

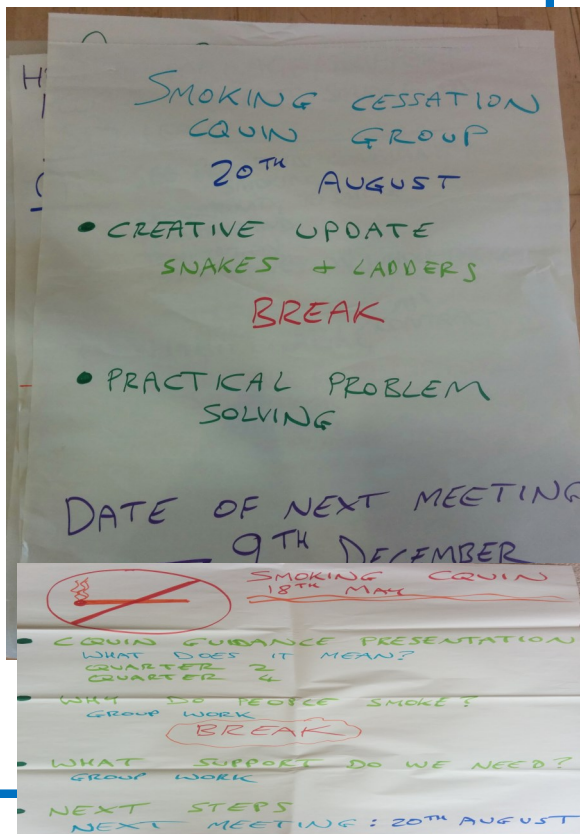


# Smoking Cessation CQUIN Bulletin 1

## Smoking Cessation CQUIN

This bulletin has information from the first and the second meeting of the Smoking Cessation CQUIN group. These were interesting groups as there is a lot of variation with services at different stages of implementing this CQUIN. Most services have different dates in place to aim for in terms of when they are going smoke free and some services have not yet got any date to work towards. Understandably there are anxieties around this from both service users and staff, and confusion also around some areas. The first meeting we looked at why we smoke, the benefits of stopping smoking, and what support people will need to stop.

As each service is on a different stage of their journey we thought it would be useful to document this and we asked each service to do this creatively using Snakes and Ladders—you can find more information about this on pages 4 and 5. We then asked everyone to identify their main barriers and there were some common themes. We looked at these barriers using the 6 Thinking Hats in order to come up with some creative solutions together. This is on pages 6 and 7.



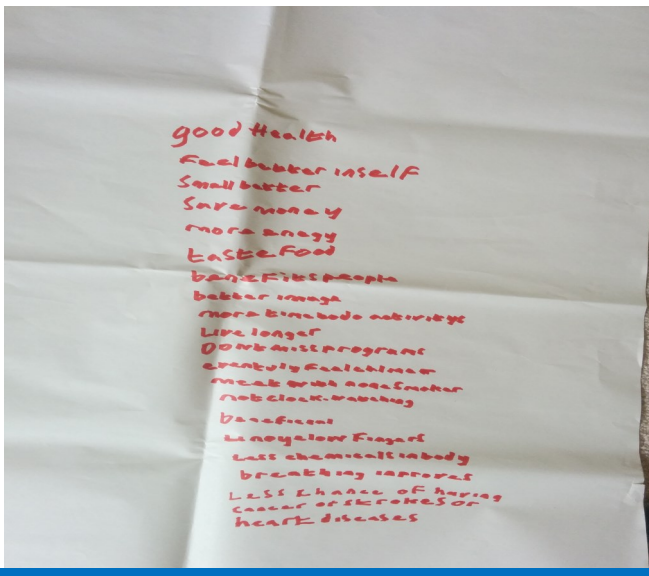
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# Benefits of stopping smoking

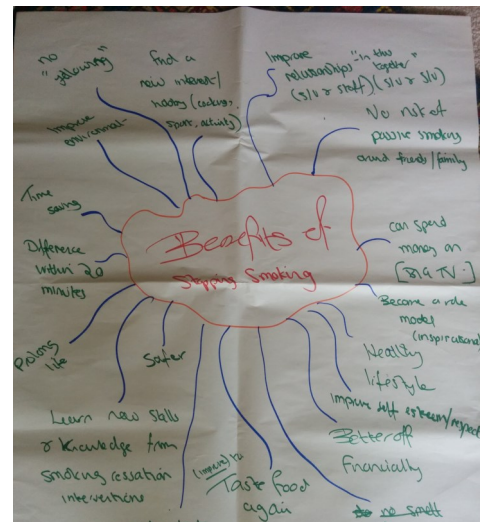
Good health. Feel better in self. Smell better.  
 Save money. More energy  
 Taste food. Benefits people  
 Better image. More time to do activities. Live longer. Don't miss programs  
 Eventually feel calmer. Meet other non smokers. Not clock watching  
 Beneficial. No yellow fingers  
 Less chemicals in body. Less chance of having cancer or stroke or heart disease

