Appendix 8c

Blackpool Teaching Hospitals
NHS Foundation Trust

Tobacco Dependency Treatment Services: Blackpool Tobacco Addiction Service

Performance Report
1 January 2022 to 31 December 2022

Caring • Safe • Respectful

Contents

1. Executive Summary

1.1 Performance

1.1.1 We achieved 366 quits in 2022, exceeding our yearly target of 325 four week quits and equating to a 12.6% increase above our target.

1.1.2 Carbon Monoxide (CO) -verified quits have increased in 2022 and we achieved an average CO validation rate of 71.2%. The rate achieved was under the 85% set by the commissioners but reflects the inability of some of our clients to attend face-to-face appointments, due to poor health and the provision of some telephone support for clients working away from home.

1.1.3 The service received 1,420 referrals in year, an increase of 60% from 2021 (569 referrals).

1.1.4 The increased number of referrals into service fed through to a rise in the overall number of quit dates set from 389 in 2021 to 656 in 2022. The increase in number of referrals led to a reduction in the conversion of referrals to quit dates set from 69% to 46%. The increase in generic treatment pathway referrals which may sometimes be considered more leads than referrals may account for this change.

1.1.5 In 2022 the Lung Age Programme generated 259 referrals: 103 Quit dates were set and 57 quit (45 CO validated and 12 self-reported). Six were lost to follow up and 40 did not quit. The Quit Rate was 55%. This was a very successful programme as those on recruited were generally well and used it as an opportunity to address lifestyle issues.

1.1.6 In 2022 the new inpatient service commenced as part of the NHS long-term plan. During 2022 there were 225 referrals from the inpatient service. Of these 82 set a quit date resulting in 47 four-week quitters (22 CO validated and 25 self-reported), 9 LTFU and 26 relapsed. For hospital patients this meant a quit rate of 57%.

1.1.7 In 2022 there were 173 outpatient referrals and of these resulted in 45 people setting a quit date 22 quitters (17 were CO validated, 5 self-reported), 8 lost to follow up and 15 relapsed. Although the quit rate was 48% a lot of referrals are required to generate four week quits.

1.1.8 In 2022 our *Lost to Follow Up* rate on four week quit dates set was 10.31 %

1.1.9 Our customer satisfaction survey, *Friends & Family* became automated in September 2022. Whilst the level of satisfaction remained high and the comments very positive, we had small numbers of returns last year.

1.1.10 In 2022 we had 656 Quit Dates set. At 12 weeks post quit date 253 of the 366 successful four week quits were still smoke free. 109 were CO validated and 144

were self-reported. Of the 656 Quit dates set 279 were not quit at 12 weeks and 124 were lost to follow up

1.2 Quality Improvement

1.2.1 In 2022 BVH launched a new In-Patient Smoking Cessation Service as part of the NHS Long Term plan to treat Tobacco Dependency. The Blackpool Tobacco Addiction Service has worked cooperatively with the In-Patient Service to generate pathways and operating procedures to ensure seamless smoking cessation support between the hospital and the community.

1.2.2 In Patients are seen by hospital advisors and offered treatment to help them remain smokefree whilst in hospital. They are offered a transfer to the Blackpool Tobacco Addiction Service or a pharmacy enhanced service if they wish to continue with their quit attempt. Patients seen in initially in the community setting can also receive ongoing support with their quit if they are admitted to hospital.

1.2.3 This integrated approach to the treatment of tobacco dependency has developed systems that capture data for the Department of Health. The cost of Nicotine Replacement Therapy is also captured, and the integrated record system ensures good communication for the clients going in and out of the hospital.

1.2.4 In 2022 the Tobacco addiction service in cooperation with the wider smoking cessation services continued to invest in staff training. Standardization of training for all practitioners was formalized. Bi yearly away days with notable national speakers have occurred. In addition, a series of updates from speakers such as Alan Curley were given to all staff over the year.

1.2.5 In 2022 there was ongoing Communication with the Lancashire wide Tobacco Alliances and work undertaken to support all areas across Lancashire with Training packages. Work was also undertaken towards consensus statements regarding issues such as e cigarette usage.

1.2.6 In 2022 there was a review of the NICE Tool Kit and areas that needed more work were identified.

1.2.7 In 2022 we undertook brief intervention training in the community and have delivered five sessions since September 2022 including sessions to Dentists, Mental health teams, horizon, and connect staff.

1.3 Tackling Health Inequalities

1.3.1 We have continued to work with the pulmonary rehab teams in community settings to make them aware of our service and of the health benefits of quitting for their clients.

1.3.2 We speak to the patients attending with cardiac rehabilitation on each new course every eight weeks.

1.3.3 We have close links with Healthier minds and conduct their brief intervention training at the induction of new staff.

1.3.4 We now have three drop-in clinics at Horizon in Blackpool. These drop-in sessions were initially designed to see saw Horizon staff and this has now been extended to any Horizon clients attending Whinstone House or Dixon Road. The Tobacco Addiction Service now attend the weekly flash meetings at Horizon to remind staff that we are there.

1.3.5 In 2022 we spent time sourcing new venues to extend or reach across Blackpool and make the service accessible who are reliant on public transport. We have increased our clinic time in children's centers and opened a new clinic in central Blackpool and are working with other agencies to develop safe and consistent venues.

2. Service Delivery

2.0.1 This report outlines the work undertaken by the Blackpool NHS Tobacco Addiction Service in 2022

2.0.2 Smoking is still by far the greatest cause of ill-health and premature death in Blackpool. For many people smoking is a chronic and relapsing addiction, which generally begins in childhood, and is not a lifestyle choice. Our principle aim as a service is to contribute to reducing the inter-generational cycle of tobacco harm, especially in our most deprived communities, by offering accessible stop smoking services to those who need them.

2.0.3 The Blackpool Tobacco Addiction Service offers a twelve-week program of support including nicotine replacement therapy to smokers wanting to stop smoking. Advice on Smoke free homes and Smoke free cars is integral to the support given by the stop smoking practitioners. Direct supply nicotine replacement therapy reduces barriers to stopping smoking and ensures where possible that clients attend regularly for appointments and carbon monoxide readings.

