

Don't give up giving up. 

Kingston and Richmond Stop Smoking Service Audit 2004

Anne Jones
Sue Mooney
Lucy Gate
Dr. Jose Ortega
Bimpe Oki
Dr Carole Martin
Houda Al Sharifi

Amended 7 April 2005

Contents

	Page
Introduction.....	3
Aim.....	4
Objectives.....	4
Standards.....	4
Method.....	5
Results.....	8
A. Interrogation and analysis of existing Stop Smoking Service database April 02-March 04.....	8
B. Postal survey of clients who attended Stop Smoking Service.....	9
C.	
B1. One year follow-up of clients who quit at 4 weeks	
B2. One year follow-up of clients who did not quit at 4 weeks	
D. Postal survey of Advisors.....	18
D. Group session client evaluation.....	20
Limitations of the Audit.....	22
Comparison of Results to Standard.....	25
Conclusions & Future Directions.....	25
References.....	27

Appendix 1

A	Audit Plan
B	52 week follow-up letter
C	Prize draw ticket for One year follow-up (1) questionnaire
D	Accompanying letter for One year follow-up (1) questionnaire
E	Accompanying letter for One year follow-up (2) questionnaire
F	Instructions for sending out questionnaires
G	Letter to accompany re-mailing of One Year follow-up (1) questionnaire
H	Accompanying letter for Advisor questionnaire
I	Group evaluation form
J	Client survey comments
K	Advisor survey comments
L	Individual results for Kingston PCT
M	Individual results for Richmond and Twickenham PCT

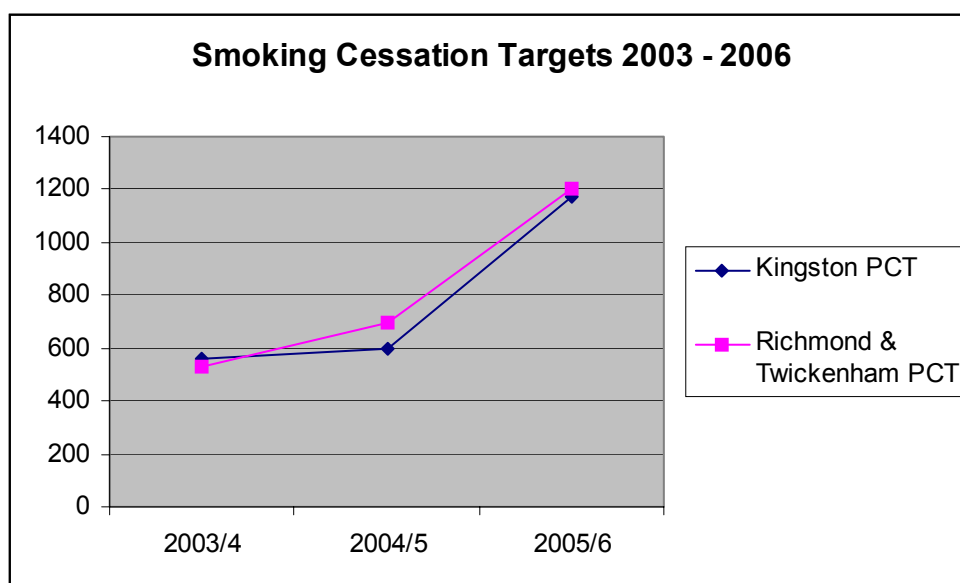
Appendix 2

AA	One year follow-up (1) questionnaire
BB	One year follow-up (2) questionnaire
CC	Advisor questionnaire

Introduction

Smoking is the largest avoidable cause of premature death and illness in the UK. Smoking cessation treatment and advice is one of the most cost effective interventions that healthcare professionals can offer¹, when compared with other forms of treatment in tackling coronary heart disease, respiratory disorders and cancer. In 1998 the Department of Health (DoH) issued a white paper on tobacco, "Smoking Kills"², in which it was announced new NHS services to help smokers to quit. As a result both Richmond and Twickenham PCT (R&T PCT) and Kingston PCT (KPCT) jointly set up a Stop Smoking Service (SSS) in January 2001. Targets were first set for the service in 2002-2003 for 231 quitters in R&T PCT and 209 quitters in Kingston PCT. The DoH's "Priorities and Planning Framework 2003-2006"³ included targets for Primary Care Trusts to achieve in those three years. This document set a national stop smoking target of 800,000 smokers quitting at the 4-week stage by 2006. This target was set with particular emphasis on manual workers, pregnant women and people with coronary heart disease.

The document "Kingston and Richmond Smoking Cessation Services: Meeting the targets: Action Plan 2003-6"⁴ gives details of the numbers of quitters required to meet national targets (based on recommendations set out in "Meeting Department of Health smoking cessation targets: Recommendations for Primary Care Trusts". These are 2,334 4-week quitters for KPCT and 2,430 for R&T PCT. The Department of Health Smoking Cessation Services: Service and Monitoring guidance 2001/02, define a four-week quitter as a quitter who has 'not smoked a puff for the last two weeks since quit day'; verified by a CO reading of 0-6ppm. These targets are based on the demographics of both PCTs. Of the total adult population of 264,300 (KPCT = 122,300, R&TPCT = 142,000) an estimated 27% are smokers (Living in Britain 2002 General Household Survey⁵). The Kingston and Richmond three-year plan included a trajectory of numbers of smokers that should quit annually (see graph). For 2003-2004 this numbered 560 4-week quitters for KPCT and 530 for R&T PCT. The plan also notes that during the period 2002/3 the four week quit rate was 56% for clients attending group sessions and 45% for those attending community advisors. The overall quit rate was 46%.



