Quality Improvement in Tobacco Treatment

Learning Set 2

22 May 2023, 10:30 – 15:00

Quality Improvement in Tobacco Treatment

NHS England

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Welcome and introductions

Emily Cannon

Head of Quality Improvement

National Collaborating Centre for Mental Health (NCCMH)

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Housekeeping

- Toilets are located to the right of the lifts on level 1 (men's and women's toilets) and the ground floor (gender neutral toilets and disabled toilets).
- Lunch will be from 12:35 – 13:20 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 quiet space (just outside the main auditorium).
- Please use the mezzanine area if you need to step outside for anything else.
- There will be a fire alarm test between 11:00 – 11:30.

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The programme team

Quality Improvement in Tobacco Treatment Collaborative

Amar Shah

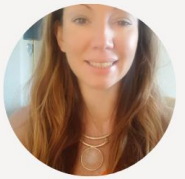
National Improvement Lead

Tom Ayers

Director

Emily Cannon

Head of Quality Improvement



Joanna Popis

Programme manager

Matt Milarski

Senior QI Advisor

Rosanna Bevan

QI Coach

Clementine Fitch-Bunce

QI Coach

Aarti Gandesha

QI Coach

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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**	
11:00-11:05	Welcome and introduction	Emily Cannon, Head of QI, NCCMH
11:05-11:10	Icebreaker	Emily Cannon, Head of QI, NCCMH
11:10-11:55	Learning from South London and Maudsley NHS Foundation Trust (SLaM)	Mary Yates and Melissa Wood, South London and Maudsley NHS Foundation Trust (SLaM)
11:55-12:15	Plan-Do-Study-Act (PDSA) cycle in practice	Matt Milarski, Senior Quality Improvement Advisor, NCCMH
12:15-12:35	Team journey so far: Somerset NHS Foundation Trust	Martin Lever, Tobacco Reduction Programme Manager, Somerset NHS Foundation Trust
12:35-13.20	**Lunch**	
13:20-14:05	Learning from each other	Rosanna Bevan, Quality Improvement Coach, NCCMH
14:05-14:55	Involving people with lived experience in your QI project	Ben, Patient Representative, NCCMH Claire Atkins, Tees, Esk and Wear Valley NHS Foundation Trust Sue Mountain, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
14:55-15:00	Close	Aarti Gandesha, Quality Improvement Coach, NCCMH

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About the QuITT collaborative

- A national quality improvement collaborative to **increase the proportion of patients on inpatient mental health wards, who smoke, who undertake meaningful tobacco treatment.**
- 17 Round 1 and 15 Round 2 NHS and other healthcare teams, from England will share ideas and work alongside each other to trial new approaches
- Led by the National Collaborating Centre for Mental Health (NCCMH) at the Royal College of Psychiatrists
- Tailored QI Coach support for each team; shared measurement; access to data, reports and guidance; support from a large learning community and wide range of experts and stakeholders.

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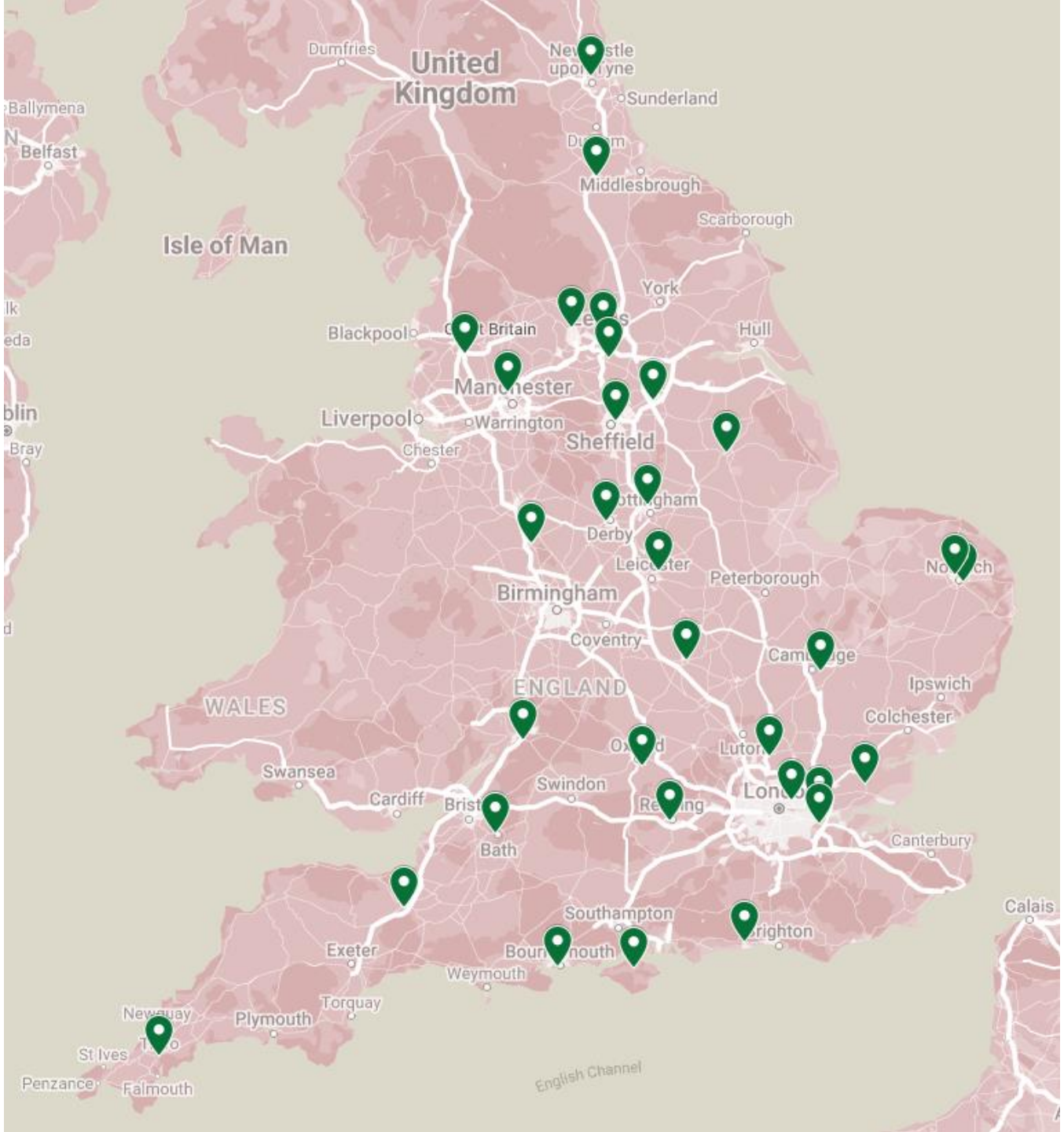
Participating organisations



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Why?

- 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.
- 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.
- 50% of deaths in people with severe mental illness are due to smoking
- People with severe mental illness have high rates of smoking BUT want to quit as much as the general population

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Icebreaker

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Icebreaker instructions

5 minutes

Find someone you don't know on the opposite side of the room, introduce yourself and tell your partner:

One thing you have achieved, or one thing you are proud of in your QuITT project, since the last learning set.

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Learning from South London and Maudsley NHS Foundation Trust (SLaM)

Mary Yates
Retired Nurse Consultant
South London and Maudsley NHS Foundation Trust

Melissa Wood
Tobacco Dependence Specialist
South London and Maudsley NHS Foundation Trust

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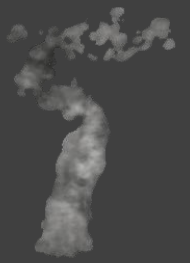
QuiTT Learning Set



Mary Yates, RNMH, RMN, MSc. National Tobacco Dependence Trainer
Melissa Wood, Tobacco Dependence Advisor

Acknowledgements: Dr Debbie Robson, KCL

Overview of what we will cover

- Background to the SLaM smokefree programme
- Dealing with resistance from staff
- Dealing with resistance from patients
- Being generous with support - vapes, NRT, behavioural support

Seeing the light by MK mental health patient

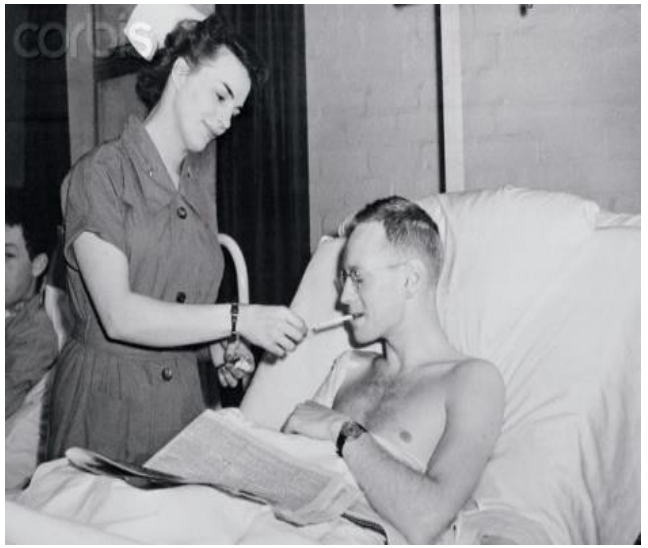
I used to sit in a cloud of smoke
Kidded myself it helped me cope
But then I thought of lungs so clean
And what packing in the fags could mean

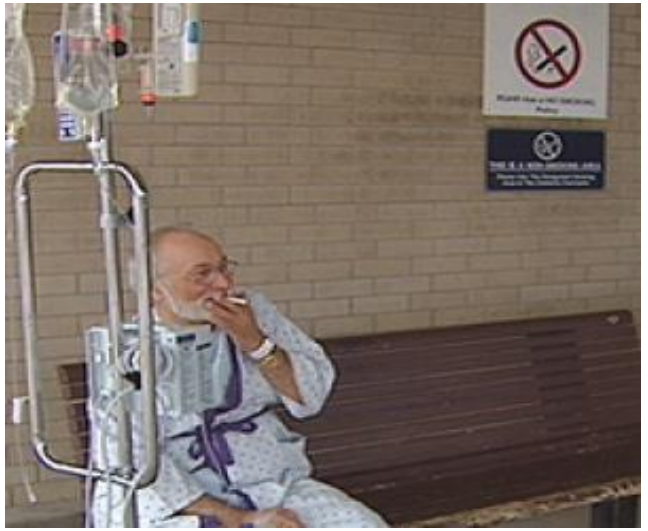
So I sat on a bench in early spring
And I felt the love of the sun
Felt the freshness of the breeze
Saw new leaves upon the trees

