacco is money which can't be spent on other things:
  - Average smoker spends ~ £2k a year on smoking
  - Average gas and electric bill in 2021 was £1336
- Smoking causes disability which impairs employment and income chances:
  - Smokers are 7.5% less likely to be employed when controlling for other factors
  - Smokers have on average 6.8% lower earnings when controlling for other factors

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https://ash.org.uk/resources/view/smoking-employability-and-earnings

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Harms of smoking: worse mental health

- Impact on medications
- Benefits of stopping to mental health
- Evidence improves abstinence of other substances too

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Harms of smoking: exposure to other risks

- Leading cause of fatal house fires
- Illegal tobacco links to violent and organised crime
- Collecting discarded cigarettes

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What can make a difference?

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NICE guidance on quitting

- Combination of behavioural support & stop smoking medication or nicotine containing product (NRT or vapes)
- Training standards for those delivering stop smoking support
- Tailor quit plan to the needs of smokers
- Promoting greater flexibility in use of NRT
- Nicotine containing vapes (e-cigarettes) as a first line quit aid
- A role for harm reduction
- Partnership, outreach, promoting quitting

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NICE guidance on smokefree policies

Ensure smokefree implementation plans include:

- support for staff and people to stop smoking completely or temporarily
- training for staff
- removing shelters or other designated outdoor smoking areas
- no staff smoking during work hours

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Implementation of NICE guidance

- Survey of MH Trusts conducted in Spring 2019 by ASH and commissioned by Public Health England
- Online survey of mental health trusts in England with an 83% response rate (45 out of 54 trusts responded in full)
- Also report findings from 2019 survey of staff skills and 2021 survey of local authority delivery

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Smokefree policy implementation

- 82% of surveyed trusts had a comprehensive smokefree policy in operation prohibiting smoking on wards and hospital grounds
- 18% of surveyed trusts still permitted smoking in ward courtyards or in designated areas on the hospital grounds.
- **Enablers:** leadership, staff support, e-cigarettes and training
- **Barriers:** staff resistance, patient resistance, lack of senior management leadership and insufficient resources

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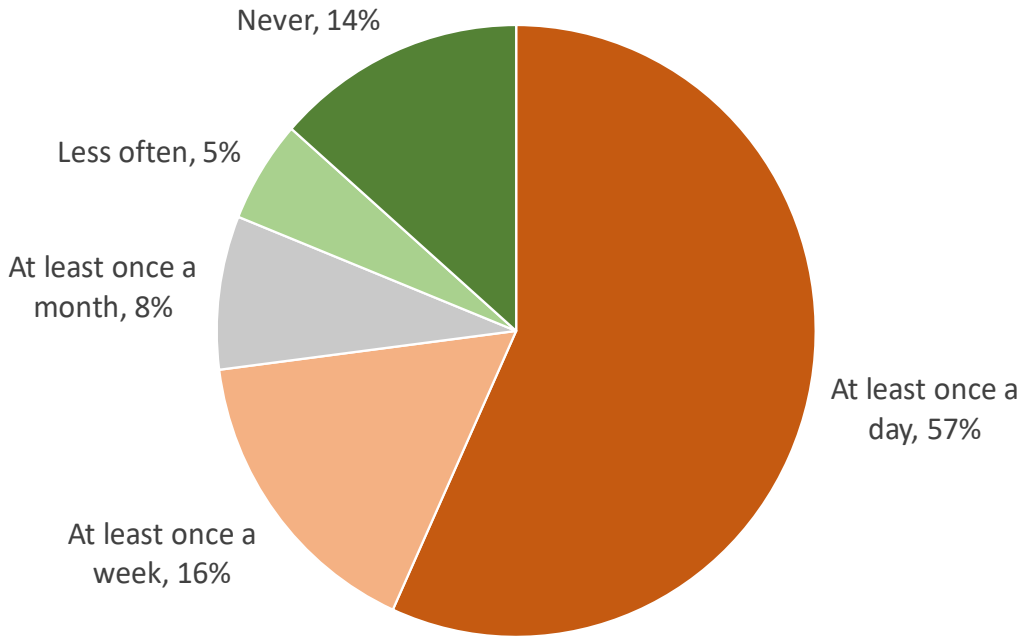
Implementation challenge: variable smokefree policies

How often staff accompany patients on smoking breaks on average adult mental health wards (all surveyed trusts)



ASH, Progress Towards Smokefree Mental Health Settings, 2019
https://ash.org.uk/wp-content/uploads/2019/10/PHE-mental-health-trust-20survey-full-report_v12.pdf

Smokefree Skills report

- Large proportions of mental health nurses and psychiatrists reported having not received training, or could not recall if they had received training, on key aspects of the NICE guidance
- Staff do not appear to fully understand how to deliver basic interventions such as Very Brief Advice (VBA) even though this is something they say they do regularly
- Misperceptions about smoking, quitting and mental health were common among nurses and psychiatrists
- Organisational structures and norms were inhibiting uptake and implementation of training

https://ash.org.uk/resources/view/smokefree-skills-training-needs-of-mental-health-nurses-and-psychiatrists

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E-cigarettes

- 91% of trusts permitted some or all inpatients to use e-cigarettes:
  - 47% of surveyed trusts allowed all types of e-cigarettes to be used
  - 31% of surveyed trusts only allowed the use of non-rechargeable, disposable devices
- All but one trust restricted where e-cigarettes could be used:
  - 44% of surveyed trusts allowed the use of e-cigarettes indoors
  - 76% allowed the use of e-cigarettes in ward courtyards
- 42% provided e-cigarettes free to their patients.