Safer, earn new skills and knowledge from smoking cessation. Prolong life. Difference within 20 minutes. Time saving. Improve to taste food again. No anxiety about running out. Better off financially. Smell better  
 Improved self esteem/resect. Healthy lifestyle. Become a role model (inspiration)  
 Can spend money on a BIG TV!  
 Improve environment. No "yellowing"  
 Find a new interest/hobby (cooking, sport, activity. Improve relationships—service users and staff "in this together. No risk of passive smoking around friends and family



The CQUIN asks for services to provide information on the benefits of stopping smoking to service users on or before admission, so we thought it would be useful to start a list of some of these benefits.

We started the meeting by thinking about why so many people in secure services smoke. There must be reasons that are specific to these environments as the figure is so much higher than the general population. If we start to understand some of these reasons then perhaps we can start to think about what might be beneficial when supporting people to stop smoking.



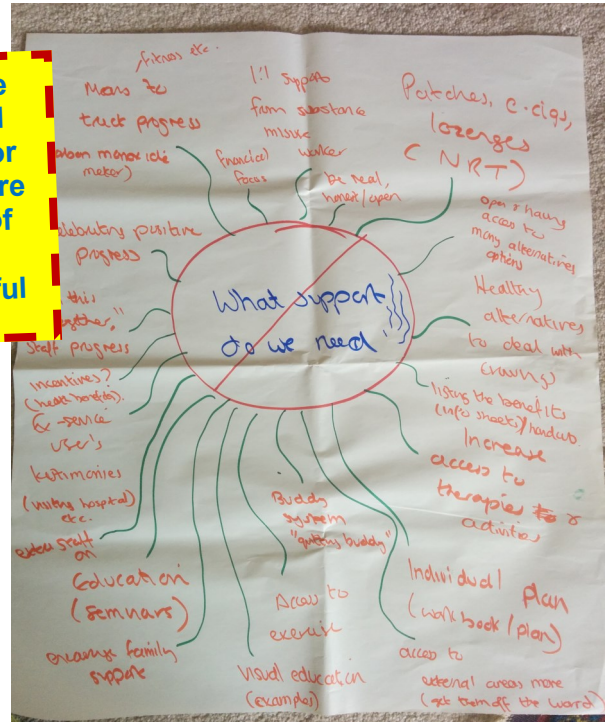
## Why?

- This CQUIN directly helps to deliver against domain 1 of the NHS Outcomes Framework: preventing people from dying prematurely.
- People with a mental health problem die on average 16-20 years sooner than the general population. It is physical illness rather than mental illness which is the primary cause of premature death.
- In the UK, at least 70 % of service users in mental health units smoke. Targeted support for smoking cessation will save money through reducing hospital admissions, GP consultations and prescription.
- It is estimated that achieving smoking cessation in 25 %, 50 % and 100 % of people with mental health disorders would, respectively, result in a gain of 5.5 million, 11 million and 22 million undiscounted life-years in the UK.

# What support do we need to stop smoking?

- Celebrate positive progress "in this together" staff progress. Incentives? Health benefits. Service users testimonies. Visiting hospital etc. Extra staff in short term
- Education (seminars)
- Encourage family support
- Buddy system (quitting buddy)
- Access to exercise. Visual education (examples)
- Individual plan (workbook/plan)
- Access to external areas more and off ward activities
- Listing the benefits (info sheets and handouts)
- Increase access to therapeutic activities
- Healthy alternatives to deal with cravings
- Open and having access to many alternative options
- Patches. E-cigs, sprays, lozenges (NRT)
- 1:1 support from substance misuse worker
- Financial facts. Be real, honest and open
- Ways to track progress—fitness, carbon monoxide meter etc.