A future not propped up by fags
Of all those unhealthy drags
The new man I could become
I saw the light in the springtime sun

Health & wellbeing should flourish in MH care settings – admission to hospital is an opportunity for smokers to quit

I was rubbish at treating the leading cause of preventable disease and premature death

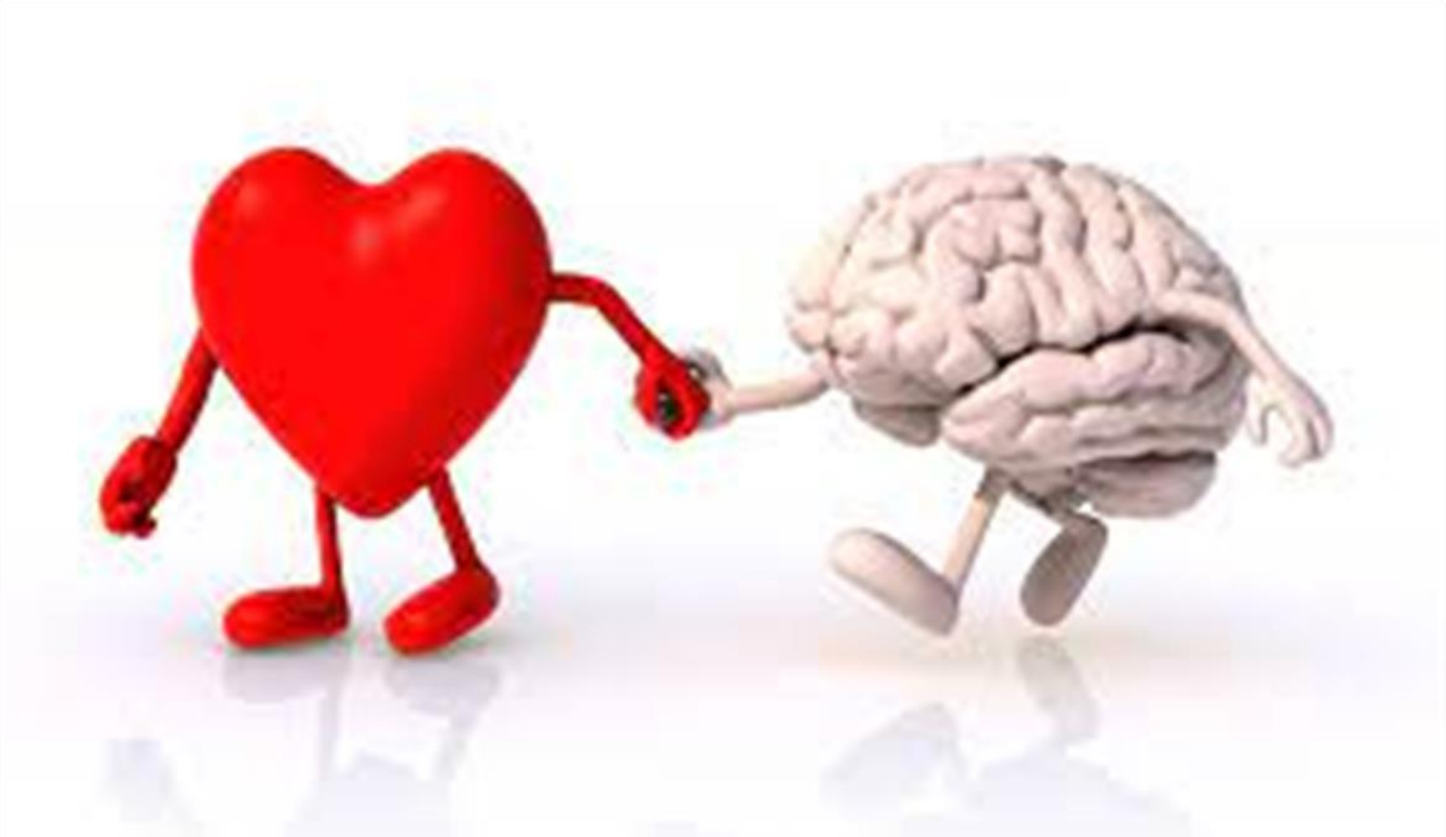




Busy doing the wrong thing

- Each nurse was spending 2.23 hours facilitating smoking; helping patients develop preventable disease and die young in every ward every day
- 15% of all restraints were due to managing smoking related conflicts

Robson D, Yates M, Craig TJ, Healey A, McNeill A. Time to Smoke: Facilitating Smoking Breaks in Mental Health Inpatient Settings. Nicotine Tob Res. 2016 Aug;18(8):1794-7. doi: 10.1093/ntr/ntw103. Epub 2016 Apr 16. PMID: 27085082

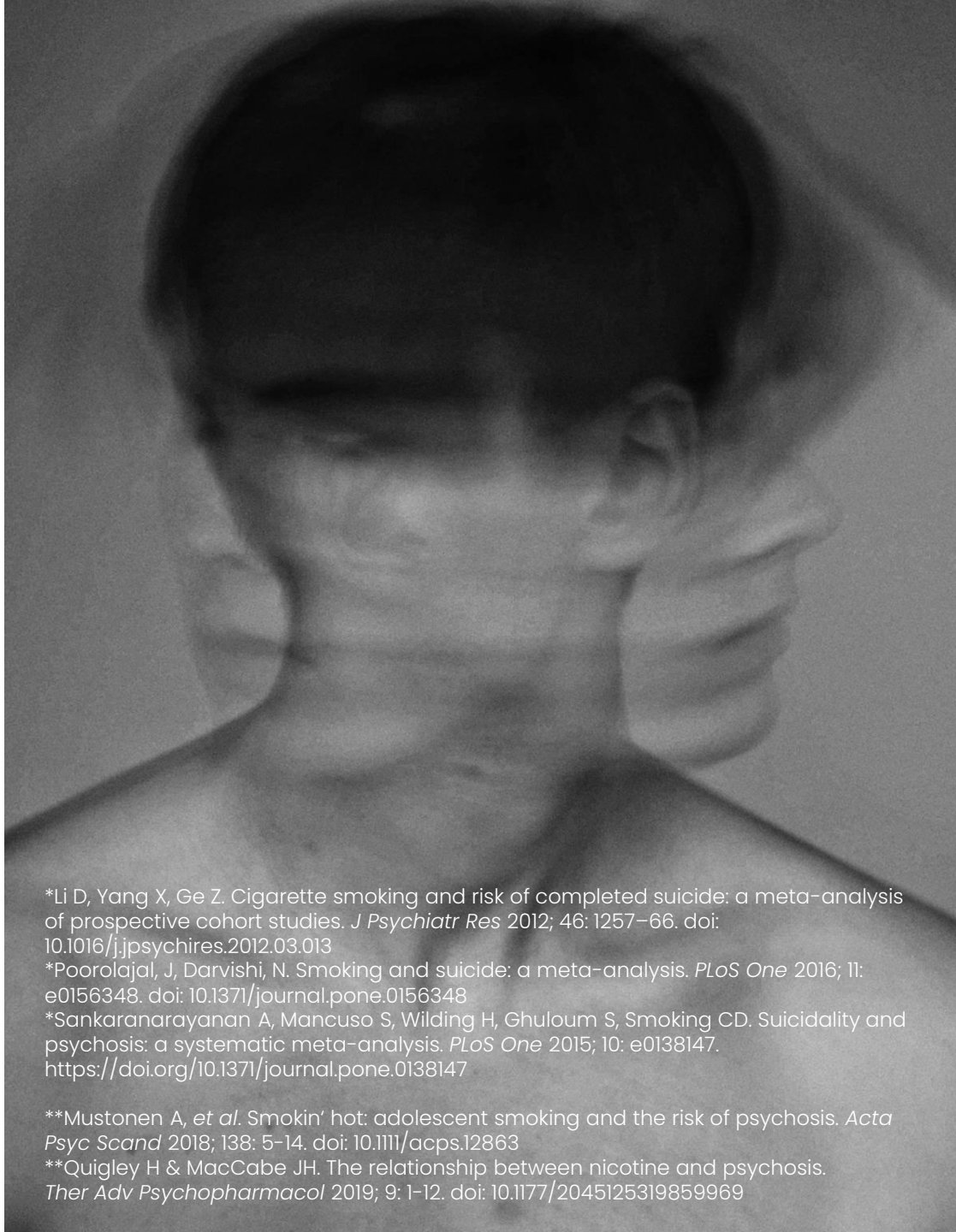


- Sick smokers need to quit
- Sick smokers want to quit
- Sick smokers can quit

Tobacco Dependence is the most urgent clinical condition sick smokers with SMI present with

Smoking impacts on mental health so it is our business to treat this life threatening condition

- Smoking contributes to poor mental health (more severe psychosis, higher rates of depression, longer time in hospital)
- Increased risk of suicide*
- Lower plasma levels of clozapine and olanzapine (~50%) higher doses of medication
- Poverty (spend ~ a third of income on cigarettes)
- Exploitation & stigma (begging for cigarettes, picking up butts, paying inflated prices)
- Evidence that daily tobacco use is associated with increased risk of psychosis and an earlier age at onset of psychotic illness**
- Increased risk of dementia



*Li D, Yang X, Ge Z. Cigarette smoking and risk of completed suicide: a meta-analysis of prospective cohort studies. *J Psychiatr Res* 2012; 46: 1257–66. doi: 10.1016/j.jpsychires.2012.03.013
*Poorolajal, J, Darvishi, N. Smoking and suicide: a meta-analysis. *PLoS One* 2016; 11: e0156348. doi: 10.1371/journal.pone.0156348
*Sankaranarayanan A, Mancuso S, Wilding H, Ghuloum S, Smoking CD. Suicidality and psychosis: a systematic meta-analysis. *PLoS One* 2015; 10: e0138147. https://doi.org/10.1371/journal.pone.0138147