2.0.4 In 2022 the Blackpool Tobacco Addiction Service has continued to expand its venues and we now have eight locations for clients to attend across Blackpool. We offer some early and late appointments. Whilst striving to keep our venues consistent, we tried pilot sites such as Tesco to investigate if this increases the foot fall. We have also used sites outside traditional clinic venues, such as Blackpool Football Club, as competition for familiar venues is intense.

2.0.5 Phone support is offered to clients who are too unwell to attend appointments or who are working away. In the later instance efforts are made to encourage clients to attend for a CO reading at first and fourth appointments.

2.0.6 In 2022 the existing service lead left and after a brief period of interim management a new Team leader was appointed in August 2022. The new team leader spent time reviewing the service management and the roles of the staff. The practitioners were assigned areas of special interest in addition to their day-to-day role. Besides the regular catch ups, face to face monthly team with minutes meetings helped the team have a clear understanding of our key performance indicators and the actions required to achieve them.

2.0.7 During 2022 Blackpool Tobacco Addiction Service worked in conjunction with the inpatient service and quit squad to centralize our social media engagement and maximize its benefit. Referrals through the combined website increased towards the end of the year. As a wider team we post about all our external activity and promotions which are undertaken regularly. Between June and December, we undertook 18 promotional events.

2.0.8 In 2022 we explored workplace venues again and spent time working at the Job Centre. Whilst ‘workplaces’ raise the profile of the Blackpool Stop Smoking Service

it generates minimal interest in terms of referrals to the service. This has led us to undertake promotional work in workplaces rather than weekly sessions, although we will continue to be responsive to any workplace where a need for inhouse support is required.

2.0.9 In 2022 we developed more pathways to enable electronic referrals from a range of services. These included hospital referrals but towards the end of 2022 we began some work with Central Primary Care Network. Our most successful referral pathway in 2022 was the lung health checks. Many clients saw this as an opportunity to try smoking cessation at an age when they were most likely to develop health issues if they did not stop smoking. As these clients were motivated enough to go for the lung age check in the first place, they proved to be a more motivated group of clients.

3. Performance

In 2022 Our target number of four week quits was 325. We achieved 366 four week quits and exceeded the target set by 12.6%. The following charts display monthly and quarterly figures showing our performance over 2022. For the purposes of commissioning the Blackpool Tobacco Addiction service runs from January to December. In terms of the Department of Health Returns Q1 is April to June. For the purposes of the annual report Q1 is January to March, Q2 April to June, Q3 July to September, Q4 October to December

3.1 Referrals to the service

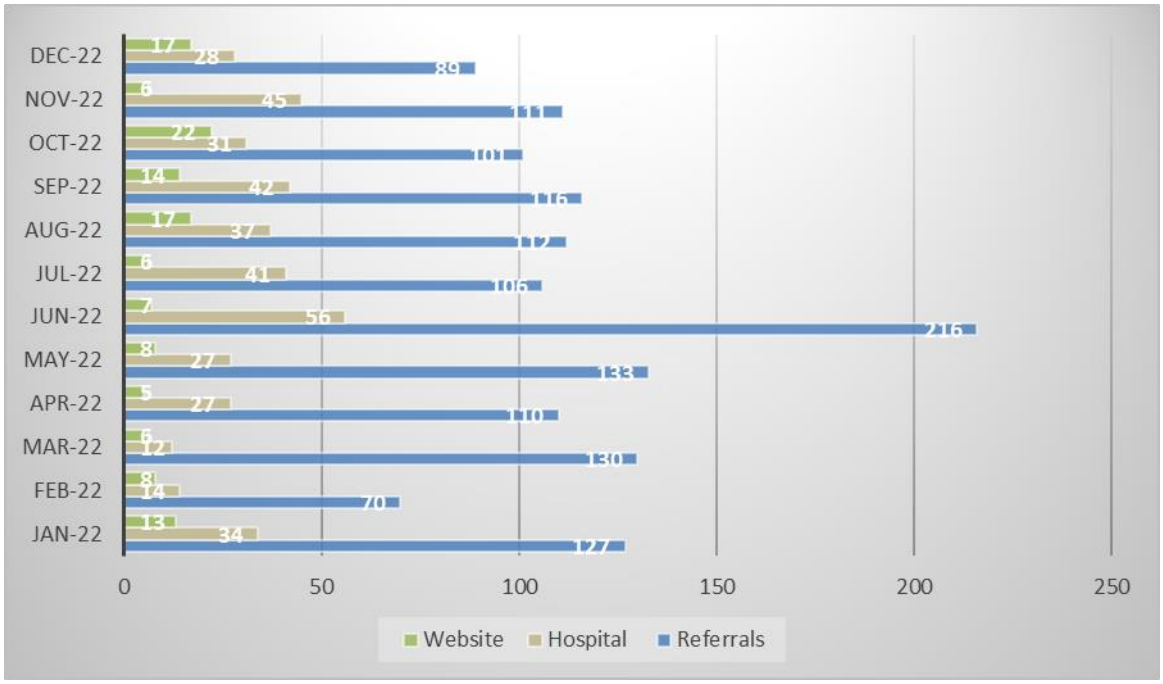

Figure 1 – Referrals to the service

3.1.1 During Q1 Jan – March 2022 there were a higher number of referrals to the service. This period is traditionally the busiest for stop smoking service as new year commitments and no smoking day prompt referrals. In this quarter referrals from the hospital were less as the hospital team had not been launched. Website referrals were also low as this route of referral was just building.

3.1.2 During Q2 April -June 2022 there is a big increase in referrals due to the lung age checks and the beginning of more hospital referrals.

3.1.3 During Q3 July 2022-September 2022 referrals from the hospital increased and the website referrals also increased which may reflect the increased social media work.

3.1.4 During Q4 October -December 2022 there is a decline in referrals. Traditionally referrals reduce in this period particularly in December as some will delay their quit attempt until the new year.