An audit of the K&RSSS by R&TPCT and KPCT was identified at a workshop on Audit in Public Health in December 2003. The two PCTs jointly run the Stop Smoking Service, which is hosted by R&TPCT. The audit would be run by the K&R SSS, in collaboration with the Audit Manager. The intention was that the audit be designed and piloted by the two PCTs, before rollout to other stakeholders throughout the South West London sector (see Appendix 1A for Audit Plan).

The K&R SSS keeps a database of all referrals and clients attending the service. Information on 4-week quitters is readily available and is sent off routinely to the Department of Health and South West London Strategic Health Authority. However, although data on longer-term outcomes is collected where possible, this is patchy and has not been routinely analysed. Other information collected includes client evaluations of group sessions but, again, these have not been routinely analysed previously. No evaluations have been undertaken to compare the two different types of advice session offered (individual and group).

Aim

- a) Kingston PCT and Richmond & Twickenham PCT would conduct an audit of the stop smoking service, which had been agreed by the South West London Public Health Network
- b) To pilot the audit in terms of
 - i) Effectiveness of the Kingston and Richmond Stop Smoking Service.
 - ii) Efficiency of the Kingston and Richmond Stop Smoking Service.

Objective

- a) To evaluate the existing workload of the Stop Smoking Service.
- b) To follow up clients through a survey in order to measure the number of quitters at 52 weeks and their perception of the Stop Smoking Service.
- c) To identify areas for improvement through surveys of advisors and clients and through analysis of existing client group session evaluations.
- d) To pilot an audit tool for evaluating a stop smoking service for rollout across the sector.

Standards

- Kingston and Richmond Smoking Cessation Services: Meeting the targets: Action Plan 2003-6"⁴
 - 560 4-week quitters for KPCT and 530 for R&T PCT for period 2003/4 (total 1090)
 - 4% of smoking population should be referred to the service in any one year and half of these should attend the service
 - Close the gap between the 2002-3 4 week quit rate of 46% and the national average of 53%
- NHS Smoking Cessation Services: Service and Monitoring Guidance 2001/02⁶ particularly the following criteria:
 - Follow up at 52 weeks is good practice and should be undertaken to establish long-term success rates (of sample if population is large)
 - Services should increasingly focus on disadvantaged groups including manual socio-economic groups. Although services for pregnant women are a key priority, the current audit did not focus on this client group.

Standards around training of advisers and completion of client data were not included in the audit.

Method

Four separate methods were used to provide the data for this audit. Prior to the audit commencing, the Stop Smoking Coordinator contacted the Stop Smoking network to discover whether other services had already evaluated their services, particularly at the 52-week stage. A literature search was also undertaken. Whilst this revealed a great deal of literature about smoking in general, smoking habits, statistics on smoking, evidence-based interventions and recommendations for the running of stop smoking services, there was little evidence of stop smoking services outcomes at 52-weeks.

A. Analysis of existing Stop Smoking Database

1. The Stop Smoking Team record client information necessary for national reporting on an Access database. The database holds basic demographic information on all clients (group and individual session attendees) who set a quit date and their success with quitting at 4 weeks. The period 1st April 2002 – 31st March 2004 was analysed. Data on the total number of clients setting a quit date and quitting at 4 weeks, together with sex and PCT was extracted from the database by members of the Stop Smoking Team with IT Department assistance using the Access query function. A total of 2633 clients went through the programme during this period and are recorded on the database. This population represents clients who set a quit day with the stop smoking service.
2. The same database was extended in April 2003 to collect data on the outcome of clients (at 52 weeks) who had quit at 4 weeks. This information is collected via a telephone call. A further Access query was run to obtain data for the period April 2003 – March 2004 on the number of clients who were still quit at the 52-week stage. There were 786 clients eligible in this category.

To date 227 of the 786 clients (29%) had been followed up by telephone. The Stop Smoking Service Co-ordinator sent a letter (Appendix B) to the remaining 343 clients who at the time of the audit had reached 52 weeks post-quit date, requesting information of their smoking status. This information was added to the database and included in the analysis.

3. Records held by the Stop Smoking Team on the number of group sessions held were examined to discover the total number of sessions held during the period April 2002 – March 2004, including data on cancelled sessions. It had been intended to collect data on attendance per session but this is not currently available in electronic format.

B. Postal survey of clients

To provide answers to the aims and objectives of the audit, two questionnaires for clients (Appendix 2AA and 2BB) were designed by the Stop Smoking Team and the Audit Manager. Input was obtained from the PCT's epidemiologist for the question on occupations.

- i) **Questionnaire for clients who quit at 4 weeks entitled: Kingston and Richmond Stop Smoking Service One year follow-up (1) (App 2AA)**

A questionnaire was designed as above using SNAP software (scannable data capture and analysis IT system produced by Mercator Research Group Ltd). Seven clients piloted a draft

questionnaire and a further question was added to the questionnaire in line with suggestions. A further brief pilot was undertaken. It was decided to encourage return of the questionnaires by undertaking a prize draw with a £25 shopping/music voucher as the prize. The prize draw ticket (1C) was attached to the questionnaire but could be detached should the client not wish to enter the draw. The questionnaire, together with an introductory letter (Appendix 1D) and a prize draw form was sent to clients attending the service during April 2002 – March 2003. This period was chosen so that 52 weeks would have elapsed by the time the questionnaire was dispatched in July 2004. Clients were numbered in order that the prize draw winner could be notified and follow-up of non-returns could be undertaken. Questionnaires were sent to the total population of 370 clients who had quit at 4 weeks during the period April 2002-March 2003.

ii) **Questionnaire for clients who did not quit at 4 weeks, entitled: “Kingston and Richmond Stop Smoking Service: One year follow-up (2)” (Appendix 2BB)**

A questionnaire for clients who had attended the Stop Smoking Service during the period April 2003 – March 2004 was designed as above using Snap scannable software. It was piloted with 7 clients and minor changes made to the aesthetics of the form. The later period was chosen as there was no need to wait for 52 weeks to elapse and it was felt this would enable clients to give more accurate data.

