



Rotherham NHS Stop Smoking Service Annual Report 2010-11

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Rotherham NHS Stop Smoking Service Mission Statement

To provide high quality and value for money stop smoking services to people who live or work in Rotherham.

Introduction

Smoking remains the largest cause of preventable illness and premature death in the UK, in Rotherham smoking results in about 500 premature deaths per year. Stop smoking interventions are proven to be both effective and cost effective ways of reducing illness and preventing premature deaths.

Aim of report

The aim of the report is to highlight the achievements of Rotherham NHS Stop Smoking Service (RSSS) over the last year and to consider the challenges currently facing the service.

RSSS is specialist service that provides support for anyone who lives or works in Rotherham. The service provides one to one, drop-in, group and telephone support. Sessions are delivered in a number of venues across Rotherham (including the Quit Stop in the town centre) during the day, evenings and Saturday mornings. The service also provides:

- A dedicated service for pregnant women and their partners
- A dedicated service within secondary care which includes the Stop Smoking Centre in the Rotherham Hospital foyer
- Training and support for a large network of intermediate advisors working predominantly in primary care.
- Brief intervention and very brief intervention training for staff across the health community
- Promotional work
- Data management for all specialist and Locally Enhanced Service providers

Service Objectives

Rotherham NHS Stop Smoking service is commissioned by NHS Rotherham. The service specification contains a number of very challenging objectives including:

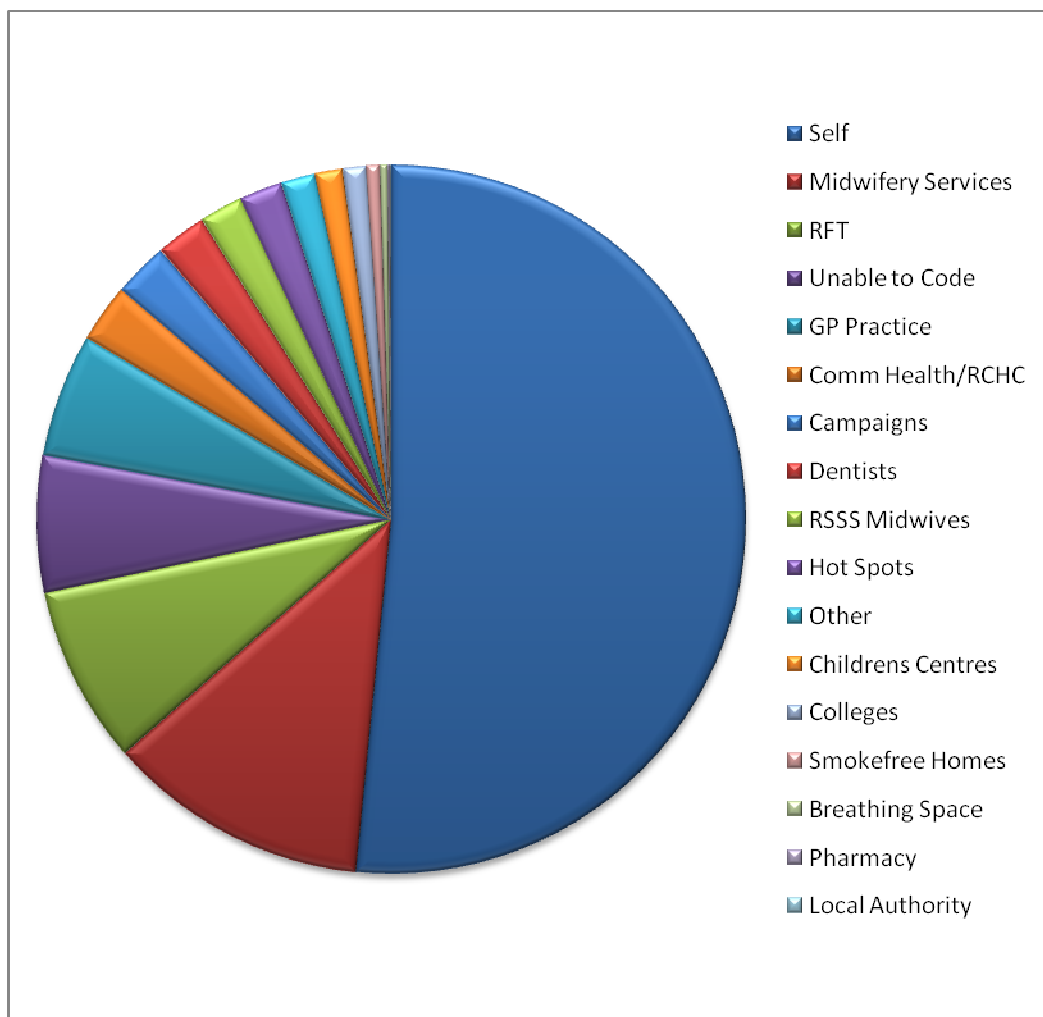
- Meet the specific 4-week quitter target (1,850/annum)
- Meet the specific pregnant women 4-week quitter target (160/annum)
- Achieve an average of 50% conversion rate
- Achieve 85% CO verification rate of clients who quit
- Support the achievement of the LES target (1,000/annum)
- Contribute to the reduction of health inequalities by targeting specific groups e.g. routine and manual groups, pregnant smokers, young people, Black Ethnic and Minority groups (BME), patients suffering with mental health and deprived communities.

The service specification for 2010-11 contained significant financial penalties should the service not meet the 4-week quitter, pregnant women 4-week quitter and conversion rate targets. These penalties have subsequently been removed.

