Supplementary Materials

Supplementary Material 1: Work Package 1 Study Questionnaire and Consent Form

PROCESS Study Questionnaire

Welcome to the PROCESS study survey

Provision of smoking cessation services for lower socio-economic groups (PROCESS).

Thank you for your interest in our study.

You have been asked to take part because you lead or are involved in the management or commissioning of stop smoking services in the UK.

The PROCESS study is being organised by The University of Nottingham and Nottingham Trent University and funded by Cancer Research UK. We would like you to complete a questionnaire designed to help us **get a better understanding of how UK smoking cessation services are accessed by people from lower socio-economic and high priority groups.** We have designed the survey with the view that the results could provide recommendations on how accessibility to services could be improved for these groups and also inform the design of stop smoking services in the future.

Please click here to read through the **participant information sheet** before agreeing to participate. You can ask any questions before deciding to participate by contacting the study manager, Rebecca Thorley, ms-process-study@exmail.nottingham.ac.uk

Research Leaders: Professor Rachael Murray, University of Nottingham, Dr Leah Jayes, Nottingham Trent University.

This research has received favourable opinion the University of Nottingham Faculty of Medicine & Health Sciences Research Ethics Ref: FMHS 250-0423

Eligibility check

1. I confirm that in the last 6 months I am either a: **Tobacco Control Lead, Commissioner of Tobacco Control/Smoking Cessation Services, Consultant in Public Health with at least some responsibility for tobacco control, Principal Public Health Practitioner (Wales only), Stop Smoking Service Manager or Pharmacist with at least some responsibility for smoking cessation.** ☐
Required

○ I confirm

○ I have not been in one of these roles in the last 6 months

Consent

By including your contact details at the bottom of this form you are agreeing to the following statements and consent to take part in the study.

- I confirm that I have read and understood the information on the previous page and have had the opportunity to ask questions.
- I understand that participation in this study in entirely voluntary, and that I am free to withdraw at any time without giving any reason.
- I understand that authorised individuals from the University of Nottingham, and the University of Leeds will have access to information provided in this questionnaire for the purpose of analysis. I give permission for these individuals to have access to this information.
- I understand that after analysis service level data will be made available to the wider research group (NCSCT and ASH) and the project funder, Cancer research UK, and may be included in reports, journal publications, and conferences.
- I understand that if I am unable to use the link provided to the electronic questionnaire then I will be contacted by a researcher from the University of Leeds to complete the questionnaire over the telephone at a time convenient to myself.
- I agree to take part in the study

2. Name: ☐ *Required*

3. Email: ☐ *Required*

4. Today's date: ☐ *Required*

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

About you

5. **Job Title** ☐ *Required*

☐

6. **How many hours per week do you work in tobacco control/smoking cessation?**
☐ *Required*

Please enter a number.

☐

7. **What is your role in tobacco control/smoking cessation?** (Tick all that apply) ☐
Required

Please select at least 1 answer(s).

☐ Tobacco Control Lead

☐ Commissioner of Tobacco Control/Smoking Cessation Services

☐ Consultant in Public Health with at least some responsibility for tobacco control

☐ Principal Public Health Practitioner in Wales

☐ Stop Smoking Service Manager

☐ Pharmacist with at least some responsibility for smoking cessation

☐ Other (please describe)

7.a. If you selected Other, please specify:

☐

About the Stop Smoking Service

8. **Where in the UK is the service?** ☐ *Required*

○ England

○ Wales

○ Scotland

○ Northern Ireland

9. **What is the name of the Local Authority/ NHS Health Board where the stop smoking service is/was located** (type "don't know" if not known). ☐ *Required*

[ ]

10. **Name of service** ☐ *Required*

[ ]

10.a. Link to service website, if known:

[ ]

11. Is this service currently operational? ☐ *Required*

○ Yes

○ No

11.a. Date service decommissioned (if exact date not known use 01/01/YYYY):

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

[   ] 📅

(dd/mm/yyyy)

About the Stop Smoking Service Cont.