A total of 898 clients attending the service during April 2003 – March 2004 did not quit smoking at the 4-week stage. Questionnaires were sent to 297 clients using a systematic sample (1 in 3) in July 2004, with an explanatory letter (Appendix 1E). It had been planned to use a stratified sample but this data (manual workers, clients with coronary heart disease and pregnant women) was unavailable at the time the survey was undertaken. There was no prize incentive for this survey.

Both questionnaires were piloted with clients by members of the Stop Smoking Service. Both surveys were sent to clients in July 2004 with a 15-day return deadline. The Stop Smoking team and the Audit Manager dispatched the questionnaires according to a set of instructions (Appendix 1F). The data underwent all usual quality control processes both before and after the questionnaires were scanned into the database

A targeted re-mailing was undertaken for both surveys, including a further copy of the questionnaire and a new letter (Appendix 1G), approximately 20 days after the initial return deadline. The prize draw deadline was also extended. The final end closing date for both surveys and the prize draw was 6 weeks after the first mailing. There were a total of 137 entries for the prize draw, with a total return of 155 questionnaires (42%). The Prize Draw was drawn by the Director of Public Health at Richmond and Twickenham PCT and the winner notified by the Stop Smoking Team. A total of 68 clients (23%) returned the One Year Follow-up

C. Postal Survey of Advisors

The Stop Smoking Service provides two types of programme – a group programme (run by members of the Stop Smoking Service team) and one-to-one programmes. Staff who provide the one-to-one stop smoking programme include pharmacists and

general practice staff. The staff are termed 'Advisors'. No evaluation of the views of these staff had been undertaken previously.

A questionnaire for the Advisors was devised by the Stop Smoking Team and the Audit Manager and piloted with three Advisors. The questionnaire (Appendix 2CC) with accompanying letter (Appendix 1H) was distributed to all Advisors trained at the time of dispatch in July 2004 (43). No re-mailing was undertaken.

D. Analysis of existing client evaluations of group sessions

An evaluation form (Appendix 1I) is available for clients attending the group sessions run by members of Stop Smoking Service team. A total of 418 clients attended the groups during the period April 2002 – March 2004. Evaluation forms were completed by 97 clients (23%). The previously unanalysed evaluations forms were analysed together by hand.

RESULTS

A1. Clients starting the programme and 4 week quitters April 2002 – March 2004

Table 1 shows that 2633 clients started the programme (set a quit date at the first session), 1165 males (44%) and 1468 females (56%). This is 3.7% of all smokers in the Kingston and Richmond area. Fifty percent of clients (1316) quit at the 4 week stage, 50% of males and 50% of females starting the programme (1.8% of all smokers).

Table 1: Clients starting the programme and quitters (Apr 2002 - Mar 2004)

Table .1.

	Sex	KPCT	RTPCT	TOTAL
Starting Programme (Set Quit Day)	Male	658	507	1165 (44%)
	Female	785	683	1468 (56%)
	Total	1443	1190	2633
4-Week Quitter (CO validated)	Male	326	251	577 (50%)
	Female	387	352	739 (50%)
	Total	713	603	1316 (50%)

Of the 1316 clients that quit, 372 stopped smoking in 2002/3 and 944 in 2003/4, just below the target for 2003/4 of 1,090.

A2. 52-week quitters

The Stop Smoking database of clients who set quit dates was set up in 2002/3. It holds data on all 1316 clients who had quit at the 4-week stage. However, 52-week quitter data started to be collected in April 2003 and currently holds data on 786 of those clients. To date, 227 clients of the 786 clients (29%) have been followed up by telephone as they reach 52 weeks from their quit date. Time and manpower constraints have limited the possibility to approach more clients by telephone. 80 of these 227 (35%) reported that they were still not smoking at the 52-week stage.

To increase the sample size, we approached, by letter, a further 343 clients who had reached 52 weeks post quit date. Replies were obtained from 50 clients (15%) and of these 17 clients reported having quit.

In total, 570 clients were approached out of which information was received for 277 (49%), with a combined quit rate at 52 weeks of 97 (35%).

A3. Session availability, cancellations and attendances

26 group courses (comprising 6 sessions) have been held in the period, with no cancelled session. Attendance data per session is not currently available on the database but groups are not run with less than 4 clients. The attendance rate for groups run in the daytime is approximately 4-12 and 15-25 for evening groups.

Comment

- Overall success rate for clients attending the service who set a quit date and then quit at 4 weeks (carbon monoxide validated) is 50%
- The 52 week quit rate seems to be higher than reported national average (35% -v- 15%)⁷. However, this estimate needs to be taken with caution given the different ways that some clients were approached by the service (telephone -v- letter) and their different response rate.

B. Postal surveys of clients who attended Stop Smoking Service

Two separate surveys were undertaken of

1. Clients who **quit** at 4 weeks
2. Clients who **did not quit** at 4 weeks

Individual PCT results can be found in Appendix 1L (Kingston PCT) and Appendix 1M (Richmond and Twickenham PCT).

NB In all tables in the sections that follow, percentages may not equal 100 due to rounding. No replies are included in the percentages.

B1. One year follow-up of clients who QUIT at 4 weeks

Not all clients (1316) who quit at 4 weeks were followed up. The survey was sent to all clients (370) who quit smoking at the 4 week stage during the period April 2002 – March 2003. This period was selected to enable follow-up of the 52 week quit rate at the time that the study was initiated. Completed questionnaires were returned from 155 clients (42%). The following tables refer to both PCTs data combined. Individual results for Kingston PCT and Richmond and Twickenham PCT are listed in Appendices 1L and 1M.

