Introduction:
Pegasus Health (Charitable) Ltd is a primary healthcare organization in Canterbury, New Zealand which for the last 15 years has been running an in-house smoking cessation programme called PEGS. Under this programme support to quit smoking and nicotine replacement therapy (NRT) were provided to patients by their own general practice team. Last year an evaluation was done which identified ways that the PEGS programme could be revised to align it with scientific evidence. It was also noted that there are now many smoking cessation programmes and resources available for Cantabrians outside of general practices. As a way to incorporate all of these findings the “Stop Smoking Support Options” programme was designed and launched on October 1 2014.

The “Stop Smoking Support Options” programme aims to increase referrals to other smoking cessation services in Canterbury, while a revised version of PEGS remains as one of the options. The revisions to PEGS included a quota being introduced for how many patients each practice may register and increased expectations and funding to follow-up patients.

A summer studentship was commissioned by Pegasus Health to complete an evaluation of the early implementation of the “Stop Smoking Support Options” programme over the period of November 2014 to January 2015.

Aims:
The purpose of undertaking the evaluation was two-fold. Firstly, it was to help improve the quality of the “Stop Smoking Support Options” programme. Secondly, it was to help Pegasus Health understand how they can better implement new and revised programmes within their general practices in the future.

Methods:
The evaluation of the “Stop Smoking Support Options” programme included a mix of both qualitative and quantitative methods:
- Key informant interviews of
  - Ten practice nurses participating in the programme
  - Two Pegasus Health practice support liaisons (PSLs)
  - Each member of the project team
- Analysis of referral patterns to stop smoking options providers
- Analysis of evaluations and attendance records from the programme’s education sessions

Results:
The number of electronic referrals made to stop smoking providers increased two-fold in the the “Stop Smoking Support Options” programme’s first quarter, quarter two (Q2). The nurses interviewed are now more aware of and confident in the other providers.
In Q2 408 of the 665 available PEGS registrations across all practices were used and 169 follow-ups were logged. Both of these figures are lower than what was anticipated and budgeted for. Across these registrations, electronic referrals and Quitline’s referrals Pacific Peoples are receiving a disproportionately low amount of support. In a similar situation is the 20 – 29 years age group, which has the highest regular smoker rate in New Zealand.

Acceptance and uptake of the “Stop Smoking Support Options” programme was variable across practices, depending on many factors including attendance at the education sessions, internal communications, practice structure and previous use of PEGS. The PEGS quota is the aspect of the new programme that caused the greatest resistance. The implementation was aided by well received education sessions and a well functioning IT system. Barriers were identified as inconsistencies in who received different forms of communication, a rushed timeline due to delays and the stop smoking providers not feeding back to the practices.

Conclusion:
Overall, good progress has been made in the implementation of the “Stop Smoking Support Options” programme to date. Continuing to communicate with and educate practices will advance this process and hopefully cause a further rise in referral and PEGS registration numbers. There are certain aspects of the programme that need particular attention to maximise its effectiveness, such as increasing PEGS follow-ups and developing communication links between providers and practices.

The evaluation also provided valuable insight into how diverse Pegasus Health general practices are in terms of their structure and operations. The variability in the uptake and acceptability of the “Stop Smoking Support Options” programme highlights the importance of designing and implementing programmes in a way that allows for maximum flexibility so as to accommodate as many practices as possible.

The other main learning from the implementation of the “Stop Smoking Support Options” programme is the need within Pegasus Health for a standard project plan for the design and implementation of health service programmes. Defining the roles and tasks required for these processes would strengthen the leadership that projects receive and ensure that tasks are not left out of the timeline. Pegasus Health stands to gain a great deal by learning from each programme and continually improving the project plan so that it is both effective and tailored to the organization.