The Health Promoting Health Service (HPHS) aims to support the development of a health promoting culture and embed effective health improvement practice as part of quality healthcare delivery. This contributes to the delivery of NHS Scotland’s Healthcare Quality Strategy, which puts people at the centre of quality delivery and encourages NHS Boards to share and spread their exemplars of high-quality healthcare, pursue their local commitments, take new action to improve quality, and consider different ways of working.

For more information on the HPHS support package and to read other HPHS case studies, visit www.healthscotland.com/topics/settings/health/hphs.aspx

In September 2011, a campaign was launched in Fife to raise awareness of the risks of smoking to the general public and among patients with rheumatoid arthritis (RA). The campaign aimed to provide information on the links between RA and smoking and how it may reduce the effectiveness of some RA treatments.

The outcomes
The primary outcome of the campaign was a quit attempt from the RA patients after learning the information from the campaign. Secondary outcomes were whether or not attitudes and beliefs to smoking had changed in RA patients and the general public following exposure to the campaign. These outcomes are being measured in a follow-up questionnaire.

Drivers
The biggest cause of death in RA patients is infection, particularly chest infection, plus cardiovascular risk which is increased for RA patients and doubly increased if a patient smokes and has RA.

There is a growing body of evidence highlighting the reduced effect of treatment in RA patients who smoke, compared to non-smoking patients. The drugs used to treat RA are expensive but have the potential to be very successful.
If patients continue to smoke, the drugs become less effective. To use resources in the best way, we need to convince RA patients to quit so that drug therapy has a higher chance of working.

Due to the potentially immediate benefits of stopping smoking on the treatment of RA, Dr Helen Harris, Consultant Rheumatologist at Fife Rheumatic Diseases Unit (FRDU), saw an opportunity for Fife’s rheumatology department to become integrated with the stop smoking service.

**What we did**

Dr Harris approached Pfizer, a company which funds RA drugs as well as smoking cessation pharmacotherapy and they provided a grant for the study. She also linked with Kay Samson, NHS Fife Acting Health Promotion Manager, who was able to introduce her to the world of stop smoking services and the networks which are currently in place within Fife. These are not currently hospital-based in Fife, so in-reach support from stop smoking advisers was established.

In order to create a targeted and eye-catching RA and stop smoking campaign, FRDU and Pfizer established a discussion group. The group, which was made up of healthcare professionals, discussed the current issues and challenges around RA and smoking and reviewed a selection of creative concepts developed by Gingernut Creative for the disease awareness campaign. It was agreed that the campaign should educate and empower patients to take control of their disease, while highlighting the support services offered by rheumatology and stop smoking clinics in Fife.

Following the discussion group, a survey was developed and sent to the National Rheumatoid Arthritis Society (NRAS) who then distributed it to a selection of patients to rate the six potential creative ideas. Almost half of the NRAS respondents stated that they knew nothing about the link between RA and smoking.

The Fife press were invited to a launch session attended by Alasdair Thompson, Chairman of Kirkcaldy and Levenmouth CHP. Local media published articles on the campaign and broadcast interviews with both Dr Harris and Kay Samson.

**What we found difficult**

The biggest challenge facing this project and any future work on smoking cessation is the social inertia which surrounds smoking in today’s society. In comparison to how toxic substances are treated in other areas of health and safety, the status that tobacco has in society is incongruous and Dr Harris would argue that it is still not taken seriously enough.

**What worked well**

A key success of this work has been the partnership between Rheumatology and Stop Smoking Services. Kay Samson’s input to the stop smoking questionnaire, and her knowledge of the existing network in Fife were invaluable, while Helen’s enthusiasm has been key to influencing rheumatology staff as well as other disciplines within acute care.

The response to this project from colleagues within acute care has been incredibly positive. Other clinical areas see this as something which comes from rheumatology with implications for everyone, and want to know how to take this forward in their own disciplines.

**Evaluation**

Dr Harris presented this work at the Smoking Cessation Conference 2011 and has been asked to present to St Andrews and NHS Lothian GPs. She also plans to submit to the Scottish Rheumatology Club Meeting.
Dr Harris has been approached by a colleague in Manchester, Professor Bruce, who is interested in using the materials developed in Fife for smoking cessation in the Norfolk Arthritis Registry and to work with Dr Harris and her team to produce materials to target young people.

Members of the FRDU multidisciplinary team are currently being trained in delivering brief stop smoking interventions and plan to refer all smokers to the stop smoking services with the option to ‘opt out’ rather than to ‘opt in’. Stop smoking advice is now part of the treatment plan for patients with sero-positive RA in Fife.

**Future steps**

Dr Harris has many ideas to continue to build momentum for this work, including nominating a stop smoking champion for Rheumatology in each NHS Board area. This will enable the work happening in Fife to be taken forward across Scotland.

Dr Harris is also exploring developing messages around passive smoking and genetic predisposition to RA, to generalise the rheumatology approach to other disciplines as well as looking at IT solutions and use of multimedia to help get messages across. The core components for referral are now in place and awareness-raising will continue in Fife.

**Reflections**

The team have been very forward thinking to put something in place that raises awareness of the effects of smoking on treatment for RA. To date some members of the public are not aware they are at increased risk of lung cancer if they smoke, so how long will it take before the risk of RA is accepted by society?

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