12. **Who commissions your service**? ☐ *Required*

12.a.
○ Local Authority

○ National Health Service (NHS)

☐ National Health Board

○ GPs (please name below)

○ Clinical Commissioning Group/organising body (please name below)

☐ Charity (please name below)

○ Don't know

○ Other

Name of Commissioner/organising body/GP/Charity:

[   ]

12.b. If you selected Other, please specify:

[   ]

13. **Do you know the date your current commissioning contract began?** ☐ *Required*

○ Yes

○ No

6

13.a. What date did your current commissioning contract begin? if exact date not known use 01/01/YYYY.

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

[ ] 📅

(dd/mm/yyyy)

14. **Does the commissioner/organising body specify the settings in which the service should run? e.g. Community, primary care, secondary care, online etc. (Tick all that apply).** ☐ *Required*

☐ Primary care

☐ Secondary care

☐ Community

☐ Maternity

☐ Mental Health

☐ Pharmacy

☐ Stand alone

☐ Integrated into lifestyle service

☐ Don't know

☐ Other

14.a. If you selected Other, please specify:

[ ]

15. **How does your service offer stop smoking support to smokers?** (Tick all that apply) ☐ *Required*

- ☐ In person appointments - one to one
- ☐ In person 'drop-in' – one to one
- ☐ In person –closed groups

- ☐ In person – rolling groups
- ☐ Telephone support
- ☐ Home visits
- ☐ Peer led sessions
- ☐ Text messages
- ☐ Emails
- ☐ Video calls – one to one
- ☐ Video calls – group sessions
- ☐ Digital only (web based/apps)
- ☐ Other

15.a. If you selected Other, please specify:

16. **Look at the following list. Please can you identify modes of delivery of cessation service that are directly commissioned or requested by your Local Authority/NHS Health Board and those which you offer in partnership with another organisation? By in partnership, we mean services not directly requested by commissioners/organisation bodies but are part of your current service.**

	Directly commissioned	In partnership	Both	Not provided	Don't know
Specialists stop smoking service	○	○	○	○	○

Integrated lifestyle service	○	○	○	○	○
Stop smoking support from GPs	○	○	○	○	○
Stop smoking support from pharmacists	○	○	○	○	○
Stop smoking support from midwives	○	○	○	○	○
Stop smoking support from health visitors	○	—	—	○	○
Stop smoking support within mental health services	○	—	—	○	○
Stop smoking support within drug and alcohol services	○	○	○	○	○
Stop smoking support within NHS acute services	○	○	○	○	○
Stop smoking support within prisons	○	○	○	○	○
Stop smoking support from vape shops	○	○	○	○	○
Telephone helpline	○	○	○	○	○
Digital only (web based/apps)	○	○	○	○	○
Other (please specify)	○	—	—	○	○

16.a. If other, please specify:

17. **Does your service use web based/mobile apps as an integrated part of delivery?** ☐
Required

9

○ Yes

○ No, but users may be sign posted to digital services for additional stop smoking support.

○ No

○ Don't know

17.a. Please describe:

[text box]

18. **Do you know how many stop smoking advisors are employed to the service?**
☐ *Required*

☐ Yes

○ No

18.a. **How many stop smoking advisors are employed to the service?**

Please enter a whole number (integer).

[text box]

19. **Does the service have volunteers?** ☐ *Required*

○ Yes

○ No

○ Don't know

19.a. If yes, please describe:

[ ]

20. **Is the stop smoking service you manage responsible for the support/performance management of other community stop smoking practitioners who see smokers as part of their wider role (e.g. community pharmacists, practice nurses…)?** ☐ *Required*

○ Yes

○ No

○ Don't know

20.a. If yes, please describe:

[ ]

21. **Does your organisation train other practitioners to deliver very brief advice to smokers?** ☐ *Required*

○ Yes, please describe

○ No

○ Don't know

21.a. If yes, please describe:

[ ]

Who uses your stop smoking service?

22. **How many people accessed the service between April 2022 to March 2023?**
leave blank if unknown.

Please enter a whole number (integer).