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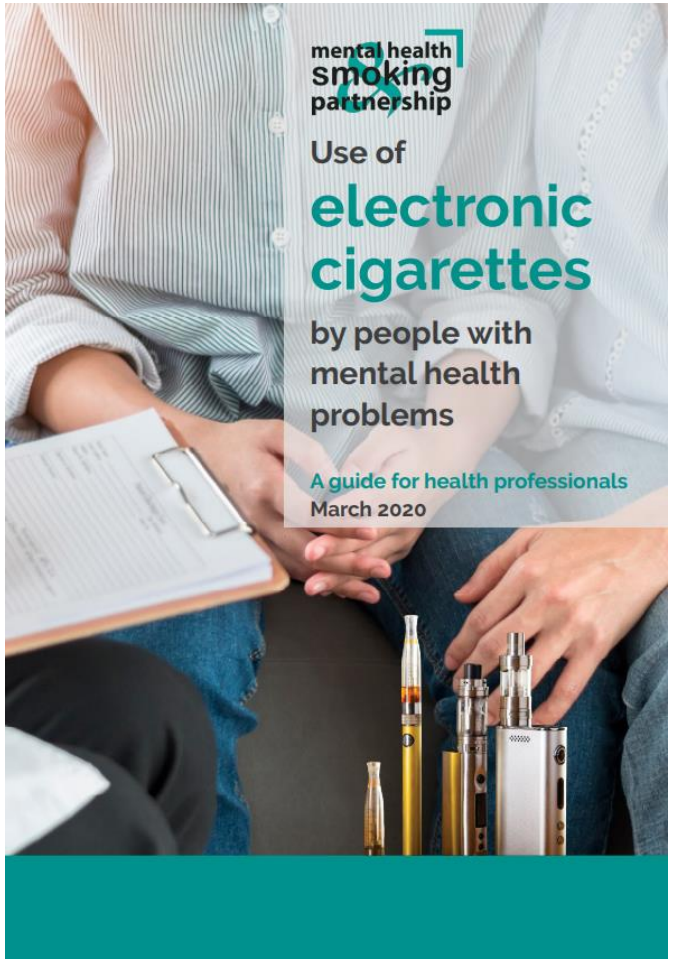
Mental Health and Smoking Partnership guidance



https://smokefreeaction.org.uk/wp-content/uploads/2020/03/MHSP-ecig-briefing-2020-v2.pdf

Conclusion

- This work is vital if we want to address poor health and wealth of this population
- Good outcomes will be enabled through:
  - Implementing NICE guidance
  - Shaping the culture and environment of services
  - Utilising all the tools in the toolbox including e-cigarettes and smokefree grounds (see full reports and guidance for further support)
- Whole system not just the inpatient environment – important relationships with community and primary care provision

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Further information

Progress towards smokefree mental health services
https://ash.org.uk/information-and-resources/reports-submissions/reports/progress-towards-smokefree-mental-health-services/

Smokefree Skills: Training needs of mental health nurses and psychiatrists: https://ash.org.uk/information-and-resources/reports-submissions/reports/smokefreeskills/

Smokefree Skills: Community Mental Health
https://smokefreeaction.org.uk/wp-content/uploads/2019/11/191105-Community-Mental-Health.pdf

Other resources: https://smokefreeaction.org.uk/smokefree-nhs/smoking-and-mental-health/mhspresources/

Panel Discussion

Tom Ayers

Director, National Collaborating Centre for Mental Health (NCCMH)

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How we will use QI in this work

Emily Cannon
Head of Quality Improvement (NCCMH)

Clementine Fitch-Bunce
Quality Improvement Coach (NCCMH)

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Clementine

- Bradford District Care NHS Foundation Trust
- Cambridgeshire & Peterborough NHS Foundation Trust
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- East Coast Community Healthcare
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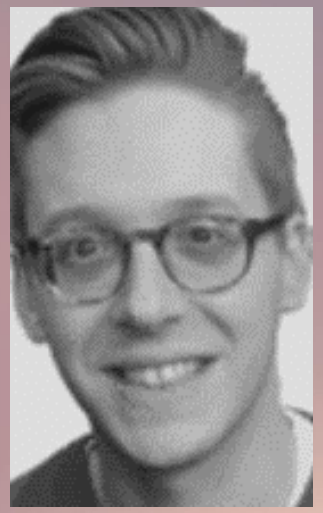
Matt



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Rosanna

- Avon & Wiltshire Mental Health Partnership NHS Trust
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Aim

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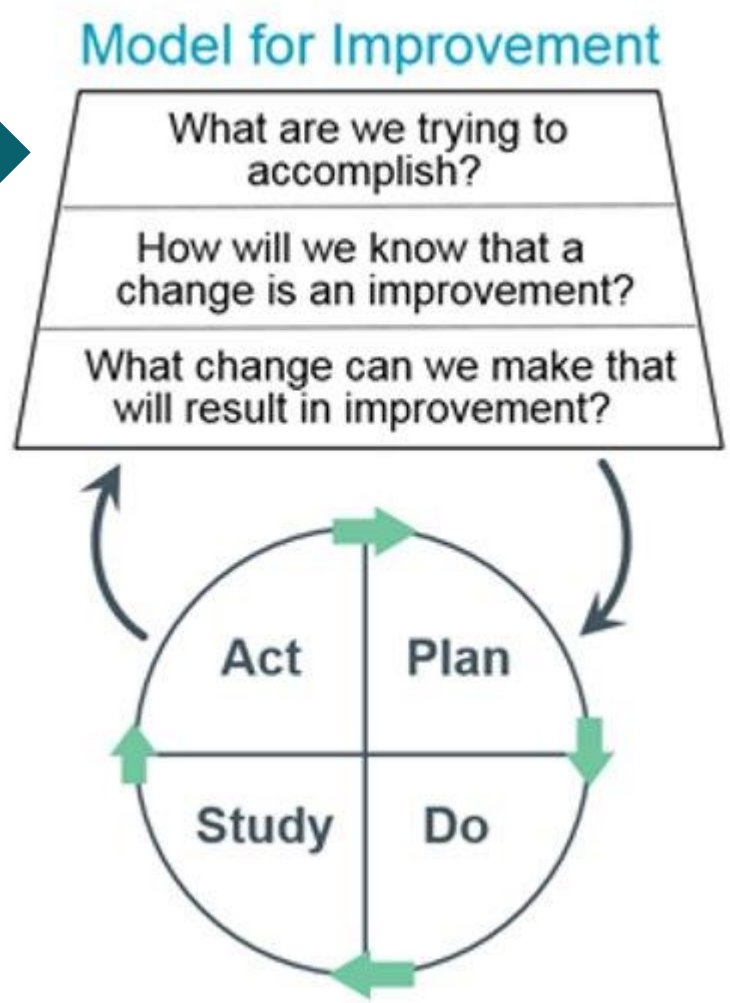

