

GPs' views on new national smoking cessation guidelines

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Summary

Objectives: To assess GPs' views on recently published national smoking cessation guidelines that form the foundation of the government's smoking cessation strategy.

Design: Postal survey of a random sample of GPs. GPs were asked to judge the appropriateness, effectiveness and practicability of key recommendations for primary care in recent national smoking cessation guidelines.

Setting: General practice, England and Wales.

Subjects: 236 GPs, effective response rate: 62%.

Results: Only 16% of GPs accepted that all the recommendations in the guidelines were appropriate; 43% accepted that it was appropriate to check the smoking status of known smokers when they visit the surgery and only 30% thought it was practicable to advise smokers to stop at every opportunity. However, 77% of GPs thought that they should provide assistance for smokers wanting to stop; 74% believed that they should refer smokers to specialist services if appropriate and a similar proportion (77%) believed that it was appropriate to recommend nicotine replacement.

Conclusions: Recommendations that involved the GP being proactive in monitoring smoking status and advising smokers to stop were not widely supported. There was greater acceptance that GPs should assist smokers wanting to stop, either by recommending NRT or providing counselling or referral. It appears that GPs do not

widely support those recommendations that would produce the greatest public health gains.

Introduction

In December 1998, Thorax published the first ever national, evidence-based guidelines on smoking cessation activities for health professionals¹. A summary and editorial was published in the BMJ². The guidelines were endorsed by many professional bodies including the RCGP and approved by the NHSE. They formed the basis for the chapter on cessation in the Government White paper, Tobacco Kills³.

The guidelines stated that GPs should regularly monitor smoking status of known smokers, advise them to stop at every opportunity, arrange follow-ups for those intending to make a quit attempt and provide assistance in the form of brief counselling and/referral for those who want it. They should also recommend, and provide accurate information on, nicotine replacement therapies.

It was always expected that implementing the guidelines would be a long and difficult process. Of all professional groups, the evidence indicates that the group of health professionals most likely to make an impact on population smoking cessation rates are GPs⁴⁻⁶. Thus the evidence indicates that if GPs followed the recommendations it would yield an additional 75,000 ex-smokers per year saving an estimated 300,000 life years at a cost of less than £1000 per life year gained⁴.

This survey was undertaken to assess the initial reactions of GPs to the guidelines. This would not only inform the dissemination process but also enable updated version of the guidelines to take account of what is achievable.

Sample and methods

This was a postal survey of a national random sample of GPs. The National Department of Health GP database was used to generate the sample. Random numbers were used to generate 495 usable names and addresses. Questionnaires were sent to this sample and 160 were completed and returned. In 12 further cases the questionnaire was returned uncompleted because the GP was no longer working at that surgery. A follow-up mailing was sent four weeks later which yielded a further 76 responses. Of the non-responders to the second mailing 51 were followed up by telephone. In 21 cases the questionnaire had not reached its destination; 12 GPs had retired, one had moved, one was on long term sick leave, two had died and five had incorrect contact details. Thus the total number of respondents was 236 representing an absolute response rate of 48% and an effective response rate based on those who actually received the questionnaire of 62%.

Seventy-one percent of respondents were male. The age distribution of respondents closely resembled the national distribution: <30 = 0.4%, 30-39 = 29%, 40-49 = 36%, 50-59 = 28% and >60 = 6.9%. Nine percent worked in single-handed practices and 91% in team practices; 52% of respondents worked in fund-holding practices.

A 19-item questionnaire was designed to identify views on the national smoking cessation guidelines, knowledge about nicotine and demographic characteristics. For each key recommendation the questionnaire asked whether the respondents thought it was appropriate, effective and practicable. The questionnaire was accompanied by a covering letter addressed to the doctor concerned and a FREEPOST envelope in

which to return it.

Results

No significant differences were found between the first and second wave of respondents.

Only 16% of GPs thought all the recommendation were appropriate and 14% thought none of them were; 11% of GPs thought all the recommended actions would be effective in helping smokers to stop while 7% thought none of them were; 3% of GPs thought all the recommended actions were practicable while 12% thought none of them were.