☐

23. **What is the eligibility criteria of those coming into your service? (Tick all that apply)** ☐
Required

☐ Smokers aged over 18 years of age (adults only)
☐ Smokers aged over 12 years of age

☐ Only smokers from priority groups (please describe)

☐ Smokers committed to quitting completely

☐ Smokers committed to cutting down with a view to quitting

☐ Must live in a certain area

☐ Don't know

Other eligibility not listed

23.a. If you answered "Smokers from priority groups" please describe:

23.b. If "Must live in a certain area" selected, please provide details below of postcodes/borough.

23.c. If you selected Other, please specify:

[ ]

24. **In the last 12 months, have you undertaken any targeted work to address smoking prevalence in the following populations:**

	No	Yes, some work	Yes, comprehensive package of work	We have a designated worker (specialist)	N/A
			☐ *Required*		
Socioeconomically disadvantaged/low-income areas	○	○	○	○	○
Routine and manual workers	○	○	○	○	○
Residents of social housing	○	○	○	○	○
Homeless people	○	○	○	○	○
Pregnant women	○	○	○	○	○
Post-partum women	○	○	○	○	○
People with mental health conditions	○	○	○	○	○
Ethnic minority groups	○	○	○	○	○
LGBTQIA+ communities	○	○	○	○	○
People with acute or long-term health conditions	○	○	○	○	○

People in touch with the criminal justice system	○	○	○	○	○
Travellers	○	○	○	○	○
Rural communities	○	○	○	○	○
Other target populations not listed above	—	—	—	—	—

24.a.   If other, please describe: *Optional*

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│                                 │
│                                 │
└─────────────────────────────────┘
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Service Delivery

25.   **Where possible, do service users usually speak to the same advisor for the duration of their treatment?** ☐ *Required*

○ Yes

○ No

— Don't know

26.   **How many weeks of support are currently offered to service users?** ☐
Required

26.a. Less than 4

○ 4

○ 6

○ 8

○ 12

○ More than 12

○ Don't know

○ Other

If you selected Other, please specify:

27. **How often are service users usually contacted during the support programme**?
☐ *Required*

○ Weekly

○ Fortnightly

○ Monthly

  As often as the patient requests support

○ Don't know

27.a.   **How are service users contacted during treatment?** Tick all that apply.   ☐Required

☐ Face to face

☐ Telephone

☐ Online

☐ Text

☐ Email

☐ Video call

☐ Other

27.a.i.   If other, please describe:

28.   **If a service user relapses to smoking during the support programme how long after the relapse can they begin another quit attempt?** ☐ Required

○ Immediately

○ 1 month or less

○ 2 months

○ 3 months

○ 4 months

○ 5 months

○ 6 months

○ Over 6 months

☐ Over 1 year

○ Don't know

○ Other

28.a.　　　If you selected Other, please specify:

Products available to service users to support quit attempts.

29.　　　**Who funds the smoking cessation treatment costs in your locality?** e.g.
NRT and e-cigarettes (Tick all that apply)　☐ *Required*

☐ Local authority

☐ Clinical commissioning/organisation group

☐ GPs

☐ NHS Trusts

☐ Service users

☐ Don't know

☐ Other

29.a.　　　If you selected Other, please specify:

30. **Within your stop smoking service which of the following are offered to service user?**

	Required				
	Direct provision	Voucher	Prescription	Not provided	Don't know
Nicotine Patches	○	○	○	○	○
Nicotine Mouth Spray	○	○	○	○	○
Nicotine Nasal Spray	○	○	○	○	○
Nicotine Gum	○	○	○	○	○
Nicotine Inhalator	○	○	○	○	○
Nicotine Micro-Tabs	○	○	○	○	○
Nicotine Lozenges	○	○	○	○	○
Varenicline (Champix) when available	○	○	○	○	○
Bupropion (Zyban) when available				○	○
Cystine when available	○	○	○	○	○

31. Within your service do you offer dual therapy (e.g. two NRT products used concurrently or an NRT product and a e-cigarette/vape)?

