The 2nd UK National Smoking Cessation Conference

Monday 26th and Tuesday 27th June 2006
at The Sage, Gateshead, Tyne and Wear

A report on

"A workshop on challenges to the future of NHS stop smoking services (and possible solutions)"

from the 2nd UK National Smoking Cessation Conference

Room C6 11.45am Tuesday 27th Jun 2006

The Sage, Gateshead, Tyne & Wear

Presented by

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Special Thanks go to those that contributed to the workshop:

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Introduction

At the 2nd UK National Smoking Cessation Conference in Gateshead, Newcastle in 2006 a parallel session was run entitled:

A workshop on challenges to the future of NHS stop smoking services (and possible solutions)

The aim of the workshop was to identify the major challenges that face the future of NHS stop smoking services and begin to look at positive actions that services can take to ensure the future delivery of quality smoking cessation provision for the public.

Objectives set out at the start were:

- To clarify and consolidate what challenges face the future of NHS stop smoking services in a national context
- To facilitate the sharing of good practice and activity being done across the nation that attempts to address these challenges
- To suggest new tactics/ideas that could positively help NHS stop smoking services overcome these challenges

This report aims to bring together and summarise the work and observations made by the contributors to the workshop to give a snap shot of how NHS stop smoking service staff and other associated partners feel about the challenges that face the future of such services.

Methodology

Three months before the conference was due to commence the facilitator of the workshop sent out an email on 'GLOBALink UK discussions' to get a feel for current views on challenges to the future of NHS stop smoking services from relevant parties. A copy of the email sent out can be found in appendix 1. Responses were collected and recorded and themes for the workshop were drawn out. In total 24 email responses were received.

On the day, the structure of the workshop was as follows:

- Exercise 1 – suggestions of challenges (in groups)
- Consolidate key themes (on flip chart)
- Review background work from GLOBALink
- Compare results
- Identify key themes to work on as a group today
- Allocate themes for analysis
- Exercise 2 - Analyse:

  Strengths/Opportunities/Positive Responses
  Vulnerabilities/Weaknesses/Threats

- Feedback - discussions to group

The workshop was able to engage with 21 delegates on the day

Results

The following list represents the key themes that were drawn out from both the email responses from GLOBALink (UK discussions) and 'Exercise 1' of the workshop. In this exercise delegates were asked to suggest as many challenges that face the future of NHS stop smoking services as possible.

Key themes identified as challenges to the future of NHS stop smoking services:

- ### Targets

Targets are of huge concern because they are often felt to be unobtainable and it was felt that they increase the health inequalities gap. There was also concern around data collection, creative accounting (around monitoring) and correctly reporting quitters. Also the group questioned the validity of 4 weeks as an outcome measure.

- ### The Merging of PCTs

Delegates were unsure of how services will sit with the merger of new PCTs

- ### Funding

Budgets are being cut (some had seen cuts of 50% this year) in response to PCT overspend. The future of smoking cessation funding is uncertain.

- ### Practice Based Commissioning

This has potential to be a huge threat and is shrouded with uncertainty. GPs could potentially decide not to commission the services offered or could buy it in from somewhere else - Drug companies – private enterprises.

- ### Staffing Concerns

Concerns around the quality of staff
AFC Banding – The process was frustrating along with the disparity of results
Job Security
Job related stress

- ### Smoking Cessation & Tobacco Control

Clinical services Vs Public Health services – how do these two strands sit with each other? Smoking cessation is often (incorrectly) viewed as an intervention for reducing smoking prevalence.

- ### Health Inequalities

Hard to reach groups. Removal of services from affluent areas. Resources for providing services to mental health clients. Such clients often provide poor outcomes.

This list represents the other themes that were drawn out from both exercises.

Other Themes:

- **The Smoking Ban - Legislation**

Will this result in a huge increase in demand that out grows our capacity or will it result in abandonment of services?

