

Smoking Cessation Services Northern Ireland Service User and Service Provider Satisfaction Survey 2008



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Acknowledgements

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The project team are indebted to a number of individuals who provided information, comment and feedback to enable the evaluation to be completed. In particular, the assistance of the Information Officers in the EHSSB Department of Public Health Medicine and Nursing who advised on data transfer and accurate analysis of information and the assistance of the Tobacco Control Administrators for data entry.

Finally, thanks are extended to the service providers / service users who contributed to the evaluation through the completion of the surveys.

1.0 Introduction

This report describes an evaluation of the satisfaction of service users with the Four Board Regional Smoking Cessation Service and the views of service providers. This report was completed by the Co-ordinators for Tobacco Control across Northern Ireland. The aims of the evaluation were to:

- Measure the satisfaction levels of service users
- Review service provision in accordance with the Quality Standards and the Northern Ireland Regional Training Framework for Smoking Cessation
- Assess the service users / providers views on the scheme

1.1 Background

The Smoking Cessation Programmes across Northern Ireland are provided by a range of partners from the community, statutory and voluntary sectors. Smoking cessation services are made available to smokers who are motivated to quit, with the aim of preventing or treating a range of health conditions known to be associated with smoking.

Tobacco Control is a long-term public health priority in Northern Ireland. The strategic context for work in relation to tobacco and smoking is the Five Year Tobacco Action Plan which prioritises cessation, prevention and protection from tobacco smoke.

1.2 Standards for the delivery of smoking cessation services

These include:

- a) The Regional Training Framework¹ for Smoking Cessation Services in NI which;
 - sets minimum standards for the different levels of smoking cessation interventions;
 - describes the knowledge and skills necessary to deliver high quality smoking cessation interventions to regional standards at two levels – Brief Opportunistic Advice and Specialist Cessation interventions;
 - promotes consistency of approach across NI in the delivery of smoking cessation training programmes and
 - provides guidance as to how existing programmes might be evaluated at the local level.

The standards are also contained in the Departmental Monitoring Guidance² on smoking cessation services.

¹ Training Framework for Smoking Cessation Services in Northern Ireland, DHSSPS, April 2003.

- b) Quality Standards for the Delivery of Smoking Cessation Services in Northern Ireland, which have been developed by the 4 Board Regional Tobacco Control Group Steering Group.

1.3 Specialist Cessation Services

Specialist Cessation Services involve intensive support with the use of products such as NRT, Bupropion (Zyban) or Varenicline (Champix). It is estimated that Specialist Services will enable 20-25% of smokers to remain abstinent after one year. The development of Specialist Smoking Cessation Services is particularly important for highly dependent smokers who are disproportionately found in lower socio-economic groups.

There is a need to ensure the availability of specialist services, which are evidence based and meet quality standards. Key elements to success (according to Thorax³ and reinforced by NICE⁴) include:

- training of staff to deliver intensive support;
- the intensity of support delivered;
- dedicated time and resources to provide the service
- a consistent approach to quality standards and the monitoring of outcomes.

² DHSSPS Smoking Cessation Services – Service and Monitoring Guidance 2001/02

³ Raw M, McNeill A, West R. Smoking Cessation Guidelines for Health Professionals: an update. Thorax. December 2000.

⁴ NICE Public Health Guidance 10, Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities, February 2008.

2.0 Methodology

A postal questionnaire was developed and piloted in each HSS Board area. Two questionnaires were used, one for service users and another for service provider. No comments were made that highlighted the need to amend the questionnaires.

The postal questionnaire was developed, piloted and agreed by the four Board Smoking Cessation Steering Group (Appendix 1). Each HSSB sent the service user questionnaire to 300 service users within their own HSSB, totalling 1200. All service users were chosen at random from all those users who availed of services between the period 1 Jan 2007 – 31 Dec 2007. Of the 1200 service users who were sent a questionnaire, 173 (14%) responded and were included in the analysis. Responses were as follows:

Service User Questionnaire Response

	Sent	Returned	%
NHSSB	300	34	11
EHSSB	300	32	11
SHSSB	300	33	11
WHSSB	300	74	25
TOTAL	1200	173	14

