Quality Improvement in Tobacco Treatment (QuITT) Collaborative

Round 1 Celebration and Round 2 Launch Event

23 January 2023, 10:00 – 15:00

Quality Improvement in Tobacco Treatment

NHS England

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Welcome and introductions

Tom Ayers

Director

National Collaborating Centre for Mental Health (NCCMH)

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Welcome (and welcome back) to all of our QuITT teams!

- 15 teams started their QuITT QI projects on Round 1 of the collaborative which launched in November 2022
- A further 38 organisations are joining us on Round 2, either starting their own QuITT QI project or joining our new QuITT Development Network
- Almost all mental health trusts in England have joined the QuITT learning community across the programme's two rounds
- Thank you for making this one of the NCCMH's largest national collaboratives.

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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 12.25 - 13.15 and will be served on the ground floor (Rooms G1-G4). Refreshments (tea/coffee/water) will also be available in the Mezzanine area (1st floor) throughout the event.
- Room G6 (ground floor) is available if anyone who needs to take a break at any point or needs some quiet space. Please ask a member of the team or Reception desk if you would like to use the quiet space.
- Please use the Mezzanine area (1st floor) if you need to step outside for anything else.

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NCCMH shared principles (1)

Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.

Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.

Please only take and share photos of people with their permission.

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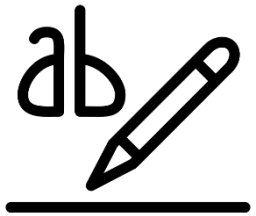
NCCMH shared principles (2)

Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.

Please wait for the microphone before you contribute in this room.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

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Time	Item	Speaker
10:00-10:30	**Registration**	
10:30-10:50	**Welcome and introductions**	Dr Lade Smith CBE, President, Royal College of Psychiatrists (RCPsych) Tom Ayers, Director, National Collaborating Centre for Mental Health
10:50-11:00	**Energiser**	QuITT Team
11:00-11:15	**Connecting to the WHY**	Hazel Cheeseman, Deputy Chief Executive, Action on Smoking and Health (ASH)
11:15-11:45	**How are we using Quality Improvement in this work?**	Ros Warby, Quality Improvement (QI) Coach, NCCMH
11:45-12:25	**Involving people with lived experience: how to start, and how to take it further**	Rosanna Bevan, QI Coach, NCCMH Satwinder Kaur, Patient Carer Representative, RCPsych
12:25-13:15	**Lunch**	
13:15-13:45	**Celebrating QuITT Round 1**	Matt Milarski, Senior Quality Improvement Advisor, NCCMH Sanjay Agrawal, National Specialty Advisor for Tobacco Dependency at NHS England
13:45 – 14:00	**Tobacco Dependency Early Implementer Sites Evaluation**	Phoebe Barnett, Research Fellow, NCCMH and University College London Juliette Westbrook, Research Assistant, National Collaborating Centre for Mental Health (NCCMH)
14:00-14:50	**QuITT next steps** **Round 1 teams:** Room 1.6 **Round 2 teams:** Room 1.7 (main room) **Development Network:** Room 1.1	QuITT Team
14:50-15:00	**Feedback and close**	Emily Cannon, Head of Quality Improvement, NCCMH

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X/Twitter

- We will be 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 X/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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QuITT collaborative aims

- Increase the proportion of patients on inpatient mental health wards, who smoke, who undertake meaningful tobacco treatment

- Work with every NHS Mental Health Trust in England to establish inpatient tobacco dependency services and increase the number of patients in tobacco treatment using quality improvement (QI) methodology with support from dedicated QI Coaches

- Provide opportunities for peer-to-peer learning through quarterly in-person events, where those involved will be invited to share the progress of their projects, ideas they are testing, share challenges and network.

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QuITT collaborative 2024

- Round 1 teams will continue their QuITT QI projects, collecting data, and testing and implementing their change ideas with support from their NCCMH QI Coach.

- Round 2 teams will begin their QuITT QI projects with support from their NCCMH QI Coach.

- The Development Network will launch with its first meeting on Monday 19th February. There will be a session later today for Development Network teams to begin thinking with the QuITT team how we can best use this space.

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Introducing the QuITT programme team

The programme team

Quality Improvement in Tobacco Treatment Collaborative

Amar Shah

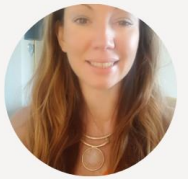
National Improvement Lead

Tom Ayers

Director

Emily Cannon

Head of Quality Improvement



Joanna Popis

Programme manager

Matt Milarski

Senior QI Advisor

Jaz Seehra

QI Coach

Ros Warby

QI Coach

Rosanna Bevan

QI Coach

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Welcome to Hannah and Sarah

We are very happy to welcome Hannah and Sarah to the QuITT team as our new Patient Carer Representatives.

We will hear more from them later this morning.

Hannah

Sarah

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QuITT so far ...

- 15 Round 1 teams, 22 Round 2 teams and 16 Development Network teams
- 53 organisations are now part of the QuITT Collaborative
- 305 attendances at learning sets
- Over 40 change ideas tested so far
- 219 patient surveys completed
- An increase in the percentage of patients engaged with a tobacco dependency treatment service from 20.71% to 35.68% - that's an increase of 72.28% from baseline!

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Dr Lade Smith CBE

President

Royal College of Psychiatrists (RCPsych)

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Moving time!

Find someone elsewhere in the room who has a different colour on their badge to yours, so you're in a pair or three.

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Introduce yourselves and answer these questions

Q1. If you could be part of any fictional family, which family would you choose?

If you've been working on a QuITT project already:

Q2a. What was the best aspect for you about QuITT over the past year?
What tip would you share?

If you're new to QuITT:

Q2b. What are you most looking forward to about working on QuITT this year?
What advice would you ask for?

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Connecting to the WHY

Hazel Cheeseman

Deputy Chief Executive

Action on Smoking and Health (ASH)

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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

Why these services matter

We are leaving people with a mental health condition behind

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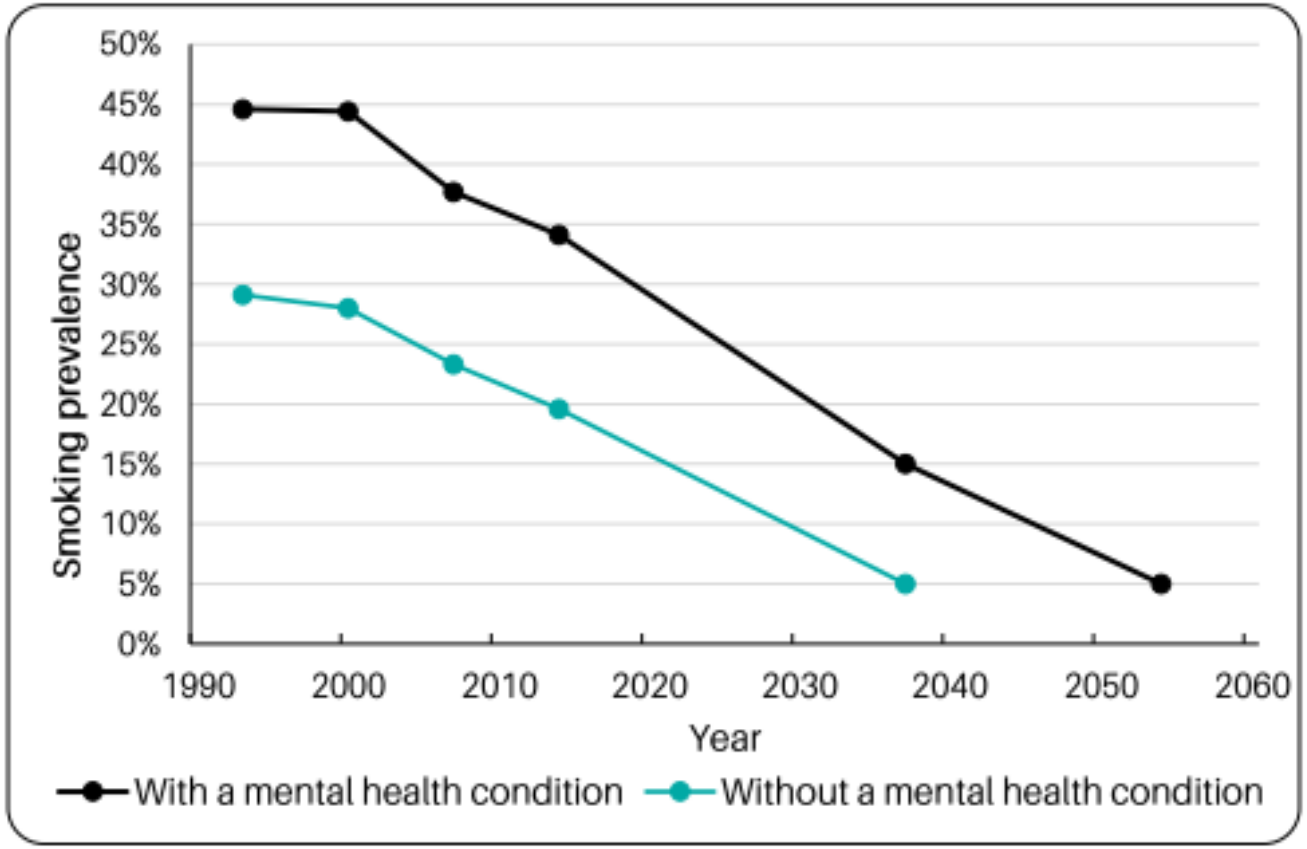
GOV.UK

Press release

Plans progressed to create a smokefree generation

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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Why these services matter

People with mental health conditions want to quit and they can quit

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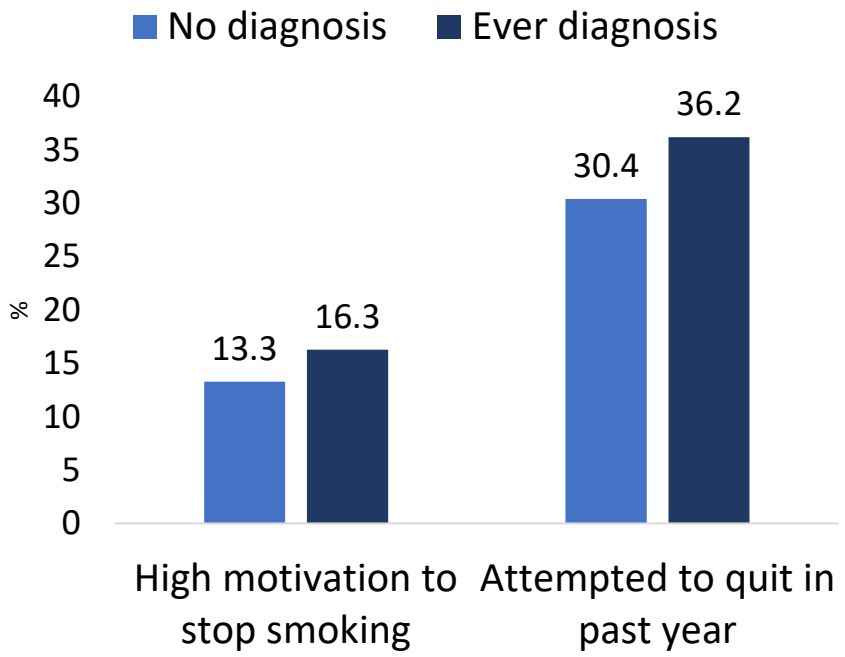
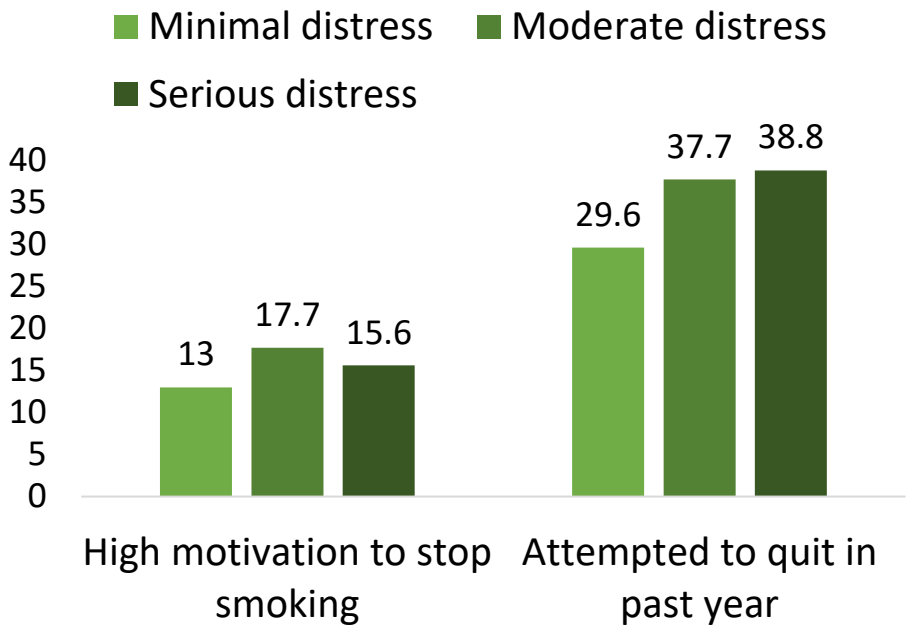
Mental health and trying to quit smoking