- **Local Area Agreements**
- **Poor outcomes of Pregnancy/Mental Illness etc**
- **Core Vs Community Provision**
- **Efficacy of NRT – Safety Concerns (from GLOBALink exercise)**
- **Introduction of New Medications**
- **Consistency of Standards**
- **Disparity of Services Nationally**
- **Not Enough Guidance**
- **Guidance (NICE/HDA) being misinterpreted by other parties e.g. GPs**
- **GMS Contracts – Box Ticking**
- **Access to Services**
- **Marketing**
- **Uptake of Services**

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Key Themes Identified for Workshop Analysis

Having worked through the suggested challenges, the workshop decided on four key themes to analyse. Four themes were chosen as it was felt that to tackle too many would not be effective in the short time frame given and the delegates were conveniently split into four groups.

The four themes that the group decided to tackle were:

- **Practice Based Commissioning**
- **Health Inequalities**
- **Targets**
- **Smoking Cessation Vs Tobacco Control**

For the second part of the workshop the delegates were asked to conduct the following exercise:

Exercise 2:

In Groups -

In the context of your theme please make suggestions on the…
STRENGTHS – OPPORTUNITIES – POSITIVE RESPONSES
That NHS stop smoking services have/may have/would like to have.

In the context of your theme please make suggestions on the…
VULNERABILITIES – WEAKNESSES - THREATS
That NHS stop smoking services face.

The following pages attempt to capture some of the discussion that was given around the four themes that were chosen for analysis.

Practise Based Commissioning

Strengths & Opportunities

It was felt that we have a good evidence base for which to pitch our services. We have specialist knowledge and provide a high level of professionalism. We have experience in dealing with the local area and have a good local knowledge.

This could be a real opportunity to put forward a proposal for a gold standard service. A chance to ensure that all community nursing staff and other health care professionals have smoking cessation as a key role.

A new start to change things that aren't working, develop partnerships or new business plans. Raise the standard of our service.

We may be able to raise the profile of our service and smoking cessation as an intervention in target communities. We could market the positive outcomes of our services.

Weaknesses & Threats

Will we still have targets? If so who will be responsible for them – the GPs or the PCT? There is no guidance on how services will run with PBC. Operational practise may suffer due to lack of competition or complacency. Who will be the strategic lead within PBC? There could be a possibility that the experts (us) could be left out of the loop.

Services could be bought in from outside. Drug companies or private enterprises could step in to do the job. GPs could decide that they don't want a service. Services could be fragmented.

We will constantly have to justify our existence (even more than we do so already) It was felt that a lot of time, energy and resource is used having to do just this.

Health Inequalities

Strengths & Opportunities

Health inequalities are high on the Public Health agenda – smoking is the single biggest cause of health inequalities.

Services have a diverse background amongst the specialists. Many of them with direct experience of dealing with target groups. The services have a good skill mix and knowledge.

PGDs, voucher schemes, LES work well in this area. We need to open up access to the disadvantaged communities so they can access the service in a variety of locations - e.g. pharmacies and dentists and beyond. Community networking is important to achieve this.

We also need to engage with public and specifically those from disadvantaged backgrounds on how they would like to see the service develop and where they would like to access it.

There are opportunities here to engage with mental health. It is also an opportunity to build relationships with local authorities.

Need to link in with sure start. (it was noted that services had had varying degrees of success and experiences of working with sure start in the past).

Contributors would like to see a dedicated, large scale, marketing campaign to target low-income areas/clients.

Weaknesses & Threats

Services are chasing high targets for quitters and low income disadvantaged groups have been associated with poor outcomes. This means that the targets are not consistent with helping the communities that need it the most.

High staff turnover.

Low quit rates lead to low morale.

A change of government could lead to different policy/importance put on smoking cessation.

Future funding is uncertain.

There tends to be a high level of DNA appointments with this client base.

There are barriers to engaging with these clients such as, language, ability to read/write, and access to technology amongst others.

Targets

Strengths & Opportunities

Targets help to secure the future of services. Targets and monitoring can be used to justify the existence of services (dependant on performance).

