

CASE STUDY:

Partnership working between a PCT Stop Smoking Service and Mental Health Trust.

Background

The NHS Surrey Stop Smoking Service has provided specialist mental health stop smoking support to patients in the community since 2004. We have also offered Level 2 Smoking Cessation Training for Mental Health Professionals wanting to deliver workplace support since this time. The PCT has strong links with the local Mental Health Trust – Surrey & Borders Partnership NHS Foundation Trust and when Smokefree legislation was announced became involved in an advisory capacity with the Mental Health Trust's Smokefree Implementation Team. In the run up to the 1st July 2008, the PCT offered to organise a mapping exercise of the Trust's inpatient settings to ensure compliance with the new legislation. As a result of the mapping exercise, a Pilot Project was organised in an acute inpatient setting, the Abraham Cowley Unit (consisting of two acute wards, a psychiatric intensive care unit and an older adult's ward) with a view to rolling the model out across the rest of the Trust.

Organisations involved

NHS Surrey Stop Smoking Service (SSSS)

Surrey PCT

Abraham Cowley Unit (ACU), Surrey and Borders Partnership NHS Foundation Trust (SABP)

Section of Mental Health Nursing, Institute of Psychiatry, King's College London

Setting up the service.

Following discussions with SABP and the ACU, the SSSS agreed to provide and fund a stop smoking adviser on a weekly basis to run "Drop In" stop smoking support each Friday from 10 a.m. to 3 p.m. from end July to November 2008. Stop smoking support was open to inpatients, outpatients and staff and during this time SABP agreed to support staff working on the ACU to attend Level 2 Smoking Cessation Training for Mental Health Professionals, run by SSSS, so that they could carry on the support from November 2008.

Brief description of the service

The SSSS mental health support offers a degree of flexibility over setting a quit date i.e. allowing the client to set the quit date. This is partly to alleviate anxiety which is often an issue when working with this client group but also to encourage the client to take ownership of the quit attempt and in that way it often empowers the client. Following the quit date the clients were supported for 4 weeks post quit and the support continued in the community if they were released from hospital during this period.

Combination NRT was used combined with behavioural support. Clients were monitored for any signs of mental health relapse.

Progress so far

The Drop In service is being independently evaluated. Although the service has only been up and running a short period of time, the results are very encouraging. The stop smoking adviser from SSSS made contact with over xxx patients, visitors and staff in a three month period. Twenty eight patients agreed to set a quit day. These patients had been admitted to the ward for various mental health problems such as schizophrenia, bi polar disorder and depression and about half of these patients were formally detained. Just over a third of the 28 patients had stopped smoking four weeks after their quit day. The Drop In service is now being run one day a week by a mental health nurse and two health care assistants and the evaluation is ongoing.

Overcoming barriers to implementation

The attitudes of the ACU towards smokefree legislation and stop smoking support in mental health settings were surveyed prior to the Drop In starting. Although the majority of staff believed that stop smoking treatment should be offered as part of routine in patient care, the majority did not think that an in patient unit was an ideal place to make a quit attempt and did not think it should be part of their job. Although these attitudes are common, our stop smoking adviser was able to work from within to change attitudes and demonstrate that stop smoking successes could be achieved in this acute setting.

Keys to success

The stop smoking adviser who ran the Drop In has an enthusiastic and optimistic personality which is essential. She also has the right balance of enthusiasm without being “pushy!” Having said that, the adviser was given an office as a base but did not expect the smokers to come to her. Instead she went and sought them out by walking around the wards and finding out where the smokers, both staff and patients went to smoke outside!! The Adviser was also easily identifiable by her Smokefree T-shirt!

Other Keys to success

Key personnel at the ACU and SABP were enlisted to support the smooth running of the Drop In. These key people included those already trained in smoking cessation at the Unit, the Ward Managers, the SABP Associate Directors of Nursing and Health Care Standards and last but by no means least, the ACU Pharmacy Team given the crucial

need to monitor certain medications whilst stopping smoking. All these people were very positive about providing patients with the opportunity to stop smoking whilst in hospital.

More generally, the key contacts in the Trust introduced the SSSS to key decision makers in the Trust and this allowed us to raise awareness of our Service. Key groups within SABP were targeted as a result such as the Acute Care Forum, Modern Matrons etc.