Smoking cessation in Inner City Gloucester

Using a proactive and population informed improvement approach in a public health intervention.

Background

Gloucester Inner City Primary Care Network (PCN) is made up of 4 GP surgeries covering just over 35,000 patients in some of the most deprived areas of the Southwest of England. We have a diverse population. 40 % of our patients have English as a second language and within our network we have over 81 different languages recorded.

Our wider respiratory quality improvement work led us to the realisation that as a network we had some of the highest smoking prevalence in the UK. 22.9% of our population smoke and this rises to over a third when overlaid with a respiratory condition.

Aim

To improve respiratory outcomes for patients and how data, understanding our population and working with partners led us to develop a tobacco dependency service that is making a real and unique difference.

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The Core 20 part covers the most deprived 20% of the population. 45% of our patient population meets this criteria against an Integrated Care Board average of 8.2%. The Plus covers traveller community, vulnerable migrants and other socially excluded groups. The 5 – is the 5 clinical areas that require accelerated improvement. Maternity, Severe Mental Illness, Chronic Respiratory Disease, Early Cancer Diagnosis and Hypertension. Smoking cessation is proven to positively impacts all 5 clinical areas.

Measurement

- Working through the 784 identified patients systematically based on our CORE20PLUS5 reports:
- Within the PCN we have access to the smoking status and health data of all our patients. This allows us to be very pro-active and very targeted.
- This unique position allows us to reach people who are not regularly presenting at the hospital or GP surgery and may not even be thinking about quitting. Through coaching style conversations and motivational interviewing, a native language speaking smoking advisor can build rapport with patients and help them see that change is possible.
- So far, In 8 months of the service being active – working part time, our smoking advisor has contacted almost 325 patients. We have had 90 patients who have accepted support and are making their way through the quit attempt programme.

Method/Design

We decided to use a CORE20PLUS5 approach to help us prioritise where we could have the most impact. We mapped our whole Primary Care network of smokers against this framework, then by demographic profile and then again by language, of which the largest majority was Polish, Czech, and Slovak.

Through this work and on consulting with wider system partners we realised there was a gap in service in Gloucestershire for people who speak English as a second language and would benefit from tobacco dependency support. This led to a trial of an in-house Polish speaking smoking advisor.

Improvement Informed Intervention

For every single Polish, Czech or Slovak speaking patient in the network that smokes (784 patients in total), we will:

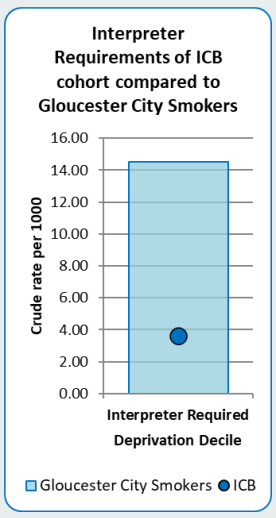
- Make 3 contact attempts with the aim of having a coaching style conversation about tobacco dependency.
- Take referrals from clinicians within the PCN.
- Offer smoking cessation at a time, pace, flexibility, and level of support that suits patient's needs.
- Share all QI learning outcomes and data with wider system partners.

35,024 patients covering areas including Westgate, Matson and Kingsholm

Gloucestershire – 22.9% Smoker + Respiratory condition rises to – 35%

47% of the patient population in deprivation decile 1 -10% most deprived nationally

40% English as a second language - 81 different languages recorded



Czech

Polish

Next Steps

- We are feeding our findings and key learnings into Public Health and other system partners to help inform our Gloucestershire approach to tobacco control plans as part of Smoke free generation.
- We are looking to pilot an additional role through our integrated locality partnership that covers several networks with high prevalence and uses the same targeted approach to contact and offer support to patients under 25 in the 'rising risk' group.
- This a patient group where early intervention could prevent them from developing a smoking related long term condition.
- We're also looking at how we can deliver smoking cessation in partnership with the voluntary sector and offer more flexibility to patient by being based on different community hubs.

Conclusion

Not everyone who need services will **ask** to access them or **present** to the system to be offered support. Proactive work does generate results – 28% of patients contacted who were not looking to stop smoking went on to accept support and make a quit attempt.

We have also found that patients need flexibility and convenience.

Tools and/or Models Applied

- Measurement
- Stratification
- Population Health management
- Health inequalities
- Patient engagement

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