B.1.1. Perceptions of service by clients who QUIT at 4 weeks

Table .2.

	Question	Responses	Number	stats
Q1 N=155	How did you first get into contact with the SSS	I referred myself	35	23%
		GP referred me	90	58%
		Another health worker referred me	12	8%
		Other	15	10%
		No reply	3	2%
Q6 N=155	Do you think the length of the programme was:	Too long	6	4%
		Just right	99	64%
		Too short	46	30%
		No reply	4	3%
Q7 N=155	Within the time available, did the programme contain: a) Support/advice for you	Too little	16	10%
		Enough	133	86%
		Too much	1	1%
		No reply	5	3%
	b) Preparation for Quit Day	Too little	19	12%
		Enough	120	77%
		Too much	0	-
		No reply	16	10%
	c) Info on NRT/Zyban	Too little	22	14%
		Enough	110	71%
		Too much	0	-
		No reply	23	15%
	d) Info on relapse prevention	Too little	54	35%
		Enough	81	52%
		Too much	1	1%
		No reply	19	12%

	Question	Responses	Number	stats
Q8 N=155	How important was this for you? a) Support/advice for you	Not important Quite important Very important No reply	6 48 93 8	4% 31% 60% 5%
	b) Preparation for Quit Day	Not important Quite important Very important No reply	14 56 70 15	9% 36% 45% 10%
	c) Info on NRT/Zyban	Not important Quite important Very important No reply	23 51 57 24	15% 33% 37%
	d) Info on relapse prevention	Not important Quite important Very important No reply	11 38 83 23	7% 25% 54% 15%
Q9 N=155	How helpful was the SSS in your attempt to stop smoking? (10 point scale where 1= not at all and 10=extremely)	Point 1 2 3 4 5 6 7 8 9 10 No reply	1 2 8 5 9 9 19 25 10 66 1	Mean 8 Median 8 Mode 10
Q10 N=155	To what extent do you think the SSS helped you to remain a non-smoker? (10 point scale where 1= not at all and 10=extremely) <i>* 17/18 no replies were from clients who had since smoked more than 5 cigarettes in total</i>	Point 1 2 3 4 5 6 7 8 9 10 No reply	17 6 10 10 7 12 17 14 6 38 18	Mean 6 Median 7 Mode 10
Q11 N=155	Do you receive free prescriptions?	Yes No No reply	88 66 1	57% 43% 1%
Q13 N=155	Comments and ideas Full verbatim comments can be found in Appendix 1J	Total comments received No reply	97 58	63% 37%

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

A total of 97 clients replied to the request for comments and ideas (Q13) and of these, a third (33 clients 34%) made positive comments about the service. There were also comments and suggestions made about improvements. Eighteen percent of clients who replied to this question (17 clients) felt that the follow-up support could be improved (“more back-up after the programme stops – at least a 2 or 3 month review”). Nine clients noted suggestions for improving the content of the programme, including improving the booklet, more help to overcome temptations, and more use of blood pressure and breath testing, whilst 7 clients thought the programme too short.

Table3: Occupations and receipt of free prescriptions

Table .3.

Q12 N=155	Occupation	Number	Stats	Free prescriptions Q11
	Managerial/professional	33	21%	7 (21%)
	Intermediate	26	17%	9 (35%)
	Routine/manual	21	14%	8 (38%)
	Retired	42	27%	38 (91%)
	Housewife	21	14%	17 (81%)
	Unemployed	4	3%	4 (100%)
	Not applicable	2	1%	2 (100%)
	Student	2	1%	1 (50%)
	No reply	4	3%	-

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Comment

- The majority of clients were referred by GPs (58%).
- Almost a third (30%) of clients thought the programme could benefit by being longer, although the majority thought the length of the programme was appropriate.
- According to clients, there was insufficient information on how to prevent relapse, whilst at the same time it was perceived to be very important.
- Clients reported that the service provided a good level of support during the programme.
- As suspected, both unemployed and retired people are on free prescriptions and a high proportion of housewives also noted they received free prescriptions. However, some retired, unemployed or long term sick clients may have classified themselves as housewives
- Small numbers preclude any meaningful analyses of sub-groups according to area

B.1.2. Outcome of clients at 52 weeks who QUIT at 4 weeks

80 clients (52%) reported that they had not smoked since giving up with the Stop Smoking Service, whilst 73 clients (47%) had resumed smoking.

Table .4.

	Question	Responses	Number clients	stats	Outcome
Q2 N=155	Have you smoked at all since you gave up whilst on the Stop Smoking Service?	No, not a puff	71	46%	52 wk quitters 80 clients (52%)
		1-5 cigarettes in total*	9	6%	
		More than 5 cigarettes in total	73*	47%	Non-quitters 73 clients (47%)
		No reply	2	1%	
	Total		155	100%	Unknown (1%)

* 6 clients who reported they had smoked more than 5 cigarettes were non-smokers for 52 weeks or more.

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Table 5 shows a breakdown of the outcome of 4-week quitters by PCT, the type of service the client attended and whether the client received free prescriptions.

Table .5.

Clients smoking status	PCT		Service type			Prescription status	
	KPCT	RTPCT	Pharmacist	Practice staff	Group	Free	Not free
Non-smoker (n=80)	44 (47%)	36 (58%)	51 (55%)	15(47%)	14 (47%)	44 (50%)	36 (55%)
Quit smoking for 52 weeks but resumed since (n=6)	4 (4%)	2 (3%)	5 (5%)	0	1 (3%)	4 (5%)	2 (3%)
Resumed smoking before 52 wks (n=67)	44 (47%)	23 (37%)	36 (39%)	17 (53%)	14 (47%)	40 (45%)	27 (41%)
Smoking status unknown (n=2)	1 (1%)	1 (1%)	1 (1%)	0	1 (3%)	0	1 (1%)
Total	93 (99%)	62 (99%)	93 (100%)	32 (100%)	30 (100%)	88 (100%)	66 (100%)

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Table 6 shows the occupation category for clients who quit at 4 weeks.

