

# An integrated Smoke Free service model South London & Maudsley NHS Foundation Trust

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 KING'S HEALTH PARTNERS

# Overview

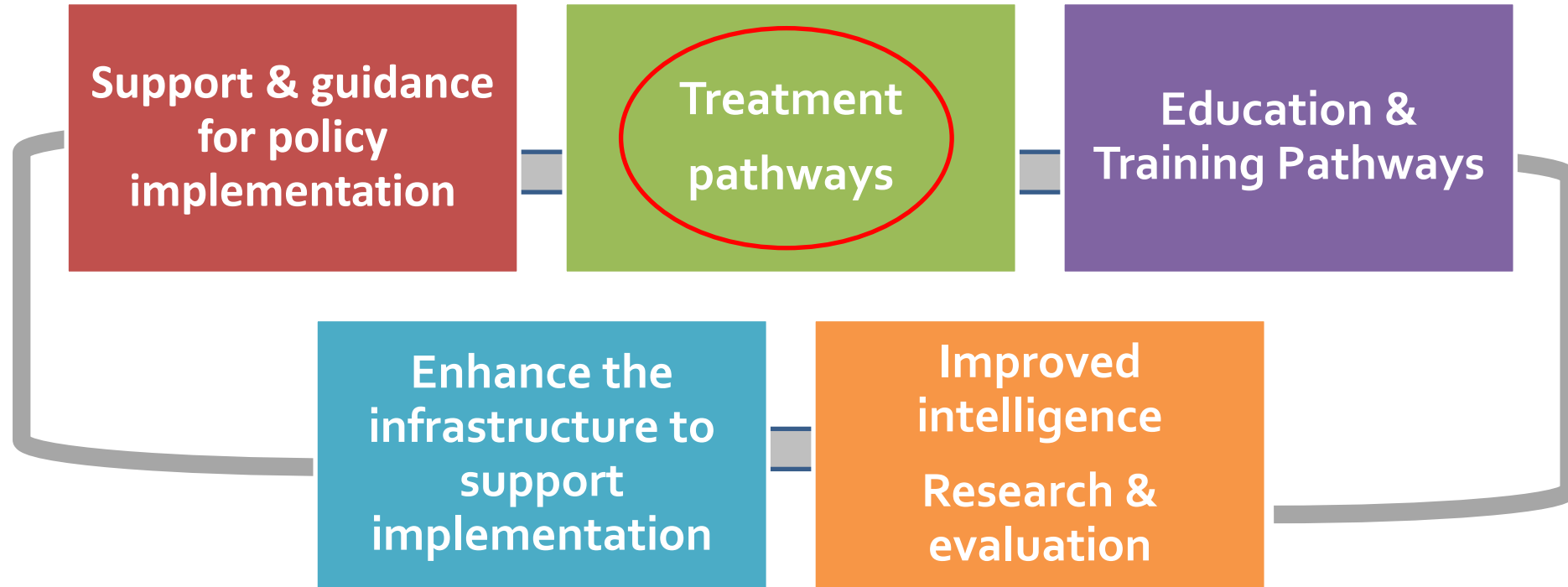
- Where we started – central SF team
- What we learned
- How its going – integrated SF team



# We were rubbish at treating tobacco dependence



# Changing the culture



Underpinned by co-production with service users, carers & clinicians

# SLaM's Tobacco Dependence Treatment Pathway



ASK

ADVISE

ACT

Medication+/  
or  
e-cigarettes + intensive  
behavioural support

All clinical staff offer very brief advice (VBA)  
**Offering support** to quit *rather* than asking a smoker how interested are they in stopping or telling a person they should stop, leads to more people making a quit attempt  
(Aveyard et al, 2012. Addiction 1076, pp 1066-73)