3.2 Quit dates set

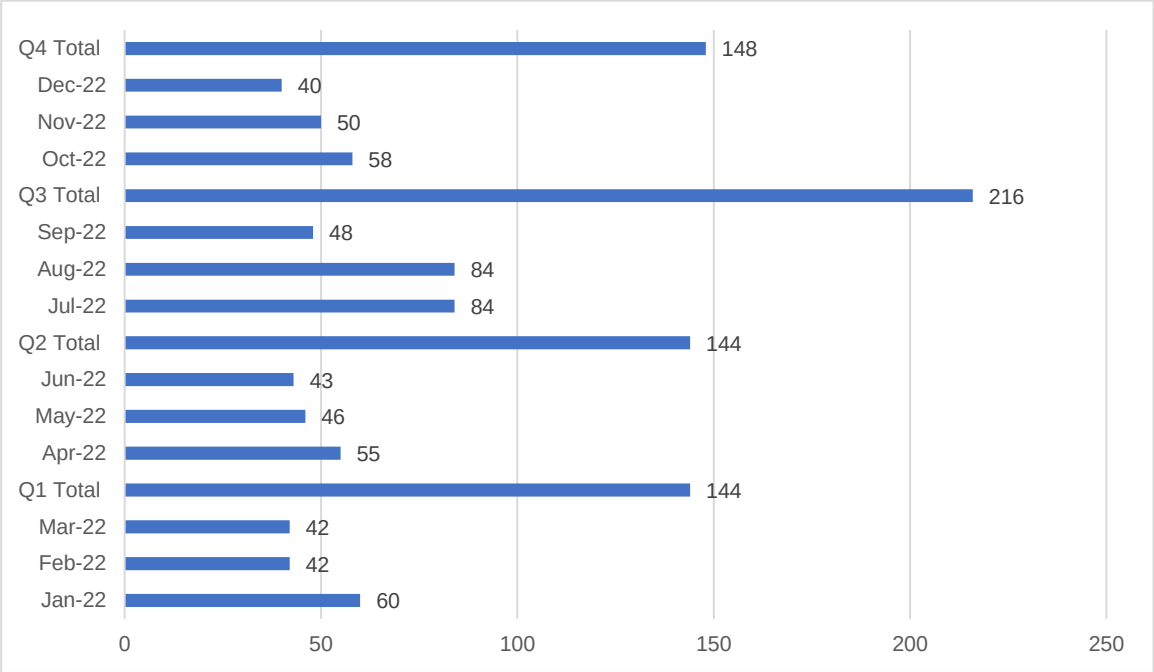

Figure 2 – Quit dates set

3.2.1 The chart above details the number of quit dates set in each month and quarter.

3.2.2 Quarter 1 Jan-March as we would expect with new year resolutions there were more quit dates set. This probably helped in February as the numbers of referrals in February were reduced and in March no smoking day will have helped.

3.2.3 In Q2 April to June 2022 Quit dates set may have been helped in April by increased referrals in March and they will have been helped in May and June by the increase in hospital referrals.

3.2.4 Q3 July- September 2022. The number of quit dates significantly increased in line with the surge in referrals from the lung age checks.

3.2.5 Q4 October -December saw quit dates in line with the rate of referrals from the hospital and website.

3.3 Carbon monoxide verified quits

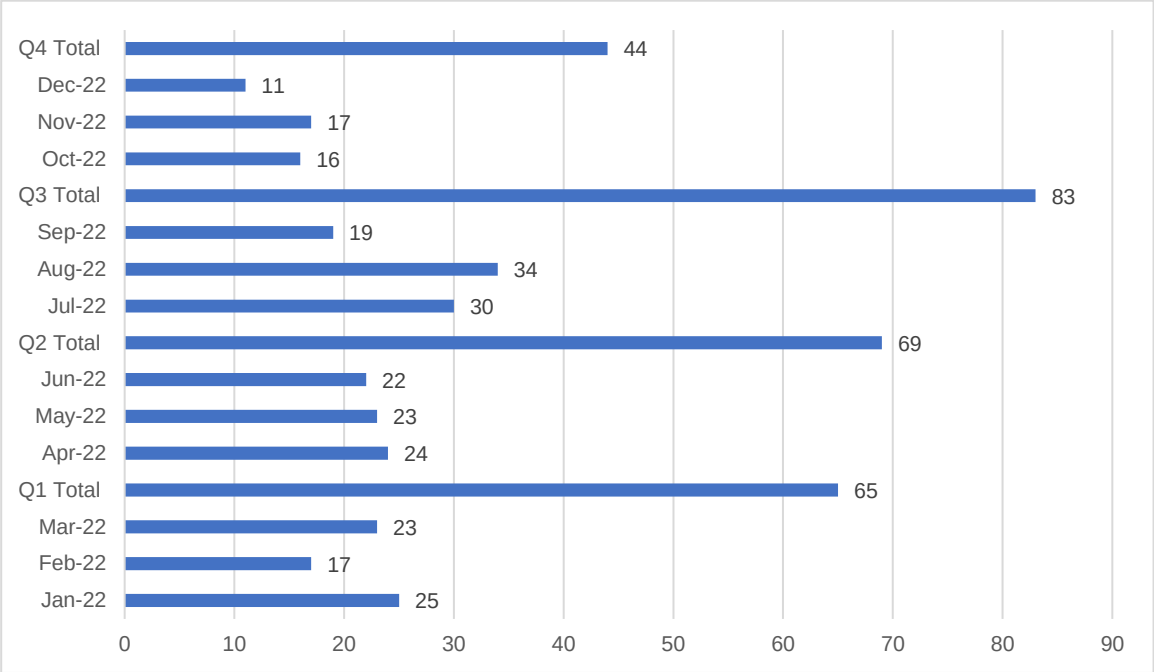

Figure 3 – Carbon monoxide verified quits

3.3.1 The chart above shows the number of people who were CO validated in each month.

3.3.2 Q1 Jan -March 2022 67% of the quitters were CO verified. During this quarter there were still people who did not like attending face to face appointments or were still contracting COVID.

3.3.3 In Q2 April-June 2022 80% of four week quits were verified and the service insisted on attending face to face.

3.3.4 In Q3 July to September 73% of quitters were CO validated. This reduction could be explained as clients went on holiday and their four week follow up may have coincided with them being away.

3.3.5 In Q4 the CO validation rate in Quitters dropped to 63%. Lower Co validation rates particularly in December may be accounted for with clients being unwell in their validation period or not feeling able to attend appointments.

3.3.6 Carbon Monoxide testing is an excellent motivational tool and an excellent source of discussion with clients who are struggling to get rid of all their tobacco. For those clients who continue to smoke the odd cigarette it reinforces the message that there is no safe level of poison. It is undertaken at each visit unless declined and declining is very rare.