Table .6.

Occupation	Client smoking status				Total
	Non-smoker	Quit for 52 wks but resumed	Resumed smoking	Not known	
Managerial/professional	20 (61%)	1 (3%)	12 (36%)		33 (100%)
Intermediate	11 (42%)	2 (8%)	13 (50%)		26 (100%)
Routine/manual	9 (43%)	0	12 (57%)		21 (100%)
Retired	27 (64%)	1 (2%)	14 (33%)		42 (99%)
Housewife	8 (38%)	2 (10%)	11 (52%)		21 (100%)
Unemployed	2		2		4
None/NA	0		2		2
Student	1		0	1	2
No reply	2		1	1	4
Total	80		73	2	155

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Comment

- The audit shows that the long-term effectiveness of the programme for 4-week quitters is 52%.
- There are no significant differences in the number of 4-week quitters that stayed quit at 52 weeks between the two PCTs, nor significant differences in service type.
- Clients that receive free prescriptions are no more nor less likely to quit smoking than those paying for prescriptions
- It appears that professional/managerial and/or retired tend to remain non-smokers once they quit at 4 weeks compared to other occupations

B.1.3. Information from 4-week quitters who had resumed smoking by 52 weeks

Table .7.

	Question	Responses	Number	stats
Q3 N=73	If you have had more than 5 cigarettes in total, how long did you stop smoking using SSS	Less than 3 months 3-6 months 7-9 months 10-11 months 12 months or more	21 31 13 2 6	29% 42% 18% 3% 8%
Q4 N=73	Where were you when you started smoking again?	Work Home * Social situation * On holiday In local environment	11 36 20 3 3	15% 49% 27% 4% 4%
Q5 N=73	What was the main reason you started smoking again? (multiple response)	Stress Socialise Boredom To improve concentration Weight gain Enjoyment No reply	35 13 9 6 6 13 6	48% 18% 12% 8% 8% 18% 8%

* Home 49% (95% CL 37.6 – 60.4) Social situation 27% (95% CL 17.0 – 37.0)

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Comment

- The data appears to indicate that most of the quitters relapse after three months. This is also when the nicotine replacement therapy ceases to be used.
- Given the changes in the social acceptability of smoking in the workplace and in contrast to the relapse prevention advice given by the Service, the audit data highlights the home as the environment in which relapse is significantly more likely to occur.
- Although 'stress' was not defined for clients by the questionnaire and was open for individual interpretation, clients indicated this category is the main reason for resuming smoking.

B2 One year follow-up of clients who DID NOT quit at 4 weeks

The survey was sent to a sample of clients (297) who did not quit smoking at the 4-week stage during the period April 2003 – March 2004. The total population of this group was 898 and therefore the percentage sampled was 33%. 68 (23%) completed questionnaires were returned.

B2.1. Perceptions of the service by clients who DID NOT QUIT at 4 weeks

Table .8.

	Question	Responses	Number	stats
Q1 N=68	How did you first get into contact with the SSS	I referred myself GP referred me Another health worker referred me Other No reply	26 33 6 3 0	38% 49% 9% 4%
Q4 N=68	Do you think the length of the programme was:	Too long Just right Too short No reply	3 28 29 8	4% 41% 43% 12%
Q5 N=68	Within the time available, did the programme contain: a) Support/advice for you	Too little Enough Too much No reply	14 48 1 5	21% 71% 2% 7%
	b) Preparation for Quit Day	Too little Enough Too much No reply	13 47 0 8	19% 69% - 12%
	c) Info on NRT/Zyban	Too little Enough Too much No reply	16 42 0 10	24% 62% - 15%
	d) Info on relapse prevention	Too little Enough Too much No reply	28 30 0 10	41% 44% - 15%
Q6 N=68	How important was this for you? a)Support/advice for you	Not important Quite important Very important No reply	6 22 35 5	9% 32% 52% 7%
	b) Preparation for Quit Day	Not important Quite important Very important No reply	3 30 27 8	4% 44% 40% 12%

	Question	Responses	Number	Stats
	c) Info on NRT/Zyban	Not important Quite important Very important No reply	8 25 23 12	12% 37% 34% 18%
	d) Info on relapse prevention	Not important Quite important Very important No reply	6 21 31 10	9% 31% 46% 15%
Q7 N=68	How helpful was the SSS in your attempt to stop smoking? (10 point scale where 1= not at all and 10=extremely)	Point 1 2 3 4 5 6 7 8 9 10 No reply	5 3 9 8 7 5 3 11 1 11 5	Mean 6 Media n 5 Mode 8,10
Q8 N=68	Do you receive free prescriptions?	Yes No No reply	46 20 2	68% 29% 3%
Q9 N=68	Occupation	Managerial/professional Intermediate Routine/manual Retired Housewife Unemployed Not applicable Student No reply	16 6 9 16 7 6 1 3 4 4	24% 9% 13% 24% 10% 9% 1% 4% 6%
Q10 N=68	Comments and ideas Full verbatim comments can be found in Appendix 1J	Comments received No reply	54 14	79% 21%

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Other than comments about current smoking status, some clients (N=8) were concerned about the content of the programme. It was suggested that the programme could include more information on understanding addiction, the use of relaxation classes and stress release materials, use of 'horror' photographs, more time for individual client input and consistent advice.

