

Together we are beating cancer

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

NORTHERN IRELAND-SPECIFIC FINDINGS

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Background

Smoking is the largest avoidable cause of death and serious disability in the UK¹, and is responsible for approximately 125,000 deaths and a cost of £3.6 billion to the NHS and social care each year². Smoking is a key driver of inequalities³.

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.





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 status 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.

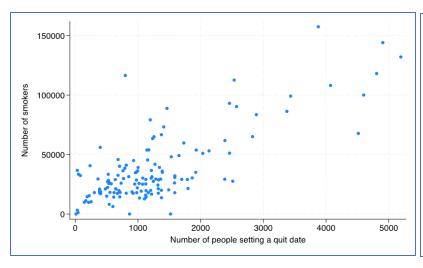
Smoking prevalence (from published data)

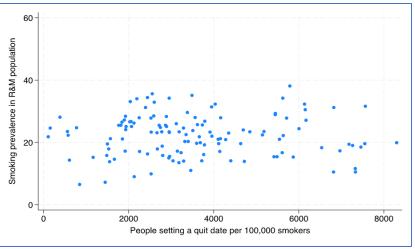
Data on smoking prevalence were missing for six of the 191 services.

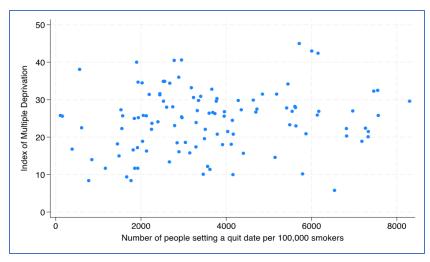
Mean smoking prevalence for the 185 services that we had data for was 13.0% (SD=3.4) and was in the range between 4.6% and 24.3%.

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 ecigarettes.
- Free provision of NRT.
- Availability of Champix replacement.

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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 Northern Ireland

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.



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)



Northern Ireland Data (n=5)

Job Roles & Service Description



Job Roles

3 x Smoking Cessation Service Managers/leads

2 x Smoking Cessation Advisors (specialist)



Service Description

 NHS/Health & Care Trusts covered: Belfast, Western, South Eastern, Southern (2x urban, 1x rural, 2x mixed urban/rural)

- Settings covered:
community settings,
workplaces, schools, GP
practices, hospital services
(in & outpatient), looked
after children, prison
settings, mental health
settings



Training

Cancer Focus training

National Centre for

Smoking Cessation Training

(NCSCT) not part

of training package,

but some providers

have accessed it



Funding

Public Health Agency NI

1. Accessing SSS: current practice

Current Practice

- Referral: self-referral (telephone, website), health care professional referral, opt-in service mode (moving towards opt-out)
- Prison setting- seen within 2 weeks
- Waiting list: 1-2 weeks (sometimes longer due to staffing)
- Service users expected to set a quit date (within first 2-4 weeks)
- Service accepts dual users of vape & cigarettes (one service accepting vaping-only clients¹)
- Following a lapse, the guidelines state to wait 6 months before readmittance (some flexibility)

¹"Somebody that's using a vape as well as a cigarette, that's fine, we can enrol them on the programme"

1. Barriers to accessing SSS

- Sometimes health professionals bypass the question of whether a patient smokes and is interested in stopping affecting referrals.
- Waiting lists due to staffing shortage (4-6 weeks).
- Reduction of GP practices offering service.
- Distance and cost of travel within rural communities- location of service.
- Health Care Trust division within NI not allowing for ease of service provision across areas.¹
- Time and financial constraints within workplace service provision.

¹"They'll say to us, "We <u>can't really promote your service</u> in Belfast and South-East because that means my colleagues in Londonderry or Enniskillen <u>can't</u> <u>enter</u>"

1. Facilitators to accessing SSS

- Flexibility around re-enrolment following a lapse.
- Supportive, non-judgemental approach from SSS staff.

1"They're supposed to wait six months, but we don't turn anybody away"

- Building rapport with client population (i.e., within prison settings).
- Offering the service within hospitals where clients are a 'captive audience'.
- Short waiting list (staff dependent).
- Ease of self-referral and access within workplace and school settings.
- Large amount of pharmacy services within urban areas.
- Links with charities and community groups.
- Free NRT within Northern Ireland.

2. Mode of SSS Delivery: current practice

- In-person, telephone, face-to-face.
- 12 weeks of support.¹
- Technology: text messaging, sign-post to NHS app.²
- Frequency of support is client led and varies across services.

