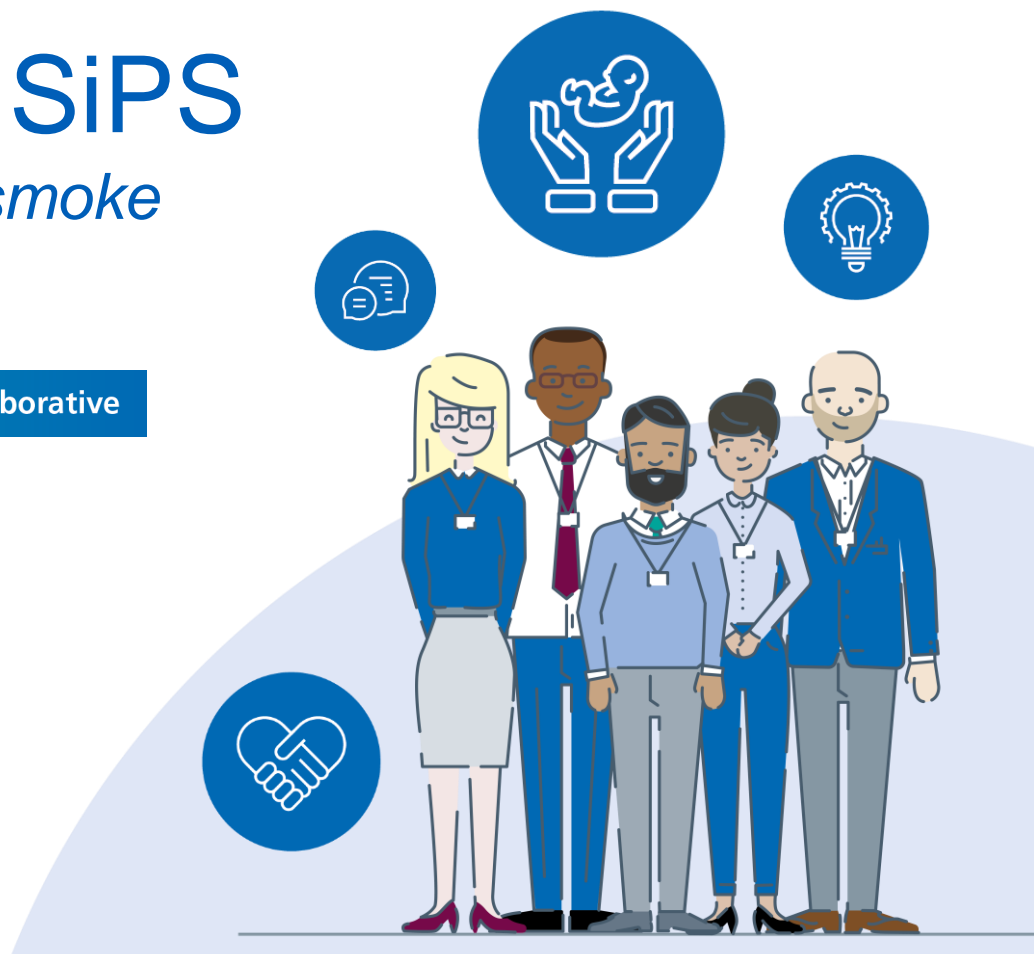


# Poole Maternity SiPS

*Improve the proportion of smoke free pregnancies*

National maternal and neonatal health safety collaborative

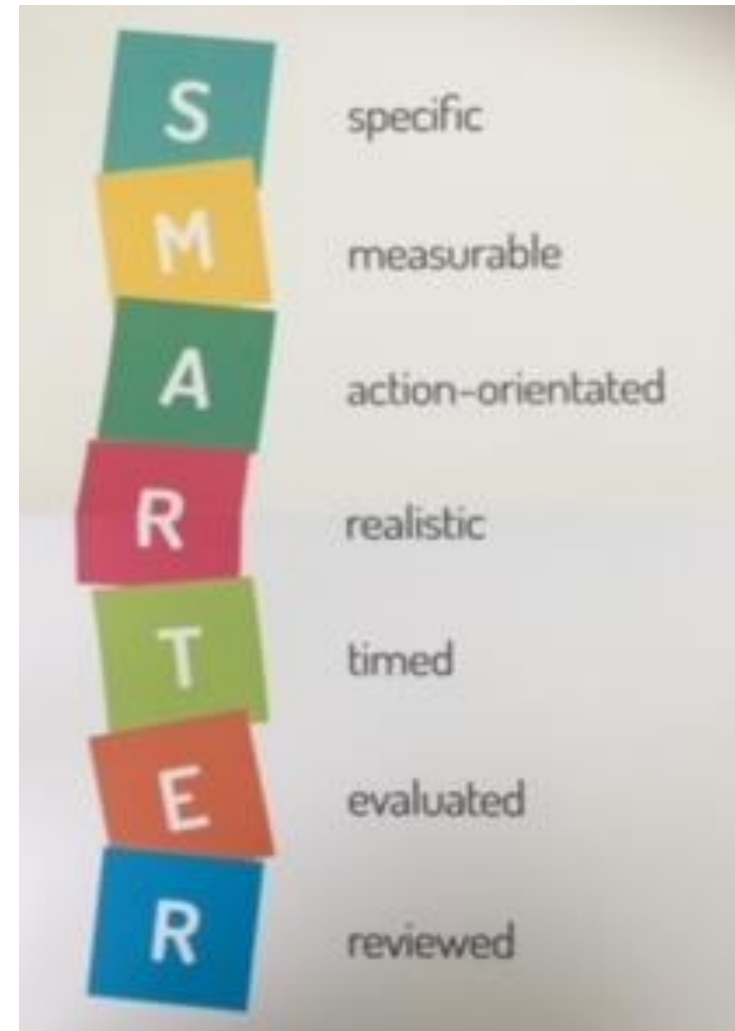


 @MatNeoQI  
improvement.nhs.uk

# Our aims – 6 month pilot funded by PHD

**Big Aim: Reduce the prevalence of SiP from 8% to 6% or less by the end of 2022.**

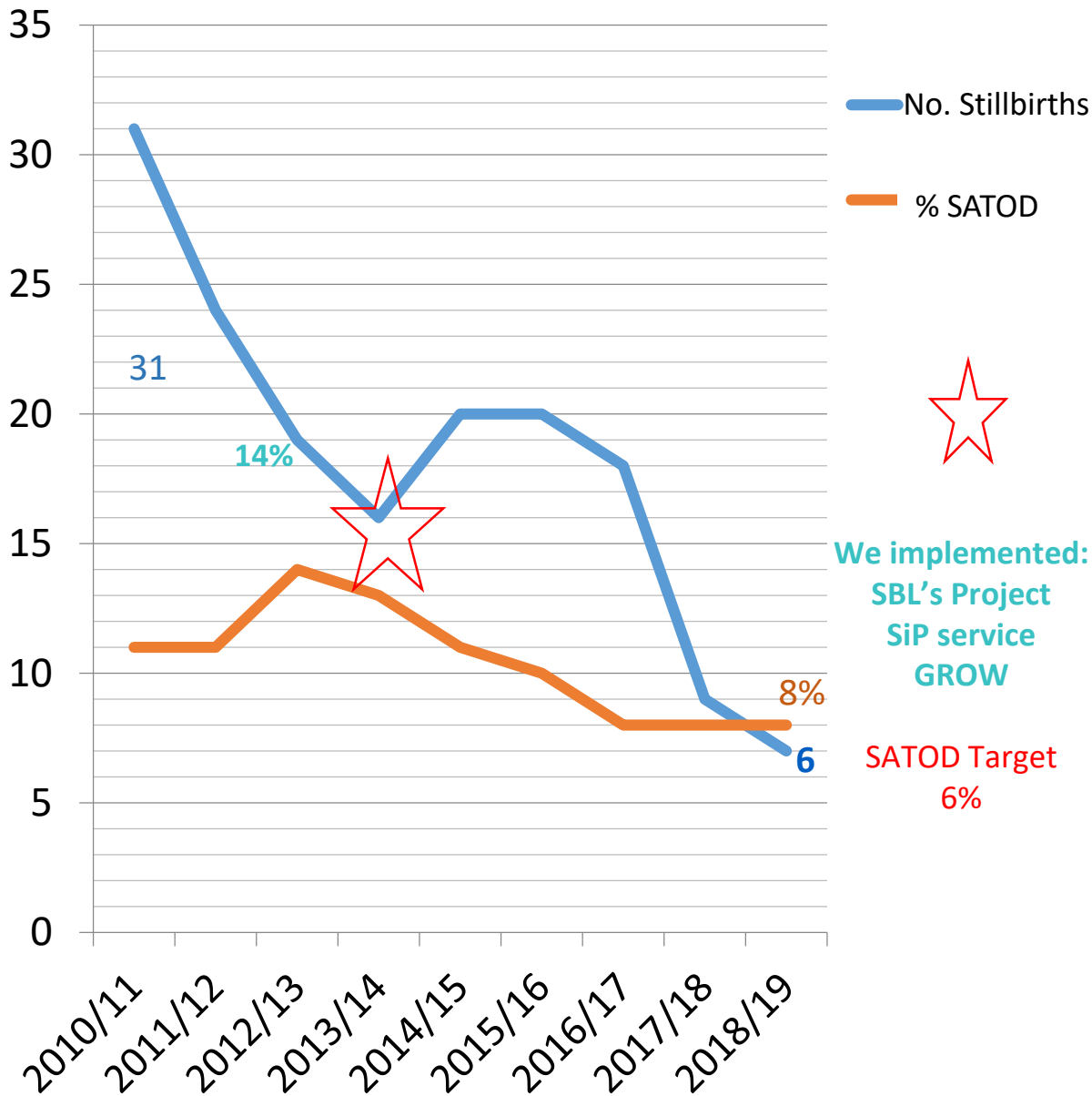
- Offer a new holistic approach to smoking cessation within maternity care.
- Behavioural support and direct supply of pharmacotherapy to a pregnant smokers 'significant other' .
- Increase engagement of pregnant smokers from 52% to 75% and sustain a 75% quit rate.
- Increase the partner engagement rate from 4% to 30% and achieve a quit rate from 2.2% to 30%.
