

Quality Improvement in Tobacco Treatment (QuITT) Collaborative

Workshop 6
25th November 2024

Thank you for joining today's QuITT workshop
The event will start at 15:00



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CENTRE FOR
MENTAL HEALTH

Welcome and introduction

Ros Warby

Senior Quality Improvement Advisor
National Collaborating Centre for Mental Health



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Housekeeping

- We will be recording this session for the purposes of note taking only.
- Please mute your microphone/audio unless you are speaking.
- We encourage lots of questions! Please use the hand up function or the chat function during the meeting.
- If you can, and feel comfortable to, please feel free to put your camera on.
- If you experience any technical difficulties, please email quitt@rcpsych.ac.uk

NCCMH shared principles



Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.



Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.



Collaborate

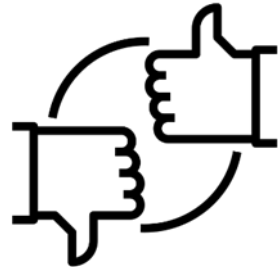
We seek to make decisions by consensus. Everyone's input is **equally** valued.

NCCMH shared principles



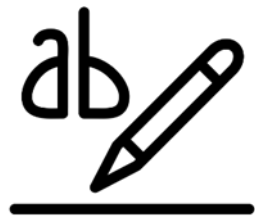
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

Today's workshop

1. The next steps from NHSE and what to expect past January 2025, once the QuITT QI Programme has ended
2. The importance of capturing your QI Stories

Professor Sanjay Agrawal

National Specialty Adviser for Tobacco
Dependency at NHS England



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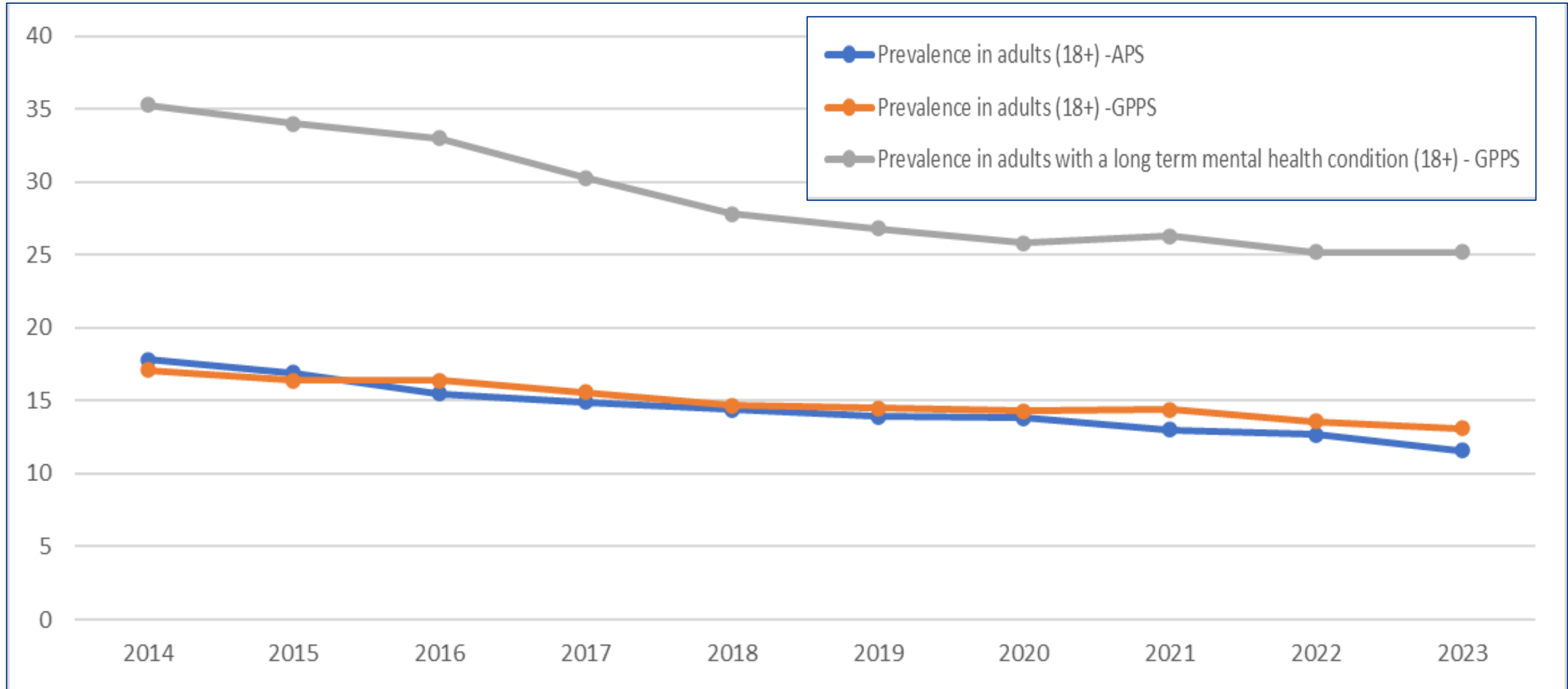
What next - Treating tobacco dependence in MH