1"Ideally we say about 12 weeks but again it's very individual so some people stop before that or stop wanting the service before that or some people need a wee bit longer"

²"No, I wish we did [use more technology] but we don't. It's generally phone call, we use text messaging for some of the quality information stuff but we don't use anything else at the minute"

2. Barriers and facilitators to mode of SSS delivery

Barriers	Facilitators
Lack of facilities to offer group support (funding, resources).	Flexibility of service provision (NRT, behavioural, Carbon Monoxide (CO) all in one).1
Access to technology among LSES:Digital literacyLack of access to smartphones	Remote options for delivering support.
Patient discharged from hospital provided service and then does not continue with local SSS.	High success rate within workplace service.

1"We do try to make things flexible for them....we'll do the behavioural support and the carbon monoxide testing, and provide the products at the same appointment and get it sorted"

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

Current Practice

- Combination therapy (two NRT products used concurrently)
- E-cigarettes are not provided
- Champix unavailable¹
- Cannot administer NRT to vapers
- Service provider either directly prescribes or sends request to GP²

1"At the moment it's just NRT so your nicotine replacement products, so we use Champix besides that but it's not available just at the moment. So that's all that we would use"

²"We would request the NRT from their GP so again just depending on the individual. So for their assessment I would request two weeks' supply of that and then ring them in two weeks' time"

3. Range of SSS support - NRT & pharmacotherapy

Barriers

- Champix unavailable¹
- Limited range of products for prison populations

1"Some clients will come back looking for it because they've been successful in the past using it [...] and they'd be quite disappointed that it's not available for them"

²"It's a <u>one-stop-shop</u>, they're not even going with a voucher to pick up NRT, it literally is <u>handed to them there and then</u>. Actually, it's probably a really accessible service"

Facilitators

- Flexibility/tailoring of NRT
- Direct prescribers (pharmacies)²
- Broad range of products
- Free NRT within NI

3. Range of SSS support: barriers to behavioural support

- Limited provision of behavioural support around vaping.¹
- Inability to collect and monitor CO levels in blood.²

1"Somebody that's using a vape as well as a cigarette, that's fine, we can enroll them on the programme but as for anything else, no that's a big limitation on what we can do for now"

²"When they can see that number going down every week, it is a bit of an incentive. Because of COVID, we haven't been using our CO monitors, so you're literally going on what the patient reports to you so you're trusting that they're telling the truth"

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

- Providing evening sessions for the staff clientele on shift patterns; drop-in sessions.
- Better post-treatment referral pathways continuity of care from inpatient hospital settings to community settings.¹
- Increasing engagement, liaising and consulting with LSES community.
- Province wide service for Northern Ireland, which would allow equity of service across the health trusts.
- Increased funding, staffing, advertising, and broad workplace and school-based service provision.
- Access to language interpreters.
- Improvement to how collected data is used- e.g. using postcode level data to understand what areas need targeting.
- More support from pharmacies and GP practices in terms of promoting the service.

¹"We're not really able to refer people anywhere so if we had somebody that we could send people to after our service, that would be good as well but at the minute we don't have that option"

Work Package 3 Northern Ireland

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.



UK Wide Methods

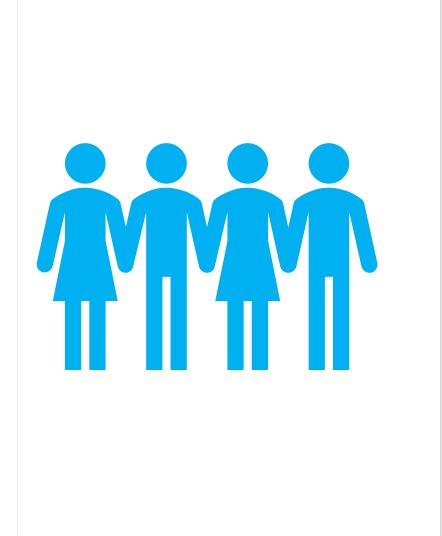
Design - one to one semi-structured interviews completed by four researchers located throughout the UK

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)



Northern Ireland Data (n=25)

Participant characteristics

	N (%)
Gender Females	14 (56%)
Ethnicity White British	23 (92%)
Current smoker at time of interview	14 (56%)
Location Rural Urban	12 (48%) 13 (52%)
SSS history	
Never accessed Ever accessed Recently accessed (< 1 yr)	13 (52%) 5 (20%) 7 (28%)

1. Awareness and understanding of SSS

- Lack of awareness of what SSS entailed until they joined.¹
- Ability to find out about it through the internet.
- Advertising: newspapers, magazines, word of mouth, pharmacy posters.
- Unaware of the amount of support available through SSS.²
- SSS being for older generation.
- Comparing support to AA meeting.
- View the NRT as outdated.

