



Short Life Working Group

Improving Stop Smoking Support within Secondary Care

Wed 29 August 18 from 13.00 to 15.30. Alcohol Focus Scotland, 166 Buchanan St, Glasgow, G1 2LW close to the west side of Queen Street Station.

<p>Meeting attendees</p>	<p>Blair Finlay (Teleconferencing) David Robertson, ASH Scotland Jill Adams, Chest Heart and Stroke Scotland John Watson, ASH Scotland Josephine Haig, Health Supporting Health Service, NHS Health Scotland Kat Jarvie, NHS Forth Valley</p>	<p>Laura Petrie, NHS Fife Linda McGlynn, Diabetes Scotland Mary-Grace Burinski, ASH Scotland Nicola Clarke, NHS Ayrshire and Arran Sheila Taheny, Inform Scotland Susan Brodie-Adamson, NHS Greater Glasgow and Clyde Zareen Iqbal, ASH Scotland</p> <p>Apologies Margaret Winton Alison Sweeney Alexis Rumbles, NHS Lothian John McCormack, Scottish Recovery Network</p>
<p>Introduction 10 mins</p>	<p>Chair John Watson Deputy Chief Executive, ASH Scotland</p> <p>Introductions</p>	
<p>Item 1</p>	<p>Opportunity for new group attendees to describe their work and connections with stop smoking referral or support:</p> <p>Sheila Taheny, Inform Scotland</p> <p>From post-meeting email Sheila Taheny said:</p> <p>NHS 24 can at a later stage, potentially support public messaging, help educate and reinforce the messages given by clinicians. This may be via specific content within the website, for example: https://www.nhsinform.scot/tests-and-treatments/surgical-procedures/coronary-artery-bypass-graft#getting-ready, which includes pre-admission 'smoking cessation' assessment content, or by driving a public campaign, as discussed at the meeting, or both!</p> <p>The group may find a way to utilise the national resource - Quit Your Way Scotland service, for both the local teams and for patients seeking additional support. However, it would need to be clear what the referral pathways into acute services would look like.</p> <p>(The National Service Directory enables Boards to put their own stop smoking services information onto the website.)</p> <p>Linda McGlynn, Diabetes Scotland</p> <p>Outlined how Diabetes Councillors are trained to cover health related matters and that there are resources available describing the impact of smoking on the wellbeing of diabetics. Website: https://www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/help-with-giving-up-smoking .</p>	

	<p>A section of the Diabetes UK website called In the Know could be a place to flag up cessation support.</p> <p>Diabetes Scotland and NHS GGC have produced a leaflet called Smoking with diabetes is life changing, permanently, with details of how to get stop smoking support including the QFY number.</p>
<p>Item 2</p>	<p>David Robertson</p> <p>Quick overview of ASH Scotland progress to date on identified actions</p> <p>This presentation gave an overview of the positive smoking cessation interventions that were being carried out across different health disciplines.</p> <p>This opened up further discussion amongst members around current barriers and lack of proactivity of health professionals in discussing smoking cessation with patients and effects on different health conditions/operations and treatments. The main barriers being information gaps amongst staff knowledge/time constraints and differing health board priorities for each area where smoking may not be the highest priority.</p> <p>See the Planning documents circulated with the agenda.</p> <p>Action 1</p> <p>There is scope for a general awareness campaign within secondary care to motivate health care professionals to support the drive for effective referral and support for the hospital smoke-free policy.</p> <p>Lack of proactivity of clinicians speaking about smoking and effects on operations/various health conditions and treatments.</p> <p>Update was given on the 2016 briefing sent to clinicians and the leaflets produced which provided awareness of the impacts of smoking on surgery and nature of advice to be given to patients. It was highlighted that this information can be used and run off by anyone who requires it across the different health care disciplines.</p> <p>There seemed to be a general feeling that many clinicians didn't see it as their job to discuss smoking and rarely told patients about accessing SSS to help manage their condition and the impact of smoking on treatment and recovery outcomes.</p> <p>Very little in the way of GP discussion with patients about the effects of their smoking on their condition, treatment and operation outcomes and very little referrals to SSS before admission to secondary care.</p> <p>Only 49 referrals were received in a year from Secondary Care in Fife so a concern that so many people were being missed from pre-assessment who could have benefited from SSS. (This is now being addressed)</p> <p>Suggestions to overcome these barriers;</p> <p>Clinical boards should be targeted to filter the messages to clinicians/health professionals across specialities.</p> <p>Emphasis to be made to the fact that this allows them to meet the health promoting health service aims and would support the NHS smoke free policy.</p>

Nurses on wards are potentially better targeted to deliver the stop smoking message to patients. Attending charge nurse training on wards where they are updated on how to offer brief advice on smoking and referring clients to SSS.

