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Project: Evaluation of a telephone based brief intervention model for smoking cessation

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Introduction:

The Pegasus Smokefree ABC Call Team Service was established in May 2015 and provides proactive telephone outreach to current smokers. It was created to support general practice teams to reach the Ministry of Health's primary care target of Better Help for Smokers to Quit. The service promotes and encourages current smokers to engage with smoking cessation services and aligns with New Zealand's Smokefree 2025 goal. The health target requires that 90% of smokers are given brief advice to quit every 15 months. Annually around 18% of the total patient population do not attend general practice and therefore different approaches need to be made to reach these people, so that they receive the same support and advice as patients who do attend general practice.

The service calls patients listed as current smokers who have not received brief advice to quit. Practices must opt in to the service. If the patient would like support to quit they are then referred on to Quitline, PEGS, the in-house Pegasus smoking cessation support programme or an alternative provider of their choice.

Aim:

To determine the effectiveness of the service in generating quit attempts, the effect of the service on Pegasus Health's health target performance and the level of satisfaction of General Practice teams who have engaged with the service.

Method:

From a literature review and interviews with key Pegasus staff, an online survey gauging satisfaction with the service was developed. This was sent to 207 email addresses of 71 general practices. The survey included points about the individuals' level of satisfaction with the service, positives they could identify, points for improvement, issues or concern and feedback from patients.

A request for expressions of interest to participate in an interview was also included. Results of the questionnaire were analysed for themes and frequency of responses; from this an interview guide was developed and interviews undertaken. Patients were not contacted as a part of this evaluation.

Pegasus's health target performance data either side of the service starting was analysed to determine trends. In order to analyse the effectiveness of the service on generating quit attempts analysis of total referrals to smoking cessation support services was done. PEGS referrals and registrations were further analysed.

Results:

The response rate was 20.1% (43/207) for the online survey gauging the level of general practice satisfaction with the service. 93% of individuals were satisfied with the service. Of the other 7%, 67% were neither satisfied nor dissatisfied and the remainder appeared to be unhappy with the health target rather than the service itself.

Interviews with 9 practices showed interest in the service being extended to recent ex-smokers and other recalls. There was also some indirect patient feedback that patients were pleased that someone was taking the time and effort to proactively offer cessation support. It was also told some patients were unhappy with being called about smoking regardless of where the call came from. Analysing the information before and after the services was implemented shows a clear increase in patients being registered with PEGS from all practices. Those practices engaged with the service increased their registrations by an average of 5 patients per practice, compared with those not engaged with the service who increased by an average of 1 patient per practice.

Since starting 13,000 people have been contacted and offered brief advice. Of those contacted, 1,807 people were referred to a cessation support service. On further analysis, between May and October there were 331 PEGS referrals to 34 practices. By December, 49 of these patients had registered, of which over one third were from a single practice. This was attributed to the practice actively performing a follow up call to all their referred patients who have not registered with PEGS, rather than the size.

Another practice which referred a similar number of patients but did not make a follow-up call attributed less than 10% to the total 49 PEG registrations. Since the establishment of the call service there has been a clear increasing trend in Pegasus Health's performance towards reaching the 90% of current smokers being contacted and provided with brief advice. In July 2015, the target criteria was broadened and from this date included all enrolled smokers aged between 15-74.

Prior to this date, patients who do not present to general practice annually were excluded from the target. If the target had remained the same, Pegasus would have reached the 90% target in July 2015. The long term trend shows a steady increase in health target performance. Given limited data it is hard to accurately predict when this health target will now be met.

Conclusion:

On the whole, practices were satisfied with the service provided and were interested in seeing it extended to include recent ex-smokers and other recalls. Indirect patient feedback was positive but more study is needed in this area. Practices that use the ABC call service appear to increase their PEGS registrations more than those who do not. Additionally practices register a significantly higher number of patients to PEGS when they actively call referred patients themselves.

The implementation of the Pegasus Smokefree ABC Call Team Service has had a positive effect on Pegasus's health target performance, as well as contacting significant numbers of patients many of whom are also referred for smoking cessation support.

While not all the patients who accepted a referral would have gone onto make a quit attempt, if this trend continues it will result in a larger portion of Canterbury becoming engaged with smoking cessation services