



# Smoking Cessation CQUIN Bulletin 3

## Summary of the last meeting on the 14th January 2016

At the last meeting of the smoking cessation CQUIN group we had a presentation from staff and patients at Newton Lodge about how they managed to stop smoking in their hospital. It was really interesting to hear how they approached it and especially useful for services that have not yet stopped to get some advice and ideas. Their presentation is on pages 2 and 3.

We then did some group work looking at where everyone is up to so far. This can be found on page 4.

We then had a discussion with Matt Day from Public Health England who wrote the CQUIN about why people started smoking in the first place. Information can be found on page 6. We are planning to have a final group around this in the summer to help celebrate all the hard work that has gone in by everyone to achieve this CQUIN. More info to follow.



### **Yorkshire and Humber Network Smoking Cessation CQUIN Agenda**

Introduction and summary of meeting	1
Presentation—Newton Lodge	2,3
Group Work—where are we up to?	4
Discussion with Matt Day	5
Smoking Cessation CQUIN Guidance	6

14<sup>th</sup> January 2016 14.00 – 16.00

1. Welcome and Introductions
2. **Presentation** from Newton Lodge
3. **Group work** - Where is everyone up to?



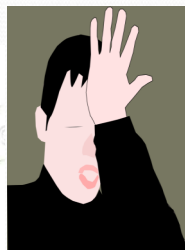
4. **Discussion** – Key messages for discussion with Matt Day (public health England)
5. The future of smoking cessation

# Forensic BDU SmokeFree Journey

Emma, Leon, Jo

## CQUIN and Going SmokeFree

1<sup>st</sup> December 2015



## Starting SmokeFree

- Service User Meetings. Discussed at ward meetings and unit meeting. Thought about how the best way to become smoke free. What would be good and difficult about this. Answered lots of questions and listened to lots of concerns. We did some question & answer sheets.
- Yorkshire & Humber network – shared ideas and worries.
- Service user requests – still be able to regularly use courtyard and for mints to be available on 1<sup>st</sup> Dec 2015.

## The Plan

- Reduce to Quit requested by wards. Many service users thought would be too hard to just stop over-night. Not usual approach, but we were supported. Group support helped lots of people!
- Gillian (Yorkshire SmokeFree) increased time in all units so all could go to groups or 1:1.
- Primary Care – individual Prescriptions for NRT.
- Training – staff and service users undertook training to provide smoking cessation advice and support. Basic and NRT Level 2.
- Posters in all areas & communications to family and carers.
- New admissions (information & Leaflets)
- Workshops
- 'Write my care plan' workshops.

## November

- Became difficult – some service users did start to question if reducing was helpful!
- Advice from Yorkshire SmokeFree and discussed with service users – difficulty was probably due to low nicotine levels and px of NRT (inhalators was used) which worked!
- Champix Px for those requesting / appropriate to use.



## 'Write my care plan' workshops

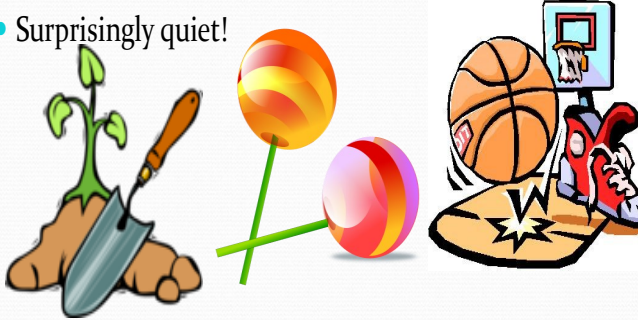
- All service users offered to write their own smoke free care plan.
- Many brought advice from Yorkshire SmokeFree to incorporate into their care plan.
- Very individual!
- Supported others / shared ideas.
- Some choose to still smoke on access but to continue to attend the groups.

## Planning for 1<sup>st</sup> Dec

- Increased activities
- Increased gym sessions
- Increased time in library
- Mints and lollies
- Increased staff to provide extra activities.
- Fresh air breaks!
- NRT or Champix scrip's for all in place.

## 1<sup>st</sup> Dec

- Care plans came into place – lots of NRT, activities & mints.
- Medication review.
- All service users handed over all products.
- Surprisingly quiet!



## Now

- All tobacco and lighters are now 'banned items'.
- Lockers in reception for these products, can take out on access if have a care plan in place.
- Some service users have stopped and others have significantly cut down number smoking.
- Is harder for people when out, seeing others smoke and smelling it.
- All new admissions have NRT.
- Ward nicer now, 'it's not in your face'.