Performance Data

Referral source (N= 6,572 RSSS only)

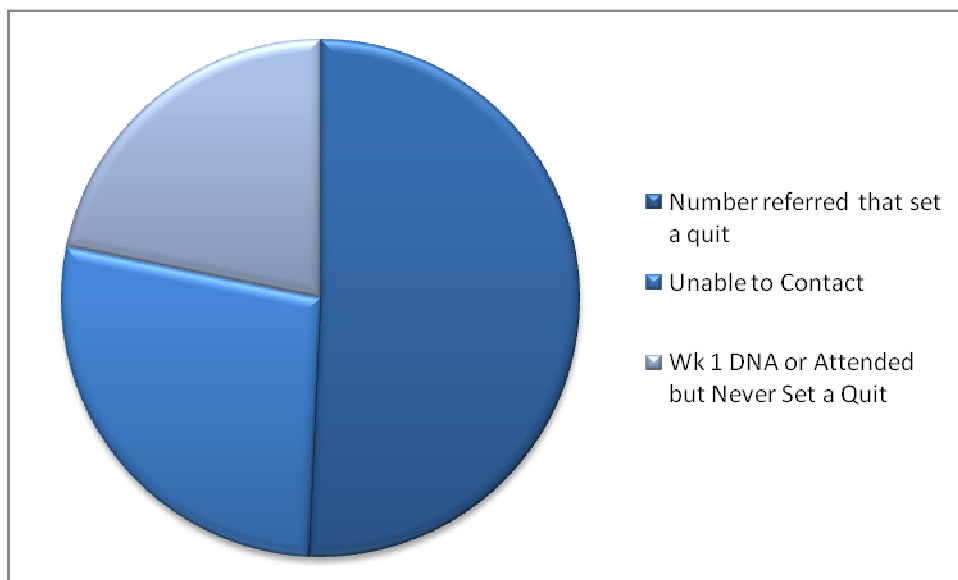
The single largest referral source by far is 'self' followed by the midwifery service and the Rotherham NHS Foundation Trust (TRFT). The midwifery service has an opt-out referral system whereby all smoking pregnant women are referred unless they specifically ask not to be. Although GP practices account for the fourth largest source of referrals, previous audits have demonstrated a very large variance in referral rates between practices. Referrals from pharmacies and RCHS remain disappointing



Ratio of referrals to quitters

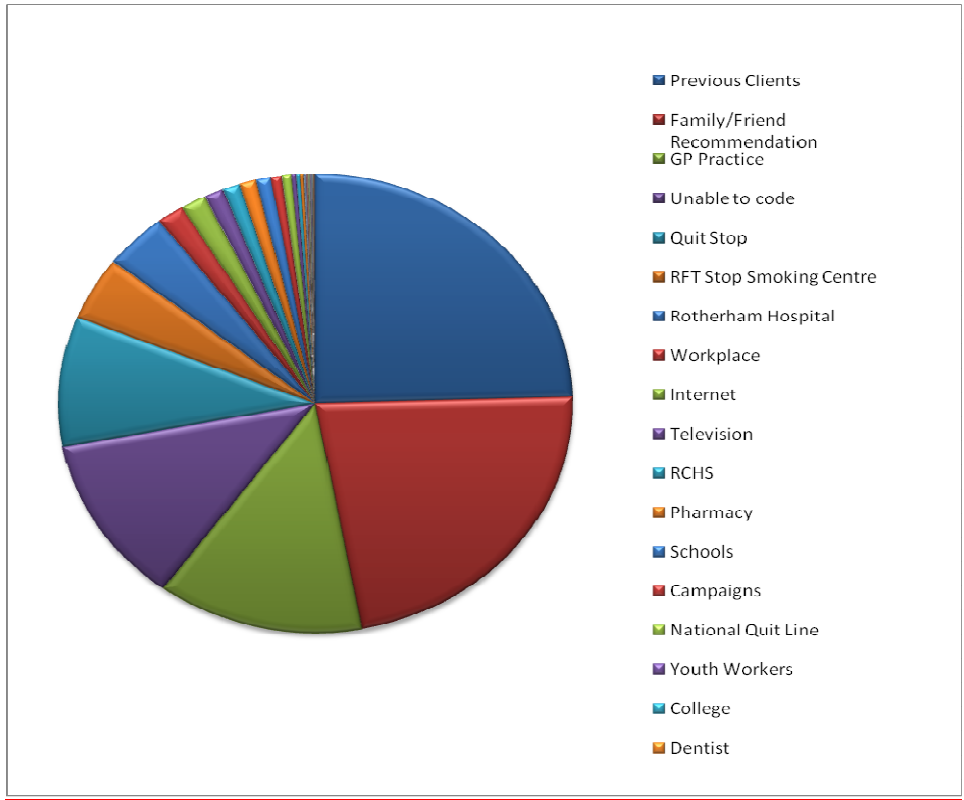
Of the 6,572 referrals received by RSSS, only about half (3,333) attended and set a quit date. RSSS was unable to contact 1,807 and a further 1,432 were contacted but did not attend or attended but did not set a quit date. RSSS needs to develop interventions to increase the ratio of quitters to referrals.

Since last year much progress has been made with this issue. RSSS has introduced digital pen technology and trained 28 out of 44 LES advisors to input data directly onto quitmanager (the services database). This has released some administration time (previously data was collected on paper forms and manually inputted onto the database) to facilitate the implementation of an improved referral management system. RSSS has also been working with the provider of quitmanager to develop a sophisticated referral management system and has developed a number of resources (letters and leaflets) to mail out to clients. It is intended that clients will also receive text message appointment reminders and it is anticipated that the system will be implemented early in the New Year.

