

**NHS Lanarkshire
North Community Health Partnership**

DATE	21/12/2012
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SUBJECT	Nicotine Addiction Pathway

1. Purpose

The purpose of this paper is to propose the implementation of a Nicotine Addiction Pathway into three clinical areas in Hairmyres, Monklands, and Wishaw Acute sites as well one of the Maternity Wards within Wishaw District General. The Nicotine Addiction Pathway has the potential to ensure treatment is timely, improves and provides equity of care for patients. The Pathway also supports the Boards No Smoking Policy and will contribute towards Lanarkshire achieving its HEAT target.

2. Background

2.1 Policy context

National Smoking Cessation guidance (2010)¹, Quality Strategy (2010)², Health Promoting Hospital Framework, CEL14³/CO1⁴ all include recommendations relevant to offering support to hospital patients in relation to their tobacco use. Guidance recommends that patients who smoke and wish to stop should be offered pharmacotherapy and a referral to a specialist cessation service and for those who do not wish to stop pharmacotherapy should be offered to alleviate nicotine withdrawal symptoms while an inpatient and discontinued on discharge if they do not wish to quit.

2.2 Current Service provision

Specialist cessation services are available on each of the three acute sites in Lanarkshire, however, no infrastructure exists to provide equity of care and consistency of practice for all inpatients addicted to Nicotine. Currently for many reasons referrals to the on-site Stop Smoking Service are often sporadic, reactive and inappropriate with patient care differing dependent on the clinical area they are in.

3. Nicotine Addiction Pathway Pilot

To identify if a Nicotine Addiction Pathway has the potential to provide an infrastructure that addresses the aforementioned issues a 2 month pilot commenced in 3 clinical areas within Hairmyres Hospital in February 2012.

4 Evaluation of the pilot

4.1. Evaluation

Evaluation of the pilot demonstrated an increase of 37% of referrals to the service from the pilot areas and an increase of 50% of referrals to the service in the same time period for the Hospital overall. (It was suspected that as patients moved to other clinical areas awareness of the Pathway increased). An increase in the 4 week success rate over the same period from 30% to 36% would suggest that those referred were appropriate referrals.

4.2. Patient Survey

A patient's survey was undertaken; of those who had a Pathway completed it would appear that patients felt they had benefited from the care provided due to the Pathway:

- 62% advised they had been unaware of the service previously
- 76% said they felt the NRT and support from the Stop Smoking Nurse helped ease their withdrawal symptoms
- 76% were asked if they wished help on admission
- 57% were prescribed NRT
- 89% stopped smoking while in hospital
- 69% were very satisfied with the Service
- 23% were satisfied with the service
- 94% of those contacted felt more at ease coming into hospital knowing this help was available
- 96% would recommend the Stop Smoking Service to others.

4.3. Discharge Planning

The Pathway encourages a discharge plan for the patient and highlights the importance of only prescribing NRT on discharge for those who wish to quit; the survey showed that 52% of the patients were discharged with two weeks supply of NRT and followed up by the Community Service.

4.4. Staff Survey

A staff survey was also undertaken and again it would appear there were benefits of the Pathway for staff:

- 80% of staff had an increased awareness of Nicotine addiction and withdrawal symptoms
- 60% of staff said that in their opinion the ICP had made a difference to the care of their patients
- 66% of staff felt that the ICP had enabled them to help patients that smoked
- 88% of staff found accessing NRT relatively easy
- 60% felt it had made a difference to patient care (Reasons given were that it appeared to help patients with withdrawal symptoms and patients were more relaxed and less

agitated. They also felt they referred patients quicker and that the patient's nicotine addiction was treated quicker).

6. Proposals

6.1 Implementation of Pathway

The Pathway has been endorsed by the NHSL Tobacco Strategy Group. It is proposed that the Pathway is implemented in Monklands and Wishaw initially in CCU, Emergency Receiving and Respiratory Wards (plus one of the maternity wards in Wishaw General) commencing February 2013. The impact would be monitored and potentially implemented to all wards within each inpatient setting in Lanarkshire over the financial year 13/14. The Service currently has capacity to support the implementation

6.2 Audit

Bi annual audit of the Pathway will be vital and carried out in partnership with Clinical Quality

7. Challenges

Support and training will be required to the individual ward staff during the implementation period.

Monitoring of NRT spend

8. Conclusion

The Pathway provides the practitioner with a clear pathway to follow and has the potential to embed caring for those addicted to nicotine in a proactive and routine manner. It supports achievement of Lanarkshire HEAT target and the inequalities agenda by increasing reach to those previously unaware of the service.