

Help Me Quit in Hospital Smoking Cessation Services and Reducing Smoking During Pregnancy

Organisation	Hywel Dda University Health Board	Date of Report	April 2024	Report Prepared By	Cath Einon, Service Development – Smoking & Wellbeing Team – Public Health
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Health Boards are expected to be working to develop/have in place plans to:

1. Implement Help Me Quit in Hospital smoking cessation services
2. Reduce smoking during pregnancy

The Tobacco Control Strategy, 'A Smoke-free Wales' and 'Towards a Smoke-free Wales Delivery Plan 2022 to 2024' set out the Welsh Government's commitment and actions to achieve a Smoke-free Wales by 2030.

Implement Help Me Quit in Hospital smoking cessation services

The provision of effective smoking cessation services is essential in supporting our smoke-free ambitions for Wales and hospital smoking cessation services have been shown to increase long term quit rates. The delivery plan has an action to:

- *Implement a systematic Help Me Quit in Hospital smoking cessation service in Wales utilising learning from Canada's Ottawa Model for Smoking Cessation and adapting this for Wales with the additional inclusion of a prehospital stage in the programme.*

The details of the Help Me Quit in Hospital service are being developed and co-ordinated by Public Health Wales and supported by money from the Prevention and Early Years Fund.

Reduce smoking during pregnancy

In 2021, 15% of women were recorded as smokers at their initial assessment, increasing the risk of complications with pregnancy and birth (such as low birth weight, premature birth and stillbirth). National guidance is in place to support pregnant smokers by recommending that all pregnant people are asked about their smoking status at antenatal appointments and referred to appropriate smoking cessation services for ongoing support. The delivery plan has an action to:

- *Increase the percentage of smoke-free pregnancies by looking at initiatives to reduce smoking in pregnancy and optimise smoking cessation provision for all pregnant people across Wales. Work with maternity services to ensure that all pregnant women have their smoking status recorded and appropriate referrals made to smoking cessation services. Promote a smoke-free preconception period.*

The action is supported by money from the Prevention and Early Years Fund.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

Completed form to be returned to: hss.performance@gov.wales. Please provide a copy of necessary plans & documents with the report.



Help Me Quit in Hospital Smoking Cessation Services

An update on the actions planned and implemented during the current operational year to advance the development of Help Me Quit in Hospital smoking cessation services

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
Leadership and Co-ordination The health board has established mechanisms for the overall project management of Help Me Quit in Hospital and leadership to support implementation in all relevant service areas and sites.	<p>The Head of Population Health Improvement & Wellbeing within the Public Health Directorate at Hywel Dda has responsibility for strategic planning for the tobacco control agenda and the Health Improvement - Smoking & Wellbeing service delivery team. This includes a Band 7 Public Health Manager's leading on service development and operational delivery working alongside a Senior practitioner in each of the 3 counties and Band 5 Smoking Cessation and Wellbeing Practitioners. HDUHB has been delivering hospital based smoking cessation services since 2016 and an integrated community and hospital smoking and wellbeing provision since 2019.</p> <p>HDUHB has a draft HDUHB Population Health Improvement & Wellbeing Strategic Plan, with a discrete Tobacco Control section. This local plan outlines five key priorities for the local tobacco control agenda:</p>		

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	<ul style="list-style-type: none"> • Prevention • Smoke free Environments • Health Inequalities, • Smoking Cessation and Wellbeing service • Partnership and Outcomes. <p>Each priority area is supported by a detailed implementation plan.</p> <p>A local Tobacco Control Board structure (copy attached) has been developed for implementation of the HDUHB Tobacco Control Strategic plan. To be Chaired by Professor Keir Lewis, as Clinical champion for smoking within HDUHB. Professor Lewis is also Co-Chair of the National HMQ Board. Our Band 7 Public Health Service development manager will oversee the Board structure.</p> <p>The local Tobacco Board has oversight of three main work programme areas – Prevention & Early Intervention, Smoke free Implementation and clinical oversight of the smoking & wellbeing service provision. The Board will also consider performance reports, partnership development and ensure health equality is a key consideration.</p> <p>At a corporate level, the HDUHB Tobacco Control Strategic plan feeds into the Board, with updates to our SDOD Board sub-committee (copy of March 24 committee update attached) and progress against delivery is also monitored quarterly at our Public Health Executive Team Delivering Together sessions. & HMQ in Hospital programme board.</p>		
Service Development & Planning The health board has an agreed delivery infrastructure and plan to implement the Help Me Quit in Hospital pathway	HDUHB has had an established hospital based smoking cessation service since 2016. In 2019 the local HMQ community staff were transferred to the Health Boards and integrated. Following further investment we are able to increase and enhance this offering both in hospital and community provision in smoking cessation, vape use, and wider wellbeing. Staff have enhanced skills in health coaching, mental health first aid, drug & alcohol awareness, foodwise and safeguarding to better support the increasingly complex needs of those with a nicotine addiction in our community. Staff provide behavioural support, harm reduction, relapse prevention and training to colleagues across the health board and tertiary sectors. Bespoke training is provided to each	The ability to record smoking status on all clinical systems is varied. Local efforts are being made to address this and it is hoped it will be picked up nationally. It will be crucial for clinical audit of smoking cessation engagement	