**Mustonen A, *et al*. Smokin' hot: adolescent smoking and the risk of psychosis. *Acta Psyc Scand* 2018; 138: 5-14. doi: 10.1111/acps.12863
**Quigley H & MacCabe JH. The relationship between nicotine and psychosis. *Ther Adv Psychopharmacol* 2019; 9: 1-12. doi: 10.1177/2045125319859969

Challenges faced by smokers with mental illness

Personal factors

- Low self-confidence
- Past negative experience / failure
- High rate of smoking in peer group
- Concern about toxicity
- Unable to seek support
- Concern about quitting aids
- Belief that smoking helps
- Boredom

Systemic factors

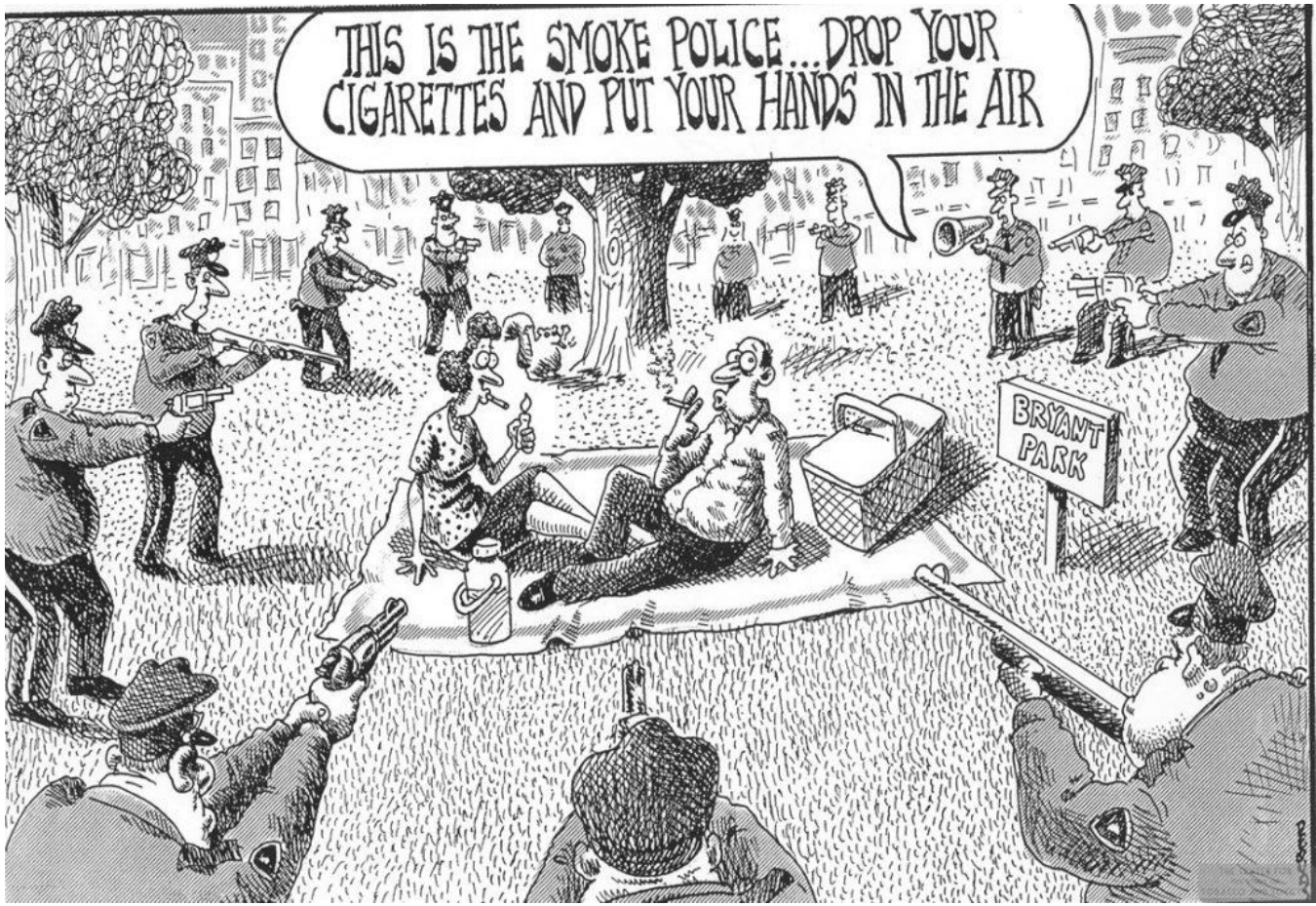
- Poor staff training
- Poor screening / data monitoring
- Evidence based treatments not offered
- No smoking cessation targets
- SSS not joined up with MH service
- High rate of smoking among staff
- Time pressures
- CQC focus on making it easy to smoke

Culture of supporting smoking

- Cues to smoke in MH services

 - smokers at the hospital gate

- the smell of smoke on others
- storage of tobacco materials
- cigarette butts on the ground
- visitors bring in cigarettes
- not enough NRT
- poor technique when using NRT
- mixed messages about vapes



Opportunities

- Planning for being in a smokefree service
- Routine CO monitoring
- Welfare staff help calculate savings
- Pharmacists help explain interactions
- All staff inspire confidence
- Availability of accessible information
- Measurement of smoking outcomes
- Staff are busy doing easy things; helping people smoke rather than helping people quit

Reducing barriers to treatment

- Automated referral system
- Homely remedy policy for NRT – direct supply
- Free vapes for adult smokers on arrival & throughout admission
- Staff training -induction, e-learning, ward-based, bite size, recovery college, std nurse, jnr doctor, role specific
- Patient centered advance planning, collaborative, empowering
- Incident review and reflection, huddles, community meetings
- Post hospital aftercare for up to 12 weeks

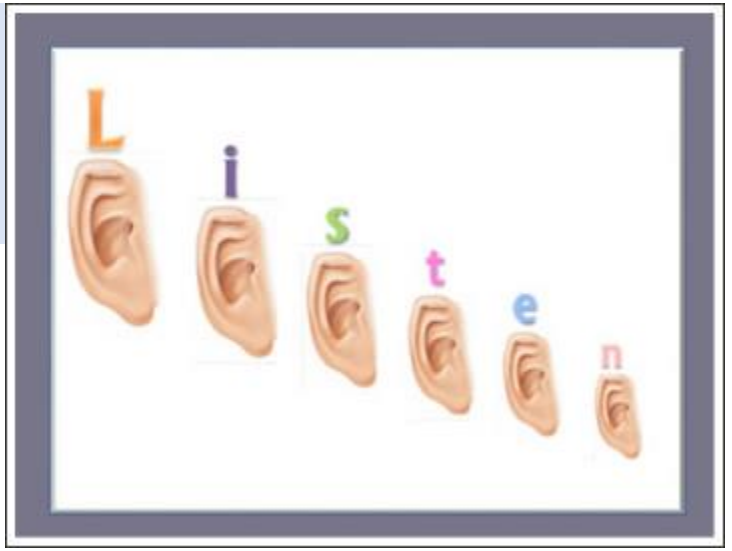
Assessing motivation and concerns

- *“How do you feel about smoking?”*
- *“How do you feel about stopping smoking?”*
- *“On a scale of 1-10……"*
- *“Tell me what worries you about giving up smoking?*
- *“What would help or how could you overcome these difficulties?”*

Response to resistance from patients

- **Reflection**: Give a simple acknowledgement of the concern, emotion, or perception
- **Seek clarification**: Verify your understanding matches the smokers perspective
- **Acknowledge their current views**: Describe any ambivalence you hear plus any difficulties they have expressed
- **Put emphasis on their own choice and control**: It is always the smoker who determines what happens next

Response to resistance from staff



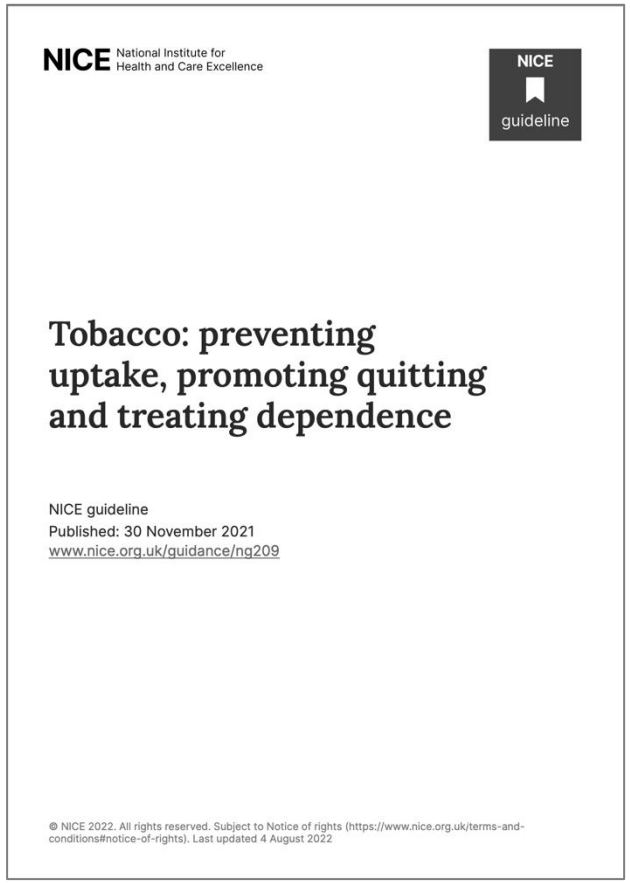
- Private conversation – listen and respond
- Listening sets
- Intranet – FAQ and You said – We did
- Public demonstration of success
- Provide evidence / articles
- Make reporting on smoking everyone’s business
- Support staff smokers to quit
- Push back to CQC

UK health authorities consensus view on vapes

Vaping poses only a small fraction of the risks of smoking, this does not mean vaping is risk-free, particularly for people who have never smoked.

