How might the provision of smoking cessation services be adapted to improve uptake and success for people in low socioeconomic groups?
A mixed-methods exploratory study

WALES-SPECIFIC FINDINGS

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Background

Smoking is the **largest avoidable cause of death** and serious disability in the UK[1],and is responsible for approximately **125,000 deaths** and a **cost of £3.6 billion** to the NHS and social care each year[2]. Smoking is a key driver of **inequalities**[3].

Individuals who use stop smoking services (SSS) are **three times more likely to successfully quit** than those who try to quit unaided, but uptake of service use is low, particularly amongst deprived communities.

1 Brown et al. 2015
2 Action on Smoking and Health, 2022
3 The Kings Fund, 2022

Aims and objectives

The aim of this UK-wide mixed-methods study is to explore the **appeal, acceptability and accessibility** of stop smoking services (SSS) for people in **lower socioeconomic groups** (LSES) and to understand the barriers and facilitators to uptake, as well as areas of opportunity for service providers.

Objective 1

Understand the type and location of smoking cessation services available across England, Scotland, Wales and Northern Ireland, uptake of these services overall and within low socioeconomic groups and how this relates to local smoking prevalence.

Objective 2

Explore the knowledge and perceptions of SSS providers, in relation to providing and promoting SSS to lower socioeconomic groups, including likely barriers and facilitators to access and how services could be enhanced for these groups.

Objective 3

Ascertain the knowledge and perceptions of previous and potential SSS users from lower socioeconomic groups, in terms of their understanding of SSS, barriers/facilitators to access and any service needs to promote more equitable access.

Work Package 1 Devolved Nations

Understand the type and location of smoking cessation services available across England, Scotland, Wales and Northern Ireland; uptake of these services overall and within low socioeconomic groups; and how this relates to local smoking prevalence.

Data collection (UK wide)

Service Leads, Managers, Cessation Practitioners and Pharmacists from **across the UK** were invited to take part in a survey via the National Centre for Smoking Cessation and Training (NCSCT) members mailing list, professional networks, or by responding to adverts on social media.

Researchers used **available data on service websites** when survey data was not provided to populate survey questions.

60 individuals (some completed the survey for more than one service).

- 33 (55%) were Stop Smoking Service Managers.
- 7 (11.7%) were Tobacco Control Leads.
- 2 (3.3%) were pharmacists.
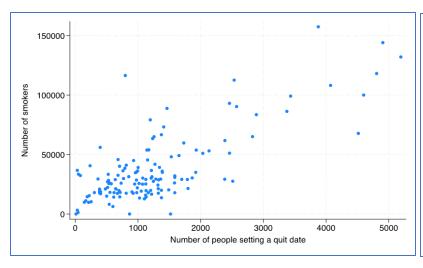- Remaining ones had more than one role in tobacco control.

Smoking prevalence (from published data)

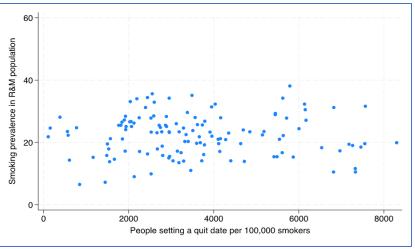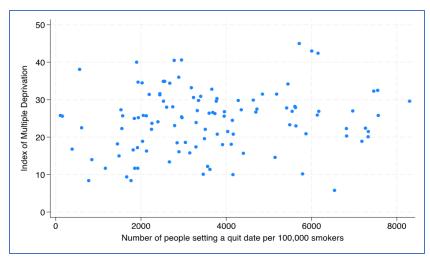Data on smoking prevalence were missing for six of the 191 services.

Mean smoking prevalence for the 185 services that we had data for was **13.0%** (SD=3.4) and was in the range between 4.6% and 24.3%.

Smoking prevalence data on low SES groups (routine and manual) were only available in England. We had data for 145 services. Mean smoking prevalence and routine and manual occupations was **22.1%** (SD=6.4) and was in the range between 6.5% and 38.1%

Associations between population, service access and quit rates

Overall, SSS appear to be reaching areas most in need

Regardless of level of local deprivation, rate of service access is likely to be similar

Services appear to be as effective for R&M as for general population

SSS Delivery, uptake and use

Service users typically speak to the **same advisor** for the duration of their treatment (93%).

Service providers:
- Deliver treatment on a **weekly basis** (60%) for 12 weeks (64%).
- Offer appointments on weekdays 9am-5pm (93%), weekdays after 5pm (48%) and at weekends (25%) .

