

Hospital Based Stop Smoking Services “The Good, The Bad And The Ugly”

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INTRODUCTION

Below is real world practice information sharing. We believe sharing problems experienced is as helpful to others as sharing the successes. Hard to help groups are highly represented in hospital settings. People attending hospitals are potentially susceptible to health messages. Training staff in lifestyle interventions is the key to hospital success in lifestyle support alongside providing a standardised assessment and referral pathway.

The Good!

TRAINING – Monthly level 1 (Brief Intervention) training and Bi-monthly Level II (Intermediate) training is available at the hospital. 1,100 staff trained to Level 1 and over 200 staff trained to Level II.

REFERRALS – From 2003 over 6,000 Level 1 referrals have been made to the local Stop Smoking Service. 841 Level II (inpatient) referrals have been received. Level II only available in limited areas.

NICE RECOMMENDATION- The hospital pathway was nominated for a NICE Shared Learning Award in 2008.

PARTNERSHIP WORK – Good working relationships between Primary Care and the hospital have been established.

EXPOSURE /SOCIAL MARKETING – The Stop Smoking Service has its own page on the hospital intranet system, making information available to all staff at all times.

STOP SMOKING SUPPORT FOR STAFF – A weekly support session is available for all staff. Agreement made at high level to allow staff time to attend these support sessions to quit smoking.

The Bad!

DATA COLLECTION - Database issues within the Stop Smoking Service have made it difficult to report all activity. Manual data collation is necessary – this is very labour intensive.

TRAINING – Difficulties in having staff released for training due to sickness, holidays, staffing levels. We have been prepared to go ahead with training for very small groups – this pays off eventually!

INEQUITY – Training is more appealing for certain staff groups. There is high concentration of attendance for staff on cardiac and respiratory wards, lower elsewhere in the hospital. This creates inequity of service delivery. All patients cannot currently access inpatient support to quit smoking.

The Ugly!

During 2009 a lot of NRT was found to be prescribed independently of the Level II pathway. These patients had not been referred to the Stop Smoking Service, therefore probably relapsing to smoking on discharge.

	AUG	SEPT	OCT	NOV	DEC
REFERRED	12	14	36	45	50
NOT REFERRED	18	17	13	28	36

Ongoing remedial work, particularly with pharmacy staff is slowly addressing this problem.

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