



Wirral Smokefree Hospitals Evaluation Report

July 2013_{v4}



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Summary

Headlines

Acknowledging that all of the participants within the insight work were smokers, the following headlines are presented:

- Staff, patients and visitors take less cigarette breaks post campaign
- Staff groups have responded particularly well to the stop smoking social marketing campaign
 - Awareness that smoking is prohibited on site remains at 100%
 - Over 90% of staff were aware of WUTH Stop Smoking Policy
 - The proportion planning a quit attempt in the next six months and year rises
 - Although lower than the other groups, the proportion of people agreeing that smoking should not be allowed on hospital grounds rises from 33% to 49%.
- More patients report being asked about their stop smoking status and being offered stop smoking products and support
- More patients would welcome information about stop smoking support and the proportion who considered stop smoking products rises
- Patient recall of the campaign was low suggesting there was little sustained outcome of it alone
- Patient quit intentions in the next year remain the same at 72% although planned attempts in the next 6 months rises.
- Visitor awareness that smoking is prohibited on site fell from 77% to 70%
- Visitor attitudes towards smoking on site is more negative
 - More believe smoking should not be allowed on site
 - More believe it is unsightly
 - More expect staff to set an example by not smoking on site
- Visitor recall of campaign was low suggesting there was little sustained outcome of it alone
- More visitors are planning a quit attempt in the next year but less in the next 6 months suggesting that the immediacy of quitting has lessened
- Observational data suggests that there are less smokers on site and that staff in particular are being displaced to off-site locations
- Outreach in hospital grounds and buildings was a successful means of engaging people in brief advice conversations
- Service data demonstrates a high quit rate (50%) of those staff who are accessing the Stop Smoking Service as well as increased numbers of patients attending 1st appointments
- The conversion of patient referral to 1st appointment has improved as increased numbers of patients are attending 1st appointment despite lower numbers of patients accessing the service.
- The number of patient referrals into the Stop Smoking Service have fallen by 31% from the previous year
- The number of patients setting a quit date has increased by 72% and the number of those patients who go on to make a successful quit attempt has also increased by 39%. The 'quality' of referrals has increased over the campaign period.

1. Background

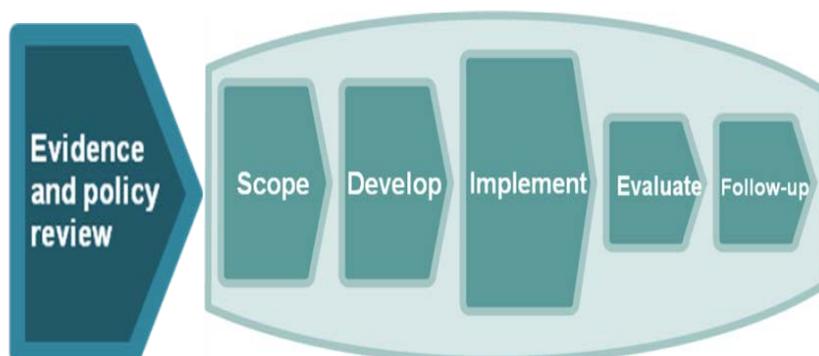
Project Summary

Smoking contributes to many health problems. People who are in hospital because of a smoking-related illness are likely to be more receptive to help to give up smoking. The hospital setting provides an excellent opportunity to influence the behaviour of patients, visitors and staff as it is thought that people can be more receptive to health advice and support whilst in hospital.

This evaluation report describes the outcomes and outputs from a Stop Smoking Social Marketing Project that took place across Wirral University Teaching Hospital (WUTH) sites:

- Arrowe Park, and
- Clatterbridge

Total Planning Process Model (below) was adopted in line with social marketing best practice.



The 5 stages highlight the activity that took place from January 2012 to May 2013.

Timescale	Activity
November 2012 – January 2013	Contract Initiation – Scoping
January 2012 – April 2013	Scoping
April 2012	Development
May 2012 – December 2012	Implementation (Staff)
December 2012 – April 2013	Implementation (Staff-Patient/Visitor)
April 2013 – June 2013	Evaluation and follow-up

In line with the recommendations from the scoping stage, a staggered approach to audience segmentation was adopted. The campaign activity was segmented into staff audiences (Stage 1) and patients/visitors (Stage 2). In reality, the evidence from campaign recall surveys suggests that reach was not discrete and was positively received by multiple audiences.

Stage 1 (Staff facing)

Summary:

- Examples of staff campaign resource in **Appendix 1**
- Use of key messages as recommended in Scoping Report
- Increase the immediacy of the offer for stopping smoking
- Use of social norms
- Promote Stop Smoking Service
- Increase training and support efforts
- Inform wider systemic approach across WUTH

Internal Staff Communication Routes
Team brief
WUTH staff newsletter
Intranet
Distribution campaign resource across departments
Global emails
Interactive PDF with resource, key messages and 'ask of staff'
Public Facing Communication Routes
Talking Head Video on intranet
Gallery sited at key points
Tray Liners in restaurants
Outreach in grounds (Brief Advice)

Stage 2 (Patient and Visitor Facing)

Summary:

- Examples of staff campaign resource in **Appendix 2**
- Use of key messages as recommended in Scoping Report
- Increase the immediacy of the offer for stopping smoking
- Use of social norms
- Promote Stop Smoking Service(s)
- Inform wider systemic approach across WUTH strategy

Internal Patient/Visitor Communication Routes
Distribution of campaign resource across sites: <ul style="list-style-type: none"> • Tent Cards (receptions / Canteens) • Book Marks (Stores / book trolley)
Inclusion across WUTH communications: <ul style="list-style-type: none"> • Team brief • Intranet • Intranet
Stop Smoking Service 'Welcome Packs' adapted for use during campaign outreach and in consultations with patients
Outreach stalls in canteens (Arrowe Park and Clatterbridge)
Outreach in grounds (Brief Advice)

2. Outcomes (Campaign Measures)

Survey

A simple survey tool was developed and administered to **smokers** on site by members of the Outreach team and the UNI team. Respondents were approached as they smoked or as they finished smoking.

