

Delivering Excellence Locally

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Increasing quitters in general practice frees up clinical time and reduces unplanned admissions



Francesca Robinson talks to **Sonia Simkins** Practice Manager in Rowley Regis, on her innovative in-house stop smoking clinic

Identifying and being responsive to people who smoke and are ready to quit in general practice with an in-house stop smoking clinic frees up appointment times and resources and can halve unplanned hospital admissions, a practice manager has shown.

Sonia Simkins, practice business manager of the Hawes Lane Surgery practice in Rowley Regis in the West Midlands, introduced an in-house stop smoking clinic run by an external provider in February 2013 in a drive to support people to quit, ultimately to improve their health and wellbeing.

At the time the practice had a list size of 4,481 patients, of whom 1,032 (23%) were identified as currently smoking; 884 of whom had long-term conditions. Many of these smokers, as a result of their multi-morbidity, had been needing higher levels of urgent care at accident and emergency.

An audit showed that smokers had two or three GP appointments per week more than non-smokers, and often more than five appointments every month because of smoking attributable illness. National figures¹ show that, when asked, more than a third of smokers say they want to quit and Sonia says she realised this was an opportunity for some patients that wasn't currently being met.

The practice began working to identify people who described themselves as smokers: mailshots were sent to people who had declared their last smoking status as current, informing them about the new weekly stop smoking service; the service was advertised on the practice website, on a display in the reception area, in the waiting area, on the bottom of every prescription, and referral forms were placed in every clinical room.

All practice staff were briefed on the need to advertise the service and to offer an appointment within five days of a request. "From talking to

other people it was clear that people wanting to quit need to be referred to a smoking cessation service quickly – if they have to wait three months for an appointment the likelihood is they will change their minds and not come back," explains Sonia.

The whole team was involved – doctors, nurses and, in particular, the receptionists played a key role in promoting the service and ensuring appointments were booked efficiently with the stop smoking service.

“ The main thing is that patients' health and well-being have improved and they have a better quality of life as result of giving up smoking ”

Sonia Simkins

The initiative has been very successful. Between February 2013 and April 2015:

- The number of registered smokers fell to 753 (17%)
- Unplanned admissions for smoking-related illnesses halved from 1,202 to 627 a year, saving £623,500
- Home visits to this group halved from 537 to 243 a year, saving £10,290
- GP appointments for smokers with long-term conditions fell from 1,933 to 1,075, saving £15,444
- The prescribing budget has reduced

The smoking cessation specialist now comes in for 2.5 days a week and mailshots continue to be sent every quarter to people who identify themselves as smokers. The practice now offers support for anyone who has

had a spell in hospital for a smoking-related condition, asking if they are interested in quitting, and this has resulted in a further significant increase in the uptake of the smoking cessation service.

"Initially it took me around five hours in total to get the process up and running and now I just spend 10 minutes a week having an update with the smoking cessation provider. Promoting the stop smoking clinic is now a natural part of everyone's job, and for me it is a matter of just keeping an eye on it and pushing it all the time. It's got to be a priority for the practice 24/7 rather than once a year like flu," says Sonia.

She adds that even she has been surprised at how phenomenal their success has been in reducing unplanned hospital admissions. "In addition, the GP's lives have been really changed because they have more time – previously they were doing a ridiculous number of home visits per day, some days as many as eight or nine. Also, 20 extra appointments a week have been created – these really are gold dust! The main thing

is that patients' health and well-being have improved and they have a better quality of life as result of giving up smoking," says Sonia.

The process of setting up this initiative is very straightforward and could be replicated in any practice. Sonia says the key to making it a success and achieving the required outcomes is that hard work and commitment is required by the whole practice team who must recognise that smoking cessation is important and should be prioritised.

Sonia will be speaking about this initiative in a session on tobacco dependency at the PCRS-UK conference *Fit for the Future: a holistic approach to respiratory care* on 14–15 October at the Telford International Centre.

Reference

1. Smoking in England. Latest statistics. Top line findings from the STS. May 2016 <http://www.smokinginengland.info/latest-statistics/>

Making a difference locally – setting up a local group

Mistaken attendance at a PCRS-UK meeting leads to successful formation of new affiliated group



Jackie Dale leader of the PCRS-UK affiliated South Yorkshire Respiratory Group

I attended my first PCRS-UK conference in October 2015. I have a real passion for respiratory care and had managed to gain sponsorship from a pharma company to attend.

I got a little confused with the other meetings taking place around the conference and inadvertently attended the PCRS-UK affiliated group leaders meeting taking place immediately prior to the conference start. In the meeting I became quite anxious that the nurses in the room were all very experienced and they were talking about 'their groups'. It quickly became clear that they already ran successful meetings across the country. I felt like an imposter and felt 'out of my depth'. I kept quiet until we were put into groups and expected to feed back about our experiences. I had to come clean and admit I didn't have a group, let alone run one! Well! Everyone was very enthusiastic and it didn't matter because they said I could start one. I was so buoyed up by the warm welcome and enthusiasm of everyone that I even agreed it was a good idea.

The conference was amazing – so well organised and exciting – I loved every minute of it.

Back home. Oh heck what had I done! I didn't have the first clue how to organise or start a group and was regretting my 'eager beaver' approach. Still I had said I would, and if I say I will then I have to at least try.

A pharma company had been trying to hold regular respiratory meetings but could not continue on a single sponsorship basis so I approached them and two other companies (GSK, Boehringer Ingelheim and Cheisi) to see if they would sponsor the meetings and help me set up a local group. They were very keen and have given me amazing support and commitment to running the group.

PCRS-UK sent a starter pack with all the necessary documentation templates to help plan the first meeting and they were always at the end of the phone to provide any extra information and help. I was put in touch with Mel Canavan who runs the successful Leeds Respiratory Network. She provided much moral support and a listening ear when I felt that I was not really the sort of person who could chair a group and wanted to talk myself out of the idea.