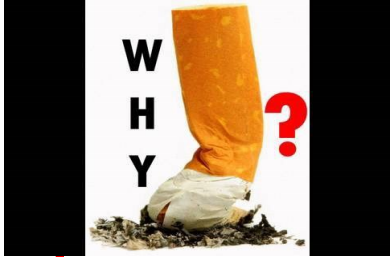
The CQUIN guidance mentions a personal stop smoking plan for service users. Here are some suggestions of support that some people may find useful



- Stop smoking for charity. Certificates. Freebies. Information.. Smoking leads
- Puzzle books. Diet and exercise
- 1:1 support for staff and patients
- Walks. More activity
- Something to keep you occupied
- Care plans. Support for family. Cessation clinic. Peer support. Rewards. Music
- Relaxation. E-fag. Stress ball. Pros and cons lists. Calendar. Money saving box—new TV etc. Support groups

## Why do we smoke?

- ◆ Stress
- ◆ Addiction
- ◆ Like having a fag
- ◆ Reward
- ◆ Boredom
- ◆ Relax
- ◆ Socialise
- ◆ Routine
- ◆ PRN
- ◆ Mostly everyone does it
- ◆ Peer pressure
- ◆ Habit
- ◆ Something to do
- ◆ Calm down
- ◆ Unwind
- ◆ Chill out
- ◆ Structure



Stress  
Addiction  
Like having a fag  
Reward  
Boredom  
relax  
Socialize  
routine  
PRN  
mostly everyone does it  
Peer pressure  
Habit  
Something to do  
calm down  
Unwind  
Chill out  
structure

STOP SMOKING charity  
certificate  
Freebies  
information  
Smoking lead  
PUZZLE BOOKS  
diet + exercise  
1-1 support staff + patients  
walks  
More Activity  
Something to keep you occupied  
Care plans  
Support for family  
Cessation clinic  
Peer support  
Reward  
MUSIC Relaxation  
E-fag pros and cons  
Stress Ball  
Calendar  
Money saving Box - new TV etc  
Support group



# WHERE ARE WE UP TO? CREATIVE UPDATE SNAKES AND LADDERS

We asked all the services present to draw their journey from before the start of the CQUIN (what did things look like then ) and through to where they would like to get to in the future. Along the way we asked everyone to write down their achievements using Ladders, and then any barriers they have encountered along the way using Snakes.

**Starting place:**

Health worries. Expensive. Addictive. Insomnia. Feeling unhealthy

**Snakes (Barriers)**

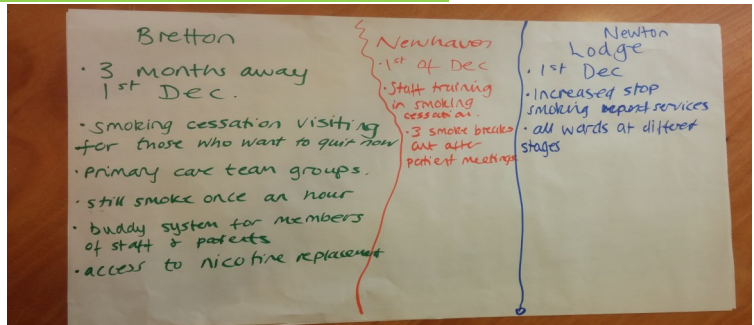
- Stop smoking aids not suitable for some people
- People not sticking to options and need more healthy options
- People not motivated to stop—worried about weight gain etc.
- People smoke more during short breaks
- Identifying people to teach smoking cessation (staff willingness to teach)
- People smoke for something to do

**Ladders (Achievements)**

- Found NCSCT e learning package to roll out training
- Allocated to one area at specific times
- Healthy eating and diet plans available and gym access
- Helps minimise smoking
- All hospitals met via phone conference to discuss moving forwards