A questionnaire was developed, piloted and agreed to survey the specialist smoking cessation service providers (Appendix 2). Each HSSB sent the service provider questionnaire to all those service providers that had trained as a specialist smoking cessation service provider from 2003/04 to 2007/08 inclusive. The following number of questionnaires was sent and returned in each HSSB area:

Service Provider Questionnaire Response

	Sent	Returned	%
NHSSB	350	116	33
EHSSB	394	146	37
SHSSB	192	72	38
WHSSB	200	56	28
TOTAL	1136	390	34

Of the 1136 service providers who were sent a questionnaire, 390 (34%) responded and were included in the analysis.

The evaluation was completed between Jan – June 2008

2.1 Informed Consent

The sample for the service user survey was selected using random numbers. The HSS Boards do not have access to any individual client data for smoking cessation. Instructions were sent to all service providers detailing a process to follow in relation to sending on the questionnaire to the service user. Each service user was provided with a stamp addressed envelope that was returned directly to the HSSB for analysis. The support of the Local Medical Council and PCC was obtained.

2.2 Overview

Qualitative and quantitative questions were asked to obtain feedback from scheme participants and the trained smoking cessation specialists who work in a range of settings such as GP Practices, Pharmacies, Community Organisations, and the voluntary sector.

2.3 Statistical Analysis

From the questionnaires received, each response was input into an excel datasheet and analysed using pivot chart reports. The pivot chart reports for the qualitative questions were grouped into themes.

3.0 Findings & Discussion

3.1 Main findings & discussion from Service User Questionnaire

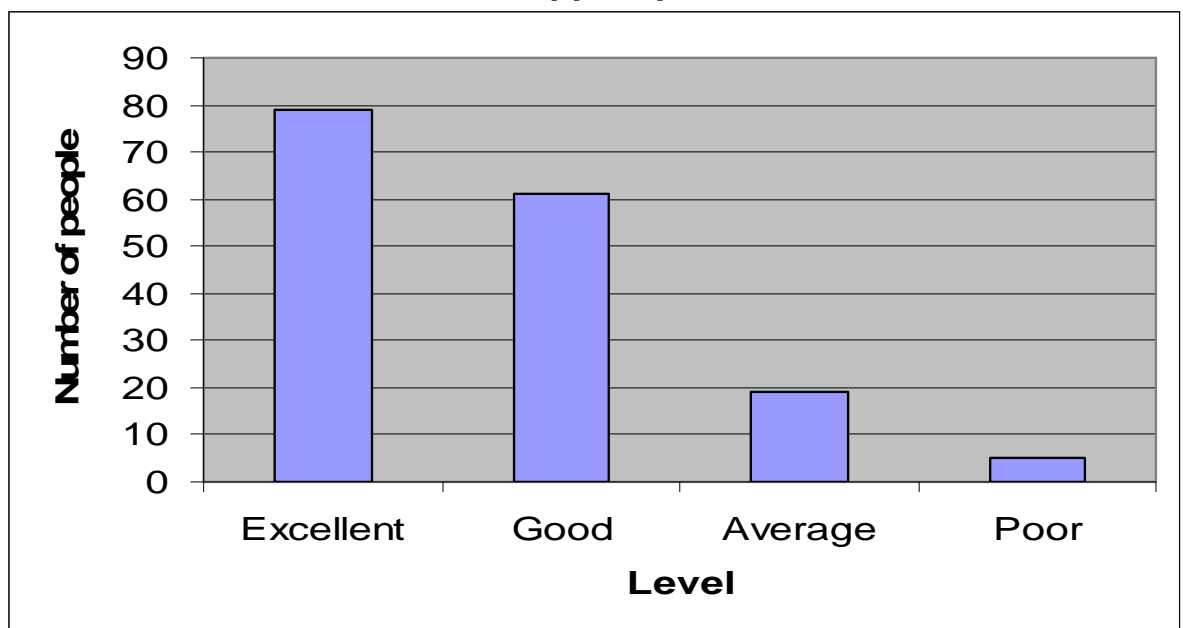
A total of 23,609 patients availed of smoking cessation services in the period Jan 2007 – Dec 2007. Of the 1200 questionnaires distributed, 173 were returned, a response of 14%. This was a very low response rate and makes the findings of the survey less reliable than would have been anticipated.