QUITT webinar Nov 24

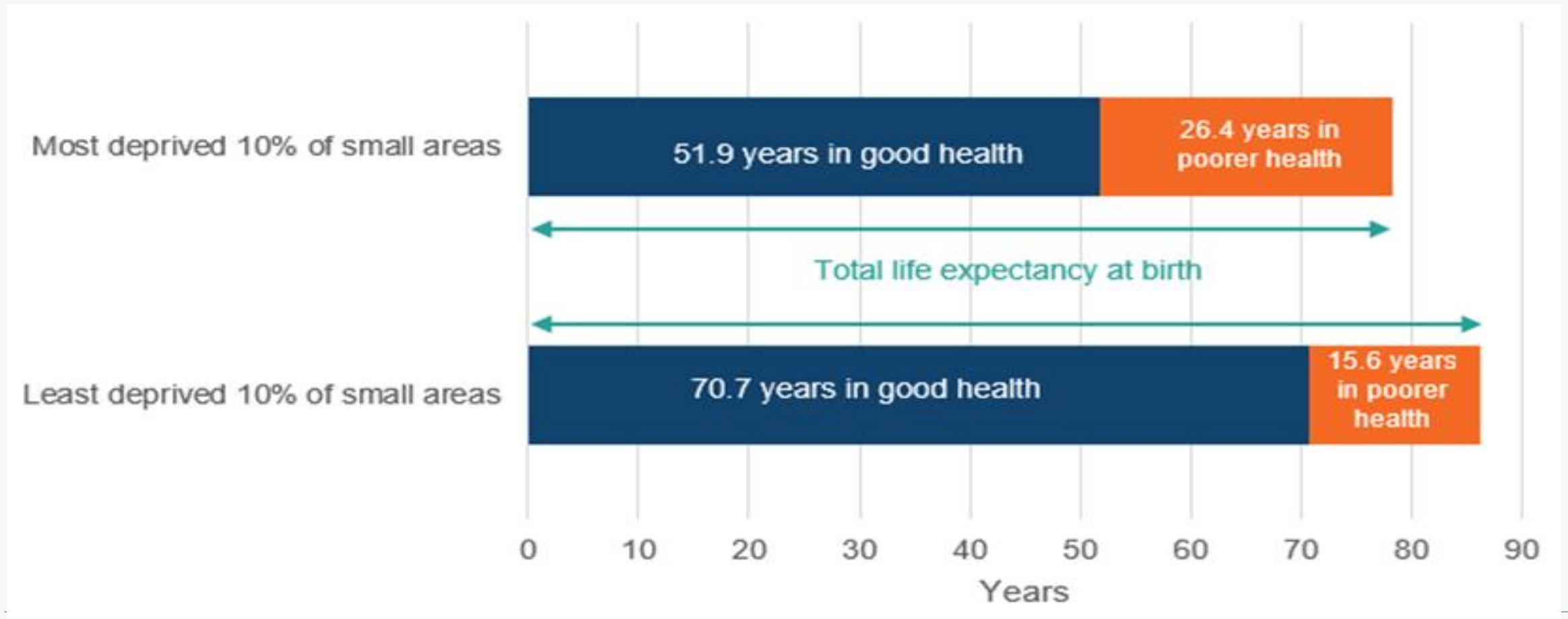
Presented by:
Prof Sanjay Agrawal – National Specialty Adviser