- Tackle the Tobacco Control Plan to reduce prevalence for under 15 year olds.
- Tackle the public health benefits of the 20-45 year old targeted age group who smoke and usually do not access health care.



# Background: 1,264 pregnant smokers

<b>2015/16</b>	<b>269</b> referrals	<b>52%</b> opted in	'opted in' quit rates	<b>49%</b> quit
<b>2016/17</b>	<b>351</b> referrals	<b>42%</b> opted in	'opted in' quit rates	<b>65.5%</b> quit
<b>2017/18</b>	<b>304</b> referrals	<b>35%</b> opted in	'opted in' quit rates	<b>71%</b> quit
<b>2018/19</b>	<b>340</b> referrals	<b>51%</b> opted in	'opted in' quit rate	<b>75%</b> quit

Year	SATOB	SATOD
2014/15	11.9%	11.2%
2015/16	11.8%	10%
2016/17	11.2%	8.4%
2017/18	11.6%	8.8%
2018/19	12.7%	8.3%



- SiPS nearly 5 years
- CO screening ALL
- Opt out referrals
- Direct supply NRT
- Risk Perception clinics
- Joint third trimester clinics (2019) with lead SiP Consultant
- Inpatients NRT
- 'MECC' a core theme
- Trained MSW's
- Incentive Scheme
- Halved our stillbirth rate

# Our SiP Team 1.2 WTE

- Despite all of this:
- 49% didn't engage at point of referral
- 25% didn't quit from those that opted in
- Our SATOD has been static for 3 years....
- So we have to do more!
- Goal 6% SATOD!



# The benefits

With only **4%** of the **101** partners referred actually accessing the services, it is clear that the existing signposting of partners and/or family to the local cessation service providers hasn't worked.