Of the respondents, 42% received support from pharmacy services, 31% within GP Practices, 19% in the Acute setting, 3% from the community and voluntary groups and 5% from other providers. In 93% of cases the support received was on a one to one basis.

Smoking cessation support was delivered over a range of time periods, from 20 minutes to 360 minutes per client. The highest percentage of patients (30%) received support over a 60 minute period. The Smoking Cessation Quality Standards state a total individual contact time of a minimum of 90 minutes should be given to each client availing of the service.

The survey showed that 61% of patients received an equality monitoring form. Equality monitoring was developed for these services when the New Opportunities Fund (NOF) stipulated a requirement to complete monitoring returns under Section 75, highlighting all service users should be encouraged to complete and return these to their respective HSS Board.

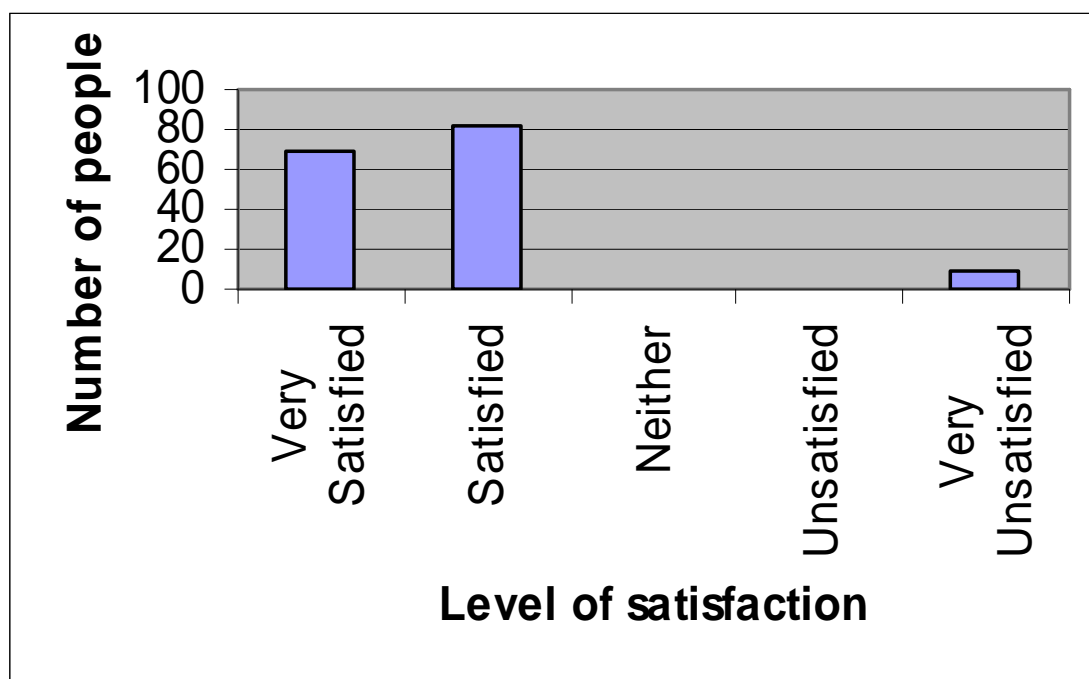
Client attitude to the level of support provided



85.4% described the service as either excellent or good, with 11.6% average and 3% poor.