Objective	Key Actions Planned/Achieved		Risks to Delivery	Corrective Actions
and model locally, with necessary staff and resources in place for its effective delivery.	speciality to encourage referral e.g. diabetes, cardiology, frailty, respiratory, Cancer, pre-op, waiting list support, rheumatology, pharmacy etc.		and measurement of outcomes of patients, particularly in relation to clinical benefits e.g. quit attempt resulting in improved pre and post –operative outcomes Work is ongoing to ensure consistent access to dedicated clinical space across all hospital sites. hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies-appendices1/nicotine-replacement-therapy-supply-procedure-pdf-385kb/	
	Our intentions are clearly articulated in the significantly revised Smoke free policy (copy attached) which highlights the key areas of focus informing the action plan.			
	Our current hospital implementation plan position against the model is as follows:			
	Development of a HMQ in Hospital Model	Support is offered to inpatients, staff, outpatients and visitors in our current model for delivery. There is seamless support pre-admission, during admission and post discharge due to our integrated team. Establishment of board and national input will assist with stability of the model.		
Workforce Development/Staff Training	Existing hospital workforce is operational. Wider Smoking & Wellbeing team are all trained to secondary care standard. Practitioners deliver training and engagement across 3 counties to individual specialities but senior leadership involvement will improve the opportunities to embed this, as will mandatory training via PHW/ ESR. We have assisted with the national PHW HMQ in hospital training group.			
Workforce Model and Resourcing	We have invested significantly within the Smoking Cessation & Wellbeing Team, utilising a variety of funding sources including the Early Intervention & Prevention funding. A copy of the team structure is attached. Our revised Smoke free policy, which incorporates the All Wales prescribing guidance, encourages other hospital teams to assess smoking status routinely and initiate and commence NRT rapidly. The national drive to better identify smokers via IT will free up the ward rounds currently necessary to identify smokers.			

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	<div><div>Data, Informatics & IT</div><div>Recording of smoking status is predominantly by paper record, WNCR has opportunity but is currently being audited for reliability. We are working with PHW to support IT and data system improvements nationally.</div></div> <div><div>Enabling Access to Pharmacological Support</div><div>HDUHB uses a local policy to improve access to Nicotine replacement and a revised Smoke free policy. Issues remain with availability and speed of access to NRT within current 4 hour guidelines.</div></div>			
<div><p>The HDUHB Smoking & Wellbeing Service is promoted locally in a variety of different languages. We encourage direct referrals via QR code, a hyper link from the health board intranet, dedicated freephone number as well as via the smokers.clinic@wales.nhs.uk email.</p><div><div></div><div></div></div><p>Screening is initiated in primary care across GP Clusters via the health coach offering this enables the team to provide smoking cessation and wellbeing interventions at an early stage, ideally prior to the development of chronic disease or hospital admission and supports a whole population approach to prevention in order to reduce smoking prevalence and reach the ambition to be Smoke free by 2030.</p><p>Hywel Dda University Health Board is the first and currently the only Health Board in Wales to achieve the Tier 1 target of 5% of smokers making a quit attempt via their smoking cessation service.</p></div>				