Addiction to tobacco is a medical condition, warranting medical management. The SiPs at PHFT believe that quality smoking cessation delivery is at the root of this treatment and should include a holistic approach with the whole family **offering direct supply** of pharmacotherapy along with Behavioural Support following the latest NICE guidance.

Despite the evidence by NICE PH 48, there is currently no Smoking in Pregnancy Service in the UK which offers support for:

Managing partners and family members who smoke in acute and maternity services by offering direct supply of pharmacotherapy along with Very Brief Advice.

## Reduction in SATOD

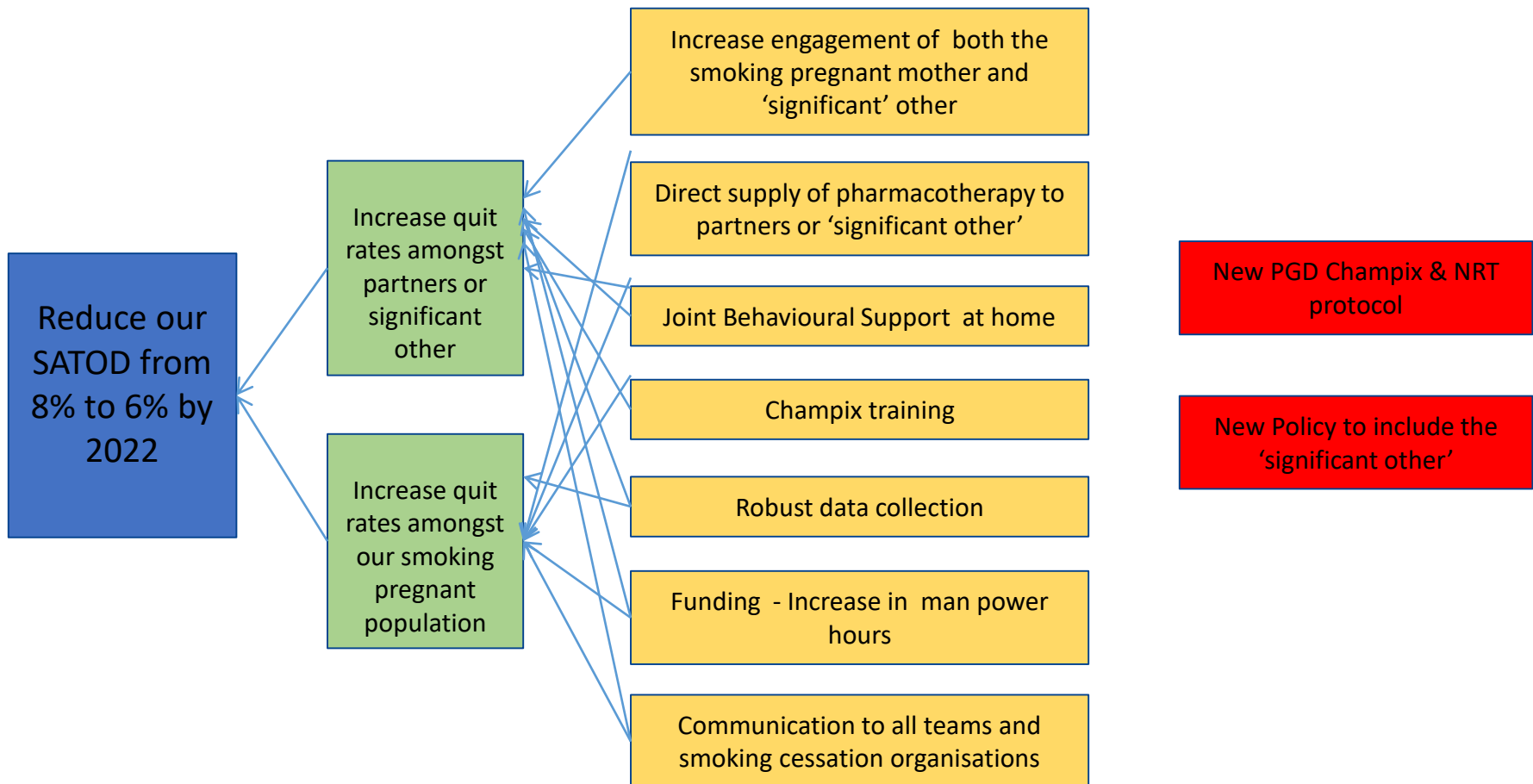
# Driver Diagrams

AIM

PRIMARY DRIVERS

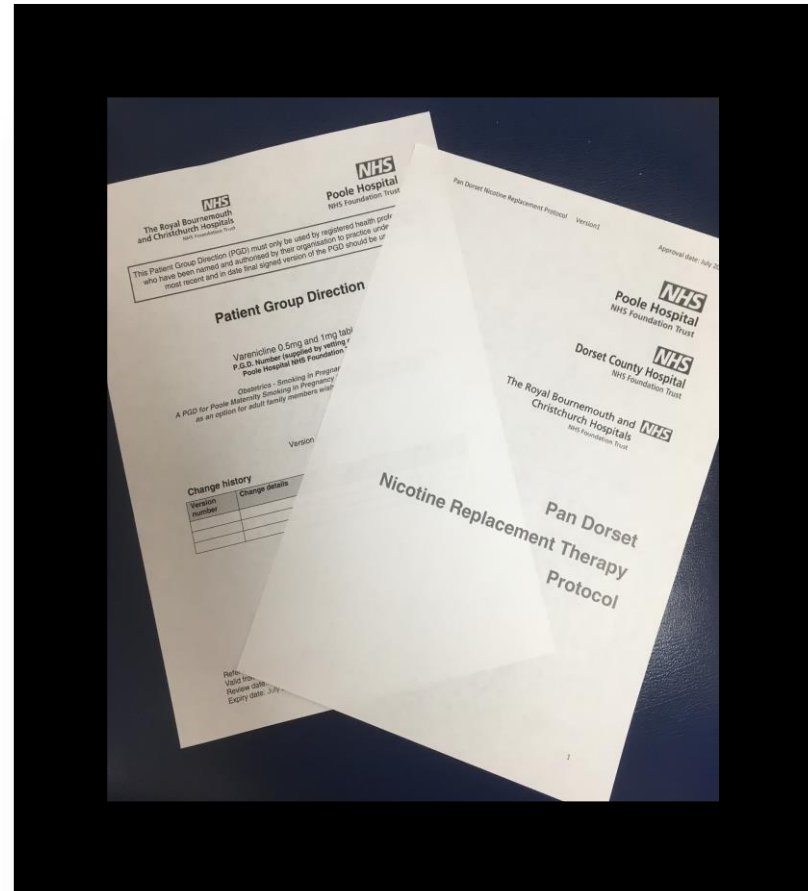
SECONDARY DRIVERS

CHANGE IDEAS



# Plan, some 'Do' & 'Study' part of our PDSA cycle:

- Systematic literature review
- Scoped the UK
- Engaged with stakeholders
- Looked at local stats
- Business case
- Detailed Time Scale
- PGD/Protocol ratification
- Training on Champix
- A new data collection set for the 'significant other'
- Promote the service
- Stock order