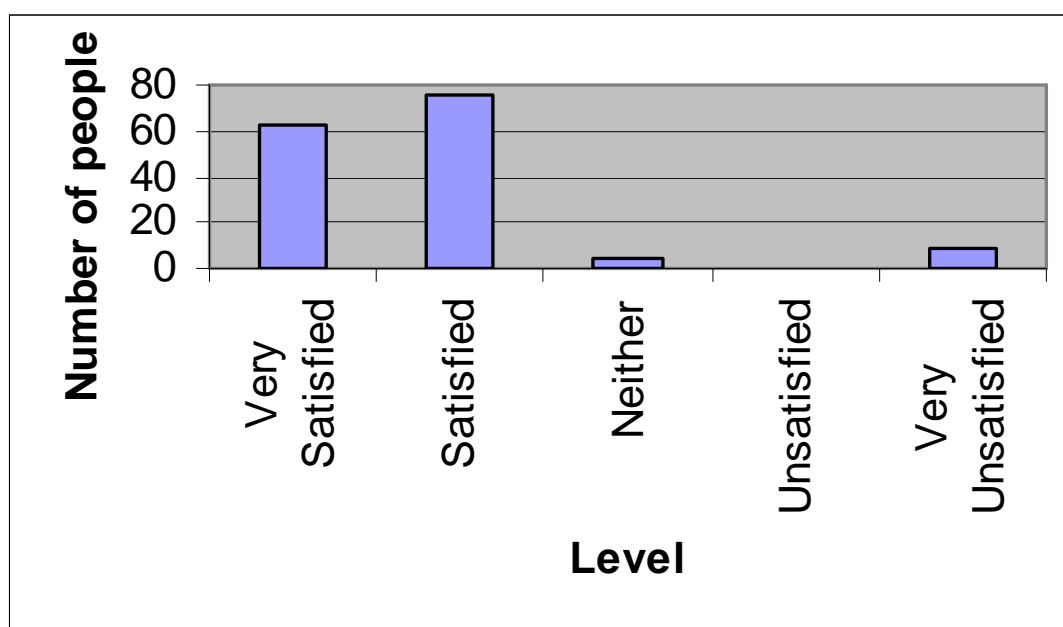
The service users were asked to score their level of satisfaction with the service in relation to:

Venue



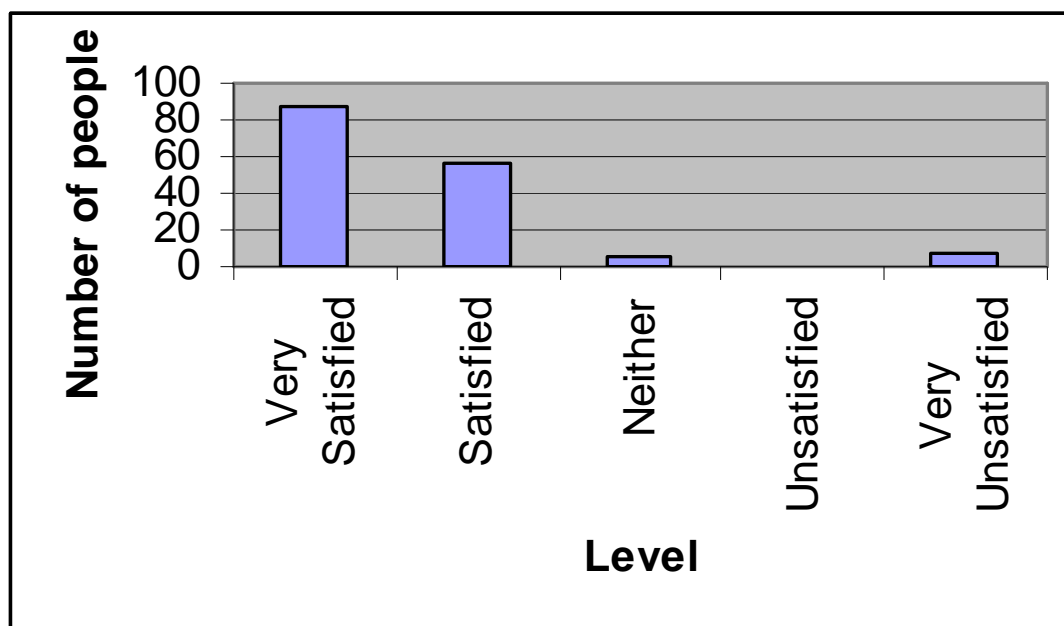
94.3% described the venue as either very satisfactory or satisfactory, with 5.7% very unsatisfactory.

Time of delivery



90.9% described the time of delivery as either very satisfactory or satisfactory, with 3.3% neither and 5.9% very unsatisfactory.

