



QUITEX :

**Evaluation of the smoking
cessation decision making
tool QUITEX in
Cardiff and the Vale**

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Aims of the project

Quitex is an on-line decision-making tool aimed at encouraging smokers to make a quit attempt. It is designed to take a user through a series of decisions that will result in them setting a quit date and choosing a quit method, as well as considering which distraction techniques they could employ in situations where they are most likely to relapse. This project was designed as a pilot to evaluate the effectiveness of Quitex. The project consisted of two parts: promoting use of the on-line application through primary care settings in Cardiff and the Vale of Glamorgan; and analysing the data collected about users' quit attempts.

Rationale

According to recent statistics from the Public Health Wales Observatory, the adult smoking prevalence rate is 23% in Cardiff and 21% in the Vale of Glamorgan¹. Tobacco usage has a significant impact upon health, productivity and the environment, resulting in high costs. Almost half of all long-term smokers will die in their middle age as a result of using tobacco, whilst others will suffer poor health and associated loss of quality of life. The total of smoking-related costs to Cardiff is an estimated £90.8 million, with costs for the Vale of Glamorgan estimated at £28.5 million².

Adults in Cardiff and the Vale of Glamorgan are currently able to access NHS community-based stop smoking services through Stop Smoking Wales. However, only 0.6% of smokers in Cardiff and 0.5% of smokers in the Vale of Glamorgan were treated by Stop Smoking Wales between April 2011 and March 2012. There are a number of reasons for this, including a low number of clinical practices in Cardiff and the Vale referring people into the service.

The number of smokers from Cardiff and the Vale treated by Stop Smoking Wales is almost certainly not a true reflection of the number of smokers who are receiving help to quit from healthcare professionals working in primary care as smokers overwhelmingly look to their GP as the source of help to quit. Research shows that if a health professional offers brief opportunistic advice and assistance to all smokers (regardless of whether they are ready to quit or not) this will trigger 40% to make a quit attempt. The QUITEX application intends to provide these people with a straightforward route to undertaking a quit attempt by focusing on the core decisions – date, method and how to react in situations where they would normally smoke.

QUITEX was designed by leading experts in decision support technologies at the Decision Laboratory of Cardiff University and is intended to provide a simple guide for smokers planning a quit attempt, by taking them through the Fagerstrom Nicotine Dependence Test, choosing among the many cessation methods available, setting a quit date and developing tactics to adopt in those situations where they are most likely to smoke. Whilst some of the tools included in QUITEX are available elsewhere, e.g. <http://smokefree.nhs.uk/quit-tools> which offers a cost calculator and the Fagerström

¹ Public Health Wales NHS Trust/Welsh Government (2012): *Tobacco and Health in Wales*. Available at: [http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/61c1e930f9121fd080256f2a004937ed/509486bfd300fdef80257a29003c3c67/\\$FILE/Eng%20Smoking%20Report%20LowRes.pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/61c1e930f9121fd080256f2a004937ed/509486bfd300fdef80257a29003c3c67/$FILE/Eng%20Smoking%20Report%20LowRes.pdf)

² ASH Wales (2013): *The Economic Cost of Smoking to Wales: A review of the existing evidence*. Available at: http://www.ashwales.org.uk/creo_files/upload/default/cost_of_smoking_to_wales_2013.pdf

test, they are not offered in a single package. QUITEX allows users to explore a wide range of methods for quitting smoking and an opportunity to consider how they will handle situations where they are aware that they are tempted to smoke. Users are able to print a PDF document with their choice of quit method which they can present for discussion to their chosen health professional.

Before this project was conducted, no evidence base around the effectiveness of QUITEX in a clinical setting existed. Piloting this project aimed to allow an assessment of its utility as a tool for both smokers and health professionals to be made. Decision support technologies are increasingly being developed to provide patients with a say in decisions relating to their healthcare, that is shared decision-making. To date, little research has been conducted evaluating the effectiveness of such tools for smoking cessation, hence the importance of this pilot project to gather qualitative feedback about how useful potential quitters found this innovative application. A further benefit of trialling QUITEX for Cardiff and Vale will be the collection of data relating to quit attempts by smokers who are not passing through Stop Smoking Wales.

Until this project, it had been difficult to evaluate the effectiveness of Quitex due to low internet take-up. Conducting a pilot project in Cardiff and the Vale allowed for more in-depth evaluation so that a decision can be made on whether to pursue promotion of decision support technologies throughout Wales, whilst also offering an opportunity to address a gap in the data for Cardiff and Vale about smoking cessation in primary care settings.

