

Recovery plan
Increase the number of pregnant women who quit smoking at 4 weeks

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Last updated: Jan 2010

Target area	Target description
Reduce premature mortality rates & inequalities in premature mortality rates between wards	Increase the number of pregnant women who quit smoking at 4 weeks

Performance target

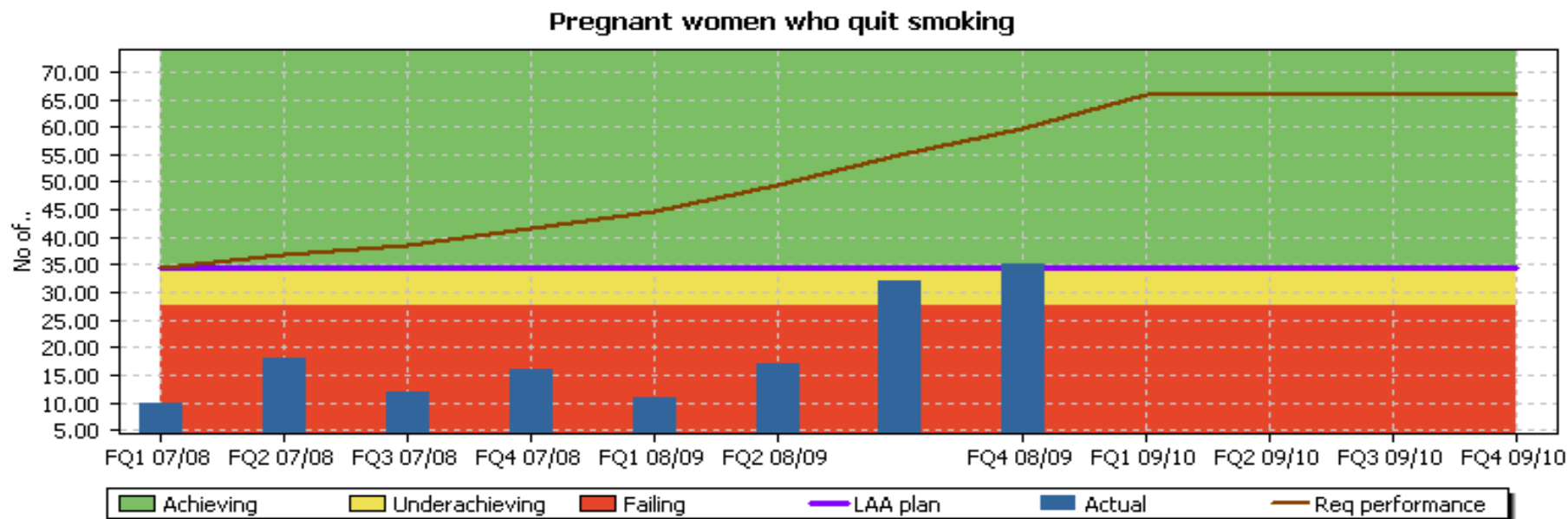
Target	Performance/ target	2007-08				2008-09				2009-10				Latest / cumulative performance
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Increase the number of pregnant women who quit smoking at 4 weeks	Performance	10	18	12	16	11	17	32	35	23	22			196
	Target	34.5	34.5	34.5	34.5	34.5	34.5	34.5	34.5	34.5	34.5	34.5	34.5	276.0
	Variance	-24.5	-16.5	-22.5	-18.5	-23.5	-17.5	-2.5	0.5	-11.5	-12.5	-	-	-102
	Required performance	34.5	36.7	38.6	41.6	44.8	49.6	55.0	59.6	65.8	81.0	81.0	81.0	426.1
	Variance	-24.5	-18.7	-26.6	-25.6	-33.8	-32.6	-23.0	-24.6	-42.8	-	-	-	-252.1

Note:

The target is calculated based upon the cumulative total over the 3-year period from April 2007 – March 2010.

The required performance is based upon the level of activity that would be required over the remaining periods of the LAA to guarantee achievement of the target.

Graph: the number of pregnant women who quit smoking at 4 weeks



Condition of target: 5% of the Performance Reward Grant will be lost if the overall number of four week quitters in Plymouth is less than 6354 in the three year period ending 31/3/10 (equivalent to 2118 pa).