Face to face interviews were carried out within hospital grounds, inside (in refreshment areas) and over the telephone where participants agreed to a short 10-15 minute follow up conversation.

The survey was administered in the grounds of both sites during the following months

- Pre: March 2012 – April 2012
- Interim: December 2012
- Post: May 2013 - June 2013

Table 1: Sample size at each timescale

	Number of completed surveys			Number of completed 1:1 interviews		
	Post	Interim	Pre	Post	Interim	Pre
Patients (Smokers)	55	15	42	10	0	11
Visitors (Smokers)	42	10	51	8	0	12
Staff (Smokers)	55	76	74	16	0	10
Total	152	101	167	34	0	33

The pre/post sample size was broadly equivalent; as the interim evaluation was concerned with finding out the impact of the staff facing campaign, it's audience cohort was weighted to reflect this.

Table 2 over page shows the comparison of survey pre, interim and post evaluation across audiences.

Staff

- Staff take less cigarette breaks post campaign (2.9) than pre (3.7)
- Awareness that smoking is prohibited on site remains 100% pre and post campaign

- Knowledge of how to access the Stop Smoking Service RISES post campaign (92.7% post, 86% pre)
- Percentage who had reported people to the Stop Smoking Service RISES very slightly (34.5% post and 32% pre)
- Percentage who agree that Smoking should be prohibited (not allowed) on hospital grounds' RISES (49.1% post and 33% pre)
- Percentage planning a quit attempt in the next year RISES after campaign (90.9% post and 81% pre)
- Percentage planning a quit attempt in the next six months RISES after campaign (87.3% post and 71% interim evaluation)
- The percentage of people who are aware of the Stop Smoking Policy in relation to staff is high 50 out of the 55 respondents (90.9%) said they knew of it.

Patients

- Patients take less cigarette beaks post campaign (2.7) than pre (3)
- Awareness that smoking is prohibited on site FALLS post campaign (83.6% post and 91% pre)
- Percentage who agree that smoking should be prohibited (not allowed) on hospital grounds' RISES (69.1% post and 55% pre)
- Percentage recall of the campaign was low 36%
- Percentage planning a quit attempt in the next year remains the same after campaign (72.7% post and 73% pre),
- Percentage planning a quit attempt in the next six months RISES after campaign (78.2% post and 64% interim evaluation)
- The percentage of people asked about their smoking status RISES slightly after the campaign (90.9% post and 87% pre)
- The percentage of people offered stop smoking support after arrival RISES after the campaign (81.8 % post and 63% pre)
- The percentage of people who would welcome information about stop smoking support during their stay RISES after the campaign (81.8 % post and 66% pre)
- The percentage of people who considered using stop smoking products during their stay RISES after the campaign (45.5 % post and 38% pre)

Visitors

- Patients take less cigarette breaks post campaign (1.5) than pre (1.9)
- Awareness that smoking is prohibited on site FALLS post campaign (70.9% post and 77% pre)
- Percentage who agree that 'smoking should be prohibited (not allowed) on hospital grounds' RISES (70.9% post and 64% pre)
- Percentage who agree that 'smoking should be prohibited (not allowed) on hospital grounds' RISES (70.9% post and 64% pre)
- Percentage who agree that 'Visitors who smoke should wait until the end of their visit and leave hospital grounds' FALLS after the campaign (54.8% post and 62% pre)
- Percentage who agree that 'Smoking on hospital grounds is unsightly' RISES (78.2 post and 57% pre)
- Percentage who agree that 'I expect staff who smoke to set an example by **NOT** smoking on hospital grounds' RISES (76.4% post and 70% pre)
- Percentage recall of the campaign was LOWER 43.6% (60% at interim evaluation)
- Percentage planning a quit attempt in the next year RISES after the campaign (81% post and 66% pre),
- Percentage planning a quit attempt in the next six months FALLS after campaign (70.9% post and 76% interim evaluation)

Summary

- **Appendix 4** highlights progress against campaign targets
- Four out of the six campaign target measures have been achieved (See Appendix 3)
- The number of public facing outreach sessions
- The percentage of people agreeing with stop smoking statements has risen
- Awareness of the Stop Smoking Service has risen for staff (but not patients and visitors)
- Campaign recall was above target 60% amongst staff but lower post evaluation amongst visitors and patients. However, at Interim evaluation stage, ALL staff groups exceeded the target. With increasing timescales, recall of the campaign falls amongst all groups.

