



# Smoking Cessation CQUIN Bulletin 2

## Smoking Cessation CQUIN Group

At the last meeting of the Smoking Cessation CQUIN group on the 22nd October we were supposed to be joined by Matt Day who wrote the CQUIN in order that he could answer some questions and give some guidance around the implementation of this CQUIN. Unfortunately he couldn't join us but we are hopeful that he will be at the next meeting in January.

We had a presentation from Amber Lodge about going smoke free and they brought along some props. Many services are at different stages of implementation and have got different dates that they are working towards going smoke free. More services will have reached that milestone by the next meeting in January and it will be useful to get some feedback from everyone about how this has gone.

Part of the CQUIN required services to provide some information about the benefits of stopping smoking to service users, staff and family and friends. This should be available in easy read documentation where possible and we did some group work around this.

Another element of the CQUIN is for each service user to have a care plan to support them stopping smoking and we did some work to see what everyone thought should be included.

**Next meeting on Thursday  
14th January 2016  
Sandal Rugby Club  
2-4**

Introduction and summary of meeting	1
Presentation—Amber Lodge	2,3
Group work—communication tools	4,5
Group work—care plans	6
Poster for next meeting	7



Smoking Cessation CQUIN Agenda

22<sup>nd</sup> October 2015 2-4pm

Refreshments provided

1. Welcome and Introductions
2. Presentation Amber Lodge
3. Group work - Easy read communication tools for smoking cessation



4. Group work - Smoking Cessation care plans
5. Agenda for next meeting

Date of next meeting: 14<sup>th</sup> January 2016

## BACKGROUND

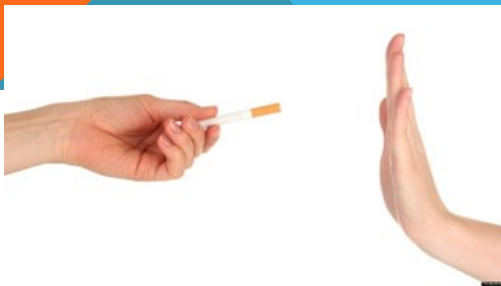
- To prevent people from dying prematurely
- To ensure compliance with NICE guidance around PH 43 Tobacco: harm reduction approaches to smoking.
- To ensure compliance with NICE guidance PH 48 Smoking cessation in secondary care: acute, maternity and mental health services.
- To follow local trust policy around being a "Smoke Free" service.



**SUPPORTING SERVICE USERS  
IN SECURE SERVICES TO STOP  
SMOKING**  
AMBER LODGE

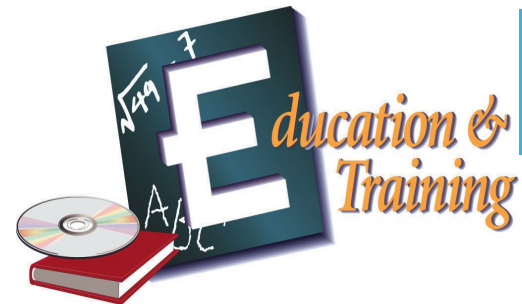
## OUR STRATEGY HOW WE STARTED .....

- Set a stop smoking date of Monday 29<sup>th</sup> February 2016
- Arranged a community meeting for all to attend. Invited the smoke free lead for the trust to attend to explain to everyone where the need for the change came from and how as a unit we would be supported.
- Developed individual care plans with the patients around the benefits of stopping smoking.



## TRAINING/EDUCATION

- All staff have completed level 1 smoking cessation e learning training to build on knowledge
- Ensured we have at least 4 specialist smoking cessation 2 day champion staff on each unit.
- Arranged for the local stop smoking team to attend the unit and discuss current smoking cessation products available



## TRAINING/EDUCATION CONTINUED

- Encouraged family members/staff members to stop smoking alongside patients.
- Patient representatives for the unit attending Yorkshire and Humber Smoke free CQUIN meeting and feeding back to others in community meetings.
- Education drop in sessions on the unit for the visual aids/props



## AUDIT TIME.....

- What we found.....We needed to evidence that on admission and discharge smoking status' of patients were reviewed
- We implemented that as a service someone's smoking status was discussed and nicotine replacement therapy offered during gate keeping assessments so patients could be supported as soon as they were admitted onto our unit.
- Support was offered during section 117 meetings for patients so support could be given at time of discharge with step down services. That TTO's are prescribed.