This group of clients (non-quitters) gave more negative comments than clients who had quit at 4 weeks. Negative comments about the service included "the therapist was not prepared to investigate my compatibility with Zyban"; "Help given via Pharmacy was not really appropriate as they were called away to deal with customers".

Positive comments were noted by 26% (14) of clients and included, "It seemed to me that the staff were trying very hard to help us to quit smoking"; "It was

important for me to receive this communication. It is all too easy to feel bad about asking for help more than once. This was the ideal gentle encouragement and so far so good!”

Table 9 Shows occupation and eligibility of free prescriptions.

Table .9.

Q9 N=68	Occupation	Number	Stats	Free prescriptions Q8
	Managerial/professional	16	24%	7 (44%)
	Intermediate	6	9%	2 (33%)
	Routine/manual	9	13%	7 (78%)
	Retired	16	24%	13 (81%)
	Housewife	7	10%	6 (86%)
	Unemployed	6	9%	6 (100%)
	Not applicable	1	2%	0
	Student	3	4%	3 (100%)
	No reply	4	6%	2 (50%)

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Comment

- The majority of clients were referred by GPs (49%)
- It would appear that nearly half of those who did not quit at 4 weeks, thought that the programme was too short. Compared with the perception of those who quit at 4 weeks, the difference is higher although it fails to reach statistical significance given the small numbers involved (see Tables 2 and 9.)
- Similar to clients who quit at 4 weeks, clients who did not quit felt there was insufficient information on how to prevent relapse, whilst at the same time it was perceived to be very important.
- It would seem that non-quitters value the helpfulness of the service significantly less than the 4-week quitters ($P < 0.05$)*
- A higher percentage of clients who did not quit commented on the service than those who did quit

B.2.2. Outcome of clients who DID NOT QUIT at 4 weeks

Table .10.

	Question	Responses	Number	stats
Q2 N=68	What is your current smoking status?	Given up completely* Still smoking No reply	10 57 1	15% 84% 2%
Q3 N=10	What made you give up completely? (multiple response)	Health Peer pressure Cost Willpower Support from SSS	7 2 1 1 2	70%

*Although these 10 clients reported they had given up smoking completely, data is not available on the length of time they have been non-smokers.

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Table 11 Shows a breakdown of the outcome of clients who did not quit at 4 weeks by PCT, the type of service the client attended and whether the client received free prescriptions.

Table .11.

Clients smoking status	Total	PCT		Service type			Prescription status	
		KPCT	RTPCT	Pharmacist	Practice staff	Group	Free	Not free
Non-smoker	10	3 (8%)	7(22%)	7 (18%)	1 (7%)	2 (15%)	7 (15%)	2 (10%)
Still smoking	57	33 (92%)	24 (75%)	32 (80%)	13 (93%)	11 (85%)	38 (83%)	18 (90%)
Smoking status not known	1	0	1 (3%)	1 (2%)	0	0	1 (2%)	0
Total	68	36 (100%)	32 (100%)	40 (100%)	14 (100%)	13 (100%)	46 (100%)	20 (100%)

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Comment

- Most clients who did not quit at 4 weeks were still smoking at the time of the study, while the main reason for those who did quit was given as 'health'.
- It seems that the group of clients who receive free prescriptions were no more likely to have stopped smoking

C Postal survey of Advisors

The survey was sent to all 43 current advisors trained at the time of the survey in July 2004 (pharmacists and practice staff) and 32 (74%) completed questionnaires were returned. Of the advisors returning questionnaires, 20 were pharmacists and 11 practice staff (one unknown).

Table .12.

N=32 KPCT 14 RTPCT 17 Unknown 1	Question	Responses	Number	stats
Q1	On average how many clients do you advise each week?	5 clients or under 6 clients or over	30 2	94% 6%
Q2	Average length of time spent with client each week after quit date (in mins) NB Where a range was given, the top figure was taken.	10 15 20 25 30 40	3 9 13 2 3 2	Mean 20 Median 20 Mode 20
Q3	How helpful is Stop Smoking Service in helping clients stop smoking (10 point scale where 1= not at all and 10=extremely)	Point 4 6 7 8 9 10	1 2 6 10 7 6	Mean 8 Median 8 Mode 8
Q4	How helpful is Stop Smoking Service in helping clients remain non-smokers (10 point scale where 1= not at all and 10=extremely)	Point 2 3 4 5 6 7 8 9 10 No reply	3 3 1 3 5 6 7 2 1 1	Mean 6 Median 7 Mode 8
Q5	Within time available do you think programme contains: Support/advice for client	Too little Enough Too much	2 29 1	6% 91% 3%
	Preparation for Quit Day	Too little Enough Too much	- 31 1	- 97% 3%
	Info on NRT/Zyban	Too little Enough Too much	5 27 -	16% 84% -
	Info on relapse prevention	Too little Enough Too much	22 10 -	69% 31% -
Q6	How important are following for your client? Support and advice	Not important Quite important Very important	- 3 29	- 9% 91%

N=32 KPCT 14 RTPCT 17 Unknown 1	Question	Responses	Number	stats
	Preparation for Quit Day	Not important Quite important Very important	1 9 22	3% 28% 69%
	Information on NRT/Zyban	Not important Quite important Very important	1 8 23	3% 25% 72%
	Information on relapse prevention	Not important Quite important Very important	- 1 31	- 3% 97%
Q7	Problems in work as Stop Smoking Adviser For complete results see Appendix 1K) (multiple response possible)	Appointment problems Lack of client commitment Treatment/prescription problems Referral problems Other work conflicts	15 10 6 3 3	47% 31% 19% 9% 9%
Q8	Ideas to improve service you provide For complete results see Appendix 1K) (multiple response possible)	More information/marketing Longer programme length Designated sessions Follow-up service Improve/shorten questionnaire Sample products available	6 4 3 3 3 3	19% 13% 9% 9% 9% 9%
Q9	Ideas to improve service as a whole For complete results see Appendix 1K) (multiple response possible)	Increase follow-up service Better marketing/client info Better communication and education between all advisors	7 5 5	22% 16% 16%