Table 2: Comparison of survey pre, interim and post evaluation across audiences

Measure	Staff			Patients			Visitors		
	May '13	Dec '12	March '12	May '13	Dec '12	March '12	May '13	Dec '12	March '12
1. Number of cigarette breaks per day	2.9	3	3.7	2.7	2.5	3	1.5	2	1.9
2. Awareness that smoking is prohibited on site	100%		100%	83.6%		91%	70.9%		77%
3. Awareness of Stop Smoking Service on site	92.7%	96%	86%	76.4%	80%	81%	65.5%		
4. Knowledge of how to access Stop Smoking Service	70.9%	76%	79%						
5. Percentage who had referred patients to Stop Smoking Service	34.5%	18%	32%						
6. Percentage who agree that 'Smoking should be prohibited (not allowed) anywhere on hospital grounds'	49.1%	32%	33%	69.1	67%	50%	70.9%	90%	64%
7. Percentage who agree that 'Visitors who smoke should wait until the end of their visit and leave hospital grounds'							54.8%		62%
8. Percentage who agree that 'Smoking on hospital grounds is unsightly'							78.2%		57%
9. Percentage who agree that 'I expect staff who smoke to set an example by NOT smoking on hospital grounds'							76.4%		70%
10. Percentage recall of the Stop Smoking Campaign	81%	95%		36%	100%		43.6%	60%	
11. Percentage who reported considering stopping smoking as a result of the campaign	80%	67%		20%	80%		20%	30%	
12. Percentage planning a quit attempt in the next year	90.9%	92%	81%	89.1%	73%	81%	81%	90%	66%
13. Percentage who planning a quit attempt in the six months?	87.3%	71%		78.2%	64%		70.9%	76%	
14. Percentage who were asked about their smoking status since coming into hospital				90.9%		87%			
15. Percentage who offered stop smoking support since arrival				81.8%		63%			
16. Percentage who would welcome information about stop smoking support during their stay				81.8%		66%			
17. Percentage who considered using stop smoking products during their stay				45.5%		38%			
18. Percentage aware of the Stop Smoking Policy in relation to staff	90.9%								

3. Outcomes (Service Measures)

Outreach in hospital grounds

A team of two outreach workers have been engaging staff who smoke in hospital grounds one afternoon each week from 1st November 2012. Both staff members were trained in brief advice support.

The aim of the outreach was to focus on brief advice support, raising awareness of Stop Smoking Services and appropriate referral. Note that although this was deliberately not pitched as smokefree enforcement, the workers were advised that if smokefree was raised, they should engage people in conversation about WUTH Smokefree Policy.

Initially, the focus was on staff who smoke but from February 2013, the workers engaged patients and visitors who smoke.

Data collection is incomplete. Anecdotal evidence from the first two months suggests that approximately 20-25 (staff) smokers were engaged each session; approximately 40% of these conversations are brief advice interventions where cessation advice is shared and awareness of the Stop Smoking Service highlighted.

Outreach Data (Grounds): February 2013 - March 2013

Date of Outreach Session	Total Number Engaged	No. of Patients	No. of Visitors	No. of Brief Advice	No. of Referrals to SSS
14/02/13	68	20	48	43	43
21/02/13	62	11	51	49	49
28/02/13	51	14	37	35	35
07/03/13	25	10	15	19	19
14/03/13	47	16	31	26	26
TOTAL	253	71	182	172	172

Summary

- From the limited data available and from qualitative feedback, consistently high numbers of smokers were engaged in brief advice conversations.
- A high number of conversations (55%-79%) resulted in brief advice interventions and referrals

Outreach in hospital (Stalls over Patient/Visitor Facing)

As part of the patient and visitor facing campaign, a series of stalls were staffed in the canteen areas of each site. Initially it was planned to hold stalls in Arrowse Park main entrance thoroughfare. However building work meant this was not possible.

The stalls were used as a means to

- Distribute campaign materials (staff were asked if they could take resources to distribute to waiting areas within their departments)
- Engage individuals in brief advice conversations
- Make referrals to the Stop Smoking Services on site



Outreach Data (Stalls in Canteen): April 2013

Date of Outreach Session	Total Number Engaged	No. of Patients	No. of Visitors	No. of Staff	No. of Brief Advice	No. of Referrals to SSS
8/4/13 (Arrowe Park)	204	15	27	162	34	34
17/4/13 (Arrowe Park)	198	21	18	159	26	23
19/4/13 (Clatterbridge)	109	6	14	89	18	16
23/4/13 (Clatterbridge)	131	4	10	117	16	16
25/4/13 (Arrowe Park)	216	18	25	173	21	21
29/4/13 (Clatterbridge)	112	7	11	94	16	16
TOTAL	970	71	105	794	131	126

Summary

- From the data available and from qualitative feedback, the activity was a useful means of engaging smokers in brief advice conversations and enlisting the support of non-smokers
- There were 5 instances across the period of smokers 'seeking out' specific Stop Smoking Service information and two instances where they rang to make appointments there and then
- A lower number of conversations (10% - 17%) resulted in brief advice interventions and referrals but this is to be expected given that of the general audiences engaged, most would be non-smokers
- Outreach is a successful means of engaging non-smokers in conversations about smokefree hospitals and distributing key messages
- The canteens spaces are more useful for engaging staff than patients and visitors

Observational Data: April – June 2013



- Smokers were observed across a variety of locations and times of day during the months April – June 2013. The locations and time were repeated to approximately match those of baseline. (See **Appendix 4** for detail)
- In total, 226 smokers were observed (a mixture of staff, patients and visitors) which is a reduction of 43% from the baseline figure.
- Exact segregation into staff/patient/visitor audiences is not possible as smokers were not always readily observable however from the reports of the evaluation team observing, there were less staff smoking than previously.

Secondary Care Stop Smoking Service (Patients)

Table 2 shows the total number of WUTH patients who have accessed the Stop Smoking Service who have made 1st appointment with an adviser over the duration of the focused project work. For comparison, data from the previous year is shown.

Comparing the activity across the project timescale against the previous year shows an overall improvement (increase) of 89% more patients accessing 1st appointment (April to December) in 2012 than the corresponding period in 2011.

