Reducing smoking in those living with a serious mental illness (SMI) through improved system collaboration – a mapping tool

What is this mapping tool?

This table describes what the relevant CQUINs are and how they relate to other national audits, targets and guidance across primary care, mental health and acute trusts to reduce smoking in those living with SMI. These include:

- Mental Health Trusts: Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) CQUIN 3 (2017-2019)
- Inpatient care - Mental Health and Acute Trusts: Preventing ill health by risky behaviours – alcohol and tobacco CQUIN 9 (2017-2019)
- Primary Care: Quality and Outcomes Framework (QoF), public health and mental health domains
- Primary Care and Mental Health Trusts: The Five Year Forward View for Mental Health target and associated funding and recommendations to ensure 280,000 people with a severe mental illness receive a full annual physical health check.

Who is it for?

This table can be used by providers and commissioners to improve the impact and coherence of efforts to address these health risks.

Why has it been developed?

- To improve local area preventative pathways
- To share learning and link efforts across sectors and settings to optimise the impact of health promotion, screening and treatment offers
- To improve efficiency and collaboration in the provision of health promotion and prevention interventions
- To understand the different measures and financial incentives within each organisation and sector.

How can it be used?

- Help sectors identify mutual goals and implementation challenges
- Encourage innovation and collaboration in implementing targets or guidance
- Share learning in successful implementation approaches
- Identify where specific strengths or weaknesses exist in area level preventative pathways
- ‘Sense check’ targets and data collection across local system pathways
- Identify variation in access to preventative interventions, and then to increase the range of access

Healthy London Partnership

NHS London Clinical Networks

Support for planners to understand the alignment between CQUINs and primary care levers

This table describes the relevant CQUINs and how they relate to other national audits, targets and guidance across primary care, mental health and acute trusts to reduce smoking in those living with SMI. The different time points for screening, interventions and data capture in inpatient and community settings are noted.

Key links to help support negotiations and implementation on CQUINs are available here:

- Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) CQUIN 3
- Preventing ill health by risky behaviours – alcohol and tobacco CQUIN 9

Preventing ill health by risky behaviours: smoking

	CQUIN 9 Tobacco		Mental Health Trust levers [PSMI CQUIN 3, NAS (National Audit of Schizophrenia), AEIP (Audit of Early Intervention in Psychosis)]	Primary Care levers
Section	**CQUIN numerator (all hospital patients- Acute Trusts and Mental Health Trusts)**	**Detail of required intervention**		
9a Tobacco screening	Number of **unique, adult patients** who are **admitted (at least one night)** and **screened for smoking status** and results are recorded in patient's record during this quarter	**NICE PH 48** • During the first face-to-face contact, ask everyone if they smoke or have recently stopped smoking. • Record smoking status and the date they stopped, if applicable, in the person's records (preferably computer-based) and any hand-held notes. • If a person is unable to or does not want to talk about smoking, note this in their records and ask about their smoking status at the first available opportunity.	This activity is covered by the PSMI CQUIN for inpatients. Smoking status is one of the key cardio metabolic parameters that should be assessed: • As part of the Early Intervention in Psychosis (EIP) Access Standard (captured in early intervention in psychosis audit (AEIP)) audit by the 12th week of acceptance onto a caseload) • At the annual physical health check (all Care Programme Approach, CPA) patients on caseloads for > 1 year) • For all inpatients with SMI who have been in the ward > 7 days For inpatients guidance clearly states that 'screening should take place at a time that is clinically appropriate for the patient. For example, >7 days for patients with severe mental health illness as set out in the CQUIN for improving physical healthcare in people with severe mental health illness ('PSMI').' This ensures the Preventing Ill Health by risky behaviours (in hospitals) CQUIN can be aligned with the PSMI CQUIN. In the National Audit of Schizophrenia (NAS) one question addresses this issue: Smoking status: • Current smoker (includes patients who quit smoking ≤12 months ago) • Non-smoker (includes patients who quit smoking >12 months ago) In the AEIP audit one question addresses this issue: • Tobacco smoking status delivered within 12 weeks of acceptance onto EIP caseload	This is part of the SMI annual physical health check as recommended by NICE and in upcoming NHSE guidance. It is also captured by current Quality and Outcomes Framework (QoF): **SMOK002** Percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months *NICE 2011 menu ID: NM38*
9b Tobacco	Percentage of unique	The '**given very brief advice**' element of this	As above.	This is part of the SMI annual physical health