Table 1 shows that only a minority of GPs accepted the guideline about monitoring the smoking status of smokers at each visit. While a majority believed that it was appropriate to advise smokers to stop at every opportunity they did not believe that it would be effective or practicable. Somewhat more believed that GPs should provide assistance to smokers wanting to stop, offer follow-up visits, refer to specialist services, recommend NRT and provide accurate information about NRT. However, a significant minority did not accept that they should recommend NRT.

Table 1 here

Discussion

Recommendations that involved the GP being proactive in monitoring smoking status and advising smokers to stop were not widely supported. There was greater acceptance that GPs should assist smokers wanting help with stopping, either by recommending NRT or providing counselling or referral. Thus the GPs did not support the recommendations that would produce the greatest public health gains¹. Another finding of interest is that one in six GPs did not accept it as part of their role to recommend NRT.

It has been assumed that a major barrier to more comprehensive pro-active advice by GPs is lack of time but the present results suggest that most GPs may not accept that they should adopt a pro-active, health promotion role in the context of a consultation. If that is the case, then presenting evidence that it is a cost-effective way of prolonging life may be insufficient. A change in the perception of the bounds of professional responsibility would be required.

Whereas a majority of GPs accepted that they should recommend NRT and that it would be effective, in a significant minority did not. It seems unlikely that any GPs have yet to be exposed to reviews of evidence on NRT so one must conclude that some GPs either do not read the reviews or remain unconvinced by them.

In conclusion, it is evident that a considerable amount of work needs to be undertaken to convince GPs about the merits of the new smoking cessation guidelines. This will require a concerted campaign of education and persuasion and will involve encouraging them to reconsider the importance of pro-active health promotion in their work and examining the reasons underlying ignorance about effective treatments.

References

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Table 1: GPs' reactions to smoking cessation guidelines

Question.	Yes	No	Don't know
<i>1. The guidelines recommend that the smoking status of patients should be checked at each visit.</i>			
a) Do you think it is appropriate for GPs to do this?	43%	53%	4%
b) Do you think it is practical to expect GPs to do this?	18%	77%	5%
c) Do you think this would be effective in helping smokers stop?	26%	49%	26%
<i>2. The guidelines recommend that GPs should advise all smokers to stop at every opportunity.</i>			
a) Do you think it is appropriate for GPs to do this?	61%	34%	4%
b) Do you think it is practical to expect GPs to do this?	30%	65%	4%
c) Do you think this would be effective in helping smokers stop?	38%	38%	24%
<i>3. The guidelines recommend that GPs should provide assistance to all smokers who want to stop.</i>			
a) Do you think it is appropriate for GPs to do this?	77%	14%	9%
b) Do you think it is practical to expect GPs to do this?	47%	41%	12%
c) Do you think this would be effective in helping smokers stop?	68%	8%	24%
<i>4. The guidelines recommend that GPs should offer a follow-up appointment to those smokers who are willing to stop.</i>			
a) Do you think it is appropriate for GPs to do this?	65%	28%	7%
b) Do you think it is practical to expect GPs to do this?	33%	52%	14%
c) Do you think this would be effective in helping smokers stop?	53%	12%	34%
<i>5. The guidelines recommend that GPs should refer smokers to a specialist cessation service if appropriate.</i>			
a) Do you think it is appropriate for GPs to do this?	74%	19%	7%
b) Do you think it is practical to expect GPs to do this?	56%	29%	15%
c) Do you think this would be effective in helping smokers stop?	59%	9%	32%
<i>6. The guidelines suggest that GPs should recommend smokers who want to stop to use NRT.</i>			
a) Do you think it is appropriate for GPs to do this?	77%	15%	9%
b) Do you think it is practical to expect GPs to do this?	71%	20%	10%
c) Do you think this would be effective in helping smokers stop?	67%	8%	25%
<i>7. The guidelines recommend that GPs be in a position to provide accurate information and advice on NRT.</i>			
a) Do you think it is appropriate for GPs to do this?	74%	16%	10%
b) Do you think it is practical to expect GPs to do this?	61%	24%	15%
c) Do you think this would be effective in helping smokers stop?	61%	11%	

30%