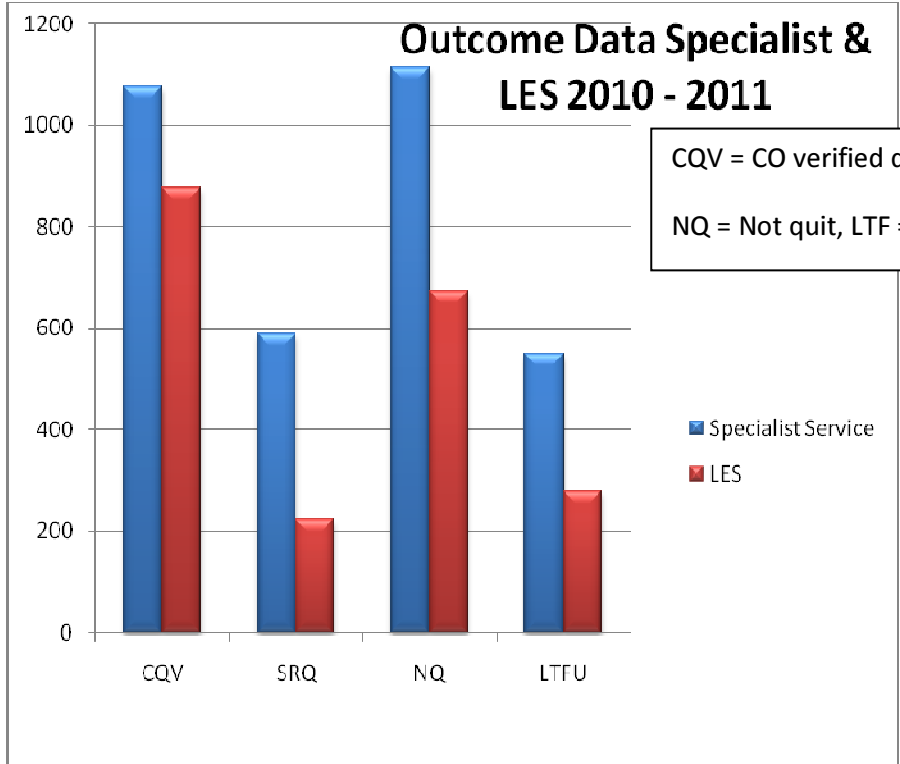


Self referral awareness source (RSSS only)

The main awareness source for self referrals are previous clients and friend and family, which accounted for nearly half of all awareness source. RSSS has recently introduced a 'member get member' scheme to maximise the number of referrals from this route. Clients finding the service simply by walking past the Quit Stop and the Stop Smoking Centre in the RFT make a significant contribution to the total number of self referrals, the two 'shops' therefore represent an important part of service marketing. GP's make up the bulk of awareness source for the remainder of self referrals with some from RSSS internet and direct marketing campaigns.



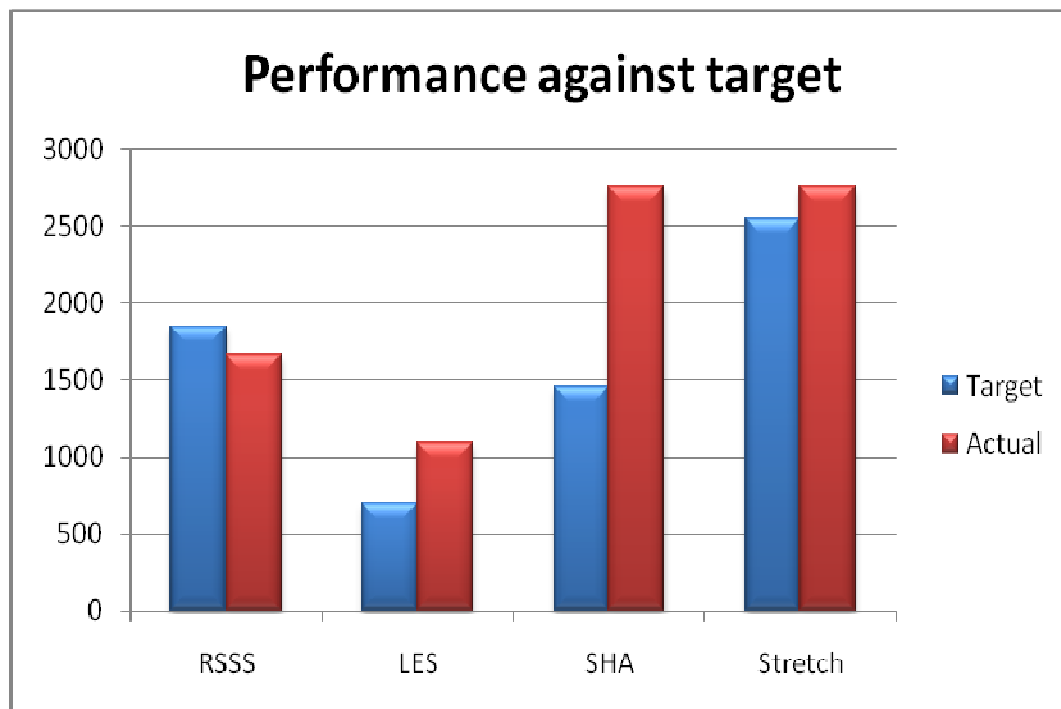
Outcome data (all outcomes by specialist and LES)



Overall quit rates in 2010-11 for RSSS and the LES were 50% and 53.4% respectively. RSSS quit rate has improved from 46.6 % in the previous year, the LES quit rate had decreased slightly from 57.7% in the previous year. RSSS has a higher ratio of self report quitters than the LES 35% and 20% respectively. The probable explanation for this is that RSSS provides a dedicated telephone service whereas the LES provides face to face support only. In 2009-10 RSSS had significantly higher 'Lost to Follow-up' rates (22% against 7%) than the LES. To address this RSSS introduced an initiative whereby follow-up was conducted by the out of hour's telephone service. In 2010-11 RSSS reduced it's lost to follow-up rates to 16.5% whereas the LES lost to follow-up rate increased to 13.3%.

