ABC Case Study Series

Training-Led Smoking Cessation Strategy Reaps Rewards for Wairarapa

April 2011

Abstract
Over the last three years the Wairarapa primary care sector has been the focus of a major investment in smokefree practice, and particularly in the implementation of the ABC approach, which has driven positive results for the region. Investment in staff training has played a major role in this outcome, with staff supported to attend through the provision of funding for staff time, as well as through funding practices to close for training. Alongside this focus, an investment in tailored practice resources and the implementation of funding for priority audience consultations have supported nurses to apply the training they have received and deliver an improved quality of service to clients practice-wide.

Introduction
Since 2007 the Wairarapa District Health Board (Wairarapa DHB) and Wairarapa Community Primary Health Organisation (Wairarapa Community PHO) have been working with primary care practice staff to support them to achieve the routine implementation of the ABC approach. An investment in training, consultation support and resources has helped to promote a culture of smokefree practice that has driven positive outcomes for staff and patients alike.

To identify the strategies and factors that have helped to drive this culture of practice, interviews were held with key staff: the Wairarapa DHB’s Smokefree Coordinator, the Wairarapa Community PHO’s Health Promoter, four practice nurses and two general practitioners (GPs). The results of the interviews are discussed below.

Recent History of Smokefree Practice in the Wairarapa
Wairarapa DHB serves the wider Wairarapa community of approximately 38,000 people, making it the second smallest DHB in the country. Yet although the population is small, the issue of smoking is significant for the region, with 23.5 percent of the population identifying as smokers, which is well above the national average of 20.7 percent. Smoking is also a major issue for the region’s Māori population, especially for Māori women of whom 47 percent identify as smokers, and most of them being under the age of 30 years.

In 2006 the Wairarapa Community PHO employed Kath Tomlinson in a part-time health promotion role for the region, which included a focus on increasing the delivery of smoking cessation services through primary care. With her role also including other health promotion responsibilities and being only part time, it was clear to Kath from early on that the PHO needed to play a supportive facilitation role rather than be a provider itself. As Kath Tomlinson explains,

1 Wairarapa DHB website: www.wairarapa.dhb.org.nz
2 Statistics New Zealand
“We aren’t about providing a service for patients, we are more about advising on direction and policy, and organising what needs to happen so other people can do the work.”

Since 2006 the PHO has worked together with the region’s seven medical practices in this way, taking a collaborative approach with Wairarapa DHB and each practice. As a result it has evolved a Smoking Cessation Strategy that focuses on support and practical assistance for the practices and other primary care providers.

Engaging Practice Staff on Smokefree Practice

One of the first steps Kath Tomlinson took in her role as health promoter was to engage with staff at each of the practices, to identify the existing barriers and attitudes to smoking cessation. “I quickly identified that staff knowledge and confidence around smokefree practice was low, and that training was desperately required,” she says.

In 2007 the PHO secured an initial funding injection ($12,000) from the Ministry of Health, which was used to kick-start an investment in training that has expanded and continued to date. As well as enabling staff to undertake the two-day Cancer Society Smoking Cessation Training, the funding was used to pay for the closure of each practice for one hour for staff training. Under this arrangement, Kath Tomlinson and the Wairarapa DHB’s Smokefree Coordinator, Linda Spence, presented training on the ABC approach and prescribing nicotine replacement therapy (NRT), and engaged with staff on the topic of smokefree practice.

Compensating practices for the income they would lose during the practice closure cost the Wairarapa Community PHO $3,500 in total. Yet it was a cost that the PHO saw as “good value”, especially in terms of the returns it would bring in engaging practice staff with smokefree practice, which at this time was a voluntary intervention rather than linked to a national target. This approach also meant that most of the practice staff were able to be present for the training, so that Linda Spence and Kath Tomlinson could ask important questions about attitudes, behaviours and barriers related to smokefree practice, as well as about what more the PHO could do to assist. As Kath Tomlinson describes it, “We asked the questions, ‘What training do you need, what resources do you need, what help do you need?’”

