









Health Improvement Performance Update January 2023

Fiona Moss
Head of Health Improvement and Equalities
Glasgow City Health and Social Care Partnership

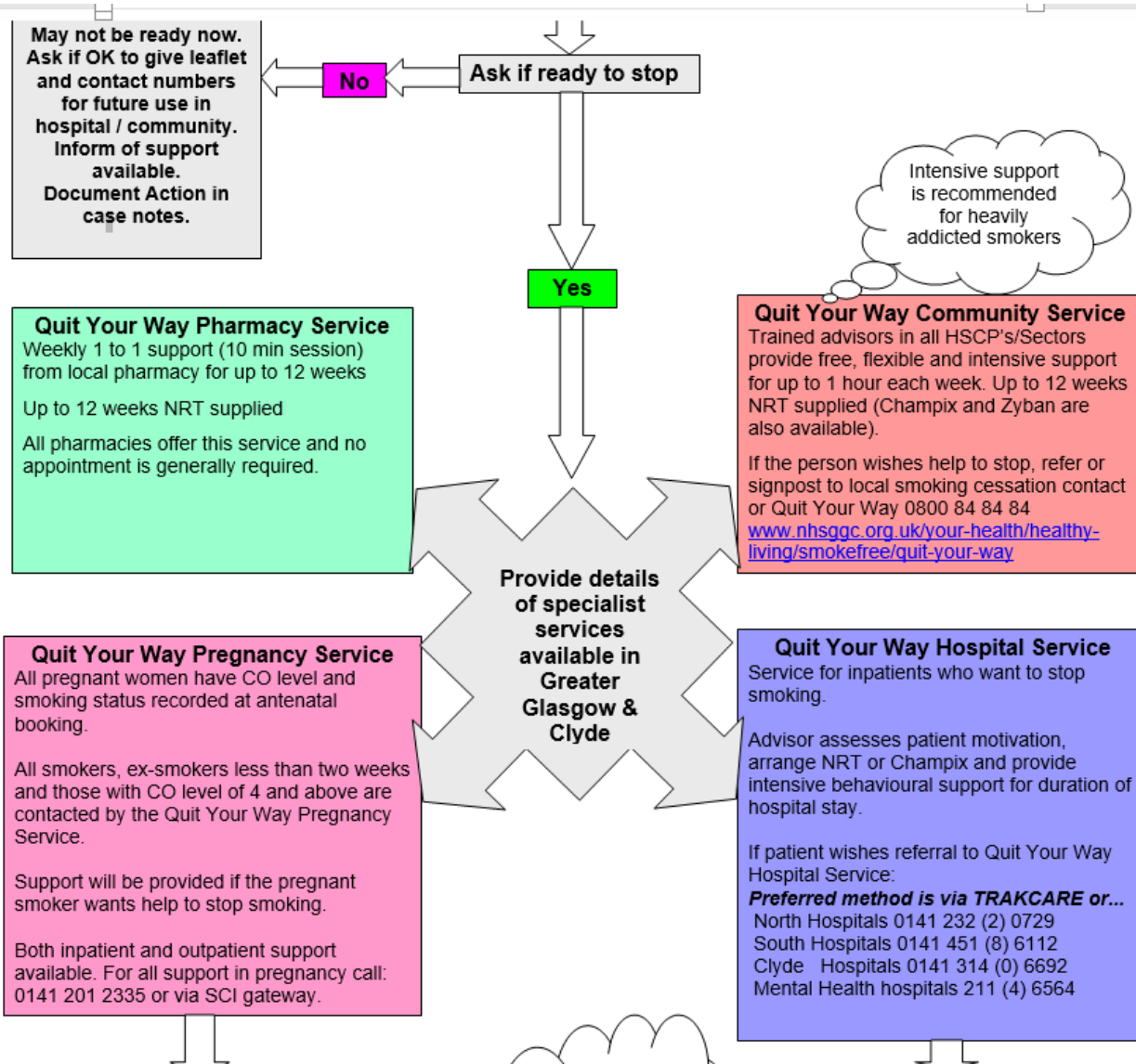
CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Health Improvement	2 (28.6%)	1 (14.3%)	4 (57.1%)		2 (28.6%)	1 (14.3%)	4 (57.1%)	

Key Performance Indicators - Summary

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual)	Q2	4408	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 (annual)	Q1	248	▼ to
3. Women smoking in pregnancy (general population)	11%	Q3*	8.2%	▲
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q3*	13.6%	▲ to
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% (by end of 22/23)	Q1	29.4%	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% (by end of 22/23)	Q1	23.3%	▲ to
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30% (by end of 22/23)	Q1	23.5%	▲

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	RED	Performance misses target by 5% or more	▲	Improving
	AMBER	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	GREEN	Performance is within 2.49% of target	▼	Worsening
	GREY	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

Smoking Cessation



Scotland's target
To reduce adult smoking prevalence from 23% in 2011 to **5% by 2034** (17% by 2016; 12% by 2021; 9% by 2026; and 6% by 2031)

