Understanding the implementation of a secondary care tobacco addiction treatment pathway (The CURE Project) in England: A Strategic Behavioural Analysis

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Table 1. APEASE ratings from pre-workshop survey (total of 36 for 6 scorers).

Recommendation	A	P	E	A	S	E	TOTAL
Recommendation 1: Plan for different discharge pathways at the set-up of the implementation process (i.e. secondary care, primary care, community services, community pharmacists).	3	3	3	2	4	3	**18**
Recommendation 2: Ensure adequate staffing is in place from earliest possible stages, particularly in terms of support staff (e.g. admin, IT) to facilitate the day to day smooth running of the intervention and allow nursing staff to focus on supporting patients.	5	4	6	6	6	5	**32**
Recommendation 3: Engage with external stakeholders and organisations, for example, Local Medical Committees and Medicine Optimisation Services, early in the planning process.	6	4	5	5	5	6	**31**
Recommendation 4: Provide easily accessible e-learning tools for training to all stakeholders involved in the implementation of the intervention.	6	4	6	6	5	4	**31**
Recommendation 5: Provide access to a wide range of Nicotine Replacement Therapy (NRT) products, ensuring stock levels are adequate on hospital wards.	4	3	4	5	5	5	**26**
Recommendation 6: Amend existing data storage systems to allow recording and documenting of patient information and journey through the intervention (e.g. computers programmed with pop up requests for data).	4	4	4	4	6	5	**27**
Recommendation 7: Provision of adequate funding to facilitate and support implementation of the intervention in secondary care, but also outside of secondary care (i.e. for primary care and community services) in order to develop standardised discharge pathways and integration with external services. For instance, integration with community-based lung health screening vehicle to provide stop smoking advice after CT scans.	2	2	5	4	6	6	**25**
Recommendation 8: Ensure adequate facilities are available to support delivery, including physical spaces for one-to-one sessions, hospital accessibility for patients (i.e. through parking, public transport) and vaping facilities.	1	1	1	2	5	5	**15**
Recommendation 9: Implement additional staffing resources and presence in the community, so as to lessen the impact of time pressures in secondary care.	1	0	2	2	4	3	**12**
Recommendation 10: Ensure high coverage of branding materials in a range of formats i.e. posters, pens, and screensavers to promote awareness of the service.	6	5	5	5	6	4	**31**
Recommendation 11: Allow enough flexibility in the service specification to facilitate patient engagement and accessibility (e.g. allowing for flexible amounts of follow up support, choice of NRT etc. dependant on patient preference and circumstances).	6	4	5	4	6	5	**30**
Recommendation 12: Communicate shared goals of the intervention across management and deliverers, so required behaviours can be agreed upon and planned.	6	6	6	6	6	6	**36**
Recommendation 13: Provide access to a core, but flexible service specification to ensure the intervention is delivered as intended.	6	6	6	6	6	6	**36**
Recommendation 14: Arrange face-to-face discussions, training and the use of marketing materials to facilitate constant promotion of the intervention to a wide range of healthcare professionals (including new junior doctors).	4	4	5	4	5	4	**26**

Recommendation 15: Recognise the need to manage competing priorities and implement the intervention within the context of a secondary care setting by providing flexible targets within the context of urgent medical issues.	4	2	4	4	3	3	**20**
Recommendation 16: From the earliest stages, identify and monitor outcomes that provide evidence of the success of the programme. Plan to disseminate these outcomes to wider stakeholders (e.g. in primary care) to encourage further 'buy-in'.	6	5	6	4	6	6	**33**
Recommendation 17: Engage in ongoing audit and feedback of outcomes and performance to delivery teams.	5	5	6	6	6	6	**34**
Recommendation 18: Encourage those involved in the intervention to offer, and support, patient choice in terms of treatment and support options as a part of delivery staff's role.	5	4	5	5	5	5	**29**
Recommendation 19: Implement a full-time project manager and a clinical lead(s), ensuring they are able to provide constant troubleshooting and peer support in implementing/delivering the intervention.	4	4	6	4	6	4	**28**
Recommendation 20: Encourage positive social comparison to facilitate a culture change of smoking cessation being everyone's responsibility by, for example, comparing rates of smoking cessation across wards/hospitals and corresponding rates of relevant health outcomes.	5	2	5	5	4	5	**26**
Recommendation 21: Inform stakeholders when other peers/senior staff approve of engagement with the intervention, so individuals are aware of others' support of the service (e.g. to encourage engagement with meetings).	3	3	4	3	5	4	**22**
Recommendation 22: Identify champions of the intervention within organisations, informing individuals that their own behaviour may set a good example for others and have positive consequences. This may relate to: - Clinical/Nurse/Pharmacy champion - Primary Care champion - champions across different hospital wards/departments	5	5	6	5	6	5	**32**
Recommendation 23: Integrate opportunities for staff to observe peers presenting/discussing the intervention. For example, clinical lead and nursing lead can act as motivators and facilitators of 'buy-in' at both management and delivery staff level.	5	1	5	5	6	5	**27**
Recommendation 24: Prompt self-praise or intrinsic rewards of involvement, when performing intervention related tasks. For example, prompting staff to reflect on the likely health benefits for patients as a result of the treatment they are providing.	6	5	5	5	5	5	**31**
Recommendation 25: Provide financial incentive on performance (e.g. when prescribing NRT) for primary care staff supporting service outpatients in the community.	0	0	0	0	2	1	**3***
Recommendation 26: Provide additional training on how to use tools associated with intervention delivery (i.e. I.T systems) so staff practice and observe use of these tools to facilitate day to day delivery.	5	5	5	5	6	5	**31**

* Missing one participant's rating due to survey error.