Through this process the smoking cessation team were able to identify any barriers and dispel any misconceptions around smokefree practice and the ABC approach. One of the barriers they discovered was a lack of awareness of the ability of GPs to prescribe NRT. Kath Tomlinson explains, “Previously practitioners were required to complete a two-day training course to prescribe NRT, so although a letter had come through from the Ministry saying that all GPs and nurses could prescribe NRT through quit cards, the doctors didn’t read it. As soon as they saw it was about smoking cessation they passed it on to the smoking cessation nurse.” In general, GPs did not perceive smoking cessation as part of their role. “They were used to referring to Quitline, or their cessation nurse, so just continued to do so,” says Kath Tomlinson.

In addition, the workshops allowed staff to discuss their fears around how the intervention might impact on their workload and to come up with their own solutions for how to integrate it into everyday practice. Kath Tomlinson describes the process: “They were worried it would take too long, so we showed them how quickly ABC could be done, and they
got behind it – coming up with initiatives to help speed up the process, such as stamps for the quit cards. Some of the practices really took it on board in terms of how to streamline it."

Smokefree Strategy for Primary Care 2008 to 2010

The feedback gathered from the workshops provided important input into the development of the Wairarapa Community PHO’s Smoking Cessation Strategy for 2008 to 2010. In regard to primary care the strategy focused on three key areas:

1. investment in training
2. payment for consultations with long-term conditions/priority groups
3. additional smokefree resources.

Staff Supported to Attend Training

In setting up this strategy, a major investment in staff training was identified as a strategic priority to ensure that staff were able to confidently implement the ABC approach with clients. Initially, however, despite practices identifying a need for staff to be trained in smokefree practice, when training opportunities were created attendance was poor. For example, in 2007 only five people attended any type of training (see Figure 1).

Figure 1: Training Attendance, 2006–2010

Kath Tomlinson quickly identified that there were costs to practices in releasing staff for training, as well as the personal cost to staff who worked part time and were not paid to attend. In response, the Wairarapa Community PHO decided to fund the cost of practice or part-time staff attendance, which could be used to back-fill absent staff. A level of funding was set at $200 for nurses and $400 for GPs to attend a full day’s training, funded from 2008 onwards.

In addition, the PHO used a payment system to incentivise completion of the e-learning tool, “Ask about the Elephant”. On completion of the online course, nurses received $30 and GPs $90, which was awarded at the same time as they received a completion certificate. By early 2011, 51 staff have completed the online training, comprising 73 percent of all nurses and 19 percent of all GPs in the primary care community.

The approach of incentivising and paying for training has been credited with driving a dramatic increase in the total number of trainings being undertaken. Records show a dramatic increase in completions, from five trainings completed in 2007 to 137 completed in 2010, a 27-fold increase (see table 1 above). This positive change has been mirrored by a willingness among staff to attend training. As Kath Tomlinson observes, “We haven’t had any problem filling training at all.” She sees the quality of the training as also helping to drive attendance: “It’s such good training, word gets around quickly.”

Focus on Upskilling Staff through Ongoing Training

Since 2007 the training programme has evolved to include a variety of training options, as outlined below. Between July 2006 and June 2010 primary care providers completed or attended over 230 individual trainings on smoking cessation (see Table 1).
Table 1: Type of Training Events Attended by Wairarapa Primary Care Providers, 2006–2010

<table>
<thead>
<tr>
<th>Type of Training Event</th>
<th>Attendance/Completion</th>
</tr>
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<tbody>
<tr>
<td>Two-day Cancer Society course</td>
<td>27</td>
</tr>
<tr>
<td>Two-day Heart Foundation course</td>
<td>47</td>
</tr>
<tr>
<td>The e-learning tool, “Ask about the Elephant”</td>
<td>51</td>
</tr>
<tr>
<td>Motivational Interviewing training</td>
<td>28</td>
</tr>
<tr>
<td>NRT training (Clinical Society)</td>
<td>3</td>
</tr>
<tr>
<td>Kowhai Health Trust training</td>
<td>2</td>
</tr>
<tr>
<td>Tobacco and Co Morbidity course</td>
<td>35</td>
</tr>
<tr>
<td>Presentations from Hayden McRobbie and Jennifer Percival</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacy Update Southend NRT</td>
<td>6</td>
</tr>
<tr>
<td>One-hour practice closure</td>
<td>37</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>238</strong></td>
</tr>
</tbody>
</table>

Considering that the primary care community (including GPs and practice nurses) currently stands at 85, the high number of trainings undertaken suggests that the majority of the practice workforce has undergone some form of smokefree training.

