



'Making Every Contact Count' to promote smoking cessation: What is the impact of AHPs routinely giving brief advice to patients who smoke on a vascular ward?

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Introduction

Smoking is the UKs biggest killer and although the prevalence of smoking has been slowly declining in recent years, the prevalence in the Royal Free Hospital's main catchment areas of Camden, Barnet, Islington and Haringey, is still higher than the national average ¹.

The Royal Free Hospital (RFH) is a specialist centre for Vascular Surgery and as physiotherapists on the vascular ward we have seen first-hand, the devastating effects of vascular disease. It is thought that at least 80 percent of patients with vascular disease are current or former smokers.² In fact, in 2017, 63% of patients on the vascular ward at the RFH were recorded as smokers or ex-smokers. The most effective treatment for vascular disease is to stop smoking. It reduces the risk of disease progression, the need for limb amputation and the risk of premature death³. Despite this, many patients continue to smoke. Prior to 2017, vascular in-patients at the RFH could access the in-house stop smoking service, however this service no longer exists and alternative strategies to promote smoking cessation are necessary. NICE guidelines recommend that all smokers using secondary care services should be identified, given brief advice on how to stop smoking, and smokers who want to stop should be referred to specialist Stop Smoking Services⁴.

There is a significant untapped potential for AHPs to encourage smoking cessation and enable smokers to access stop smoking services in the community. In the in-patient setting, AHPs are ideally placed to be able to capitalize on both the "teachable moment" of the hospital admission and the smoke-free hospital environment, to encourage smoking cessation. A recent survey carried out by the Royal Society for Public Health and Public Health England revealed that almost 90% of members of the public would trust such lifestyle advice if it came from AHPs ⁵. Despite this, a brief survey of our Vascular and Amputees (V&A) therapy team, revealed that most therapists rarely record or ask about smoking status or give brief advice on smoking cessation and rarely or never offer to refer smokers to smoking cessation services (Figure 2). Encouraging AHPs to "make every contact count" (MECC) by engaging in stop smoking conversations with patients, may result in more referrals to local Stop Smoking Services (SSS) and more successful quit attempts.

Aim

The overall aim of this project was to embed MECC principles to promote smoking cessation on the vascular ward by encouraging and enabling V&A therapists to routinely give very brief advice (VBA) about smoking cessation to vascular in-patients.

More specifically:

- For V&A therapists (physiotherapists, occupational therapists and therapy assistants) to deliver VBA on smoking cessation and offer a referral to local SSS to 75% of patients who smoke on the vascular ward from March to August 2018
- To achieve an increase in the referral rate from the ward to local Stop Smoking Services
- To measure the public health impact of the intervention by assessing the uptake of SSS referrals in community and the number of successful quit attempts

Method

- 1. A protocol was developed for therapists to deliver the intervention (Figure 1) using
 - a. The 3 A s (Ask Advise Act) model for issuing VBA to smokers (National Centre for Smoking Cessation Training (NCSCT)⁶
 - **b.** The Royal Society for Public Health and Public Health England Smoking Impact pathway ⁸ as a guide for recording and measuring the public health impact
- 2. Training was delivered to the V&A therapy team on:
 - Giving VBA on smoking cessation (incorporating the NCSCT online training ⁶)
 - How to refer patients to their local Stop Smoking Service via the National Referral System
- 3. Questionnaires were completed pre- training to assess current practice and confidence levels to give VBA and post-training to re-assess confidence levels and ascertain the likelihood of therapists to deliver the intervention
- 4. Vascular Therapy Initial Assessment forms were updated as a prompt for therapists and to record the following:
 - a. Smoking status (Smoker/Ex-Smoker/Non-Smoker)
 - b. VBA given (Yes/No)
 - c. Outcome of VBA (Referred to SSS, declined, referred to pharmacist/Dr for Nicotine replacement (NRT))



Figure 1: Protocol for delivering VBA on Smoking Cessation to hospital in-patients

Results

Following training, V&A therapists reported to be more likely to record smoking status, give brief advice and offer a referral to local Stop Smoking Services. Therapists also felt more confident to give brief advice to patients (Figure 2).

	Pre-training	Post-training	
	How often do you	How often are you likely to	
Record smoking status	Rarely or Never (100%)	Sometimes/Often (100%)	
Give VBA	Rarely or never (75%)	Sometimes/Often (100%)	
Refer to smoking cessation	Never (100%)	Sometimes/Often (100%)	
	How confident are you in 	How confident are you in	
Giving VBA	Not confident (75%)	Confident or very confident (100%)	

Figure 2: Effect of VBA training on V&A therapist confidence levels and likelihood to deliver intervention

During the intervention study period 22% (n=43) of vascular in-patients were identified and recorded as smokers. 83% (n=36) of these patients were given VBA on smoking cessation by a therapist, of which 33% (n=12) were referred to local Stop Smoking Services. 17% (n=6) of patients given VBA were referred to ward doctors or pharmacists for Nicotine Replacement Therapy. In addition, there

was a 52% increase in referrals from the vascular ward to local stop smoking services (24.2% vs 36.8%) during this period (Figure 3).