○ NRT only

○ NRT with vape (e-cigarette)

○ No

○ Don't know

32.   **How many weeks are NRT products supplied to service users?**   ☐ *Required*

○ Less than 4 weeks

○ 4 weeks

○ 6 weeks

○ 8 weeks

○ 12 weeks

○ More than 12 weeks

○ Other

○ Don't know

○ Not supplied

32.a.   If you selected Other, please specify:

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33.   **Does your service provide vapes/electronic cigarettes?**   ☐ *Required*

Yes

◯ No

E-cigarettes and vaping

34. **Please can you describe the type of vaping device (e-cigarette) that you recommend?** (Tick all that apply) ☐ *Required*

☐ Not applicable

☐ Single use/ disposable vapes

☐ Tank devices

☐ Cigalikes

☐ Pod devices

☐ Regulated Mods

☐ Other

☐ Don't know

34.a. If you selected Other, please specify:

35. **Do you also supply vaping related paraphernalia? (Tick all that apply)**

	Yes, one	Yes, for duration of treatment	No	Don't know	Not applicable
			□ *Required*		
Coils	○	○	○	○	○
Liquids	○	○	○	○	○
Plugs (for charging)	○	○	○	○	○
Other (please describe below)	○	○	○	○	○

35.a.   If Other, please describe:

36.   **Do you give service users the option to choose their e-liquid flavour/s?** □
Required

○ Yes

○ No

○ Don't know

37.   **How many weeks are vapes (e-cigarettes) supplied to service users?** □
Required

○ Less than 4 weeks

○ 4 weeks

○ 6 weeks

○ 8 weeks

○ 12 weeks

○ More than 12 weeks

○ Don't know

○ Not applicable

Further comments

38.   How might your service delivery model be adapted to improve access, engagement and success for people from lower socio-economic groups?

Thank You

39.   Many thanks for completing the survey, your answers will help us to understand the landscape of smoking cessation services throughout the UK. The next step for this research project is to gather in-depth information about what different types of services offer nationally and to whom. The research team will be doing this by completing interviews (online or via the telephone) with those working within a stop smoking service (at all job levels). If you (or one of your colleagues) would be interested in taking part in this next step, please indicate below and you will be contacted by one of the research team to provide you with more information. □ *Required*

○ Yes

○ No

39.a.   First name:

39.b.   Surname: ☐ *Required*

39.c.   Phone number:

Please enter a whole number (integer).

39.d.   I would like to be made aware of the results of the study ☐ *Required*

○ Yes

○ No

40.   We would appreciate any feedback about the survey especially if you have had any difficulties completing or accessing it, please include any feedback in the box below.

End of survey

Thank you for your time, you can now close this window.

Supplementary Material 2: Work Package 1 extra questions

PROCESS Study extra questions

Provision of smoking cessation services for lower socio-economic groups (PROCESS).

Thank you for taking the time to answer these

additional questions. As a reminder....

You have been asked to take part because you lead or are involved in the management or commissioning of stop smoking services in the UK.

The PROCESS study is being organised by The University of Nottingham and Nottingham Trent University and funded by Cancer Research UK. We would like you to complete a questionnaire designed to help us **get a better understanding of how UK smoking cessation services are accessed by people from lower socio-economic and high priority groups.** We have designed the survey with the view that the results could provide recommendations on how accessibility to services could be improved for these groups and also inform the design of stop smoking services in the future.

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Research Leaders: Professor Rachael Murray, University of Nottingham, Dr Leah Jayes, Nottingham Trent University.

This research has received favourable opinion the University of Nottingham Faculty of Medicine & Health Sciences Research Ethics Ref: FMHS 250-0423

Page 2: Consent

By including your contact details at the bottom of this form you are agreeing to the following statements and consent to take part in the study.

- I confirm that I have read and understood the information on the previous page and have had the opportunity to ask questions.

- I understand that participation in this study in entirely voluntary, and that I am free to withdraw at any time without giving any reason.

- I understand that authorised individuals from the University of Nottingham, and the University of Leeds will have access to information provided in this questionnaire for the purpose of analysis. I give permission for these individuals to have access to this information.

