What should the NHS be doing?

Noel Baxter
GP and clinical commissioner, NHS Southwark CCG
NHSE London respiratory network &
Clinical Senate Helping Smokers Quit team
We aim to reduce smoking rates in adults to 13% - in line with the lowest major global city - and reduce the impact of other unhealthy habits.
Helping smokers quit
London Senate Programme 2014-15

• Treating tobacco dependency
• Long-term relapsing condition that starts in childhood
• Using established and evidence informed pathways
• Collective leadership

Clinically led transformational change in healthcare provider culture
Helping Smokers Quit: Adding value to every clinical contact by treating tobacco dependence.

The vision is that every London clinician knows the smoking status of each patient they care for and has the competence and the commitment to encourage and support that patient to quit or reduce their consumption through direct action or referral. All London clinicians should complete the Very Brief Advice Training at [http://elearning.ncsct.co.uk/vba-stage_1](http://elearning.ncsct.co.uk/vba-stage_1)

The values underpinning this work are to reduce the harm caused by tobacco, to reduce health inequalities and to champion value-based care because treating tobacco dependence is THE value proposition for the NHS.

In support of No Smoking Day, the Clinical Senate asks London’s health organisations to commit to CO4 from 11 March 2015:

1. The ‘right’ conversation for every patient and staff member who smokes that gives him or her a chance to quit, referring if necessary.
2. Make routine desktop exhaled carbon monoxide (CO) monitoring by clinicians possible: “Would you like to know your level?”
3. Code the intervention so we can evaluate effectiveness – including death certification.
4. Commission the system to do this right: so right behaviours incentivised systematically.

...parent & household

...bedside & cot-side
Why is helping pregnant smokers quit important?

- “Active maternal smoking causes up to 5,000 miscarriages, 300 perinatal deaths, 2,200 premature singleton births ... and 19,000 babies to be born with low birth weight in the UK each year ... these adverse effects are entirely avoidable” (1)

“Maternal overweight and obesity and smoking are the most important potentially modifiable risk factors for still births in high income country settings ... smoking cessation programmes in pregnancy are effective and should be implemented as part of routine care” (2)

1. Tobacco Advisory Group (TAG) of the Royal College of Physicians (RCP) 2. Lancet’s Stillbirth Series
And the problem doesn’t stop at delivery

35% of caregivers reported tobacco exposure, yet cotinine was detected in 56% of serum samples and 80% of saliva samples. Among caregivers who reported no exposure, serum and saliva cotinine levels were detected in 39% and 70% of children, respectively.
Can you commit to CO4?

COconversation with every patient who smokes that gives them a chance/opportunity to quit
CO monitoring used by clinicians
COde the intervention so we can evaluate effectiveness including death certification
COmission the system to do this right: so right behaviours incentivised systematically.

Improving the health of Londoners by building stop smoking clinical leadership and capacity
Enabling CONversations:
Clinicians trained in smoking cessation - so every patient who smokes is offered an opportunity to quit.

Volitional or mandatory?
‘Very Brief Advice’, ‘Level 1’ or ‘Level 2’
Which provider?
Tailored to clinician group ie patient needs

With mechanism to report back on % staff trained
... like staff flu vaccination
Enabling COversations:
Clinicians trained in smoking cessation - so every patient who smokes is offered an opportunity to quit
Helping Smokers Quit:

CO4

CO

Conversation with every patient who smokes that gives them a chance/opportunity to quit

CO

Monitoring used by clinicians

CO

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Improving the health of Londoners by building stop smoking clinical leadership and capacity
Why I have and use a CO monitor – and what about cotinine?

Cheap ~ £150
Quick and easy to use

Diagnostic:
- Smoking as contributing factor to illness
- Tobacco dependence
Motivational tool
Outcome measure

CO (ppm) >20
Highly dependent
Shisha smoker
Cannabis smoker

Do your clinical teams who provide care for smokers have and use a CO monitor?
Helping Smokers Quit:

CO4

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Improving the health of Londoners by building stop smoking clinical leadership and capacity
What smoking cessation outcomes does your organisation measure?

Source: Survey of London providers
Helping Smokers Quit:

CO4

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Improving the health of Londoners by building stop smoking clinical leadership and capacity
Health promoting hospital (CQUIN/LIS)

Organisational change for staff, patients and population

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**Goal name – Health promoting hospital**

**Indicator name – Organisational change**

... leadership ... death certificates ...

... induction programme and training ...

... IT system that measures outcomes ...

... carbon monoxide monitors
Download material

- Slide pack to download (2.7mb)
- Download our Helping Smokers Quit factsheet
- Download our Helping Smokers Quit poster
- Read our letter sent to all CCGs (298kb)
- Read our letter sent to all Trusts (311kb)

The briefing and slides attached below outline the objectives of the Programme and the evidence that supports the CO2 message.

Improving physical health for people with severe mental illness (SMI) - contact with health services including admission

Improving primary care for people with severe mental illness (SMI) - contact with health services including admission

The briefing and slides attached below outline the objectives of the Programme and the evidence that supports the CO2 message.

Improving physical health for people with severe mental illness (SMI) - contact with health services including admission

Improving primary care for people with severe mental illness (SMI) - contact with health services including admission

www.londonsenate.nhs.uk/helping-smokers-quit/