

# **Berkshire Healthcare**

Importance of the Inpatient Smokefree Environment

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### WHY IS SMOKEFREE A PRIORITY?

- Improved physical health and life expectancy -Reduce Inequalities
- Improvements in mental health and reductions of symptoms of anxiety and depression at least as great as from antidepressants (Taylor et al, 2014)
- Protects from staff and patients from harm of second-hand smoke
- Reduced health harms
- Admission is the perfect opportunity to engage with support
- Cost Effective
- Time bonus
- Reduced doses of some medicines used for treatment of mental health problems by up to 50% within a month of stopping
- Opportunity to learn other coping strategies



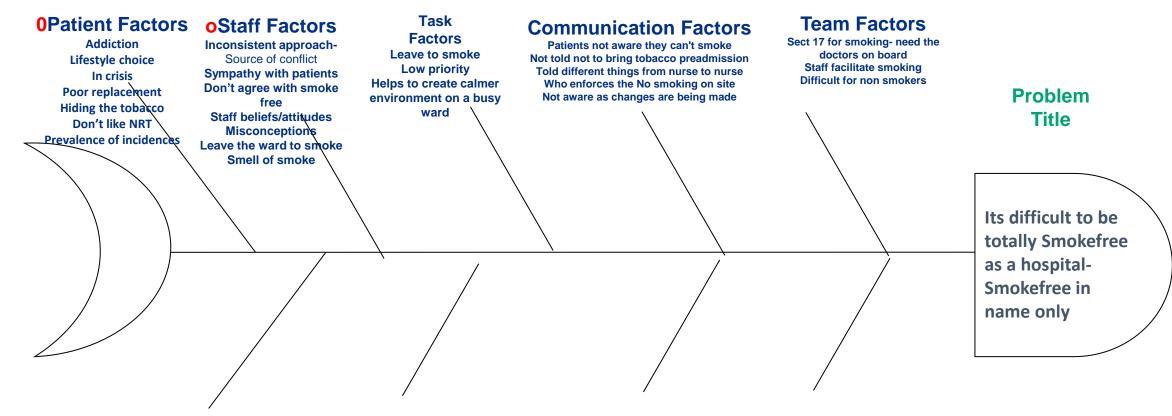


Establishing tobacco dependency services within a place and the extent to which they are effectively embedded are impacted by

- relevant organisational policies being fully implemented
- the timely availability of high quality and NICE aligned treatment options,
- staff attitudes and behaviours that support patients/clients into treatment.

Marmot review (2020)

# **Fishbone Analysis**



#### **Education + Training Factors**

Training for 1 hour as part of physical health

No formal training before we work on Difficulty establishing Champions on the the wards

Never smoked so don't know what the offer is

On line training needs to be endorsed

#### **Equipment +** Resources

ward

One free vape only

No Designated person

Stressful Detained - loss of rights Increases volatility

**Working Condition** 

**Factors** 

#### **Organizational Factors**

Is it a priority **Executive support** Senior manager support

## Stakeholders- Our Patients - 'Doubters and Resisters'



Belief that smoking helps with symptoms of illness, self medication

- `Not ready to stop `
- `Don't like the device
- `Didn't satisfy cravings`
- 'Ill stop when they stop'
- 'You cant stop me when I go on leave'
- 'I vape at home but you wouldn't let me bring it'
- `They let me store my tobacco on the other ward`
- It helps me with stress
- No one told me I couldn't smoke or I wouldn't be here

## Stakeholders-Staff - `Doubters and Resisters`



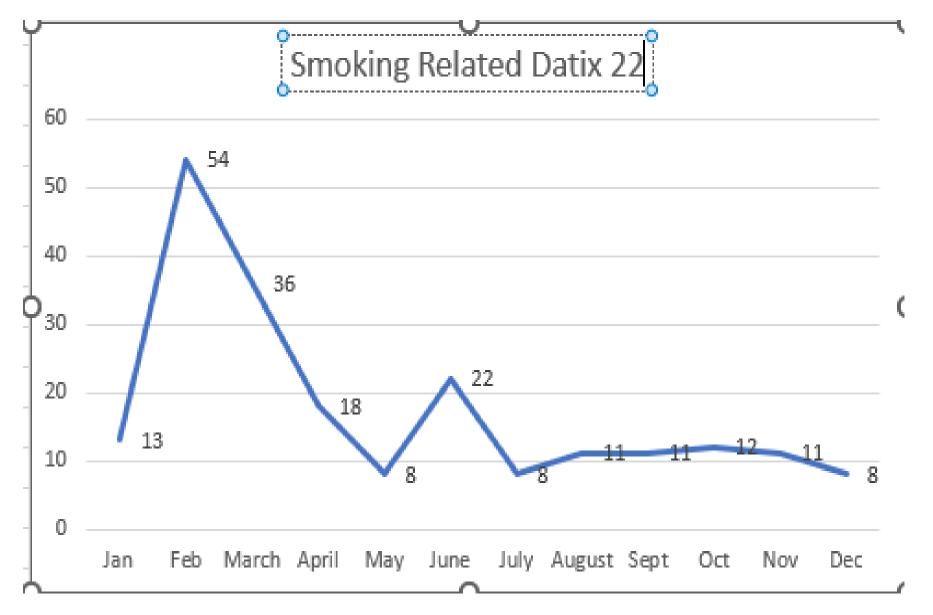
- This is the worst time to ask someone to stop`
- `its stress relieving`
- Aren't vapes just as bad as smoking`
- Smoking has helped me through many hard times`
- It helps me look after myself by giving me time out of the ward
- It helps me to pause and think, space
- Its my choice, I can make unwise decisions if I want
- Infringement on human rights

#### So what did we do?



- Business case for our fantastic Tobacco advisor
- Listened to patients about the device and accepted recommendations
- No storage of Tobacco to be returned on leave against CQC recommendations
- Live Events throughout the Trust to endorse our message all staff
- Executive Team message about Smoke free during their monthly meeting for all BHFT staff
- Re Established Trust Wide Steering Group
- Secured MARCOMMS to `dripfeed` the Smokefree message
- Used National events to support Smokefree message on social media
- Engaged hospital staff in a Staff focus group
- Learning and Development Tobacco Dependence VBA Training is essential for BHFT staff.
- MECC training essential for staff to support behaviour change
- Improved pathway with our Smokefreeberkshire colleagues
- Spoke with carers and families
- Attended PIP, CRHT, Liaison team meetings to ensure pre admission Smokefree conversations





### Where next? Plenty to do



- Ongoing communications from MARCOMMS
- Reviewing our provision of devices
- ?Working towards confiscation of Tobacco
- Enforcing the Staff Smokefree Policy
- Exploring the enforcement of No Smoking in the grounds
- Ongoing staff offer
- Developing the bespoke MH Tobacco Dependence training for clinical teams
- Improving the Inpatient- Community Pathway
- Reviewing post discharge support
- Fire Training –slides
- Roll out of Making Every Contact count
- Induction discussion