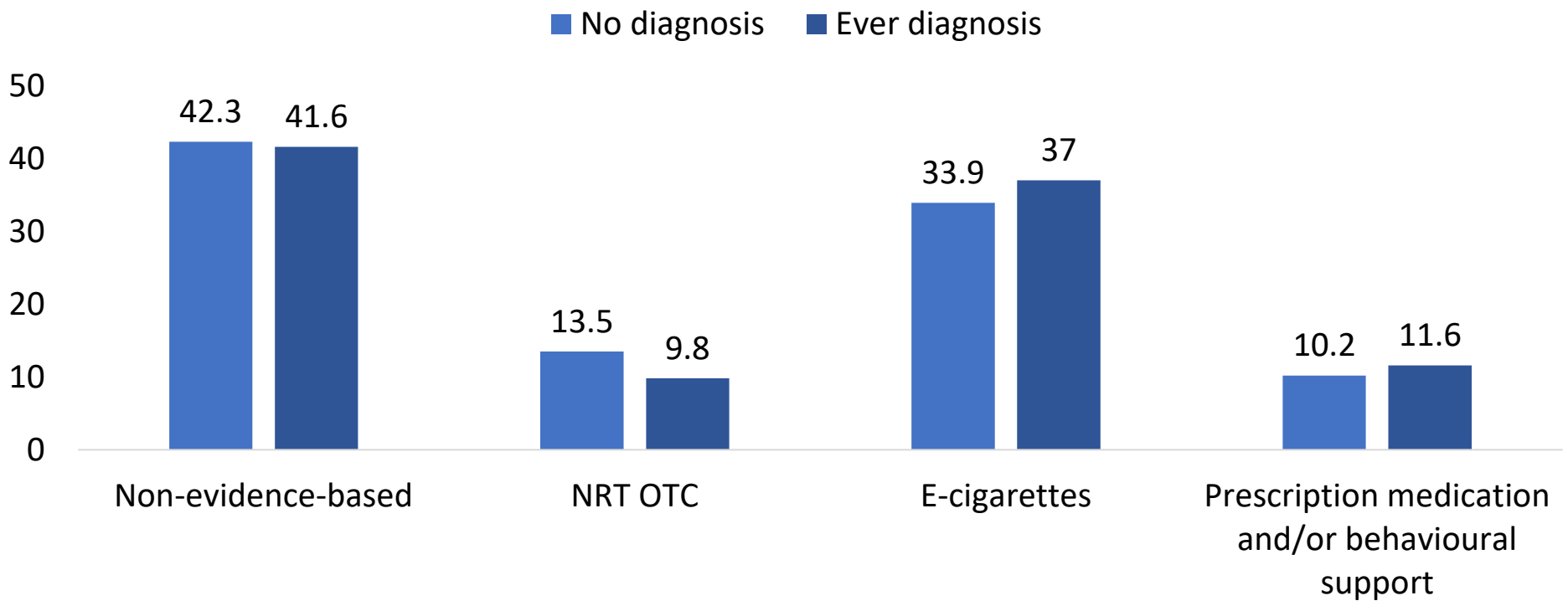




Brose et al, 2021, doi: 10.1186/s12889-020-09308-x
Smoking Toolkit Study 2016-17
N about 6,000

With thanks to: Leonie Brose, Reader in Addictions Education and Nicotine Research, King's College London

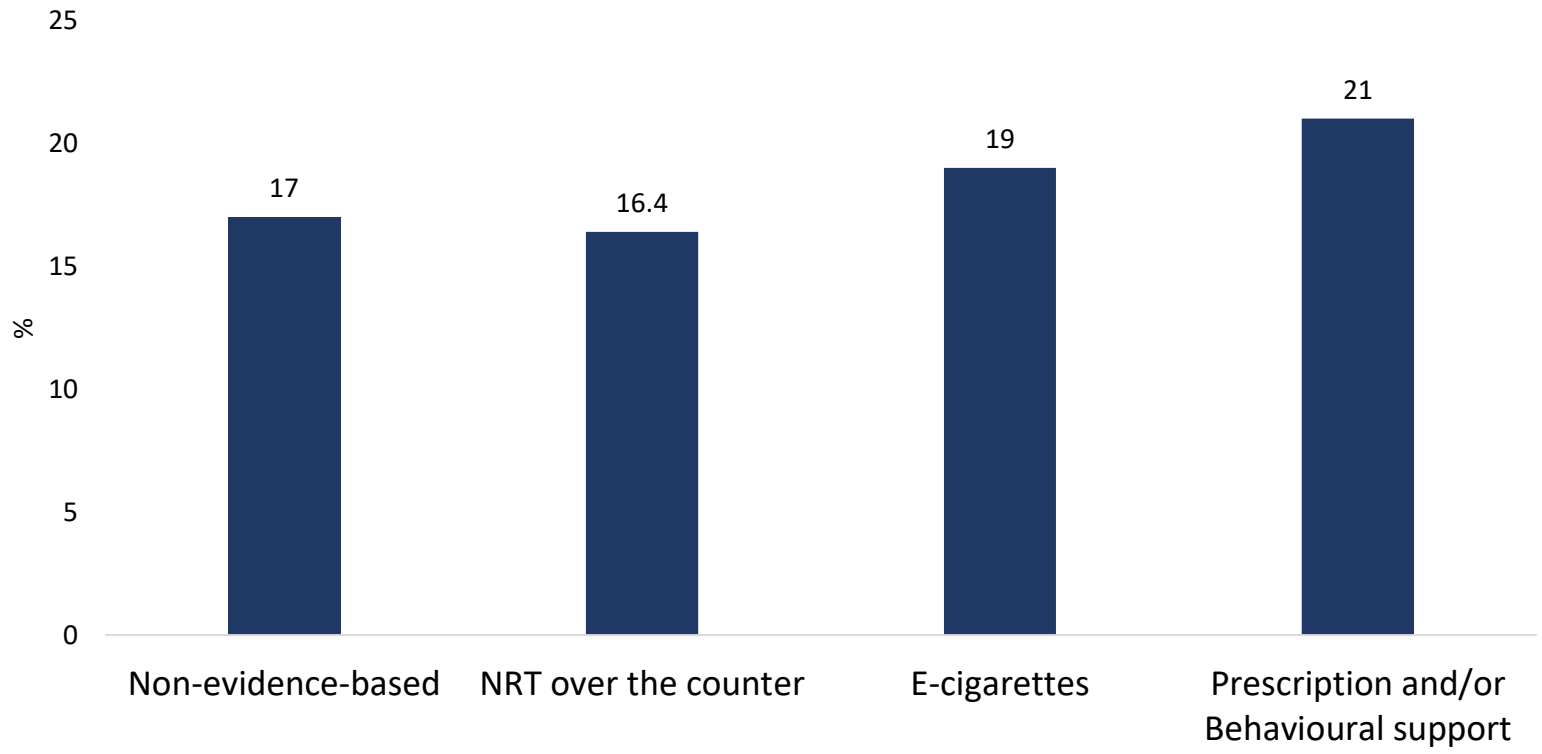
Mental health and support used in quit attempt



Brose et al, 2020, https://doi.org/10.1186/s12916-020-01617-7
Smoking Toolkit Study 2016-17
N=1,956

With thanks to: Leonie Brose, Reader in Addictions Education and Nicotine Research, King's College London

Mental health and quit success by type of support



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Why these services matter

People with mental health conditions lives are damaged by smoking

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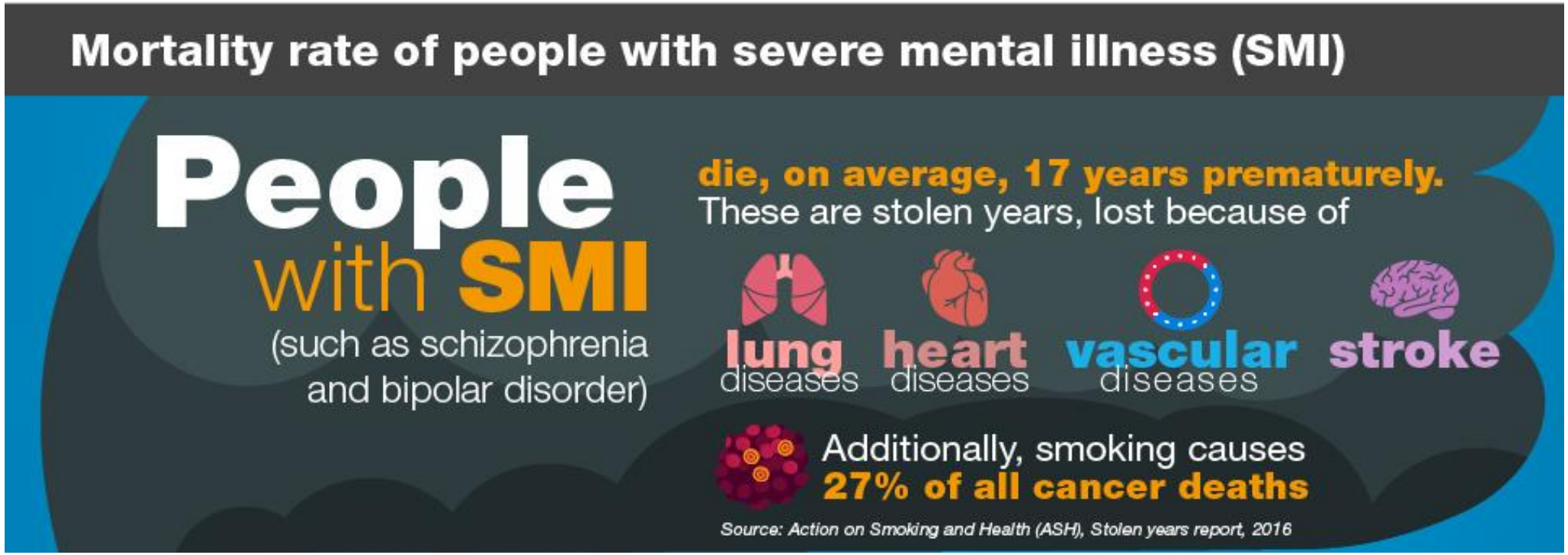
Harms of smoking: early death and disease

Public Health England | Health Matters



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Beyond physical health impact

- Loss of income: average smoker spends ~ £3k a year on smoking
- Worse mental health:
  - Impact on medications
  - Benefits of stopping to mental health
  - Evidence improves abstinence of other substances too
- 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 is needed in Trusts to best support smokers?

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What is needed?

- Implement NICE guidance on quitting
- Utilise the most effective aids to quitting
- Create smokefree grounds
- Train staff
- Link to community

Implement NICE guidance

- 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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Mental Health and Smoking Partnership guidance

GOV.UK

Home > Health and social care > Public health > Health improvement > Smoking

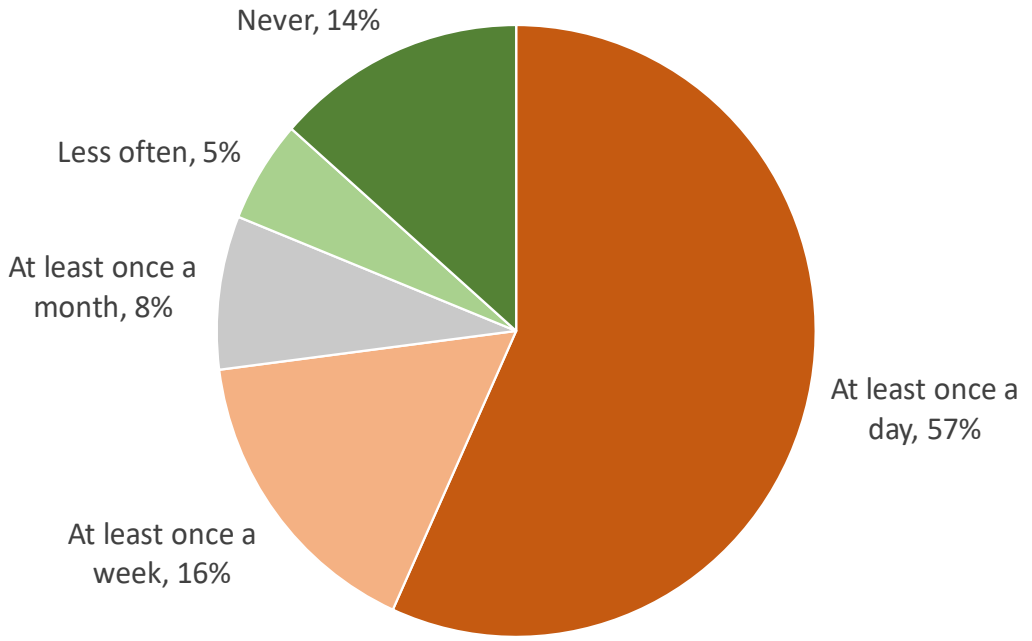
Press release

Smokers urged to swap cigarettes for vapes in world first scheme

tion.org.uk/wp-
MHSP-ecig-

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-2019-survey-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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Link to the community

- Funding not yet there for services in community mental health
- Models which link to LA funded support
- Opportunities with Swap to Stop

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Conclusion

- Patients are dying from preventable illness
- Smoking is driving inequality
- Drive towards a smokefree generation will leave smokers with a mental health condition behind if we do not get them the right support
- The right support delivered in the right environment will reduce rates of smoking for this population

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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/

Join the Mental Health and Smoking Information Network

Information here: https://ash.org.uk/resources/smokefree-nhs/mental-health-and-smoking-partnership/mental-health-and-smoking-information-network

Email to join: admin@smokefreeaction.org.uk

How are we using Quality Improvement in this work?