Table 2: *Number of WUTH patients accessing 1st appointment (April 2011 to march 2012) compared to baseline of April 2012 to March 2013)*

	2011/12	2012/13	% +/-
April	2	18	800
May	10	24	140
June	12	20	67
July	12	27	125
August	9	24	167
September	13	22	69
October	8	19	138
November	11	7	-57
December	8	n/a	-
January ‘	10	8	-20
February	13	12	-8
March ‘	31	13	-58
Total	139	194	40%

Chart 1 shows the comparative data for WUTH patients attending 1st appointment with the Stop Smoking Service

Chart 1

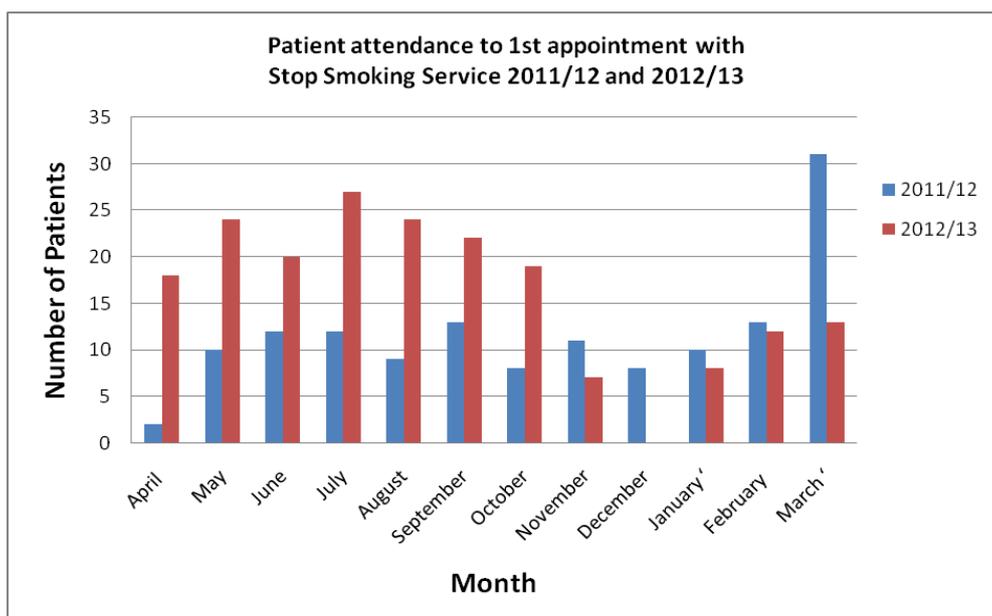


Table 3 Shows the number of WUTH patients referred into the Stop Smoking Service appointment (April 2011 to March 2012) along with the number of quit dates set and those people who achieved a successful quit (measured as 4 week) and patients referred (April 2012 to March 2013) .

The following comparisons between years can be made:

- Overall, there has been a 31% decrease in referrals between 2011/12 and 2012/12
- Numbers of people setting a quit date increased by 72%. As a proportion of attendees setting a quit date, the proportion increased from 10% in 2011/12 to to 26% in 2012/13
- Numbers of people achieving a successful quit increased by 39% from 51 to 71.
- The quit rate (the proportion of people setting a quit date who achieved a successful quit fell very slightly from 41% to 39%

The 2012/13 quit rate is 39% and is at the lower end of the 30%-70% range that the Department of Health recommends. Given the differences of the secondary care setting compared to community settings it is possible that quit rates cannot be compared exactly.

Table 3

	Referred 2011/12	Referred 2012/13	% increase /decrease in referrals	QDS 2011/12	QDS 2012/13	% increase /decrease in QDS	Success quits 2011/12	Successful quit 2012/13	% increase /decrease in successful quits
April	103	84	-18	7	19	171	5	6	20
May	115	82	-28	8	25	213	1	9	800
June	117	75	-36	8	23	188	3	6	100
July	97	119	23	12	29	142	5	12	140
Aug	88	81	-8	7	32	357	1	9	800
Sept	84	70	-17	10	18	80	6	7	17
Oct	84	55	-36	13	17	31	4	9	125
Nov	115	52	-55	13	7	-46	7	2	-71
Dec	97	44	-55	3	8	167	0	2	-
Jan	93	47	-53	7	11	57	4	4	0
Feb	77	47	-38	11	8	-27	4	2	-50
March	87	42	-52	23	13	-52	11	3	-72
Total	1157	798	-31	122	210	72	51	71	39

41%
Quit
Rate

39%
Quit
Rate

Secondary Care Stop Smoking Service (Staff)

