



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

A Smokefree NHS – Progress towards the Long Term Plan BOB ICB Update

Presentation to the Oxfordshire Health Improvement Board
– 16th November 2023
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NHS Long Term Plan 2019



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By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

The model will also be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.

A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.

Primary Prevention - Smoking



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Objective 1: Increase the capacity of, and the number of referrals to, smoking cessation services

Objective 2: Deliver the inpatient Tobacco Dependence Treatment Service in all acute, mental health and maternity settings

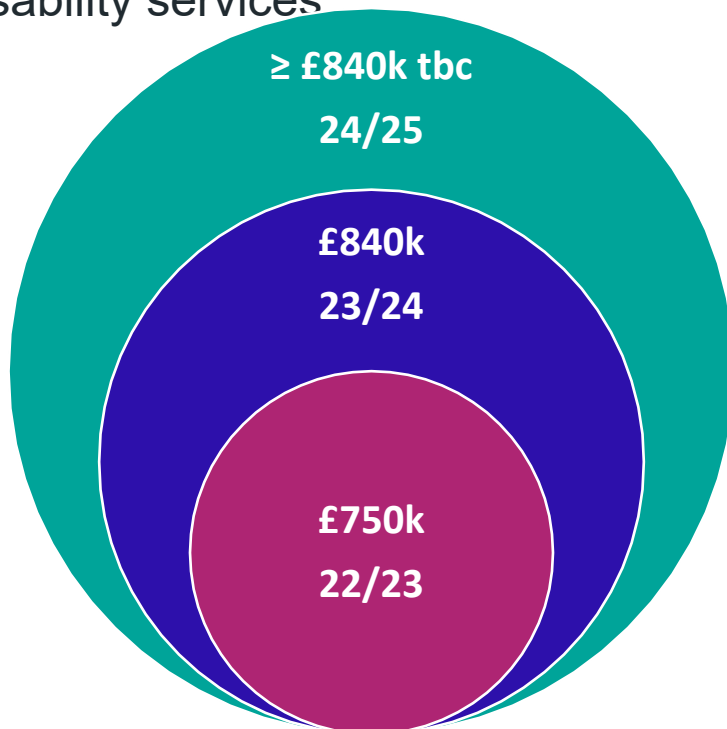
Objective 3: Improve recording of smoking status in order to target our services and resources to communities in most need

Objective 4: Sign and implement the NHS Smokefree Pledge

Objective 5: Improve the skill and ability of our workforce to talk to patients about their smoking

Tobacco Dependence Treatment Services

NHS Long Term Plan Ambition: by 2023/24 NHS-funded tobacco treatment services will be offered to all in-patients, expectant mothers/ birthing people and their partners and long-term users of specialist mental health, and in learning disability services



Tobacco dependency services have started in 7/8 settings across BOB, we want to see these fully implemented with continued investment.

Recruitment challenges of tobacco dependency advisers has slowed progress in some trusts.

Concerns regarding prescription of NRT – funding sustainability.

Need to understand and mitigate impact on LSSS and Community Pharmacy SC services.

Maternity



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RAG Rating by provider	Oxford University Hospitals Foundation Trust- Maternity
TDA's: Recruited (WTE)	2
TDA's: Vacant (WTE)	0
Essential implementation metrics captured	
Patient's smoking status is recorded at first antenatal appointment	Mostly all, above 75%
If CO reading < 4 ppm VBA provided	Mostly all, above 75%
If CO reading >= 4 ppm or woman has quit smoking since conception VBA provided alongside direct supply of NRT	Some, below 40%
Opt-out referral to Tobacco Dependence Support made	Mostly all, above 75%
If above not delivered at first appointment the woman is contacted within 24 hours and face to face appointment with TDA is scheduled within 5 days	Some, below 40%
CO test repeated at all antenatal appointments. Not already engaged in TD support women provided VBA and Opt-out referral to TD support. Previously opted-out women re-offered referral.	Mostly all, above 75%
4 weekly face to face appointments with TDA , with further 6 face to face appointments throughout the pregnancy taking place	Some, below 40%
The woman supported to set quit date as early as possible	Some, below 40%
Combination NRT is available and accessible throughout pregnancy	Some, below 40%
CO validated status at 36 weeks and updated status on smoking status at time of delivery is recorded	Mostly all, above 75%
If a pregnant woman relapses , restart on the pathway established ASAP	Mostly all, above 75%
Desirable implementation metrics captured	
Smoking status is a mandatory field for all first antenatal appointments	Mostly all, above 75%
Advice to support partners to stop smoking provided	Mostly all, above 75%
Electronic opt-out referral made	Mostly all, above 75%
Combination NRT is available and accessible after birth	Some, below 40%
CO testing occurs at all appointments	Mostly all, above 75%