**Ending Place:**

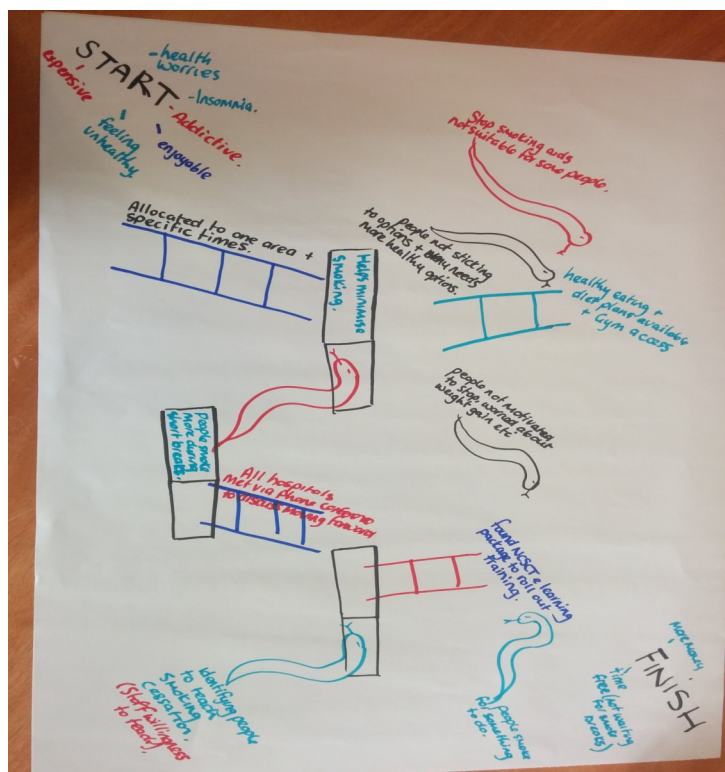
- More money
- Time free—not waiting for smoke breaks

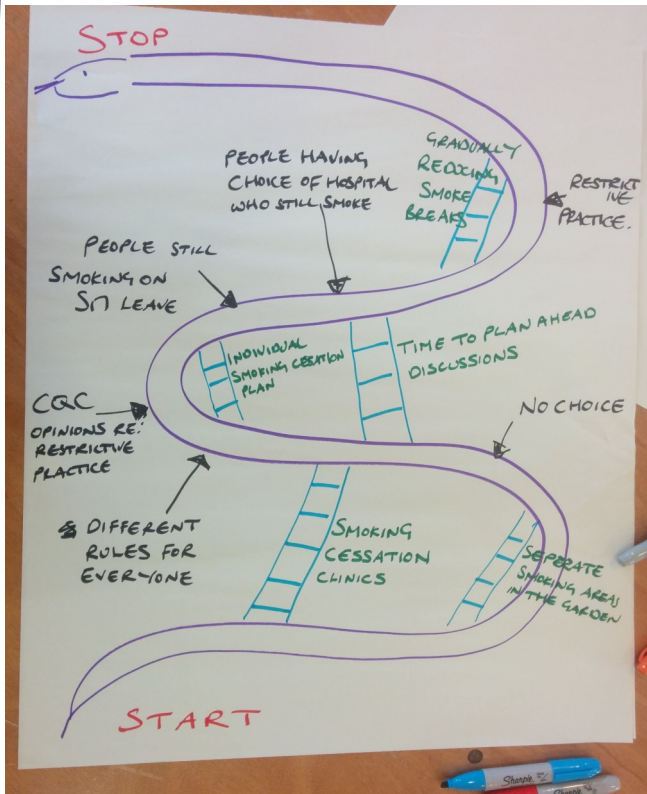


**Bretton—3 months away 1st December**  
 Smoking Cessation visiting for those that want to quit  
 Primary care team groups  
 Still smoke once an hour  
 Buddy system for members of staff and patients  
 Access to nicotine replacement

**Newhaven—1st December**  
 Staff training in smoking cessation  
 3 smoke breaks and after patient meetings

**Newton Lodge**  
 1st December  
 Increased stop smoking services  
 All wards at different stages





Starting place:

Snakes (Barriers)

- People having a choice of hospital who still smoke
- Restrictive practice
- People still smoking on section 17 leave
- CQC—opinions are restrictive practice
- Different rules for everyone
- No choice

Ladders (Achievements)

- Gradually reducing smoke breaks
- Time to plan ahead discussions
- Improving smoking cessation plan
- Smoking cessation clinics
- Separate smoking areas in the garden

Ending Place: Stop

Starting place:

