

Surrey And Borders Partnership NHS Foundation Trust



Share your story

SABP registered with the QuITT Collaborative on round 2, which was initiated several weeks after the tobacco dependency service at SABP became fully established, in February 2024. Motivated to improve the tobacco dependency service and professional knowledge, partnership formed between SABP and QuITT Collaborative QI coach. Change ideas were created, and the QI project was formed.

Which change ideas did you test and what did you learn from them?

Our principle change idea is to support administration of NRT within 30 minutes of admission. A working group was created and weekly meeting established. Pharmacy support was essential and approval at the Medicines Optimisation Committee to pilot a new chart for recording NRT, supported the change idea testing stage. The process remained to be steady, anticipated time scales altered throughout the ongoing project to ensure sustainability and understanding.

Testing started in November 2024 and since implementation further areas of improvement have been identified. To date, we have learned, that what seems like a simple change idea can involve multiple PDSA cycles to refine the idea into a package that is ready to scale up and spread. Regular and frequent meetings are crucial to maintain momentum, ensuring presence of ward staff, giving practical perspective and feedback mechanism.

What changes have you seen on the ward(s), in the team, and in the Treating Tobacco Dependence service?

- Ward staff have an opportunity to receive training, giving greater understanding of NRT assessment.
- Ward staff feel admission is eased, as do not wait for the doctors to prescribe NRT upon admission, ensuring efficiency as staff can meet service needs without delay.
- The person supported who uses services can access NRT in a timely manner upon admission.
- Joint working between ward and tobacco dependency service.

Do you feel that Treating Tobacco Dependence is discussed more across the project ward(s) since joining the collaborative? Has there been a change in culture and approach to tobacco? Has there been a change in working relationships between the treating tobacco dependence team and the ward team(s)? Do you have any examples of how members of your project team have engaged in the work?

What are your reflections on taking part in the project?

- It is a good project; it has highlighted aspects of the trust smoke free policy where nonadherence could be seen.
- The project has been an excellent starting point for change in our service.
- The project has identified through working with pharmacy, NRT can be administered by nurses, within the homely remedies policy.

- The QI approach when followed through fully, will generate evidence that can be drawn on to demonstrate effective processes and areas for development.
- Collaborating with the staff on the project provides an opportunity to meet colleagues from other Trusts, providing opportunity for networking and sharing stories.

What has been your overall experience of the project? Have people external to the project team noticed any changes, such as patients and carers, staff on other wards that are not part of the project, external stakeholders, or other end-users of your team or service?

What challenges have you faced in this work?

- Inconsistencies with MAR chart documentation.
- Old/ returned vape not being documented.
- Staff training – time schedules, staff availability.
- Challenges with data collection to assess the change idea effectiveness.



Have you been able to overcome your challenges? What advice would you give to anyone about to start their own QuITT project?

Looking at the future:

We are gradually working our way through our challenges but need to follow the PDSA cycle to do so. Main advice to anyone starting a QuITT project is to approach it as a marathon not a sprint. It requires energy to go uphill long enough to reach the summit, at which point we hopefully can see how to have a smooth, efficient and effective change process to roll out to scale up and spread.

Have you embedded any change ideas into everyday practice? How do you plan to continue the positive work of the project? How do you plan to continue co-production with people with lived experience?

- Review the current project and discuss what milestones we are aiming for this year to maintain steady pace of development.
- Reestablish co-production with people with lived experience.