Linking in with managed clinical network's in different specialities with a branded campaign to promote the message of making every message count and offering information on SS support available and how to refer patients.

Speaking to Brian Klien (Public Clinical Health Advisor) might enable this engagement to take place with MCN's and Clinical Leads.

Action 2

Increase the number of professionals conveying the benefits of stop before the op/test/visits by creating materials and establishing new communications channels to Stop Smoking Services (SSS).

Different referral cards and leaflets can be readily produced and used by staff across different health care specialities giving patient knowledge on the effects of smoking on various conditions and referral details for SSS.

Rheumatoid Arthritis leaflet used in secondary care across Fife/Lothian was highlighted here as an effective reminder to patients of how smoking could impact on their condition.

General consensus from all that having materials describing the impact of smoking on various conditions/ treatments would be beneficial to give to patients but the onus is still with the health professional to mention and discuss this with them in the first place.

Suggestions given by members specifically from (Diabetes UK) of good practice included;

- Having hard hitting messages for patients that were jargon free emphasising the impact of smoking on different conditions

- Currently seen as lip service and there needs to be more of a commitment from non-clinicians to discuss how smoking can specifically impact on condition and treatment

- Secondary care staff should have to complete modules on the impact of smoking on specific health specialities and be potentially counted towards their CPD

ASH Scotland could help in the production of materials by using a number of our Fast Facts briefing papers to develop materials.

Action 5

People given support/referrals within hospital settings

There was a consensus that each board represented at the meeting were committed to nicotine withdrawal relief being available within the hospital setting but the extent to which this was maintained across the boards was dependent on individual health board area priorities and the predominant factor was cost of NRT prescribing.

The health board area members present spoke about their individual approaches to provision of Nicotine Withdrawal support and smoking cessation across different hospital settings.

	<p>There was lack of consistency across the board areas and it was agreed that there needs to be a recording of smoking status by all clinicians/GPs and nurses and patients should be advised on Smoking cessation support at that point or later before they reach the emergency treatment and withdrawal stage. This does not seem to be happening and there needs to be a more dedicated concentration on prevention in this area.</p> <p>Also concern raised over how outpatients are followed up in community after discharge from hospital and there seemed to be scope for providing information to each patient recorded as a smoker with a follow up pack with NRT and support leaflets with Quit Your Way details and local pharmacy support.</p> <p>Action 6</p> <p>Friends of smokers to be given guidance on how to help those who are quitting.</p> <p>Not discussed in detail but something that NHS Inform Scotland could potentially host on the QYW web pages.</p>
<p>Item 3</p>	<p>Josephine Haig</p> <p>Overview of stop smoking action from the perspective of the Health Promoting Health Service</p> <p>Useful overview of smoking action from the perspective of the Health Promoting Health Service and current barriers in implementing smoking cessation as a priority area.</p> <p>Current challenges/barriers:</p> <ul style="list-style-type: none"> -Releasing ward staff for training is difficult and seen as too time consuming -Not enough drive amongst the ministerial group -The focus of HPHS is on different lifestyle issues such as obesity, alcohol and so smoking action may be not considered the most important objective within that board. -The current IT systems do not currently support recording of smoking cessation support given, quit attempts made so hard to make a clear case on impact. <p>Updates from Secondary Care Stop Smoking representatives</p> <p>Issues arising from the previous meeting or new activity or observations to report which would be of interest to the group.</p> <p>With the variety and volume of work being done across the health boards in relation to smoking cessation in secondary care it is difficult to plan how to pull together a national approach that is consistent in every health board area, which has different priorities and different ways of allocating resources.</p> <p>Some apprehension about raising awareness without there being adequate staff to handle the increase in referrals – hence the importance of interventions that occur before patients enter secondary care.</p> <p>With the recent Quit Your Way campaign having another campaign around secondary care making every contact count could lead to poster fatigue amongst clinic settings.</p> <p>(Speaking to Brian Klien(Public Clinical Health Advisor) might enable engagement to take place with MCN’s and Clinical Leads.)</p>