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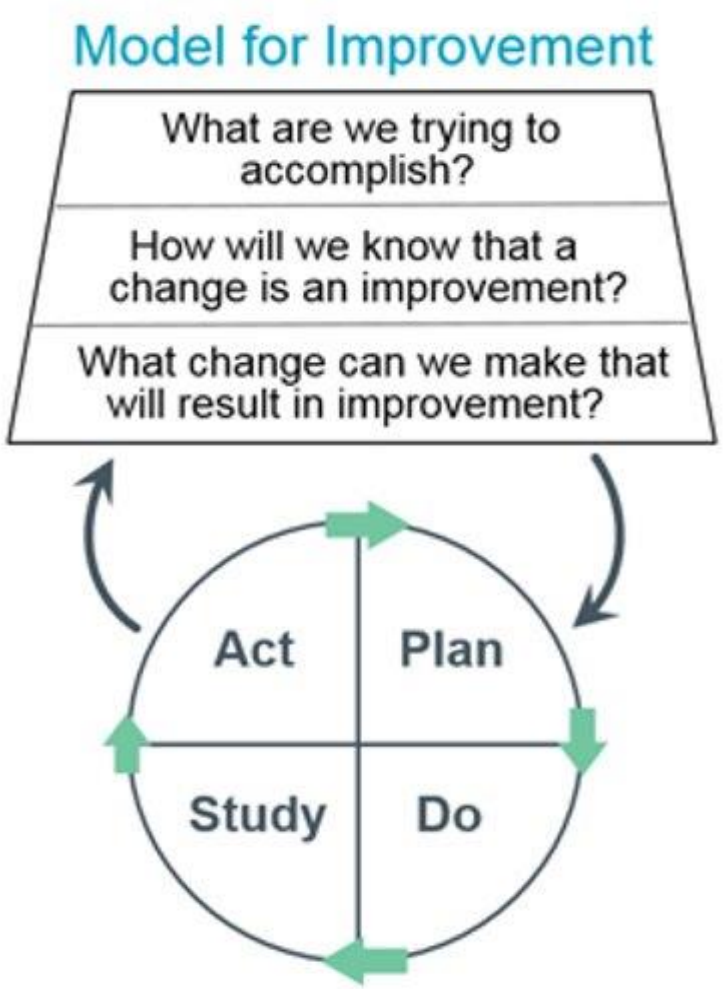
Theory of change



What are the key areas that teams will need to focus on to achieve the aim?