1"I knew because I'd been through it before, but the first time I did it, I didn't know what was going on." (Male 45-59)

²"I didn't know that the chemist even did that until I heard this from my GP."

(Female 60+)

2. SSS User experience: barriers and facilitators

Barriers	Facilitators
1"initially when I phoned I had to do several calls [] But once they did get back to me, they were very good, and they'd be phoning constantly, keeping in touch with me, which	 Straight forward process to access SSS via the pharmacy. Location was acceptable. A useful initial conversation with pharmacist.² All self-referred. Non-punitive response to lapse.³

²"It was very helpful and very informative and helped me firm up that I did want to quit [...] they discussed different options and it was very much led by me as to what I thought would be the best solution for me." (Male 35-44) ³"She was good, she didn't chastise me or anything like that, she just said, "It's a slip, it's one of these things, everybody has a slip, but you're going to get straight back on", and I did. I felt very positively rather than negatively." (Female 45-59)

2. SSS User experience: mode and duration

Barriers	Facilitators Facilitators Facilitators Facilitators
 No access to private consultation room (pharmacy). Reduced GP provided services. Infrequent meetings/limited contact with advisor. No provision of extra modes of support.¹ Limited in-person, face-to-face service provision. would like longer programme length. Only offered telephone appointments. 	 In-person. Same advisor each time. Community-based service provision.² Drop-in appointments. Offered behavioural group support classes.³

1"there was no sort of outside support, like they gave you leaflets and things but there was no nonsmoking groups or any support groups or anything like that." (Female 60+) ²"Well, a van used to come to my local square, local market square in town, and I used to go there once a week, collect my stuff" (Male 60+) 3"I found it very helpful, yeah, absolutely. And I don't think a lot of surgeries offer that sort of advice to people, and I think they maybe should." (Male 45-59)

2. SSS User experience: NRT and pharmacotheraphy

1"you didn't really get any support, you just went and collected your stuff, a couple of minutes chat and that was it, because they didn't have the time." (Male 60+) ²"They're so expensive too. That wee inhaler and the cartridge is about £20 a hit. And then you're talking about the patches on top of that [...] I thought it was a good service that they provide, absolutely, 100%." (Male 45-59)

3"You know, they've been supportive and encouraged me to keep on at it. And it's non-judgemental" (Male 60+)

3. Suggestions to improve SSS – Increasing awareness of SSS

- More service advertisement.¹
- The use of social media for younger people.
- Information sessions²
- Targeted initiatives.
- Awareness about it being a free service.
- Awareness about it being support for an addiction.³

1"The more places it is, obviously the more people see it. It's not even everybody has to see it or hear, if somebody sees or hears it then they tell their friends and family and then word of mouth, it gets around that way."

(Male 45-59)

²"Well they could run an information afternoon somewhere locally."
(Female 60+)

³"Something, like a picture, to show that you can speak to somebody about an addiction, because I think that's where the missing part is, to really bring that awareness that what you have is an addiction and somebody can help you with that, rather than you just smoke." (Female 35-44)

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

- Readily available support when needed.
- Peer-to-peer support.
- Provision of group behavioural support classes.¹
- Community based support- more and for longer.
- Longer, more in-depth support with advisor.
- Evening sessions.²
- The use of apps to engage with others trying to quit.³
- Behavioural support that not only focuses on smoking.

1"I think it would be beneficial to maybe be able to speak to other smokers and people that have quit [...] I think being able to have a conversation with them would be very beneficial, I think it would motivate you a lot to try to quit."

(Female 18-34)

²"I would include those classes, definitely those classes, and do them in the evening as well. Offer those classes and pay the nurses for the advice and information that they give you, because they're really good."

(Male 45-59)

3"I think that it would have to be something in the evenings [...] You're going to have to have some type of accessibility to the wider public." (Female 45-59)

3. Suggestions to improve the provision of NRT within SSS

- More guidance and information about e-cigarettes.¹
- More awareness of the range of NRT that is on offer.²
- Provision of Champix.³
- Provision of e-cigarettes.

1"If they have more information on vaping and how to safely do that when you're vaping. I don't think vapes are offered over here" (Female 18-34)

²"More than just the nicotine patch, because I think people are drawn off by nicotine patch. There's way more, there's the chewing gums and the lozenges and everything else that I think people should really give a go." (Male 18-34)

³"If that Champix came back on the market tomorrow I would be straight in to my doctor's because I know for starters I could stop straightaway." (Male 60+)

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 <u>Cancer Research UK website</u>.

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