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Comment

- It is recommended by the SSS in training induction that advisors should not see more than 5 clients per week. The survey data confirms that the great majority of advisors adhere to these recommendations.
- The average time spent by advisors with clients post-quit date followed the recommended time (20 minutes).
- Although the advisors didn't find the programme as helpful to the quitters once they had quit they did find the programme more helpful to clients initially in the lead up to quitting.
- In line with the findings of the client surveys, it seems that the service is not as helpful in helping clients remain non-smokers as it is in helping clients to initially stop smoking.
- Advisors appear to be more emphatic in their views that there is too little information on relapse prevention given the importance they attach to this aspect of the service.
- Advisors suggested that to improve the service, follow-up should be expanded, there should be better communication, including information, and education for advisors.

D Analysis of existing client evaluations of group sessions

Clients attending the 26 group sessions during April 2002 – March 2004 totalled 418. A total of 97 clients (23%) completed evaluations. These clients were those who attended the whole programme up to week six.

Table .13.

Question	Responses	Number	stats
Did you find the Stop Smoking group useful?	Yes	97	100%
	No	0	
	No reply	0	
Did you find the 'buddy' system useful?	Yes	60	62%
	No	25	26%
	No reply	12	12%
Would you rather have been seen on a 1-1 basis	Yes	1	1%
	No	88	91%
	No reply	10	10%
Did you get enough support from counsellors?	Yes	97	100%
	No	0	-
	No reply	0	-
Was there enough info about the course provided before you joined?	Yes	87	90%
	No	10	10%
	No reply	0	-
What did you think of the venue?	Good	25	26%
	OK	55	57%
	Not applicable	17	18%
What did you like most about the course?	Group	83	86%
	NRT	1	1%
	Counsellors	6	6%
	NHS?	1	1%
	CO monitoring	2	2%
	No reply	4	4%
What did you like least about the course?	Nothing	65	67%
	Course too short	16	17%
	Inconvenient time	5	5%
	Owning up to relapse	3	3%
	Making the promise	2	2%
	Really difficult	2	2%
	Course too long	1	1%
	Too far to travel	1	1%
	Attendance from others	1	1%
	Too little emphasis on health living	1	1%
Would you change anything about the course?	Nothing	74	76%
	Longer programme/FU	16	16%
	Time group held	2	2%
	More discussion on behaviour change	1	1%
	Buddy phone calls compulsory	1	1%
	More scare tactics	1	1%
	More emphasis on health benefits	1	1%
	Better advertising	1	1%

NB Percentages may not equal 100 due to rounding. No replies are included in the percentages.

Comment

- A quarter of the clients did not find the buddy system useful.
- Generally everyone found the group sessions useful although there are indications that some clients would welcome a longer course.

Limitations of Stop Smoking Service Audit

The following factors limited the success, validity and reliability of the end results of the pilot.

PLANNING OF PILOT AUDIT

Problem	Comment
Analysis by deprivation factors	The lack of information prior to the start of the audit on known areas of deprivation in both PCTS and the associated postcodes for these areas meant that this could not be added to the client questionnaires before despatch. When this information was finally available, 21% of client postcodes did not match the master postcode list and this data could then not be analysed for deprivation factors.
Targeting of specific groups	Information that could allow specific groups to be targeted (pregnant women, clients with coronary heart disease and manual workers) was not available from the Stop Smoking Service database and therefore it was not possible to send questionnaires to a stratified sample of clients who did not quit at 4-weeks.

METHDOLOGY

A. Analysis of existing database

Problem	Comment
Availability of 52-week quit data	The initiation of collection of 52 week quit data in April 2003, a year after the Stop Smoking Service database was set up limited follow-up of all clients. Time and manpower constraints had limited the collection of the 52-week follow-up data and therefore the data available for the evaluation.
Availability of client evaluation data from Group sessions	Attendance data at the group sessions was not routinely available in electronic format and impeded the evaluation of the efficiency of the service.

B1 One year follow-up of clients who quit at 4 weeks

Problem	Comment	Suggested solution
Non-replies to questions	The questionnaire was, on the whole, well answered by clients. The questions with the most non-replies were Q7 about levels of information received on NRT/Zyban and Q8 about the importance of information on NRT/Zyban - both 15%. This may be because clients did not understand or remember these terms and they should be clarified.	Qualification of these terms is required before the questionnaire is used again.
Reliability of 'Occupation' data	The question on occupation (Q12) should be changed as a large number of clients (27%) gave their Occupation as 'retired' and no further data about past occupation was then available. This is important for targeting the manual worker group.	New question suggestion: "Which of the following best describes your current occupation" Responses to include "In work (full or part time), retired, unemployed, homemaker, long term sick, student, other." New question: "State your present occupation (or past occupation if retired/unemployed)" with a free text answer to be coded.
Reliability of Q5	The term 'stress' in Q5 was not defined (list used was taken from work at the Maudsley Hospital).	A validated scale to measure stress: Life events, Daily hassles or Perceived Stress.
Reliability of self report	Verifying abstinence by asking current smoking status.	Carbon Monoxide Verification. Prospective measures.