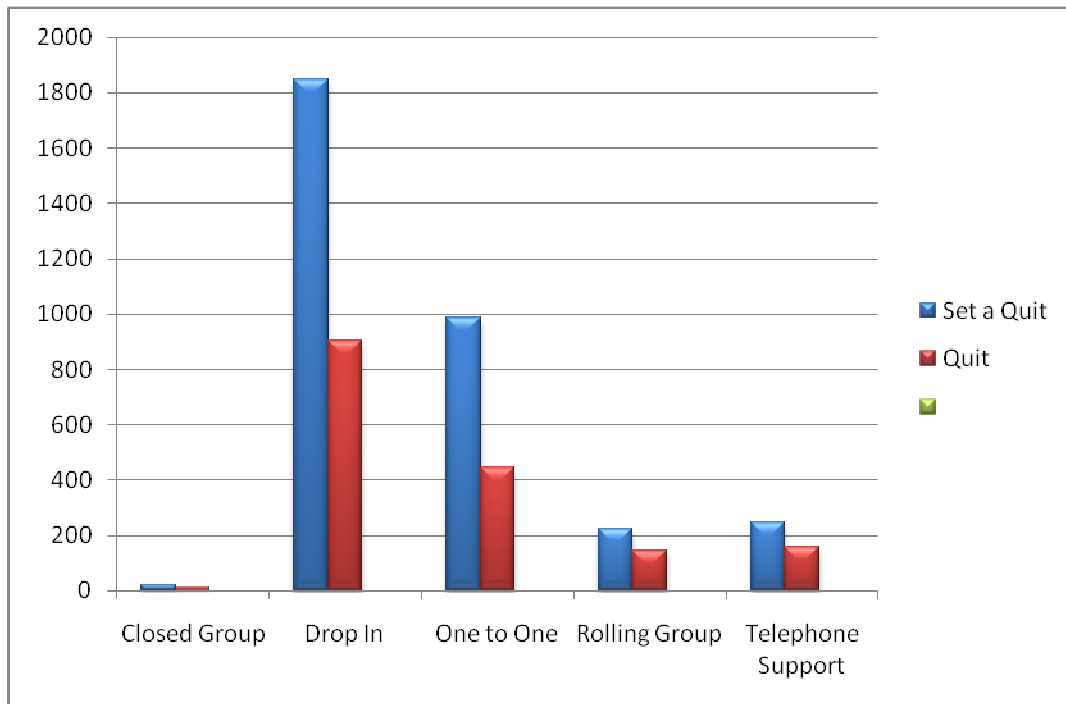
Performance against target

RSSS failed to meet the local 4 week quitter target in 2010-11(1662 actual, against 1850 target). However RSSS was in dispute with NHSR for much of the year regarding this target. During 2010-11 RSSS advisor staff establishment reduced by nearly one third due to temporary contracts coming to an end and staff not being replaced. At the same time NHSR expected RSSS to deliver the outturn of the previous year when all the additional staff were in post. The LES exceeded its target delivering 1089 quitters against a target of 700. Taken together the Specialist service and LES exceeded both the Strategic Health Authority and local stretch 4 week quitter targets.



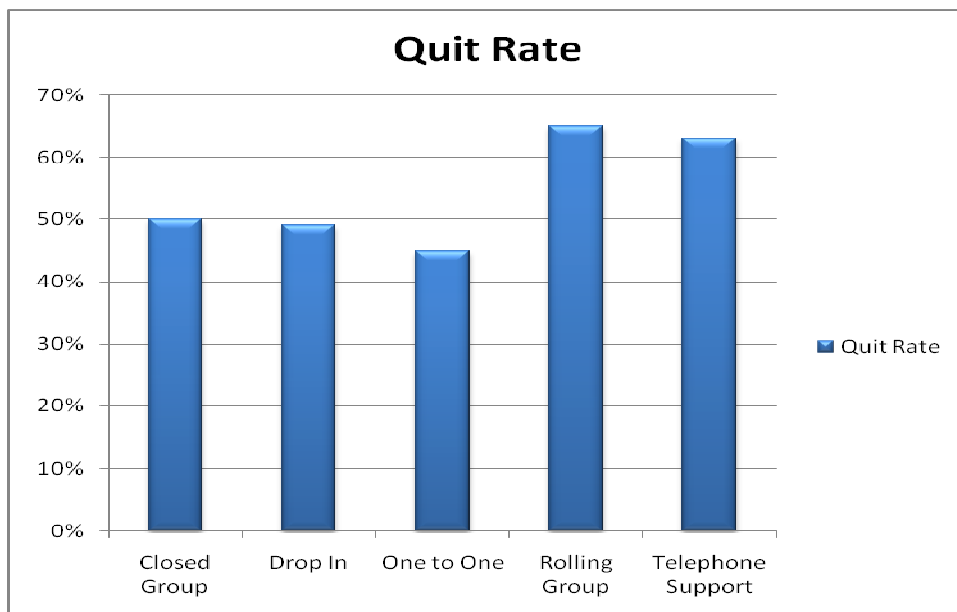
Quitters by Intervention Type (RSSS only)

