Developing a joined up approach to smoking cessation in primary and secondary care

A pioneering scheme aimed at improving smoking cessation rates has helped primary and secondary care nurses encourage more people to quit successfully.

INNOVATION

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Nurses are well placed to give patients help and advice on giving up smoking. This article describes how a groundbreaking nurse-led project has increased referrals to smoking cessation services and encouraged thousands of patients to quit. It discusses the importance of healthcare professionals working together to support patients to stop smoking and the need for training to ensure staff are engaged with the “quit journey”.

INTRODUCTION

Tobacco is the single biggest cause of early mortality and health inequality in the UK, killing more people than the next six leading causes of death combined (NHS Information Centre, 2009).

Smokers are up to four times more likely to quit if they receive support from their local NHS Stop Smoking Service and take stop smoking medication than if they rely on willpower alone. West (2010) found this support doubles the likelihood of long term quitting compared with behavioural support or medication alone.

However, interventions and referrals to local NHS Stop Smoking Services by healthcare professionals are lower than they could be. Recent research (West, 2010) showed that, in primary care, more than half (57%) of smokers had received no advice to quit from their GP in the last 12 months.

By following simple steps, healthcare staff can increase the number of patients who are referred to NHS Stop Smoking Services. They can do this by implementing the 30 second brief advice approach known as “ask, advise and act” (Department of Health, 2009a). This provides an integrated smoking cessation and tobacco control framework, in which staff in primary and secondary care work in a joined up manner.

JOINED UP SUPPORT

In 2009, the DH introduced two projects to ensure that patients receive joined up and consistent support across primary and secondary care. The primary care project, Stop Smoking Interventions in Primary Care: A Systems Based Approach (DH, 2009b), is designed to help make smoking cessation interventions by healthcare professionals more systematic (see Box 1). Pilot results in Rotherham have shown significant improvements, with practices that have adopted this system increasing their referrals to NHS services on average by 49%.

The Stop Smoking Interventions in Secondary Care guidance (DH, 2009c) was developed to give PCTs, local NHS Stop Smoking Services and acute trusts good practice guidance and practical tools for implementing a system wide approach to smoking cessation for inpatients (see Box 2).

One of the early pilot hospitals found that a month after the programme’s adoption, referrals to the local NHS Stop Smoking Service had tripled among planned admission patients, with a commensurate increase in advice and help to stop smoking being offered.

Results can be even more impressive when these innovative approaches are combined with a fully integrated network of healthcare professionals, including local stop smoking services, nurses, doctors and pharmacists working as a team across a local area.

TACKLING ADDICTION

Brighton and Hove PCT has successfully followed a similar approach, including the development of an innovative referral network, bringing a 37% increase in referrals since 2004. Last year 3,300 patients set a quit date, with more than 2,000 making it to their four week quit date, the PCT’s target.

Fifteen years ago, I set up a pioneering scheme to help inpatients stop smoking. I was working in the chest unit at the Royal Sussex County Hospital where I regularly treated patients who were admitted with chronic obstructive airways disease and chronic obstructive pulmonary disease. Smokers quickly recovered from symptoms during their stay as they were unable to smoke. However, within a few weeks, we would see them readmitted with the same problems.

We began by asking all patients on admission if they wanted to stop smoking and provided those who did with weekly motivational support, helping them to cope with the emotional and physical effects of their addiction. Our unit was relatively small, so I was able to ensure the hospital pharmacy team supported the project by offering nicotine replacement therapy patches to inpatients, and giving them a four week supply on discharge. Evaluation at year 1 showed we had achieved a 50% quit rate in those we supported to stop smoking.

Following the success of this project, the Royal Sussex County Hospital received ongoing funding from the Health of the Nation and Our Healthier Nations initiatives. In 2000, this funding allowed the project to develop into a fully coordinated service. We began training local primary care staff, which led to a significant increase in referrals. We replicated the project in Hastings and Eastbourne with similar results.

In 2003, our successes – including signing

PRACTICE POINTS

- Nurses are ideally placed to advise patients about free and effective smoking cessation services, and to make a referral or treatment offer to every smoker.
- Nurses can lead clinical teams to understand the importance of simple and brief interventions at every contact to improve outcomes.
- Setting up simple systems to ensure referrals happen quickly and efficiently is essential to effective patient care.
Stop Smoking Interventions in Primary Care: A Systems Based Approach is intended to make stop smoking interventions routine and systematic, with a tailored and consistent approach to patient referral. It recognises smoking to be a clinical condition requiring treatment or referral to a specialist. It ensures that basic advice on stopping smoking is offered to all smokers, which doubles the likelihood of a quit attempt. Practices taking this system based approach are expected to see improved quit rates. The approach is also designed to establish a practice environment that demonstrates commitment to support all patients in stopping smoking. The support delivered system has 10 components, including senior level commitment, written protocols, training and NHS Stop Smoking information. The system offers the most effective advice in the limited time available, based on three levels of intervention: 
• Brief advice for all smokers. This is based on the Ask, Advise, Act guidance issued in January 2009, and allows healthcare professionals to deliver advice to smokers in just 30 seconds; 
• A resource intense intervention (5-10 minutes) for smokers who have, or are at high risk of developing, a smoking related disease; 
• A highly resource intense intervention for patients who are already motivated to quit.