OHID (2021)

Nice guidance: Tobacco: preventing uptake, promoting quitting and treating dependence Nov. '21



Advise adults how to use nicotine-containing vapes

Vapes are not licensed medicines, they are regulated by the Medicines & Healthcare products Regulatory Agency (MHRA) in line with the Tobacco and Related Products Regulations (2016)

Use of vapes is likely to be substantially less harmful than continuing to smoke

Any smoking is harmful, so people using vape should stop smoking tobacco completely

There is not enough evidence to know whether there are long-term harms from vape use

https://www.nice.org.uk/guidance/ng209

Most smokers are undertreated with NRT
How much is too little/much?

If the dose is **too low,**

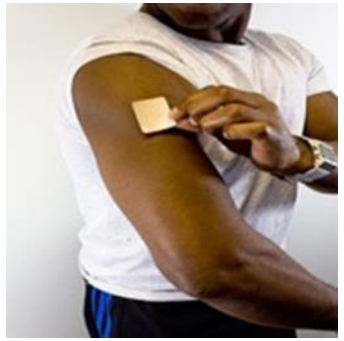
- the patient will experience physical discomfort of withdrawal, including
- irritability
- dysphoria
- restlessness
- anxiety
- insomnia
- headache
- myalgias
- decreased concentration
- strong cravings

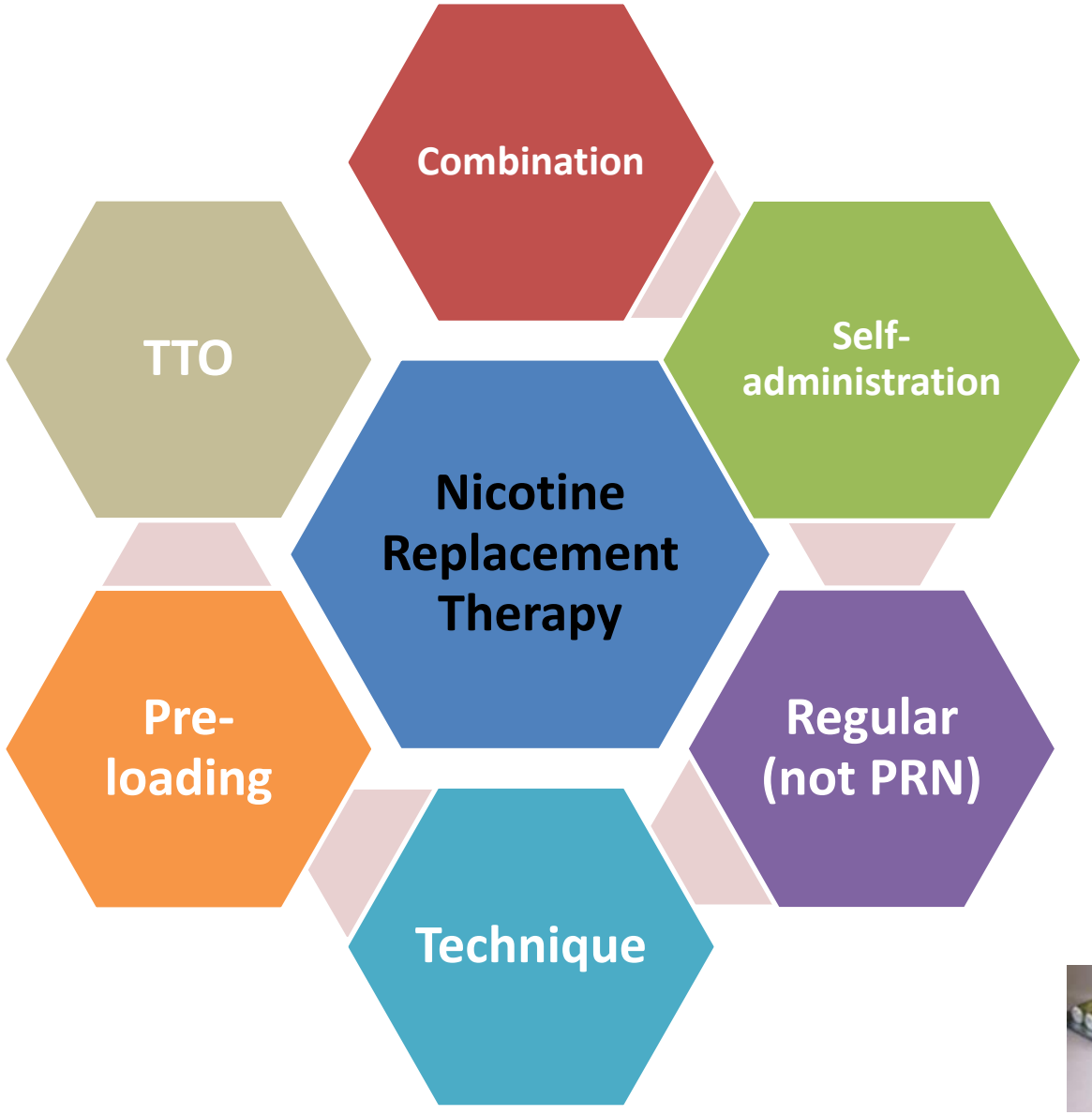
- If the dose is **too high**, the patient will experience
- nausea
- dizziness
- palpitations
- dysphoria

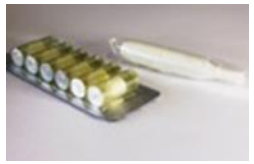
The lower limit for a fatal outcome is **0.5–1 g of nicotine**

(Mayer. 2014. Arch Tox 8(1) 5-7

Optimising effectiveness of NRT







Are you busy doing the wrong thing?

- Tom said “staff are obsessed with random UDS tests, they are costing a fortune but they would help more patients if they did random CO tests”.
- Jane said “Staff can see its important to monitor blood sugar levels for diabetic patients but they can’t see its important to monitor CO levels for sick smokers, its bizarre!”
- The most cost effective and clinically effective intervention available on the NHS is Tobacco Dependence Traetment


Q
&
A

PDSA in practice

Matthew Milarski (he/him)
Senior Quality Improvement Advisor
NCCMH

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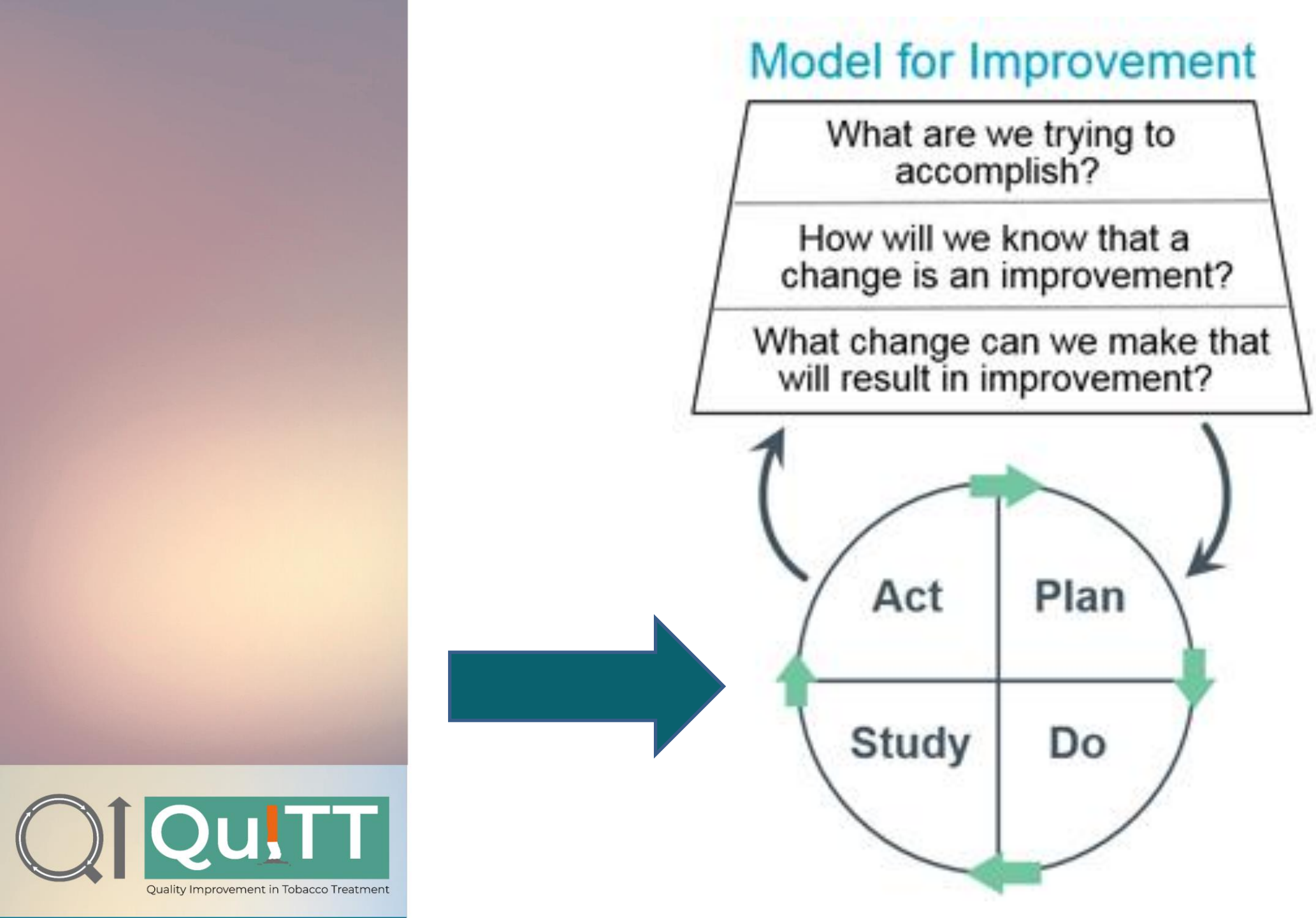