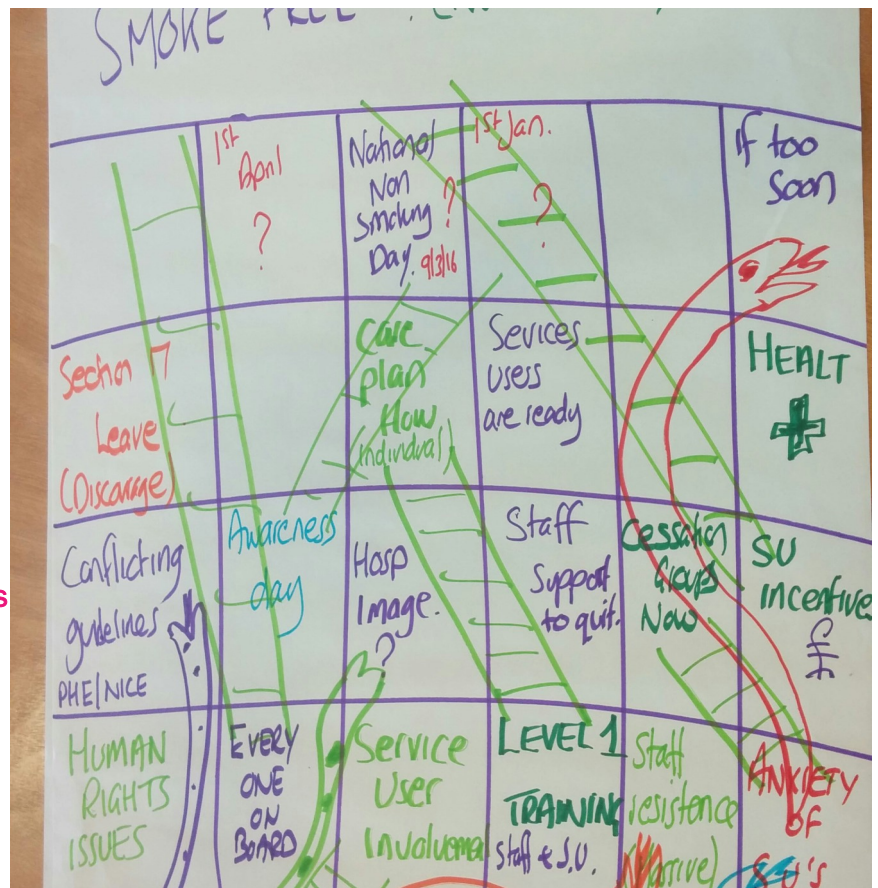
Snakes (Barriers)

- Human rights issues
- If too soon
- Section 17 leave
- Discharge
- Conflicting guidelines (PHE/NICE)
- When is the date?
- Anxiety of service users
- Staff resistance (massive)

Ladders (Achievements)

- Everyone on board
- Service user involvement
- Level 1 training of staff and service users
- Service users incentives
- Cessation groups now
- Health
- Awareness day
- Service users are ready
- Staff support to quit
- Care plans (how individual)
- National no smoking day (9th March 2016?)
- Hospital image???

Ending Place: Smoke free service



# Barriers to solutions creative problem solving

We looked at all the barriers/snakes that people had identified and picked the most common ones so that we could do some problem solving and come up with some solutions using the 6 Thinking Hats model

The barriers we looked at were:

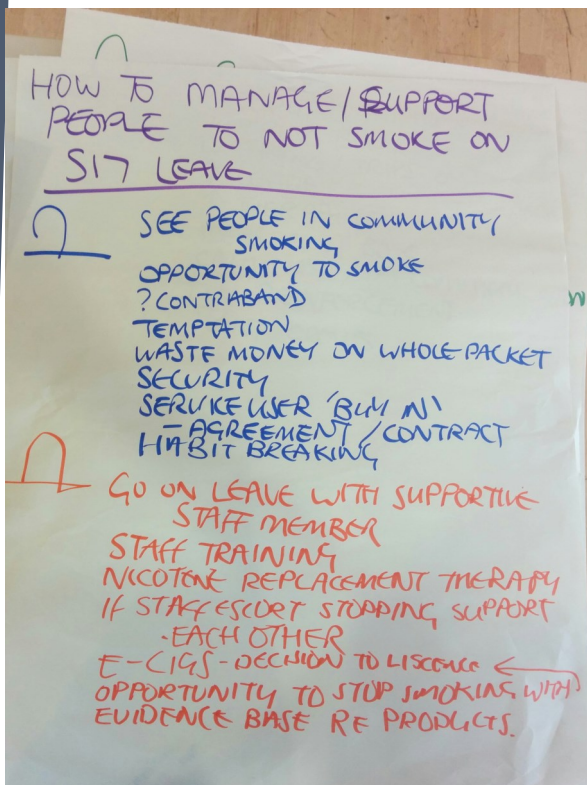
How to overcome/reduce staff and service user anxiety