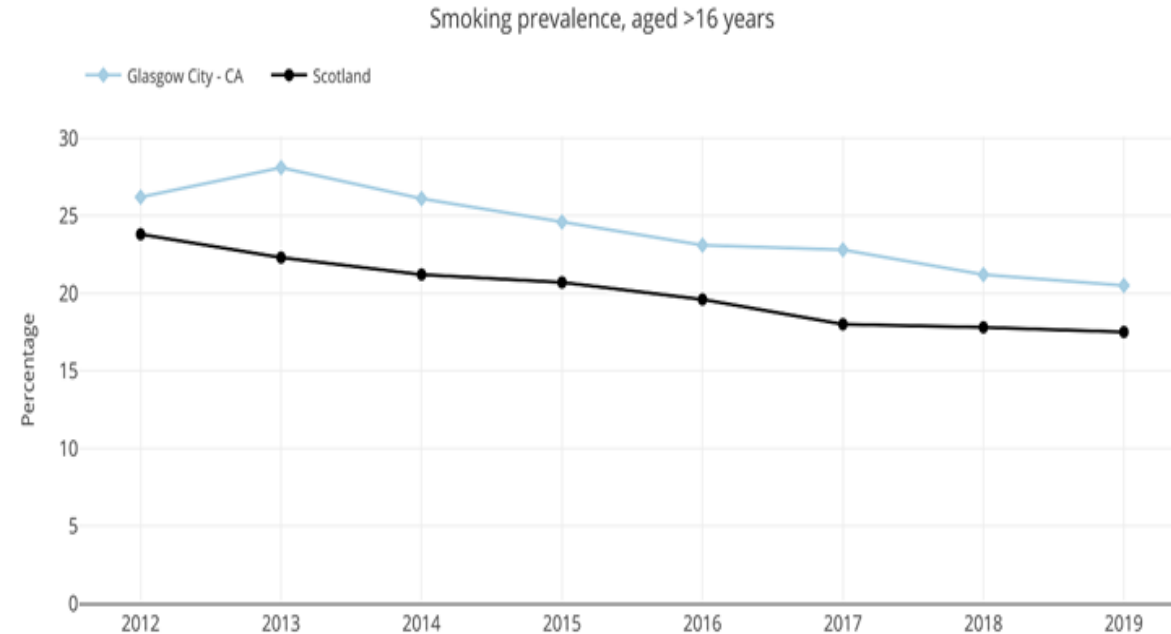
By 2021- smoking prevalence for SIMD 1 & 2 combined should be 20% or lower

Demand and activity

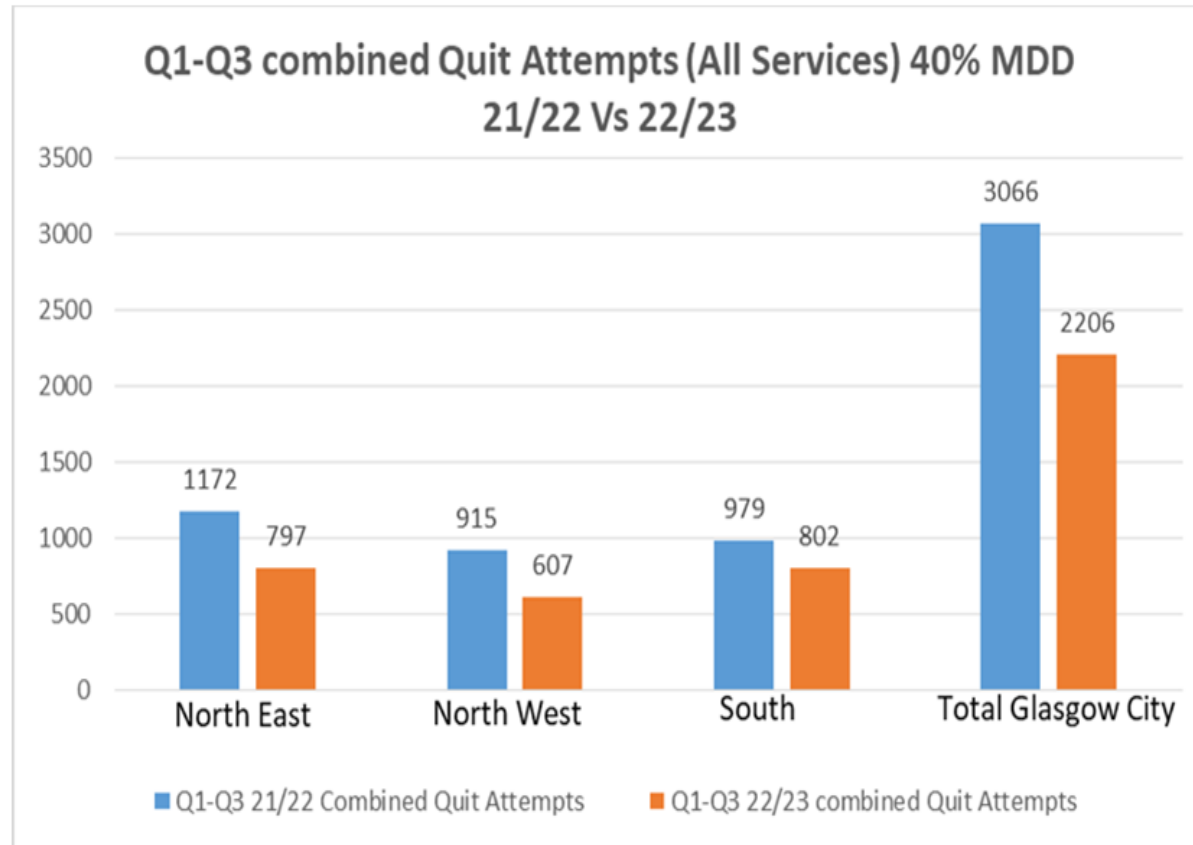
- **Referral sources;** self, primary care, hospitals e.g. all new cancer diagnosed smokers, all pregnant smokers
- **Partial reporting.** QYW is a universal service, however only those 12 week quits from SIMD 1 and 2 contribute towards the LDP Standard. Between 17-28% of the community service work is not formally reported.