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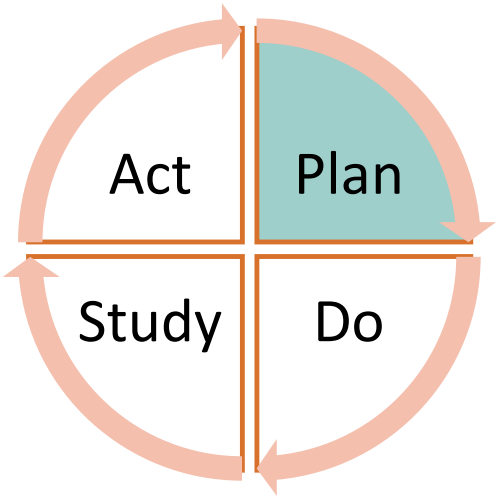

Plan: Plan the test, including a plan for collecting data

- State the question you want to answer and make a prediction about what you think will happen
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect and how you will collect it

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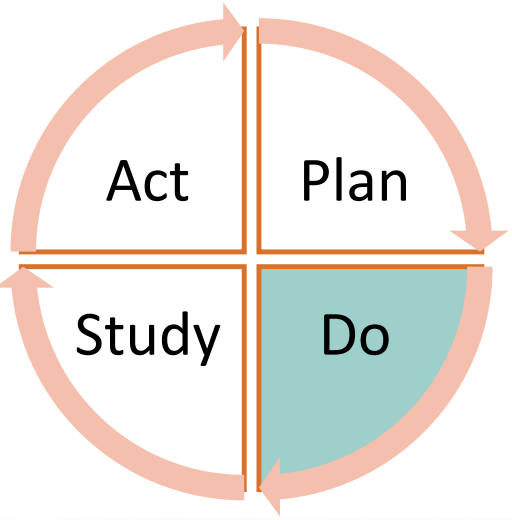

Do: Run the test on a small scale.

- Carry out the test.
- Document problems and unexpected observations.
- Collect and begin to analyse the data.

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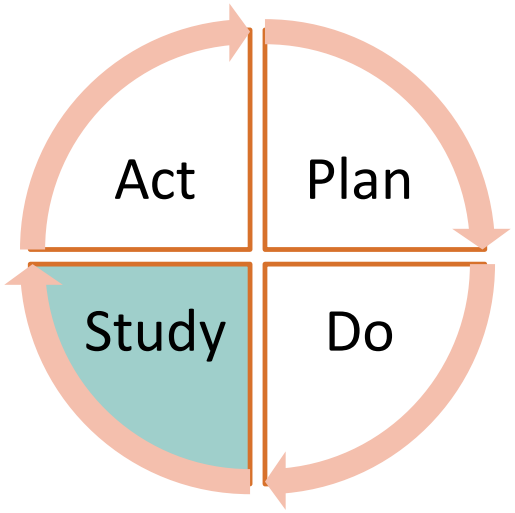
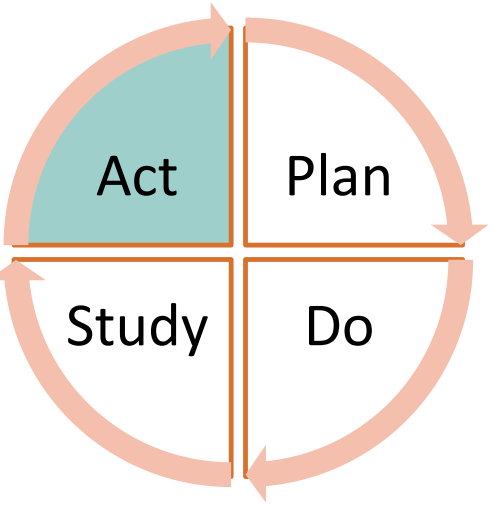


Study: Analyse the results and compare them to your predictions.

- Complete, as a team, your analysis of the data.
- Compare the data to your prediction.
- Summarise and reflect on what you learned.



Act: Based on what you learned from the test, make a plan for your next step

- Adapt (make modifications and run another test), adopt (test the change on a larger scale), or abandon (don't do another test on this change idea).
- Prepare a plan for the next PDSA

PDSA Worksheet Template

(Adapted from the QI Essentials Toolkit: PDSA Worksheet, Institute of Healthcare Improvement IHI.org)

The Plan-Do-Study-Act (PDSA) cycle is a useful tool for documenting a test of change. Running a PDSA cycle is another way of saying testing a change — you develop a plan to test the change (Plan), carry out the test (Do), observe, analyse, and learn from the test (Study), and determine what modifications, if any, to make for the next cycle (Act).

In most improvement projects, teams will test several different changes, and each change may go through several PDSA cycles as you continue to learn. Keep a file of all PDSA cycles for all the changes your team tests. Fill out one PDSA worksheet for each change you test.

Instructions

Plan: Plan the test, including a plan for collecting data
- State the question you want to answer and make a prediction about what you think will happen.
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect and how you will collect it

Do: Run the test on a small scale.
- Carry out the test.
- Document problems and unexpected observations.
- Collect and begin to analyse the data.

Study: Analyse the results and compare them to your predictions.
- Complete, as a team, your analysis of the data.
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Act: Based on what you learned from the test, make a plan for your next step.
- Adapt (make modifications and run another test), adopt (test the change on a larger scale), or abandon (don't do another test on this change idea).
- Prepare a plan for the next PDSA.

PDSA Worksheet Template

Objective:

1. **Plan**: Plan the test, including a plan for collecting data

Questions

Predictions

Who, What, where, when:

Plan for collecting data:

2. **Do**: Run the test on a small scale

Describe what happened. What data did you collect? What observations did you make?

3. **Study**: Analyse the results and compare them to your predictions

Summarise and reflect on what you learned:

4. **Act**: Based on what you learnt from the test, make a plan for your next step:

Determine what modifications you should make – adapt, adopt or abandon:

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A PDSA in Practice

What you need:

- A table of at least six people
- A ball pit ball on your table
- A 'PDSA in Practice' worksheet (one per team)
- Assign one person on your table/team to be the timekeeper.

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A PDSA in Practice

What you're going to do:

- Complete task on next slide as fast as possible
- Timekeeper to record how long it took to complete task on worksheet against PDSA Cycle 1
- When all teams have finished cycle 1, you'll have some time to reflect on the attempt and plan for cycle 2
- If you try something different, record what the plan was on your worksheet (only make ONE change per round)
- We'll aim for at least three rounds.

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All team members (excluding timekeeper) to touch the ball on your table in chronological order of date and month of your birthdays

Tips from the team

- Make sure the change idea you are testing is specific and tangible.
- Do not underestimate the importance of planning each PDSA cycle …
- But don't get stuck trying to create the 'perfect' plan, it just needs to be good enough to try the idea out.
- Try to make one tweak to the test per PDSA cycle, otherwise you won't know what change had an effect.
- It's ok to abandon some ideas after testing them. You'll probably still have learned something, and it might inform other tests of change.

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Team journey so far: Somerset NHS Foundation Trust

Martin Lever
Tobacco Reduction Programme Manager
Somerset NHS Foundation Trust

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NHS
Somerset
NHS Foundation Trust