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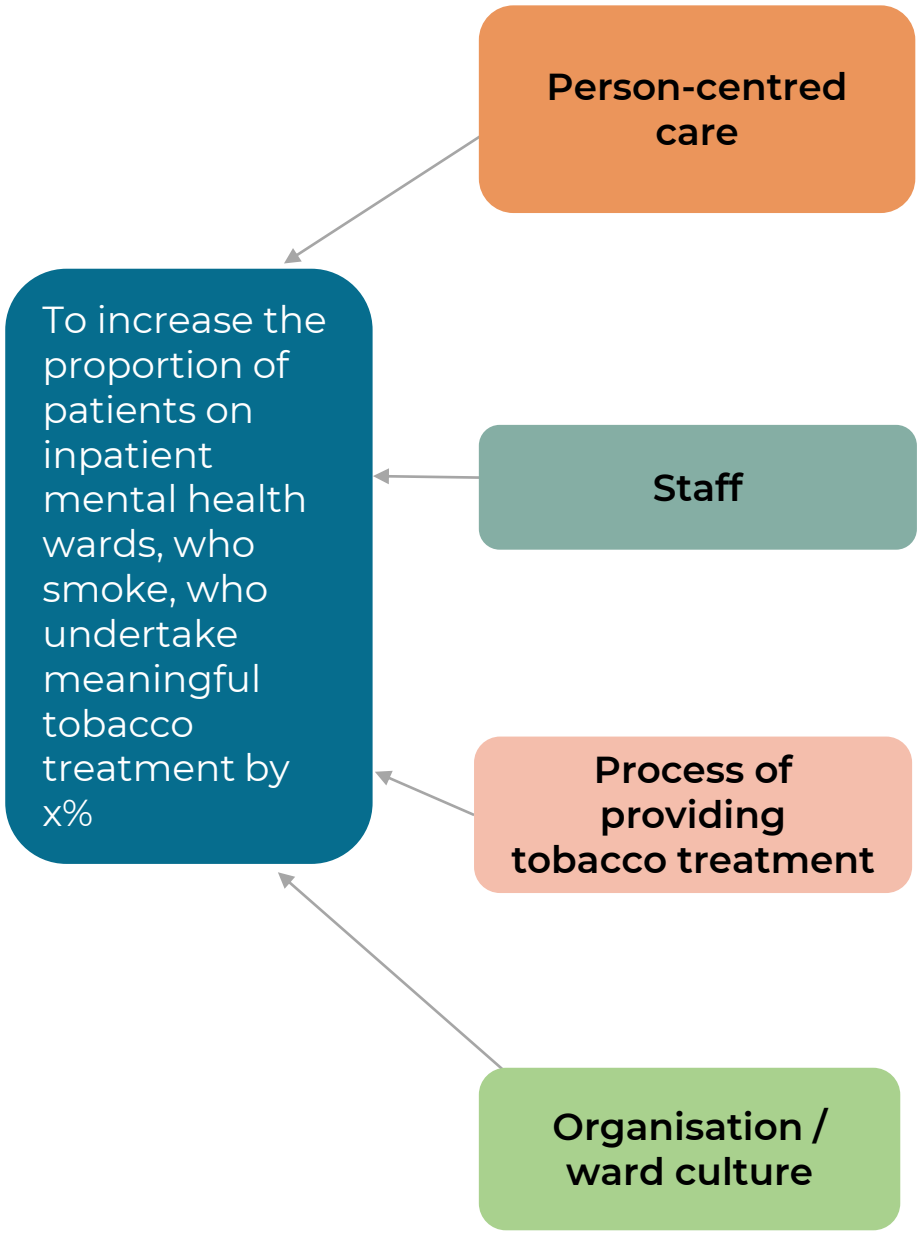