Method

During the promotional phase of the project, GP surgeries in Cardiff and the Vale of Glamorgan were contacted to see if they would be interested in promoting the tool. Where requested, visits were made to the surgeries to talk staff through the tool and answer any questions that they had. In total, 9 GP surgeries (2 of which had branch surgeries) in Cardiff and 6 in the Vale of Glamorgan agreed to take part. Each were sent 300 business cards, up to 5 A4 posters and 2 A3 posters to promote the project. Four surgeries requested and received visits to discuss the tool further (2 in Cardiff and 2 in the Vale). All practice managers were asked to contact ASH Wales if they wanted any further promotional materials. After the project had been running for four months, all participating surgeries were contacted to see if they would like further supplies, of which three took more business cards. It should be noted that at least two other surgeries had created a web link from the surgery website to the Quitex webpage.

The idea of the bilingual business cards was to give the GP or practice nurse something carrying the web address of the tool that they could hand out to patients to be taken away, if the patient had made clear that they did not wish to be referred to Stop Smoking Wales. Our advice to surgeries was that if a patient was willing to be referred to Stop Smoking Wales, that referral should be made.

After agreeing to the terms and conditions of use, which included information specifically about the research project for users resident in Cardiff and the Vale of Glamorgan, users were requested to input a telephone number as part of the process of filling in the tool. These telephone numbers were then used by Beaufort Research to carry out follow-up telephone interviews. The questionnaire for these interviews was based upon the email questionnaire that is automatically generated by the

Quitex tool and sent to a user's email address 4 weeks after they complete the tool. In this instance, Beaufort conducted the interviews 4 weeks after the quit date chosen by the user. We were only able to follow up those who had both provided a phone number and set a quit date.

Following a decline in throughput, a decision was taken to recruit community pharmacies in Cardiff to promote the scheme in order to maximise the number of follow-up interviews. 150 business cards and one A4 poster were delivered to 13 pharmacies across Cardiff; 1 pharmacy requested business cards only and one requested a poster only. Five pharmacies in the Vale of Glamorgan received business cards and a poster.

Thus, although the client population was originally designated as smokers registered as patients with GP surgeries who had agreed to promote the tool, with pharmacies having also been used for promotion, this can now be extended to smokers living within Cardiff and the Vale UHB area.

Outcomes

In total, 66 people who had used Quitex during the period of the pilot completed a telephone interview with Beaufort. Of these 44 had made a quit attempt on the date they had chosen, allowing data to be collected on their chosen quit methods and their self-reported smoking status four weeks after their quit date.

- a) Demographics: nearly one-third of respondents fell in the 35-44 age range, with another third between the ages of 18-34. Slightly more than half of respondents were female. Nearly three-quarters of respondents reported smoked normal cigarettes, with one-fifth rolling their own and the rest being cigar smokers. One-third of respondents had been smoking for more than 20 years and significantly more than half of the respondents had been smoking for more than a decade.
- b) Involving health professionals: Only one-fifth of respondents took Quitex to a health professional following completion. Of these half (one-tenth of all respondents) went to their GP, one respondent to Stop Smoking Wales and the rest to their practice nurse. Of those who went to their GP, more than half received a prescription for Champix, Zyban or an NRT product. Of those who did not take their Quitplan to a health professional, two-thirds reported that their GP had not spoken to them about smoking during the last twelve months. For those who had been spoken to by their GP, one-third were offered advice to stop, but were not offered anything further³.
- c) Quit methods: Nearly two-fifths of those respondents who attempted to quit following their completion of the Quitex form used NRT in their most recent quit attempt, with one-tenth of respondents choosing not to use anything at all. Of those who used NRT without a prescription, 16 of the 17 found it fairly or very useful, whilst of those who used NRT on prescription, all 8 found it fairly or very useful. 6 of the 7 who used Champix found it fairly or very useful and 5 of the 7 who attended a Stop Smoking group found it fairly or very useful.

³ It should be noted that once recruitment had rolled out to include community pharmacies, respondents had not necessarily received Quitex promotional information from their GP surgery, accounting at least in part for this outcome where the topic of smoking had not been discussed with their GP during the previous twelve months.