How to manage transitions between smoking/non smoking services

How to manage Section 17

How to prevent boredom and occupy time

How to increase motivation



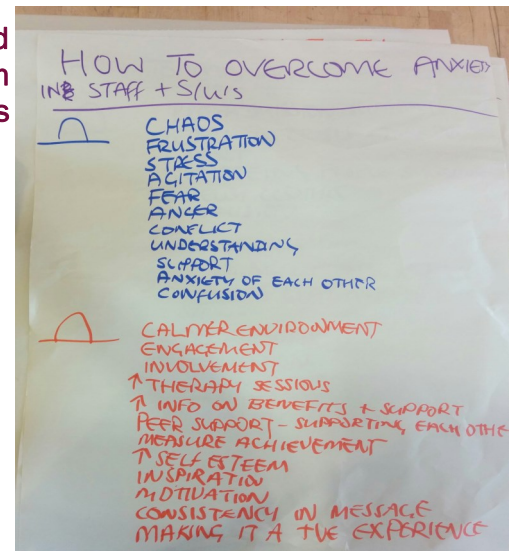
How to manage/support people not to smoke on section 17 leave

**White Hat—information—what does this look like? Why is it hard?**

See people in the community smoking, opportunity to smoke, will it be contraband? Temptation, waste money on a whole packet, security, service user buy in—agreement/contract, habit breaking

**Yellow hat—What could help?**

go on leave with a supportive staff member, staff training, nicotine replacement therapy, if staff escort stopping too then can support each other, E-cigs—decision to licence, opportunity to stop smoking with evidence based products



**How to overcome anxiety in service users and staff**

**White hat—information—what does this look like?**

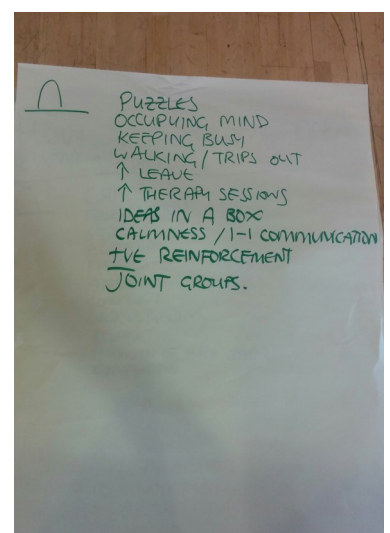
Chaos, frustration, stress, agitation, fear, anger, conflict, understanding, support, anxiety of each other, confusion

**Yellow hat—benefits, what would help**

Calmer environment, engagement, involvement, more therapy sessions, more information on the benefits and support, peer support, supporting each other, measure achievement, increase self esteem, inspiration, motivation, consistent message, making it a positive experience

**Green hat—new ideas**

Puzzles, occupying mind, keeping busy, walking, day trips out, more leave, more therapy sessions, ideas in a box, calmness, 1:1 communication, positive reinforcement, joint groups



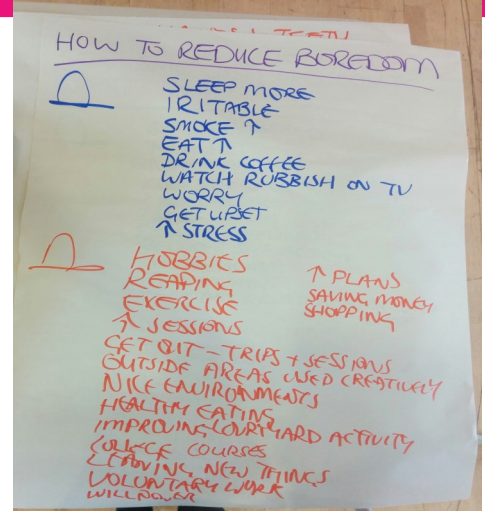
## How to reduce boredom

**White hat—information—what does this look like? What do we do when we are bored?**

Sleep more, irritable, smoke more, eat more, drink coffee, watch rubbish on TV, worry, get upset, increased stress

**Yellow hat—what stops us being bored?**

Hobbies, reading, exercise, more sessions, get out—trips and sessions, outside areas used creatively, nice environments, healthy eating, improving courtyard activity, college courses, learning new things, voluntary work, willpower, more plans, saving money, shopping