## WORKING WITH SAFETY

- Having robust reporting systems in place for the event of any incidents focusing on de briefs, reflective practice and lessons learnt and changes.
- Review care plans for patients with unescorted leave around PAT downs to reduce the risk of fire.

## THE PLAN FOR..... "THE BIG WEEK"

- Increased staffing on the unit from all disciplines.
- Extra 1:1/group psychology and psychiatry sessions throughout the week.
- A full OT timetable for all patients for the week
- That support from smoking cessation champion trained staff are present for support
- Ideas and plans such as healthy eating group cooking sessions taken from the community meetings to be implemented
- A finalised planning meeting for all disciplines within the division to attend on the 4<sup>th</sup> November 2015. This to be fed back to the community meetings.



## MY SUCCESS STORY

The reasons I thought to stop smoking were because I knew smoking was stopping in the hospital soon so I thought I might as well try now to see if I could do it.

I spoke to my team and we discussed my options and I decided on patches and lozenges.

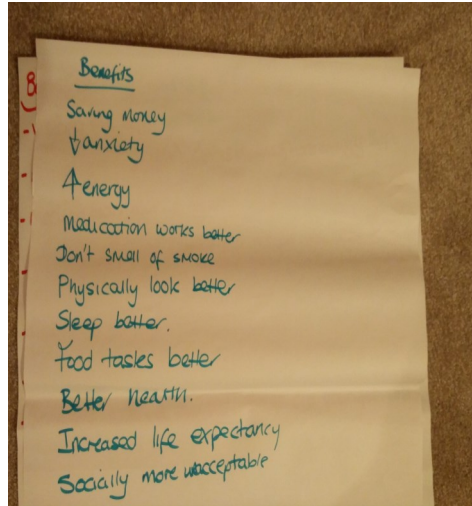
The first time I tried I found it really difficult because the time was not right and I started smoking again. Then I tried again and this time I have been successful on stopping smoking. I feel on top of the world and very proud of myself. I would like to say to anyone who is going to be trying to stop smoking 'JUST GO FOR IT'. My advise to others is talk about what will help you and patches have worked for me.



# Group work Communication Tools

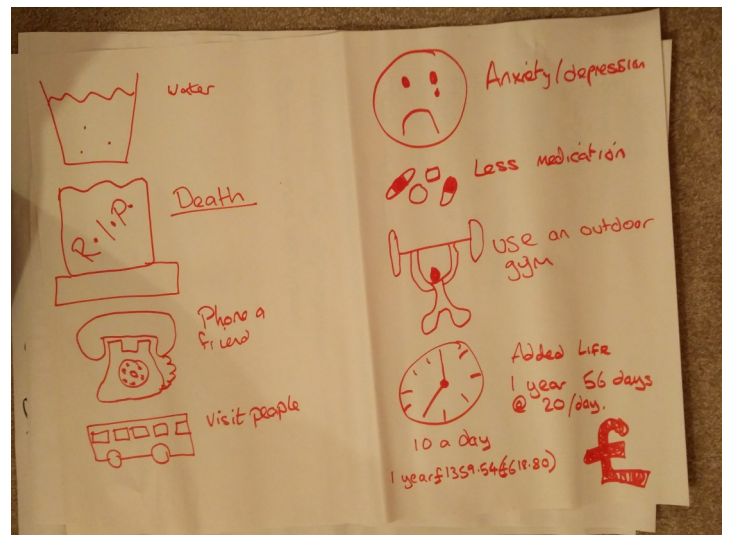
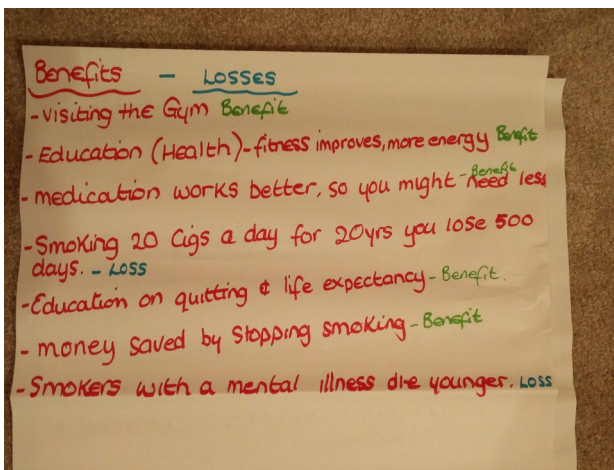
## Benefits