Narrative – successes, challenges

- NRT costs are greater than service funding so concern of introducing inequity in service if not all smoking patients are able to benefit

Mental Health



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RAG Rating by provider	Oxford Health Foundation Trust - MH Inpatient Oxon
TDA: Recruited (WTE)	2.5
TDA: Vacant (WTE)	0
Essential implementation metrics captured	
Patient's smoking status is recorded during the admission process	Partially, between 40%-75%
Initial stop smoking medication is prescribed with delivery of very brief advice on tobacco dependence and stopping smoking on admission.	Mostly all, above 75%
Opt-out referral made	Some, below 40%
A 1:1 meeting with a tobacco dependence adviser to agree a personalised plan to support a quit attempt or temporary abstinence takes place	Mostly all, above 75%
NRT provided during stay	Mostly all, above 75%
NRT supply: a minimum of a week's NRT/other pharmacotherapy is provided upon discharge	Mostly all, above 75%
Referral to Community Pharmacy Service in place	Mostly all, above 75%
Post discharge: a follow-up phone call at 1-2 weeks is arranged	Mostly all, above 75%
28 Day follow up in person via telephone to ascertain the self-reported quit status)	Mostly all, above 75%
Verify smoking status at 12 weeks to track long-term quits	Mostly all, above 75%
Desirable implementation metrics captured	
Smoking status is a mandatory field in all admission processes	Partially, between 40%-75%
This is given within 2 hours of admission . (30 mins if MH provider)	Mostly all, above 75%
Electronic opt-out referral made	Some, below 40%
This takes place within 24 hours of admission (48 if MH provider)	Partially, between 40%-75%
NRT provided during Stay: this includes Vapes/ E-cigs	Mostly all, above 75%
NRT supply: a minimum of a week's NRT/other pharmacotherapy is provided upon discharge alongside referral to a service that will continue to supply	Mostly all, above 75%
Referral to Community Provider in place	Mostly all, above 75%
Post discharge: A further follow-up arranged at 28-days post discharge	Partially, between 40%-75%
28 day follow up face-to-face to undertake a carbon monoxide (CO) test	Partially, between 40%-75%

Narrative – successes,
challenges

Inpatients



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RAG Rating by provider	Oxford University Hospitals Foundation Trust - Physical Acute
TDAs: Recruited (WTE)	3
TDAs: Vacant (WTE)	0
Essential implementation metrics captured	
Patient's smoking status is recorded during the admission process	Some, below 40%
Initial stop smoking medication is prescribed with delivery of very brief advice on tobacco dependence and stopping smoking on admission.	Some, below 40%
Opt-out referral made	Some, below 40%
A 1:1 meeting with a tobacco dependence adviser to agree a personalised plan to support a quit attempt or temporary abstinence takes place	Some, below 40%
NRT provided during stay	Some, below 40%
NRT supply: a minimum of a week's NRT/other pharmacotherapy is provided upon discharge	Some, below 40%
Referral to Community Pharmacy Service in place	Some, below 40%
Post discharge: a follow-up phone call at 1-2 weeks is arranged	Some, below 40%
28 Day follow up in person via telephone to ascertain the self-reported quit status)	Some, below 40%
Verify smoking status at 12 weeks to track long-term quits	Some, below 40%
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This takes place within 24 hours of admission (48 if MH provider)	Some, below 40%
NRT provided during Stay: this includes Vapes/ E-cigs	Some, below 40%
NRT supply: a minimum of a week's NRT/other pharmacotherapy is provided upon discharge alongside referral to a service that will continue to supply	Some, below 40%
Referral to Community Provider in place	Some, below 40%
Post discharge: A further follow-up arranged at 28-days post discharge	Some, below 40%
28 day follow up face-to-face to undertake a carbon monoxide (CO) test	Some, below 40%

RAGs used here relate to % of ALL inpatients.

- Tobacco Dependency Service commenced in July
- Where patients are referred, they are seen promptly by TDAs, offered NRT and a quit date set.
- Automation of referrals using EPR – all smoking patients will be referred to TD from mid October
- TD team training ward staff

Next Steps

Understand capacity and service utilisation of local authority commissioned smoking cessation services.



Encourage more Community Pharmacies to sign up to SCES, especially in more deprived areas



Increase the number of providers who have signed the NHS Smokefree Pledge



Increase the number of patients whose smoking status is recorded in primary care and upon admission



Improve the skill and ability of our workforce to use every 'teachable moment' to deliver 'very brief advice' on quitting