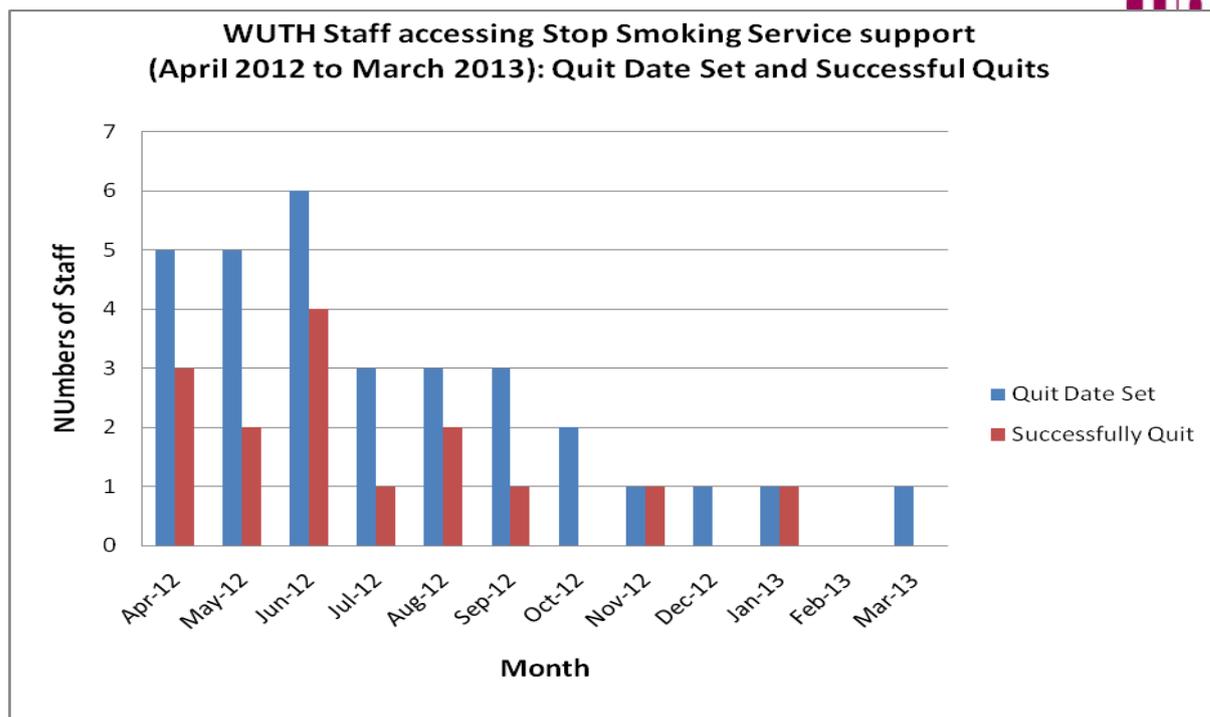
There are two points where staff can access Stop Smoking Service support at Arrowe Park. (The stop smoking support available at Lloyds Pharmacy are not included for the purposes of this report nor is data sensitive enough to identify staff who access services within the community).

- Arrowe Park Walk in Centre – Tuesday 2.00pm to 6.30pm
- Arrowe Park Ward 37 – Monday 1.30pm to 4.30pm

Chart 2 below shows the number of staff who have accessed the Stop Smoking Service during the project life (April 2012 to March 2013) and who have set a quit date and made a successful quit.

The quit rate compared to quit date set is 50%.

Chart 2



Summary

- Service data demonstrates a high quit rate of those staff who are accessing the Stop Smoking Service as well as increased numbers of patients attending 1st appointments. The conversion of patient referral to 1st appointment has improved despite lower numbers of patients accessing the service.
- The number of patient referrals have fallen by 31% from the previous year. It is difficult to assign one cause for this. Anecdotally, the pharmacy service report a lower number of NRT being prescribed and attribute this (in part) to the increased use of e-cigarettes. Other possible explanations *may* be that the patients who remain smokers are more entrenched in their behaviours. It is possible that the absence of the Stop Smoking Practitioner (the post was vacant for the duration of the project) may have had an effect on referrals as no staff training sessions or awareness took place around referring patients/stop smoking awareness.
- The number of patients setting a quit date has increased by 72% and the number of those patients who go on to make a successful quit attempt has also increased by 39%. The ‘quality’ of referrals has increased over the campaign period.

4. Recommendations



4.1. The Marketing Mix

4.1.1. Focus on behavioural goals

- Stop smoking on site
- Go and use the Stop Smoking Services

4.1.2. Draw on a multi component approach that focuses on social advertising, training and support, influencing physical environments and control:

<p>Educate</p> <p>Inform & advise, build awareness, persuade and inspire</p> <p><i>Social advertising, key messages that emphasise the offer benefits, social norms approach. E.g.</i></p> <ul style="list-style-type: none"> • Staff facing content on intranet • Staff newsletters • Public facing content on internet • Regular stalls on site • Inclusion in Fitter for Health work-plan • Pre-admission information designed to allow stop smoking planning • Brief advice / engagement on grounds by outreach staff • Regular press release across local media 	<p>Design</p> <p>Environmental considerations, increase availability, improve distribution of NRT</p> <p><i>Smoking furniture, reinforce 'on site' area, consider stages of patient pathways. E.g.</i></p> <ul style="list-style-type: none"> • Review stop smoking referral procedure to ensure fit for purpose • Ensure availability of NRT products on site and RAPID access to products for staff and patients • Review of Stop Smoking signage in line with insight and key messages • Audit existing SS Services and implement improvement suggestions • Include stop smoking considerations within estate planning and strategy
<p>Support</p> <p>Training, encouraging, back up key messages with services</p> <p><i>Training around 'enforcement', 'everyone's business, peer to peer engagement (secondary audiences). E.g.</i></p> <ul style="list-style-type: none"> • Target 'risk' groups • Support to staff to ask about smoking status, refer to services and reinforce smoke free site • Induction training • Health & Wellbeing Training • Stop Smoking Training by Nurse Practitioner • Regular inclusion on Fitter for Health agenda and training plan • Engage hospital volunteers in appropriate activity 	<p>Control</p> <p>Regulate and enforce, publicise and embed stop smoking policies</p> <p><i>Consistent messages and enforcement spread across workplace.</i></p> <ul style="list-style-type: none"> • Publicise policy – highlight sanctions of non-compliance • Publicise non-compliance and staff quit rates • Visible enforcement at key points (entrances) • Enforce across partner organisation staff groups • Include in procurement/commissioning processes



4.2. Social Advertising Considerations

4.2.1. Ensure that all communication reinforce **Key Messages**

Staff: You give mixed messages to patients when you smoke.