	Baseline Oct to Feb	Study period March to August	
		number	%
Smokers	23%	43	22
Given VBA by therapist	rarely or never	36	83
Referred to local Stop smoking services by therapist	none	12	33
Referred for NRT	none	6	17
Total SS referrals from vascular ward	24.2 %		36.8%

Figure 3: Effect of issuing VBA to smokers on referral rates for NRT and Stop Smoking Services

Overall, this project has led to a positive change in V&A therapists' clinical practice. Therapists on the vascular ward now routinely speak to patients about smoking cessation. It has also led to a raised awareness among the Vascular MDT on the importance of smoking cessation promotion on the vascular ward and in vascular clinic. This has been achieved through promotion of this project, training, awareness campaigns (e.g. Stoptober, Stop Before the Op), poster displays and leaflets made available on the ward, and dissemination through the Vascular newsletter. This initiative has also received positive feedback from both staff and patients alike (Figure 4).



Figure 4: Feedback from patients and staff

The exact public health impact of the intervention has yet to be fully determined. During the study period, we have helped several patients to get started on their quit attempts by referring them for NRT and to local Stop Smoking Services, but we have not fully elucidated if this led to any successful quit attempts for these patients. We have collected follow up data for approx. 75% of patients referred to SSS but it has been a challenge to gather data from all Stop Smoking Services in the Boroughs involved. However, data collected from our study, combined with data from similar studies ^{1,7} has allowed us to make some 1-year predictions on the likely public health impact of our

intervention (Figure 5). We predict that the number needed to treat (NNT) for this intervention is 42 (i.e. 42 patients would need to be given VBA in this setting for one patient to quit smoking). If successfully up-scaled and spread within the entire AHP workforce at the RFH, we predict approx. 97 patients may successfully quit in one year (Figure 5). There is also a financial incentive for the Trust through contributions to CQUIN targets, and predicted return on investment of £13 per person referred to SSS⁹. This amounts to approximately £16,886 per year if all AHPs in the hospital routinely engage in issuing VBA on smoking cessation to their patients.



Figure 5. Predicted 1-year impact of therapists delivering intervention to 75% of A) Vascular inpatients seen by vascular therapists and B) All in-patients and out-patients seen by all therapists at the RFH

Our vision is to embed this intervention into routine practice for all AHPs at the RFH and beyond. In line with this, 96 (approx.60%) of current AHPs have received VBA training, and it is now part of the induction programme for all new AHPs. In-patient therapy assessment forms have been updated to include a section to prompt all therapists to complete and record stop smoking conversations and outcomes. In the future, we hope to recruit smoking cessation champions within all therapy teams to further embed the initiative. (A bottom-up approach involving Band 3/4/5 staff would work well and was the approach used in this study).

In conclusion, this study demonstrates that AHPs are well-placed to adopt MECC principles to promote smoking cessation. By routinely encouraging and enabling patients to stop smoking by giving them brief advice and offering NRT and Stop Smoking Referrals, more patients were supported to quit. If the wider AHP workforce embedded the intervention into routine practice, it could have a powerful impact on the health and wellbeing of patients who smoke.

Learning Points

 AHPs have a unique relationship with patients that facilitates public health and prevention interventions to enable and empower patients to improve their lifestyle. Many of the patients that had been referred to Stop Smoking Services by AHPs in this study had previously received VBA from other health care professionals yet had declined their offer of smoking cessation community referral. Repeated exposure to the health improvement message and the positive influence and relationships that AHPs have with patients was likely to have contributed to this.

- Strong leadership, by communicating well and inviting regular feedback was crucial to ensure continuous improvement and learning in this quality improvement project, and to foster the continued engagement of therapists to deliver the intervention.
- Ensuring therapists were competent and confident to deliver the intervention through effective training, easy to follow protocols and simple methods of recording data was also key. Encouraging completion of the brief NCSCT VBA e-learning module, displaying the protocol for VBA in staff areas and prompt signposting of the protocol to locum staff/new rotational staff was essential to ensure continued delivery of the intervention in times of changes to staffing.
- Effectively engaging key stakeholders is crucial to successfully driving improvement. In this
 project, buy-in from senior therapy management was essential to up-scale and spread the
 intervention beyond the vascular team to the wider RFH AHP workforce. Subsequent
 presentation of the project to the Trust Board of Directors has opened discussions about
 spreading the intervention across the Trust and has promoted the important role of AHPs in
 driving public health and prevention initiatives.

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References

¹ National Smoking Statistics 2017

² Hobbs SD, Bradbury AW. Smoking Cessation Strategies in Patients with Peripheral Arterial Disease. Eur J Vasc Endovasc Surgery 2003,6 (4); 341-7

³ ASH research report: Smoking and Peripheral Arterial Disease Dec 2017

⁴ NICE Guideline (NG92). Stop Smoking Interventions and Services. March 2018

⁵ <u>Royal Society for Public Health and Public Health England. Healthy Conversations and the Allied Health Professionals.</u> 2015.

⁶ NCSCT online Smoking Cessation VBA Training. http://elearning.ncsct.co.uk/vba-launch

⁷ NCSCT Streamlined secondary care system project report June 2012

⁸ Royal Society for Public Health (RSPH) and Public Health England (PHE) Smoking Impact Pathway 2017

⁹ CQUIN Supplementary Guidance – Preventing ill health, Smoking and Tobacco, 2017, NHS England