Author's response to reviews

Title: Provision of relapse prevention interventions in UK NHS Stop Smoking Services: A survey

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Author's response to reviews: see over
Dear Associate Editor,

Thank you very much for giving us the opportunity to revise and resubmit our manuscript. We found the three reviewers’ comments very thoughtful and helpful and we have addressed them as detailed below. All authors’ emails have been included on the title page of the manuscript. We have re-structured our abstract using the headings suggested by the editor. We have included an authors’ contributions section in the recommended format. The competing interests’ statement has been removed from the manuscript and inserted between the Conclusions and Authors’ contributions. We have provided the survey administered in the study as an additional file. All the changes made to the paper have been highlighted in RED text.

Thank you for your anticipated consideration of the paper for publication. We look forward to hearing from you soon.

Kind regards,

S. Agboola.

Provision of relapse prevention interventions in UK NHS Stop Smoking Services

Response to Reviewers
For non-UK readers and those not familiar with UK stop smoking services, it might be helpful to describe the services, the targets to which they work, and the professional background of the personnel employed (i.e. usually non-clinical). This may be helpful in a box, rather than in the body of the text.

We have provided a summary of the characteristics of Stop Smoking Services in the UK, and this is detailed in Box 1.

This is a UK based survey. It would be helpful to international readers to place this in an international context, perhaps in the discussion. For example, do services in other countries offer relapse prevention? Are their lessons to be learnt from their experiences?

We have included in our discussion a statement of current provision of smoking cessation services in other countries. We are not aware of any research that provides comprehensive information on the provision of relapse prevention as part of routine treatments offered to smokers attending stop smoking services in these countries. We have therefore included this as a recommendation for future research.

Were all the responses on pick lists, or could the respondents add an “other” option if that were relevant to their service? Was there a free text option? The limitations of either of these approaches should be discussed

All of the questions that asked respondents to pick one or more responses had an “other” option. Respondents who ticked this option for any of the relevant questions were asked to provide additional information. We have clarified how this might influence the findings in our discussion.

I think the presentation of results could be simplified. Lists of percentages in the text are not easy to read, and some of the data are duplicated in tables 1 and 2. I suggest using the text to highlight the headline results, and refer the reader to the tables for the other figures. It may be helpful to extend the tables to include data currently only in the text.

We have included an extra table, and removed some of the percentages in the text. The data in the original tables one and two were different, table one contains information regarding the types of relapse prevention treatments offered versus the types of acute cessation treatment offered to smokers. Table two, (now table three) on the other hand documents the responses provided to the question “If barriers to provision of relapse prevention interventions are removed, how likely is it that you will start to provide/continue to provide these interventions”? We have now used the text to highlight the headline results only. The reader is now referred to Tables one, two and three for the other figures.

There are a few typos (e.g. the ? in the middle of the first sentence of the second paragraph, the word ‘of’ is (I think) superfluous in the middle of the 4th line of page 8, 85.5% in the first sentence of current smoking cessation treatments is different to the figure in table 1 (87.5%).

The errors have been corrected.
Please consider structuring your discussion under the headings ‘summary of findings’, ‘limitations and strengths’, ‘interpretation to previously published work’, and ‘conclusions and implications’. Whilst the key components are all in the discussion, using sub-headings helps the reader navigate.

We have re-structured the discussion to include the suggested headings. We find it difficult to include the heading “interpretation to previously published work”, because as far as we are aware, this is the first study of its kind to document the provision of relapse prevention interventions in stop smoking services.

The second sentence in the discussion (starting with ‘The most frequently provided RPIs…….’) is somewhat convoluted, and I’m not sure I understood it.

This sentence has been re-phrased.

Unless they are universally familiar, abbreviations are generally irritating to the reader (even when they are explained) and their use should be minimised. SSS, RPIs, for example, are not universally recognised outside the specialist field of smoking cessation services, and would be better spelt out.

We have spelt out these abbreviations throughout.

Reviewer (Lindsay Stead)

My main comment is that I needed to refer to the earlier qualitative paper to understand what the questions and responses meant. The background could benefit in more detail from the earlier paper. For example, clarify the distinction between relapse prevention and lapse prevention.

We have included some information from the earlier qualitative paper that provides more detail and have described briefly some of the different interpretations attached to the concept of relapse prevention. The methods section of the paper includes a definition of relapse prevention, and the survey questionnaire, which we submit as an additional file asks respondents to describe any treatments that are provided for individuals that have suffered a lapse. We have now included the definition of relapse prevention in the background section as well as the methods, and clarified the distinction between relapse prevention and lapse prevention drawing on findings in our earlier qualitative paper.

When an SSS endorsed the use of NRT for RPI, would this imply extending the period of therapy for all users, or after individual assessment or relapse risk, or after lapse?

The questionnaire did not set out to determine this. The findings from the qualitative interviews documented in our earlier paper however show that relapse prevention was sometimes an extension of acute cessation treatment, regardless of the type of treatment, and we have clarified this in the paper.
It might also be helpful to clarify in the background what the NHS SSS policy/policies are for providing pharma, i.e. normal period of therapy and policy on re-treatment.

We have put this information in Box 1.

Discretionary revisions

1. p.1 ‘Cochrane reviews, there is only one Cochrane RP review, no need to cite earlier version

This has been corrected

2. p.1 Why does consistent have a ? ‘Clear’ might be better than ‘consistent’

We have removed the symbol and replaced the word ‘consistent’ with the word ‘clear’

3. p.1 Suggest rewording sentence starting ‘Our review’ to: Our review found that for individuals who had stopped smoking unaided, RP using behavioural self help interventions was effective at long term follow-up

The sentence has been reworded.

4. Did two services really not recommend NRT or was this missing data?

This was not missing data. The two managers answered “no” to the question.

5. When NRT or other pharma was endorsed as RPI, can this be taken to mean extending an initial period of therapy?

This has been addressed in the second paragraph (on this page) above.

6. It would seem useful to distinguish explicitly between proportion of providers likely to continue, and proportion of non-providers likely to start, even if those proportions are similar

The main aim of this questionnaire item was to determine the number of respondents who would be willing to provide relapse prevention interventions, whether or not they had done so in the past. The online questionnaire was designed to ask the question on feasibility without taking into account a respondent’s previous response to the question on current provision of relapse prevention.

Reviewer (Amanda Amos)

Abstract – It is a bit confusing that the first time NHS SSS is used it refers to smoking cessation services, rather than stop smoking services

This abbreviation has been removed from the abstract

Background – It was a bit unclear as to what is meant by relapse prevention initiatives. I think it would be helpful if the definition in the Methods was also included here.

We think the reviewer meant relapse prevention “interventions”. We have included the definition of relapse prevention interventions in this section as recommended by the reviewer.
**P4 – remove? in the first paragraph line 2.**

The symbol has been removed.

**Methods – do you mean hypothesis generating or testing?**

We mean hypothesis testing, and this has been corrected.

**Results P7 – end of second paragraph- don’t understand ‘to meet government targets () services’**

The figures included at the end of the second paragraph have been removed and tabulated, and the sentence has been re-phrased.

**P8 – Similarly ‘telephone support of services’**

This has been corrected.