- I understand that after analysis service level data will be made available to the wider research group (NCSCT and ASH) and the project funder, Cancer research UK, and may be included in reports, journal publications, and conferences.

- I understand that if I am unable to use the link provided to the electronic questionnaire then I will be contacted by a researcher from the University of Nottingham to complete the questionnaire over the telephone at a time convenient to myself.

- I agree to take part in the study

1.   Name: ☐ *Required*

2.   Email: ☐ *Required*

3.   Today's date: ☐ *Required*

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

4. What is your study identification number (included in invite email)?
Optional

[_____]

Page 3: About the Stop Smoking Service

5. **Name of service** ☐ *Required*

[_____]

Page 4: Service Delivery

6. When is the service open? (tick all that apply) ☐ *Required*

☐ Weekdays 9 to 5pm

☐ Weekday evenings - after 5pm

☐ Weekends

☐ Other

6.a. If you selected Other, please specify:

[_____]

7. Is there a waiting list for people who want to access the service? ☐ *Required*

○ Yes

○ No

○ Don't know

7.a.   If answered Yes, how long is the waiting list?

○ 1 week

○ 2 weeks

○ 3 weeks

○ 4 weeks

○ More than 4 weeks

Page 5: E-cigarettes and vaping

8.   Are you an e-cigarette friendly service, i.e. support service users to use their own e- cigarettes? ☐ *Required*

○ Yes

○ No

— Don't know

9.   Does the service offer advice and support to quit e-cigarettes? ☐ *Required*

○ Yes

○ No

○ Don't know

Page 6: End of survey

Supplementary Material 3: Work Package 2 Interview Topic Guide

> *Rationale: To use the Capability, Opportunity, Motivation, for Behaviour change (COM-B) model to gain insight on (a) current practice and monitoring of services, (b) have services offered any tailored/targeted support for those in low SES groups (c) barriers and facilitators to access- specially in Low SES (d) potential areas for service improvement*

Checklist prior to interview
Prior to interview check:
- Consent form completed
- Screening/demographic information completed

Start of interview:
Welcome and thanks; introduce yourself.
- Give a brief background on the purpose of the study and interview.
  - *The overall aim of this project is to explore the appeal, acceptability and accessibility of smoking cessation services for people in lower socioeconomic groups. The project is being run across all four nations in the UK and consists of 3 different studies (or work packages) The first study is a survey all stop smoking services throughout the UK which you may have already completed (if a SSS please direct them to this). The second study, which you have put your name forward for, is to talk to those who work for or manage stop smoking services to get some more in-depth information about how and what you offer within your services and to explore any barriers and enablers to uptake specifically for those in LSES groups. The final study will include talking to smokers in LSES groups to investigate their perception of SSS (whether they have accessed them or not). If you wish we can share findings the findings of the project with you.*
  - *Also, just to mention- this interview and the study as a whole is not being conducted to critique smoking cessation services- we want to work with you, the service provider, to understand more about smoking cessation service across the UK and, as mentioned, explore barriers to accessing them for LSES groups specifically.*
- Explain what will happen in the interview.
- We anticipate the interview will take between 45mins to 1 hour – confirm happy and have time available now.
- Reaffirm that the interviewee is happy for the interview to audio recorded.
- **PRESS RECORD - *State Study ID for recording***
- **Prior to starting the interview, just want to confirm consent verbally from you. Main points to go over:**
  - Confirm they understand anonymised quotes could be used in future reports or publications.
  - Reaffirm the interviewees right to withdraw and ensure that they are comfortable.
  - Provide an opportunity for the interviewee to ask any questions.
- **Confirm verbal consent prior to starting interview**

Note for interviewer:

Our overarching approach is to explore SSS provision for those in low socio-economic groups (LSES). LSES groups defined by - housing status (social housing), employment status (routine and manual or not in work), education level (low), household income (low) and postcode (deprivation index) (although as discussed it is often hard to truly define).

An addition to this is those in 'priority groups' in society, specific questions will be asked about these groups towards the end of the guide. Priority groups include - Homeless people, Pregnant women, Post-partum women, People with mental health conditions, ethnic minority groups, LGBTQIA+ communities, People with acute or long-term health conditions, Travellers, Rural Communities, those who come into contact with the criminal justice system (again this is not exhaustive).