## Emma's Story

- Had tried to stop smoking before. Was hard whilst on the ward when everyone else was smoking.
- Started to reduce the amount smoking.
- Started Champix in November.
- Continued to smoke for 14 days.
- Continued to initially smoke on access, but very much reduced.
- 'I found myself putting the cigarettes out'. 'Not seeing others smoking has helped'.
- Now stopped smoking!
- Now feel much better, sleeping better and less stressed about 'getting up for cigs'.

## Leon's Story

- Stopped smoking for 7 years.
- Started again at Newton Lodge.
- Reduced smoking towards 1<sup>st</sup> December.
- Stopped for 2 weeks
- Did SmokeFree Careplan.
- Started smoking towards 1<sup>st</sup> Dec.
- Now smokes whilst on leave. Has a NRT Inhalator that uses on ward and 'takes the edge off' whilst in the unit or in-between access.

THANK YOU





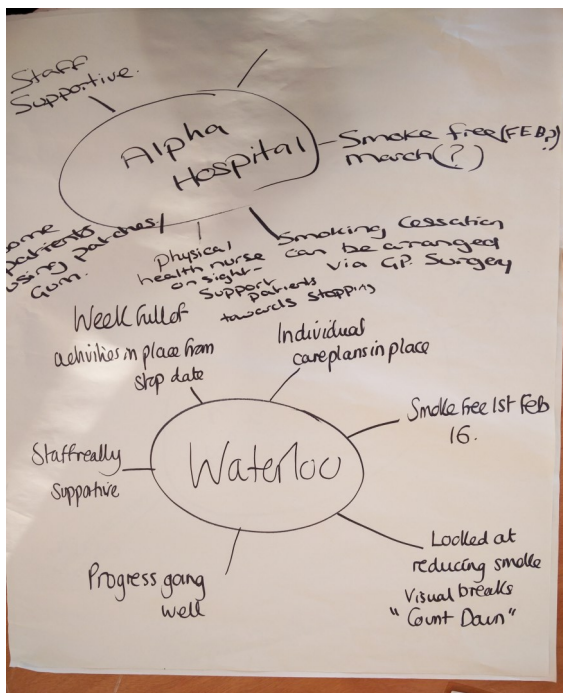
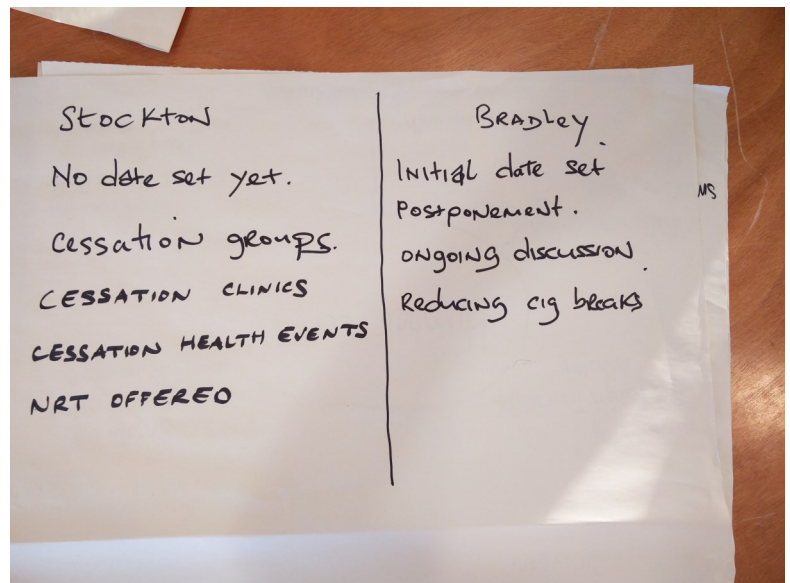
# Where are we up to?

## Stockton Hall

No date set yet  
Cessation groups  
Cessation clinics  
Cessation health events  
NRT offered

## Bradley Woodlands

Initial date set  
Postponed  
Ongoing decisions  
Reducing cig breaks



## Alpha hospital (now Cygnet Sheffield)

Smoke free (Feb/March?)