- Saving money
- Less anxiety
- More energy
- Medication works better
- Don't smell of smoke
- Physically look better
- Sleep better
- Food tastes better
- Better health
- Increased life expectancy
- Socially more acceptable



## Visiting the gym

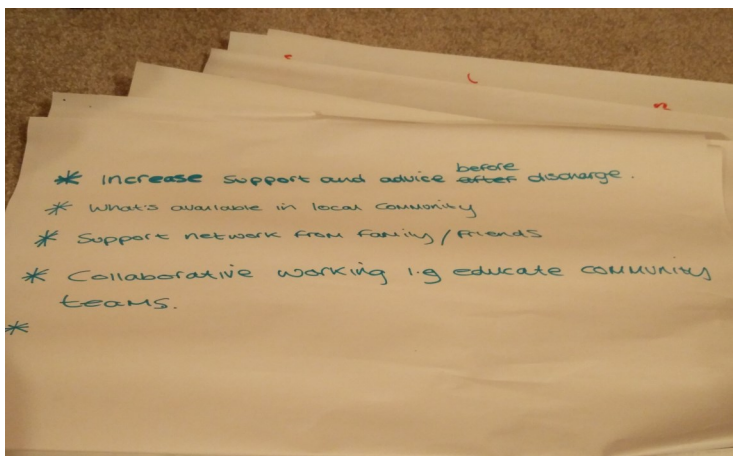
- Education (health) fitness improves, more energy
- Medication works better, so you might need less
- Education on quitting and life expectancy
- Money saved by stopping smoking
- Smokers with a mental illness die younger
- Smoking 20 cigs a day for 20 year you lose 500 days



## Increase support and advice before discharge

- What's available in the local community
- Support networks for family and friends
- Collaborative working i.e. education community teams

- Water
- Death
- Phone a friend
- Visit people
- Anxiety / depression
- Less medication
- Use an outdoor gym
- Added life—1 year. 56 days @ 20 per day
- 10 a day—1 year £1359
- £618.80



I'd like to ask first of all how are we going to stop smoking tobacco and how you think we will do this after years of addiction. I put to you that I have tried some of the nicotine replacements and that they have not helped me stop at all. All but one on my ward, like smoking and have said that it would unsettle the ward due to people not been able to smoke. I do not think it is fair that they are been forced to do this and I and others think at least we should be able to have e-cigs, but the manager thinks that will not happen and then I ask why not ? as that would make it a lot easier for us to stop smoking.

I have tried to cut down and have found that quite hard as well. I thought they might help us cut down and what training are the staff doing to help us.

I think that it is unfair due to been in hospital that they are taking away our choices, If I was at home I would smoke. It feels like we don't count as individuals or have feelings or any say in this matter.

Thank you that is all.

Someone brought along this typed statement with some things that the service users on their ward wanted to be discussed. We had a discussion about some of these things at the meeting.

We understand that stopping smoking has been anxiety provoking for a lot of people (both staff and service users). The issues raised in this note above have been raised again and again by many people, however; the CQUIN is not going away and we need to work together to achieve it.

It is a requirement of the CQUIN that staff will have training and there will be smoking cessation available to support everyone who wants it. The question of e-cigs is not one that can be answered for now as it is not yet a recognised smoking cessation therapy. This may change if an e-cigarette product becomes licenced in the future.

The issue of choice is one that has been raised many times, and although it is right that you don't have a choice whether this is happening, you do have choices about what will go into your care plans, you do have choices about how you will be supported through this time, what Nicotine Replacement Therapy you will use etc. Many services have been consulting and involving service users in many choices and decisions about how to best support everyone on the ward, and it is these choices that we need to focus on and have a say over.