In addition to practice staff, the training figures outlined above encompass the wider primary care community, including Plunket nurses, staff at Whaiora (the Māori health provider), dentists and pharmacists. The PHO enables members of these organisations to undergo training free of charge. The spin-off, as Linda Spence describes it, is that “It builds community capacity.” According to the PHO, training opportunities have been well received and populated by these organisations to date.

In total 51 primary care staff had completed the “Ask about the Elephant” online training by July 2010, including 32 practice nurses (57% of all practice nurses). However, feedback from those staff suggested that the online training did not go far enough in empowering them to deliver the ABC with confidence. Kath Tomlinson explains, “They told us that it gave them a taste for how to deliver the ABC but not the confidence to deliver it.” As a result, since 2008 the PHO has worked hard to recruit primary care staff to undertake the two-day National Heart Foundation’s Smoking Cessation Course. Both the PHO and Wairarapa DHB see this training as the “gold standard” in terms of its ability to build confidence in, competence with and passion for smokefree practice. “Staff love it – it makes them much more confident,” says Kath Tomlinson.

As a result of this focus, a high number of Wairarapa primary care staff have undergone the two-day training – 47 staff by July 2010. When combined with the number who have undertaken the two-day Cancer Society training course, such attendance means that 74 members of the Wairarapa primary care workforce have received in-depth smoking cessation training. This total includes 29 practice nurses, or 52 percent of the practice nurse workforce in the region.

Although in general nurses have been keen to attend training, engaging GPs to attend or undergo training has been a challenge. Kath Tomlinson observes that some GPs tend not to see this issue as a major problem: “They are not doing it because they don’t think they need it. They have smoking cessation in their practice which the nurses are performing well, so if they have a cessation matter they just refer on to the nurse. So it’s the nurses who are upskilling in this area.”

This attitude to training was confirmed by both of the GPs interviewed, who felt that they knew all they needed to know about smokefree practice so did not need additional training. As one GP states, “My role is to ask, deliver brief advice and then

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4 Total as at January 2011
refer on to nurses, because they have more training and more skills in this area; they have the information.” In addition, in their view it was unrealistic to expect GPs to take time out to attend further training. For example, one GP commented, “I don’t do two-day meetings unless they are of a topic of my choice. I don’t need any more advice on this topic.”

**Smoking Cessation Consultations Funded**

In addition to increasing the knowledge of practice staff, the Smoking Cessation Strategy aimed to remove the financial barriers to smoking cessation that existed for clients, by supporting practices to deliver free, practice-based cessation services. A portion of the budget was allocated to paying for consultations with clients with long-term conditions, those from priority groups, and community service card holders. The funding was used to top up the funding already being received by Care Plus, to cover the cost of smoking cessation consultations with patients, which enabled staff to offer a free service to patients seeking cessation support.

Although the funding was limited to those groups listed above, the consultation funding was well utilised by all practices. In total $63,000 was allocated to practices over four years (2007 to 2010) to pay for consultations with high-need patients, and 100 percent of the funding was utilised each year. Between 2007 and 2010 the amount allocated varied due to a variation in funds available: $12,000 in 2007, $10,000 in 2008, $23,000 in 2009 and $18,000 in 2010. Funding was divided between the seven medical practices, allocated according to the percentage of high-needs patients enrolled. The amount allocated ranged from a few hundred dollars for small practices to a few thousand for larger practices.

This increase in consultation funding mirrors a dramatic increase in the number of smoking cessation consultations taking place within practices. Since 2006 the practices have reported a dramatic increase in such consultations (Figure 2).

![Figure 2: Number of Smoking Cessation Consultations, 2006–2010](image)

According to data across all the general practices, smoking cessation consultations increased from 3 per annum in 2006 to 415 per annum in 2010. Furthermore, Kath Tomlinson believes that these figures fall well below the actual number of consultations taking place as, according to practice staff, consultations often go undocumented.

**New Resources for Primary Care**

A third objective of the Wairarapa Community PHO’s Smoking Cessation Strategy was to develop new smokefree resources for practices. In the initial workshops, practice staff had requested new smokefree signage to promote relevant messages to clients and encourage them to seek support from practice staff. In response, the PHO created new poster display units, each featuring three “face the facts” posters and four literature sections (see Image 1).

