Improving Smoking Cessation Services for “Forgotten Smokers” on Old Age Psychiatry

P. Sim, G. Ansah-Palmer, S. Adelman
Highgate Mental Health Centre, London, N19 5NX

Background

Smoking rates are higher among people with mental health conditions compared to the general population. Smoking reduces physical, mental and financial well-being and interacts with psychotropic drugs.

Current practice: Whilst there was excellent documentation of smoking status, it was noted that there was a clear lack in the offering and provision of smoking cessation services for old age psychiatry inpatients.

Aim: To evaluate how well smoking cessation interventions are provided on the ward for old age psychiatry inpatients.

Methods

Case notes of inpatients over a one-year period on an old age psychiatry ward were retrospectively analysed to assess compliance with the provision of smoking cessation interventions (very brief advice (VBA) and nicotine replacement therapy (NRT)). Comparison was made against NICE guidelines (PH48) and local trust guidelines (CL20) which advocate that:

“All healthcare professionals are responsible to encourage and support smoking cessation for mental health inpatients at every assessment.”

Results

Background & Demographic Details

Summary of Key Findings: Compliance Rate

The initial audit identified a deficiency in the provision of smoking cessation interventions for old age psychiatry inpatients, likely to be associated with the higher rate of neglect and stigmatisation in this group.

Following intervention, the re-audit demonstrated a clear improvement in documentation, offering and referral to smoking cessation services for old age psychiatry inpatients.

Conclusions

The findings of the initial audit were presented at the Trust Clinical Governance Group meeting. This led to a new comprehensive strategy plan which included:

1. New mandatory checklist to ensure smoking cessation services are offered and documented for each patient
2. New proforma to facilitate effective delivery of smoking cessation services by ward staff
3. Incorporation of online training module on smoking cessation into ward staff’s induction programme: http://elearning.ncsct.co.uk/vba-stage_1

Expected quality adjusted life years (QALYs) gained: ~2.25 QALY added to the life of a successful abstainer.

Estimated cost-savings: £4,800 per patient over lifetime.

Future work: A second re-audit in one year’s time has been planned to evaluate the long-term sustainability and cost-effectiveness of the improvements observed.

Agreed Action Plan

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References


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