A. The Stop Smoking Service you work for and your role
We are going to start by talking about your job role and the service you work for.

1. Can you tell me about your job role?
- Job title?
- Years worked in a SSS/current service?
- Day to day, how often are you offering SSS, if at all?
- Have you done specialist training in smoking cessation? If so, what is this?
- Can you tell me what you enjoy most and least about your job role?

2. Can you tell me about the SSS you work for?
- What type of service is it? (e.g. combined with other wellbeing provision, pharmacy)
- What is the service called?
- Where are you located nationally? What areas do you cover?
- Do you know roughly how many advisors work in your service?
- Do you know how the service is funded?
- How do you refer to people who enter your service – clients/service users/something else? **note for interview to use this term going forward**

Research would suggest that certain groups of people in society are more likely to smoke. The interview today is going to be exploring how stop smoking services are offered and if services could be improved or adapted in any way to specifically support those in society who are more likely to smoke

3. There is no right or wrong answer here, but it would be great to hear from you who or what groups of people you think are more likely to smoke?
- Could be geographical areas
- Certain demographics of people

4. When thinking about those who are more likely to smoke in society, often the term 'low socioeconomic' groups is used – have you heard this term before? Is it one you use in your professional practice?

- Who/what groups of people do you think it encompasses?
- Within the locality of your service, does it cover particular areas/locations/groups of people which could be considered LSES?
- Would you have any idea of what %/amount (e.g. more or less than half) of the population your service covers could be deemed to be LSES?

Discussion/clarification here if required about 'low socioeconomic groups' and who it includes (with an appreciation that often this term or groups of people of difficult to define and these groups underlap/intertwin) - *can be defined by - housing status (social housing), employment status (routine and manual or not in work), education level (low), household income (low) and postcode (deprivation index) (although as discussed it is often hard to truly define).*

If those within priority groups (see box above) are raised, worth making clear that we understand these priority groups intersect/could be included with the term LSES – however for the main part of the interview we will consider LSES groups more broadly and there will be the chance to consider priority groups more specifically toward the end of the interview.

The next few sets of question we will discuss the typical service journey – from a potential user approaching the service, enrolment, types of support offered, to any after care and in turn thinking about accessibility of those in LSES groups….

B. Access and eligibility into your services
To start with we'll consider access and eligibility into the service… just to reiterate there are no right or wrong answers here (by no means are we testing you) but curious to understand a bit more about the service you deliver

5. How does a potential *service user* initially contact your service?
- Website/text/phone
- How do potential *service users* learn about your service - do you advertise the service in any way? If so, where how?
- Do you have a waiting list to access the service?
- How do *service users* know what you offer? Where or how is it outlined from the start?

6. For those approaching your stop smoking service for support what (if any) eligibility criteria would they have to meet prior to enrolment into the service?
- Demographics - areas/postcodes covered? Age range? Current address/telephone number?
- Smoking behaviours - Amount smoked. Dual users? Snus?
- Commitment to quit / Desire to quit do they need to set a quit date? Do you support cut down/harm reduction?
- Does there need to be a commitment to complete the course – complete X number of weeks on the course
- Can people re-access the service, is there an amount of time people have to wait between accessing support
- What about ongoing eligibility to continue in the service e.g. at X weeks they need to set a quit date or blow X CO reading
- Any other instances/individuals you would not accept into the service? And why?

7. Thinking about those LSES groups outlined earlier, do you think the avenues that we've spoken about help these groups access smoking services?
>   - That could be from previous experience and how easy it is for those in LSES groups to access and engage with your service?
>   - OR- Does your eligibly criteria make it easy to attract/enrol those in LSES

8. Again, thinking about LSES groups, what do you think might hinder these groups in accessing your stop smoking service?

-   Could avenues to access and eligibility criteria exclude certain demographics or groups of individuals? e.g. Need to have an address/telephone number? Fear of judgement/stigma – how long after relapse to smoking can people re-access service
-   Could there be anyways to make the service more accessible and inclusive for LSES groups?