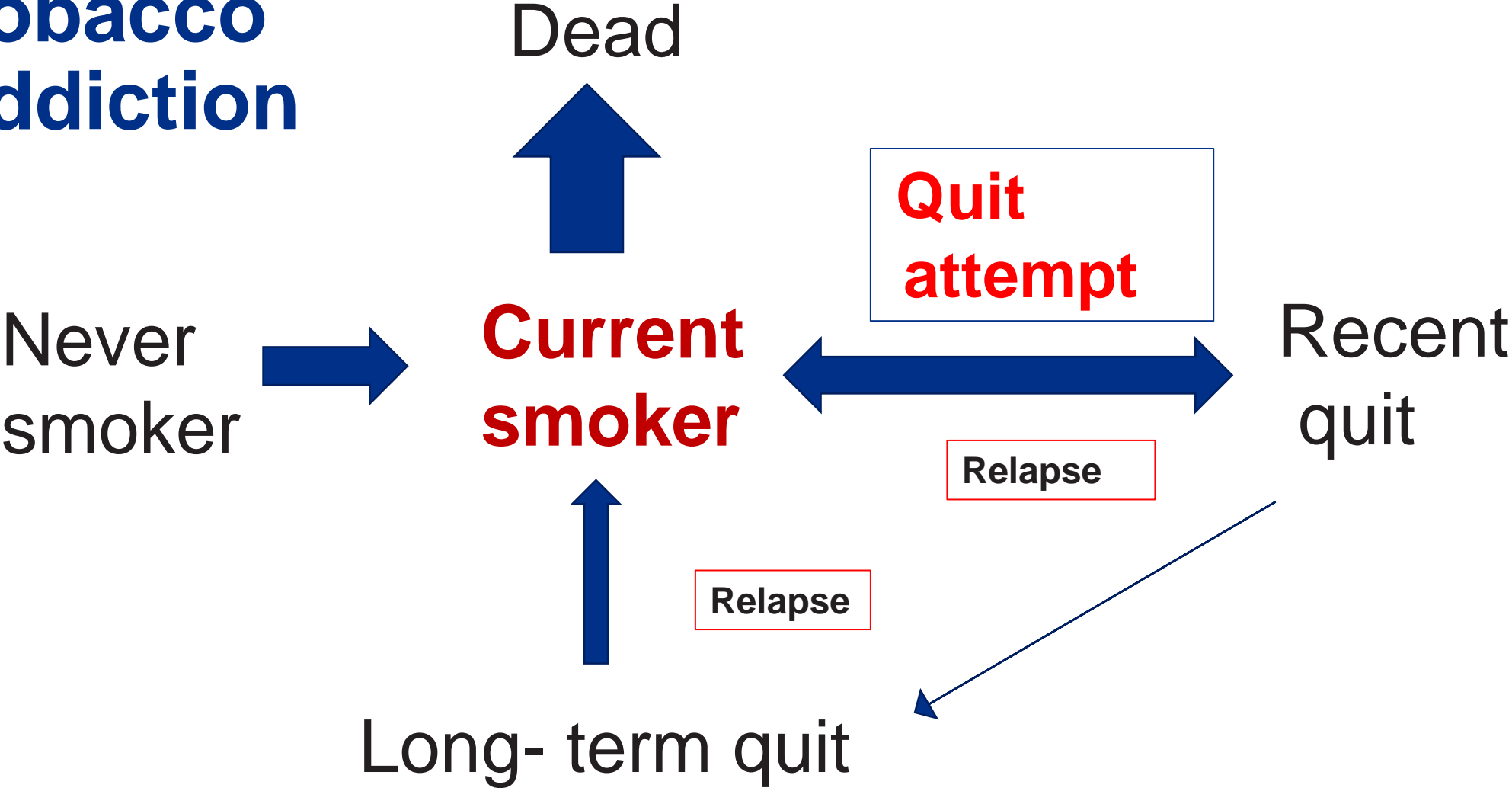
Smoking prevalence



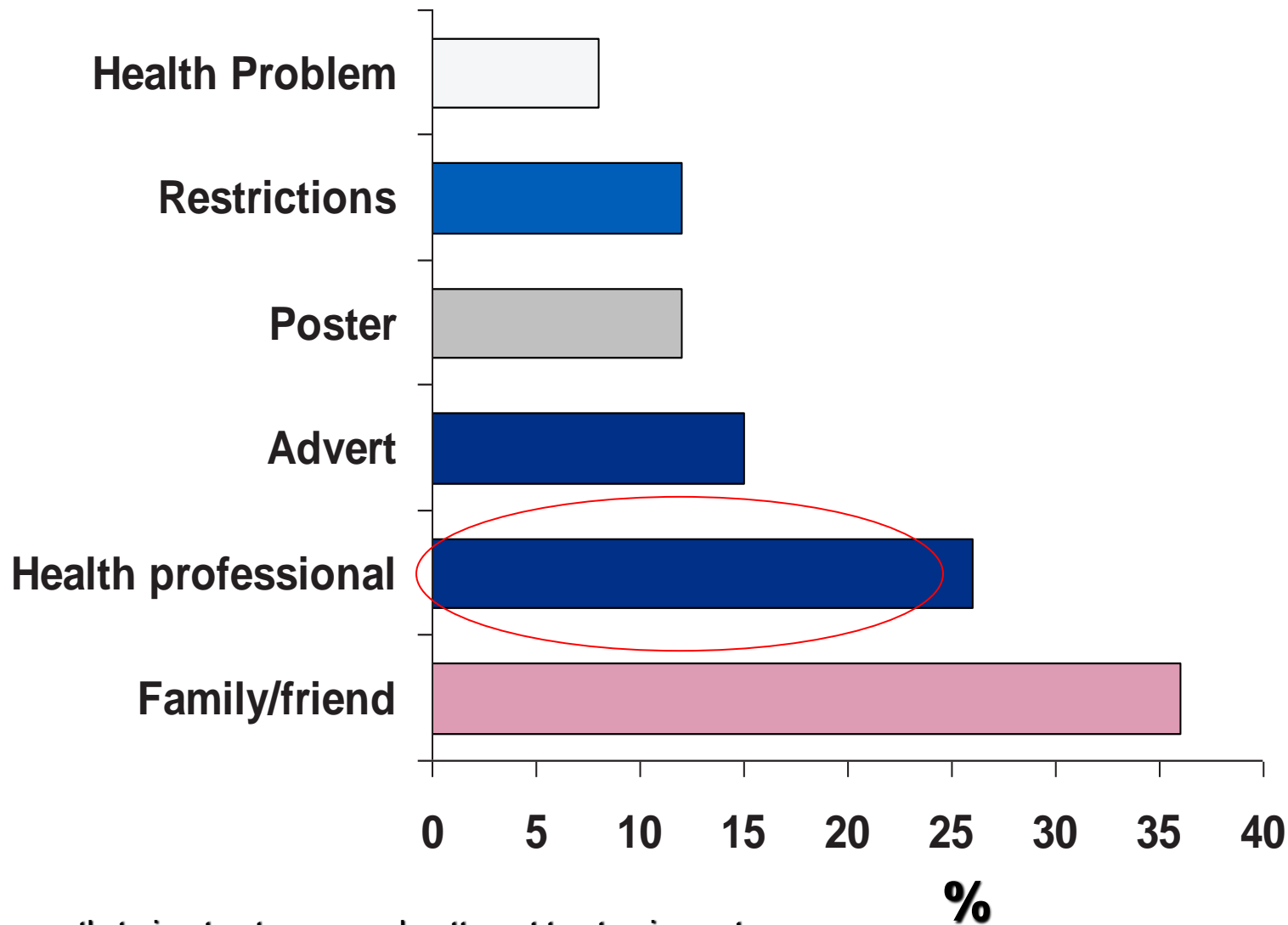
Our patients



Tobacco addiction



The Role of the Health Care Professional - What prompted an attempt to stop smoking?