Ros Warby

Quality Improvement Coach

NCCMH

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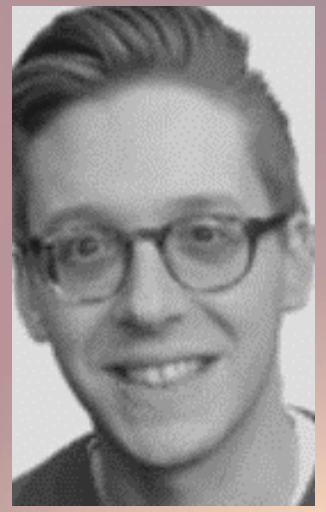
Matt

Senior QI Advisor



Round 1

- Leicestershire Partnership NHS Trust
- Nottinghamshire Healthcare NHSFT
- South West Yorkshire NHSFT

Round 2

- Bradford District Care NHSFT
- Lancashire and South Cumbria NHSFT

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Jaz
QI Coach

Round 2

- North Staffordshire Combined Healthcare NHS Trust
- Rotherham, Doncaster and South Humber NHSFT
- St Andrews Healthcare
- Surrey and Borders Partnership NHSFT
- West London Mental Health NHSFT

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Ros
QI Coach

Round 1

- Berkshire Healthcare NHSFT
- Cumbria, Northumberland, Tyne and Wear NHSFT
- East Coast Community Healthcare
- East London NHS Foundation Trust
- Hertfordshire Partnership University NHSFT
- Midlands Partnership NHSFT
- Somerset NHSFT
- Sussex Partnership NHSFT
- Tees, Esk and Wear Valley NHSFT

Round 2

- Birmingham and Solihull Mental Health NHS FT
- Black Country Healthcare NHSFT
- Cambridgeshire & Peterborough NHSFT
- Coventry and Warwickshire Partnership NHSFT
- Derbyshire Healthcare NHSFT
- Leeds and York Partnership NHSFT
- Lincolnshire Partnership NHSFT
- Norfolk and Suffolk NHSFT
- Northamptonshire Healthcare NHSFT
- Sheffield Health and Social Care NHSFT
- South London and Maudsley NHSFT

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Rosanna

QI Coach

Round 1

- Avon & Wiltshire Partnership NHS Trust
- Oxford Health NHSFT
- Healthy Cornwall (community-based QuITT project)

Round 2

- Gloucestershire Health and Care NHSFT
- Greater Manchester Mental Health NHSFT
- North London Mental health Partnership
- Oxleas NHSFT

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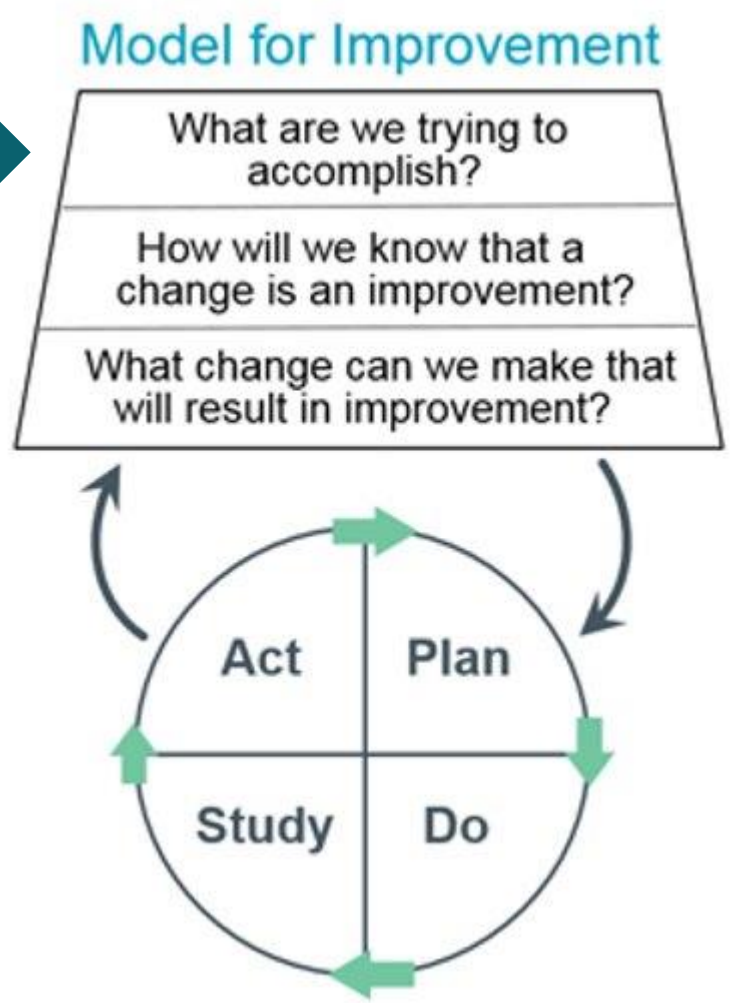
Aim

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



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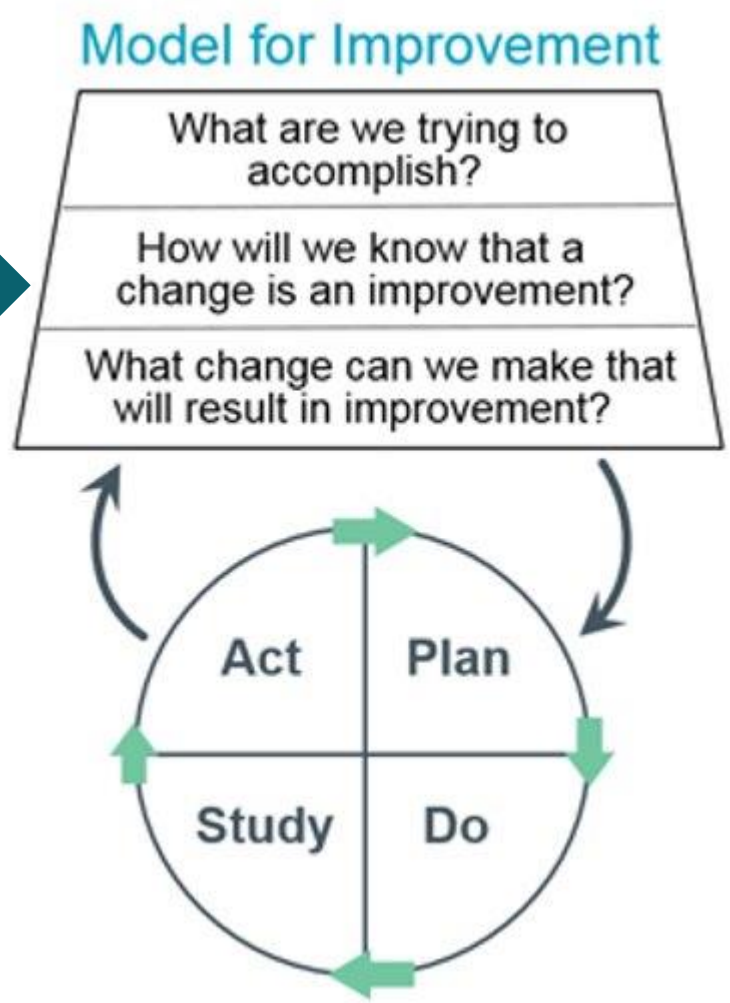
Measures

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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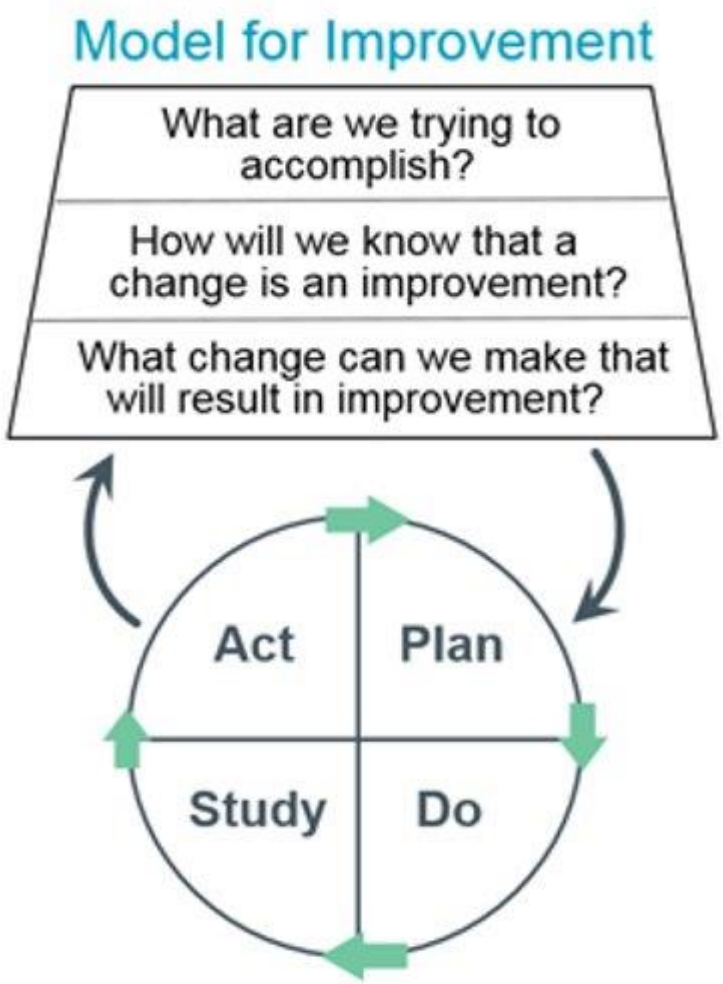
Theory of change



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

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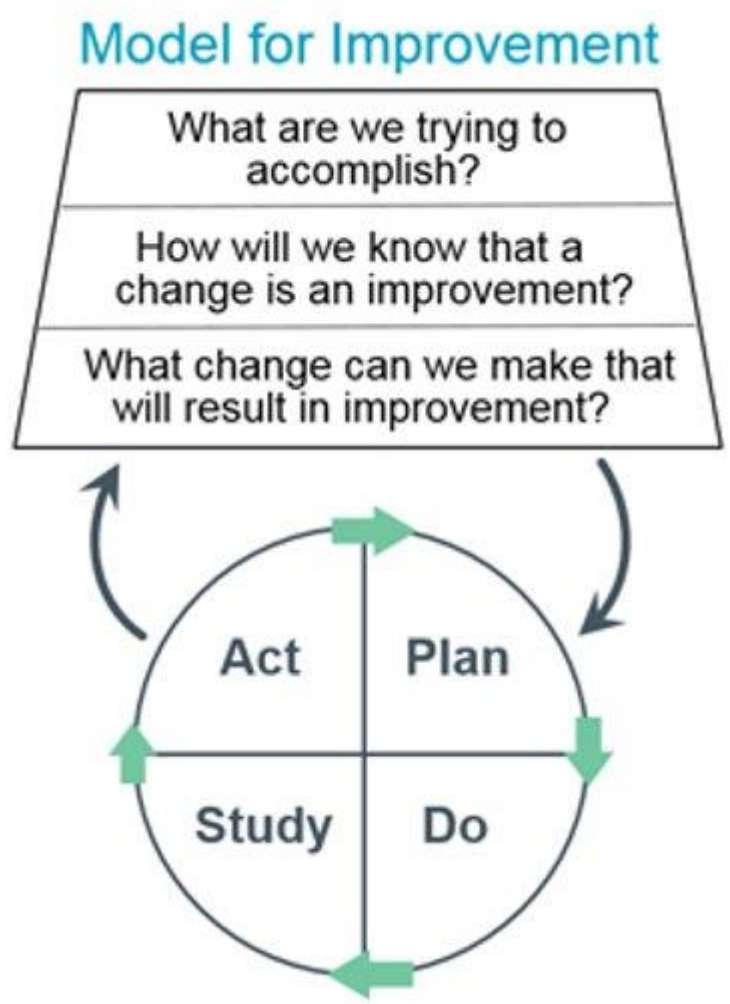
QI coaches support teams to run tests of change on ideas generated by the team that could help achieve the aim