<p>Item 4</p>	<p>John Watson and David Robertson</p> <p>Ideas from ASH Scotland on potential campaign targets and messages</p> <p>There was a consensus that although all health boards have different priorities ASH Scotland/STA are only enabling/encouraging clinicians to discuss smoking and offering clinicians the resources in order to have this dialogue with patients and give them information of SSS available.</p> <p>This opened up previous discussion about how we use available resources to promote the message and how we encourage clinical leadership when the various health boards have differing priorities.</p> <p>Suggestions of How ASH can facilitate this included;</p> <ul style="list-style-type: none"> -A branded campaign to target MCN meetings and promoting the making every contact message across secondary care. -Including information on smoking cessation support in professional body newsletters, social media outlets -Producing posters across different health specialties aimed at clinical staff in hospital settings - Resources developed need to highlight clearly referral routes to SSS to ensure that clinicians feel able to confidently and in a timely efficient manner refer people on to support. <p>Sheila Taheny added that Inform Scotland could help take forward the public facing information and can promote the making every contact campaign by highlighting the 'Hiding in plain sight' report via the website and signpost on to further services/resources from this.</p>
<p>Item 5</p>	<p>Actions proposed, modified or prioritized</p> <p>It was agreed that there needs to be a consistent way of recording smoking status in the NHS and a more pragmatic and robust referral pathway to SSS. It was felt that there was a big percentage of smokers being missed currently who are not being given Smoking Cessation support in secondary care settings or referred to services because clinicians/nurses are not talking about smoking.</p> <p>Awareness needs to be raised with clinicians/nurses and training given of how to offer brief advice on raising the issue of smoking and the impact on individual conditions and treatment.</p> <p>Potential actions identified and open to offers of support:</p> <p>Some of these actions may not have been discussed in the meeting due to lack of time but were intuited from the discussions, later email discussion or proposed because they are concordant with ASH Scotland, NHS Inform or Health Scotland ongoing activity.</p> <ol style="list-style-type: none"> 1. Identify ways in which existing ASH Scotland project work may assist resource provision within SSS in secondary care or the pathways leading to secondary care interventions: 2. Provision of optometrist and dentistry advice cards in acute settings to be facilitated. Cards made available through Web2print. 3. ASH Scotland and Diabetes Scotland to produce a diabetes specific stop smoking advice card.

4. ASH Scotland to explore with the Scottish Recovery Network potential for an advice card to encourage smokers seeking to become or remain substance-free to stop smoking.
5. SLWG to identify additional clinical specialisms that might benefit from a tailored card. ASH Scotland to seek funding to enable additional resource provision.
6. Resources from the IMPACT project to increase awareness of the effect smoking has on mental health medication to be promoted within secondary care settings.
7. ASH Scotland to identify additional existing resources of a suitable quality to be promoted for national use promoting the Rheumatoid Arthritis resource created by Dr Helen Harris.
8. ASH Scotland to develop a general poster to extol clinicians within acute settings to refer patients to SSS.
9. SLWG to identify a suitable date for a social media campaign involving the Scottish clinicians professional bodies to raise awareness of the evidence for quitting smoking as part of patient care.
10. ASH Scotland and NHS Health Scotland, after suitable consultation, to create the social media campaign to raise awareness amongst clinicians including GP's.
11. ASH Scotland to consider the creation of a campaign webpage to enable a one stop signposting for clinicians seeking information on why and how to support cessation.
12. ASH Scotland information service to prepare a Scottish briefing on the economic case for facilitating quitting before medical interventions in secondary care and dentistry. These could highlight financial impact of smoking on hospital healthcare services, demands on hospital beds, repeat admissions and this may be key in driving change from clinicians to discussing smoking with patients.
13. ASH Scotland to open a dialogue with professional bodies in Scotland on barriers faced by their members in referring to SSS's. This may include Clinical Leads and Managed Clinical Networks.
14. SLWG members to identify any existing materials and email or photograph and text to D Robertson 07818 505172.
15. STA SLWG to stage an event in 2019 to facilitate shared learning and networking around reducing smoking in secondary care.

ASH Scotland proposes that this varied discussion can be condensed into the following action plan:

1. ASH Scotland (with input from SLWG members) to collate existing information and materials to create an accessible presentation of the Scottish NHS "business case" for enhanced stop smoking interventions in secondary care. This to encompass the reduced costs of medications, shorter in-patient stays, greater patient comfort/less disruption in wards, fewer re-admissions, etc.

	<p>2. This to be used as the hook for engaging professional bodies, seeking their endorsement and active promotion to their members</p> <p>3. Meanwhile a sectoral approach to creating support materials/referral cards can be adopted. From the many themes available to us we will need to prioritise, based perhaps on the availability and willingness of sectoral partners to support distribution and promotion of the materials.</p> <p>Further discussion will be required in order to gauge the response of the group to the above proposals and to help choose the actions to be taken forward and over what time period.</p> <p>The SLWG is invited to identify areas where help and support may be offered.</p>
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