There is no point focussing on the things in life that we cannot control and where we do not have a choice—we should use our energy to make a difference to the things that we can have control over, and make the most of the situation for ourselves, our peers, and everyone within the service and work collaboratively.

# Group work—care plans

## Care plans

Trying to stop smoking before

What NRT was used before

Individualised to each patient

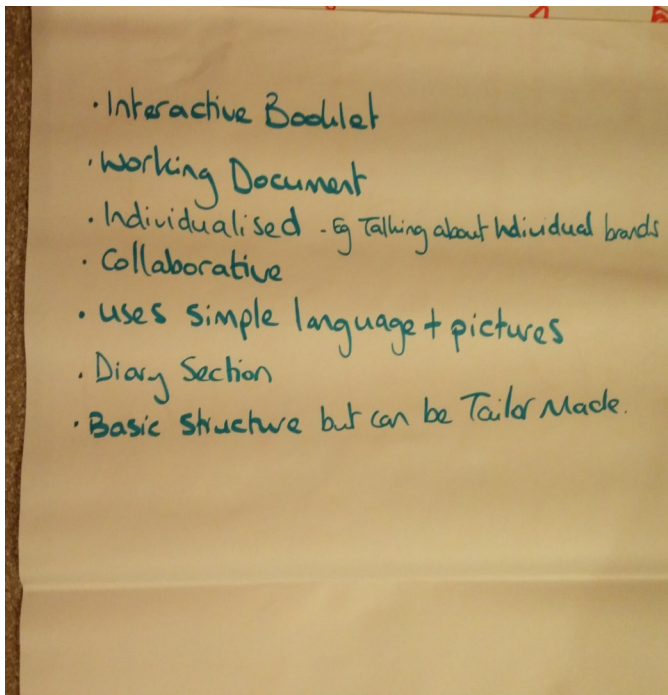
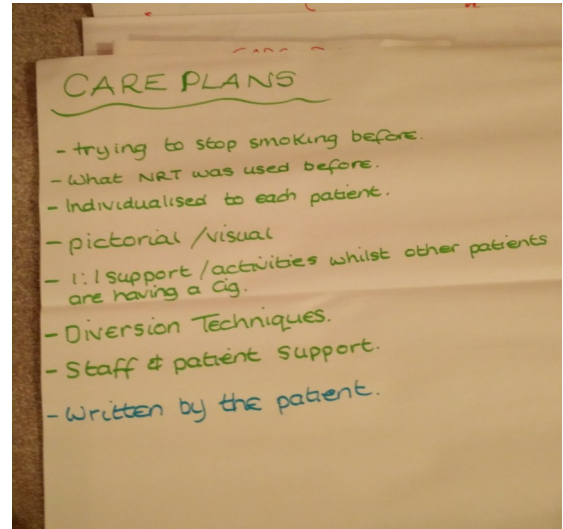
Pictorial/ visual

1:1 support / activities whilst other patients are having a cig

Diversion techniques

Staff and patient support

Written by the patient



Interactive booklet

Working document

Individualised—e.g. talking about individual brands

Collaborative

Uses simple language and pictures

Diary section

Basic structure but can be tailor made

## Care plan

Not easy read

No patient information

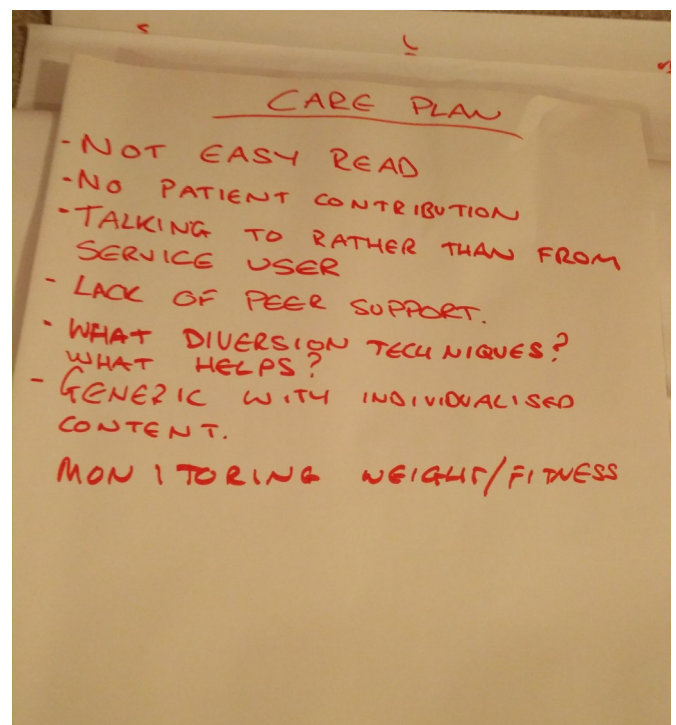
Talking to rather than from service user