For more information on this project, contact your local NHS Stop Smoking Service.

Source: DH (2009b)

In primary care, doctors and community pharmacists, having all primary and secondary care healthcare professionals engaged in the framework and committed to the Ask, Advise, Act protocol served as a solid foundation for receiving and quickly increasing referrals. In 2008, there were 2,882 referrals to our specialist local NHS Stop Smoking Services, a 371% increase from 2004 – more than twice as many as in a comparable sized PCT.

**MOTIVATION IS ESSENTIAL**

Evidence shows that smokers are four times more likely to succeed in quitting if they receive behaviour support and medication from trained advisers within the local NHS Stop Smoking Services (West, 2010; Ferguson et al, 2008). By offering treatment based on clear evidence, motivation and support, by motivating patients’ self-esteem and providing the tools needed to support an effective quit attempt, we give quitters the best possible chance to succeed, every time they make a quit attempt (Fiore et al, 2000).

This is equally important in engaging fellow healthcare staff to work in an integrated way. If they feel supported, understand the process and objectives of the project, and have close working relationships where they can quickly access guidance and pass on referrals for specialist support, they will be motivated to work together.

A cohesive framework will ensure that quitters receive consistent treatment, and this, in turn, ensures we get the best possible results – in terms of patients’ health as well as great referral and outcome figures.

**REFERENCES**


Department of Health (2009b) Stop Smoking Interventions in Primary Care: A Systems Based Approach. London: DH. (Available on request from the Department of Health)


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**BOX 1. A SYSTEMATIC APPROACH TO SMOKING CESSATION INTERVENTIONS IN PRIMARY CARE**

Up 40% of GP surgeries in Brighton and Hove to run smoking cessation services – demonstrated to local NHS public health directors that smoking cessation clinics and comprehensive tobacco control care pathways were vital to tackling broader health improvement issues. Brighton and Hove PCT commissioned a local NHS Stop Smoking Service in the South Downs Health Trust, which I was appointed to coordinate. The role included managing specialists and training healthcare staff, including GPs, practice nurses, secondary care nurses, doctors and community pharmacists.

**TRAINING TO ENGAGE**

We had seen from our previous work that engaging these healthcare professionals in the quit journey meant referrals increased and patients could receive support at any point they felt they might lapse – not just from NHS stop smoking advisers.

Training is a cornerstone of engaging these partners to ensure the framework exists and makes the service a success. This includes: one to one sessions; role play; workshops on behavioural change techniques; and education on addiction and the different services that deal with specific requirements, such as medication.

A key lesson is that smoking should be dealt with as a clinical issue that needs treating and referring to a specialised service, just as clinicians would refer conditions such as hypertension or high cholesterol.

In the seven years of the project, we signed up 90% of GP surgeries in the area and trained more than 500 healthcare staff to level 1 and level 2 smoking cessation training, including over 50% of the region’s pharmacy staff. Having such a large number of qualified trainers, from a variety of entry points, ensures patients can get help in a variety of accessible locations at convenient times, and are receiving repeated and effective messages from trusted advisers about why and how to quit. These trained professionals also increase the number of referrals to our local NHS Stop Smoking Services, which can offer quitters more time and expertise.

Nurses and doctors can offer a consistent intervention to smokers who present with any issue, to have the maximum impact on their health.

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**BOX 2. STOP SMOKING INTERVENTIONS IN SECONDARY CARE**

Around 1.4 million NHS hospital admissions a year have a primary diagnosis of a disease related to smoking. The NHS Stop Smoking Service is expanding its approach to smoking interventions in secondary care in around 70 trusts. The Stop Smoking Interventions in Secondary Care guidance was developed to give primary care trusts, NHS Stop Smoking Services and acute trusts guidance and tools for implementing a system wide approach to smoking cessation for inpatients, including:

• Embedding assessment of smoking status and offers of support into all clinical contacts between staff and smokers;
• Improving referral rates to the most effective forms of support (namely local NHS Stop Smoking Services plus medication), aligned to the brief "ask, advise, act" approach.

Source: DH (2009c)