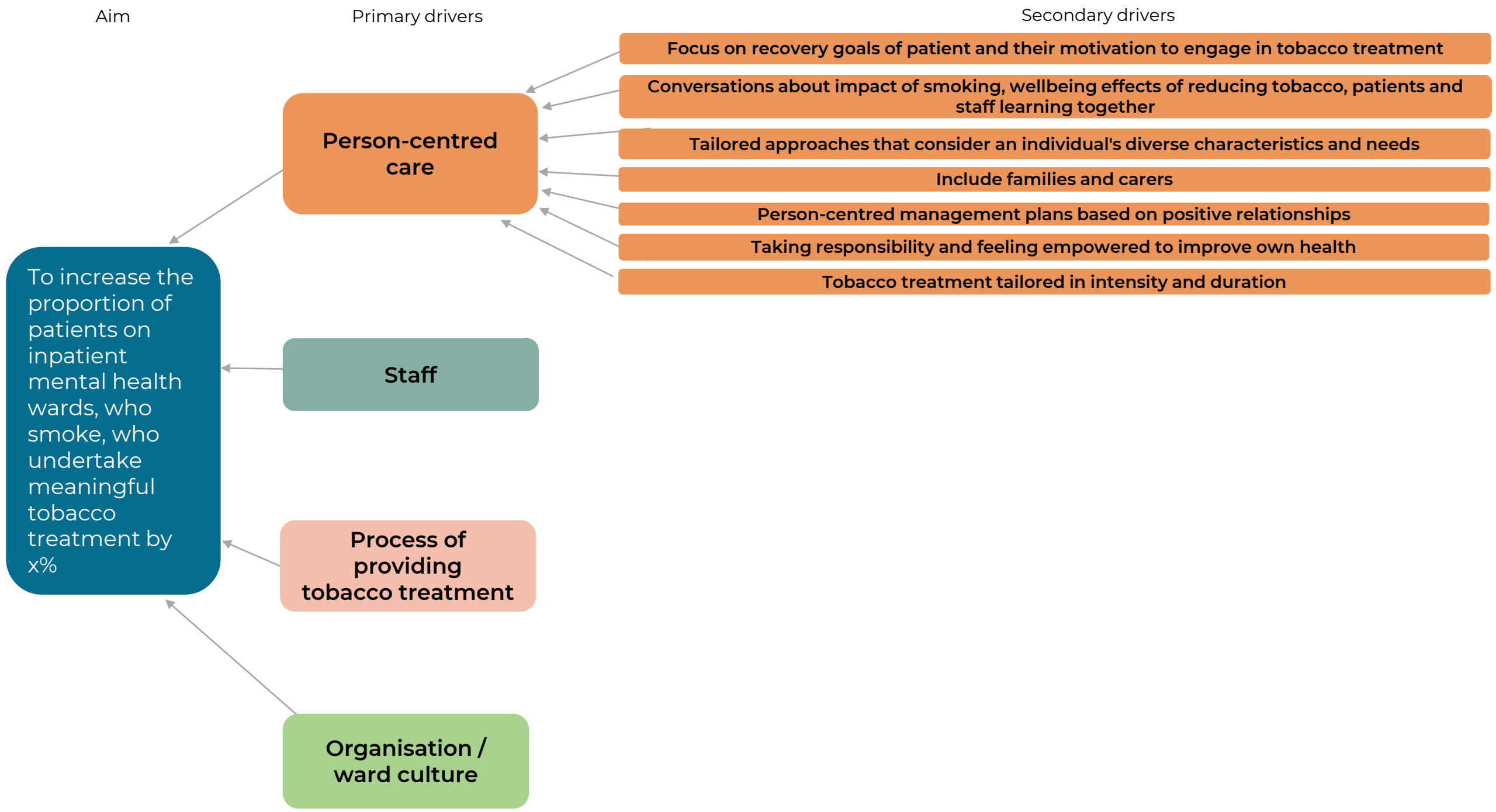
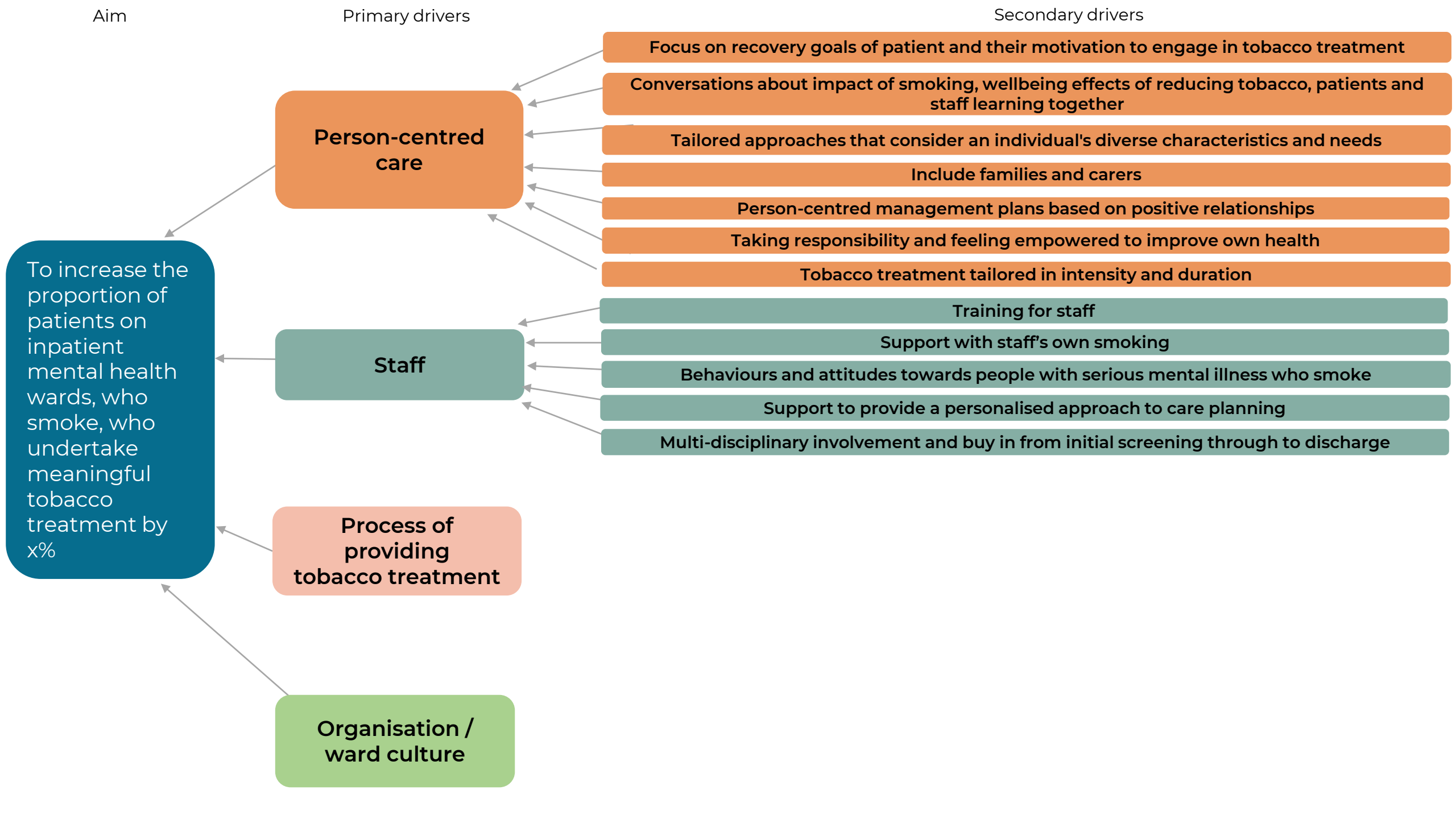
Aim

