Blackpool Teaching Hospitals NHS
NHS Foundation Trust

Implementing an inpatient tobacco specialist service in secondary care

Blackpool Teaching Hospitals NHS Foundation Trust (BTH) recognised it had an important role to play in improving the health of its local community. As part of its public health strategy, the Trust implemented a specialist service to support inpatients to remain smokefree during their hospital stay.

"Using NICE guidance has enabled us to implement a hospital-wide approach to support inpatients who use tobacco, putting in place the foundation blocks for achieving a long term quit."

Rachel Swindells, Public health Facilitator, Blackpool Teaching Hospitals NHS Foundation Trust

The need for an inpatient tobacco specialist service

At BTH it has been estimated that each year around 24,800 day-case and inpatient cases are smokers and, at any one time, up to 80 hospital beds are occupied by patients with smoking related conditions. Results of a national audit on health promotion in hospitals, meeting local targets for community acquired pneumonia (CAP) and the implementation of NICE guidance all highlighted the need for an inpatient tobacco specialist service which:

- screened planned and unplanned admissions to identify smokers
- improved access to nicotine replacement therapy (NRT)
- offered patients advice and support to stop smoking
- ensured the practice continued when they left hospital

To make the best use of hospital stays to encourage patients to become smokefree, the service required:

- change in processes to screen tobacco users
- training for hospital staff to offer brief advice to patients on quitting
- the hospital to be a smokefree site
- referral of patients on to the community stop smoking service after discharge

Delivering an inpatient tobacco specialist service

BTH set up a team for the service which included a health education practitioner and two tobacco liaison specialists.

The education practitioner was recruited to train staff to identify tobacco users and give brief advice on smoking. The tobacco liaison specialists were recruited to offer 'bedside' support, ensure patients had access to NRT and lay the foundations for a long term 'quit'.

In line with NICE guidance the Trust changed admission policies to screen patients for tobacco use and implemented a smokefree policy to include the hospital buildings, grounds and car parks. Also, once patients were discharged, they were referred on to the stop smoking service in the community.

To evaluate the success of the service, the team:

- integrated referral data into Trust performance scores
- monitored registration numbers for the Quit Manager database
- monitored numbers attending the community smoking service after discharge
- completed regular smokefree site audits

BTH has already seen improvement in performance on CAP with high risk patients identified early on and given advice to quit.

Key issues for setting up an inpatient tobacco specialist service

The team has also identified a number of learning points and some barriers to implementation including:

- need for director-level sponsorship for the service and to implement Trust-wide, smokefree policies
- hospital smokefree policies need to be properly enforced
- importance of using training to tackle staff attitudes about tobacco and the smokefree hospital
- need to recruit tobacco liaison specialists to work specifically in a hospital setting
- national 4 week 'quit smoking' targets, meant for community stop smoking services, are not suitable in a hospital setting
- a more targeted approach is needed in hospital to put the foundations in place for a long term quitting
- ensuring that staff training is flexible to fit in with the demands of their day job
- ensure hospital IT systems support data collection

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