Identifying training needs using a PDSA cycle at Somerset NHS FT

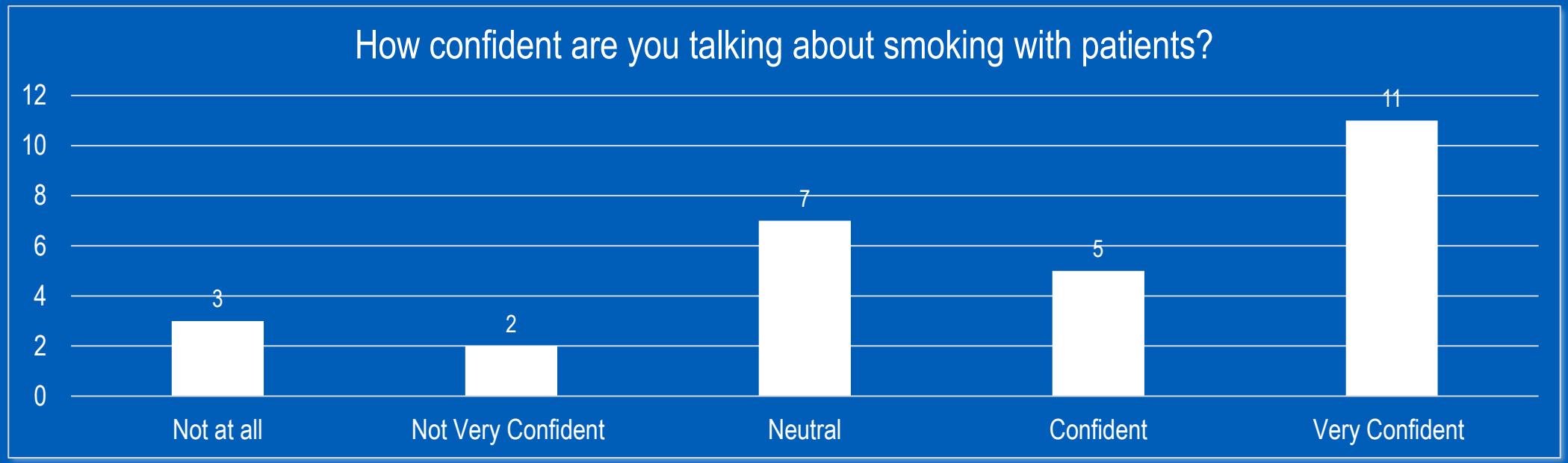
Martin Lever & Carly Sharpe

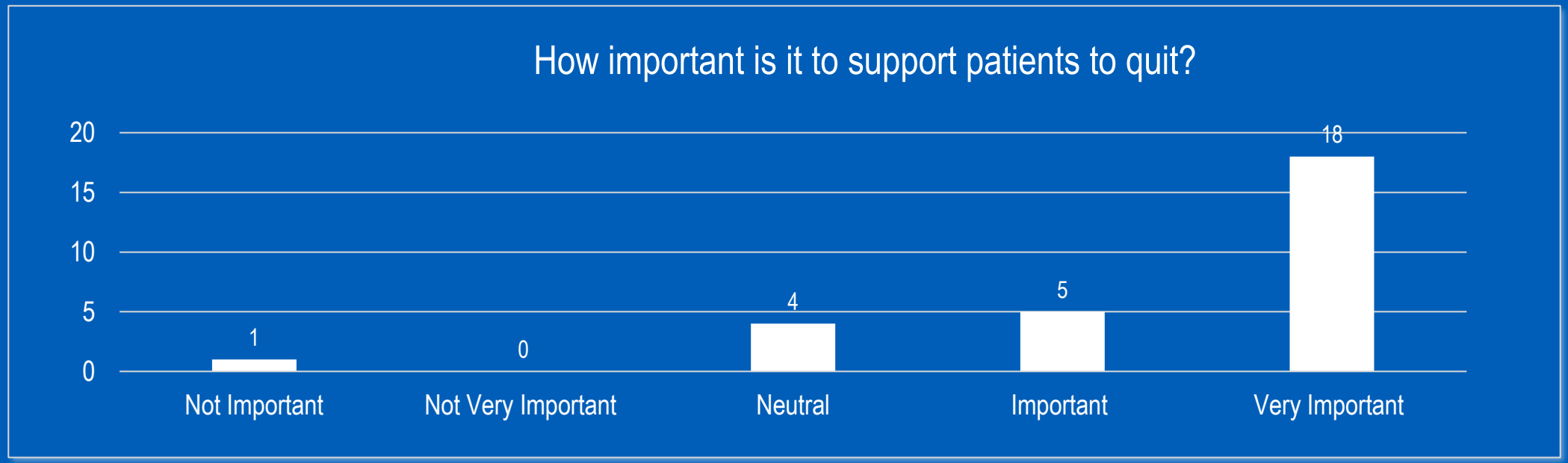
Context

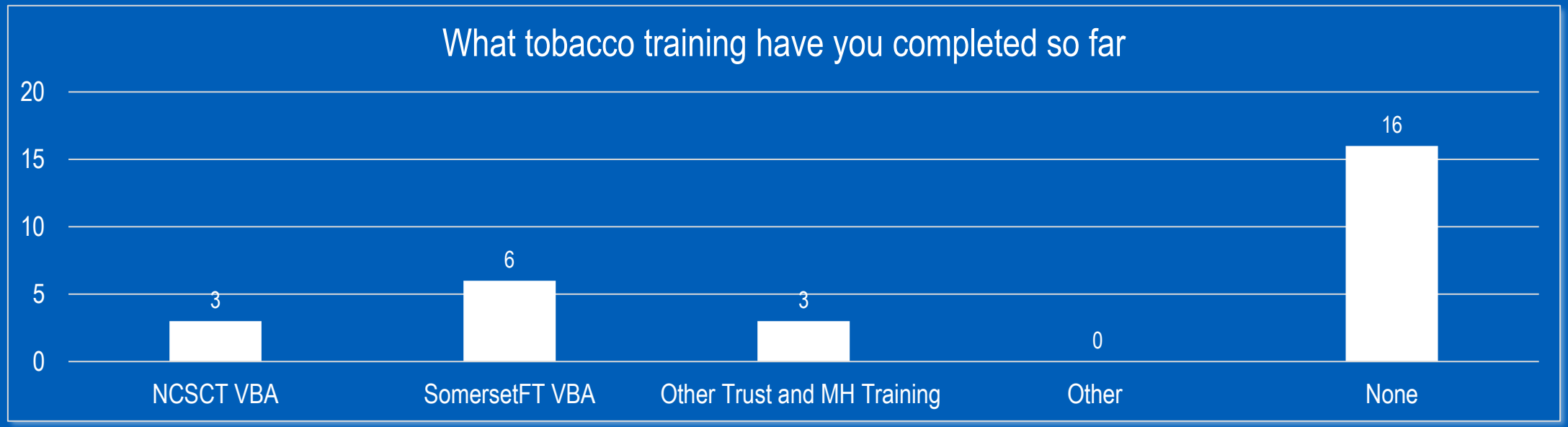
- Tobacco Reduction Programme launched February 2023
- Post-Covid, smoking still tolerated in outdoor courtyard areas
- Previous experience of maintaining smokefree sites has been challenging for ward teams (escalatory behaviour)
- Staff anxieties around the news Tobacco Reduction Programme
- New, full vape offer

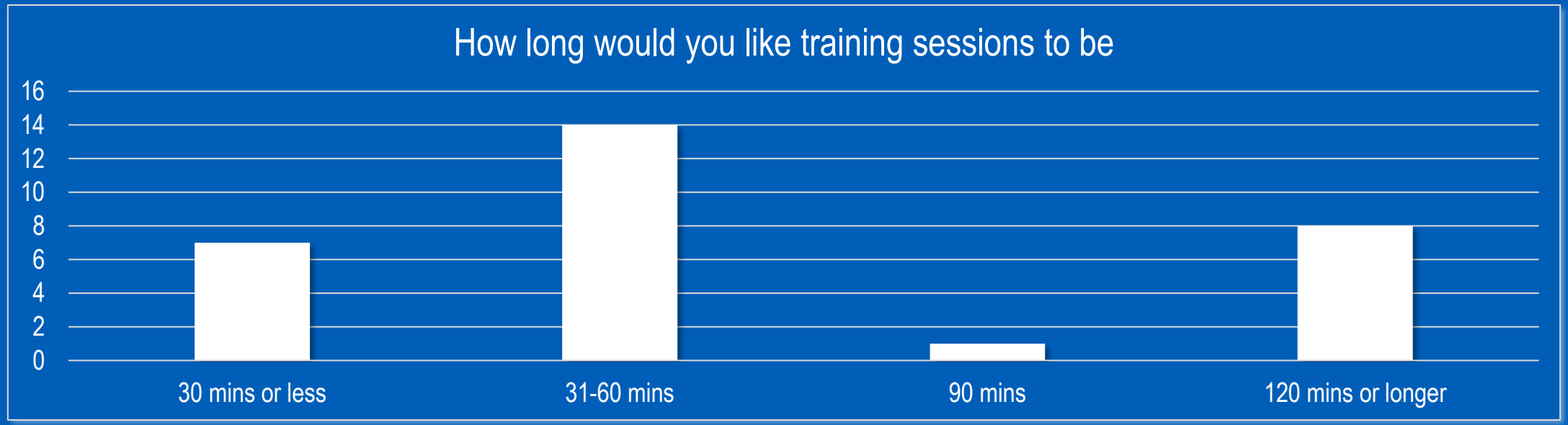
What we did in Taunton

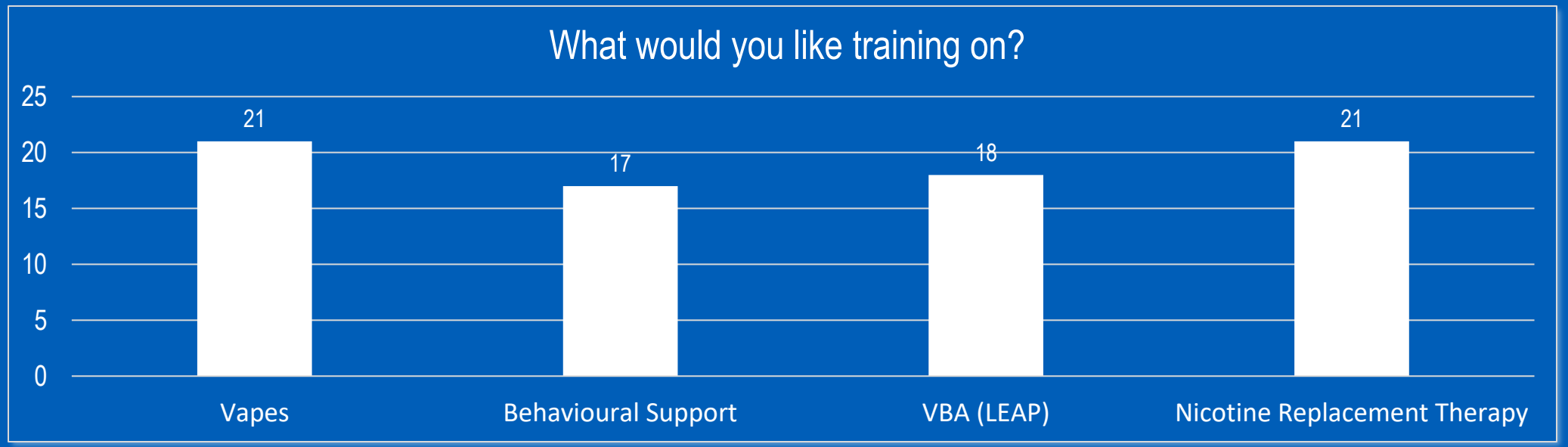
- We completed a PDSA to inform training needs analysis
- Ward Manager Jez '*we can't run training for teams without understanding what training needs are*'
- We have fortnightly QI meetings with TRS and ward teams
- Developed questionnaire, completed by 28 staff
- To inform the design of bespoke training for ward teams and inform other teams where they should be and what they should be testing
- How do we take this forward, what do we do next?
- We use this to inform the next PDSA cycle


How confident are you talking about smoking with patients?
12
10
8
6
4
2
0
3
2
7
5
11
Not at all
Not Very Confident
Neutral
Confident
Very Confident