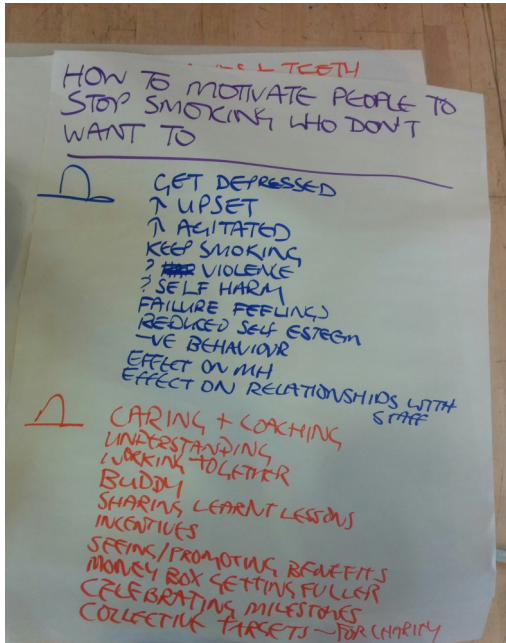
## How to motivate people to stop smoking

**White hat—information—what does this look like?**

Get depressed, get upset, more agitated, keep smoking, possible violence and self harm, feelings of failure, reduced self esteem, negative behaviour, effect on mental health, effect on relationships with staff

**Yellow hat—what could help with this?**

Caring and coaching, understanding, working together, buddying, sharing learnt lessons, incentives, seeing/promoting benefits, money box getting fuller, celebrating milestones, collective targets—for charity, nice hands and teeth, feel glamorous, notice achievements of self and others, more energy, staff/service user success stories, service users involved in training



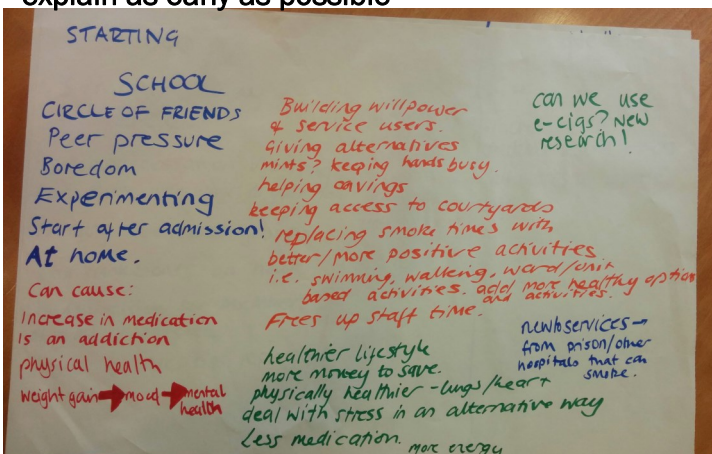
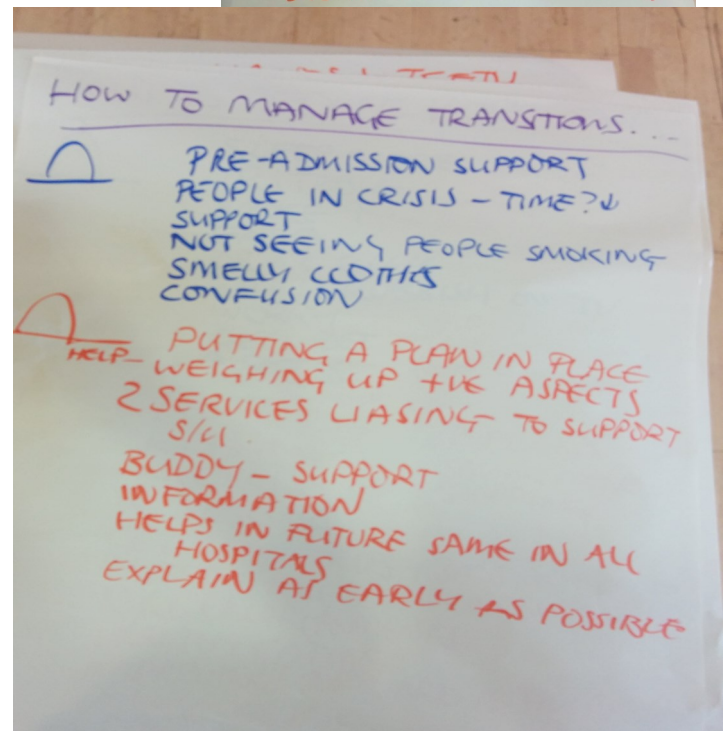
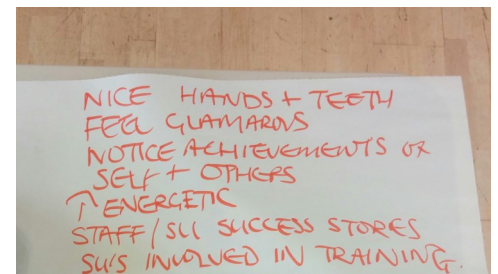
## How to manage transitions