Most common **contact methods** offered:
- Face to face (93%).
- Telephone (95%).
- Text (77%).

Service continuity:
- 7% of services provide 6 weeks of service.
- 73% of services provide **12 weeks of service.**
- 10% of services provide more than 12 weeks of service.

SSS delivery- what is 'other'

- 'Attend Anywhere' / 'Near Me' appointments: NHS confidential consultation
- Support offered digitally via an app
- Pharmacy Technicians identify patients as part of the drug history process
- A day-long session at an Allen Carr Easy-Way Stop Smoking seminar
- Links to Smokefree app
- Social prescribers
- Group sessions in workplace
- Live chat facility, links to FAQs and quick money calculator
- Out of hours service, offers free 3 months subscription to Smokefree app

and others…

Targeted work

Pregnant women (54%) & people with **long term health** (40%) or **mental health** (35%) conditions were groups with the highest proportion of comprehensive work packages or designated workers.

The vast majority of services **had not undertaken any work** with travellers (5%), people in touch with the criminal justice system (6%), homeless (7%) and rural communities (8%) in the past 12 months.

Who uses SSS? Targeted work undertaken by SSS (n=191)

	No	Yes, some work	Yes, comprehensive package of work	We have a designated worker	NA/ missing
Socioeconomically disadvantaged/low- income areas	21 (11%)	41 (21%)	22 (12%)	39 (20%)	68 (36%)
Routine and manual workers	55 (29%)	45 (24%)	18 (9%)	5 (3%)	68 (36%)
Residents of social housing	**64 (34%)**	46 (24%)	9 (5%)	1 (1%)	71 (37%)
Homeless people	**70 (37%)**	37 (19%)	10 (5%)	1 (1%)	73 (38%)
Pregnant women	13 (7%)	24 (13%)	27 (14%)	56 (29%)	71 (37%)
Post-partum women	22 (12%)	66 (35%)	12 (6%)	14 (7%)	77 (40%)
People with mental health conditions	22 (12%)	40 (21%)	12 (6%)	48 (25%)	69 (36%)
Ethnic minority groups	40 (21%)	67 (35%)	9 (5%)	8 (4%)	67 (35%)
LGBTQIA+ communities	60 (31%)	56 (29%)	6 (3%)	0	69 (36%)
People with acute or long-term health conditions	27 (14%)	31 (16%)	19 (10%)	45 (24%)	69 (36%)
People in touch with the criminal justice system	**69 (36%)**	16 (8%)	3 (2%)	33 (17%)	71 (37%)
Travellers	**100 (52%)**	17 (9%)	4 (2%)	0	70 (37%)
Rural communities	**94 (49%)**	18 (9%)	7 (4%)	0	72 (38%)
Other (for example, young people)	76 40%)	16 (8%)	10 (5%)	4 (2%)	85 (45%)

Providing services to LSES groups and smoking prevalence

We compared overall smoking prevalence and smoking prevalence for routine and manual groups (LSES) in relation to whether targeted support was provided in these groups.

We did not find a statistically significant difference in either prevalence measures between services that provided and those that did not provide targeted support.

Products available to service users to support quit attempts

The majority of services (52%) offered **Nicotine Replacement Therapy (NRT) with e-cigarettes** and 46% of services offered **dual NRT therapy** (when two NRT products are used in combination) Only two services did not provide dual therapy.

When available, only a **small proportion of services** directly provided Varenicline (6%), Bupropian (3%) and Cystine (1%).

Of 151 service responses, 61% said that they **did not provide e-cigarettes despite being e-cigarette friendly**.

89% of services reported that they provide an option to choose **e-cigarette liquid flavours**.

Recommendations from service providers

Accessibility:
- Expansion of current service to include other modes of service delivery.
- Centrally located SSS within the community to establish familiarity and rapport.
- Outreach programmes such as SSS attending events run for housing association residents based around supporting healthy lifestyles and fire safety.
- Peer support programmes organised in partnership with third sector organisations.

Products:
- Clear and consistent messaging around e-cigarettes.
- Free provision of NRT.
- Availability of Champix replacement.

Other:
- SSS partnership working with other organisations.
- Better referral pathways to SSS.
- Community leaders / champions to support SSS.
- More flexibility within service provision including offering work-placed support.
- Incorporate within other NHS initiatives.

Capacity:
- Adequate and sustainable funding for SSS.
- More security of services and staff.
- Additional workforce or staffing to ensure security for SSS.
- Access to wider range of venues to provide SSS.