Overall



The overwhelming majority (91.7%) rated overall satisfaction level with the smoking cessation services provided as very satisfactory or satisfactory. In relation to client rating of cessation support, a small percentage (5.1%) of clients stated the service was very unsatisfactory in relation to level of support, time of delivery, venue and overall. The noted comments for this included:

- “Didn’t see specialist”
- “Not enough info about harms of patches/tablets”
- “Provider only did what they had to do”
- “Told not entitled to more lozenges”
- “No one offered advice”
- “Staff didn’t have enough time”
- “Same person should deal with you – not just who is available”
- “Need clinics at weekend/night”
- “NRT should be available for longer than 12 weeks”
- “Pharmacist did not have enough time for me”
- “Room not comfortable”
- “Should be follow up sessions”

3.2 Main findings and discussion from service provider questionnaire

A total of 1136 service providers were sent the questionnaire, with a response of 390 (34%).

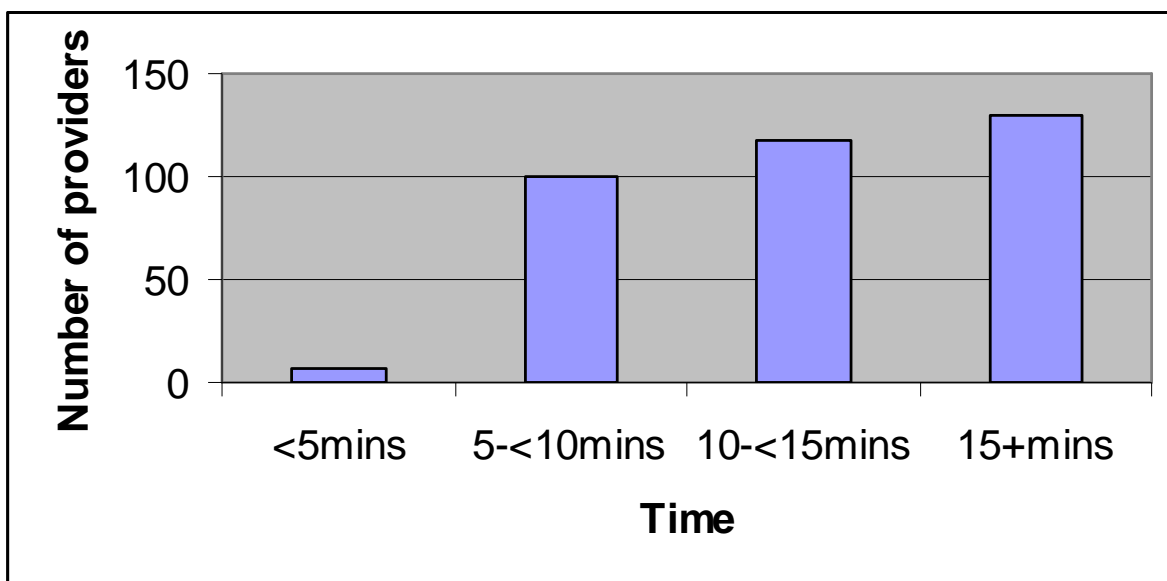
Of those who responded to the survey, 40% were from the pharmacy setting, 29% GP Practices, 15% from community/voluntary, 8% from acute services, 1% from Central Service (EHSSB only) and 7% were from other service settings. Of those that selected the category 'other', less than five responses were received in most categories, however, it is worth noting that 18 responses provided the service in a 'school' setting. In line with returns from the service user questionnaire the majority of responses came from the pharmacy setting.

The majority (60%) of providers trained through the 2 day UCF specialist training, whilst 32% trained through A-Z and 8% used other training methods. Please refer to appendix 3 to see all 'other' training categories.

The majority (83%) of providers currently utilise the training they received. Nine percent of service providers stated they are not currently active, whilst 8% have never implemented their training by providing a specialist smoking cessation service.

Of those who answered 'Yes currently' or 'in the past', 88% provided their smoking cessation service on a one to one basis.

Average length of initial consultations



In relation to the length of the initial consultation 36.6% spent greater than 15 minutes with each client. Only 18.2% were given a total individual contact time of 90 minutes. Both the NI Regional Training Framework and the Smoking Cessation Quality Standards state that the initial consultation should last greater than 15 minutes, and a total individual contact time of 90 minutes should be given to each client.