3.4 Self-reported quits

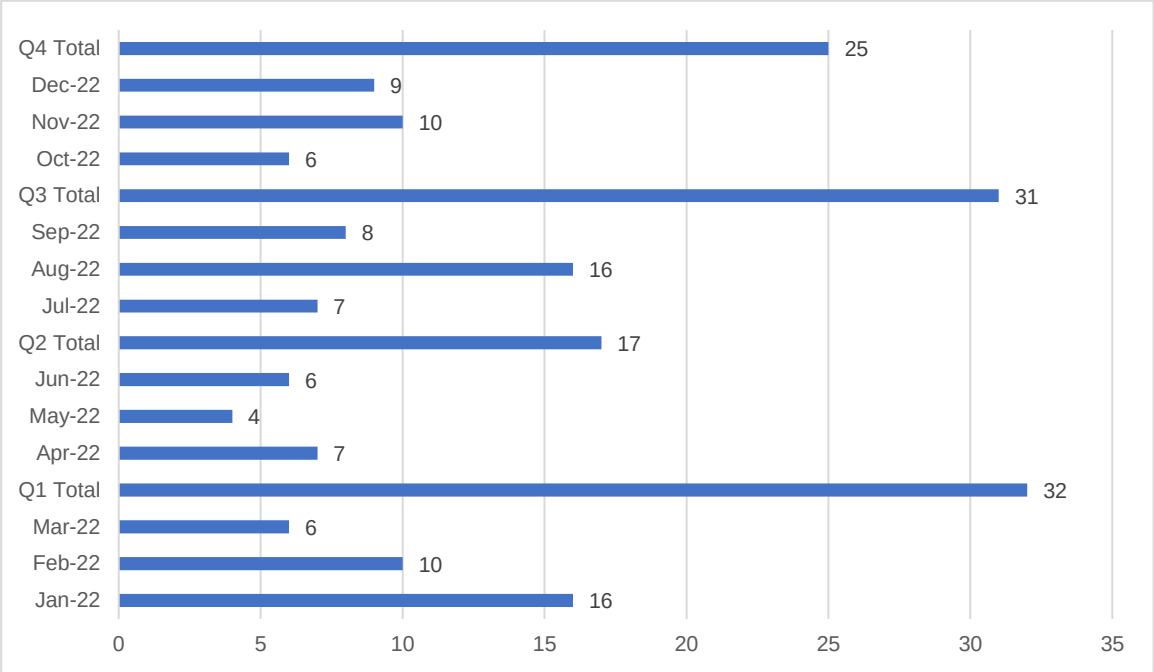

Figure 4 – Self-reported quits

3.4.1 The chart above details the number of people self-reporting a successful quit at four weeks.

3.4.2 In Quarter 1 Jan- March 2022 the number of self-reported quitters was 33%, in the winter months it is more difficult for us to ensure clients attend clinics often due to ill health or the ill health of their transportation, and there was still some residual COVID reports at the beginning of the year.

3.4.3 In quarter 2 April- June 2022 the self-reported quit rate was 20% which is a fall on the previous quarter and reflects that we were better able to encourage people to attend.

3.4.4 In Q3 July – September 2022 the self-reported quit rate was 27%, again as a reflection of people going on holiday in the summer months.

3.4.5 In Q4 October- December 2022 the self-reported quit rate was 37 % again often due to client sickness or inability to attend appointments due to factors such as the weather

3.4.6 Other than clients who are unable to attend face to face appointments for a particular reason such as being house bound or recent hospital admissions we offer face to face appointments and conduct CO monitoring.

3.4.7 For the purposes of the four-week CO validated quit the test must be conducted between day 25 and day 42. For various reasons we miss seeing clients face to face in that window of time, but they may attend regular appointments and have

had multiple carbon monoxide readings which indicate they are smoke free. In these instances, we will always try and capture a self-reported quit in the time frame allowed for the department of health.

3.5 Not quits

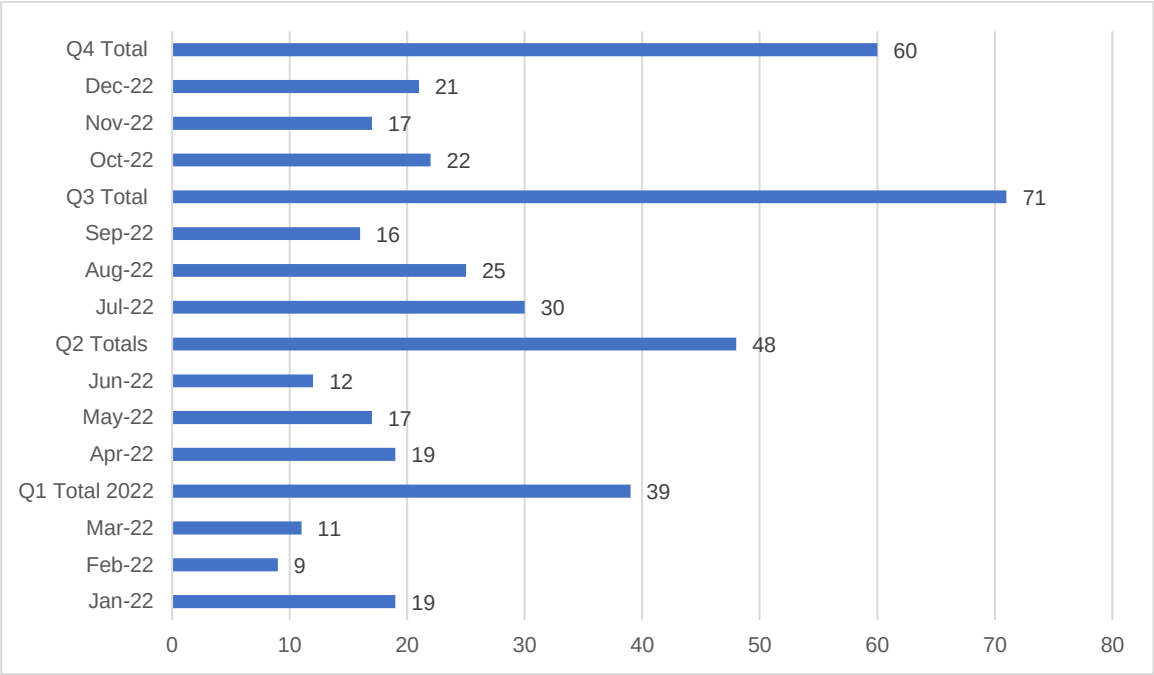

Figure 5 – Not quits

3.5.1 The chart above details the number of people who have not quit in each month and then as a quarterly total.

3.5.2 In Quarter 1Jan -March 2022 there was a 27% of the people setting a quit date did not quit.

3.5.3 In Q2 April -June 2022 33% of the people setting a quit date did not Quit.

3.5.4 In Q3 July -September 2022 33% of the people setting a quit date did not quit.

3.5.5 In Q 4 October- December 2022 39% of people setting a quit date. Quarter confirms the narrative that as people are coming up to Christmas, they are poorer at attending appointments and events like family get togethers sometime sabotage quit attempts.