Work Package 2 Wales

Explore the knowledge and perceptions of stop smoking service providers, in relation to providing and promoting SSS to lower socioeconomic groups, including likely barriers and facilitators to access and how services could be enhanced for these groups.

THE PROCESS STUDY

RESEARCH INTO UK SMOKING CESSATION SERVICES

UK Wide Methods

Design - one to one semi-structured interviews completed by four researchers located throughout the UK.

Recruitment - SSS providers were purposely sampled (via professional networks, WP1 survey, and online adverts) and invited to take part in an interview between June – September 2023 (n=5)

Interview guides - included questions on current practice and monitoring of services, for those in lower socioeconomic groups is there/has there been any tailored/targeted support, barriers/facilitators, areas of service development

Data collection – interviews were digitally audio recorded and transcribed. Mean interview duration, 1 hour

Analysis: Framework analysis (guided by COM-B model)

Wales Data (n=5)

Job Roles & Service Description

Job Roles

1x Public Health Consultant

1x Public Health Tobacco Control Lead

1x Service Manager

1x Community Pharmacy Facilitator

1x Pharmacist

Service Description

- **Help Me Quit-** a centralised hub for smoking cessation in Wales

12-week programme- 7 weeks of behavioural support with a further 5 weeks of NRT

Provides community, hospital and pharmacy support however service **provision varies** between Health Boards

Training

National Centre for Smoking Cessation Training (NCSCT)

Funding

NHS

1. Accessing SSS: current practice

- There are a range of routes into accessing SSS in Wales:
    - Help Me Quit hub- call centre
    - GP/HCP referral
    - Level 3 pharmacy support
- A flexible service to access.[1]

[1]*"We look at everybody on an individual basis. Sometimes there's been a bereavement in the family, they haven't been able to quit when they wanted. We may have had a problem getting the products to them in the first place"*

1. Accessing SSS – Current Practice

- **Long waiting times** due to referral issues and booking in service users.[1]
- **Staff capacity** - difficulty in keeping on top of waiting lists.
- **Low awareness** of the service.
- Competing factors such as work patterns and complex lives.
- **Lack of budget** for targeted approach (e.g room hire in deprived areas).
- **Language** used to describe the service may put people off accessing it- literacy levels and language.
- **Setting of support** and difficulty in **building rapport** (Pharmacy perspective).

[1]*"You don't really want them disappearing to the hub and back out again. People want instancy, they want their probation officer to be able to refer them there and then, speak to somebody on the phone, he or she's booked straight in. You don't want to be phoning a hub and going through all these questions and answers twice"*

1. Facilitators to accessing SSS

- The **ability to be referred to the SSS** by a healthcare professional.
- **Linking SSS with existing community groups** to **improve awareness** of the service.
- **Convenient opening times**, being **well located** and **offering support** for longer than 12-weeks (*Pharmacy perspective*).
- Having an **established rapport** with a service user as they were a customer (*Pharmacy perspective*).[1]

> [1] *"The girls who are on the counter have worked here for years and they know everybody. I'm new, I don't know anybody, I'm building up rapport with people."*

2. Mode of SSS Delivery: current practice

- SSS in Wales is delivered either **via telephone or in-person and 1-1 or in groups**- this varies between Health Boards depending on staffing and funding.
- Length of sessions for Level 3 pharmacy support are shorter
- **Flexibility around continued support**- an informal open-door policy at the end of client treatment.[1]

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[1]*"I wasn't going to just cut off all access to them but that the free products would end, but I'd still give behavioural support if they needed it"*

2. Barriers to the mode of SSS delivery

- **Difficult to find rooms** to deliver service in-person in deprived areas.[1]
- **Difficult to conduct remote sessions** with those from low SE groups:
- Digital literacy
    - Lack of access to smartphones
    - Service user's environment means there is a lack of privacy
- **Difficult to manage remote sessions** due to staffing.[2]
- **Pharmacies do not have the tech set-up** to deliver remote sessions.