The greatest number of quitters attended either drop-in or one to one sessions



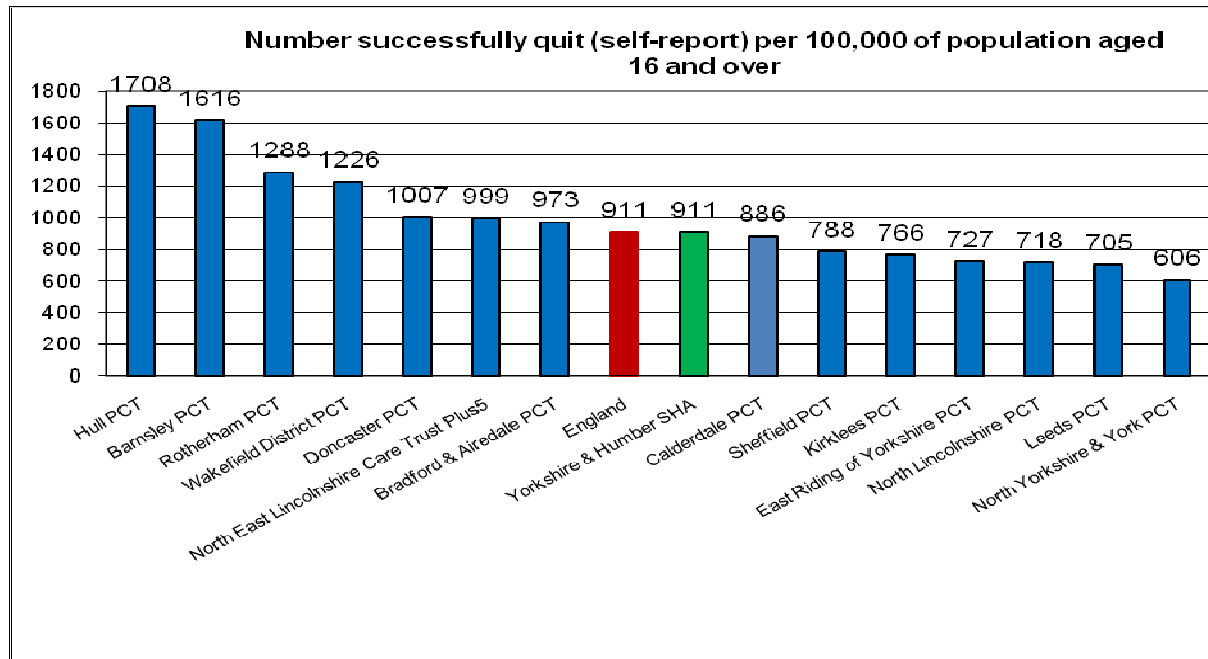
Quit rate by intervention type (RSSS only)

The greatest quit rate was achieved from rolling groups or telephone support, the lowest from one to one sessions.



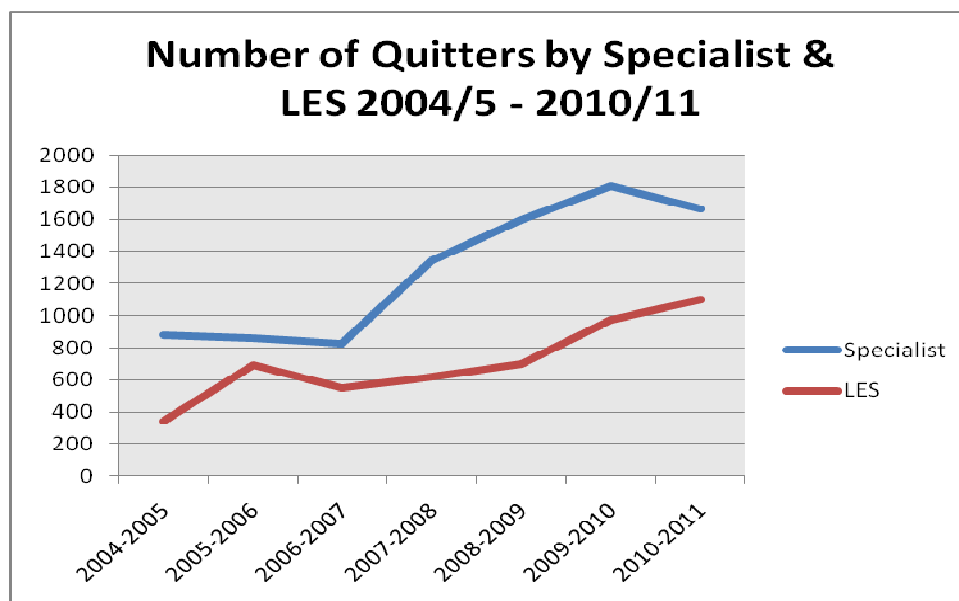
Number successfully quit (self-report) per 100,000 of population aged 16 and over, by PCT 2010-11

The chart below shows comparative quitter data by PCT across the region for 2010-11 (includes both RSSS and LES activity). Rotherham compares very favourably with other PCT's in the region in terms of quitters per 100,000 of population, delivering well over the England and regional averages.

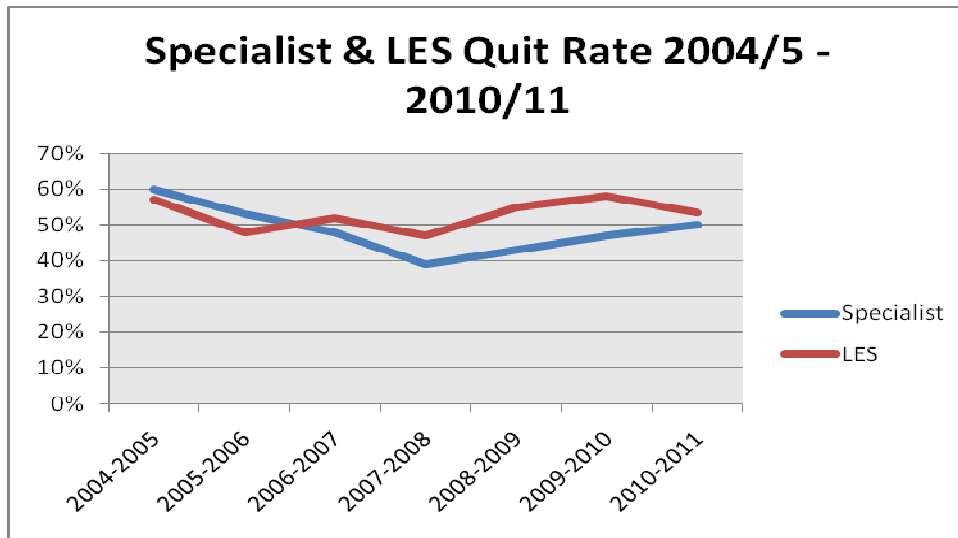


Number of Quitters Over Time by Specialist and LES

Between 2005-10 the number of RSSS quitters per year more than doubled but activity has dipped in the last year, at the same time LES quitter activity per year has nearly trebled.