3.5.6 Not Quits gradually increased as the year went by. This can be accounted for as we were beginning to work in areas of deprivation. In addition, Clients who had failed to quit after one attempt were being encouraged to try again so out current client base changed.

3.6 Lost to follow ups

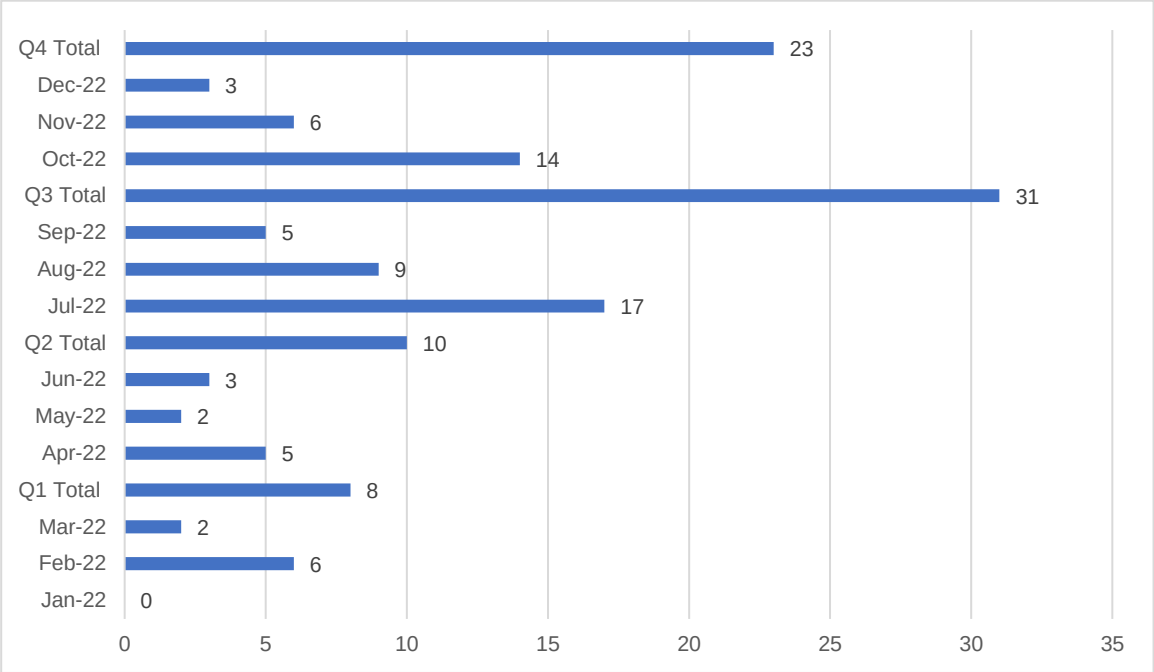

Figure 6 – Lost to follow ups

3.6.1 A *Lost to Follow Up* is a treated smoker, whom, on attempting to determine the 4-week quit status, cannot be contacted.

3.6.2 Overall, the service maintained good contact with service users whether they were successful or otherwise in their quit attempts.

3.6.3 We would aim to keep the lost to follow up rate below 10%

3.6.4 In 2022 we still had clients that had used Champix or Zyban in the past and as they were not available made a less motivated quit attempt

3.7 Performance Summary 2022

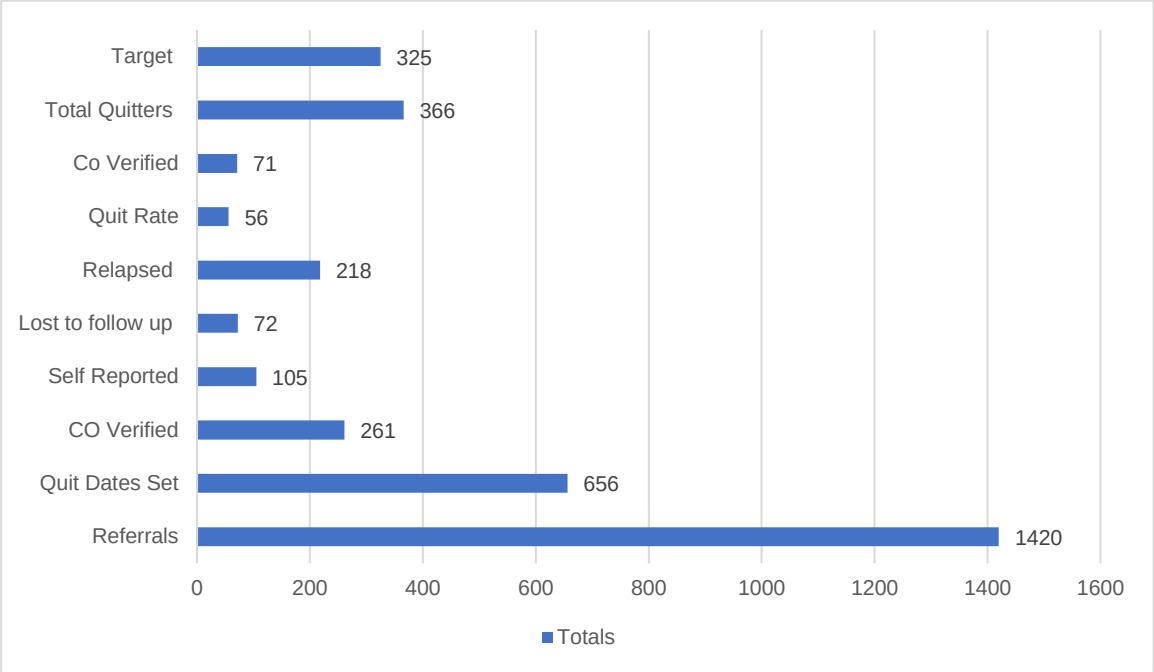

Figure 7 – Performance Summary 2022

3.7.1 In 2022 we achieved 366 quits, equating to 112.6% of our yearly target of 325.

3.7.2 From June onwards Promotional activity started to increase which did not yield many referrals but it improved our general visibility.