[1]*"Within those areas we do find it difficult to set groups up specifically because of availability of rooms"*

[2]*"We do try and work with groups or one to ones but since COVID people are predominately picking telephone support which has made it quite difficult with capacity issues"*

2. Facilitators to the mode of SSS delivery

- **Remote behavioural support** for those who are able to access a telephone.
- Having **prescheduled**, **timed** appointments.
- **Face-to-face** and the **ability to build rapport.**[1]

[1] *"I think face to face benefits. As I said, building up that rapport and being in the community and understanding why they smoke and the stresses and their life rather than treating everybody as a blanket smoker. Sitting down with somebody."*

3. Range of support offered by SSS – NRT & Pharmacotherapy

Barriers	Facilitators
Long waiting times for users to receive product.	Offering free NRT was seen as a facilitator for LSES groups.
Only being able to issue one extra form of NRT each week.[1]	

[1]*"You're limited to just that one extra product. You're trying to get them through to the next week saying, "I'll give you the inhalator now, next week I'll be able to give you a massive pack of gum and by the time you get to week three, you will have loads of things available." That's probably my biggest criticism, if you will, about the service."*

- Content of behavioural support- **minimal time** to discuss smoking cessation.[1]
- **Setting** of behavioural support- e.g. difficulty in getting room hire etc (discussed under Access).
- Pharmacy as a **clinical setting** and expecting medication/NRT.
- Discussions about wider issues- smoking cessation not being the focus of behavioural support.[2]

[1]*"Maybe those who come to us are looking for more formal, more structured, more supply driven, easy way of doing it."*

[2]*"There's a lot going on in a lot of people's lives, particularly in these areas that we're targeting. They might want debt advice, they might want other advice, and there's lots of things that get covered off within these sessions. Therefore the smoking cessation part sometimes gets left as a side issue in order to try and help someone quit smoking"*

4. Recommendations from service providers to improve SSS for LSES groups

- **More funding/capacity issues-** the caveat to suggested service improvements and current practice.

- The need for a more **standardised system.**[1]

- **Uncertainty surrounding the amount of pharmacies** delivering the service and referring individuals to pharmacy support.[2]

- Lack of **data monitoring** for individual indicators of deprivation- improving this may enable to service to further target their efforts for LSES groups.

- Importance of established **community groups in LSES areas.**[3]

- The use of **engagement facilitators** to improve awareness of and access to SSS.[4]

[1]*"Getting some sort of standardisation while still being flexible to the population you're serving, would be helpful"*

[2]*"I wouldn't know how many individual pharmacists are trained to deliver the advice"*

[3]*"We need to be more embedded in the community. People don't know what they don't know so I think relying on someone to ring a national number, as we've spoken about before, I think we need to be doing more work with third sector, voluntary, social services"*

[4]*"They'll go out and about and they'll link in with [community groups] or they'll hold an engagement stand in the town centre and they'll talk to people about the service. If somebody is interested, they can sign up with them there and then...so it cuts out all that ringing a national number because a lot of them have said that would put them off"*

Work Package 3 Wales

Ascertain the knowledge and perceptions of previous and potential SSS users from lower socioeconomic groups, in terms of their understanding of SSS, barriers and facilitators to access and any service needs to promote more equitable access for this group.

THE PROCESS STUDY

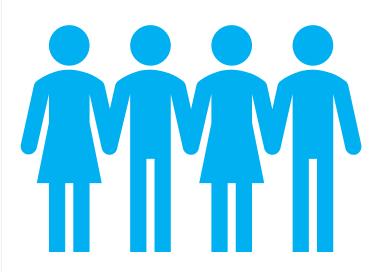RESEARCH INTO UK SMOKING CESSATION SERVICES

UK Wide Methods

Design - one to one semi-structured interviews completed by four researchers located throughout the UK

Recruitment – those in LSES groups with a current or recent smoking history who have either accessed or may potentially access a SSS. Recruited via adverts in local bulletins/social media platforms, contacting PPI networks, and recruitment agency between August – October 2023 (n=25). Interviewees were provided with a £20 voucher

Interview guides - included questions on awareness, experience of and motivation to engage with SSS, barriers and facilitators to engaging with different types (NRT and/or e-cigarettes) or modes of delivery (online/face to face). Exploration for adapting local SSS to maximise engagement and quit success

Data collection – interviews were digitally audio recorded and transcribed. Mean interview duration, 33 minutes.