We are now going to move on to consider, once someone is enrolled in the service how the service is delivered and what types of support are available…

C. Mode of service delivery
Next, we will consider how you interact/meet with service users.

9. How do you meet with *service users*? And communicate outside of meetings?
-   Face to Face, online, telephone, one to one, group, - do you recommend one or is this service user led? Can it be a mix?
-   How many weeks of support do you offer? Is there an expected duration? Or a minimum or maximal expectation on level of contact you have with a service user over a week?
-   In reality how long do people access the service for /duration of their support?
-   Do all meetings need to be arranged/is there any 'drop in/instant' access to an advisor if requested by a service user?
-   Is contact with service users within 'working hours', include weekend?

10. Do you use any technologies to support meetings/consultations?
>   - Do you offer - e.g. mobile phone applications, websites, online consultations.
>   - How are these generally received by the service users? Do you coach them in the skills need to use technologies, provide guides?
>   - Are there any technologies currently not being used that you think would benefit service users if they were available?
>   - How do you feel about the use of technology in delivering the service? How confident do you feel in supporting clients over various platforms?

11. Again, thinking back to those LSES groups outlined earlier, in what way do these different options for meeting with *service users* and the use of technologies help this group access the smoking service?

>   - That could be from previous experience and how those in LSES prefer to meet/communicate with SSS advisor?
>   - OR - does the way meetings are arrange or any use of technologies make it easy to deliver service to those in LSES

12. How do you think the different options available for service delivery and technologies could be a barrier for those in LSES groups accessing or continuing to access the service?

- Cost - bus fares to get to service, cost of downloading apps/ data needed to respond to messages take part in face to face or online consultations
- Length of support – could certain groups benefit from more weeks of support- or regular check in post 'standard'
- Could use of technology exclude certain demographics of groups of individuals?
- Could there be anyways to make the service more accessible/attractive to those in LSES groups?
-

D. Range of support offered

Moving into the range of support offered to service users to support their cut down/quit attempt….

13. Can you tell me about the range of support/products available to *service users* throughout their involvement in your service?

- **Pharmacotherapies**

- Which products and how? Direct dispensing or referral to pharmacy
- Can people use more than one NRT product (Dual Therapy)

- **E-cigarettes**
- Which products and how? Direct supply/voucher scheme?
- How are they received by service users?
- How do you feel about them as a practitioner/service provider?

- **Behavioural support**
- Offered alongside all products?
- How is it delivered – one to one v groups?

- Are all support options/products optional – e.g. would a service user have to have behavioural support?
- Is there a minimum or maximum uptake/allowance of products?
- Cost - are all these products free to service users?
- What guidance is provided at the last session regarding further support/access to products if needed by the *service user*?

14. How do you think the support and products that we have spoken about assist the delivery of the service specifically for LSES?
- That could be from previous experience and how engaged/receptive LSES groups are to the products you offer?
- Do the current services/products you offer make it easy to deliver the optimal service to those in LSES

15. How do you think the support and products on offer might hinder/or be a barrier to uptake for those in LSES groups?

- Range of products available – especially type and range of e-cigs? Flavours or strengths
- How products are delivered/dispended – any costs in this/access to pharmacies to collect
- Amount of product – do these group require more products?
- Ongoing support beyond the last session?
- In what ways could the products or support offered be changed in any way to support those in LSES groups?

E. Monitoring of services provided and service users

16. Do you monitor who accesses your service?
- What individual characteristics do you collect? - Age/gender/ethnicity? postcode/job role/housing tenure/ any other markers for LSES?
- What factors do you consider when monitoring of your service? E.g. who is accessing the service, how engaged certain groups are? Which groups of people have the most/least success using your service?
- Would you have any knowledge of what %/amount of service users accessing your service come from a LSES group?