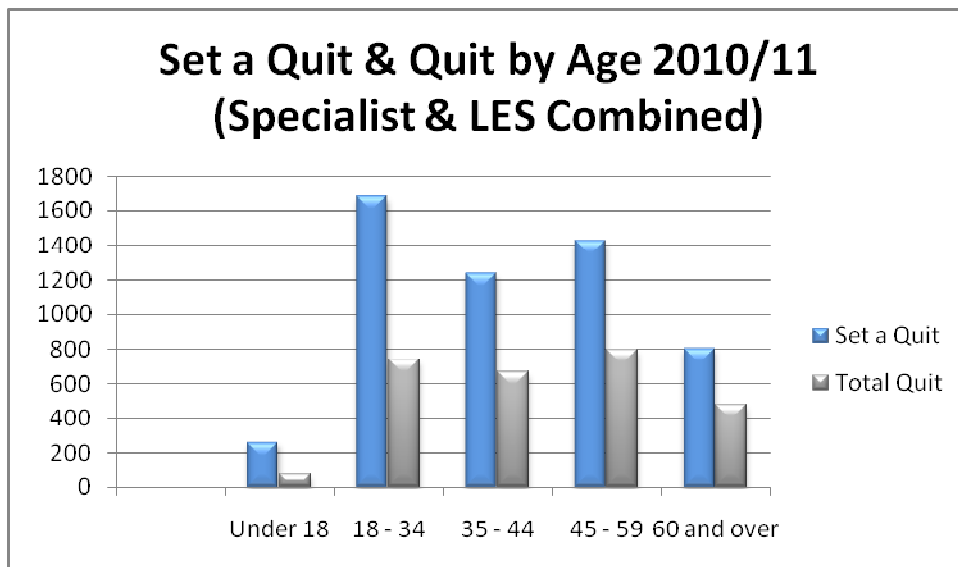
Specialist and LES Quit Rate Over Time by Specialist and LES



In 2010-11 the quit rate for the specialist service was slightly lower than that of the LES (50% compared to 53%). This represents an improvement for RSSS of nearly 4% on the previous year, the LES quit rate reduced slightly over the same period. The specialist service previously had quit rates of 60% but this has declined over recent years, however the quit rate has improved since its low point in 2007-8. It is noteworthy that the reduction in quit rate has occurred at the same time as the dramatic increase in the absolute number of quitters delivered by the Specialist Service. This has been associated with interventions aimed at increasing access to meet increasing quitter targets.

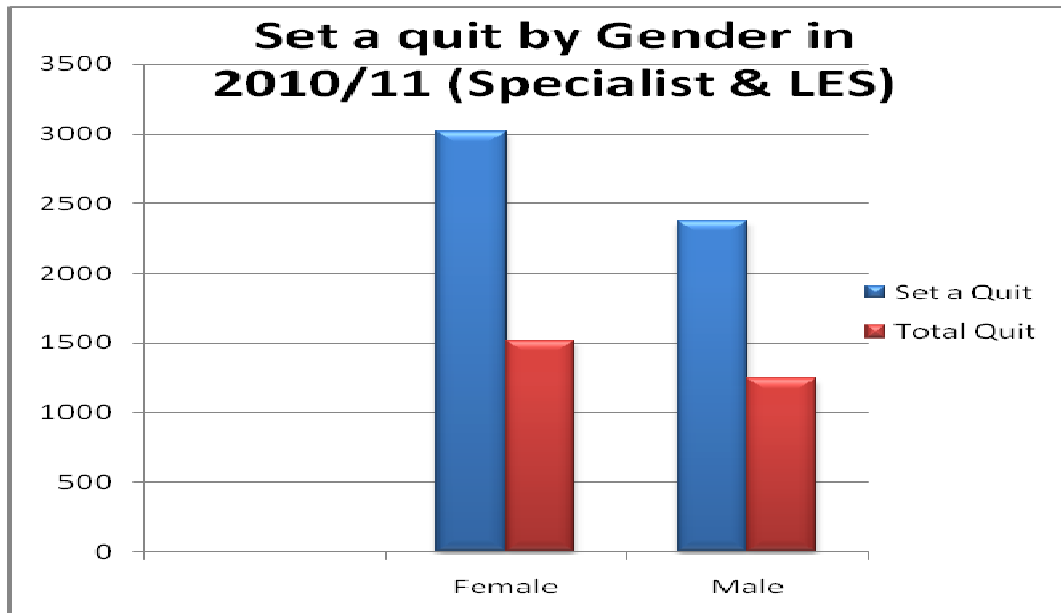
Set a quit and quit by Age in 2009/10 (Specialist and LES combined)

A similar number of clients quit across age groups 18-59, however quit rates were lower in the 18-34 age group. Not surprisingly few clients aged under 18 quit and the quit rate in this group was very low (see graph below).