Patients don't want staff to smoke on site

Hospitals help people get better not to make them ill by helping them smoke

Free, tailored and immediate stop smoking support is available on site

Keeping hospitals smoke free is everyone's business

(All staff including non smokers)

You are 4x more likely to stop smoking if you use stop smoking support

Patients: Your recovery time is improved if you don't smoke whilst in hospital

Your wounds will heal quicker and faster if you don't smoke whilst in hospital

Free, tailored and immediate stop smoking support is available on site

Visitors: Wait until you leave the hospital grounds before you smoke

You can help patients' health by keeping hospital grounds smoke free
(non smokers too)

Keeping hospitals smoke free is everyone's business
(non smokers too)

1.2.2. Campaign content should focus on the benefits of the offer (all groups)

1.2.3. Campaign content for staff should include clear, consistent and direct messages from senior management about the smoking policy on site including a rationale, enforcement and sanctions

1.2.4. A social norms approach should be considered. Statements such as '*61% of the general public believes smoking should be banned in hospitals*' or '*two thirds of patients said they would welcome information about stop smoking support during their hospital stay*'

1.2.5. Testimonial is effective in reinforcing social norms approaches

1.2.6. Tone should set a balance between highlighting individual responsibility and avoiding blame – staff commonly felt 'got at' and 'harassed' and their invoking of 'human rights' suggests that negative approaches may not work



- 1.2.7. Outreach and engagement should be continued and built into stop smoking service and WUTH delivery plans.
- 1.2.8. Place – use of outreach stalls and campaign materials within buildings and outside in grounds to engage. Engaging staff and volunteers to support such activity will contribute towards a no-smoking social norm
- 1.2.9. WUTH Communications team should continue to support a social marketing approach across the trust
- 1.2.10. Distribution of key messages to partner organisations and at other points across the patient pathway (such as primary care) to support pre-visit planning where possible
- 1.2.10. Given the rapid turnover of both patient and visitor audiences, it is probable that a short social advertising campaign will produce limited sustained impact alone. The recall of patients and visitors fell rapidly as time since campaign increased.
- 1.2.11. Future activity may benefit from focusing on:
 - a) Equipping staff and volunteers with key messages and skills to engage patients and visitors
 - b) Increasing the exposure of stop smoking messages across 'permanent resource' i.e. those materials that patients are routinely exposed to as part of their hospital visits. Examples include referral letters, patient information material, bed side resources
 - c) Including messages across the referral pathways. Examples include key messages in primary care during discussions about admission.



4.3. Training and Support

4.3.1. Segment, target and prioritise staff groups

- Staff more likely to smoke (manual and shift staff)
- Staff able to support brief advice interventions
- Managers

4.3.2. Managers should be provided with specific support and guidance on a range of issues to enable their staff to play their part in stop smoking work. This should include

- Giving explicit permission for staff to take part
- Support staff to develop brief advice skills and carry out opportunistic stop smoking interventions
- Help staff to enforce smokefree policies by adhering themselves and reinforcing messages with patients and visitors

4.3.3. Subsequent stages of the project should give consideration to targeting staff as levers to support stop smoking behaviours amongst patients and visitors, this should include a focus on how non-smoking staff can 'play their part'

4.3.4. Appropriate training should be provided to staff around 'enforcement' in a safe and supportive manner and organisational expectations reinforced at induction and other opportunities

4.3.5. Personal development planning (PDP) to include health and wellbeing objectives/discussion

4.3.6. Opportunities to mix key messages within all training activity should be explored to ensure consistency. For example, any staff training should reinforce the role of modelling behaviours, the impact of staff smoking on patients and stop smoking referral routes

4.3.7. Outreach and engagement to target visitors about the immediate benefits of patients not smoking during their stay with information about accessing stop smoking services

4.3.8. The strategic and operational plan of the Fitter for Health Group should be aligned to support the stop smoking activity

4.3.9. Continue efforts to include WUTH volunteers within the stop smoking activity. Offer Smoking Cessation training, involvement in health and wellbeing activity and inclusion within communications



4.4. Services

- 4.4.1. Promoting the staff stop smoking service (including opening times) should be prioritised to embed new services and reinforce the service offer.
- 4.4.2. Numbers of successful quits and service use should be advertised to support a social norms approach
- 4.4.3. Existing referral guidelines should be shared and made clear to staff
- 4.4.4. Referral guidelines should be reviewed regularly to ensure they are accessible for as many staff as possible
- 4.4.5. On site stop smoking service surveys/short interviews should be carried out to understand user experience
- 4.4.6. There was some evidence that making the journey to 1st appointment 'easier' will improve attendance – reminder referral cards, considering incentivising attendance (implicit and explicitly)
- 4.4.7. Examining information across the patient pathway may identify points at which communication can be improved and key messages reinforced. Given patients begin planning smoking behaviours before they attend as inpatients, information prior to admission would support efforts
- 4.4.8. For patients who request stop smoking support, access to immediate prescriptions is important and as is follow up support back in the community. Efforts to ensure RAPID access to products for staff and patients should be regularly reviewed

4.5. Estate

- 4.5.1. Stop smoking considerations should be included within estate planning
- 4.5.2. Estate planning should take into account to availability of explicit smoking furniture (ashtrays) as well as implicit smoking furniture (such as benches and sheltered spots by car parks)
- 4.5.3. Stop smoking signage should be reviewed in line with insight and key messages. For example wording should be tested with each audience and consideration given to use of social norms approaches as well as more explicit prohibition. (Signs were noted for their 'requestful nature')

4.6. Control



- 4.6.1. Internal communication activity should demonstrate clear leadership and enable managers to implement policies.
- 4.6.2. The Stop Smoking Policy should be publicised across internal staff communications and the sanctions of non-compliance highlighted.
- 4.6.3. Non-compliance and staff quit rates should be publicised
- 4.6.4. Enforcement should be particularly high profile at key points such as entrances
- 4.6.5. Enforcement should be reinforced with partner organisations such as the North West Ambulance Service staff
- 1.6.6. Procurement and commissioning activity should require robust stop smoking policies of service providers and adherence to WUTH stop smoking policies

Appendix 1 Staff Facing Resource



Lorna & H

Porters
2 and half years
and 8 years smokefree

NHS

Patients who
smoke model their
behaviour on staff
who smoke.

