RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

ash action on smoking and health

Tobacco dependency community-based services for people with severe mental illness:

An evaluation of NHS early implementer sites

Summary of the report

Background to the evaluation

People with severe mental illness (SMI) are more likely to smoke tobacco than people who do not have a mental health problem, which contributes to a shorter lifespan compared with people who did not smoke and health inequalities.

To address this, the NHS Long Term Plan specified tobacco dependency services for people with mental health problems, including both inpatient and community services for each integrated care system (ICS). Inpatient services are being rolled out nationwide, while as a first step towards availability of community services across England, seven early implementer sites have been set up in each region.

The National Collaborating Centre for Mental Health (NCCMH) was commissioned by NHS England to evaluate the early implementer sites in: North East and North Cumbria, Greater Manchester, Nottingham and Nottinghamshire, Norfolk and Waveney, East London, Sussex, and Cornwall and Isles of Scilly.

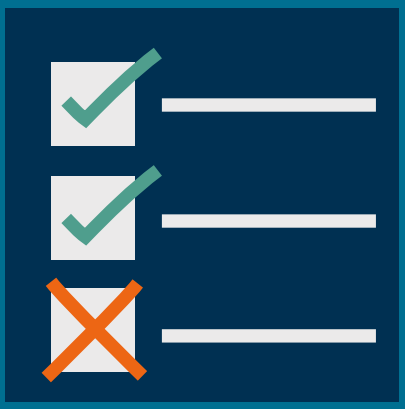
The overall aim of the evaluation, which took place in 2023, was to capture learning and good practice from the early implementer sites and make recommendations to support other sites to mobilise tobacco dependency community-based community services in the future.

This is a summary of the evaluation report. The full report can be found here.

Evaluation method

The evaluation was based on:

1. A survey conducted during the initial mobilisation of services with staff designated as leads for the early implementer site to gain an understanding of:
    - the context in which the tobacco dependency services were introduced
    - the main elements of the implementation of the services (configuration, staffing, working arrangements) and what affected their ability to complete this process
    - barriers and facilitators to implementation.
2. Interviews with staff providing treatment and referring into the service to gain an understanding of what staff delivering and referring into the services found helped or hindered the mobilisation of services and their implementation
3. Surveys completed by patients using the service to gain an understanding of how patients found the process of accessing and using the tobacco dependency services.
4. Case studies from quality improvement (QI) coaches who were working with some of the sites involved in the Quality Improvement in Tobacco Treatment (QuITT) collaborative.



Key findings

Site lead surveys indicated that funding uncertainties had a significant impact on the success of services, hindering the establishment of long-term protocols, staff recruitment and subsequent retention. Collaboration through pre-existing partnerships and experienced stakeholders emerged as a key factor in facilitating successful mobilisation through use of pre-existing protocols and sharing of workload.

Staff interviews underscored the importance of flexibility in treatment, considering individual circumstances, and highlighted collaboration as a significant facilitator, both within the services providing treatment and referrals, and with other health services. The need for time to fully consider protocols, staffing, relevant training and logistics was an important lesson from the early implementation of the services. Some staff mentioned that other staff members were ambivalent about supporting patients with SMI to quit smoking. This often resulted in staff not participating in training, which meant that knowledge of the tobacco dependency services was lacking.

Patient survey responses revealed that choice in treatment format, smoking cessation methods and prescriptions played a significant role in positive experiences. Regular engagement with empathetic staff, offering support irrespective of setbacks, and displaying patience in accommodating extended timelines were identified as crucial elements of staff interactions with patients that had a positive impact on experiences of quitting smoking.

QI case studies echoed challenges related to time-limited funding, prescription protocols, and engagement of referral staff, emphasising the importance of collaboration, particularly with external services like pharmacies, in successfully implementing these services.

Recommendations

Overall, the results of the evaluation suggest that the following recommendations at different levels of the system may be beneficial considerations for future roll-out of nationwide tobacco dependency community-based services for people with SMI.

Importantly, before the implementation of new services, it is recommended that there is transparency about funding availability to ensure effective planning and staff recruitment. Longevity of this funding is also important to ensure sustainability of services, and support recruitment through the ability to offer longer term contracts.

Nationwide:

- Provide a recruitment strategy for tobacco dependency community-based services and training programme for staff at the national level. This would ensure that services can expand to meet referral demand over time and that all staff can consistently access the required knowledge in mental health and related support, the importance of smoking cessation in people with SMI, and how to develop rapport with patients with SMI.

Regional/Integrated Care Board (ICB):

- Develop and support wider smoking reduction strategies to facilitate increased engagement and knowledge in tobacco dependency treatment (for example, the Fresh programme in the North East and the framework for local action in the Public Mental Health and Smoking report). This engagement between NHS and local authority services will create the right enabling framework for stepping up action to support disadvantaged populations of smokers with additional needs.

National recruitment strategy and training

Smoking reduction strategies

Local:

- Establish a robust network of key stakeholders and experts who can support service set-up and delivery through their experience in the area.
- Implement an extended lead-in phase before receiving referrals to ensure all protocols are in place, including ensuring adequate capacity of staff to fulfil required roles and engage in required training, and the ability to directly supply nicotine replacement therapy (NRT)/vapes.
- Ensure that there is continuous communication and knowledge exchange between referral and treatment staff, regardless of the referral model, so that all staff are aware of the service and equipped with the motivation and knowledge to support their patients to access tobacco dependency treatment, for example through sharing prescription protocols. Aligning referral and treatment clinic locations in some instances may also support successful referral.
- Consider multiple referral sources for each service, for example from primary care, community mental health services, or inpatient care.