Testing ideas



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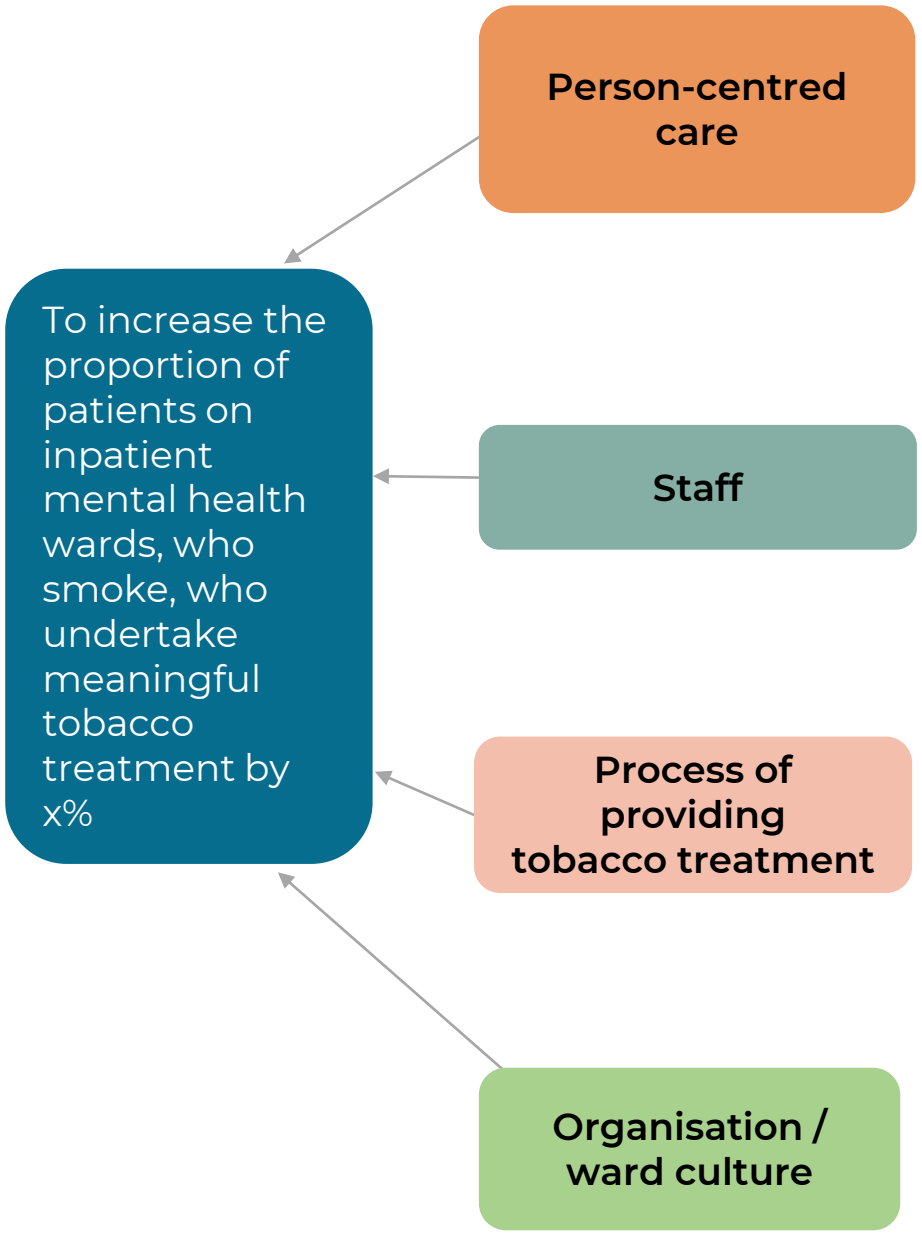
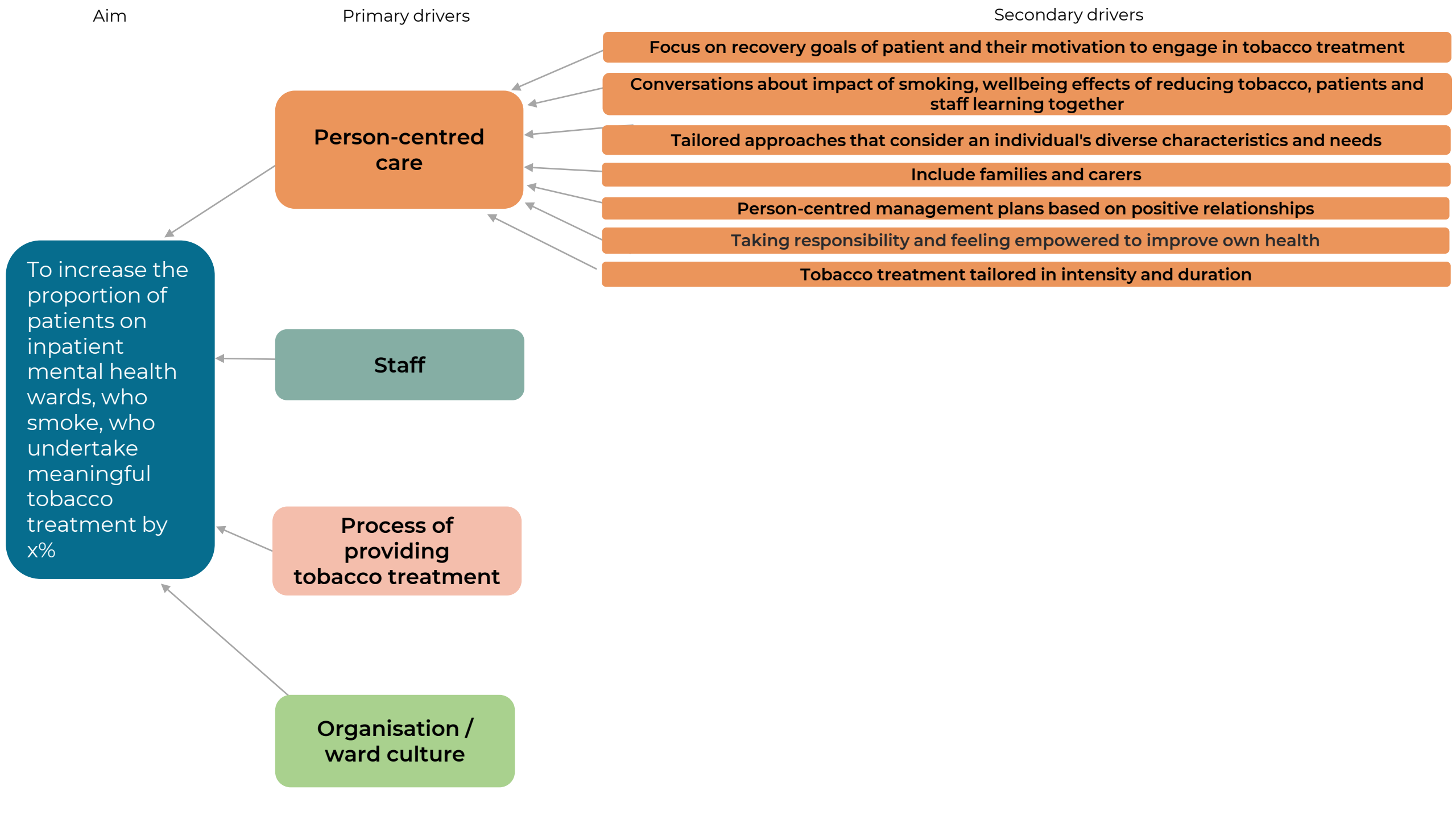
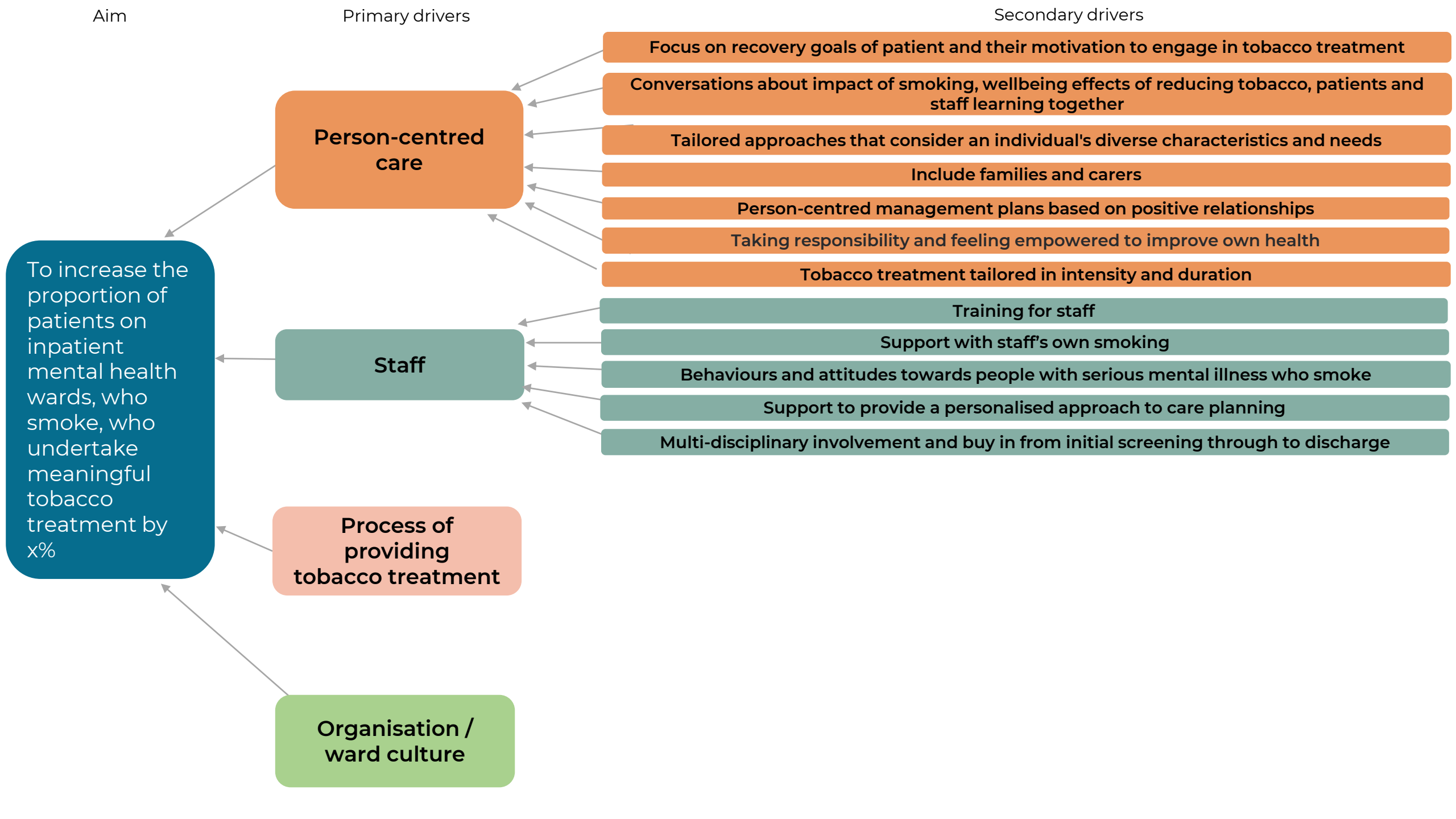
Aim

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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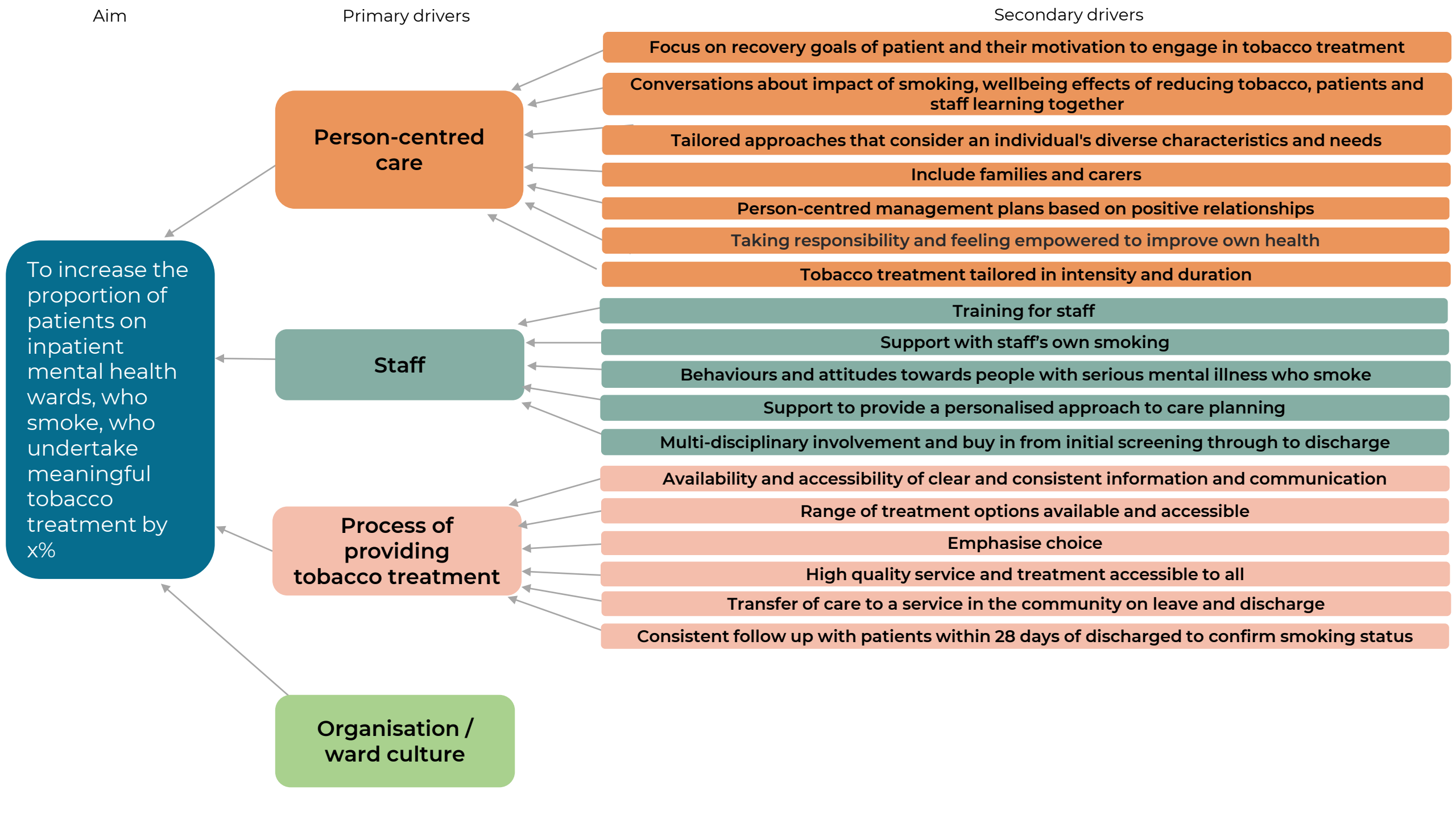
Training for staff
Support with staff's own smoking
Behaviours and attitudes towards people with serious mental illness who smoke
Support to provide a personalised approach to care planning
Multi-disciplinary involvement and buy in from initial screening through to discharge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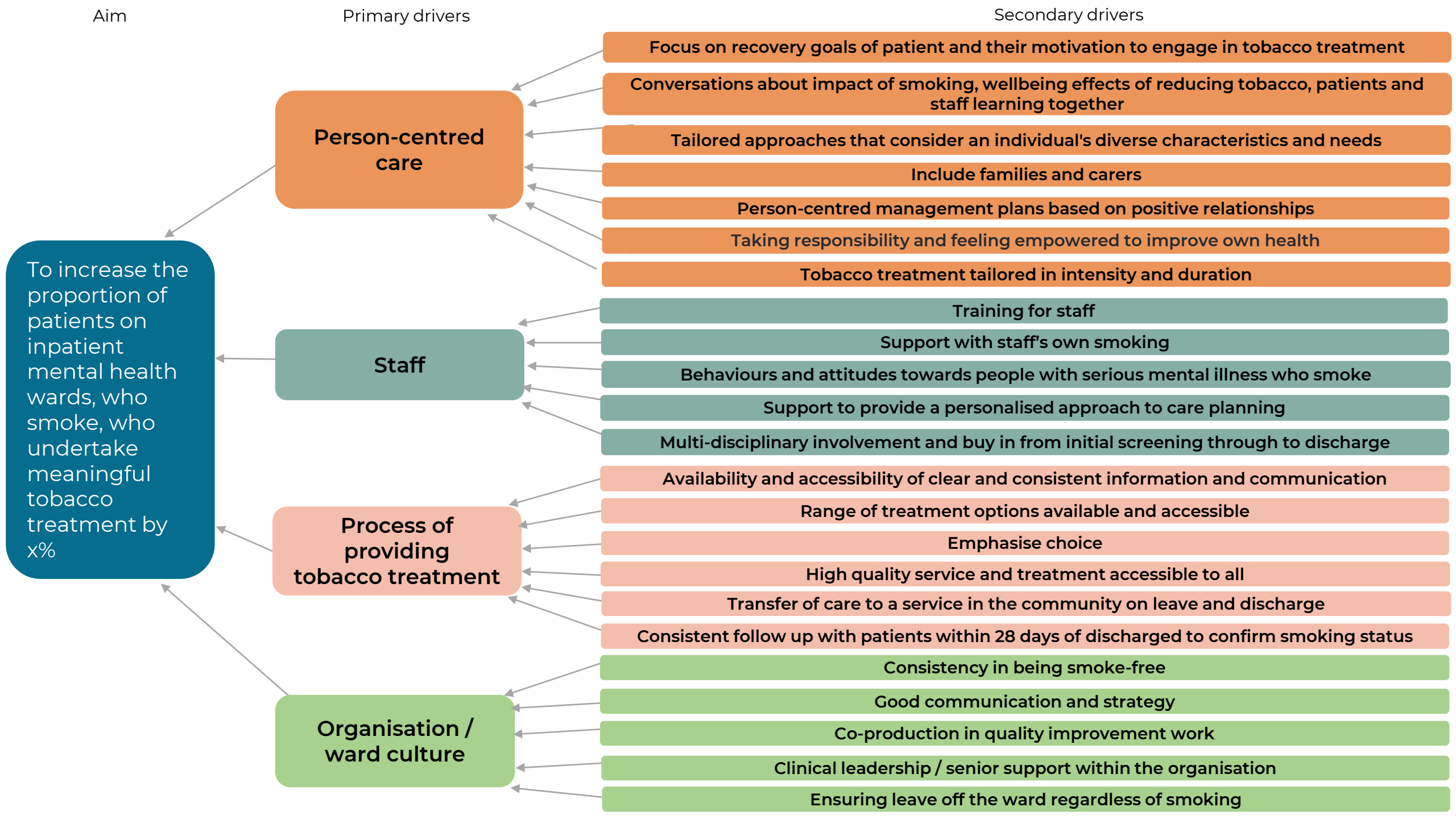
Process of providing tobacco treatment
Availability and accessibility of clear and consistent information and communication
Range of treatment options available and accessible
Emphasise choice
High quality service and treatment accessible to all
Transfer of care to a service in the community on leave and discharge
Consistent follow up with patients within 28 days of discharged to confirm smoking status
Organisation / ward culture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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
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 round 1
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 round 1
Staff	Training for staff	• Staff stop smoking clinics. • Q+A sessions so staff understand the WHY behind this work.

