Quality Improvement in Tobacco Treatment (QuITT) Collaborative: Workshop 2

Date/Time: 19th June 2023, 13:00-14:00

Details	Links to resources
Clementine Fitch-Bunce *National Collaborating Centre for Mental Health (NCCMH)* **Welcome** A brief overview of the QuITT programme was also presented: • QuITT is a national quality improvement collaborative to increase the proportion of patients on inpatient mental health wards, who smoke, who undertake meaningful tobacco treatment • A total of 15 NHS/other healthcare teams from England are taking part in Round 1 of the programme, with 17 (and counting) lined up to join Round 2 from January 2024 • The programme is led by NCCMH at the Royal College of Psychiatrists (RCPsych) • Every team on the QuITT programme has an assigned QI Coach who provides tailored QI support and expertise for each team; as well as shared measurement and shared aim; access to data, resources and guidance. • Teams who have signed up for the programme are now part of the QuITT learning community aimed at sharing ideas and learning from each other including during our in-person learning sets and virtual workshops.	
Clementine Fitch-Bunce, Matthew Milarski and Rosanna Bevan *National Collaborating Centre for Mental Health (NCCMH)* **Q&A: Engaging people in your QuITT project** The QuITT teams were invited to join the discussion and share their experiences, including successes and any challenges, on engaging people in their QuITT projects.	QuITT resources | Royal College of Psychiatrists (rcpsych.ac.uk)

KA (Safer Care) Project meetings: the team held their first QuITT meeting face to face in March 2023, with a really good turnout and a wide range of staff in attendance, including staff from wards, exercise therapy, peer support as well as the leads and advisors. Subsequent meetings were being held via Teams as initially considered easier to accommodate staff, however the effect was quite opposite as the turnout had been quite low and the team struggled to get staff to attend and engage. This may have been due to a number of reasons including annual leave and days off/non-working days, not suitable day of the week and/or time of day, navigating complex rota and shifts of ward staff, i.e. night shifts. A recent face to face meeting was more successful with a much better attendance, though ensuring that the same people attend the meeting to ensure continuity remains an issue. The plan is to hold all meetings in person to ensure regular engagement from staff. Patient surveys: struggle with obtaining completed patient surveys. **AB (Berkshire Healthcare NHS Foundation Trust)** Project meetings: agreed that most of the teams would be experiencing the same challenges around low attendance due to shortage of staff, navigating leave and shifts, etc. The first face to face meeting was really satisfying with good attendance including a patient, and various useful ideas being shared on how to improve the service and on how to move forward with supporting mental health patients. Referral forms: the team is still working on the referrals including completion of the physical health forms which are on RIO (electronic notes). It continues to be challenging but the team remains positive and hopeful for this to improve gradually. Surveys/feedback forms from the patients: it is possible that the feedback forms vary from Trust to Trust and cover different sets of questions around the service criteria are being met, etc. **FB (RNU) Oxford Health** Surveys: some challenges with different ideas to improve the roll out and the process being suggested by the team including use of QR codes, ensuring that responses are anonymous and confidential. Also, there was a suggestion to involve physical health leads from the wards, but this has been quite challenging due to low engagement with no surveys being completed on discharge. **IL** Surveys: recommended that the surveys ought to be part of the day-to-day business processes with a designated person on a daily basis being responsible for overseeing the completion and collection of both the patient satisfaction survey and the tobacco dependency questionnaire, i.e. person in charge of discharges on a particular day seeing through the entire process. For example: our team includes an admission and a discharge nurse which helps with tracking the process and who is responsible/accountable at each point. The lead ought to be on top of the daily admissions and discharges to ensure process/forms have been completed.	quitt---patient-survey.pdf (rcpsych.ac.uk) QuITT events| Royal College of Psychiatrists (rcpsych.ac.uk) Link to NHS Futures platform (login details required) FutureNHS Collaboration Platform - FutureNHS Collaboration Platform

Challenges shared by teams:

- Staff engagement remains an issue and is a real barrier to implementation.
- Difficult to ensure commitment to attend meetings from the ward staff based at different sites.
- Vaping is a real issue for patients and staff, i.e. staff want patients to smoke in specified areas but patients want to smoke everywhere
- Staffing shortage across the wards is a challenge.
- Relying on a high percentage of agency staff present a challenge to efforts to be consistent in implementing the smokefree policy.
- Referral process in place but our team has to hunt to identify people who smoke via notes etc.
- Funding for social prescribing with inpatients / community patients with SMI as this would help to incorporate physical health and tobacco dependency.
- Very Brief Advice (VBA) as mandatory training for all staff – issues with attendance