NHS Wirral in partnership with
Wirral University Teaching Hospital
NHS Foundation Trust

Take the lead

Patients don't want
to smell stale cigarette
smoke on staff.

Take the lead

The majority of hospital
visitors expect staff to set an
example by not smoking on
hospital grounds

NHS

Take the lead

Most staff who smoke
want to quit. 81% considered
stopping smoking last year.

NHS

Take the lead

61% of people in the
North West want smoking
banned in hospital grounds.

NHS

Take the lead

On site stop smoking services for staff offer advice and nicotine replacement products. You can attend as a group or individually. Other NHS Stop Smoking Services across Wirral can be found by texting **'QUIT'** with your name and postcode to 80039 or online from: www.wirralct.nhs.uk

- Arrowe Park Walk in Centre:
Tuesday 2.00pm to 6.30 pm
Book by appointment
(0151) 201 4188
- Arrowe Park - Ward 37:
Mondays 1.30 - 4.30pm
- Arrowe Park - Lloyd's Chemist
(stop smoking advice only)

**You are 4x more likely to succeed if you
use an NHS Stop Smoking Service.**

NHS Wirral in partnership with
Wirral University Teaching Hospital
NHS Foundation Trust

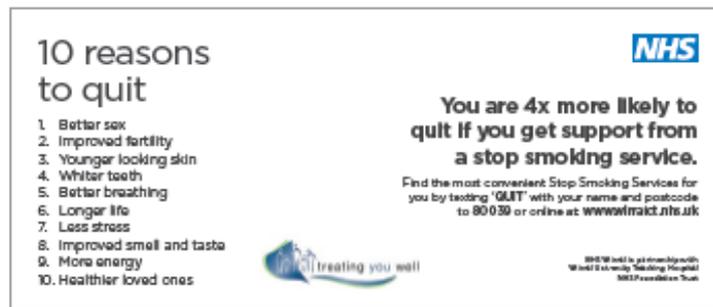


Appendix 2 - Patient Facing Resource

Tent Card example



Side 1



Side 2

Bookmark example



Side 1



Side 2

Appendix 3 – Project Measures

Secondary Care Measures

P=Patients, S=Staff, V=Visitors

	Measure	Reporting	Notes	Baseline Figure	Target	ACTUAL target
Service Measures						
P	1. Number of referrals	Baseline April 2011 – March 2012	Data baseline and reporting from SSS	1157	35-40% increase	798 (31% decrease)
P	2. Number of quit dates set	Baseline April 2011 – March 2012	Data baseline and reporting from SSS	122	35-40%	210 72% increase
P	3. Number accessing 1 st appointment	Baseline April 2011 – March 2012	Data baseline and reporting from SSS	139	35-40% increase	195 (40% increase)
P	4. Number of NRT prescriptions	Baseline April 2011 – March 2012)	Aggregate baseline (Total year/12) AND monthly 2011-2012 required to allow monthly comparisons as well as improvement against baseline	No data	30 – 40% increase	No data
S	5. Number of staff accessing Stop Smoking Service (Mon/Tues Clinic)	Baseline April to September	Used 6 month baseline	25 QDS 13 Quits	35-40% increase	6QDS 2 Quites (October – March)

	Measure	Reporting	Notes	Baseline Figure	Target	ACTUAL target
Campaign Measures						
PSV	1. Numbers of people smoking outside hospital grounds	March 2012 baseline & February 2013	Observation	Baseline – 397	50% - 60% reduction	226 observed 43% reduction
S PV	2. Campaign recall (measured by simple survey)	January / February 2013	Post campaign survey / interview	None	60%	36% (patients) 43% (visitors) 81% (staff)
PSV	3. Numbers of people engaged in significant stop smoking conversations during public facing sessions	Monthly	During campaign – use simple reporting sheet	None	2000	1223 (note there was significant under reporting from the Outreach Staff over November – February)
PSV	4. Number of public facing 'outreach' sessions	Monthly	During campaign – use simple reporting sheet	None	5	5
PSV	5. Pre/Post survey asking people who agree with smoke free and stop smoking statements'	At project end - January / February 2013	Post campaign survey / interview	None	<ul style="list-style-type: none"> Smoking should be prohibited: Increase across all groups Visitors should wait until departing before smoking: Increase Staff should set an example; Increase Smoking in grounds is unsightly: Increase 	
SPV	6. Pre/Post survey measuring awareness of SSS	At project end - January / February 2013	Post campaign survey / interview	Baseline - 83% (Staff). Target 93% See Appendix 4 (5.2) for detail		Increase in staff awareness of SSS 92.7%