Connect smokers with specialist trained advisers

Quit completely  
in one go

Cut down  
then quit

Cut down

Temporarily  
abstain





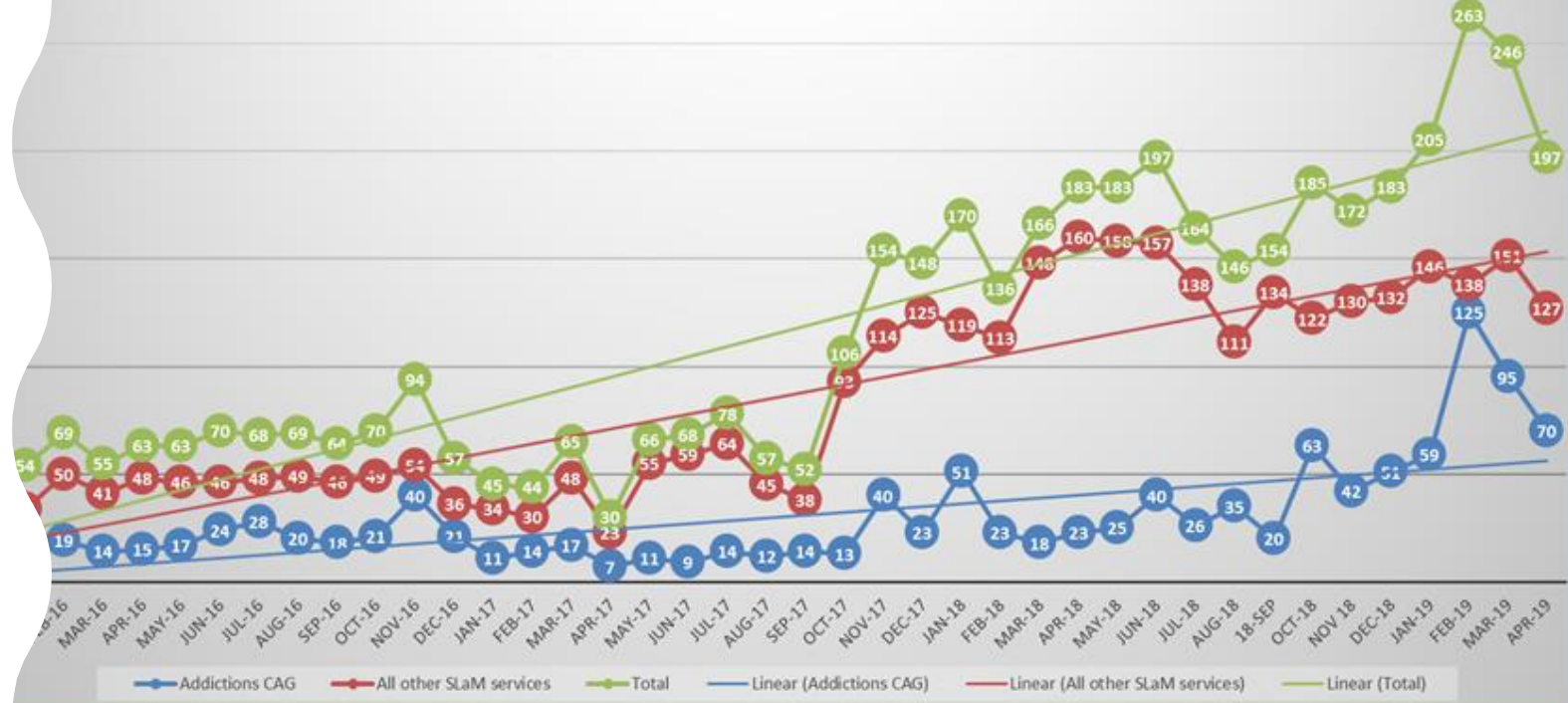
**4 Tobacco Dependence  
Advisors one on each site  
in 2014**



**Local Stop Smoking Service**

# Remove barriers

- People with MH problems want to quit smoking
- Homely Remedy policy allows easy access to NRT
- Share data to improve engagement





# Listening to patients

- Stop undermining recovery by storing tobacco
- Plan smoke free leave to avoid high risk situations
- Provide more support for dealing with cravings
- Plan an activity - “When you’ve done a workout you feel better, your yearnings are suppressed”
- Ensure enough nicotine replacement/e-cigarette
- Provide more support at the point of discharge





# Leon's story

Its too hard for me to walk past the nurses office, knowing you have my tobacco in there.

Knowing that my cigarettes are in the office, is like having an itch, I can't stop thinking about them and I keep being pulled back, even though I don't want to I need other options and things to do when I'm not in the ward.

If you really believe I can quit smoking you need to make it easier for me by not giving me the option of smoking every time I step outside the ward door.





# Policy changes

## 2016-2019

**Stop undermining recovery by storing smoking materials**

**Support smoke free leave / discharge plans**

**Integrate routine CO monitoring**

**Ensure varenicline is offered as a treatment option**

## 2019 -

**A new integrated care model - support for up to 12 weeks post discharge**

**Free e-cigarette options and refills**

**Increased team to 12 TD Advisors  
2 new TD Advisors for CAMHS in 2021**

**Bespoke training for CAMHS focus on prevention and smoke free homes**

# Local Authority SSS

April 2020 – March 2021

Referrals to local SSS	189
Accepted service	29
Quit date set	14
4 week quit success	4
Declined service	64
Unable to contact -letter sent	79
Unable to contact	17





# Integrated Care

- V started smoking age 15, she is now age 62 with COPD. Smoked ~60 roll ups per day – she was supported by Gill in hospital and followed up after discharge. She quit using an NRT patch and an e-cigarette.
- “I prefer being in a smoke free environment, it makes it easier to quit”.
- “Smoking is so expensive I can’t afford it, but my main reason for quitting is to help my breathing”.
- “My self-esteem has increased, I feel free as I’m not being controlled all the time by cravings to smoke”.



# 14 C's for Successful Smoke Free Services

- **Co-design**
- **Co-produce**
- **Co-deliver**
- **Courage** to challenge poor practice
- **Catch** people doing the right thing
- **Communicate** the changes using good leaders
- **Care** pathways for patients & staff
- **Compassion** for lapses and relapses
- **Competent** workforce
- **Consistency** across the pathway
- **Collaborate** within and outside the service
- **Count** / track the changes
- **Commitment** it's a long journey
- **Celebrate** success



# Summary

- The largest possible health gains can be achieved if smokers using MH services and staff working in MH services are given support to quit as soon as possible and for good – this includes access to the best treatments as well as care provided in an environment that is conducive to quitting.
- We have found an integrated approach to care across services works well and is valued by service users