Primary driver	Secondary driver	Change ideas from round 1
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 round 1
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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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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Task

Consider these questions within your teams and jot down and few ideas.

- Round 1 Teams:
  - How are you going to ensure that you continue to use the QI methodology in your projects? What might be the barriers to this?
  - Do you have any local QI support you can draw on?
- Round 2 Teams:
  - Where do you think you will need the most support from your coach?
  - Which of the drivers do you think offers the largest opportunity for your team/ward to improve on?
- Development Network Teams:
  - Do you have any QI support you can draw on within your trust? What parts of the QI methodology do you think you could use in a small way?

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Involving people with lived experience: how to start, and how to take it further

Rosanna Bevan
Quality Improvement Coach
NCCMH

Satwinder Kaur
Patient Carer Representative
RCPsych

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Welcome to our new QuITT Patient Carer Representatives

Quality Improvement in Tobacco Treatment

Why co-production?

- To make the QuITT work meaningful
- People need to be involved and have a part to play in your project
- Build relationships and trust
- People with lived experience want to contribute to the project
- Equality and equity
- Joining up QI and co-production

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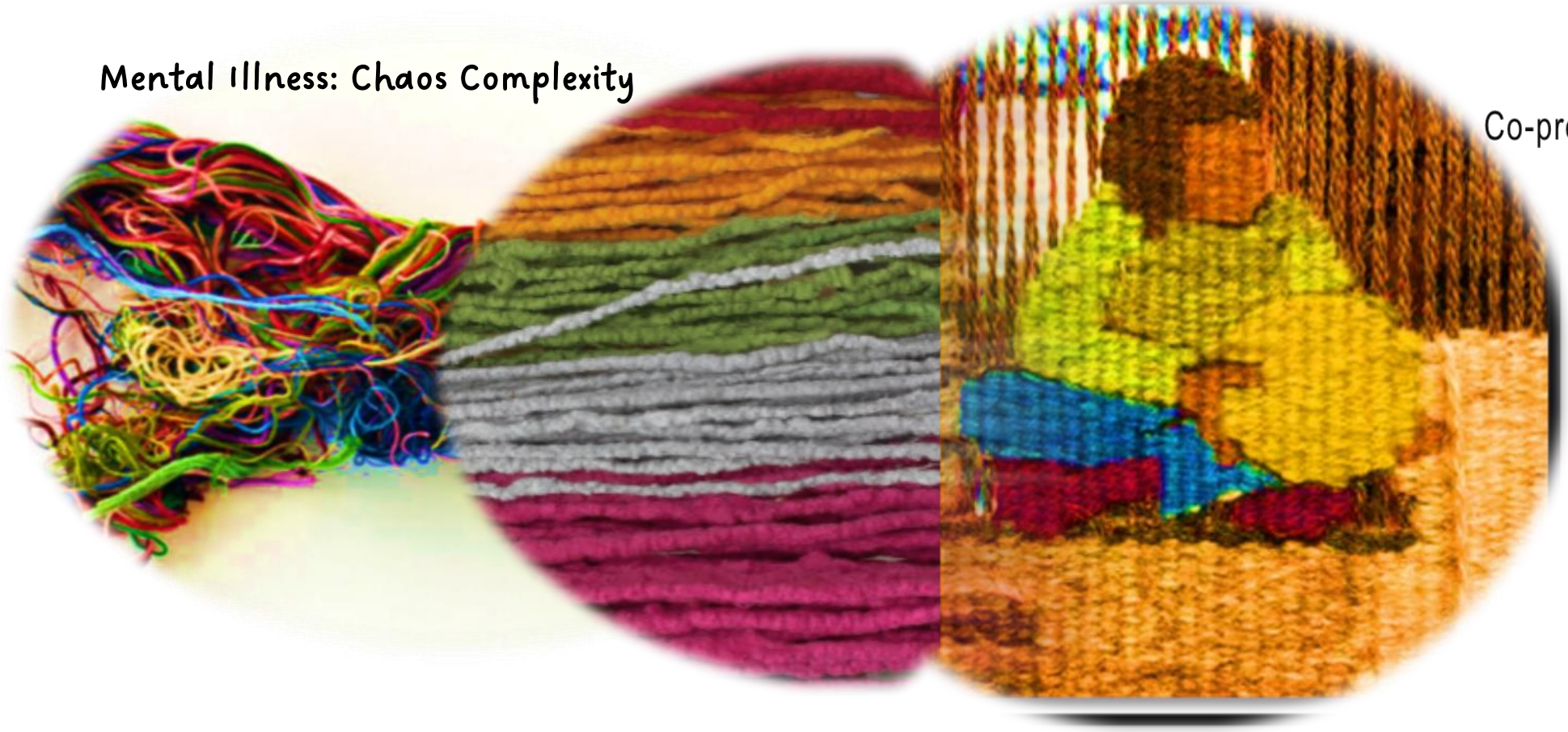
Whole Lives: Woven Together

Quality Improvement:systematic structured

Mental Illness: Chaos Complexity



Co-production:Relationships Reality

Hearing from a Round 1 team

Next, we are going to hear from Kate and Tanveer about their experience and reflections as Patient Representatives on Oxford Health NHSFT's QuITT project team.

A huge thank you to Kate and Tanveer for recording and sharing the following videos.

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Oxford Health NHS Foundation Trust

Kate

What can you do?

- Have lived experience representation as part of your QI Project team
  - This will work really well when you create a space in which people feel safe and able to be a part of the team. This might mean adapting the way you work together and/or run your project team meetings
- Create spaces to build relationships with people, or use existing spaces e.g. community meetings on wards
- Talk to people. An unexpected chat in a corridor can lead to new ideas.
- Pay them
- Talk to other teams that are using lived experience in their work

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Roadmap for new teams
(Round 2 and Development Network)

- Created for the launch of QuITT Round 1
- Provides some questions to guide you on your journey into co-production.

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1 RECRUITMENT

- How will we involve people with lived experience in our QuITT project or tobacco dependence work? How can we include people with lived experience in the project team?
- What support is available to us to do this?
- Who are the people we can invite to get involved?
- How do we make them aware of the project or work we are planning?
- How do we identify budget for co-production?

2 ENGAGEMENT

- How can we engage people in this project?

3 INVOLVEMENT

- How can we support people with lived experience, to maximise their involvement in the project?
- How do we make involvement accessible?

4 SUPPORT

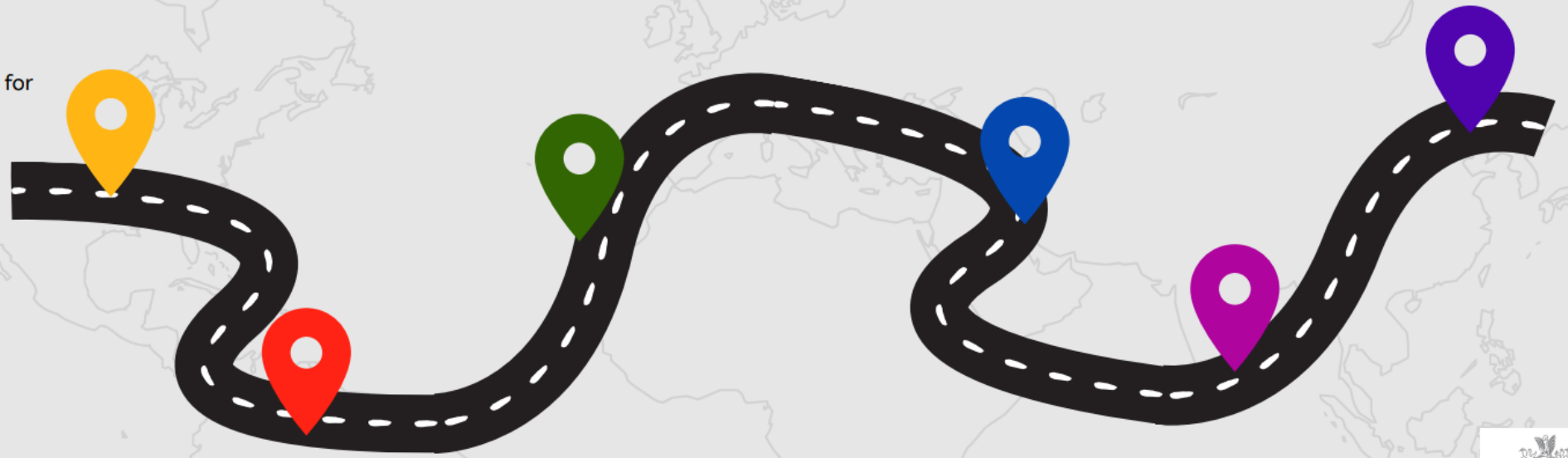
- Who in our team can prepare people with lived experience for project meetings, and debrief or offer support to participate?

5 EXPERIENCE

- How do we ensure that the experience of being part of the team is meaningful and positive?
- How can people with lived experience benefit from participating?

6 REFLECT

- What are we doing well?
- What challenges are we facing, or what challenges do we anticipate?
- How can we overcome them?
- Have we got everyone we need, to work together on this project?



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NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Roadmap for Round 1 teams continuing their QuITT project

- Updated version of the roadmap to support Round 1 teams to continue to develop and sustain co-production in your QuITT QI projects

- Provides some questions to take your journey in co-production further.

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Coproduction roadmap extension — taking coproduction further

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Recruitment

Do we need more people with lived experience?

Do we have enough involvement, and diversity of people involved?

Engagement

Can we increase engagement of current inpatients?

Are we being accessible?

Involvement

Could we make more use of the QuITT leaflet?

Support

Have we got a support structure in place?

Do we need to change it?

Are we supporting people to understand and be involved in the work?

Experience

Does everyone feel valued for their involvement?

Does everyone have a fair chance to contribute and be listened to?