Appendix 4 – Baseline data

5.1. Observational Data

Date Range April 2013 to June 2013: Total Hours of observation = 24.5 hours

Day	Date	Time	Location (Arrowe Park)	Hours Spent	No. of People
Fri	19/4/13	14.00 – 15.30	Main entrance	1.5	15
Tues	23/4/13	16.00 – 17.30	Hospital Front - Entrance to A&E	1.5	18
Fri	26/4/13	12.00 – 13.00	Walk around whole site	1	8
Sat	27/4/13	12.00 – 13.30	Hospital Front - Entrance to A&E	1.5	16
Mon	29/4/13	16.00 – 17.00	Walk around whole site	1	6
Tues	30/4/13	11.00 – 12.30	Front of Children's/Maternity	1.5	2
Fri	3/5/13	12.00-13.00	Front of hospital entrance & benches	1	17
Mon	6/5/12	15.00 – 17.00	Monument (front of grounds)	2	26
Tues	7/5/13	16.00 – 17.30	Monument (front of grounds)	1.5	10
Wed	8/5/13	8.30 – 10.00	Front of hospital entrance, benches & A&E entrance	1.5	9
Fri	10/5/13	10.00 – 12.00	Behind Bike sheds back of hospital	2	11
Fri	10/5/13	10.00 – 12.00	Hospital Front Car Park	2	18
Thur	16/5/13	14.00 – 13.00	Front of hospital entrance, benches & A&E entrance	1	23
Wed	22/5/13	16.00 – 17.30	Main entrance	1.5	12
Tues	28/5/12	11.30 – 12.30	Walk around whole site	1	15
Total				24.5	206

Day	Date	Time	Location	Hours Spent	No. of People
Thurs	2/5/13	10.00 – 11.00	Clatterbridge - walk around	1	5
Wed	15/5/13	17.00 – 18.00	Clatterbridge - walk around	1	5
Mon	20/5/13	10.00 – 12.00	Clatterbridge - walk around	1	6
Fri	24/5/13	16.00 - 17.30	Clatterbridge - walk around	1	2
Total				20	

5.2. Survey Data

The target increase is 10% improvement across each measure (Given the high existing figure; a 5% increase with Patients being asked their stop smoking status by staff and that smoking is prohibited on site).

GREEN: Where successful achievement of target

AMBER: increase against baseline but non-achievement of target

RED – decrease against baseline and non-achievement of target

Patients			
	Pre Campaign	Post Campaign	ACTUAL
Average no. of cigarette breaks taken each day since coming on site	3	2	2.7
Have you been asked by staff about your smoking status since you came into hospital?	87%	Target 92%	90.9%
Have you been offered smoking support by staff since your arrival	63%	Target 73%	81.8%
Did you personally consider using stop smoking products during your hospital stay?	38%	Target 48%	45.5%
Proportion aware that smoking is prohibited on site (hospital grounds)	91%	Target 96%	83.6
'Smoking should be prohibited (not allowed) anywhere on hospital grounds'	50%	Target 60%	67%

Visitors			
	Pre Campaign	Post Campaign	ACTUAL
Average no. of cigarette breaks taken each day since coming on site	1.9	Target 1	1.5
Proportion aware that smoking is prohibited on site (hospital grounds)	77%	Target 87%	70.9%
Proportion who agree with the following statement: ' <i>Smoking should be prohibited (not allowed) anywhere on hospital grounds</i> '	64%	Target 74%	70.9%
Proportion who agree with the following statement: ' <i>Visitors who smoke should wait until the end of their visit and leave hospital grounds before smoking</i> '	62%	Target 72%	54.8%
Proportion who agree with the following statement: ' <i>Smoking on hospital grounds is 'unsightly</i> '	70%	Target 80%	78.2%
Proportion who agree with the following statement: ' <i>I expect staff who smoke to set an example by NOT smoking on hospital grounds</i> '	57%	Target 67%	76.4%

Staff			
	Pre Campaign	Post Campaign	ACTUAL
Average no. of cigarette breaks taken each day since coming on site	3.7	Target 3	2.9
Proportion who aware of the Stop Smoking Service on site	83%	Target 93%	92.7
Proportion who know how to refer patients to the service	79%	Target 89%	70.9%
Proportion who can correctly identify how to refer patients to the Stop Smoking Service	26%	Target 36%	29.1
Proportion who have referred patients to the Stop Smoking Service	32%	Target 42%	34.5%
Proportion who agree with the following statement: ' <i>Smoking should be prohibited (not allowed) anywhere on hospital grounds</i>	34%	Target 34%	49.1%

5.3. Service Data

Staff Clinics

	Baseline			
	No. attended Stop Smoking Service	No. of Individual appointments	No. who made a quit attempt	No. who achieved a 4 week quit
1st April 2012 – 31st September 2012		42	14	4

Patient Services

Patient data April 2012 – Dec 2012 (all referred in by staff to SS community clinics or on-site SS clinics) Attendance to 1st appointment (April 2012)

	2011/2012	2012/2013	% +/-
April	2	18	800%
May	10	24	140%
June	12	20	67%
July	12	27	125%
Aug	9	24	167%
Sept	13	22	69%
Oct	8	19	138%
Nov	11	7	-57%
Dec	8	n/a	
Total	85	161	89%

Patient Outcomes

	Referred (2011/2012)	Referred 2012/2013)	QDS (2011/2012)	QDS (2012/2013)	Success quits (2011/2012)	Successful quit (2012/2013)
April	103	84	7	19	5	6
May	115	82	8	25	1	9
June	117	75	8	23	3	6
July	97	119	12	29	5	12
Aug	88	81	7	32	1	9
Sept	84	70	10	18	6	7
Oct	84	55	13	17	4	9
Nov	115	52	13	7	7	2
Dec	97	44	3	8	0	2
Total	900	662	81	178	32 (40% Quit Rate)	62 (35% Quit Rate)