**White hat—information**

Preadmission support, people in crisis—time of feeling less supported, not seeing people smoking, smelly clothes, confusion

**Yellow hat—what could help?**

Putting a plan in place, help weighing up the different aspects, 2 services liaising to support the service user, buddy support, information, helps in the future that it will be the same in all hospitals, explain as early as possible



# Smoking Cessation CQUIN guidance

**This CQUIN consists of three separate streams.**

**Stream 1: Strategy to improve the “smoke free” status of the service.**

- Stream 1 will represent 20 % of this CQUIN’s total value.
- This Stream involves how the secure service intends to change between different levels of smoke-free service in a way that both supports service users and does not undermine safety and security.

**Stream 2: Adherence to NICE guidance PH48 for interventions whilst in secure services.**

- Stream 2 will represent 40 % of this CQUIN’s total value. The key interventions will be:
- Information on the hospital policy and the benefits of stopping smoking given to all service users including on, or prior to, admission.
- Provision of immediate (within 24 hours) support to smokers or those on Nicotine Replacement Therapy (NRT) on admission.
- Provision of a personal stop smoking plan for all those who smoke or have recently stopped smoking or use NRT.
- Availability of a full range of pharmacotherapies (as defined in PH48).
- Access to stop smoking pharmacotherapies at all times.
- Provision of intensive behavioural support for those that require it.
- Stop smoking information provided to carers and visitors.

## Quarter 2

- Stream 1 (10%)
- - Production of a smoke free strategy for the secure service which covers:
  - (a) Support to be provided to both service users and staff to give up smoking.
  - (b) How the service intends to move towards being a Level 1 service.
  - (c) Maintaining security & safety whilst achieving Level 1.
  - (d) How to support service users to abstain in the long term.
- (There is an expectation that service users will be involved in the development and implementation of the strategy.)

## Q2

- Stream 3 (10 %)
- - Report on the number of patients that are smokers within secure services (as a total and percentage) in Q1.
- - Report detailing how the service will address the needs of service users who still smoke while on leave and ex-smokers upon transfer or discharge from their service in order to remain abstinent, and how they intend to monitor the success of that approach.

**The Levels are:**

- Level 1. Total smoking prohibition across all hospital grounds and buildings.
- Level 2. Smoking prohibited within buildings and secure gardens but allowed within open spaces outside of the secure perimeter such as hospital grounds.
- Level 3. Smoking prohibited within buildings but allowed within secure gardens and outside of the secure perimeter.
- Level 4. Smoking allowed within buildings (defined rooms or not) and open spaces such as secure gardens or hospital grounds.

**Stream 3: Supporting continued cessation while on leave from the hospital and following discharge / transfer.**

- Stream 3 will represent 40 % of this CQUIN’s total value.
- All smokers from smoke-free services who still smoke to be given support to continue abstinence while on leave
- All ex-smokers to have a care plan that addresses remaining abstinent upon discharge or transfer

## Q2

- Stream 2 (10%)
- - Audit tool developed against NICE guidance PH48.
- - <Commissioner to complete local targets for Q2 and Q4>.
- 10%

## Quarter 4

- Stream 1 (10%)
- - Report on the progress made towards a sustainable position with respect to being a smoke free service (level 1).
- Stream 2 (up to 30 % available)
- - Audit of compliance against NICE guidance PH48.
- - Action plan produced address any deficits identified from the audit.
- Stream 3 (30 %)
- - Report on the number of smokers (as a total and percentage) who are still smoking.
- Report on the implementation of actions identified in the Q2 report including an evaluation of success for abstinence during leave and on transfer/discharge.





# Yorkshire and Humber CQUIN Group

## Smoking Cessation

Thursday 22<sup>nd</sup> October 2015

Thursday 14<sup>th</sup> January 2016

Sandal Rugby Club

2 – 4

Refreshments Provided

Role Description for attending the Yorkshire and Humber meetings:

Represent your service and share experiences and ideas

Celebrate achievements and share learning

Find out what is happening in other services

Give your perspective

Meet staff and service users from other services

Take back and share what you have learnt with people in your service