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Joint Working The Help Me Quit in Hospital model and service is fully integrated and supported both within the health board and with the national programme and meets agreed minimum service standards.	<p>The Hywel Dda Smoking & Wellbeing service is an integrated community and secondary care service that provides behavioural change support, lifestyle advice and NRT in line with the evidence base. The local programme and compliance with national requirements, is detailed in the section above.</p> <p>In 2022 we were able to recruit four Band 5 Smoking & Wellbeing practitioner posts using P & EY funds this has increased inpatients referrals by 152.27% 22-23. The majority of these are generated by practitioner ward rounds 69.13% (654) an increase of 1,716.6% on the same period the previous year (36). Their commencement has also enabled opportunities to support staff with training, manage temporary withdrawal in inpatients, encourage compliance against new smoke free legislation and HDUHB smoke free policy. Service delivery continues to be informed by NICE NG209, Smoke free legislation, WG HMQ in Hospital board, Tobacco delivery plan for Wales and current evidence base.</p> <p>Smoking status is poorly recorded in most hospitals but in HDUHB the only electronic system recording capable of capturing this is the WNCR. Auditing has shown that this is likely to under report smoking status. We are working with local representatives in information services and national boards to improve the identification of smokers in hospitals settings.</p> <ul style="list-style-type: none"> • Increased identification of smokers on the wards • Increased access to pharmacotherapy • Increased speed of access to pharmacotherapy • Increase in numbers of treated smokers • Decrease in relapse following a smoke free hospital stay • Increased support to staff on site through easier access and more flexible support • Increased training and awareness measured by numbers of staff trained in nicotine addiction <p>The work the team has delivered to support mental health inpatient wards received national recognition in the Mental Health Awards Wales 2023 Best Wellbeing Service</p>		

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	<p>Award. We continue to monitor implementation of the smoke free policy in HDUHB via the Smoke free Steering Group which will feed into the overarching HDUHB Tobacco Control Board.</p> <p>HDUHB are planning to develop a discreet Vape policy in line with evidence base and the IRG findings and Welsh Government stance.</p>		
<p>Monitoring</p> <p>Plans for consistent monitoring and reporting are in place in line with national minimum dataset and used to inform service improvement.</p>	<p>We collect all patient and treatment data on a dedicated client database called QM10, which has enabled us to collect data on novel services such as supporting vape only CYP in school, flexible support, harm reduction in maternity & mental health service provision, temporary abstinence in hospitals, health coaching as well as the minimum data requested by Central PH and WG. QM10 enables patients to be moved between our community and hospital service provision. We are also able to monitor demographic information in line with targeting of priority groups adapting the information collected to make service improvements. e.g. All practitioners are now screening smokers for alcohol use (using the validated AUDIT C tool) and we are able to collect this data as well as referrals made to specialist services.</p> <p>We are also taking additional information on lifestyle factors effecting health and wellbeing and working with the HB Value Based Health team to ensure we better capture and communicate the contribution smoking cessation can make to this agenda, as the leading cause of preventable ill health.</p> <p>We are also engaging with Central Public Health to input into the Health Improvement Patient Administration System Project Board for a national data system</p>		

Evidence Checklist: Help Me Quit in Hospital smoking cessation services

Please provide a copy of the necessary plans and documents.

General: The health board leads the development, implementation and monitoring of the Help Me Quit in Hospital service. The service is integrated with existing smoking cessation services and best meets the needs of the population.	
	Questions to consider when completing the reporting template
Risks to Delivery	<ul style="list-style-type: none">• Does the planned service complement the NHS Wales Planning Framework 2022-2025 and targets?• Have the needs of the population been fully assessed and the service planned accordingly?• Are there processes in place for joint working within the health board and with the national programme?• Are the necessary financial resources in place?• Are there sufficiently skilled staff to plan and deliver the services?• Are the necessary pathway and prescribing processes planned for?
Leadership and Co-ordination	<ul style="list-style-type: none">• Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning?• Are the necessary commitments and agreements in place at executive levels within the health board?
Service Development and Planning	<ul style="list-style-type: none">• Has a needs assessment of the population been undertaken/is planned?• Is there a plan with timeline in place for the establishment of the service, including evidence of the policies and processes which need to be introduced/amended to embed the service in the organisation?• Are there plans in place to ensure that the services and information is accessible, including differing language, culture and communication needs?• Are there plans in place to communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?
Joint Working	<ul style="list-style-type: none">• Is the health board's service linked with and complementary to the development of the national programme?• How will the service be fully integrated with existing services and processes (including prescribing) in the health board?• How will the service development include working with patient groups to understand how best to set up the programme locally?• Are there plans in place within the health board to support patients across the system including processes for sharing and receiving information and best practice?
Monitoring	<ul style="list-style-type: none">• How will the implementation of the service be monitored, including referrals, outcomes and patient satisfaction?

Reducing Smoking During Pregnancy

An update on the actions planned and implemented during the current operational year to support a reduction in the percentage of women smoking during pregnancy is requested.

