

## Helping Smokers Quit

Adding value to every clinical contact by treating tobacco dependence



London Clinical Senate

### Influencing strategy

With limited resources, the approach taken by the Helping Smokers Quit Delivery Team has been to develop an influencing strategy that builds a movement for change. There is scope to continue to build on this, working at Sustainability and Transformation Plan (STP) level, and also cross-London networks such as the tobacco networks, and maternity and mental health sub-groups facilitated by Public Health England (London). Movements cope with, and may thrive on, complexity, scale and emotion, which is what we needed: an appeal to both left and right brain. Social movements require collective effort, but retain individual identity: people choose to join up because they care.

We used four related communication tactics to influence:

- The endorsement system of our **CO4<sup>1</sup>** messages
- The reference structure that backs up our claims
- Mental models of clinicians: how should we think about this differently?
- What gets done

The table (below) describes how the activities connect. It illustrates how we populated it an NHS England (London) level. We encourage you to use the references and data we have collected.

We continue to meet individual clinicians who have been passionate in their specialty about treating patients for their tobacco dependence who are not part of any network, but who are valuable teachers for London if they are invited to share their stories. We struggled to identify obstetricians who would work with us, but found a number of strategic clinical networks and interested sub-groups who have been very positive, e.g. the Children and Young People's Network that has been producing guidance on asthma. There is a gradual acceptance of our reframing of smoking as "tobacco dependence", but that has not yet converted into more treatment. Uptake of the NCSCT online training has increased, however, a number of role models have not yet prioritised this, including Clinical Senate members.

<sup>1</sup>[www.londonsenate.nhs.uk/helping-smokers-quit/](http://www.londonsenate.nhs.uk/helping-smokers-quit/)



## Helping Smokers Quit

Adding value to every clinical contact by treating tobacco dependence



London Clinical Senate

### WHO/WHY (importance and commitment)

#### 2. Deliver a professional relations programme: influence the endorsement system

Identify the people others listen to/read/want to impress; meet them, get them on board. Assess how confident they are and how important helping smokers quit is to them and help them raise to 8/10. Ask them to publicise the messages: they are the endorsers.

**Who:** medical and nursing leads in each speciality and organisation, Strategic Clinical Network leads, Directors of Public Health, Chief Officers and Chairs of CCGs, Smoking cessation and behaviour change experts, lead pharmacists, bloggers, registrars of deaths. London-wide smoke free champions e.g. Deputy chief nurse, Guy's and St Thomas' Foundation Trust, Director of Clinical Strategy, Kings Health Partners

#### 1. Publish claims: influence the reference structure

Use the right currency to influence the endorsers: meta-analyses, peer-reviewed publications, citations, cost-effectiveness data; comparative performance data and national/regional strategies e.g. TB strategy;

Highlight the publications that support our messages; generate/stimulate new articles; use letters; publish/re-publish comparative data; share across specialty

### WHAT/HOW (confidence and hope)

#### 3. Reframe the problem: influence clinicians' mental model and provide hope

Smoking is a long term condition (tobacco dependence) developed in childhood with (NICE-approved) effective treatment that we should and can all treat and which is THE value proposition for the NHS.

Provide stories of success; make a case for change; endorse, publicise and use existing training programmes e.g. NCSCT Very Brief Advice and Second Hand Smoke + UCLP behaviour change unit and SLAM and KHP tobacco strategy; include in speciality meetings/conferences; for organisations provide examples of incentives that promote spread e.g. CQUINs, quality payments. Suggest positive feedback loops. Commit to CO4

#### 4. Develop and promote key messages<sup>1</sup>: influence what clinicians do

Make every contact count: it's worth it  
How to ASK, ADVISE, ACT and follow up  
How and when to prescribe NRT, varenicline,  
How and when to use carbon monoxide monitoring  
How to code (routine, CQUIN/LES, death certificate)  
How and when to refer "Why wouldn't you?"

<sup>1</sup>[www.londonsenate.nhs.uk/helping-smokers-quit/](http://www.londonsenate.nhs.uk/helping-smokers-quit/)

