



Service Priorities and Programmes
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A better smoking cessation service for Kowloon Central Cluster smokers—revisiting Smoking Counselling & Cessation Program (SCCP) service

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Introduction

Smoking cessation is one of the major missions of primary care doctors to prevent the onset of cardiovascular diseases(CVDs) and other smoking related conditions. The smoking counselling service was first set up in 2002, and the HA wide Smoking Counselling and Cessation Program(SCCP) was launched in 2012. Local data in 2015 revealed among the five thousand smokers who had been regularly followed in the GOPCs of KCC for chronic diseases including diabetes(DM), hypertension(HT) and hyperlipidaemia, only about 10% joined SCCP.

Objectives

To evaluate the deficiencies in SCCP, and to explore proactive strategies to improve.

Methodology

This is a clinical audit on SCCP carried out at the GOPCs of KCC from 01/01/2015 to 31/12/2016. First cycle was performed from 01/01/2015 to 30/9/2015 which tried to identify the deficiencies existed in SCCP. To overcome these barriers, following improvement strategies were adopted: First, smoker registry was established in each GOPC to facilitate case recruitment. CO-monitoring was equipped in all our clinics to motivate smokers to receive the smoking cessation counselling. Secondly, to improve patient journey, same-day SCCP service was offered when patients attended GOPCs for consultation. This not only facilitated the timely intervention but also helped reduce the default rate. Thirdly, all frontline health staffs were offered basic skill training on smoking counselling. Training seminars and workshops were provided to our nurses to better equip them with counselling skills and concepts of nicotine replacement therapy. After all these strategies, the second cycle was conducted from 1/4/2016 to 31/12/2016. Data from two cycles was compared for evaluation.

Result

The recruitment number was significantly increased from 1,202 in 2015 to 1,597 in 2016(32.8% increase) after implementation of these strategies. Among the 1,597 smokers recruited successfully in 2016, a higher proportion were recruited from patients with concomitant chronic diseases including DM, HT or hyperlipidaemia (725, 45.4%), which was much higher than in 2015 (300, 24.9%, $P<0.01$). Besides, feedbacks from smokers showed they agreed these changes facilitated their visit to our service and enhanced their motivation to quit. In addition, the 12-month successful quit rate has been significantly improved from 58.1% in 2015 to 64.7% 2017($P=0.0189$). This service revisit proved that our series of improvement strategies were highly effective in facilitating case recruitment and providing timely smoking cessation counseling, particularly in high risk patients with chronic diseases.