Primary drivers




Aim
Primary drivers
Secondary drivers
To increase the proportion of patients on inpatient mental health wards, who smoke, who undertake meaningful tobacco treatment by x%
Person-centred care
Staff
Process of providing tobacco treatment
Organisation / ward culture
Focus on recovery goals of patient and their motivation to engage in tobacco treatment
Conversations about impact of smoking, wellbeing effects of reducing tobacco, patients and staff learning together
Tailored approaches that consider an individual's diverse characteristics and needs
Include families and carers
Person-centred management plans based on positive relationships
Taking responsibility and feeling empowered to improve own health
Tobacco treatment tailored in intensity and duration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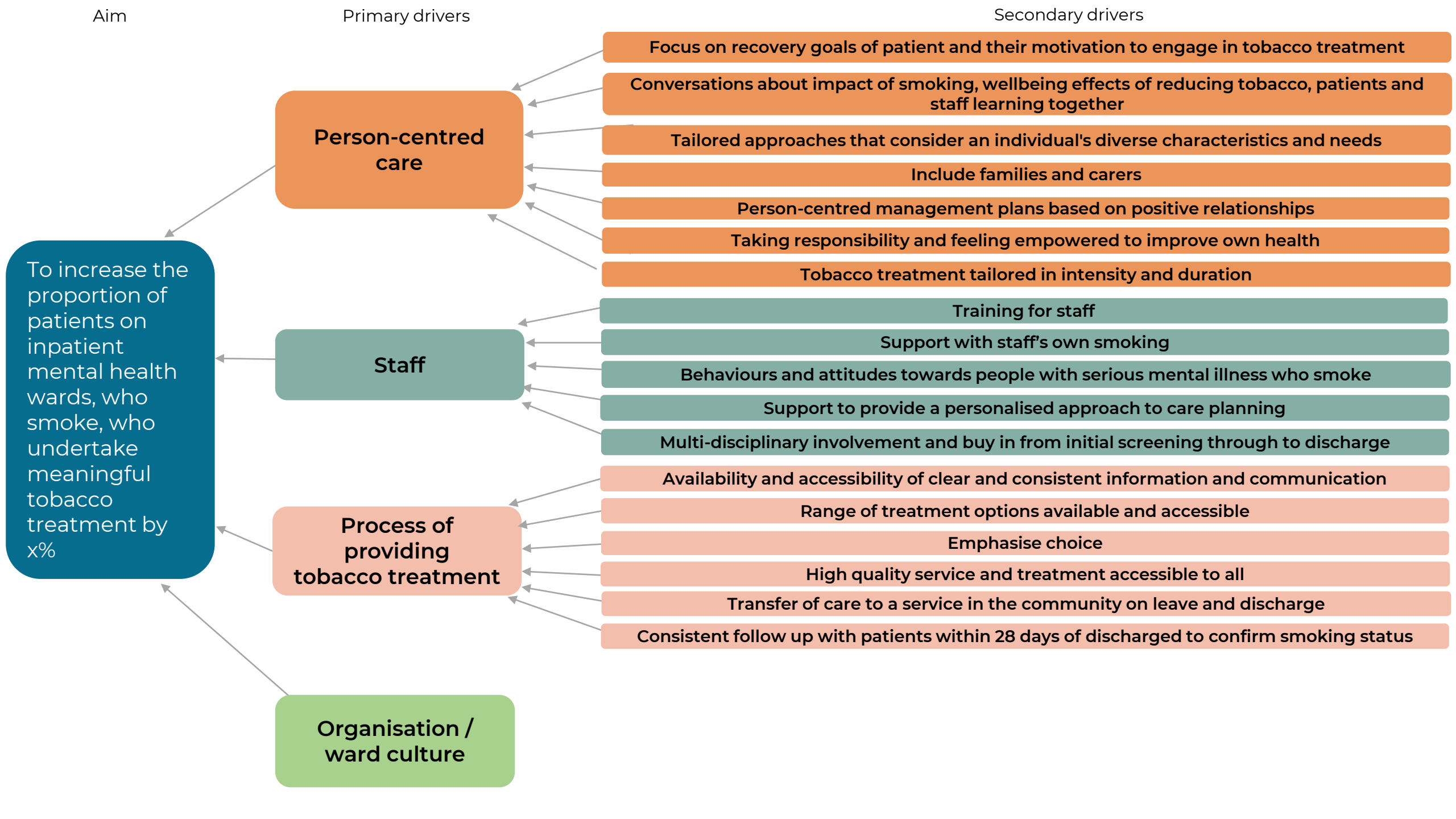
Training for staff
Support with staff's own smoking
Behaviours and attitudes towards people with serious mental illness who smoke
Support to provide a personalised approach to care planning
Multi-disciplinary involvement and buy in from initial screening through to discharge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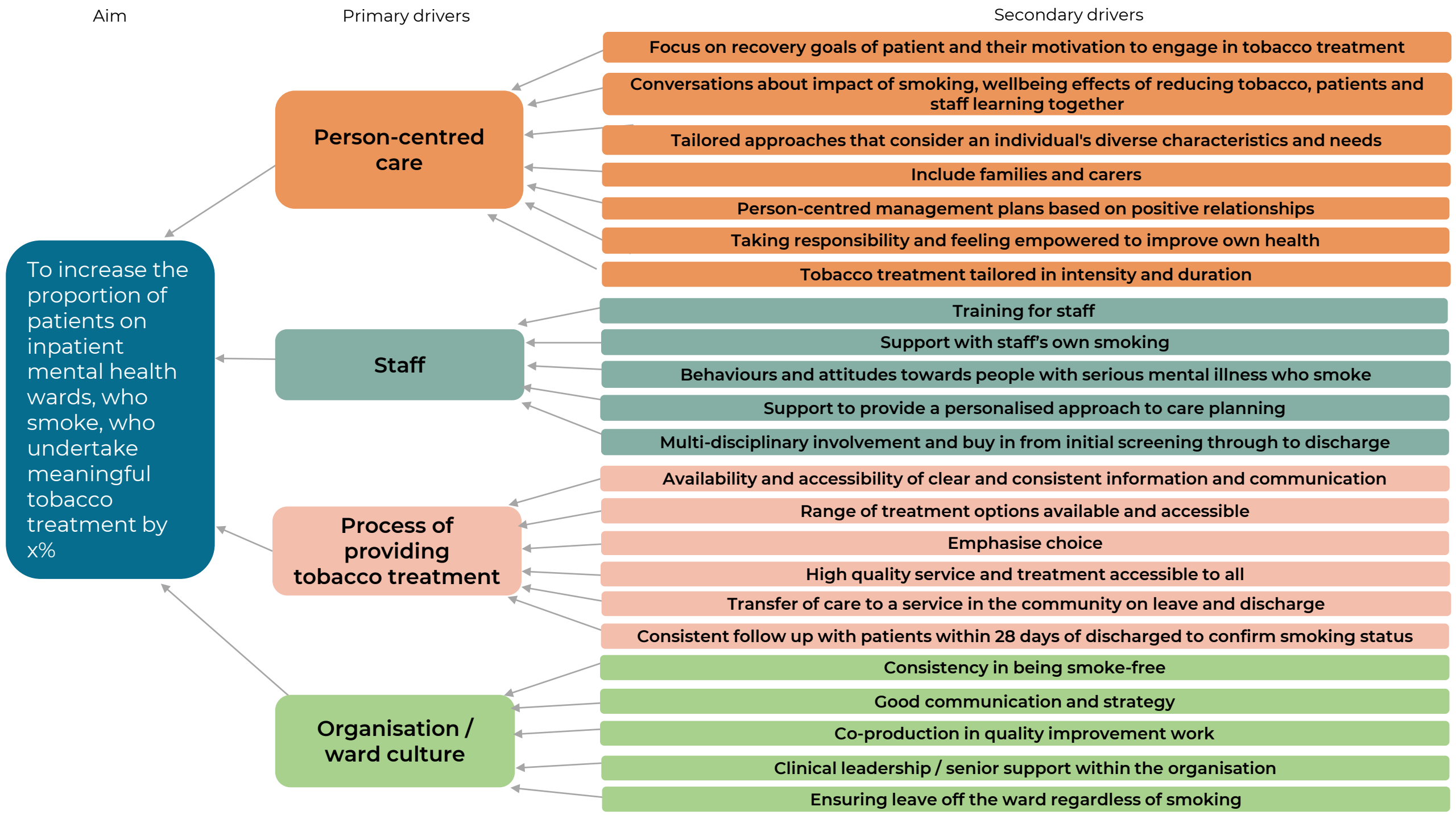
Multi-disciplinary involvement and buy in from initial screening through to discharge
Process of providing tobacco treatment
Availability and accessibility of clear and consistent information and communication
Range of treatment options available and accessible
Emphasise choice
High quality service and treatment accessible to all
Transfer of care to a service in the community on leave and discharge
Consistent follow up with patients within 28 days of discharged to confirm smoking status
Organisation / ward culture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Organisation / ward culture
Consistency in being smoke-free
Good communication and strategy
Co-production in quality improvement work
Clinical leadership / senior support within the organisation
Ensuring leave off the ward regardless of smoking

Primary driver	Secondary driver	Change ideas from the design workshop
Person-centred care	Conversations about impact of smoking, wellbeing effects of reducing tobacco, patients and staff learning together	•Informal coffee and cake conversations to provide information and support on tobacco treatment. •Named contact on the ward that patients and staff can go to for advice and information about tobacco treatment. •Establishment of peer support groups

Primary driver	Secondary driver	Change ideas from the design workshop
Staff	Training for staff	• Co-produce a video of what a 'good conversation' looks like e.g. language that is supportive vs not supportive.