Analysis: Framework analysis (guided by COM-B model)

Participant characteristics (n=25)

	N (%)
Gender Males	13 (52%)
Ethnicity White British	21 (84%)
Current smoker at time of interview	17 (68%)
Location Rural Urban Semi-rural	10 (40%) 13 (52%) 2 (8%)
SSS history Never accessed Ever accessed Recently accessed (< 1 yr)	 18 (72%) 5 (20%) 2 (8%)

1. Awareness and understanding of SSS

- General **lack of awareness** of the service (Help Me Quit) and what it offers.[1]
- Lack of exposure to **service advertisement**
- **Their understanding of what behavioural** support entails was off putting.[2]
- Viewed by some as a service for the **older generation.**
- Lack of awareness about accessing the service through **GP referral.**

[1]*"I didn't realise that they offered you products that goes along with it to help you with the cravings, so for me that was the pinnacle of why I did it the first time." (Female, 45-59)*

[2]*"I think, so all the services that I've seen anyway are all very like, just based on their advertisement they don't look appealing, if that makes sense. It looks like more of like a, I suppose in some way it is but it looks like more of like rehabilitation, 'Sort yourself out'" (Male, 18-34)*

2. SSS User experience: barriers and facilitators

[1]"I'd say it's about six miles, seven miles away from me, which can be awkward. [...] I literally have to stand up for 10 minutes, so I don't like being in cars for too long periods of time unless I can lie down or something and do that type of thing" (Female, 45-59)

[3]" The call in itself and the system of getting yourself registered on it I can't fault, I cannot fault that, that is good." (Female, 45-59)

Barriers	Facilitators
• A lack of **available support.** • **Long waiting times** to join the service.[1] • Uncertainty around **re-accessing the service** if they have relapsed. • Sharing **personal data.** • **Long waiting time** to join session. • **Service location** not being local.[2]	• Some participants felt that the service was **generally easy to sign up to.** • Smooth process to join service for one participant.[3]

[2]"They weren't available, they were full, so I couldn't join anything. There was stuff local to me and I was quite desperate but I wasn't able to get to them or go to them because they were full [...] If you can't see anybody to help you then you're just going to think, "Sod it, I'm just going to carry on," because, you know" (Female, 45-59)

2. SSS User experience: mode and duration

Barriers	Facilitators
• Difficulty in **accessing NRT.**[1] • Lack of support surrounding **NRT provision.** • Time and location of support was not always suitable . • The type of NRT on offer seems **outdated** to some. • **Lack** of choice over decreasing nicotine dosage. • Negative preconceived belief of behavioural support. • Minimal behavioural support available (**pharmacist**).	• The need for a **longer support programme.** • In-person support with **CO monitor was motivating.** • An advisor with a **smoking history.**[2] • The need for a **longer support programme.**[3] • The need for more **frequent support.** • **Group support** for some was motivating. • **Free** NRT.

[1]*"It took three weeks before I got my first prescription in my hand after contacting [SSS]." (Female, 45-59)*

[2]*"The woman was very sympathetic, she said she'd been there herself […] I think you feel a bit better when the person who is with you has previously smoked because I think they understand." (Female, 45-59)*

[3]*"Unless they're a smoker they would not understand that six weeks is insufficient for a smoker to quit […] for me as a smoker and my personal opinion that needs to be extended." (Female, 45-59)*

- **Lack of understanding as to** how to access a SSS.

- Lack of **awareness** of community-based support and **lack of service available locally.**

- Social **anxiety.**

- Negative preconceived idea around **NRT efficacy.**

- Feel that it is easier to access other smoking cessation tools such as **e-cigarettes.**

- Seeing **someone else** not successfully quitting after using a SSS.

- Not wanting to use **NHS resources.**

- **Talking to someone will not help them.**[1]

[1]*"I think if I've got to give it up, I'll give it up myself [...] Put a patch on myself, rather than going somewhere and sit there for an hour and listen to different people, it's my own self-belief to give it up" (Male, 60+)*

4. Suggestions to improve SSS – Increasing awareness of SSS

- Better awareness on **what pharmacies provide.**[1]
- More **service advertisement-** campaigns and awareness raising needed.[2]
- The use of **social media, community hubs.**
- Service advertising to include **e-cigarettes and guidance around usage.**
- The use of **key community members** too spread awareness.[3]

[1]*"It would be good if somewhere, you'd be able to access a list of what chemists in your area of whatever do these no smoking or stop smoking, it's just easier then."*
(Female, 45-59)

[2]*" Some people are daunted having to phone a number off the internet, then you realise you can do it at other places, it doesn't just have to be there, you can go to your doctors, you can go to apps. I think a local campaign should tell you exactly where to go and get it, instead of just phoning this number." (Female, 45-59)*

[3]*"Where I'm from everyone knows everyone, the only way you could do it is to get one of the ones who runs the community centre who everyone knows and respects"*
(Male, 45-59)