Lack of peer support

What diversion techniques? What helps?

Generic with individualised content

Monitoring weight and fitness



How support can be offered to patients and staff

Total abstinence

Support groups for staff and patients

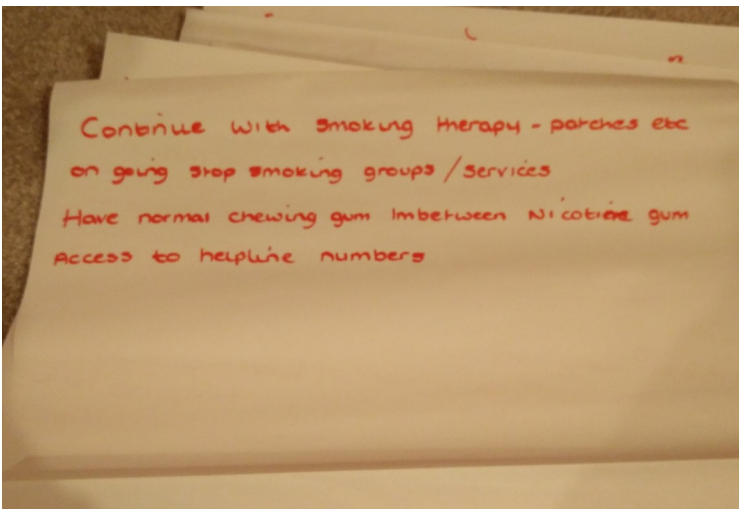
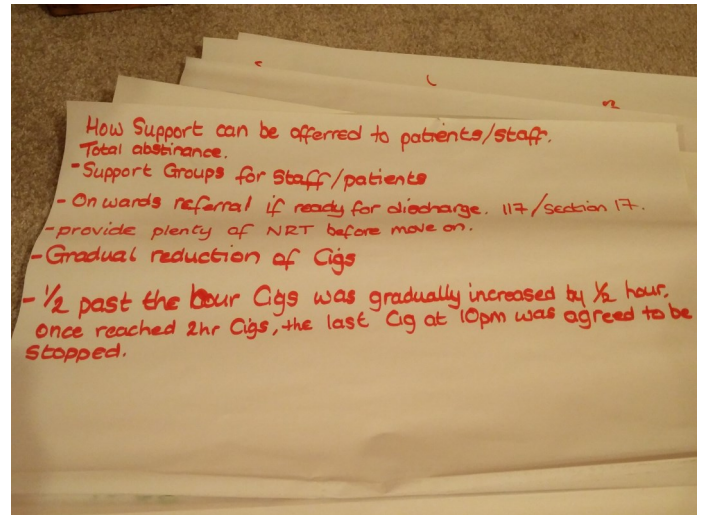
On ward referral if ready for discharge

117/section 17

Provide plenty of NRT before move on

Gradual reduction of cigs

Half past the house cigs were gradually decreased by half an hour. Once reached 2 hour cigs, the last cig at 10pm was agreed to be stopped.



Continue with smoking therapy—patches etc.

Ongoing stop smoking groups and services

Have normal chewing gum in between nicotine gum

Access to helpline numbers

Lozenges are very good. The only thing that works.