Target	Performance/ target	2007-08				2008-09				2009-10				Latest / cumulative performance
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Number of 4 week smoking quitters (cumulative over 3 years)	Performance	407	901	1317	2120	2596	3015	3447	4211	4879				4879
	Target	487	868	1292	2118	2605	2986	3410	4236	4723	5104	5528	6354	4723
	Variance	-80	+33	+25	+2	-9	+29	+37	-25	+156				+156

Comment on progress

Period of comment	Comment on progress <i>(Note – this comment will be published both internally and externally as part of the LAA reporting process. Where relevant please summarize whether any recovery plan is on track to deliver the required improvements)</i>
Q2 2009/10	<p>The opt-out referral system in place for pregnant smokers that started on the 1.10.08 is working well. We have seen a significant increase in referrals. We are now confident that every single pregnant woman in Plymouth who smokes is now being directly offered smoking cessation support.</p> <p>Additional funding for 0.6WTE pregnancy specialist has been agreed and actioned.</p>

Recovery plan

	Actions to deliver target	Lead Responsibility	Timescale	Risk assessment	Contingency plan	Progress details <i>(Include reporting body where appropriate)</i>	On schedule, slippage, completed
1	<p>Increase the number of referrals from the midwifery service by improving the system at booking</p> <ul style="list-style-type: none"> -Meet with Helen McLindon, Sue Williams -Once pathway is established run mandatory training sessions so that all midwives have been informed of the new system <p>Increase referral through other organisations such as children's centres, GP practice through awareness raising, fundays, letter writing, practice manager meetings</p>	J Fortt R Moody	ASAP	<p>Midwifery time is very pressured may be difficult for them to attend training</p> <p>New forms have to be ratified- process can be lengthy</p>	Keep reminding midwives of the need to refer at booking when attending midwifery meetings and seminars	<p>Regularly report to Russell Moody to ensure that the LSP HTG are aware of progress</p> <p>Opt out referral system commencing 1.10.08 all community midwives to refer every pregnant smoker at booking visit</p>	<p>On schedule</p> <p>Complete</p>
2.	<p>Improve the hospital PROTOS data that is provided by midwives- remove the 'don't know' field. Discuss with Karen Grimshaw, data inputter and Sue Williams</p>	Jo Fortt S Williams	ASAP	On-going problem hospital reluctant to change fields	Ensure that midwives understand the importance of the smoking status fields	<p>From 1.10.08 categories on pink at risk form are</p> <p>Y = smoker</p> <p>N= non-smoker. Met with AN Clinic Office Staff Jill Read &</p>	<p>On schedule</p> <p>Completed (this will take 9 months to show effect)</p>

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						PROTOS Manager Grace Armstrong to arrange this	
3.	Deliver brief intervention training to midwives at ward meetings Deliver brief intervention training to other community workers Work towards making stop smoking training mandatory for midwives to ensure that they use the appropriate language with pregnant women and understand fully what treatments are available- Meet with Helen McLindon to arrange	J Fortt	ASAP	Limited time for mandatory training	Re visit the distance leaning pack with objectives and learned outcomes with a follow up assessment of knowledge gained	4 training sessions for community midwives held by 30 th Sept 08 on new referral system. 3 x training 1 day workshops planned for next year as yet not mandatory	On schedule Completed
4.	Develop new resources (posters and leaflets) for smoking in pregnancy to encourage women to quit and self-refer	J Fortt	3-6 months	Limited human resources for this work	Use generic literature and adapt	Russell Moody developing new flyer advertising pregnancy service to go in booking packs	Completed Pilot Group starting 25 th Feb

	Actions to deliver target	Lead Responsibility	Timescale	Risk assessment	Contingency plan	Progress details <i>(Include reporting body where appropriate)</i>	On schedule, slippage, completed
5	Increased demand for access to Stop Smoking Service by pregnant/women with families. To meet anticipated increased demand, require MCA (Band 3) in full-time post to provide rolling groups in Children's Centres and help with initial phonecalls to signpost pregnant women to groups, to be based at Derriford Hospital. Incentives for attending group – free crèche, refreshments & beauty treatment (in negotiation on this)	J Fortt	Jan 09	1 specialist adviser – 30hrs wk 1 specialist adviser 22hrs Pregnant women need intensive follow-up from early pregnancy to 3 x follow-up calls post-natal. Length of visiting depends on individual clients but follows 8-12 weekly visits in line with NRT therapy provision	Pregnant women have access to drop-in sessions available in city and 1-1 appointments at Nuffield Clinic (base) with other specialist advisers in team	Stop smoking groups have now been rolled out. Funding has now been identified for and additional WTE 0.6 pregnancy specialist.	Action adjusted Workforce plan submitted. Complete