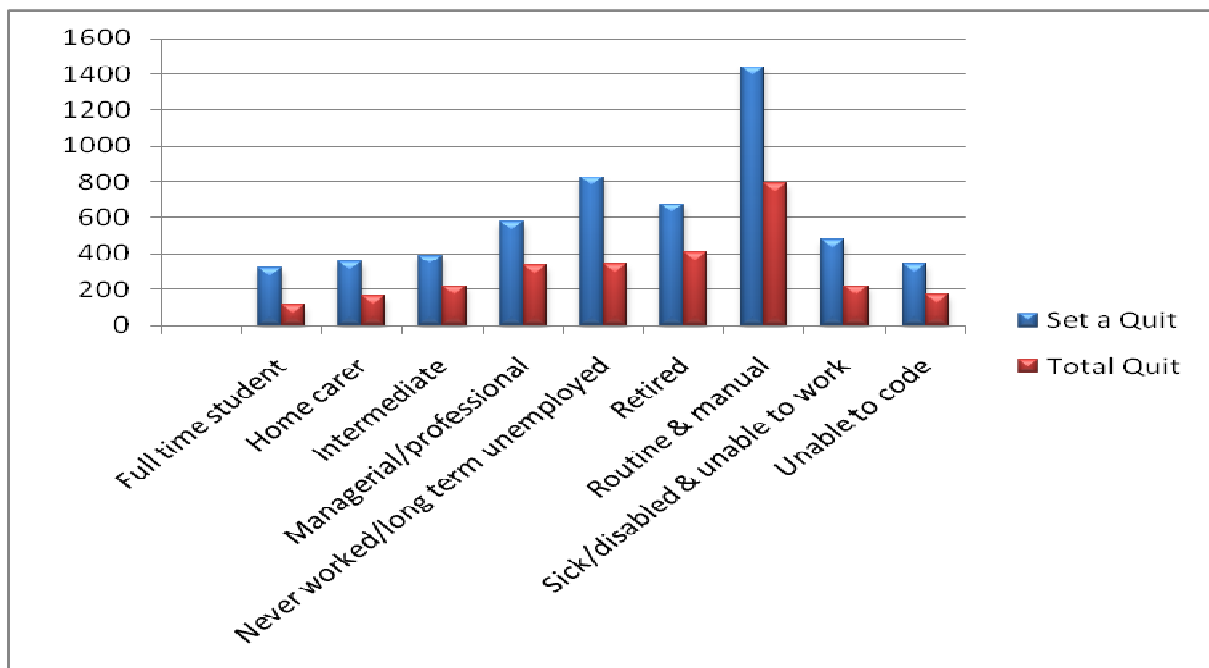
Set a quit and quit by Gender in 2009/10 (Specialist and LES)

Significantly more women attend stop smoking services and quit compared to men but men have a slightly higher quit rate. The differences in attendance and quit rates due to gender remain unchanged from last year. The targeting of pregnant women with 3 WTE staff could at least partially explain why there are more women quitters.



Set a Quit and Quit by Occupation

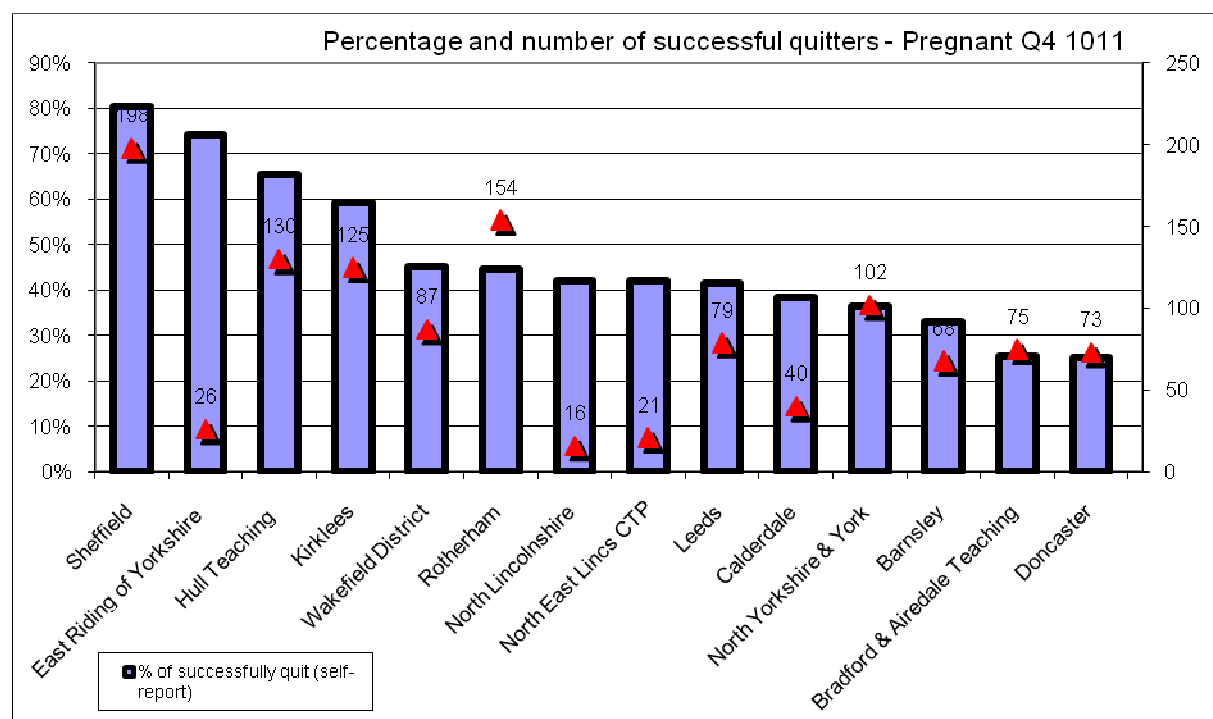
Routine and manual workers (R&M) are a key target group for stop smoking services. The above graph would suggest that R&M smokers are being effectively targeted within Rotherham.



Pregnant Women

In 2010-11 RSSS delivered 161 pregnant women quitters against a target of 160, increasing from 143 quitters in the previous year. It is worth noting that RSSS delivered the second highest number of pregnancy quitters in the region (Sheffield recorded the highest), a significant achievement for a service covering an area the size of Rotherham (the discrepancy in graph below and total number of pregnant women quitters was due to delays in reporting).

RSSS has continued to work closely with NHS Rotherham and TRFT maternity services to deliver the Rotherham smoking in pregnancy pathway. The pathway is the first in the country to integrate RSSS within maternity services such that all pregnant smokers are seen by the RSSS specialist midwife whilst attending their maternity outpatient appointment.



Primary Care and the Locally Enhanced Service

RSSS provides support for staff in primary care (mainly GP practices and pharmacies) to deliver stop smoking interventions including the Locally Enhanced Service (LES).