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
Leadership and Co-ordination The health board leadership and organisational policies are committed to reducing the number of people smoking during pregnancy and to supporting suitable maternal smoking cessation services.	<p>Hywel Dda University Health Board is committed to supporting maternal smoking cessation and wider wellbeing provision. As detailed above, the agenda sits within the Public Health Directorate with Head of Health Improvement responsible for Strategic Planning for tobacco control. Operational management and service development is led by a Service Development Manager, Maternity Smoking & Wellbeing practitioners (MSWP) and support workers along with the Public Health Midwife for HDUHB. This team works collaboratively with fertility services, early pregnancy services, midwives & obstetricians, health visitors and flying start teams in both community and hospital settings.</p>		
Service The health board's maternal smoking service complies with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support and is evaluated to ensure effective delivery.	<p>The Health Improvement & Wellbeing Plan includes a discrete Tobacco Control section and 5 key priority areas including a specific section related to maternity and pre conception actions and is supported by a detailed action plan.</p> <p>The Public Health Midwife, based within Maternity Services works closely with the Service Manager for Smoking and Wellbeing within the Health Improvement Public Health Team, working collaboratively to develop a targeted Maternity and Wellbeing offering across all four of the HDUHB hospital sites.</p> <p>Service provision focuses on delivering a prudent and holistic model. This enhanced offering also includes:</p> <ul style="list-style-type: none"> • Harm reduction support for those unwilling or unable to commit to an abrupt quit • A health coach approach to support behavioural and lifestyle changes 		

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	<ul style="list-style-type: none"> • Pre-pregnancy and post-delivery focused support and intervention • Enhanced signposting including; weight management, specific risky behaviours, mental health support • Collaborative work with other disciplines such as perinatal mental health, drug & alcohol services and fertility clinics. • Support to those who wish to stop vaping in pregnancy <p>Service development is in line with the evidence base, including NICE guidance, but also has innovative elements.</p> <p>The maternity Practitioners are trained in smoking cessation, Health coaching, foodwise, mental health first aid and have received drug/ alcohol training and enhanced safeguarding training. The support is flexible and provided long term to support the pregnant person throughout the pregnancy.</p> <p>A Standard Operating Protocol has been drafted with maternity services, covering operational responsibilities, training, data capture and evidence based rationale for the enhanced service developed in Hywel Dda.</p>		
<p>Staffing and Resources</p> <p>Necessary staff and resources are in place, for example smoking cessation specialists and are embedded within maternity and health visiting services so that all pregnant smokers are supported with cessation services.</p>	<p>The 4WTE Maternity Support and Wellbeing Practitioners are continually developing the service and integrating into midwifery teams both in hospital settings and in the community. Each midwifery team has an assigned Maternity practitioner who is introduced to the patient and contacts them directly should they identify as a smoker or provide a CO reading over 4ppm. (opt out) At the initial contact the emphasis is on building a rapport and to encourage engagement. If the CO is picked up from second hand smoke then the family member is offered support. 46% of pregnant people in HDUHB live with a smoker.</p> <p>2x WTE band 3 Maternity Smoking & Wellbeing Support Workers support the Public health midwife and the maternity practitioners.</p>		

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	<p>The band 5's and 3's in the Smoking & Wellbeing Maternity team deliver training and support to Midwives, Obstetricians, Health visitors, Health care support workers, fertility services and community team such as flying start . Training is on a rolling programme and available through a variety of formats e.g. face to face and remotely. Bespoke training packages have been developed as follows:</p> <p>Three bespoke training packages have been developed;</p> <ul style="list-style-type: none"> • Carbon Monoxide Monitoring • Smoking in pregnancy • Nicotine replacement therapy • Second hand smoke <p>This project is currently being evaluated but early findings include:</p> <ul style="list-style-type: none"> • An increase in Carbon monoxide monitoring by midwives at booking (an increase from 19.5% in 2022 to 74.4% in 2023) • An increase in identification of smokers and referrals to service • An increase in uptake of support from the Wales average of 27% (% of maternity referrals attending an assessment session) to 46% • An increase in quit rates of treated smokers (compared to the Welsh average by 10%) • 42% of those opting for harm reduction support showed a positive outcome • A decrease in the numbers of smokers miscarrying. <p>The work of the band 3's has included:</p> <ul style="list-style-type: none"> • Foodwise sessions being provided face to face in each of the 3 counties (56 Foodwise in Pregnancy programmes have been delivered) 		