During the initial consultation 65% of service providers stated they always provide motivational assessment and assess readiness to quit, with 27% stating that they provide this on most occasions and 6% providing it sometimes and 2% stated they never provide it. Once again, both sets of standards noted above state service providers should always assess motivation and assess readiness to quit.

The following responses were given as reasons for those not providing a smoking cessation service:

- Lack of time
- Change of job
- Difficulty recruiting clients

Twenty Six percent of providers said they experienced difficulty recruiting clients to their service. The main reasons cited were lack of motivation, lack of awareness regarding the services available, willingness to attend these services. In addition some providers stated competition from GP services or alternatively pharmacy, along with the issue that clients are not always contactable. It is important to note that 74% of service providers state they do not

have difficulty recruiting clients to their service. Service competition was noted as a constraining factor, however this reflects how services have grown and that clients now have a greater choice of where to avail of services that suit their needs.

The main strengths of the service were recorded as service availability, one to one contact and flexibility.

The best way to improve the service was recorded as increasing the amount of advertising, allowing more time to provide the service and reduce the amount of paperwork.

Seventy Four percent of providers submit monitoring returns electronically. The 26% who did not submit electronically stated that the reasons impeding electronic submission were lack of time to complete online, no internet/computer, they never got round to it or they need training.

Eighty Four percent of providers submit their monitoring returns within the maximum 6 week period. The 14% that took longer stated that the reasons for this were time constraints, difficult to contact patients, hard at holiday time, remembering follow up is due and finding appointment availability to suit patients.

When asked what additional support was needed from the Tobacco Control Coordinator and the Tobacco Control Administrator the following responses were received:

- 56% stated none, with a further 8% describing the support received as either good or excellent.
- 18% requested further information regarding electronic monitoring/payments.
- 10% requested more promotional materials/resources.
- 8% requested refresher training/study days/follow ups.

Therefore 36% of service providers felt additional support was required, and this will be taken on board for future service provision.

Considering the preceding information the following recommendations have been generated.

4 Recommendations

Recommendations emerging from the evaluation of the Questionnaires which are relevant to future provision of smoking cessation services are as follows:

- Education of service providers in initial training on the requirements of the NI Regional Training Framework and the Four Board Tobacco Control Quality Standards to address the following:
 - Initial Consultation time of minimum 15 minutes.
 - Motivational Assessment & Readiness to Quit
 - Total individual contact time of minimum 90 minutes
 - Training in the use of the electronic monitoring system
- Update training for service providers should be developed which addresses the following:
 - Tobacco issue / service updates
 - Further information regarding electronic monitoring
 - Length of time for initial consultation and total contact time
 - Motivational assessment and readiness to quit
- Exploration of methods to assist service providers in the promotion of their services. Services should be promoted and providers should be made aware of the location of all providers. Awareness of smoking cessation services should be increased through PR / Promotion and advertising.
- Ascertain the reasons why 8% of service providers who received training never implemented a service. A requirement should be built in for smoking cessation delivery if training is undertaken, and this should be monitored and audited regularly.
- Highlight best practice of smoking cessation service delivery at a regional and local level.
- Ongoing audit and evaluation of Quality Standards as part of performance management.
- A means of undertaking an annual service user survey should be explored.

APPENDIX I

Service User Questionnaire

Eastern Health and Social Services Board

Smoking Cessation Services Questionnaire

1. In your last quit attempt only, please tick (as appropriate) the support service you attended:

- | | | | |
|-------------------------------|--------------------------|-------------|--------------------------|
| Hospital | <input type="checkbox"/> | Pharmacy | <input type="checkbox"/> |
| Community/
Voluntary group | <input type="checkbox"/> | GP practice | <input type="checkbox"/> |
| Central Service (UCF) | <input type="checkbox"/> | Other | <input type="checkbox"/> |
- _____Please specify

2. What type of support did you receive?

- One to One Group Both

3. Over how many weeks did your cessation support programme run?

4a. How many times over this period (either face to face and / or by phone) did you avail of this cessation support?