3.7.3 From June we started to see an increase in the number of referrals from the hospital, both inpatient and outpatient

3.7.4 The Comms strategy became centralized, and this allowed each of the tobacco teams to post about their events. Referrals to the website increased from August onwards.

3.8 Patient Experience – Friends & Family Test

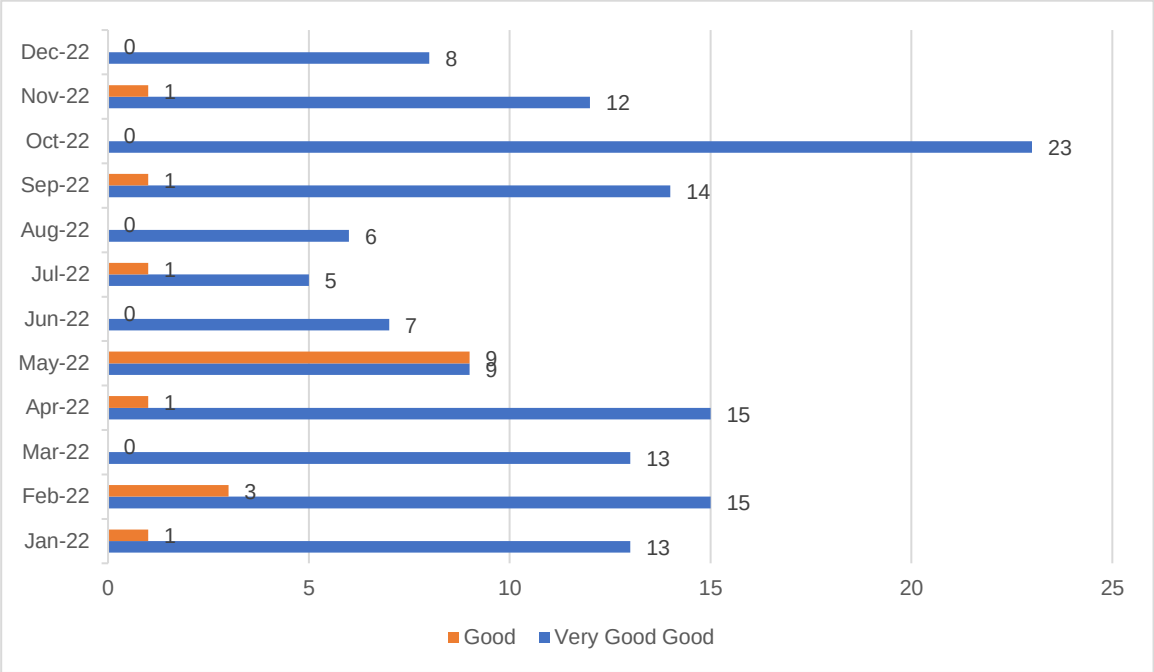

Figure 8 – Patient Experience – Friends & Family Test

3.8.1 We can report a total of 150 returns to our Friends & Family survey in 2022.

3.8.2 Of the 150 responses,140 service users rated our support as ‘very good’ and 10 service users rated our service as ‘good’. There were numerous positive comments and no complaints.

4. Quality Improvements

4.0.1 As a smoking cessation service operated by Blackpool Teaching Hospitals, we take a systematic and coordinated approach to any service issues with the aim of bringing about measurable improvements.

4.0.2 By taking this approach, we aim to deliver sustained improvements not only in the quality, experience, productivity, and outcomes of our smoking cessation interventions for our population, but also for our team.

4.0.3 Throughout 2022 we have implemented a number of significant quality improvements (see Table 1).

Table 1: Quality Improvements 2022

Issue	Improvement	Benefit
Identifying areas, the service does not cover	NICE assessment	Areas identifies and resources put in to address this
Limited reach in community settings	Opening of more venues in areas of deprivation	Improved reach in the community
Continuing development of the Team to meet the needs of our population	Designed bespoke development packages for the Team to evolve best practice in smoking cessation and harm reduction	Team more confident and skilled when supporting deeply entrenched smokers, Reducing Inequality around mental health and co-morbidities
Management of NRT and direct supply	Streamlined ordering processes from BTH pharmacy, Increased stock levels, Resumption of face-to-face sessions enables Practitioners to dispense on the day of appointment, Improved NRT protocols and resources. Updated SOP for NRT	Significantly reduced postal costs, better experience for service users, better management of NRT stock levels, Reduced incidences of loss of supply, Clearer NRT supply protocols
Data and reporting systems	Collaborated with the developers (1S4H) to improve data capture and user experience	More fluent for users especially between the hospital and community, more safeguards introduced
Alignment with the BTH Inpatient Smokefree Service	Streamlined discharge pathways, Aligned NRT formulary, Database upgrade in partnership with the developers, Universal training offer for all BTH Smoking Cessation Practitioners	One database across the BTH smokefree services system, Faster contact by BTAS with patients discharged from BTH, Practitioners can see whole journey from admission at BTH through to completion, Continuous improvements in evidence-based smoking cessation practice

5. Reducing Inequalities

5.0.1 The health of people in Blackpool is generally worse than the England average.

5.0.2 Blackpool is one of the 20% most deprived districts/unitary authorities in England with life expectancy for both men and women lower than the England average.

5.0.3 Life expectancy is 12.3 years lower for men and 10.1 years lower for women in the most deprived areas of Blackpool than in the least deprived areas.