Preventing ill health by risky behaviours: smoking

Section	CQUIN 9 Tobacco: CQUIN numerator (all hospital patients- Acute Trusts and Mental Health Trusts)	CQUIN 9 Tobacco: Detail of required intervention	Mental Health Trust levers [PSMI CQUIN 3, NAS (National Audit of Schizophrenia), AEIP (Audit of Early Intervention in Psychosis)]	Primary Care levers
brief advice	patients who smoke AND are given very brief advice	indicator requires healthcare professionals to provide brief advice message and this to be recorded in the patient's record in a clear and consistent way **Very Brief Advice, The 3 As** **Ask** and record smoking status **Advise** the patient of the personal health benefits of stopping smoking **Act** on the patient's response – prescribe Nicotine Replacement Therapy (NRT) for patients in withdrawal – monitor withdrawal and adjust pharmacotherapy accordingly – refer to local stop smoking service	In the NAS one question addresses this issue: • Has an intervention been offered, or a referral been made, within the past 12 months for help with smoking cessation? In the AEIP audit one question addresses this issue: • Interventions for smoking cessation delivered within 12 weeks of acceptance onto EIP caseload	check as recommended by NICE and in upcoming NHSE guidance. It is also captured by current QoF: **SMOK003** The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy
9c Tobacco referral and medication offer	Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.	**Eligible patients** are defined as patients who have been recorded as smokers during screening. The '**referred**' element of this indicator requires healthcare professionals to refer patients (not just signpost) to stop smoking services: for example, council funded stop smoking services or lifestyle service in the community; in-house services in hospital; or within GP practices or pharmacies) –. This must be recorded in the patient's record in a clear and consistent way. The '**offered stop smoking medication**' element of this indicator requires healthcare professionals to offer medication (where this is medically appropriate and possible) and this to be recorded in the patient's record in a clear and consistent way. This should be accompanied where relevant by **behavioural support** as per NICE guidance.	As above, the PSMI CQUIN requires delivery of appropriate interventions after screening • brief intervention • combined NRT and/or individual/group behavioural support or specialist support if high dependency • Referral to smoking cessation service Note the **PSMI Smoking Outcome Indicator** (3a) is applicable to EIP services where 10% or more patients who were previously identified as in the Red Zone for smoking on the Lester Tool should have stopped smoking. To achieve this target, appropriate services for this population must be commissioned. *See 'Intensive Behavioural Support' below In the NAS one question addresses this issue: • Has an intervention been offered, or a referral been made, within the past 12 months for help with smoking cessation? In the AEIP audit one question addresses this issue: • Interventions for smoking cessation delivered within 12 weeks of acceptance onto EIP caseload	This is part of the SMI annual physical health check as recommended by NICE and in upcoming NHSE guidance. It is also broadly captured by current QoF and attention should be paid to the **relevance and quality** of the 'offer of support and treatment': **SMOK005** The percentage of patients with one or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months *NICE 2011 menu ID: NM39*
Information for commissioners	Commissioners should be aware of the potentially higher needs of those living with SMI in respect of risk of higher dependency on cigarettes. NICE guidelines specify that behavioural or specialist support should be provided to this population. Delivery models commissioned should follow NICE guidelines (PH48).			

Preventing ill health by risky behaviours: smoking

Section	CQUIN 9 Tobacco: CQUIN numerator (all hospital patients- Acute Trusts and Mental Health Trusts)	CQUIN 9 Tobacco: Detail of required intervention	Mental Health Trust levers [PSMI CQUIN 3, NAS (National Audit of Schizophrenia), AEIP (Audit of Early Intervention in Psychosis)]	Primary Care levers
about appropriate services for those living with SMI to deliver this CQUIN				

***Intensive Behavioural Support - overview**

Intensive interventions typically involve scheduled face-to-face meetings between someone who smokes, either alone or in a group, and a counsellor trained to provide stop smoking support. The discussions may include information, practical advice about goal-setting, self-monitoring and dealing with the barriers to stopping smoking as well as encouragement. Intensive behavioural support also includes anticipating and dealing with the challenges of stopping.

Established and effective behaviour change techniques should be used (see NICE Public Health Guidance 6 on behaviour change). Support is typically offered weekly for at least the first four weeks of a quit attempt (that is, for four weeks after the quit date) or four weeks after discharge from hospital (where a quit attempt may have started before discharge), and normally given with stop smoking pharmacotherapy

Extract from NICE Guidelines PH48 on intensive behavioural support for smoking cessation

Who should act? Doctors, and stop smoking advisers, health and social care practitioners trained to provide intensive stop smoking support.

What action should they take?

- Discuss current and past smoking behaviour and develop a personal stop smoking plan as part of a review of their health and wellbeing
- Provide information about the different types of stop smoking pharmacotherapies and how to use them
- Provide information about the types of intensive behavioural support available
- Offer and arrange or supply prescriptions of stop smoking pharmacotherapies
- For anyone who does not want, is not ready or is unable to stop completely, encourage the use of licensed nicotine-containing products to help them abstain and provide intensive behavioural support to maintain abstinence from smoking while in secondary care. Follow Recommendation 8 in NICE guidance on tobacco: harm-reduction approaches to smoking (NICE public health guidance 45) where appropriate
- Offer, and if they agree, use measurements of exhaled carbon monoxide during each contact, to motivate and provide feedback on progress
- Alert the person's healthcare providers and prescribers to changes in smoking behaviour because other drug doses may need adjusting
- In addition, for people admitted to a secondary care setting:
  - provide immediate support if necessary, and otherwise within 24 hours of admission
  - provide support (delivered in the setting) as often, and for as long as needed during admission
  - offer weekly sessions, preferably face-to-face, for a minimum of 4 weeks after discharge - if it is not possible to provide this support after discharge, arrange a referral to a local stop smoking service
  - for people receiving secondary care services in the community or at outpatient clinics (including pre-operative assessments) also:
    - provide immediate support in the outpatient setting
    - offer weekly sessions, preferably face-to-face, for a minimum of 4 weeks after the date they stopped smoking. Arrange a referral to a local stop smoking service, if preferred by the person.