Primary driver	Secondary driver	Change ideas from the design workshop
Process of providing tobacco treatment	Availability and accessibility of clear and consistent information and communication	•Co-produce ward posters and patient information leaflets (in multiple languages) to raise awareness. •Review quality and quantity of paperwork from staff/patient perspective.

Primary driver	Secondary driver	Change ideas from the design workshop
Organisation / ward culture	Consistency in being smoke-free	•Ensure adherence to policy. •Review vaping policies and ensure provision of on-site vaping space/facilities.

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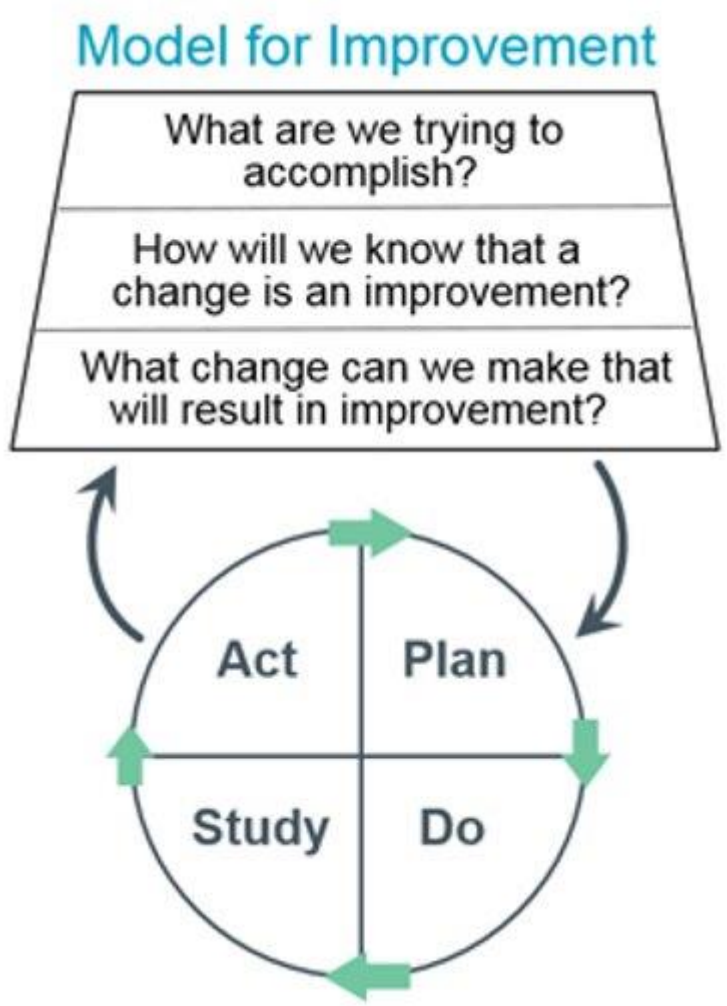
QI coaches support teams to run tests of change on ideas generated by the team that could help achieve the aim

Testing ideas



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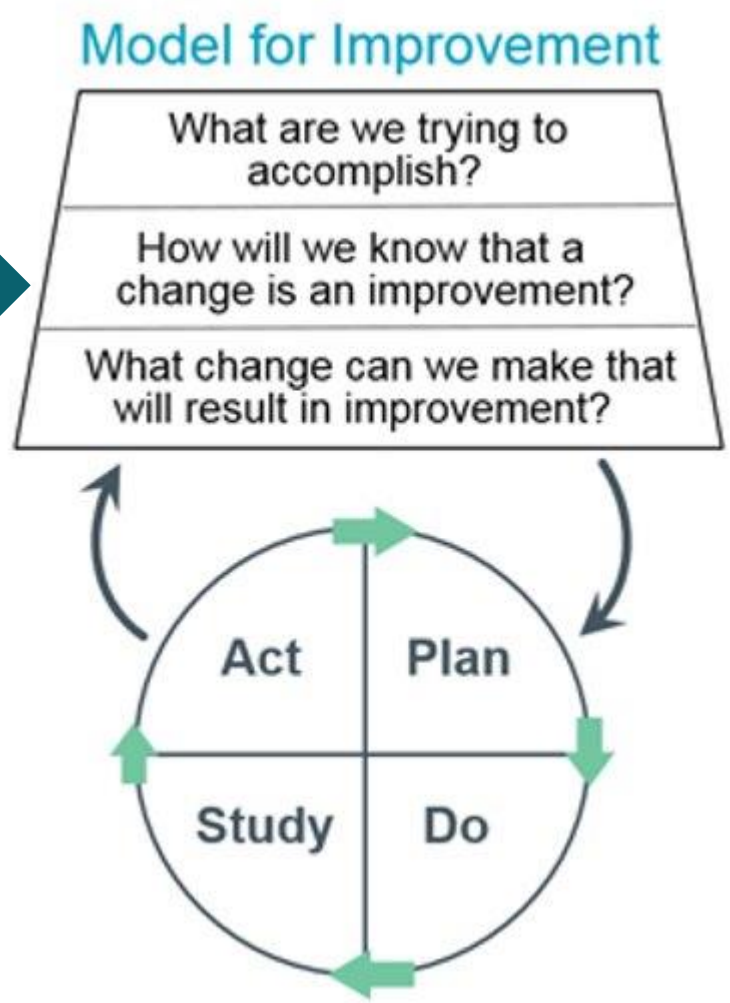
Measures

1. Smoking status screened (monthly)

2. Patients engaged with a tobacco dependency treatment service (monthly)

3. Patients have quit tobacco use (monthly)

4. Support provided by tobacco dependency treatment service is meaningful (monthly)



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Subject matter experts

Theory of change & measurement plan

Quality improvement support

Learning from each other

Story-telling and sharing experiences

Access to LifeQI

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Lunch

12:45 – 13:30

Quality Improvement in Tobacco Treatment

Enablers and obstacles in delivery

NCCMH team

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Enablers and obstacles in delivery

What is it?