Indicator	Period	Blackpool			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	2020	–	-	19.8%	13.4%	12.1%	20.8%		.5%
Smoking Prevalence in adults (18+) - ex smokers (APS) (2020 definition)	2020	–	-	35.9%	26.0%	26.3%	36.7%		
Smoking Prevalence in adults (18+) - never smoked (APS) (2020 definition)	2020	–	-	44.3%	60.6%	61.6%	83.4%		%
Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) (2020 definition)	2020	–	-	1.4	2.1	2.1	5.1		0.8
Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition)	2020	–	-	26.2%	22.9%	21.4%	40.3%		7.9%
Smoking prevalence age 15 years - regular smokers (SDD survey)	2018	–	-	-	-	5%	-	*Insufficient number of values for a spine chart*	
Smokers that have successfully quit at 4 weeks	2019/20	–	282	1,064	1986*	1808	19		
Smoking status at time of delivery	2020/21	↓	343	21.4%	11.0%	9.6%	21.4%		1.8%
Smoking attributable mortality (new method).	2017 - 19	–	999	379.9	247.5	202.2	419.7		103.4
Smoking attributable hospital admissions (new method). This indicator uses new set of attributable fractions, and so differ from that originally published.	2019/20	↑	2,670	3,071	1540	1398	3,071		516

Figure 9 – Finger Tips

5.0.4 Smoking is one if the biggest risk factors contributing to very high levels of premature morbidity and mortality in Blackpool. These incidences of disease are seen mostly in our more deprived areas which is why we place great emphasis on targeting smokers in routine and manual occupations and those with co-morbidities and/or long-term conditions.

5.1 Coronary Obstructive Pulmonary Disease (COPD)

5.1.1 Smoking is the most common cause of COPD in Blackpool and is a serious lung disease for which smoking is the biggest preventable risk factor. Smokers can often dismiss the early signs of COPD as a ‘smoker’s cough’, but if they continue smoking and the condition worsens, it can greatly impact on their quality of life. Early detection and abstinence from smoking can reduce or prevent damage to the lungs. We are working with the Council-commissioned Lung Health Check Programme on an early intervention to recruit smokers into our service.

5.1.2 In 2019/20, 6,577 people had been identified by NHS Blackpool CCG GP practices as living with COPD. It is estimated that this accounts for only 82% of the total population in Blackpool living with COPD and there are likely to be as many as 1,450 people with undiagnosed COPD, many of whom are smokers.

5.1.3 We have commenced working with pulmonary rehab teams in community settings to recruit smokers into service. In 2022-23 we plan to do specific work with GP practices and the primary care network identifying smokers living with COPD and other respiratory diseases, including asthma, and are looking to offer enhanced stop smoking support to these groups.

5.2 Coronary Heart Disease (CHD)

5.2.1 CHD is the most common type of heart disease and cause of heart attacks. The disease is caused by plaque building up along the inner walls of the arteries of the heart, which narrows the arteries and reduces blood flow to the heart.

5.2.2 In 2019/20 7,799 people had been identified by NHS Blackpool CCG GP practices as living with coronary heart disease (CHD). It is estimated that this accounts for only 70% of the total population in Blackpool living with CHD and there are likely to be approximately 3,350 people with undiagnosed CHD.

5.2.3 NHS Blackpool CCG has reported that 4.46% of NHS Blackpool CCG's registered population are recorded as living with CHD. Blackpool has a significantly higher prevalence of CHD than the average of English CCGs (3.1%).

5.2.4 We are presently contributing to the eight weekly cardiac rehab programs.

6. Communications, outreach and generating footfall

6.0.1 Another important aspect of growing our audience and reach has been the development of our outreach and marketing work, and our social media presence, all of which are designed to increase awareness of the service and increase smoker recruitment. It is also important that we relay evidence-based national smoking cessation messaging around health harms and reinforce the benefits of quitting to our local population.

6.0.2 Our social media presence was established in July 2021 via our *BTHQuitTobacco* feeds on Twitter, Facebook, and Instagram.

6.0.3 We have developed a social marketing approach in developing powerful messaging.

6.0.4 We have developed leaflets and cards to detail the work we do and to use to promote the service.

7. Summary

7.0.1 In 2022 we increased referral rates and made the stop smoking service more visible.

7.0.2 Going forward we will be working closely with the PCN's.

7.0.3 We have identified our operational priorities for 2023. These can be found in the accompanying operational delivery plan.

7.0.4 We thank our commissioners at Blackpool Council for their continuing support.

APPENDIX 1: Russell Standard Criteria

1. A 'treated smoker' (TS) is a smoker who undergoes at least one treatment session on or prior to the quit date and sets a firm quit date. Smokers who attend an assessment session but fail to attend thereafter would not be counted. Neither are smokers who have already stopped smoking at the time they first come to the attention of the services (but see note below about inpatients and pregnant smokers).

2. A smoker is counted as a 'self-reported 4-week quitter' (SR4WQ) if s/he is a 'treated smoker', is assessed (face to face, by postal questionnaire or by telephone) 4 weeks after the designated quit date (minus 3 days or plus 14 days) and declares that s/he has not smoked even a single puff on a cigarette in the past 2 weeks.

Russell Standard (Clinical)

1. A smoker is counted as a 'CO-verified 4-week quitter' (4WQ) if s/he is a self-reported 4-week quitter and his/her expired-air CO is assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) and found to be less than 10ppm.

2. A treated smoker is counted as 'lost to follow up at 4-weeks' (LFU4W) if, on attempting to determine the 4-week quitter status s/he cannot be contacted.

3. A smoker is counted as a '52-week quitter' (52WQ) if s/he is a 'treated smoker', is assessed (face to face, by postal questionnaire or by telephone) 52 weeks after the designated quit date (plus or minus 30 days) and declares that s/he has not smoked more than 5 cigarettes in the past 50 weeks.

4. A treated smoker is counted as 'lost to follow up at 52-weeks' (LFU52W) if, on attempting to determine the 52-week quitter status s/he cannot be contacted.