![Image 1: Smokefree Poster Display Units](image)
With the display unit, posters can be rotated so that the whole “face the facts” poster series would be shown over time. It also promotes the practice’s own smoking cessation service.

The poster resource has been a hit with practices, as it is prominent, well resourced, and stands out in the practice environment. As Kath Tomlinson describes it, “It was a simple, easy way for them to put posters up so they didn’t get swamped on their noticeboards. It also helped people to know they could talk to staff at the practice about stopping smoking.” Six additional units were created to support other primary care locations, and were distributed to the Maori health provider (Whaiora), school and marae clinics, Plunket offices and the DHB’s maternity ward.

Among its other initiatives for resourcing practices, the Wairarapa Community PHO paid for a smokerlyzer to be made available to each practice to monitor carbon monoxide levels of clients. In addition, it created a new smokefree services leaflet which listed smoking cessation service providers in the Wairarapa, with contact details and photos. Both resources have been well received by practice staff to date and efforts are underway to update the leaflet with names of new providers.

As Kath Tomlinson explains, resources play an important role in keeping practices supported, and providing resources is one of the key roles of the PHO: “I always keep the practices stocked up on resources, especially on World Smokefree Day which is an opportunity to re-stock them with a wide range of resources to use with clients all year round.” Those practice staff who were interviewed reported that they found the resources to be supportive when working with clients around quitting, and nurses frequently used the Quitline resources with clients which served their needs. Only one GP did not use resources at all, instead relying on face-to-face conversation as the main intervention tool and encouraging clients to come back to him with any questions.

Smokefree Day Brings Practices Together around ABC

Another key part of Kath Tomlinson’s role is to promote World Smokefree Day. In her view, the day provides a unique opportunity for the PHO to bring the practices together and reinforce the messages from the ABC training. As she puts it, “World Smokefree Day helps bring us all together as we are all working towards the same goal. The practices take it on board and do their own things to champion it.” In recent years each practice has backed the international health day ever more strongly, transforming their practice with stand-out visual displays, wearing World Smokefree Day T-shirts and more. “They really get behind it – you can’t miss it,” says Kath Tomlinson (see Image 2).

Image 2: Masterton Medical Practice Gets Behind World Smokefree Day

The impact of the practices’ efforts and enthusiasm is reflected in the number of smoking cessation consultations that are delivered by practices around the time of World Smokefree Day. PHO records show a peak in consultation activity in May of each year, which is the month when World Smokefree Day takes place (Figure 3).
Certainly a variety of activities, including stories in the media, contribute to the increase in consultations in May. However, as Kath Tomlinson sees it, the figures give practice staff a boost, helping to build momentum and keep them motivated around the ABC approach: “It’s a great way of bringing a range of health, education and community organisations together to work on a variety of smokefree initiatives. And the pay-off is the surge in quitting attempts made around May and June each year.”

Outcomes of the Strategy on Health Target Performance

The rise in smoking cessation consultations (both funded and non-funded), from 3 consultations per annum in 2006 to 415 in 2010, suggests that the practices are increasingly implementing the ABC approach.

Interviews with practice staff also suggest that training has been directly responsible for an increase in staff confidence and compliance around the implementation of the ABC approach. All of the nurses that were interviewed had completed the online training and attended the two-day Heart Foundation course and claimed that, as a result, they had become more confident in their delivery of smokefree practice. For example, one practice nurse commented, “Before the training I didn’t really feel comfortable talking with patients about smoking and would normally pass it on to someone else, but now I don’t refer on, I do it myself. It has definitely made me more confident.”

The PHO’s investment in training, resources and consultations appears to have helped build a culture in which smokefree practice is valued and prioritised by nursing staff. Kath Tomlinson observes, “The nurses are really enthusiastic and into it.” One nurse illustrates how this attitude is held among all the nurses interviewed when she says, “We are all behind the ABC approach.”

Although no funding was attached to telephone consultations, most of the nurses interviewed reported they were providing a telephone or text follow-up system for clients, to support them through their quit journey, and saw it as part of “good patient practice”.