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	<ul style="list-style-type: none"> • All pregnant people are now routinely provided with access to the foodwise APP. • 103 guided walks have been arranged and lead across the 3 counties • 188 people have received breast feeding support face to face & 17 online classes were delivered by the Band 3's • 45 tongue tied clinics were supported by the band 3's <p>The following leaflets have been developed:</p> <ul style="list-style-type: none"> • Smoking • Carbon Monoxide • Vaping • Substance misuse • Breast feeding • Health & exercise • Second hand smoke 		
<p>Monitoring</p> <p>Systems for consistent collection, recording and evaluation of data are in place (including the identification of smokers, referrals & take up of cessation, as well as maternal outcomes and service user satisfaction) and service improvements are taken following evaluation.</p>	<p>Referral and treatment information is captured on QM10 Smoking and Wellbeing service database. WPAS provides information on Carbon monoxide readings and smoking status and reports are compiled utilising both systems. A dashboard is currently being developed to blend the data from booking to delivery.</p> <p>The public health midwife and service lead for smoking & wellbeing also attend the Public health 'reducing smoking in pregnancy' groups and forums.</p> <p>The Smoking Cessation and Maternity pathway progress is reported into the local Tobacco Control Board chaired by the Executive Director of Public Health and into our HDUHB Board</p>	<p>Midwifery data on Smoking and Carbon Monoxide was not being saved on Welsh PAS for the period 21/23 as a result of an external issue with the database and resulted in no data being submitted to Welsh Government</p>	

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
	via our SDOD Board sub-committee and via our quarterly Executive Team Delivering Together Public Health sessions.	for the Maternity and Birth statistics 2021. This has now been resolved.	

Evidence Checklist: Reducing smoking during pregnancy

Please provide a copy of the necessary plans and documents.

General: The health board has a comprehensive service in place to identify and support smokers with smoking cessation throughout the preconception, antenatal and postnatal periods. The service is integrated with existing maternity and smoking cessation services and best meets the needs of the population.

Questions to consider when completing the reporting template

Risks to Delivery	<ul style="list-style-type: none"> Does the service complement the NHS Wales Planning Framework 2022-2025 and targets? Have the needs of the population been fully assessed and the service planned accordingly? Are there processes in place for joint working within the health board? Are the necessary financial resources in place? Are there sufficiently skilled staff to deliver the services? Are the necessary pathway (including consistent referral to opt out cessation services) and prescribing processes provided for?
Leadership and Co-ordination	<ul style="list-style-type: none"> Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning? Is the objective of addressing maternal smoking fully integrated within the health board with all elements supporting a reduction of maternal smoking prevalence? Are the necessary commitments and agreements in place at executive levels within the health board?
Service	<ul style="list-style-type: none"> Has a needs assessment of the population been undertaken? Does the service provided conform with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support (including cessation support for other family members)? If not currently, what improvements are needed and how will they be achieved?

	<ul style="list-style-type: none"> • Are all elements of the services (including hospital and community based services) integrated and complementary and do they provide seamless support at transition stages? If not currently, what improvements are needed and how will they be achieved? • Did the service design include working with patient groups to understand how best to set up the programme locally? Are there opportunities for improvement to ensure the service is delivered in a way that best meets the needs of the population? • Is the service fully integrated with other services and processes (including referral and prescribing) in the health board? Are there policies and processes which need to be introduced/amended to improve integration of the service in the organisation including processes for sharing and receiving information and best practice? • How do you evaluate your service based on evidence collected directly from service users and how are you assured the services you provide are effective and focused on reducing maternal smoking rates?
Staffing and Resources	<ul style="list-style-type: none"> • What are the staffing and resourcing levels available (WTE) and how have you assessed if it is appropriate to suitably support the population? • Is the service and information provided accessible, including in terms of differing language, culture and communication needs? • Does the service communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?
Monitoring	<ul style="list-style-type: none"> • How is the implementation of the service monitored, including the identification of smokers, referrals and take up of cessation, as well as outcomes and service user satisfaction? How does the monitoring support service improvements and a reduction in the number of people smoking in pregnancy? • How do you achieve a learning culture which delivers service improvements, for example peer reviews? • How are health board leaders made aware of service outcomes?

Relevant strategies, guidance and data

A smoke-free Wales and Towards a smoke-free Wales Delivery Plan 2022 to 2024: <https://gov.wales/tobacco-control-strategy-wales-and-delivery-plan>

NICE guideline NG209 - Tobacco: preventing uptake, promoting quitting and treating dependence (2021):

<https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence-in-pregnant-women>

Models for Access to Maternal Smoking Cessation Support:

<http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20MAMSS%20Report%20E%2003.17.pdf>

The National Survey for Wales: <https://gov.wales/national-survey-wales>

NHS smoking cessation services: <https://gov.wales/nhs-smoking-cessation-services>

Maternity and birth statistics: <https://gov.wales/maternity-and-birth-statistics>