- d) Cutting down: Just over half of those who attempted to quit cut down before doing so.
- e) Self-reported quits: Just over three-fifths of those who attempted to quit after completing the Quitex form self-reported that they remained quit four weeks after their quit date. Of those who were still smoking, more than half said they were considering another quit attempt within the next month.
- f) Future quit attempts: Concerns about future health problems, cost and existing health problems were the three issues that ranked most highly as contributing to respondents considering another quit attempt.
- g) Using Quitex: More than four-fifths of those who were still smoking said that they would consider using Quitex in a future quit attempt. Just half reported that they were considering a different quit method, with one-fifth undecided. Out of the whole sample, more than four-fifths said that they had found Quitex fairly or very useful and more than nine-tenths said that it was easy or very easy to use. More than two-thirds reported that they were likely to recommend Quitex to another smoker. Nearly three-quarters also reported finding the printed plan useful.

Discussion

The follow-up surveys revealed some interesting and perhaps slightly unanticipated findings. Firstly, it is clear that smokers continue to use a wide range of methods to underpin their quit attempts, although NRT, whether with or without a prescription, remains the most popular method. So far, very few people are reporting that they have chosen e-cigarettes to support their quit attempt – less than one-tenth of respondents who had tried to quit.

Secondly, we found that not as many people were taking their Quitplan to a health professional to discuss their quit attempt as we had anticipated. Whilst there may be a range of reasons for this, including the fact that some would have already discussed quitting when they were first given the business card, it is worth noting that of all those respondents who did not take their Quitplan to a health professional after completion, only one-third reported that their GP had spoken to them about smoking in the previous twelve months. Whilst nothing can be ascertained from a relatively small sample, and it must be borne in mind that once the project had rolled out to community pharmacies users were not necessarily receiving information on Quitex from their GP surgery, it does suggest that perhaps less cessation activity may be taking place through primary care services than was originally thought.

Thirdly, with regard to evaluating the tool itself, the vast majority of users reported finding the tool a helpful process and were willing to recommend it to other smokers. Whilst it is difficult to make a final decision given the limited sample size, it does suggest that a decision-making tool, whether Quitex or something similar, may be a simple and useful way of preparing smokers for a quit attempt by taking them through a range of options and considerations to help make the decisions best suited to their personal circumstances.

Limitations

As a pilot project, this evaluation study faces a number of limitations. There were initial difficulties in recruiting surgeries willing to hand out promotional material, and several different approaches had to be tried in order to recruit a sufficient number. Once the GP surgeries had the promotional material, we effectively had no control over how the material was handed out and what additional information, if any, patients were given about the tool or the project. Whilst we had hoped to provide GP surgeries with feedback on the number of their patients who had used the tool by creating surgery ID codes to be inputted by the user, we found that the vast majority of users simply did not fill out this data box.

As throughput dropped off, we rolled the promotion out to community pharmacies in order to increase numbers to provide for a more in-depth evaluation of the tool itself. However, this undermined our ability to examine the extent to which Quitex users were taking their Quitplans back to their GP or practice nurse, as they may not have received the information about Quitex from them in the first place. In addition, as Quitex is globally available on-line, it cannot be guaranteed that every user from within Cardiff and the Vale received the information from their GP surgery or pharmacy. Word-of-mouth by users could also have directed throughput to the site.

In the early stages of the project, we had hoped to be able to recruit sufficient users for follow-up without requiring compulsory entry of the telephone number as this would allow users to choose whether or not to participate in the project. It soon became clear, however, that this was not generating enough contacts for follow-up. We were also unable to follow up users who provided a telephone number but did not set a quit date, as we needed to conduct the telephone interviews four weeks after the proposed quit date in order to provide some roughly comparable data on self-reported four-week quits.

Whilst the evaluation has doubtless provided some interesting findings, our final conclusions are inevitably hampered by the size of the sample, reaching two-thirds of our original target. Nevertheless, the findings that have been generated suggest that there is value in pursuing a larger evaluation of this particular tool, as people reported finding it useful and with 27 people out of the 44 who made a quit attempt self-reporting that they remained quit after four weeks.

It is also worth bearing in mind, with a view to further evaluation of the tool, that more people used the tool during this period than those with whom follow-up interviews were conducted. The tool is globally available on-line and continued to be used by people outside the specified catchment area of the project.

Recommendations

On the basis of these findings, ASH Wales would like to make the following recommendations:

- Further, extended, research into the effectiveness of Quitex to help smokers make decisions about quitting

- Recommending Quitex to smokers who have indicated that they are not interested in being referred to Stop Smoking Wales
- Recommending Quitex to smokers when they take the over-50s health check