Targets/monitoring give services a direction and, retrospectively, can give a sense of success and activity (although a considerable amount of interpretation is needed to do this and figures should not be taken at face value).

Services can be marketed to engage with clients to ensure throughput of quitters. We should be using new technology to promote the services – e.g. text messaging and email etc.

Contributors felt that the national marketing campaign was very good and should be continued and extended. However, it was also felt that PCTs/Services should have resources and funding to market local areas with local needs.

In order to meet the targets PCTs must broaden the reach of services. This gives us opportunities to introduce different strands of approach - Pharmacists, Dentists, Health Visitors, Sure Start and Mental Health Workers etc.

Weaknesses & Threats

Targets are only part of the picture. Services should not be evaluated on targets alone.

Excessive targets detract from patient needs. Targets do not have any benefit to the end user. Quality can be compromised for quantity.

High targets also encourage some PCTs to falsify their results. This is not governed or controlled. Also results have been known to be 'transferred' from PCT to PCT under SHAs along with other strange performance management interferences. Considering this, it was felt that the importance and value of targets and the results is undermined.

Data collection is an issue and a lot of smoking cessation work is missed and not recognised.

The group questioned the 4 week quitter as a realistic or useful outcome measure.

Smoking Cessation Vs Tobacco Control

Strengths & Opportunities

These two approaches go hand in hand and actually you can't have one with out the other.

Smoke free legislation will encourage health providers to put smoking cessation and tobacco control together.

Having these two approaches together promote partnership working.

Working with other partners on this means that we can broaden out the smoking cessation and tobacco control agenda.

The group would like to see leads on smoking cessation and tobacco control working very closely together.

Joining these two strands together gives us a bigger voice.

It means that smoking cessation services should remain as part of public health and should be properly resourced. This would lead to a better position to tackle health inequalities.

Smoking cessation services have a good track record of doing both of these activities.

Weaknesses & Threats

Separate targets and funding.

Smoking Cessation and Tobacco Control are seen as being separate because of the way the services were set up.

There is confusion over whose role is what and that sometimes putting all the smoking cessation and tobacco control responsibilities onto one person (with out proper resources) is too much and unrealistic.

It is important that services are not just seen as clinical services.

Clinical services are in danger of being separated/removed by PBC

Fragmentation of staffing groups, loss of knowledge.

APPENDIX 1

Original email sent out to GLOBALink UK discussions

----- Original Message -----

From: Mr. Russell Owen Moody

To: UK discussions

Sent: Tuesday, April 25, 2006 1:50 PM

Subject: [gt-uk] Calling ALL NHS Stop Smoking Service Staff

Calling ALL NHS Stop Smoking Service Staff - YES that means you!

Good Afternoon to you all,

Please can you spare me 5 minutes of your time...

My name is Russ Moody. I am the Training and Development Co-ordinator for the Plymouth NHS Stop Smoking Service in 'Sunny Devon'. I am facilitating a workshop at the forthcoming UKNSCC 2006. The title of the workshop is...

"A workshop on challenges to the future of NHS stop smoking services (and possible solutions)"

I thought that it would be a good idea to get a flavour of what people are thinking and how people are feeling across the UK in terms of challenges that face their own NHS Stop Smoking Service. (in whatever capacity/shape or form that might be)

So this is a bit of a pre-exercise to the conference to help me get in touch with the general consensus. I would appreciate your help.

If you work for an NHS Stop Smoking Servic! e in any capacity I would love to here from you. I am particularly interested in comments from managers or co-ordinators.

Could I ask you to please take the time to respond to me directly with any comments or feeling that you have about what challenges face the future of your service. Please feel free to comment on anything - no matter how big/small or obvious it may seem. I really am asking you to give anything you can think of and please do not make any assumptions on what I have already considered - I want it straight from the horses mouth (not that I am calling you a horse of course!)

I appreciate your time is precious but I am keen to get the most out of this session I really value your input.

You have my sincerest thanks,

Russ

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P.S I look forward to seeing you at the conference :)

This message was sent by Mr. Russell Owen Moody using GLOBALink Email Platform