Reflect

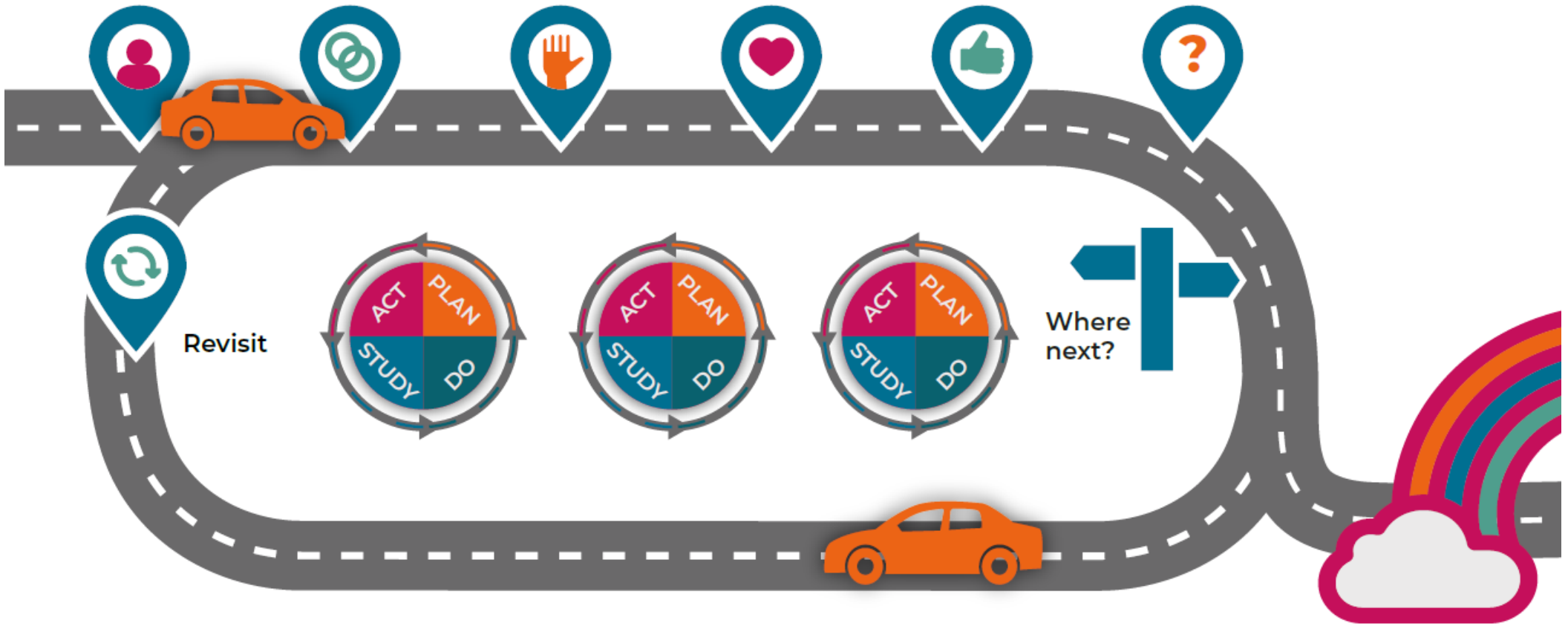
What has gone well?

How can we share this?

What do we want to change?

What do people with lived experience think?

Celebrate your achievements!



Team task

- Take a copy of the coproduction roadmap (one per team):

- One version is for Round 1 teams

- One version is for Round 2 and Development Network teams

- Consider the prompts on the roadmap and annotate or add post-it notes to your copy with reflections, and actions, that will ensure your QuITT QI project and/or service is co-produced.

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Lunch

12.25-13.15

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Celebrating QuITT Round 1

Matt Milarski (he/him)

Senior Quality Improvement Advisor

NCCMH

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Results so far ...

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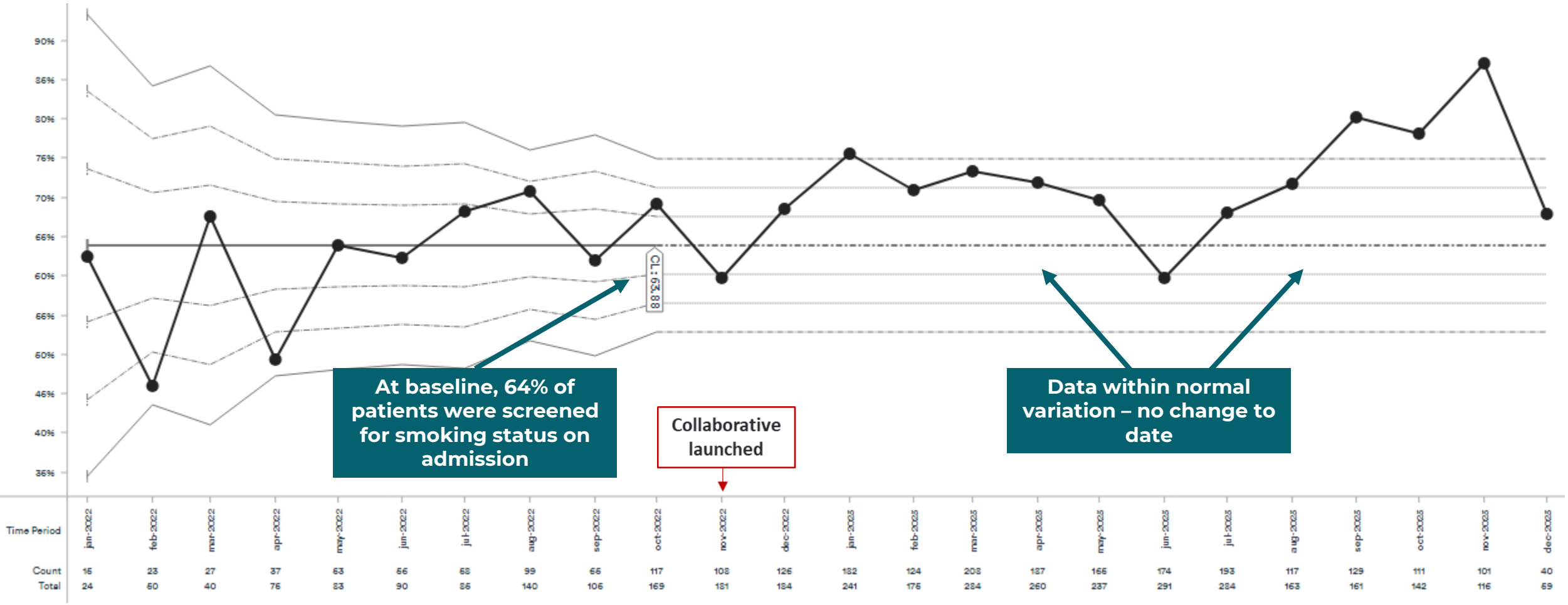
Measure 1: The percentage of patients screened for a recorded smoking status on admission

Direction of improvement



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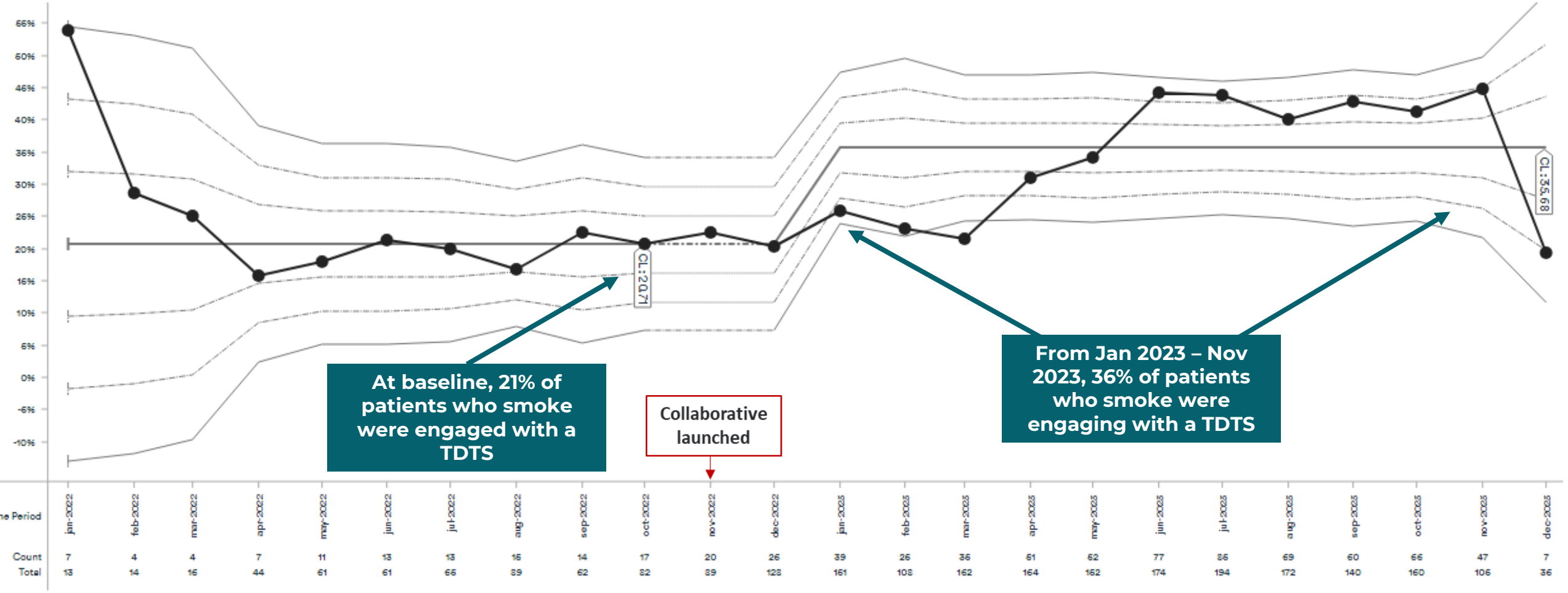
Measure 2: The percentage of patients, who smoke, engaged with a tobacco dependency treatment service (TDTS)

Direction of improvement



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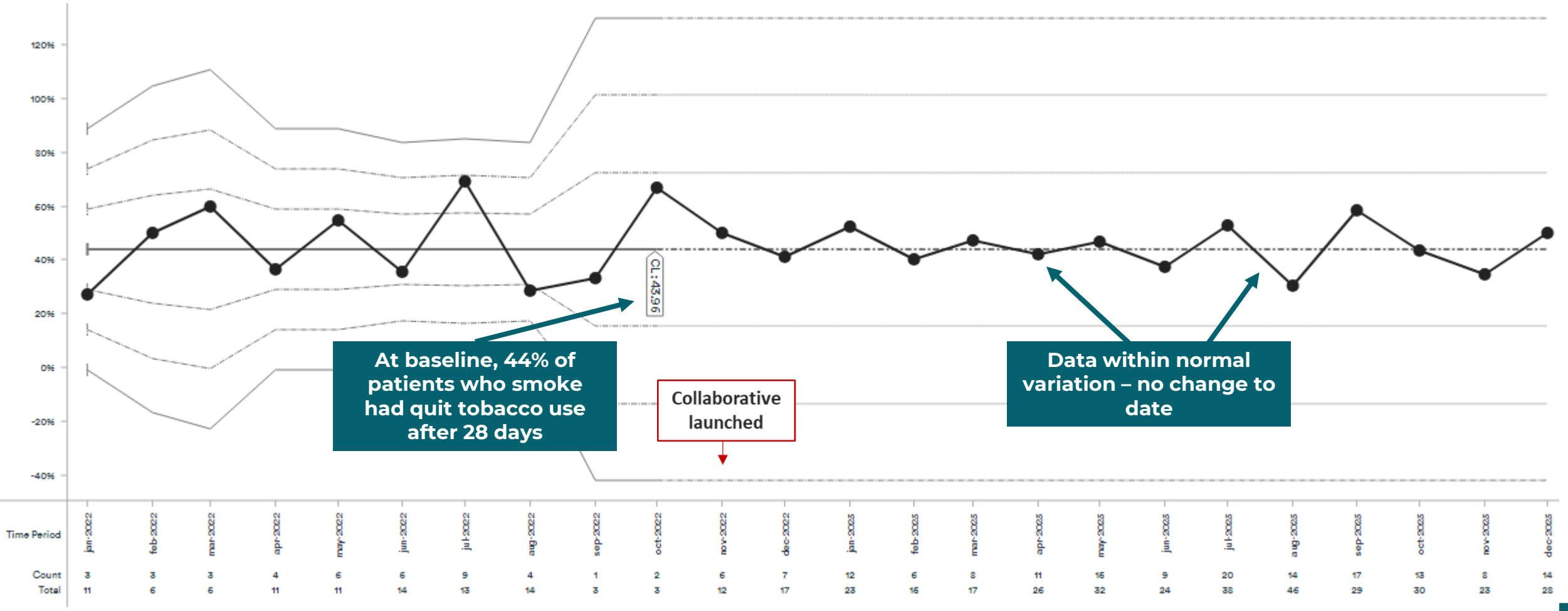
Measure 3: The percentage of patients, who smoke, engaged with a tobacco dependency treatment service (TDTS) who have quit tobacco use after 28 days