- This is a QI tool designed to identify the enablers (positive) and obstacles (negative) that support or work against the solution of an issue or problem.
- Once forces are identified, steps can be taken to reinforce the driving forces and reduce the restrictive forces

What does it do?

- Allows comparisons of the “positives” and “negatives” of a situation
- Encourages people to agree about the relative priority of factors on each side of an issue
- Supports the honest and open reflection on the underlying root causes of a problem and ways to break down barriers
- Forces people to think together about all the aspects of making the desired change a permanent one

Session timeline

Time	Task
13:35 - 13:55	Teams write driving (positive forces for change) and restraining (obstacles for change) forces
13:55 - 14:05	Teams circulate and look at other teams' sheets
14:05 - 14:15	Whole group feedback

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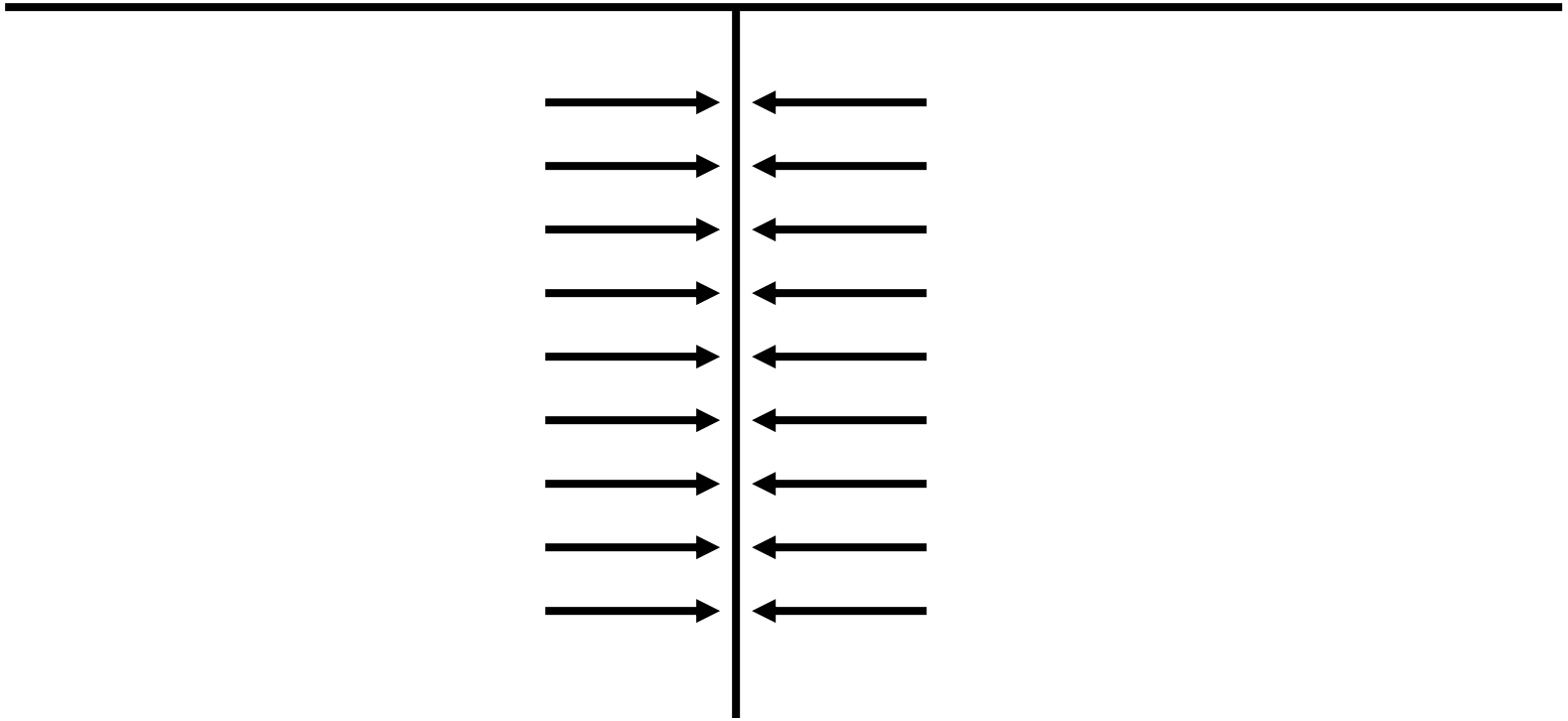
Force Field Analysis Worksheet

Trust/organisation: _____

Driving Forces (+) **Restrictive Forces (-)**



Actions to reduce the restrictive forces:

-
-

20 minutes

What are the driving forces in the delivery of tobacco treatment services?

Consider the following:

- What helps you deliver tobacco treatment?
- What are the forces that restrict you in providing treatment?

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15 minutes

Take time to review the worksheets completed by others

Consider the following:

- How can people build on the positive forces to deliver tobacco treatment?
- What can people do to overcome the restrictions to providing tobacco treatment?

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10 minutes

Feed back to the group

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Next steps

NCCMH team

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Next steps

- Deciding which of your wards will take part
- Forming a project team
- Working collaboratively with patients
- Meeting regularly as a project team
- Keeping in touch with your QI Coach
- Collecting data

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Next steps

Which of your wards will be involved with this work?

Who will be in your project team?

How can you ensure patients are part of your project?

How regularly can you meet as a project team?

How will you keep in touch with your QI Coach?

Do you need to do/ change anything to be collecting data?

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Close

Tom Ayers

Director, National Collaborating Centre for Mental Health (NCCMH)

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