Staff supportive

Smoking cessation can be arranged via GP surgery

Physical healthcare nurse on site to support patients towards stopping

Individual care plans in place

Some patients using patches/ gum

## Waterloo Manor

Staff really supportive

Individual care plans in place

Smoke free 1st Feb 2016

Looked at reducing smoke visual breaks (count down)

Progress going well

Week full of activities in place from stop date

## Amber Lodge

Some patients have already stopped 4x patients

Smoke free service

Support being given

Stop smoking 29th Feb

2 weekly activity plan in place

## Humber Centre

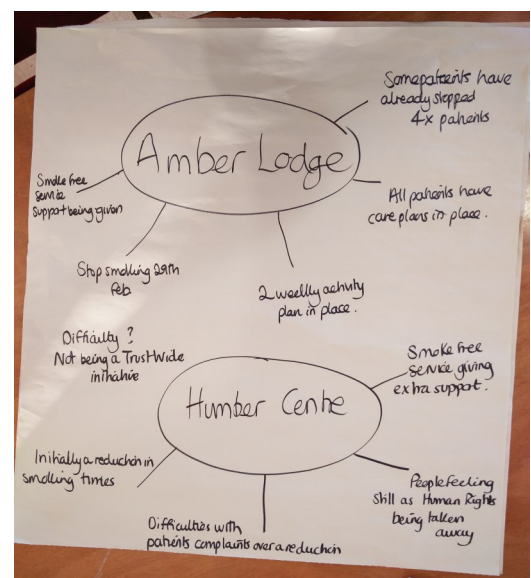
Difficulty? Not being a trust wide initiative

Smoke free service giving extra support

People feeling still as if human rights being taken away

Initially a reduction in smoking times

Difficulties with patients complaints over reduction



# Why did we start smoking? Matt Day

## Public Health England

Cygnat

Smoke free 31st March 2016

Should be individual choice for smoking

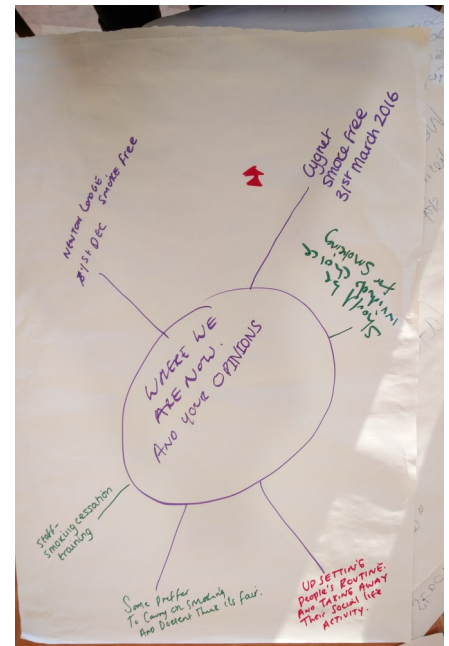
Upsetting peoples routines and taking away their social life activity

Some prefer to carry on smoking and don't think this is fair

Newton Lodge—smoke free

1st December

Staff training in smoking cessation



Friend

Family

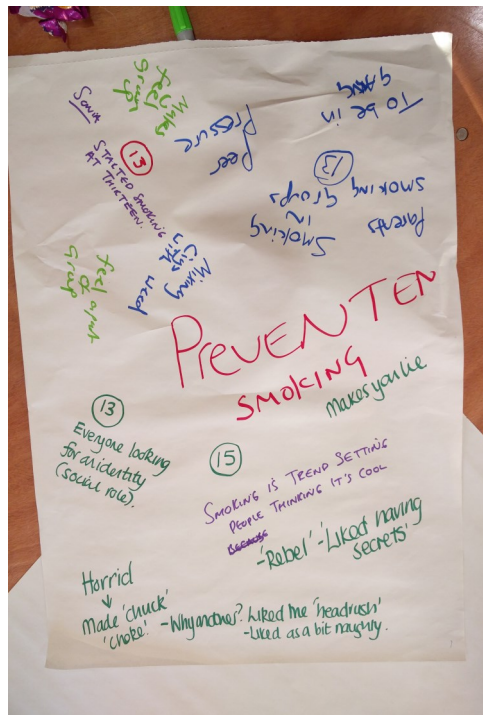
Culture and socialising

Atmosphere

Cool to smoke

Seeing patients smoke

Society now sees smoking as more anti social. Possibly a different set of circumstances promote smoking in kids these days



Preventing smoking

Makes you lie

smoking is trend setting

people think it is cool

Rebel—liked having

secrets

Horrid—made you “chuck” and “choke” - why another?

Feel part of a group

Mixing cigs with weed

Started smoking at 13

Makes me feel grown up

Peer pressure

To be in a gang

Parents smoke

Smoking in a group

~~Peer~~  
"friend"  
family  
culture + socialising  
atmosphere  
COOL to smoke  
seeing parents smoke.

SOCIETY NOW SEES  
SMOKING AS MORE ANTI-  
SOCIAL. POSSIBLY A DIFFERENT  
SET OF CIRCUMSTANCES  
PROMOTE SMOKING IN KIDS  
NOW

# 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.