Direction of improvement



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Professor Sanjay Agrawal

National Specialty Advisor for Tobacco Dependency

NHS England

QuiTT

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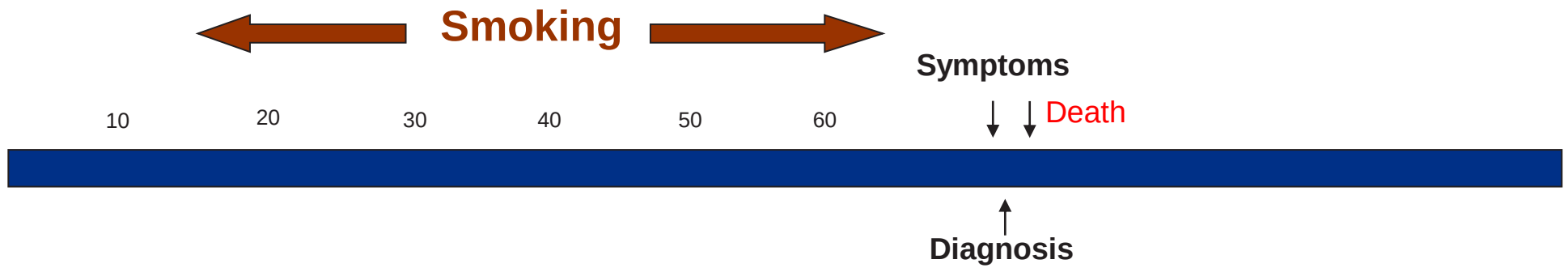
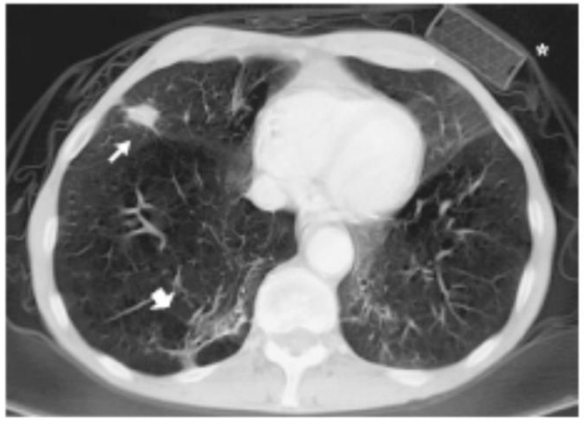
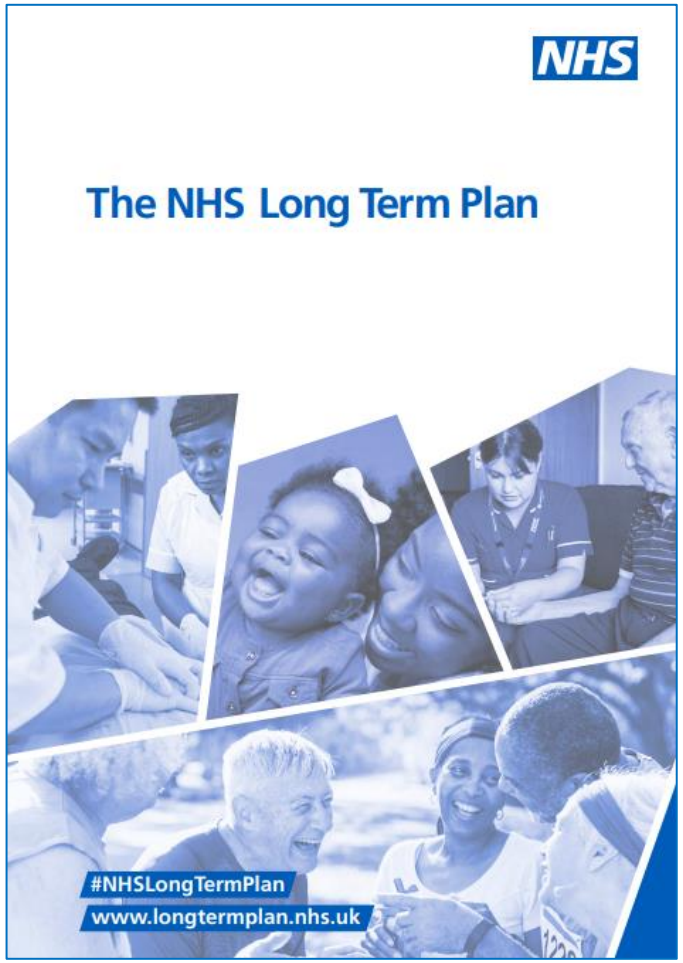




QUiTT Jan 2024

Professor Sanjay Agrawal
NHS England - National Specialty Advisor for tobacco dependency
Chair - Royal College of Physicians Tobacco Advisory Group
Consultant in Respiratory & Intensive Care- University Hospitals of Leicester

LTP - Objectives & priorities



Identify

Treat

1. Acute hospital in-patients
2. Mental Health in-patients
3. Maternity (and partners)
4. Community Mental Health
5. NHS Staff

- High quality service
- Culture change
- Sustained

Impact = Reach x Effectiveness

Sustaining progress

Impact

Reach

- Hospital services
- CQC inspections

Effectiveness

- Referral to & input from TDA ‘s
- ↑ provision of meds/vapes
- ↑ transfer of care rates

- **Build QI into pathways**

Treatment pathway

1. Person **admitted** to hospital

Screened for smoking and dual **NRT prescribed**

3. **Smoking status recorded** electronically with automated opt-out referral to in house tobacco dependency advisor

4. Bed-side **tobacco dependency advisor** consultation

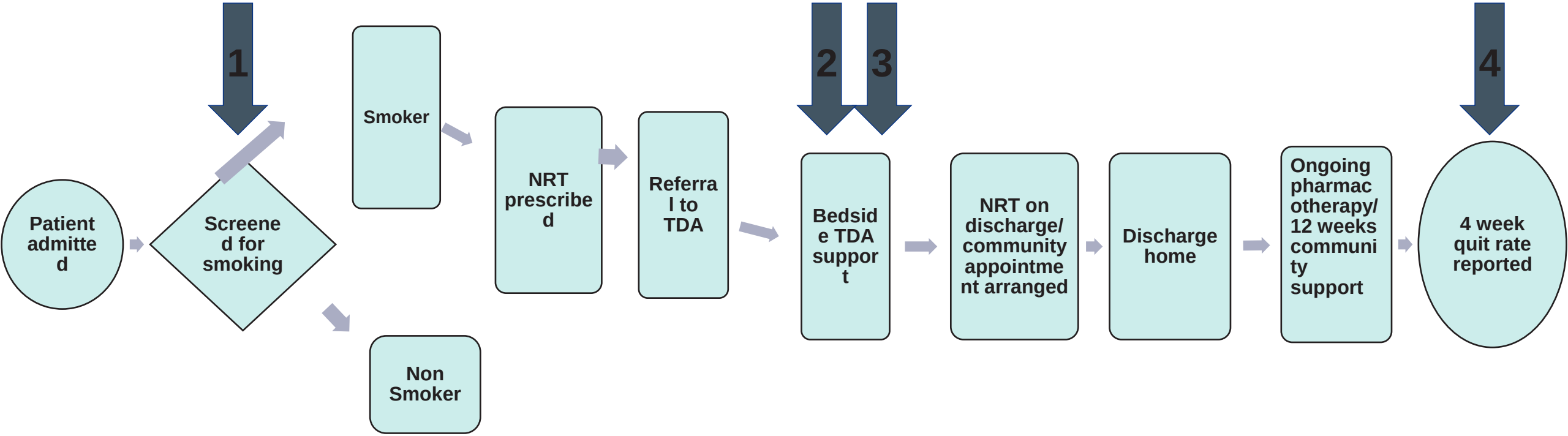
5. Appointment with local government **stop smoking service** set up prior to discharge
NRT on discharge

Discharge home

7. Ongoing **pharmacotherapy**
12 weeks of **behavioural support** from local government stop smoking service or pharmacy delivering advanced service

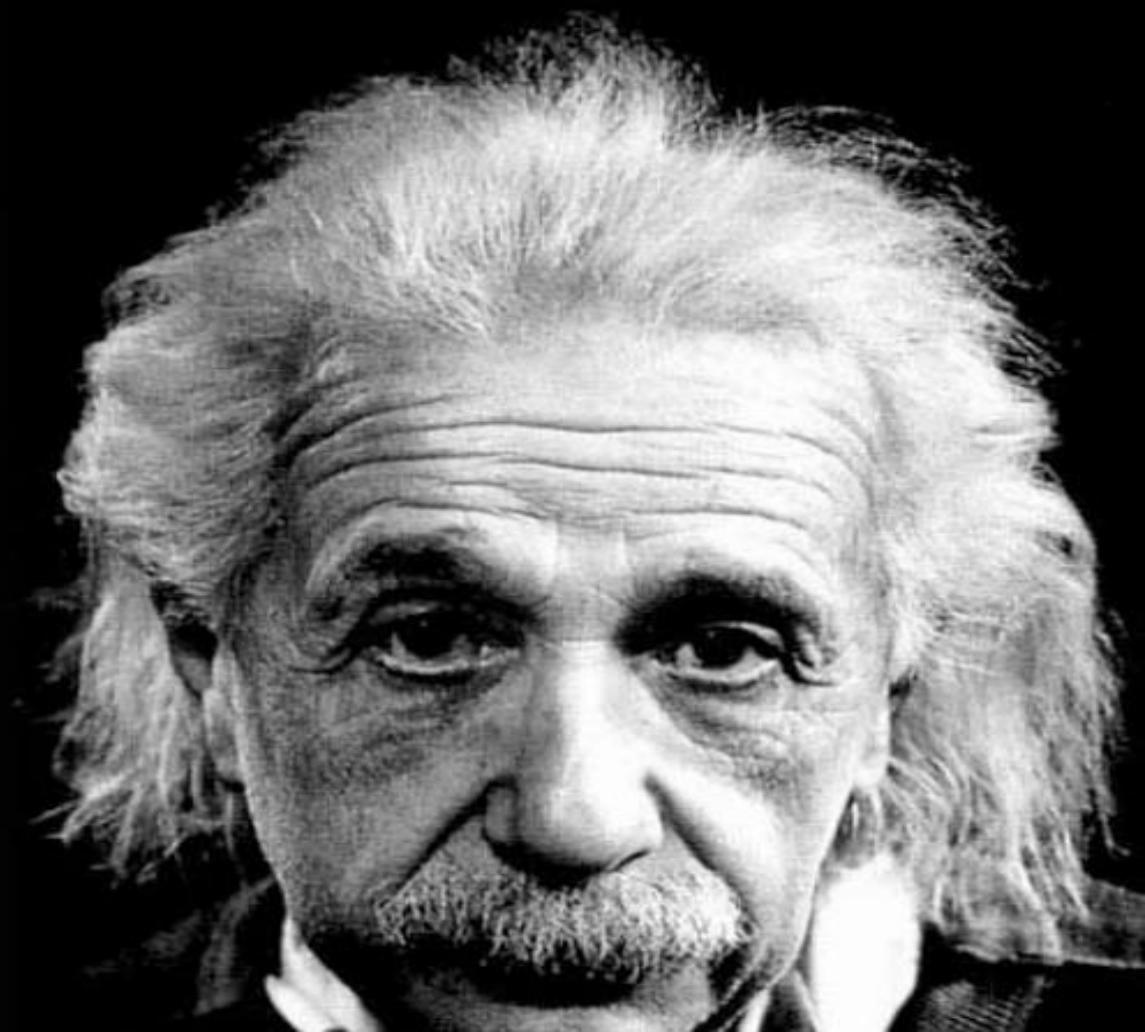
4 week quit outcome recorded and reported

Pathway mapping



“Everything should be made as simple as possible, but not simpler.”

Albert Einstein



FOUR PROJECT AREAS

- Project Area 1: Smoking screening status.
- Project Area 2: Referrals into the tobacco dependency treatment service.
- Project Area 3: NRT provision.
- Project Area 4:Transfer of care to the community.

https://www.brit-thoracic.org.uk/quality-improvement/qi-programme-for-tobacco-dependency-treatment/

OUTCOMES: LEARNINGS

- 23% increase in self-rated knowledge.
- 22% increase in confidence.
- 12% increase in understanding of site specific tobacco dependency treatment pathways.
- 17% increase in team understanding of pathway issues due to their participation.
- Enhanced project management skills.

https://www.brit-thoracic.org.uk/quality-improvement/qi-programme-for-tobacco-dependency-treatment/


YOUR PLAN


REALITY
VANDENBOSCH
RAYMOND JAMES

Avon & Wiltshire Mental Health Partnership NHS Trust

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Berkshire Healthcare NHS Foundation Trust

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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East Coast Community Healthcare

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East London NHS Foundation Trust

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Healthy Cornwall

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Hertfordshire Partnership University NHS Foundation Trust

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Leicestershire Partnership NHS Trust

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Midlands Partnership NHS Foundation Trust

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Nottinghamshire Healthcare NHS Foundation Trust

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Oxford Health NHS Foundation Trust

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Somerset NHS Foundation Trust

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South West Yorkshire NHS Partnership Foundation Trust

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Sussex Partnership NHS Foundation Trust

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Tees, Esk and Wear Valley NHS Foundation Trust

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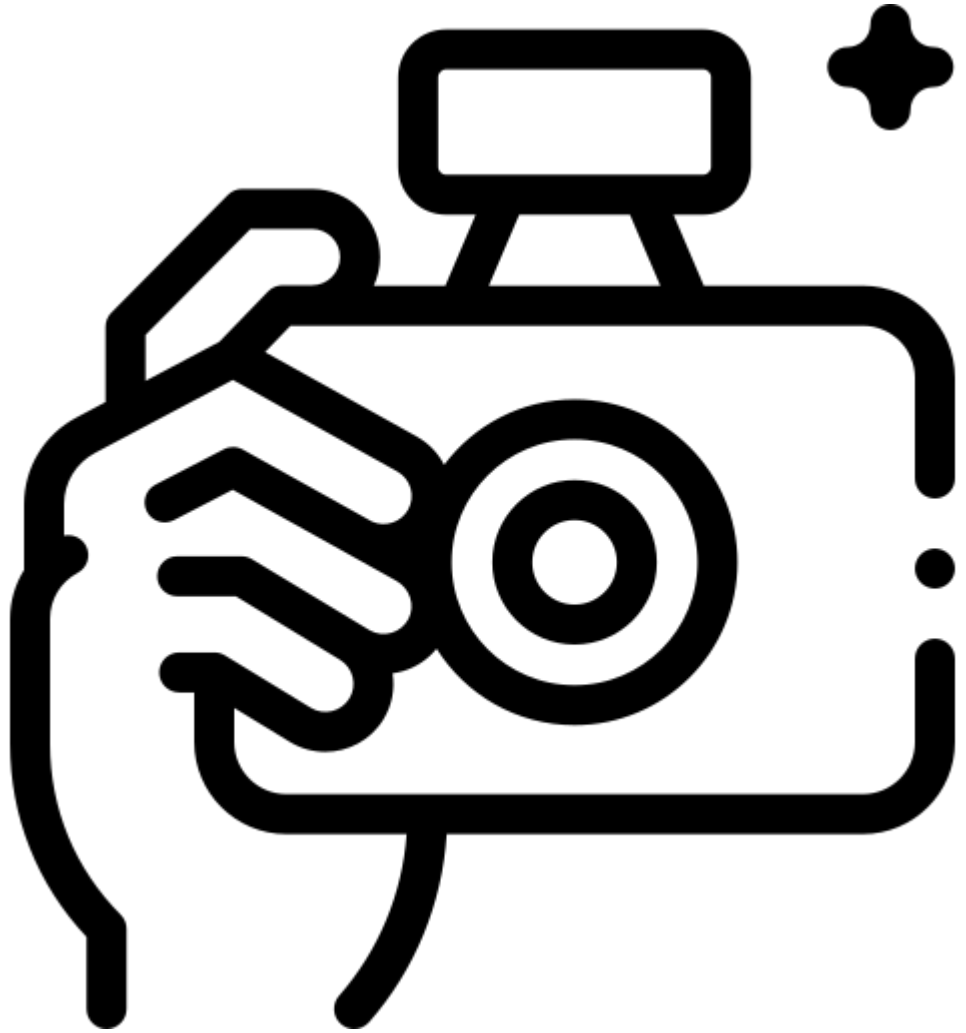

