

Report to the Trust Board

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| Meeting Date: | 27 th June 2011 |
| Title: | Clinical Champion for Prevention. |
| Executive Summary: | <p>This is a 1 year post (April 2011-March 2012), initiated and supported by the Regional Director of Public Health and has been created to encourage the delivery of preventative medicine at RWHT. This post and similar posts in neighbouring Trusts are an attempt to overcome the perceived lack of engagement in preventative medicine (particularly with regard to smoking cessation and alcohol treatment). The aim is to improve the services delivered to patients and staff.</p> <p>The expected outcome criteria for the post are :-</p> <ul style="list-style-type: none"> • Reports to Trust Board (initial report and concluding report). • Number of staff who have been trained in identification and brief opportunistic interventions for smoking and harmful drinking. • Number of referrals made to the stop smoking and the alcohol counselling services. • Prevalence of smoking and harmful drinking among staff, and actions proposed/taken to help staff become healthier and fitter. • Active participation of the Trust in community safety programmes in partnership with other public sector agencies by means of sharing A&E data on assaults and alcohol related violence <p>Dr I Perry was appointed as Clinical Champion for Prevention April 2011.</p> |
| Action Requested: | The Trust Board are asked to note and support the report |
| Report of: | Medical Director |
| Author: Contact Details: | Ian Perry, Consultant Gastroenterologist Tel: Extn 4127 Email: ian.perry@nhs.net |
| Resource Implications: | All proposals are potentially cost neutral. Economic modelling suggests if adopted there may be considerable cost savings. |
| References: (eg from/to other committees) | |

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| Appendices/ References/ Background Reading | |
| NHS Constitution: (How it impacts on any decision-making) | <p>In determining this matter, the Trust Management Team should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny |

Background Details

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| <p>1</p> | <p>Initial Report from Clinical Champion for Prevention to Trust Board May 2011</p> <p>Under Transforming Community Services, the Healthy Lifestyle team migrated to RWHT on 1st April. This team includes 3 smoking cessation workers, 25 Health trainers, 6 admin support / managerial and 6 coordinators, with a further 8 Health check workers due to join. The majority of the work undertaken by this team is currently community based with minimal input at RWHT. This is in part due to the lack of office or clinical space at RWHT (they are currently based at West Park). They are not yet integrated into the management structure at RWHT, although I understand that this is currently being addressed.</p> <p>Smoking Cessation</p> <p>There is no smoking cessation lead for the Trust. There are 3 smoking cessation workers who deliver treatment and training in the community and at RWHT. Additionally, several RWHT nurses have been trained and can deliver certain elements of smoking cessation intervention (eg vascular ward, respiratory unit). There is currently information on all wards for nurses to refer patients who can be seen in a weekly clinic or on the ward. There is a limited range of nicotine replacement therapy on the formulary. There is a drop in clinic once a week for staff and a weekly clinic in the respiratory department. A CQUIN for smoking cessation has been in place for 1 year and is to be repeated this year, although the smoking cessation team are unaware of the details.</p> <p>Alcohol</p> <p>The mortality from alcohol related problems in Wolverhampton is twice the national average (mortality review at RWHT and data from PCT suggests this is due to an excess of patients rather than excessive mortality rate within those patients admitted to the Trust). There is no alcohol treatment lead for the Trust. There is one alcohol project nurse in a development post which is due to be extended until December 2011. This is a pilot project developing pathways for inpatient intervention (behavioural modification) and integration with the community services. This post provides a service for the acute medical wards only.</p> <p>It is due to be expanded as part of a plan to provide 2 nurse posts at RWHT and an expanded community alcohol team (to start in January 2012).</p> |
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This service will be provided by an external provider (tender documents in preparation with Wolverhampton Strategic Alcohol Commissioning Group; I Perry to represent Trust), this is funded by PCT, with commissioning lead by Public Health. There are tentative plans for this to continue after the reorganisation of the PCT / GP commissioning process.

Overall Impression

The transfer of the Healthy Lifestyle team to RWHT provides a potential workforce to deliver much of the preventative health measures that our patients require. They are also in a position to train current nursing and medical staff to deliver brief interventions under the “make every contact count” initiative. The expanding alcohol liaison service should also improve service delivery.

As part of the integration of the healthy lifestyle team the Trust needs to identify management structures and accountability and the targets, outcomes and contracts need to be understood clearly. I suspect they may need to be more clearly defined, especially the outcomes, than at present. They will need more resources in terms of facilities (clinic/office space at RWHT) to deliver any service at RWHT. They will need to develop patient pathways that link the community and inpatient work.

Proposals & Recommendations

- 1) Appoint a Clinical Lead for Alcohol and a Clinical lead for Smoking Cessation (I. Perry for Alcohol and K. Willmer for Smoking)
- 2) Identify management structure for Healthy Lifestyle team. Review their current workplan and targets and previous outcomes. Review their current patient pathways and determine how these can be expanded to include RWHT in-patients and staff. Identify office space and clinic rooms at RWHT for their use
- 3) Develop links with Occupational health and pursue staff survey, with union support
- 4) Develop an alcohol group (A/E, acute physician, liaison psychiatry, nurse, gastroenterology) to deliver 2011 NICE guidance on alcohol. Ensure tender specifications for service expansion meet RWHT needs and that outcomes are measured
- 5) K Willmer to consider developing a smoking group (respiratory / cardiology / ENT / vascular / smoking cessation workers) & coordinating all smoking patients referred for surgical opinion via choose and book