4. Suggestions to improve the mode and content of behavioural support

- The importance of meeting **in a relaxed environment.**
- **Peer support** model.[1]
- **Longer programme** of support.
- More **frequent, drop-in** support.
- The use of an **online forum/app.**
- Provide guidance/support for **e-cigarettes use.**
- The use of **workshops/hobby clubs to bring service users together.**[2]
- Support from an **advisor who has a smoking history.**
- **Certificates** to praise key milestones in quit journey.[3]

[1]*"Bring a friend [...] If you've got a friend that smokes, get us together and then you've got not just the support of the stop smoking but then you've got it together"*
(Female, 45-59)

[2]*"Maybe like take up knitting [...] even an exercise class, "We're going to run an exercise class tonight for the people who are trying to quit smoking, just to try and distract the mind," just anything that's going to help distraction someone from smoking." (Female, 35-44)*

[3]*"Slimming World give you certificates if you've lost half a stone, something like that, or you've completed your first month, something like that that's tangible, that you can actually see. [...] "Well done, you've completed your first month of not smoking" [...] almost like a badge of honour"*
(Female, 45-59)

4. Suggestions to improve the provision of NRT within SSS

- More support around **negative side effects** of NRT products.[1]
- The need for a **longer period of NRT provision.**[2]
- Making **accessing NRT** easier for those who are disabled.
- Make **pharmacotherapy** available through the service.
- The ability to access NRT support solely, with no **behavioural support at all.**[3]

[1]*"I was given the spray but I've got gastric reflex and I can't take a spray and it was only after I'd taken it that I realised, "Oh dear, I can't take it." I think there needs to be a bit more of contraindications given, warnings of side-effects." (Female, 45-59)*

[2]*"you're on your own with it, you've got to buy your own [cartridges for inhalator]." Well, it's very hard to buy cartridges without getting the whole kit. I got them on eBay ...so I just bought a load so I've always got some. I'm still using them and I'll be using them for the time being because I find them very helpful." (Female, 45-59)*

[3]*"the biggest thing for me was going in once a week and talking to them. If I could have just signed a form and they said, "Here's a packet of chewing gum," I'd have done that. But I wasn't, I just couldn't be bothered with the talking part of it." (Male, 45-59)*

Examples of UK wide initiatives for LSES & priority groups

UK wide
- Partnerships with Drug and Alcohol Service/social housing – provision of free vape kits, leaflets and advice.
- Various community and national level campaigns – targeted Stoptober campaigns, community playground initiatives.

Northern Ireland
- The service has created a workbook that is a plain language summary of the PHA literature, designed specifically for prison populations with low levels of literacy. This workbook can also be used among other client populations, such as LSES groups.[1]
- The service ran an initiative for homeless populations within hostels.

Wales
- Community engagement facilitators to improve links with community groups targeting low SE groups and other priority groups.
- Pharmacy manager offered discounted NRT to those who finished their 12 weeks of support through the service.

Scotland:
- Smoking Cessation Incentive scheme for LSES and other priority groups.

[1]*"They've produced a workbook for the clients which is all easy read, it's all been vetted by all the teams, the equality teams, to make sure it's easy read and it's easily accessible for all people and it's actually been produced by some of the trust staff and that was really well received"*

Policy Recommendations

These recommendations are applicable across the UK and were developed by Cancer Research UK's policy experts based on the research findings from this study, alongside other evidence and wider considerations.

✓ Provide funding for the services and resources that help people quit smoking

SSS must receive adequate and sustainable funding, which should be secured for the amount of time needed to reduce smoking rates (to less than 5% of the population smoking) across all four nations.

✓ Increase the visibility and reach of SSS to help people quit smoking.

Health and social services – for example, healthcare services, local authorities, third sector organisations, and community groups – should work to promote SSS available in their local area and should encourage people to quit smoking.

✓ Increase the accessibility of SSS to encourage uptake.

SSS should be made as flexible as possible, including by offering a range of session timings, flexible quit dates, in-person and digital technology options, and re-access to support following relapse. Evidence on how co-location of services with other support in the community should also be gathered to assess impact on uptake and success.

✓ Ensure cessation tools, including e-cigarettes, are available and accompanied by support.

Evidence-based interventions and cessation tools, including e-cigarettes, should be widely available to people in LSES groups and should be provided alongside clear public health guidance and service providers' advice.

For more information

To access the full report, supplementary material, one page summary and nation specific slide decks please visit our Cancer Research UK website.

(Tobacco > PROCESS Study - how can Stop Smoking Services be improved for low socioeconomic status groups?)

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