Successes/suggestions to improve service/experience:

- Ensure VBA is a mandatory training for all staff.
- VBA to be listed as essential (not optional) in JD/person spec.
- Tobacco dependency treatment (TDT) may be the first intervention that a patient will see as collaborative during their admission
- Successful engagements happened after a few attempts.
- Use of positive/encouraging language: "Did you know the one best thing you can do for your patients' health is to do VBA training?"
- Many random meetings with staff can lead to a quit attempt, i.e. just a friendly HCA saying they could get me a vape to take the edge off during a hyper manic event
- Tobacco Dependency Advisors (TDA) leave distraction packs on all the wards for patients with activities in, alongside group and individual activity sessions on the wards (e.g. OT sessions are taking place as well as structured sessions)
- Introduce micro-training to engage staff.

CFB thanked the teams for their contribution to the discussion and for sharing their experiences.

Allison Teagle and Paul Davies
Avon & Wiltshire MH Partnership NHS Trust

Engaging wards and collecting patient surveys

Allison Teagle (AT), Ward Manager. Allison runs a mental health unit for men only in Bristol. It is a 19 bed-unit, which at times goes up to 23, and has a challenge with high rates of smoking amongst the ward population. That is one of the reasons why Allison is part of this project as to try and do something positive to make a difference.

The unit went through a major transformation including new staff and management. The leadership is important as making sure things happen, and as such ensuring that every discharge is followed up by a patient survey questionnaire. We do it with friends and family, so every friend and family form that we complete, is accompanied by a questionnaire regardless of whether people smoke or not.
On the ward, we work with junior clinicians, who are part of the project team, with some also assigned to input the information/data.

Ownership and accountability are important on the ward; Allison in her role as the ward manager hands out the forms to staff and collects them thus setting a positive example.

Additionally, training staff nurses to enable them to challenge patients and talk positively about smoking is very important. There are plans to develop a series of micro-training in handover which will run through the entire programme. Investing is staff development is crucial in all quality improvement projects as they feel valued and enabled in delivering the service.

The completion of the patient questionnaire takes circa 5min - the ward staff often complete the survey with the patients. Also, the completed surveys do not go into a feedback box but are handed over to staff to be processed immediately.
This process, although requiring full commitment, helps us ensure that we do not miss a single discharge from that ward.

Paul Davies (PD), Treatment Tobacco Dependency Lead. The team have been working really hard to make a positive change. It is often about empowering people to enable them to have the, at times, 'difficult' conversations with current smokers on the wards to try to help them to understand why it's good to make change and to potentially make a quit attempt.

Part of this process is to explain why both the wards and the grounds are smoke free, followed by a handover with some quick 10-15min micro-teachings. The type and the focus of the training comes from initial discussions with staff and addressing their needs in terms of improving knowledge and training, i.e. medication and interactions with smoking, side effects, etc. The training often enables staff to be more confident and to tailor the approach and service to the patients needs.

Currently, Paul attends handover every two weeks including mutual help support groups for the service users who are on the ward to educate them by simply mirroring the knowledge, conversations, and training for staff and adapt it to suit the patient population. Ultimately, it is all about just raising that profile around how we can really support people around their smoking. AT: These sessions are based on mutual help safe wards because the patients attend regular mutual help meetings. It is a format that everybody understands, and it gives a sense of community and mutual support for each other, not just us telling people not to do or do something or us just lecturing people. This is about people's lived experiences and understanding of what it's like to go through this on a mental health unit. It is about that sense of involvement and that sense of commitment as a group among the patients. By using this format, we hope for positive outcomes, as we try and develop that sense of community and the mutual help and support as it is quite a close community on the ward. All members of the team, including nurses and junior doctors will facilitate some of this work, including around health promotion and the benefits of not smoking. PD: One of the most powerful things is when you can actually get a service user who is trying to quit and trying to make that attempt and have them within that support group. It's really powerful because the other service users are much more likely to listen to their peer who they can actually relate to, someone who can tell them what a great experience he's had and how much better he felt because was now a non-smoker. AT: From a staff perspective, we can spend an hour and a half on lecturing someone about not smoking in your back garden or you can spend a positive amount of time actually committing to having a conversation about change enabling staff to do that rather than thinking it is a burden. It is about how we get the mindset change around busy staff nurses and busy wards to actually think that this approach may actually save them time, or this may be more productive in the long run by committing to the positive mindset and approach as opposed to focusing on the negative aspects like how difficult it is to stop smoking, etc. This is a positive intervention that staff can do for the service users and to give themselves opportunity to learn at the same time as opposed to just being the 'cigarette police'.	