The LES delivered 1089/2751 (40%) of the total quitters in 2010-11, compared to 975/2783 (35%) in the previous year.

In 2010-11 there were 34 GP practices, 32 pharmacies and 5 dental surgeries delivering the LES. However there was a large variance in performance between providers, providers did not always have a service level agreement with NHSR and access to stop smoking services was not equal across the borough. Therefore RSSS has worked closely with NHSR to improve the co-ordination of RSSS and LES

delivery and to improve the performance management of the LES, this work is ongoing.

Quit-Stop

The Quit-Stop is located at 16 Bridgegate in Rotherham town centre. The Quit-Stop is open Monday to Saturday, one to one appointments and drop-in sessions are available. It delivered 715/1662 (43%) of all Rotherham NHS Stop Smoking service's quitters and therefore represents a very important part of the service. The quit rate was 47%.

Community Sessions

During 2010-11 RSSS delivered between 8-12 daytime and 5-8 evening sessions per week. The sessions were typically delivered in health centres and GP practices but some were delivered in pharmacies and even public houses. Over the course of the year most of these sessions were delivered as groups. Taken together the community sessions supported 810 clients to set a quit and 445 to quit, giving a quit rate of 55%.

Rotherham Hospital

RSSS provides support for patients, visitors and staff via the Stop Smoking Centre, located in the Health Information area within the recently redeveloped main concourse of Rotherham Hospital. The facilities in the health Information area are much improved from the previous unit and include a private consultation room. The centre opening times are coterminous with the outpatient department opening times. In 2010-11 the centre in the hospital supported 315 clients to set a quit date, 134 quit giving a quit rate of 43%.

Telephone Service

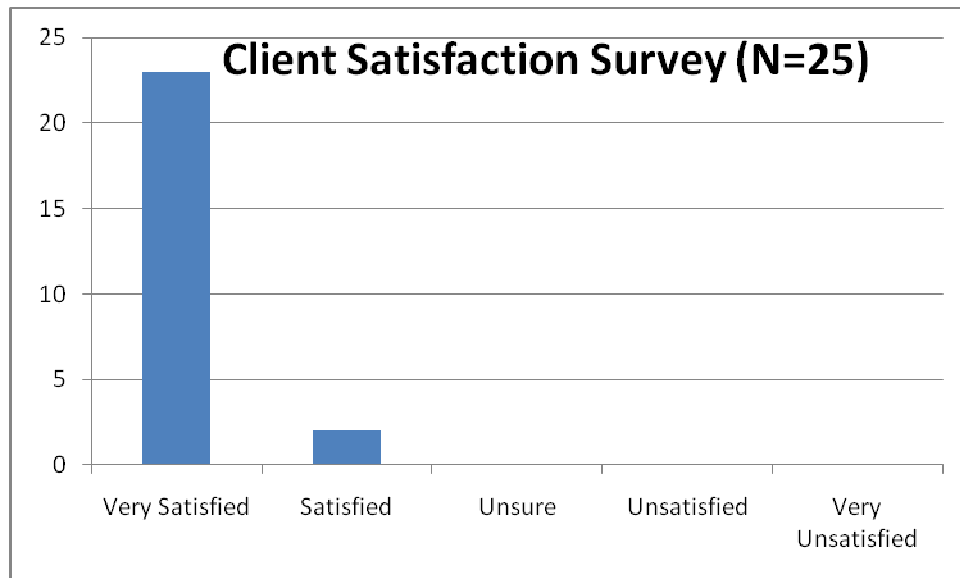
RSSS introduced an out of hours, pro-active telephone support service in January 2010, operating Monday to Thursday 5-8pm. The service is the first and only of its kind in the region and has proven very successful. In 2010-11, it supported 269 clients to set a quit date, of these 169 quit, giving a quit rate of 63%. The CO validation rate for the telephone service is 24%, hence some work is needed to increase the number of clients attending at the 4 week quit point and blowing into a CO monitor.

Patient and Public Engagement

Stop Smoking Services, unlike all other NHS services are constantly under pressure to recruit clients in order to meet very challenging quitter targets. RSSS developed a comprehensive marketing plan which included a combination of stakeholder activation and various forms of direct marketing, including internet, face to face and the Quit-stop window campaigns. RSSS also contributed significantly to the

development of the NHSR website and since the reorganisation of service structures in 2011 RSSS has developed content within the TRFT internet and intranet sites.

Levels of client satisfaction with RSSS are consistently very high with 100% of clients within a survey reporting they are very satisfied or satisfied with the service they received.



Staff Training and Development

RSSS strongly believes in staff development. In addition to the corporate Personal Development Review process RSSS has adopted the regional Tobacco Control Office continuing professional development pack for all specialist and advisor staff. In the last year all RSSS advisor and specialist staff also completed Stage 1 training with the NHS Centre for Smoking Cessation Training and RSSS was compliant with local mandatory training standards.

Challenges and Aspirations

2010-11 was a very challenging year for RSSS. During the year the service lost nearly a third of its advisor and half of its administration establishment due to temporary contracts coming to an end and staff not being replaced. At the same time the 4 week quitter target was increased from 1550 to 1850. These changes led to a review of the service structure with consequent changes to roles and responsibilities and a review of service provision.

Looking ahead 2011-12 will be another very challenging year for RSSS, the main challenge again for the service will be to meet the performance and quality targets

set out in the service specification but with a reduced establishment. This will mean the service will need to find ways of significantly increasing productivity.

Aspirations

1. Meet all performance and quality targets.
2. Maximise the functionality of the 'quitmanager' database and mobile technology.
3. Improve referral management and follow-up systems.
4. Continue to review options for service delivery linked to target achievement (this will include increasing the ratio of group sessions to one to one and drop-in).
5. Maintain the improvement in the co-ordination and performance management of the LES.
6. Continue to support staff learning and development.
7. Work with the GP pathway lead to include referral to stop smoking services in all chronic disease pathways.