RCPQI breakthrough collaborative series: smoking cessation

Team case study: University Hospitals of Derby and Burton NHS Foundation Trust

Team members: Dr Elspeth Spencer, respiratory consultant and general physician Monica Hugh, Macmillan lung cancer nurse specialist Jess Docksey, lung cancer navigator.

The aim of this RCPQI smoking cessation collaborative for our team was ‘to offer 100% of patients in our new lung cancer clinic (or at first follow up) smoking cessation support by April 2019’.

The enthusiasm and passion from the faculty (teaching staff) rubbed off on us, especially during calls in between learning sessions. We all have different job roles and have all benefited in different ways. The collaborative was extremely well-organised and it was interesting to network with other teams in our cohort and hear about their challenges and successes. The various tasks we carried out at the learning sessions such as presenting posters and storyboards kept us engaged throughout the process.

Since we’ve completed the collaborative, it’s been a lot easier to engage with our patients. Before the collaborative, we were unsure about the provision of local smoking cessation support services for our patients. We also needed to improve our knowledge base surrounding the research and evidence behind the validity of the drugs we were prescribing, or if the methods worked. It was difficult to broach stopping smoking with patients because we didn’t feel confident about it, but following the collaborative we now have the confidence to say, ‘this will be the most effective treatment’ or ‘this is the best way to go about it’. We can now support patients with smoking cessation because our confidence has grown, and this comes across to patients.

Talking about our improvement project to the wider team and providing education sessions on providing smoking cessation support has meant we have more consultants willing to sign prescriptions for smoking cessation medication. Education sessions have been well attended by different staff groups such as trainee GPs and consultants from other departments. The urology team attended these sessions and as a result we now have someone able to prescribe smoking cessation support in urology. We gained so much information from the collaborative and it’s important to share that with our colleagues.

The team has benefited greatly by having Jess Docksey (lung cancer navigator) play a key role in our improvement project. If our team had consisted mainly of physicians, we would have struggled to promote the collaborative in the whole department but the inclusion of Jess has been a massive advantage. Even after the collaborative the team still do a weekly data collection to ensure we are offering smoking cessation support to our patients. Measurement is an element of quality improvement that clinical staff simply wouldn’t have the time to do in their day-to-day role, so if other teams didn’t have administrative support identified throughout the collaborative, it could become an obstacle further down the line.

We’re really proud of what we have achieved and want to spread the word about the collaborative process. Since the collaborative, we have been talking about our project at local meetings, national conferences and have applied for further funding which will be used for further education opportunities for staff.

Our advice to clinicians considering joining a collaborative would be to just give it a go! Even if you think you know QI methodology, doing an improvement project gives you time away with a team to put it into practice. Go for it!