Inward referrals into the Glasgow City QYW Community Service

	Q1 22/23	Q2 22/23	YTD
South	172	161	333
North West	257	265	522
North East	189	189	378
TOTAL	618	615	1233



Situation



12 week quits in the 40% most deprived SIMD areas

Area	Q1 2021/22	Q1 2022/23	Difference
Glasgow North East	146	71	-51%
Glasgow North West	123	64	-48%
Glasgow South	118	119	1%
Glasgow City	387	254	-34%

28% drop in quit attempts overall in Glasgow.

All 12 week quits (all services within NHSGG&C) saw a decline of 37% compared to the previous year.

The biggest declines were seen in pharmacy services, followed by acute services.

Efficacy of the QYW service



Recent data for 22/23 for Glasgow City QYW Community Service show our quit rate being 43% for Q1 and 35% for Q2, which is for clients in SIMD 1 and 2 areas.

Situation

- **Capacity**

- **Funding;** continued reduction in SG Health Improvement Bundle over the last 3 years means we are underfunded for delivery costs (16%)
- **Staffing.** Service is currently operating at 76% staffing capacity (absence+ vacancies). Due to service demand, sessional staff are being utilised on a weekly basis to support core services, and waiting lists are in operation in two of the three localities. Having to re-advertise vacancies repeatedly.

- **Service users.**

- Staff reporting poorer mental health and wellbeing, increased loneliness and isolation, and the cost-of-living crisis regularly being raised by clients.
- Suicidal ideation more frequent
- Poorer physical health status than previously e.g. more younger adults with cancer diagnosis, more advanced cancers at first first contact

- **Organisational/Delivery aspects**

- **Delivery Model.** Entirely 1-2-1 service currently. Lower uptake of in person drop in's. Client survey feedback (summer 2022) found that 68% would prefer telephone support.
- **Pharmacy**

Pharmacy

- Liaison with pharmacies for QYW staff – QYW staff prescribe some products (not Zyban)
- Smoking Cessation Products
 - Varenicline was the most popular product and has been out of supply since June 2021. Zyban has been out of supply since late 2022, resulting in a more limited range of products that are available for clients.
- Recording shortfall is significant
 - Only quits recorded on ISD are recognised as part of LDP and enable payment to pharmacy's

Pharmacy data

	Quits on ISD (recording system)	NRT items supplied	Average NRT per quit
2019/20	11441	50166	4.4
2020/21	7652	39371	5.1
2021/22	7317	51366	7

Case Study 1

- A 56 year old male who had previously lost a limb through smoking was referred into the service via the community pharmacy. The patient was keen to stop smoking as the vascular team had discussed the impact on his health if he continued to smoke. The patient successfully engaged with the service, he was doing well and the hospital team were pleased with his progress.
- However 9 weeks into his quit attempt, the patient disclosed suicidal ideation during a routine follow-up call with the practitioner. The practitioner got in touch with the patient's GP immediately, who in turn tried to make contact with the patient. Following an unsuccessful attempt, the GP contacted the Police who attended the patient's home who ensured the patient was safe. As a result of this, the patient received further support from his GP practice and other mechanisms were put in place including help at home and support with social isolation.
- The patient was thankful for the support received and managed to successfully stop smoking,

Case Study 2

- A 34 year old male was being supported to stop smoking by the service. The patient had chosen to use Zyban (Bupropion) as a medication to support his quit attempt. Zyban is a prescription only medicine (POM)
- The practitioner liaised with the prescribing pharmacist within the GP practice to assess if the patient was a viable candidate for this medication. The Pharmacy Prescriber advised he was a good candidate however required relevant checks first. A blood sample would have to be taken and also blood pressure taken. As this GP practice no longer did BP checks the patient had to attend a local pharmacy and pay to have a check taken. This held up the prescription being issued however once the results were received he was permitted to start the medication. The client successfully completed his 12 week programme and with the money saved he bought his children a puppy.