In addition, in some practices innovations to support the effective application of the ABC were evident. For example, the Featherston general practice had added categories to its patient enrolment form, so that it now asked each new patient to classify their smoking status and, if they were an ex-smoker, asked how recently they had quit (Image 3). In the subsequent enrolment administration process, a nurse followed up with a patient if they had indicated a desire to quit. The information about a quit date was seen as supportive in helping to build a patient profile.
Image 3: Featherston Enrolment Form Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you smoke?</td>
<td>No/Yes</td>
</tr>
<tr>
<td>Are you interested in quitting?</td>
<td>No/Yes</td>
</tr>
<tr>
<td>Are you an ex-smoker?</td>
<td>Quit Date: . . .</td>
</tr>
<tr>
<td>Never smoked?</td>
<td></td>
</tr>
</tbody>
</table>

This innovation was developed as a direct response to an issue with the practice screening tool that was also mentioned by another practice’s staff member. Although the screening tool had proved supportive in assisting the implementation of advice and medication to smokers who wanted to quit, it did not ask about an ex-smoker’s quit date. This omission was seen as problematic because, as one nurse comments, “It doesn’t take into account how long someone has been an ex-smoker, so this is an issue for helping out whose who may have just stopped. For example, if they have stopped for a week, we would say they are a smoker.”

One factor that has been supportive in building a culture of smokefree practice has been the emergence of champion nurses within each practice. The nurses have provided a channel for the PHO in terms of providing information about the ABC approach and training opportunities to staff, and have helped to keep staff enthused. Although their role as champions has been an informal one, these nurses have been supported by the PHO over time. As Linda Spence explains, “We’ve tried to get them together, like at the upcoming training with Hayden McRobbie. You need something decent for them to attend so we do try and keep them supported and networked.”

Looking Ahead to 2010/2011

Looking ahead, Kath Tomlinson believes that part of her role 2010/11 will focus on filling the knowledge gaps that still exist within the primary care workforce, and she will work to reach those staff that have not received training. One focus will be to engage more GPs on the topic of ABC approach; already the smoking cessation team have arranged for Hayden McRobbie to deliver training to GPs to help in this matter.

In December 2010 the Ministry provided the Wairarapa Community PHO with $39,750 to continue to support the implementation of tobacco control in primary care in 2011/12. This is the third year in which the PHO has been funded at this level. With this funding the PHO and Wairarapa DHB can continue to progress and support smoking cessation in primary care.

The PHO is investigating the option of using additional smoking cessation software tools, such as the ATM tool being implemented by Harbour Health PHO, to help improve practice performance. The smoking cessation team will also be continuing to promote training opportunities for the wider primary care sector, including mental health providers, dentists, pharmacies and others, while working with the Ministry of Health to identify what’s next for the ABC approach, and to keep staff motivated and up to date.

Summary

The Wairarapa Community PHO and Wairarapa DHB have succeeded in creating a practice nurse workforce in the Wairarapa region that is highly trained in delivering the ABC approach. Although data capture issues have affected the reporting of activity, other indicators such as the consultation fees, individual practice records and training statistics suggest that the Smoking Cessation Strategy has been effective in increasing ABC implementation across the region’s seven practices.
Investment in training has played a major role in this outcome. Key factors supporting the effective training delivery and good staff attendance include:

- delivery of the practice-based workshops and funding practices to close for business during training, which enabled the smoking cessation team to engage with staff on their needs, barriers and opportunities for smokefree practice.

- the development of an incentive model which paid staff or practices for attendance at training.

As well as building the capacity of the nurse workforce through training, the PHO’s decision to invest in tailored resources and fund consultations for high-need and high-priority audiences has supported nurses to implement the training they have received and deliver an improved quality of service to clients practice-wide.

The steps that were taken in 2006 and 2007 appear to have been important in creating a culture of engagement with practices on smoking cessation, and in laying the foundations for the development of a smokefree strategy for primary care that has driven major leaps in performance in this area. The ongoing provision of quality training options and the promotion around World Smokefree Day have helped maintain that momentum among practice staff and to keep the ABC approach relevant and “top of mind” for staff.

The PHO is waiting for the first round of accurate results from the practices, which will help it work more closely with them and so ensure ABC is being routinely implemented. As Kath Tomlinson explains, “We want the first round of accurate results so we can see if they reflect our expectations. We will be talking to the practices about the results and looking at how they can improve them.”

About the Author

Anna Passera (Vivace Communications Limited) is a marketing and communications consultant working in public health.