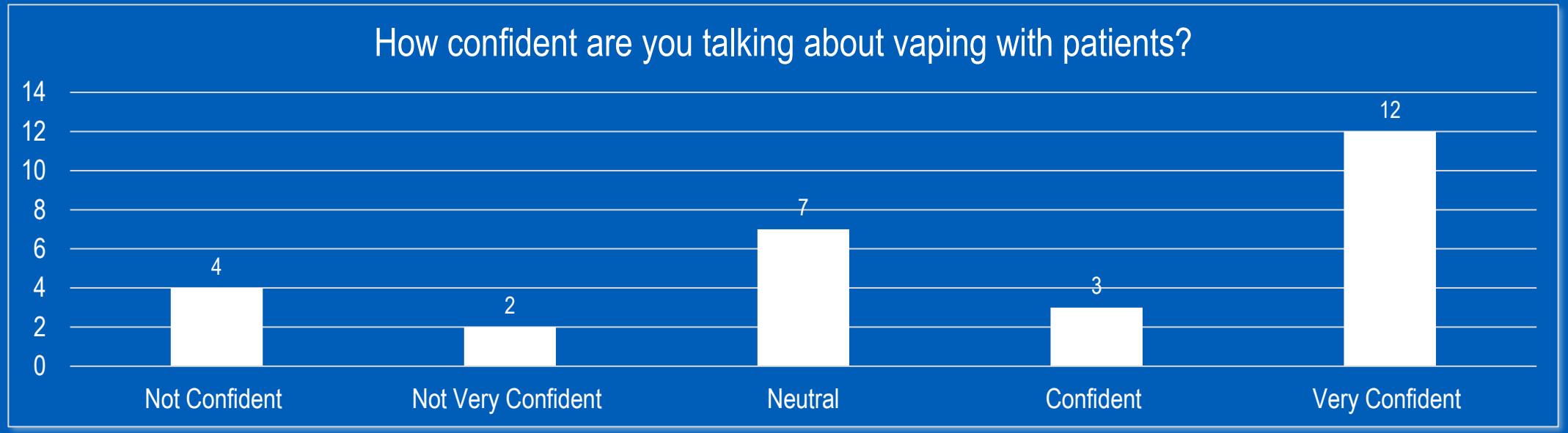

How important is it to support patients to quit?
20
15
10
5
0
1
0
4
5
18
Not Important
Not Very Important
Neutral
Important
Very Important

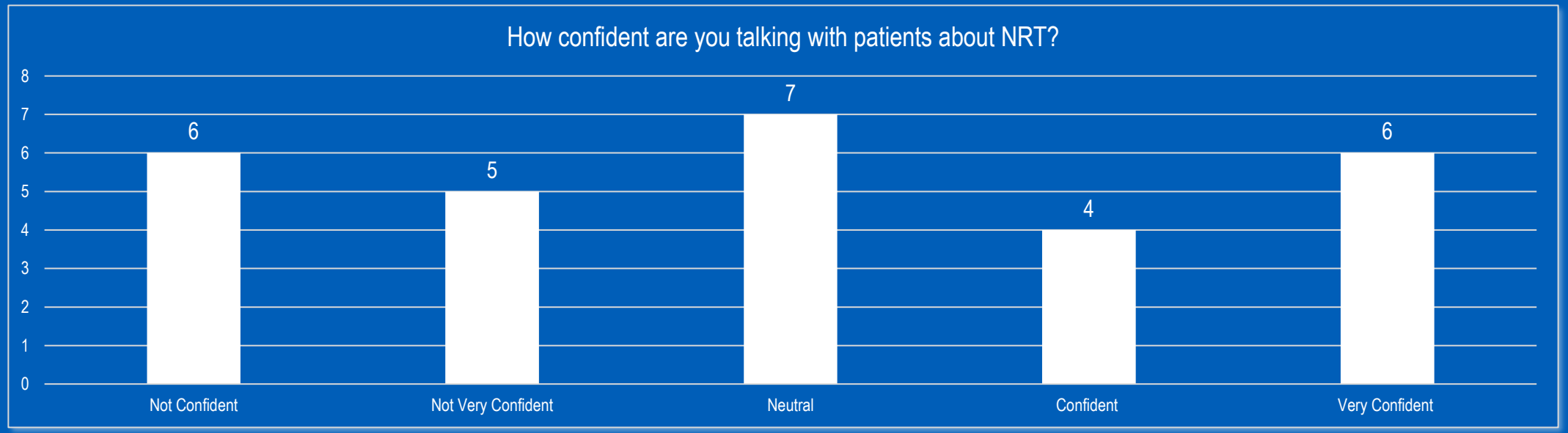

What tobacco training have you completed so far
20
15
10
5
0
3
6
3
0
16
NCSCT VBA
SomersetFT VBA
Other Trust and MH Training
Other
None

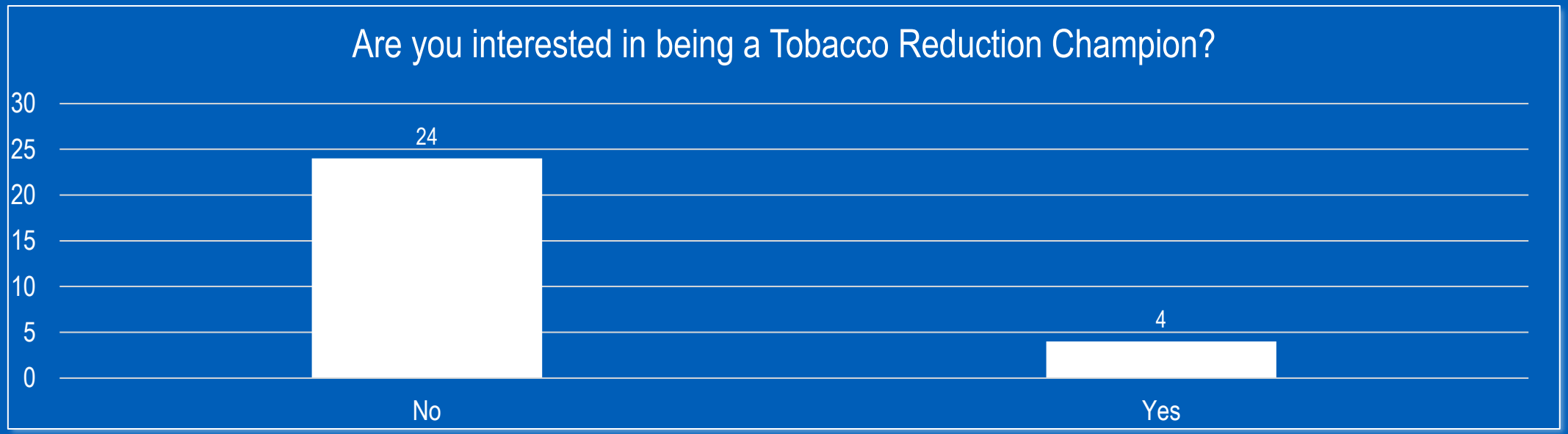

How long would you like training sessions to be
16
14
12
10
8
6
4
2
0
30 mins or less
31-60 mins
90 mins
120 mins or longer

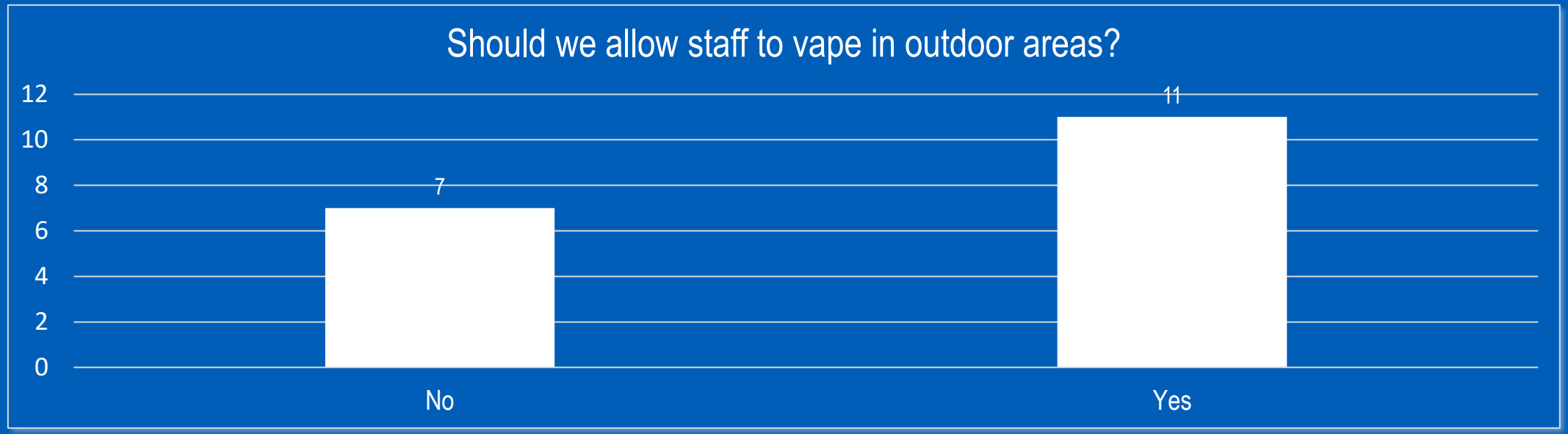

What would you like training on?
25
20
15
10
5
0
21
17
18
21
Vapes
Behavioural Support
VBA (LEAP)
Nicotine Replacement Therapy


Where would you like training to take place?
20
15
10
5
0
4
11
19
2
At MDT's
Teams
Specialist Sessions in Person
Individual Peer Support


How confident are you talking about vaping with patients?
14
12
10
8
6
4
2
0
4
2
7
3
12
Not Confident
Not Very Confident
Neutral
Confident
Very Confident


How confident are you talking with patients about NRT?
8
7
6
5
4
3
2
1
0
6
5
7
4
6
Not Confident
Not Very Confident
Neutral
Confident
Very Confident


Are you interested in being a Tobacco Reduction Champion?
30
25
20
15
10
5
0
24
4
No
Yes


Should we allow staff to vape in outdoor areas?
12
10
8
6
4
2
0
7
11
No
Yes

Learning

NHS Somerset NHS Foundation Trust

- Results not what we expected
- Appetite for training, especially relevant to roles (what we are asking teams to do)
- Helped us understand what we need to focus on in terms of training (time, format and content)
- Staff need to take some ownership if this is to be successful

Lunch

12.35 – 13.20

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Learning from each other

Rosanna Bevan
Quality Improvement Coach
NCCMH

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Form a group of 4-5 people and sit together at a table. Each person in the group should be from a different organization.

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Session instructions

20 minutes

In your newly formed groups, discuss the questions shown below and complete the worksheets on your tables.

What is one thing you have found that really works for you, and one thing that you have found challenging, that you can share with the people in your group?

(This can be about your QuITT project, or about your tobacco dependency service)

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Session instructions

15 minutes

In your newly formed groups, discuss the question shown below and complete the worksheets on your tables.

How is collecting patient survey data going?