Base: 672 smokers currently trying to stop or made attempt to stop in past year.
West R. Getting Serious About Stopping Smoking. A Report for No Smoking Day 1997

Ask Yourself



If you change
nothing,
nothing will
change.



Treatment of tobacco dependency

6

Discuss. Offer and prescribe nicotine analogue medications



4

Complete a referral to an on-site tobacco dependency advisor (TDA)



2

Advise on the role of nicotine



5

Provide accurate and consistent information about vaping



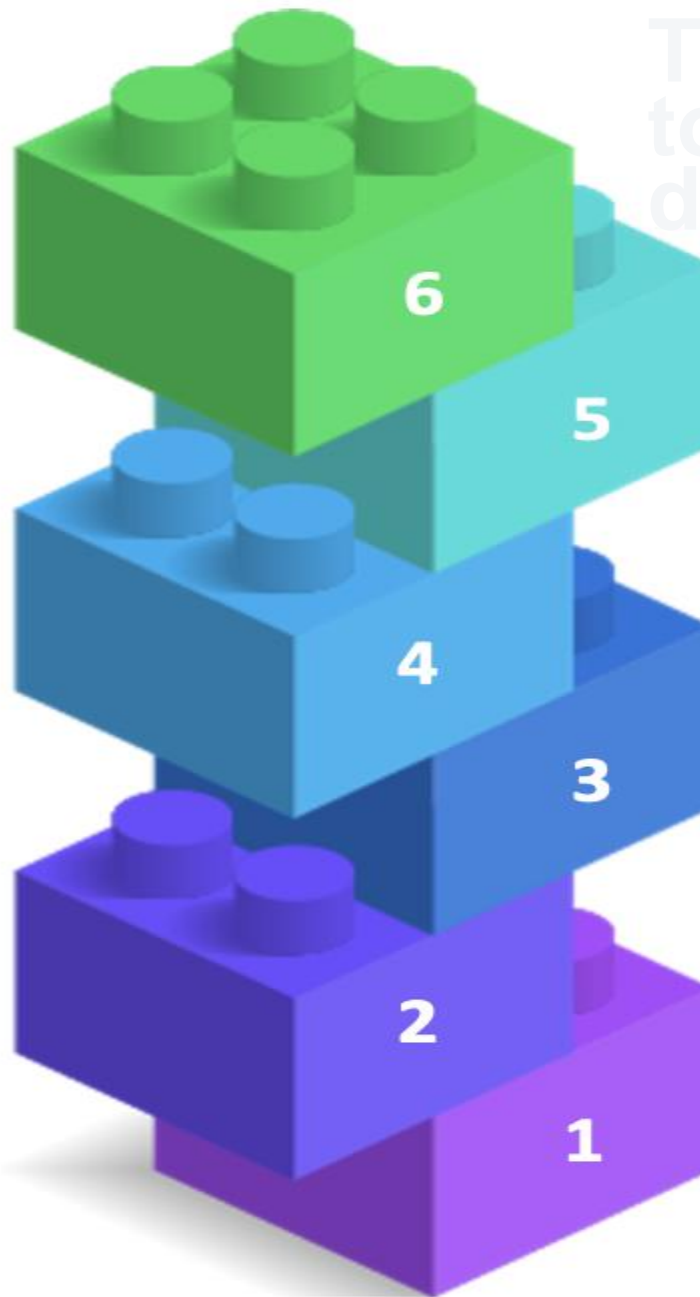
3

Initiate combination NRT as soon as possible



1

Screen for tobacco dependence



Pharmacological and electronic cigarette interventions for smoking cessation in adults: component network meta-analyses

✉ Nicola Lindson, Annika Theodoulou, José M Ordóñez-Mena, Thomas R Fanshawe, Alex J Sutton, Jonathan Livingstone-Banks, Anisa Hajizadeh, Sufen Zhu, Paul Aveyard, Suzanne C Freeman, Sanjay Agrawal, Jamie Hartmann-Boyce Authors' declarations of interest

Version published: 12 September 2023 Version history

High-certainty evidence that.....