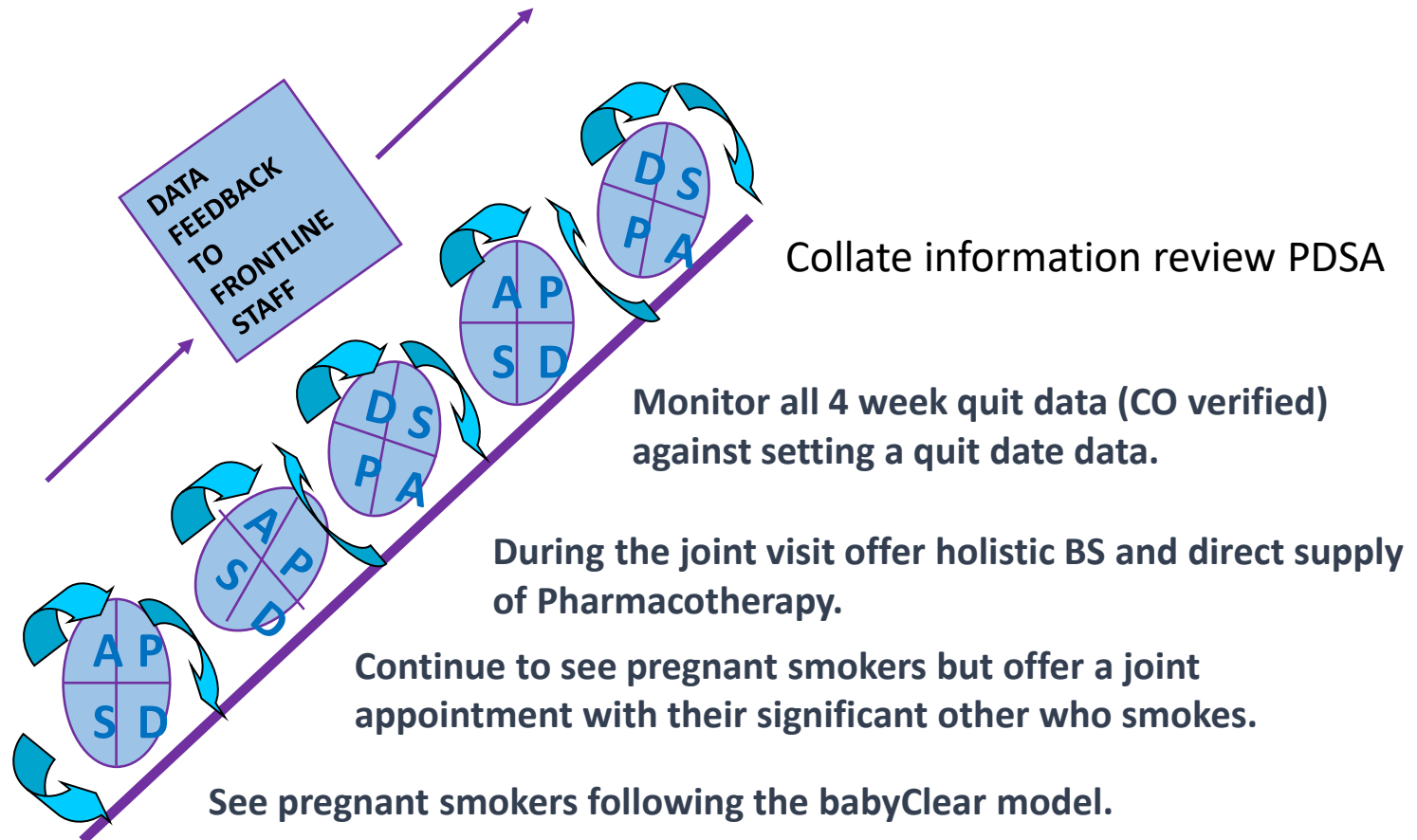




# Measurement

Topic	Outcome Measures	Process Measures	Balancing Measures
To reduce our SATOD from 8% to 6% by 2022	<ul style="list-style-type: none"> <li>Increase engagement of pregnant smokers from 52% to 75% and sustain a 75% quit rate.</li> <li>Increase the partner engagement rate from 4% to 30% and achieve a quit rate from 2.2% to 30% by the end of this financial year</li> </ul>	<ul style="list-style-type: none"> <li>Number of 'opt in' into our SiPS (both pregnant smokers and significant others)</li> <li>Number of 4 &amp; 12 week quits – CO validated</li> <li>Choice of pharmacotherapy</li> </ul>	% engagement % quits % SATOD Financials ££

# Does increasing engagement and quit rates in the significant other reduce SATOD?



# Outcome / learning

- Planning for a service improvement
- Engaging with stakeholders to maximize project success (maternity voices/qualitative data)
- How to write an effective business case
- First time to write a PGD and put it through the D&T committee
- Greater knowledge of Champix – ordering of new stock
- 'Promoting our service' (Comm's)

# Challenges & Key messages

- Everything takes time!!!
- Don't get disheartened – funding applications!
- **Communication is key!**
- Already 'thinking' funding to sustain and widen the pilot across Dorset if it is successful as part of the NHS long term plan/prevention at scale programme