Calculating success rates

1. The 4-week success rate (4WSR) is 4WQ/TS. This should generally be above 40%.

2. The self-reported 4-week success rate (SR4WSR) is SR4WQ/TS. This should generally be above 50%.

3. The 52-week success rate (52WSR) is 52WQ/TS. This should generally be at least 15%.

APPENDIX 2: Service Operational Delivery Plan 2023

Training activity to support health professionals supporting smoking cessation				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Provide access to training for all health professionals on smoking cessation, particularly those working with patients and service users with mental ill health and long-term conditions.	1. Identify GP practices and health professionals in a position to offer VBA. 2. Review and update existing smoking cessation training and NCSCT's VBA+. 3. Deliver targeted online and face to face training modules for healthcare practitioners and referrers where the need arises.	On going. Last Review and Updated Jan 2023. VBA training for health Professionals undertaken throughout 2022.	Adele, Maxine and Louise	1. No of sessions delivered. 2. No of people completing online and face to face VBA+ training.
Supporting smokers to quit smoking				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Continue to monitor the effectiveness of BTAS.	1. Review quarterly statistics. 2. Continue to evolve evidence-based service provision.	Quarterly	Adele	1. Quarterly performance statistics by target groups. 2. Numbers of people accessing our service.
Develop bespoke plans for recruitment of service users, based on NCSCT/NICE evidence-based guidance.	1. Conduct needs assessments to identify local priority groups and actions. NICE baseline assessment. 2. Provide evidenced-based stop smoking interventions.	NICE baseline review commenced September 2022. On going service commitment.	Adele and Maxine Adele	1. Locality smoking prevalence by deprivation decile.
Target long-term conditions.	1. Working with primary care and rehab teams to identify smokers.	Ongoing training.	Adele and Mark	1. Numbers of referrals. 2. Monitor outcomes and report back to

	2. Working with the Targeted *Lung Health Check Programme* to identify at risk smokers.	Commenced.	Adele	the referral network and commissioners.
Continue to evolve evidence-based training for our Team.	1. Being responsive to the needs of our population and developing the Team's competencies where required.	Training events in 2022.	Adele and Louise	1. Number of new training packages developed. 2. Evidence of outside speakers.
Stop smoking medications management – efficacy, value, and governance.	1. Be aware of, and respond to, developments in smoking and nicotine behaviours i.e., vaping, and new medications.	Pharmacy review of NRT SOP November 2022 Others on going.	Adele	1. Potential additions to our formulary. 2. Review of effectiveness.
Harm reduction.	1. Closer working with local substance abuse teams (i.e., Horizon).	Commenced Horizon clinics October 2022.	Mark	1. Identification of smokers and improving referral pathways.
Supporting people with mental health conditions to quit smoking				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Explore how to integrate further stop smoking support with addiction services and services for people with mental health conditions.	1. Include integration of stop smoking support into mental health pathways. 2. Develop stronger working relationships with local CMHTs and partners working with addiction and mental health.	Work on Going at Induction of Healthier minds new starters. Good links in Place with addiction services. Review of Links with mental health Services by August 2023.	Adele with support from Trevor Morris	1. Dialogue with CMHTs and the MH support network. 2. Streamlined referral pathways.

Develop a strong evidence base on the full spectrum of nicotine delivery products				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Monitor the health impact and effectiveness of e-cigarette and novel nicotine products (e.g., tobacco-free smokeless products) as smoking cessation aids to inform our future planning.	1. Track the evidence published through the PHE/DHSC reviews. 2. Collect data on 1S4H.	On going.	Adele	1. Provide brief summaries of emerging evidence to BTH management and commissioners.
Continue to provide smokers clear, evidence based and accurate information on the relative harm of nicotine, e-cigarettes, other nicotine delivery systems and smoked tobacco.	1. Assessment of risks of nicotine addiction commissioned evidence reviews. 2. Ensure staff have up to date training on nicotine replacement therapy and e cigarettes.	On going. Staff fully trained 9th February 2023 on e-cigarettes. NRT training sessions on 11th April 2023.	Adele	1. Review the emerging evidence base.
Provide evidence-based guidance for health professionals to support them in offering advice to existing smokers who want to use e-cigarettes or other nicotine delivery systems to quit.	1. Deliver online training for stop smoking practitioners and other healthcare professionals to enhance their knowledge of e-cigarettes to support their work with smokers.	Ongoing.	Adele	1. Number of sessions delivered. 2. Numbers of attendees.
Reducing health inequalities targeting populations were smoking prevalence remains high				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Identify groups and individuals with highest smoking prevalence and plan interventions for these groups.	1. Develop workstreams with the mental health, LGBTQ, primary care networks (long-term conditions and co-morbidities). 2. Work with local faith groups and diverse ethnic communities.	In progress.	Jo and Mark	1. Develop bespoke interventions. 2. Develop harm reduction approaches (e.g., cut-down-to-quit model). 3. Training for the provider network.

	3. Develop close links with social housing landlords. 4. Offer support to local substance abuse and homeless populations.			4. Improved referral pathways.
Targeting workplaces with high smoking rates				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Identify workplaces with high numbers of routine and manual workers.	1. Deliver outreach sessions in workplaces. 2. Offer one-to-one support to workers.	On going.	Maxine	1. Number of workplace interventions. 2. Numbers of quit dates set and 4-week quits.
Communications, outreach and generating footfall				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Innovate across our social media landscape.	1. Develop further digital innovations in our social media @BTHQuitTobacco output.	Immediate.	To be confirmed	1. Numbers of new followers. 2. Engagement data.
Piggyback on national stop smoking campaigns.	1. Alignment with national campaigns: *No Smoking Day, New Year, Stoptober,* and *World No Tobacco Day.* 2. Produce locally bespoke events and campaigns. 3. Utilisation of national, evidence-based messaging.	Ongoing.	Linda	1. Monitor events, outreach, and engagement.
Patient experience				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Increase Friends & Family survey completions.	1. Every service user to receive either a digital or paper survey.	Quarterly	Adele	1. Increase in participation. 2. Relay comments received via social media and to commissioners.

				3. Celebrate service user success stories via our communications channels.
Expanding a performance culture to deliver benefits for our service users				
Activity	***Key milestones***	***Delivery date***	***Lead***	***Metrics***
Incorporating quality improvements (QI) into our service delivery model.	1. Learning from our experiences good and bad. 2. Improving the patient experience. 3. Improving the staff experience. 4. Continuous improvements to quality of care and outcomes for service users.	Ongoing.	Adele / Shane	1. Streamlined processes. 2. Use data effectively. 3. Focus on relationships and culture. 4. Involvement of patients and service users. 5. Working as a joined-up system (with the Inpatient Smokefree Service and Quit Squad).