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Tobacco Dependency Early Implementer Sites Evaluation

Phoebe Barnett
Research Fellow
NCCMH & University College London

Juliette Westbrook
Research Assistant
NCCMH

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Tobacco dependency community-based services for people with severe mental illness

An evaluation of NHS early implementer sites

Juliette Westbrook and Phoebe Barnett

23/01/24

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UCL

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Background

Model 1: Physical health check for people with SMI or primary care contact

- North East and North Cumbria
- Norfolk and Waveney

Model 2: Discharged from mental health inpatient setting or attending MH outpatient clinic

- Nottingham and Nottinghamshire
- Sussex
- Greater Manchester

Model 3: Making every contact count embedded in CMHS

- East London
- Cornwall and Isles of Scilly

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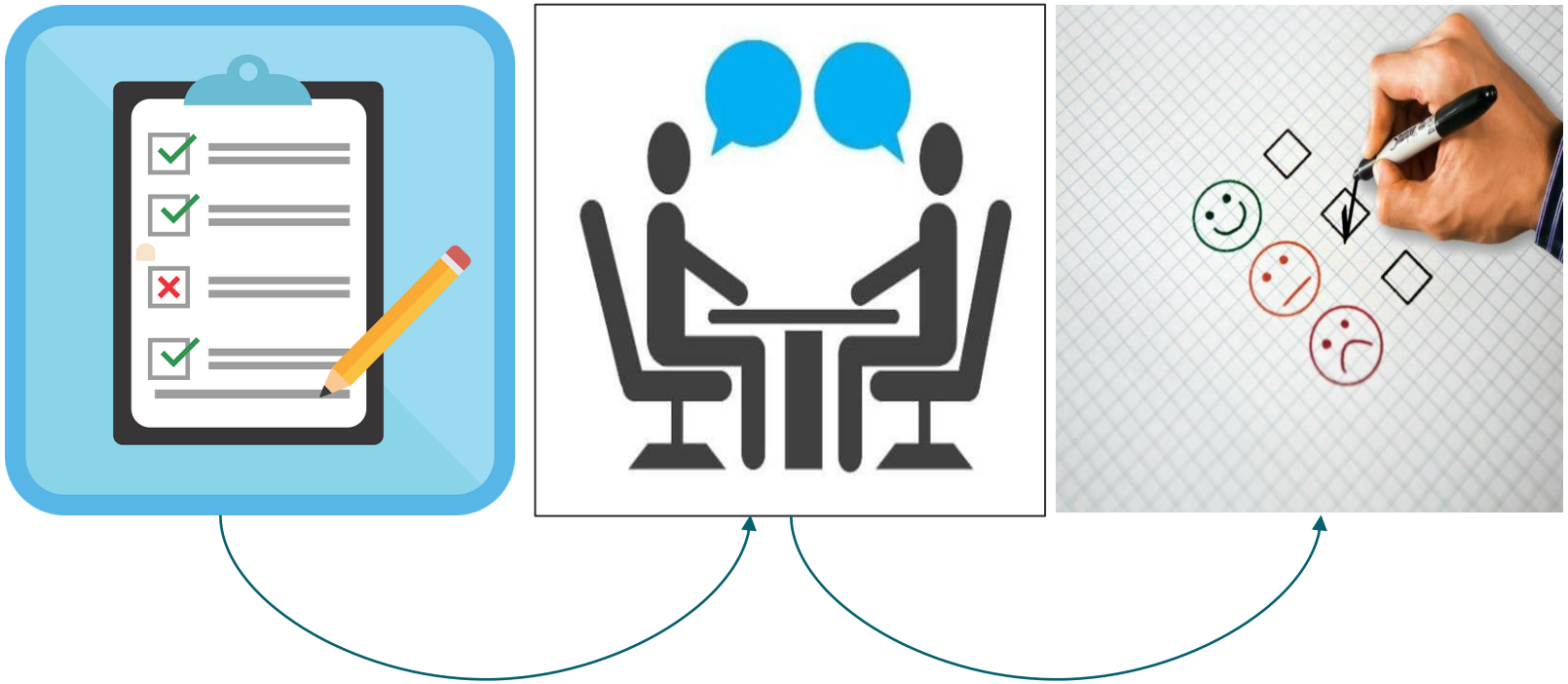
Evaluation design



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Site lead surveys

- Aimed to understand:
  - Context services were introduced in
  - Main elements of the implementation of services
  - Barriers and facilitators to implementation
- Electronic survey sent out between December 2022 and April 2023.
- Responses from site leads at all 7 early implementer sites

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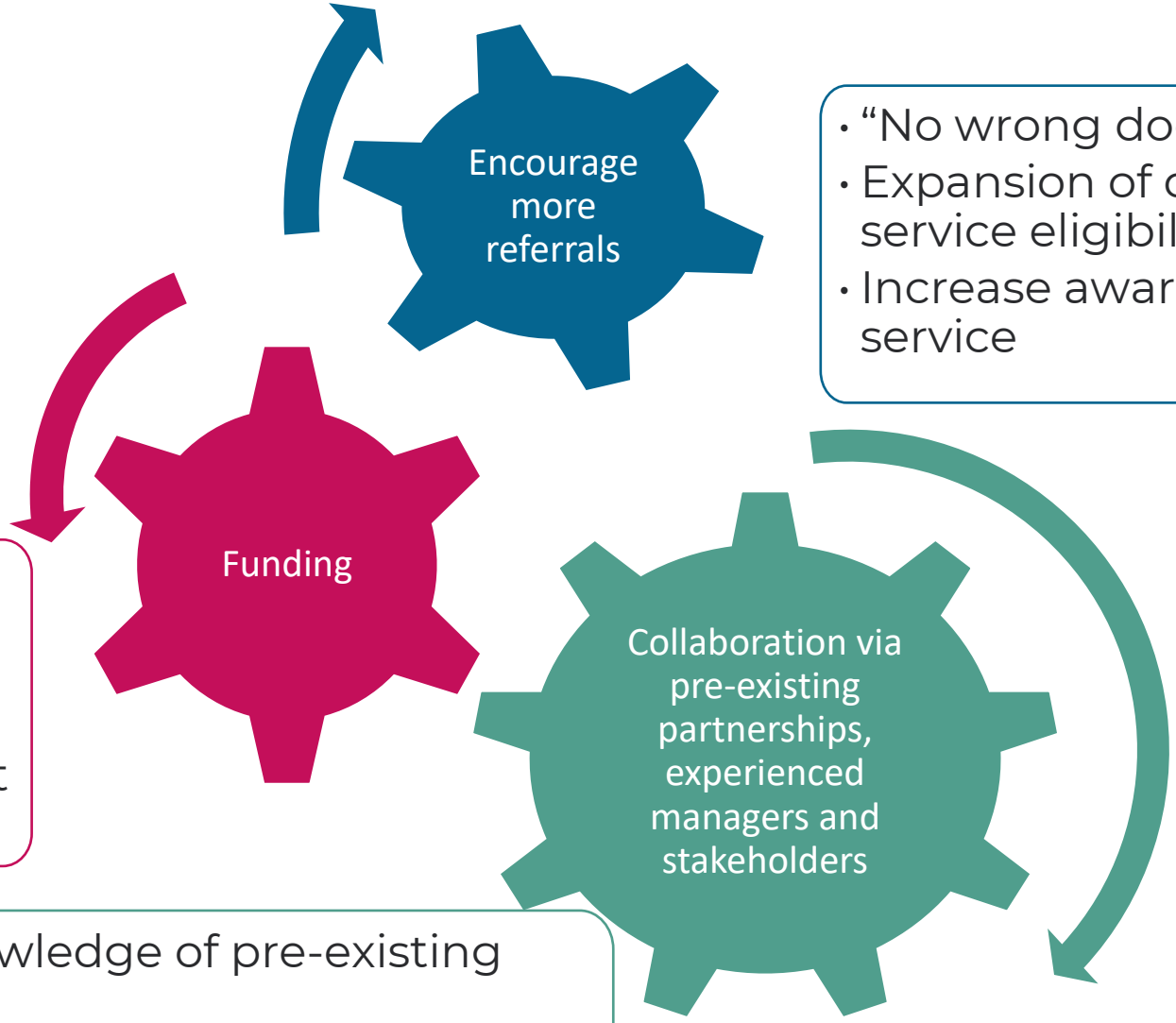

- "No wrong door" approach
- Expansion of definitions of service eligibility
- Increase awareness of service

- Lack of certainty prevented establishment of long term protocols and plans, staff recruitment and staff retention

- Use or knowledge of pre-existing protocols
- Sharing workloads with partner organisations
- Drawing on previous experience to reach out to additional stakeholders
- **= Reduction in workload**

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Staff interviews

- Qualitative interviews with treatment providers (N=7) and referrers (N=4)
- Aim: to gain an understanding of what staff found helped or hindered them in the mobilisation and implementation of their services

Flexibility in delivery of treatment

Length of quit, location and format of appointment, personalisation of care, NRT and vape options

'One of the challenges is the repeat because people say "yeah, I'll stop, I'll stop" and then start smoking again. Then they'll stop...' [Referrer]

'Whenever I see somebody, I try and talk about their physical health. I try and talk about any habits that they might have around smoking, alcohol, drug use...I'll always discuss whether they ... feel ready to stop or have some support with that process ... it is a bit of a journey that maybe they're not ready to stop immediately, but they're willing to engage in that process.' [Referrer]

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Flexibility in delivery of treatment

Length of quit, location and format of appointment, personalisation of care, NRT and vape options

Intervention training and expertise

As long as training available, mental health background not necessary

Additional training to support working with SMI population e.g. person-centred care welcomed

Some sites experienced barriers to accessing basic stop smoking intervention training

'you can add the stop smoking knowledge and specific stop smoking skills as long as you've got that baseline there, which can come from a variety of backgrounds...I don't think it's necessarily important to recruit staff from a mental health background.'

[Treatment provider]

'It has been challenging to get my new staff to do the SMI and NCSCT course because of funding and because we had it rolled out to us in January, we didn't have our full complement of staff. We've had to then kind of beg, borrow and steal to try and get them into other courses...we shouldn't really have a barrier to specific training in the SMI. You know that's surprised me.'
[Treatment provider]

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Setting up future services

Problems with recruitment and staff turnover

Having protocols and staff in place before seeing patients seen as key

Clear referral processes

'Recruitment is difficult. I think these are two very specific areas of specialism, smoking cessation and mental health, that don't often come together. They don't often meet' [Treatment provider]

'I think it would have been better if we'd had a little bit of lead in time. So we could have planned the project first.' [Treatment provider]

NCCMH

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Team communication and collaboration

Improved communication between staff completing referrals and staff providing treatment seen as key- mutual understanding of each role

'The other thing that the other colleague mentioned was just that they valued shadowing some of the nurses who do some of the health checks just to see where they were coming from. And then a little bit of vice versa, I think in the early stages...just to try and develop that understanding just from a referral standpoint.' [Treatment provider]

NCCMH

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The SMI population

Fluctuating motivation to quit = missed appointments

Opt-out or opt-in referral processes and resultant motivation of patients referred

Seizing the moment with referrals

'They would turn up to the clinic 20 minutes late and you've already got someone else and then they wouldn't sit and wait. So that's something that causes a bit of chaos and the clinics, sometimes their lifestyles are chaotic.' [Treatment provider]

'We've got the stop smoking service in here every Wednesday so we can make direct... because we run a clozapine clinic we can say "do you fancy stopping?" "Ohh yes." So we can get them straight in so yeah, locations and I think it's understanding, as I said its seizing [the moment].' [Referrer]

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Fluctuating motivation to quit = missed appointments

Opt-out or opt-in referral processes and resultant motivation of patients referred

Seizing the moment with referrals-

Reducing health inequalities

Improved accessibility to health support (tobacco dependency and additional physical health and social services

Free/subsidised NRT/vapes

'So it's about that signposting, it's about making every contact count and not just dealing with the stop smoking because sometimes they have bigger issues than the smoking which we try to assist in every way we can.' [Treatment provider]

So there is no barrier financially there for people across the course of the vape scheme.' [Treatment provider]

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Patient experience surveys

- 13 responses
- Overall, very positive feedback
- Two main themes:
  - Choice- in treatment format and prescriptions contributed to more positive experiences
  - Regular engagement with empathetic staff who provided support irrespective of potential setbacks

NCCMH

What should be considered for future services?

Adequate funding and planning

- Clarity on, and longevity of funding is important for well-planned services
- Extended “lead in” phase to plan all protocols, referral pathways and policies

Collaboration

- Collaborative relationships between services, staff, and stakeholders is a key facilitator
- Develop a robust network of experienced stakeholders and experts who can support service set up and delivery
- Ongoing communication and knowledge exchange between referral and treatment staff

Person-centred and flexible tobacco dependency treatment

- Supportive relationships between staff and patients
- Choice for patients to encourage retention and improve outcomes
- National training programme for staff to support access to and consistency in mental health and related support, importance of smoking cessation in people with SMI and how to develop rapport.

NCCMH

QuITT Next Steps

Matt Milarski (he/him)

Senior Quality Improvement Advisor

NCCMH

QuITT

Quality Improvement in Tobacco Treatment

Next steps team task

Round 1 Teams (Orange name badge)
Room 1.6 with Emily
Sustaining your QuITT QI project

Round 2 Teams (Purple name badge)
Room 1.7 with Matt and Jaz
Early tasks to get your QuITT QI project started

Development Network Teams (Green name badge)
Room 1.1 with Ros
What do we want the development network to be?

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Feedback & Close

Emily Cannon

Head of Quality Improvement

NCCMH

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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 Round

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