

Improving Smoking Cessation Services for “Forgotten Smokers” on Old Age Psychiatry

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Background



Smoking rates are higher among people with mental health conditions compared to the general population.

Smoking reduces physical, mental and financial well-being and interacts with psychotropic drugs.



Current practice: Whilst there was excellent documentation of smoking status, it was noted that there was a clear lack in the offering and provision of smoking cessation services for old age psychiatry inpatients.

Aim: To evaluate how well smoking cessation interventions are provided on the ward for old age psychiatry inpatients.

Methods

Case notes of inpatients over a one-year period on an old age psychiatry ward were retrospectively analysed to assess compliance with the provision of smoking cessation interventions [very brief advice (VBA) and nicotine replacement therapy (NRT)].

Comparison was made against **NICE guidelines (PH48)**¹ and **local trust guidelines (CL20)**² which advocate that: “All healthcare professionals are responsible to encourage and support smoking cessation for mental health inpatients at every assessment.”



Impact

Estimated quality adjusted life years (QALYs) gained: ~2.25 QALY added to the life of a successful abstainer.³

Estimated cost-savings: £4,800 per patient over lifetime.⁴



Future work: A second re-audit in one year's time has been planned to evaluate the long-term sustainability and cost-effectiveness of the improvements observed.

Conclusions

The initial audit identified a deficiency in the provision of smoking cessation interventions for old age psychiatry inpatients, likely to be associated with the higher rate of neglect and stigmatisation in this group.



Following intervention, the re-audit demonstrated a clear improvement in documentation, offering and referral to smoking cessation services for old age psychiatry inpatients.

Results

Background & Demographic Details

Description	Initial Audit	Re-audit
Audit period (months)	12	4
No. of inpatients	74	33
Mean age (years)	72	75
Mean admission duration (days)	87	71
Female (%)	48	53
Smoker (%)	18	27

Summary of Key Findings: Compliance Rate

The following thresholds of compliance have been applied:

Key:	Full compliance ≥ 90% x ≥ 100%	Partial compliance 70% ≤ x < 89%	Minimal compliance x < 69%
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Criteria	Initial Audit	Re-audit	▲/▼
Was smoking cessation intervention offered?	54%	78%	▲24%
If smoking cessation intervention offered, what proportion comprised of very brief advice (VBA)?	57%	100%	▲43%
If smoking cessation intervention offered, what proportion comprised of nicotine replacement therapy (NRT)?	71%	100%	▲29%
For those expressing interest to stop, was a referral to smoking cessation services made or NRT prescribed?	50%	100%	▲50%
Doctor as responsible professional offering smoking cessation service	42%	100%	▲58%
Documentation of smoking cessation intervention outcome in notes	3%	94%	▲91%

Agreed Action Plan

The findings of the initial audit were presented at the Trust Clinical Governance Group meeting. This led to a new comprehensive strategy plan which included:

1. New mandatory checklist to ensure smoking cessation services are offered and documented for each patient
2. New proforma to facilitate effective delivery of smoking cessation services by ward staff (*see image on right*)
3. Incorporation of online training module on smoking cessation into ward staff's induction programme:

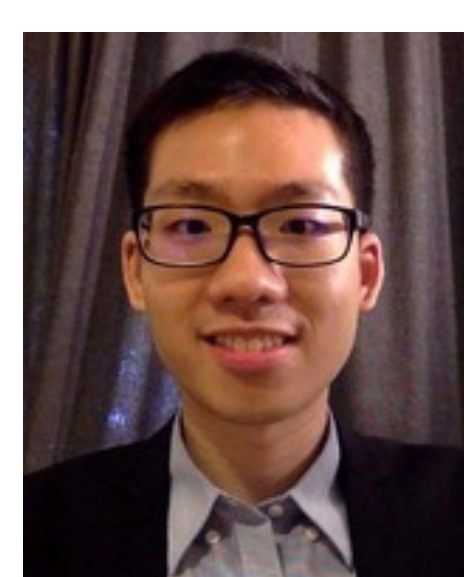
http://elearning.ncsct.co.uk/vba-stage_1

VERY BRIEF ADVICE (VBA) ON SMOKING 30 seconds to save a life ... and it's really simple!	
STEP 1: ASK AND RECORD SMOKING STATUS “Do you smoke?”	
STEP 2: ADVISE ON THE BEST WAY OF QUITTING “Did you know that the best way of stopping smoking is with a combination of medication and specialist support?”	
STEP 3: ACT ON PATIENT'S RESPONSE	
INTERESTED Give information, prescribe NRT and refer. Patient are 4x more likely to quit successfully with NHS	NOT INTERESTED “That is fine, help will always be available if you need it. Do let me know if you change your mind”
REFER TO STOP SMOKING SERVICE	REOFFER EVERY 1 MONTH



Virtual Poster!

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About the Author

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References

1. NICE Clinical guidelines PH48: Smoking Cessation in secondary care: acute, maternity and mental health services (November 2013).
2. Camden & Islington NHS Foundation Trust Policy – CL20: Nicotine Management Policy (July 2015).
3. Faulkner MA, Lenz TL, Stading JA. Cost effectiveness of smoking cessation and the implications for COPD. Int J COPD. 2006;1(3): 279-287.
4. NICE Costing Statement – Smoking cessation: acute, maternity and mental health services (November 2013).

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