How are you collecting them?

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Involving people with lived experience in your QI project

Ben Walford
NCCMH

Claire Atkins
Tees, Esk and Wear Valley NHS Foundation Trust

Sue Mountain
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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Smoking, mental health and me

Claire Atkins

Senior Peer Support Worker (Durham & Darlington Adult Inpatient Services)

Sue Mountain

Expert by Experience

Ben (he, him)

NCCMH

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Experiences in the room (anonymous poll)

GO TO
menti.com
ENTER THE CODE
6430 6972

Please keep the menti open as we'll be using it throughout the session

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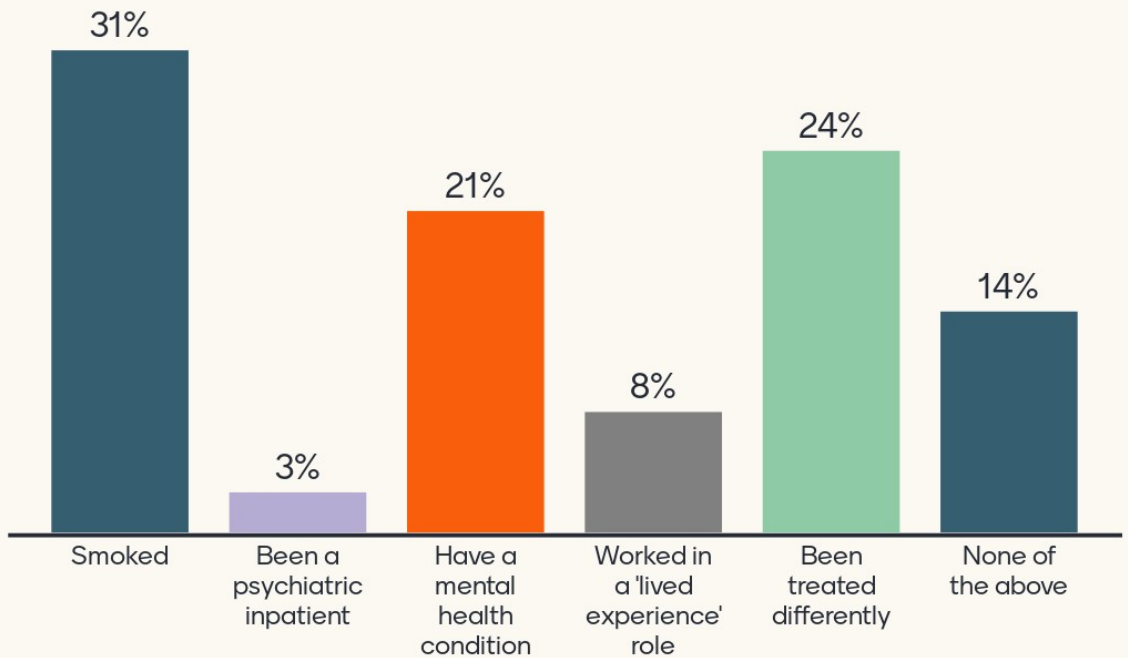
Experiences in the room



What insights can a person with lived experience add to a project team?

14 Answers

Lived experiences are vital component of the project, as it provides information about what people can face during their cessation journey.

Refocus the team on why the work matters

What matters most to them. Read any literature first to see if relevant

Lived experience are vital component of the project, as it provides first-hand information about what people go through during their cessation journey.

They know the difficulties that come up and have the experience to guide others.

What it looks like from the patients perspective

Their point of view and how to improve service to make their life easier

Cut through the unrealistic unwanted ideas

They can support us to support patients by being a voice for the patient

What insights can a person with lived experience add to a project team?

14 Answers

Levelling the field

Informing Service design

Helps ensure that the changes we make are going to work for the people they are designed to help

Challenge the facts, the process

The lived experience helps the team understand the reality of addiction from a patient perspective

…now, imagine your job is to make sure those insights aren't gained

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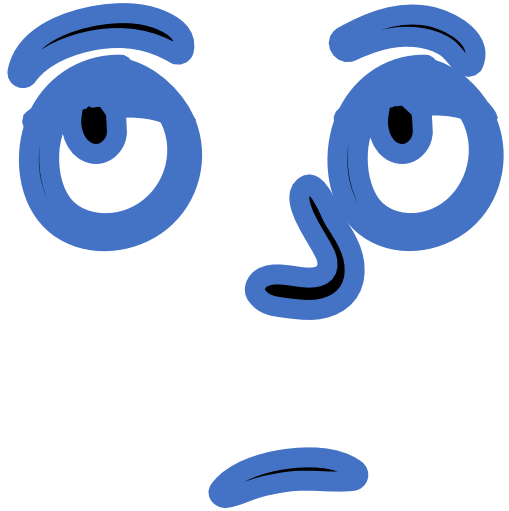
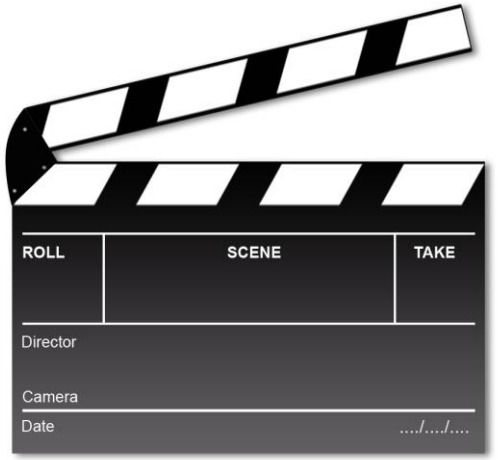
Create a practical issue

Adopt an unhelpful attitude…



…and an unhelpful behaviour



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Unhelpful issues, attitudes and behaviours

23 Answers

Dismissal and none believing	Remove vapes from the wards.	Give them cigarettes and lighters
Well, it's your life	We know best	Encourage smoke breaks
Thinking you know best and ignoring their contributions	This is not important and does not really matter .	Do not invite them to qi project meetings
It's legal!	Telling patients what to do	Making decisions in a board/meeting room with senior managers

Unhelpful issues, attitudes and behaviours

23 Answers

Build smoking shelters

It's all they have let them smoke.

Assuming that a patient can't or won't want to contribute, or assuming that being part of the project will be unhelpful for them

Soap box attitude

Thinking you don't want to trigger a relapse by talking about it.

It's their right

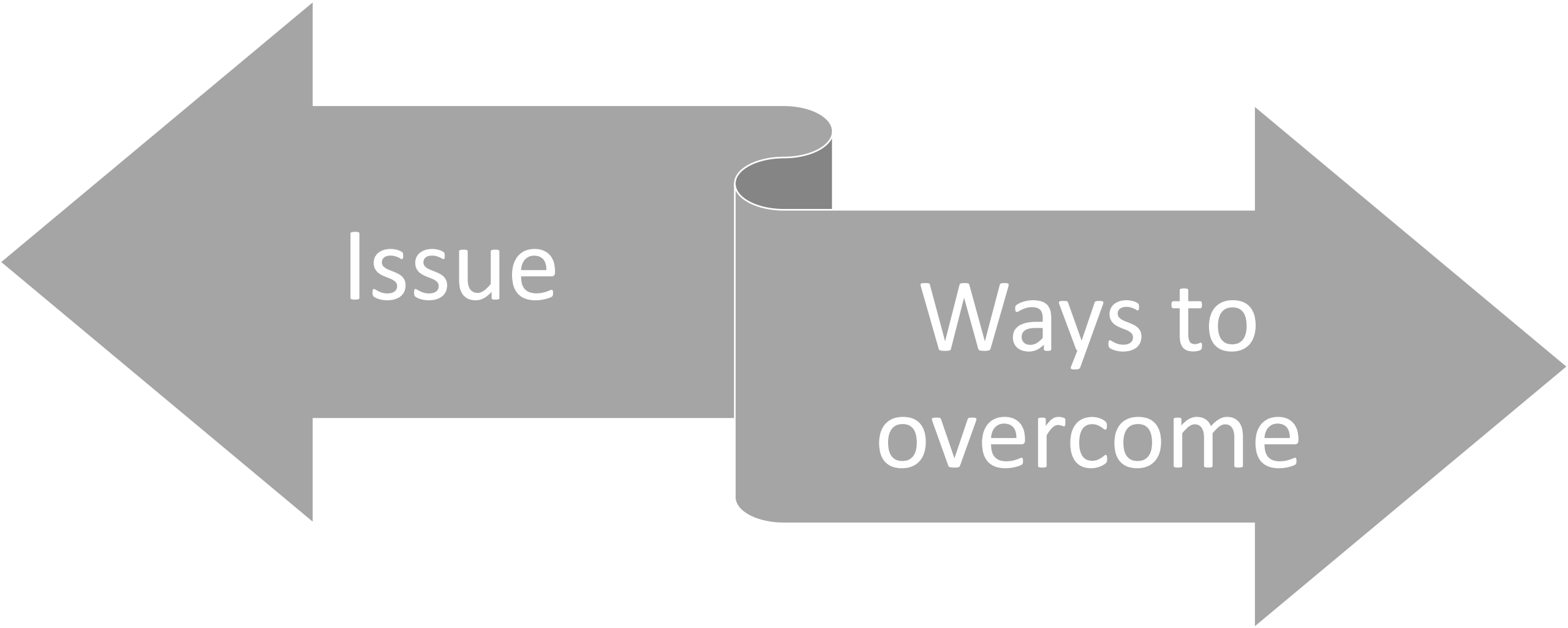
Smoke with

Build smoking shelters and provide ashtrays

It's their choice!!!

Arrange a meeting with very senior dominant leaders who can talk about 'their' ways to solve the problem

Smoking with or around patients



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FINAL THOUGHTS

Close

Aarti Gandesha
Quality Improvement Coach
NCCMH

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Next sessions

- Your next meeting with your QI coach
- Online workshop: Monday 19th June, 13.00-14.00
- Next learning set: Monday 18th September

See you then!

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How did you find today's event?

We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you.

Please use the QR code to access the online form. Paper copies are also available on your tables.

Feedback Form: Quality Improvement in Tobacco Treatment QI Collaborative

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