B2 One year follow-up of clients who did not quit at 4 weeks

Problem	Comment	Suggested solution
Lack of data on length of time client had quit	This was not asked in Q2.	Add to the question an indication of the length of time that the client has quit smoking.
Understanding reasons for clients quitting after finishing the programme	Answers to Q3 were a mixture of motivational reasons and method.	Split Q3 into 'motivation to quit' and 'how the client managed to quit'
Non-replies to questions	As in B1 above, the question on information on NRT/Zyban was the least answered question (15%	Qualification of these terms is required before the questionnaire is used again.

	on amount of information and 18% on importance of information)	
Reliability of occupation data	The question on occupation (Q9) should be changed - see B1 above.	See B1 above.

C Postal survey of Advisers

There were no apparent problems with this questionnaire. The questionnaire was thoroughly completed by Advisers.

D Group session client evaluation

The return rate of evaluation forms from clients attending the Group sessions was poor (23%) and a process should be adopted to increase this. The 'evaluation forms' are only completed by people who attend session six (the last session). This may explain why so few are completed and why results may be biased.

Return rate and reliability of data

The return rate for questionnaires was reasonable for quitters (42%) and good for advisers (74%) but poor for non-quitters (23%). The National Patient Surveys look for a 50% return rate, including two follow-up reminders. However, the National Patient Surveys are of current patients, whereas the questionnaires in this pilot were sent to clients, some of whom would have attended the service up to two years ago. This would have an affect on the return of questionnaires (no attempt was made to find new addresses for clients) and on the answers clients gave.

In future studies this would need to be improved by a) sending to a larger sample or the whole population and b) having an incentive similar to the survey sent to client who quit at 4 weeks.

Comparison of Results to Standard

The broad aims and objectives of the audit were achieved. Listed below are the specific standards set with corresponding results.

Standard	Result
560 4-week quitters for KPCT and 530 for R&T PCT for 2003/4	944 clients quit at 4 weeks in 03/04
2% of smokers to attend service in any one year	3.7% of smokers in Kingston and Richmond attended the service during the period 2002/4
Close the gap between the 2002-3 4 week quit rate of 46% and the national average of 53%	50% during period 2002/4
Follow up at 52 weeks is good practice and should be undertaken to establish long-term success rates	52% of clients who had quit at 4 weeks were still quit at 52 weeks (self reported)
Services should increasingly focus on disadvantaged groups including manual socio-economic groups.	Manual workers who quit at 4 weeks - 43% still quit at 52 - with comparison against intermediate occupation (42%) and 61% managerial

Conclusions and Future Directions

The aim of the Audit was to establish the effectiveness and efficiency of the Kingston & Richmond Stop Smoking Service. Findings indicate that the Kingston and Richmond Stop Smoking Service is effective in helping smokers to stay stopped at 52-weeks with over half of 4-week quitters remaining abstinent at 52-weeks. The Audit also provided the service with information on vulnerable relapse times from those who did not remain abstinent at 52-weeks and identified areas for improvement. The main themes of the audit and areas for future direction are highlighted below.

Referral to the Service

The majority of the clients who used the service were referred by their GP. Although the GP contact and consequential referral could have followed an illness unrelated to smoking, it may suggest that the first intervention is in many cases once health has been negatively affected. Clients reported 'Health', as the main motivation for deciding to stop smoking. It would have been interesting to see if clients were experiencing ill health or if they were concerned about their future health, in order to plan appropriate future interventions. However, GP referrals being primarily the basis of initial contact with the service may indicate that the SSS is not being effectively advertised outside the health service.

Future Directions.

- Increase in Advertising outside of the health service.
- Further Investigation into the health-beliefs of smokers.

Relapse.

This Audit clearly illustrates relapse prevention as a central requirement of Stop Smoking Service users. The majority of the four-week quitters who had relapsed since completing the programme did so between 3 and 6 months post-quit. This indicates that support and advice is required for this time, particularly since it was also reported in qualitative reports from clients. Relapse was reported as being most commonly experienced in the home. Previous research indicates that Smoke-free homes prolong time from cessation to relapse⁸ suggesting that quitters are more likely to relapse if there is a smoker in their household. As 'smoking household' was not a measure in this audit this cannot be inferred, however it would have been useful to have this information in order to formulate an effective intervention strategy.

Although 'stress' was not defined in the questionnaire sent to clients, stress was reported as the biggest cause of relapse. The qualitative feedback from clients indicated a requirement for 'relaxation classes' and 'stress release materials' implicating stress as a major factor in stopping smoking.

Future Directions

- Week six dedicate to Relapse Prevention advice
- Include the home as a vulnerable area for relapse prevention
- Include Stress-Management material throughout programme and include in relapse prevention.
- Conduct further investigation into relapse in the Home & the role of stress in relapse.
- Offer on-going support to clients after 6-week programme 3-month & 6-month follow-up for clients to record CO and gain advice on any difficult areas or help to over-come lapses.

References

1. Parrot, S., Godfrey, C., Raw, M., West, R., & McNeill, A. (1998). Guidance for commissioners of the cost effectiveness of smoking cessation interventions. *Thorax*. 53 (S5, Part 2), S1-28
2. Department of Health "Smoking Kills" 1988.
3. Department of Health "Priorities and Planning Framework 2003-2006"
4. Kingston and Richmond Smoking Cessation Services: Meeting the targets: Action Plan 2003-6"
5. Living in Britain 2002 General Household Survey
6. NHS Smoking Cessation Services: Service and Monitoring Guidance 2001/02
7. Ferguson, J., Bauld, L., Chesterman, J., & Judge, K. (2005). The English smoking treatment services: one-year outcomes. *Addiction*. 100 (2). 59-69.
8. Gilpin, E., White, A., Farkas, A., & Pierce, J. (1999). Home Smoking Restrictions: Which Smokers have them and how are they associated with smoking behaviour. *Nicotine and Tobacco Research*. 1(2) 153-162.