

## No ifs, no butts; Clatterbridge's journey to a smoke free trust

**20**  
YEARS OF  
**NICE**  
1999-2019

Smoking cessation services should be part of a seamless care pathway in oncology. This project assessed the effects of training therapeutic radiographers to give 'very brief advice' on stopping smoking to patients having treatment for cancer at the Clatterbridge Cancer Centre.

*"This quality improvement project was a great example of a systems approach to change with leadership collaboration between the trust, local authority, university and service provider."*

**Becky Mellor**, Public Health Manager, Wirral Council



### What we did and why

Patients who stop smoking during anti-cancer treatment can have reduced acute side effects, improved effectiveness and less likelihood of their cancer recurring. Healthcare professionals such as therapeutic radiographers can be champions to promote smoke-free norms and behaviour.

An internal audit was completed at Clatterbridge Cancer Centre NHS Foundation Trust against NICE's public health guideline on helping people to stop smoking in acute, maternity and mental health services. This informed a national audit. A systematic review of support to stop smoking in oncology was done. The findings were grouped into organisational, practitioner and patient outcomes, and became project aims.

#### Organisational aims:

- Gain acceptance for new policy and its implementation, including senior support.
- Mandate stopping smoking training.
- Choose to adopt an approach to win the hearts and minds of all trust staff to contribute to stopping smoking.

#### Practitioner aims:

- Support and empower therapeutic radiographers to understand how providing 'very brief advice' can benefit patients having cancer treatment.

### Outcomes and impact

Since implementation, the quality of the service has improved and is now moving towards complying with NICE guidance.

The project aligns closely to some AHPs into Action impacts for the effective and efficient use of Allied Health Professionals for people and populations:

**Impact 1:** improve the health and wellbeing of individuals and populations. Forty therapeutic radiographers had training in delivering very brief advice. This increased confidence. Beforehand, 45% of staff were likely to ask about a patient's smoking status. This increased to 90% after training.

**Impact 3:** support, integration, addressing historical service boundaries to reduce duplication and fragmentation. This project was largely delivered using and connecting with existing resources. Familiarity with referral to an external service increased from 0% to 100% of staff after training.

Patient experience, captured using individual interviews and questionnaires, showed that they expected to be asked about smoking and given support to stop if needed. The trust now has a smoke-free policy that complies with the evidence base and recognises the emerging evidence for e-cigarettes.

### What we learnt

Large quantities of funding are not always needed to do research and service improvement projects. What is essential is a mix of enthusiasm, experience and time.

Critical success factors for change often involve:

- Support of critical enablers (such as an executive lead) within the organisation.
- A robust team of champions.

Without the support of just one senior manager, the new policy may not have been accepted and the project may have stalled. There were many challenges and barriers, but real strengths of the project team were infectious enthusiasm and the ability to galvanise each other, passing the baton on when needed. The team continues to celebrate success, while making sure that all the good work is translated into measurable patient benefits.

A multi-disciplinary team approach is essential because knowledge is not held by one team alone. The project team were delighted with all support it received.

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