Patches aren't very good

Cut down from 30 a day to 2 a day—once in the morning and one at night

Feels much better and breathe better

Our ward has introduced this from October

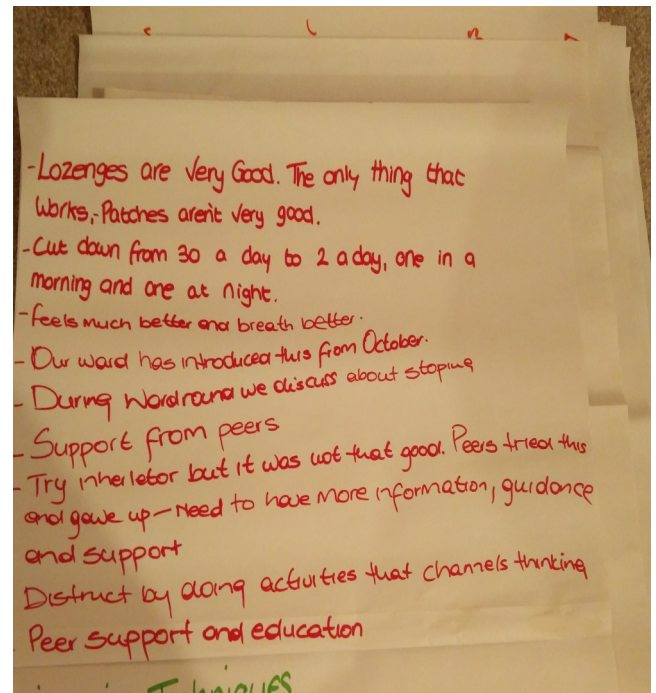
During ward round we discussed about stopping

Support from peers

Try inhalator but it was not that good. Peers tried this and gave up—need to have more information, guidance and support

Distract by doing activities that channels thinking

Peers support and education



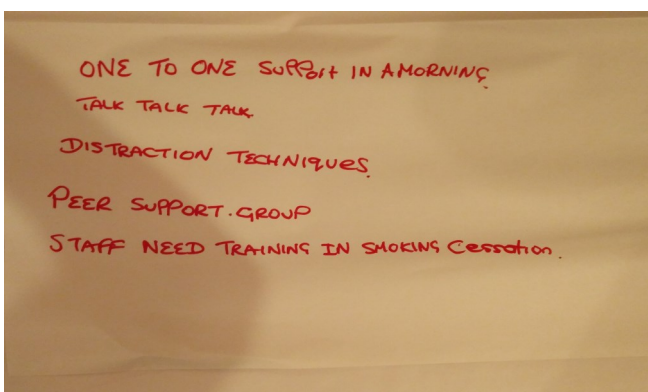
1:1 support in the morning

Talk talk talk

Distraction techniques

Peer support group

Staff need training in smoking cessation



# An example of a Smoking Cessation Care Plan

## MY SMOKING CESSATION CARE PLAN

NAME ..... WARD .....

MY NAMED NURSE IS .....

MY CO-WORKERS ARE .....

I WISH TO STOP SMOKING BECAUSE.....

.....

.....

.....

STAFF WHO CAN HELP ME STOP SMOKING ARE.....

.....

My ward smoking cessation advisors .....

.....

.....

They discussed stopping smoking with me on .....

My named nurse and co-workers are also available to help me if I find it hard to stop.

I AM CURRENTLY SMOKING .....

.....



NICOTINE REPLACEMENT THERAPY (NRT) CAN HELP ME STOP SMOKING.

THE PRODUCTS I WILL USE ARE .....

I WILL NOT GIVE ANY OF MY NRT PRODUCTS TO ANYONE ELSE.

I WILL STORE MY NRT PRODUCTS .....

SMOKING CAN AFFECT HOW SOME MEDICATIONS WORK.

FOR ME THIS DOES/DOESN'T APPLY BECAUSE .....

THE WAYS IN WHICH I WILL COPE IF I FEEL THE URGE TO SMOKE ARE .....



Download from Dreamstime.com © 38149010 Keith Bial (Dreamstime.com)



I WILL MEET WITH MY SMOKING ADVISERS EVERY .....

I WILL LOOK AT THIS CARE PLAN AGAIN WITH MY SMOKING ADVISERS TO SEE IF ANYTHING NEEDS CHANGING ON .....

SIGNED ..... DATE .....

# 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 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