✓ **Nicotine vapes** (OR 2.37, 95% CI 1.73 to 3.24; 16 RCTs, 3828 participants)



✓ **Varenicline** (OR 2.33, 95% CrI 2.02 to 2.68; 67 RCTs, 16,430 participants)



✓ **Cytisine** (OR 2.21, 95% CrI 1.66 to 2.97; 7 RCTs, 3848 participants)



.....were associated with higher quit rates than control.

Cochrane Evidence Synthesis and Methods ►

E-cigarettes, varenicline and cytisine are the most effective stop-smoking aids, analysis of over 150,000 smokers reveals

♦ On average, for every 100 people trying to quit, around 14 are likely to succeed using an e-cigarette, varenicline or cytisine in any given quit attempt. This is compared to 6 in 100 who are likely to quit without using any aids.

Varenicline



Takes away the pleasure of smoking and the positive reinforcement of the addiction

Contra-indications: VERY FEW
Pregnancy
Breastfeeding
End-stage CKD (eGFR < 10 mL/min/1.73m²)

Escalating dosing schedule
0.5 mg once daily Day 1-3
0.5 mg twice daily Day 4-7

1 mg twice daily Day 8 -

12 week course (NB can extend to **24 weeks**)

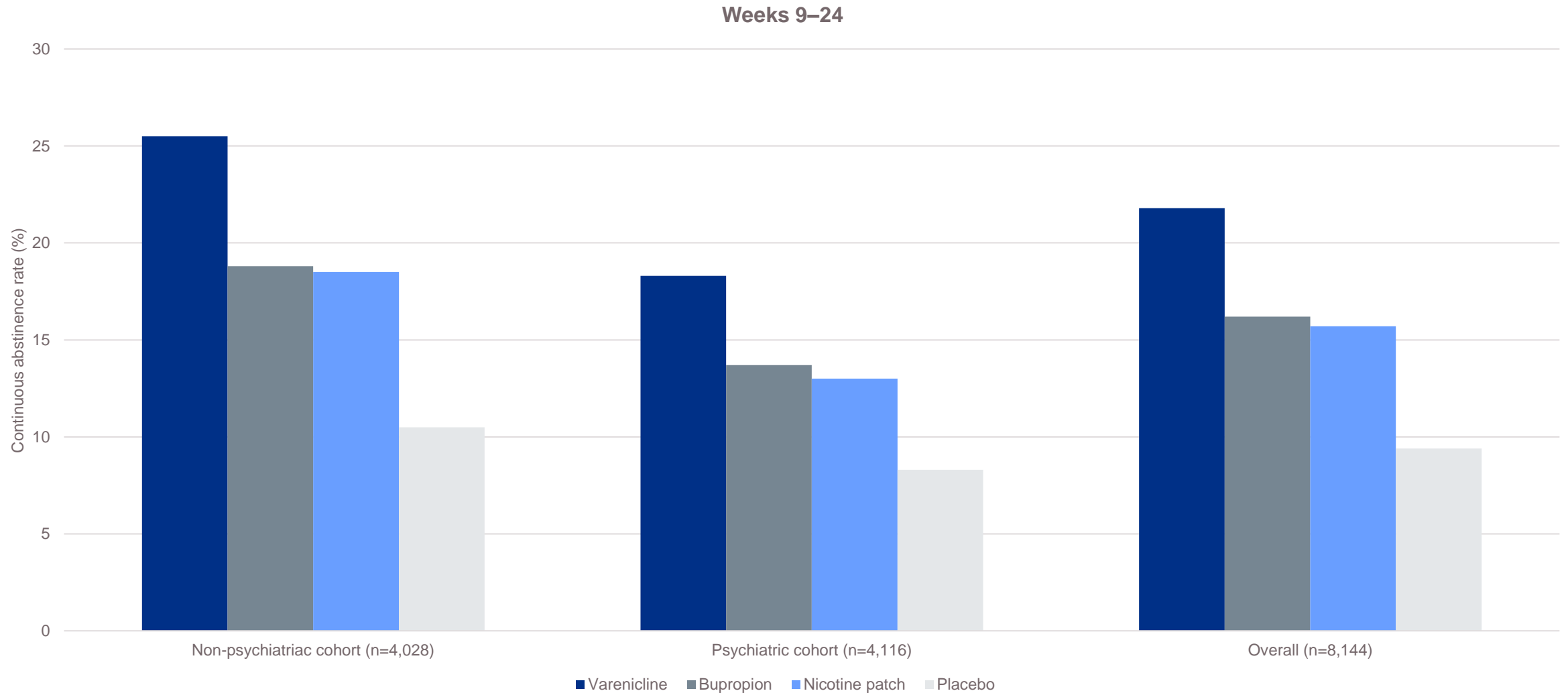


Side Effects	Guidance
Nausea	Take tablets with food and glass of water Anti-emetics
Vivid/colourful dreams Sleep disturbance	Take evening dose earlier
Reduce maintenance dose to 0.5 mg bd	

Varenicline is a safe and important treatment of tobacco dependence in people with serious mental illness

Anthenelli RM, Benowitz NL, West R, et al. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (**EAGLES**): a double-blind, randomised, placebo-controlled clinical trial. **Lancet** 2016;387:2507–20.

Which medication worked best?





Cytisine

- Cytisine is a **plant-based, naturally occurring** chemical found in plants like Laburnum
- Cytisine is a **nicotine analogue**: it is a partial agonist at the nicotine receptor in the brain and can therefore alleviate withdrawal and cravings to smoke (like varenicline)
- Strong evidence base across multiple RCTs, meta-analyses and Cochrane database review
- Established in routine clinical care in mainland Europe for many decades

Key Advantages of Cytisine:

- ✓ Plant based, naturally occurring chemical
- ✓ Robust evidence of effectiveness
- ✓ 25-day course can be provided in a single prescription / supply
- ✓ Cost saving versus other treatment courses
- ✓ Less side effects compared to other nicotine analogues