4b. In total, how many hours/minutes would you estimate you availed of this support?

5. How would you describe the support you received from the smoking cessation specialist?

- Very Poor Poor Average Good Excellent

If you answered poor/very poor or good/excellent please explain why (this will help us maintain/improve the quality of service provided):

6. Were you given an equality monitoring form to complete?

- Yes No

7 How satisfied were you with the service you received?

	Very Unsatisfied	Unsatisfied	Neither	Satisfied	Very Satisfied
Venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Have you any additional comments in relation to how smoking cessation services could be improved in Northern Ireland?

**Thank you once again for taking the time and effort
to complete this questionnaire.**

All information will be treated in strict confidence.

APPENDIX II

Service Provider Questionnaire

SMOKING CESSATION PROVIDER QUESTIONNAIRE

Setting

1. Please tick (as appropriate) the setting in which the service is delivered:

Hospital

Pharmacy

Community/
Voluntary

GP

Central Service (UCF)

Other

_____ Please specify

Training

2a By what method did you receive your smoking cessation training?

2 day UCF

A-Z

Other _____ (please state)

2b When did you complete your smoking cessation specialist training?

2002/03

2003/04

2004/05

2005/06

2006/07

2007/08

Other _____ (please state)

3 Please describe the aspects of the training you found most useful?

4 Is there any other additional information that you feel should be included in the training?

Smoking Cessation Provision

5 Since undertaking the training, have you provided a smoking cessation service?

Currently

In the past

No

(If No, go straight to question 14)

6a Please indicate on what basis you provide (d) this service:

One-to-one Group Both

6b. How long (on average) does/did your initial consultation last?

<5 minutes 5 to <10 minutes 10 to <15 minutes 15+ minutes

6c. Does/did this consultation include assessment of motivation and readiness to quit?

Always Mostly Sometimes Never

6d. How many weeks is/was appointments offered after the quit date was set?

0-2 2 to <4 4 to <6 6+

6e. For how many weeks is/was contact offered (either face to face or by phone)?

2 to <4 weeks 4to <6 weeks 6 to <8 weeks 8 to12 weeks

6f. What is/was the total amount of contact time you offer clients (this time may have been provided face to face or by telephone)?

30 minutes 30-59 minutes 60-89 minutes 90+ minutes

7 By what methods do/did you promote your service? (eg personal invitation, word of mouth, poster advertising etc).

8 Have you experienced any difficulty in recruiting clients to your service?

Yes No (If No, go straight to question 10)

9 Please outline these difficulties:

10 If you are currently providing a service:

a) What are its strengths?

b) In what ways do you feel you could improve it? (eg promotion of service, availability of support).

Monitoring returns

11a How are your smoking cessation monitoring forms submitted?

Electronically Hard copy format

11b If your forms are not submitted electronically – what are the major impediments to this?

12 Do you have any comments regarding submission or completion of monitoring returns?

13 Do you carry out your 4 week follow up promptly i.e. within a maximum of 6 weeks?

Yes No

If no, are there any impediments to meeting this timescale?

14 If you are not currently providing a service can you give reasons?

1. _____

2. _____

3. _____

Assistance you receive to deliver cessation support

15 Are you aware that the Tobacco Control Co-ordinator (TCC)/Tobacco Control Administrator (TCA) is available should you have any comments or queries regarding any aspect of smoking cessation training or provision?

Co-ordinator: Yes No

Administrator: Yes No

16 Do you require any additional support from the TCC/TCA, if yes, please state:

Additional Comments

17 Please use this space for any additional comments about any aspect of smoking cessation services.

**Thank you for taking the time to complete this questionnaire.
All information will be treated in strict confidence.**

APPENDIX III

Other training undertaken

1 day	1
1 day - sponsored by drug company	1
1.5 day	1
Cancer research	1
Company training	1
Evening updates	14
had a one to one session with Michelle Maguire	1
Hannon 2/7 Course	1
HEART project	1
In Trust	1
Initial primary care training. EHSSB	1
Maudsley	1
maudsley training	1
NEELB	1
None	1
Occupational Health	1
Pharmacy training day	1
PSNI	1
Seagoe 2 day	1
Update '06 and March 07	1