RB thanked both Paul and Allison for sharing these absolutely brilliant insights that have been working in Bristol. It has been really interesting to hear how the team are tapping into people's frustrations and difficulties and challenges and using that to build people's motivation and interest in this work and that, if they change their approach, they can make things better for themselves and their patients in the long term. MM noted that relationships between people are really a key factor in successfully delivering QI projects, and queried what was the experience at successfully building relationships between the tobacco dependency treatment service, the ward and the patients? AT/PD: Working closely with staff is crucial as well as being present and developing the knowledge and understanding of how the processes and systems on the wards work. Every ward works in a very different way so it's about trying to be involved and to become part of the team by simply trying to get to know the names and the faces of all the stuff that are on the wards, and just continually being on the wards and having a chat with the staff and building that relationship. Sarah Harding (SH), Clinical Lead for Treating Tobacco Dependency Service at AWP. SH noted that the team was so proud of the work that Allison and her team are doing on the ward. SH noted, that particularly in early stages of implementation just consistently being present on the ward was absolutely critical. At times, our service users are too poorly when they first come in to engage with the service but by consistently going back to the ward, even if people initially declined, by being present on the ward, later referrals could still come through where people perhaps weren't ready initially, but at that later point felt ready to reengage and have a chat. JL, Team Lead, Notts Healthcare: Along with the training that we deliver to staff and to patients, the team tries to visit the community meetings that are held on the wards to create links and we found that approach tends to break down a lot of the barriers that we've encountered, and patients tend to feel afterwards that the team are more approachable. This then allows us to go back and revisit the conversations around tobacco dependency, etc. with them, including holding focus groups. AB (Berkshire Healthcare): It is important to be consistent and to give the time to the person if they are coming to our services and they are not well. An example of our lived experience patient who participate in our group and she mentioned that it's because of me coming and nagging her and not giving up on her and having the conversation, even sometimes for five minutes and that every contact counts really. It was the persistency, it's that being there when they need you, and not always when they are admitted as they may be possibly chaotic, they may be having an episode of psychosis, as in that point they would be unable to talk to you. But if you give them time then you can just bring to life the idea and to plant the seed that they will be able to consider that maybe this is the opportunity, maybe this is the time that you will be able to quit smoking.	

KH Associate Director of Physical Health at Berkshire Healthcare: Though not at the front end of the project but supporting AB. KH noted that what AB and the lived experience brought to the group was really helpful in challenging some of those myths that a lot of our clinical staff have in that our patients that either don't want to quit smoking or that smoking somehow helps them and keeps them calm. AB brought someone along to the meeting as well as made a couple of videos with some of the patients to help challenge those myths that we have amongst ourselves. Never underestimate that power of the lived experience and what positive effects it can have on the groups. MM asked Nottinghamshire Tobacco Dependency Treatment service for details about their distraction packs: LE: The distraction packs for the patient include a playlist of short songs, i.e. songs which are around 3-4 minutes long so that they can compile a playlist themselves, word searches, little mini egg timers for the amount of time it takes for the craving to go away, etc. These can be created either with the QuITT staff or other staff from the wards. The idea was introduced by our tobacco advisors who initially developed the packs during Covid which worked really well. The team decided to implement the idea post-Covid. They are freely available for all the patients on the wards and handed out to all the wards. ASH has a lot of good resources and activities, i.e. 40 reasons why to quit smoking to put together, which encourages ownership and considering different options. CF-B Thanked everyone for making the time to join the workshop and noted that all the resources from the sessions will be shared with the teams and also available on the QuITT webpages. Next steps: Newsletter in July and the next in person Learning Set 3 on Monday 18th September.	Link to ASH Smokefree NHS Network website for more information - Action on Smoking and Health - ASH QuITT Collaborative inbox quitt@rcpsych.ac.uk