Treating tobacco dependency - sustaining progress

Impact = Reach x Effectiveness

The importance of capturing your QI Story

Clementine Fitch-Bunce

Quality Improvement Coach | National Collaborating Centre for Mental Health

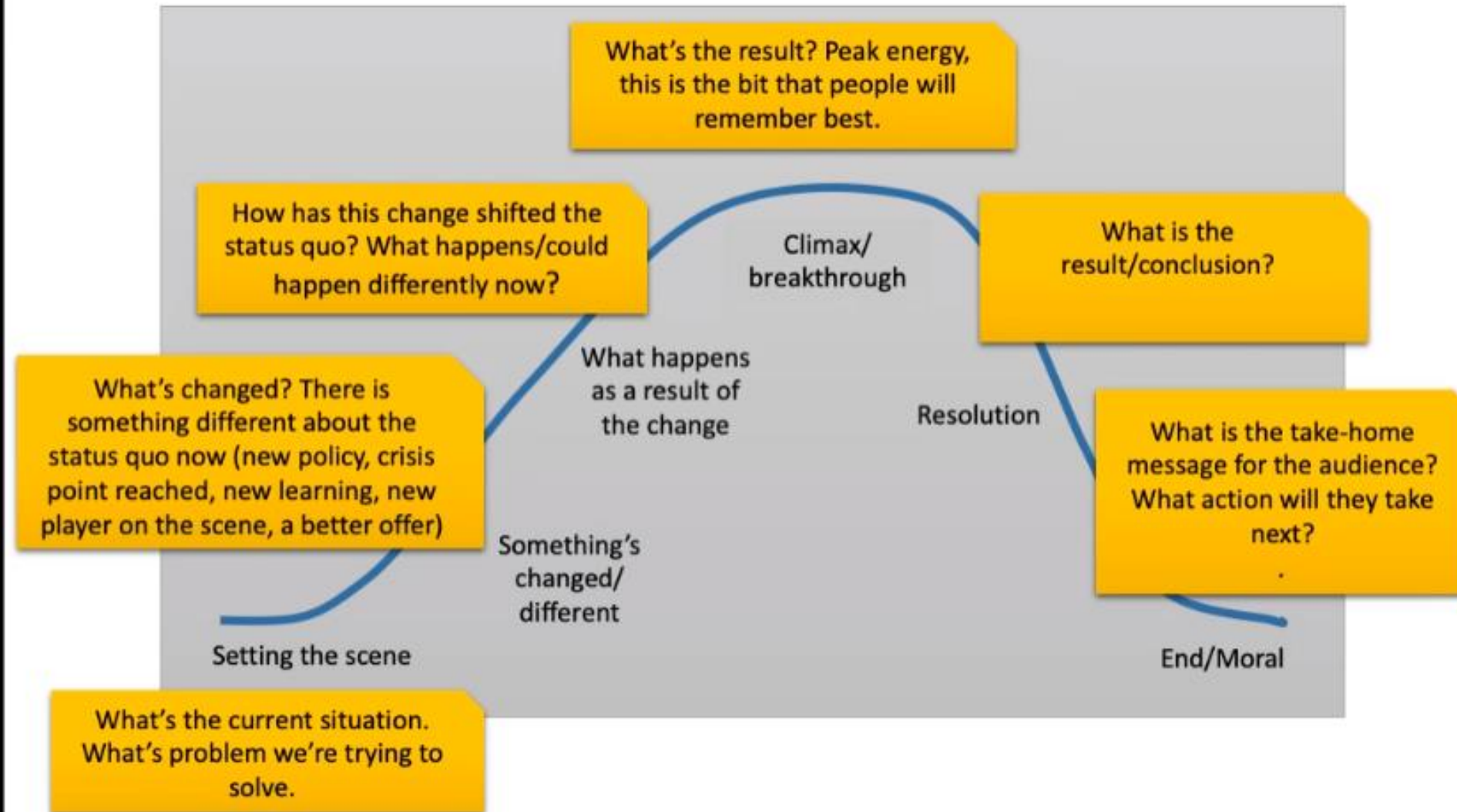


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Why?

- Sharing the story of your QI project is a crucial part of the process
- They showcase all the work you've done, and give you an opportunity to share successes, challenges and next steps
- Your story can be captured in different ways (eg a poster, a video, a written document)

Story Arc



Change idea

Brief description of the change idea

Learning so far

- Key learning, data, reflections etc

Predictions

- What do/did you think will/would happen? What are you trying to achieve?

What we are doing

- Information about your 'Plan' and how you are carrying it out

How we are measuring change

- What will you measure (based on your predictions); how often

Next steps

- Next steps for the idea

Organisation Logo

Team Name

Project team members

QuITT Collaborative

Reflecting on our project storyboard

1

2

3

4

5

6

Organisation Logo

Service Name
Project team members



Qu!TT Collaborative

Reflecting on our project

A space for you to add your data/chart or team photo (or both!)

Change ideas we have tested

- 1.
- 2.
- 3.
- 4.
- 5.
-

Learning from these ideas:

Changes we have seen in the team

- Do you feel that you have improved the number of patients, that smoke, that undertake meaningful tobacco treatment?
- Has there been a change in team culture, relationships, ways of working etc?
- Do you have any examples of how members of your team have engaged in the work?
- Do you feel that taking part in the project has helped to improve your tobacco dependency service?

Our reflections on taking part in the project

- Have people external to your team noticed any changes, such as patients and carers, other teams that work alongside your team, external stakeholders, or other end-users of your team or service?

Some of our challenges

- What challenges have you faced in this work?
- Have you been able to overcome your challenges?
- What advice would you give to anyone about to start their own QI project?

Looking to the future

Have you embedded any change ideas into everyday practice? How do you plan to continue the positive work of the project?

QuITT Events

- **Development Network (virtual)**

Monday 2nd December, 13.00-14.00

- **End of QuITT QI Collaborative Programme**

Tuesday 21st January 2025, 10.00-15.00 at
RCPsych

Closing thoughts and reflections