17. Could you think of any ways which monitoring could support access and success of those in LSES groups?

F. Tailored support/initiatives for LSES groups

18. Outside of the standard service delivery you outlined earlier, has there been anything you or your service has done/initiatives to promote access/target certain areas/groups of individuals from low SES groups? (*e.g. Targeted adverts/promotion of service to LSES groups; training staff in delivery of brief advice in organisations with LSES groups)*
- Explore any initiatives and which groups (in any) they were trying to target – was it commissioned or the idea of the service?
- Do you think they reached the target groups/any ideas on how well they were received?
- Did you receive any extra training/support/resource for it?
- Did you/the service monitor the success of these initiative, or do you have any feel for how successful/or not they were, or did you get any feedback from service users?
- Were these one-off initiatives or have they continued? Reasons for stopping/continuing.

19. We have been through in detail how/if at all your service could be adapted to make it more accessible for those in LSES group but what changes would you consider to be the most important/ impactful when trying to increase access, engagement and success for people from lower socio-economic groups?

- would there be any additional resource (money, staff) your service would need to make any suggested changes?
- Do you feel there would be any training requirements/skills for you or your team to facilitate supporting those in LSES groups?
- What knowledge and skills do you think you need (as a practitioner or service provider) to ensure that cessation support is available to all those that need it in your locality?

G. Tailored support/initiative for priority groups

To finish, we are just going to consider groups who are often referred to as 'priority' in relation to smoking cessation - *Homeless people, Pregnant women, Post-partum women, People with mental health conditions, ethnic minority groups, LGBTQIA+ communities, People with acute or long-term health conditions, Travellers, Rural Communities, those who come into contact with the criminal justice system (again this is not exhaustive).*

20. How important do you feel it is for SSS to be offered to all priority groups in society?
> \- Do you feel the service as it currently stands is suitable for certain priority groups? -
> \- Would you feel comfortable offering SS to all priority groups in society?
> \- Would all these priority groups be able to access your service, or would you signpost them elsewhere for support?

21. Has there ever been anything you or your service has done/initiatives to promote access/target certain areas/groups of individuals from priority groups? Could you tell us more about this.
- Who were you trying to target – was it commissioned or the idea of the service?
- Did it reach the priority group
- Did you receive any extra training/support/resource for it?
- Was it a success/any ideas on how well they were received?
- Was it a one-off initiative or have they continued? Reasons for stopping/continuing.

22. How might your service delivery model be adapted to improve access, engagement and success for people from priority groups? (appreciate each priority group might need tailors/specific support – might suggest choosing a couple of groups then cover all of them).

Finally…

23. Is there anything related to the delivery SSS, especially in relation to LSES groups, that we have not discussed which you feel is important to add before we finish?

Note for researchers - ensure demographic data has been collected

> *Prompts and Probes: Can you tell me more about that? In what way? Can you tell me what you mean by that? Can you give me an example? Why was that important to you? Why does that matter to you? How do you feel about that? What was significant about this to you?*

Supplementary Material 4: Work Package 3 Interview Topic Guide

> *Rationale: to gain views on (a) awareness of and motivation to engage with local SSS (b) previous experiences of engaging with SSS (c) barriers and facilitators to engaging with different types of support (d) opportunities for increasing uptake and quit success*

Checklist prior to interview
Prior to interview check:
- Consent form completed
- Eligibility checker/demographics information completed

Start of interview:
- Welcome and thanks; introduce yourself.
- Give a brief background on the purpose of the interview.
  The overall aim of this project is to explore the appeal, acceptability and accessibility of smoking cessation services across all four nations in the UK. The project involves 3 different studies (or work packages) The first two studies involve surveying and interviewing stop smoking services to understand what they offer. The third and final study, which you have put your name forward for, involves exploring views towards stop smoking services and if any experiences people may have in accessing them. If you wish we can share findings the findings of the project with you
- Explain what will happen in the interview.
- We anticipate the interview will take between 45mins to 1 hour – confirm happy and have time available now.
- Reaffirm that the interviewee is happy for the interview to audio recorded.
- **PRESS RECORD – *remember to state study ID***
- **Prior to starting the interview, just want to confirm consent verbally from you. Main points to go over:**
  - Confirm they understand anonymised quotes could be used in future reports or publications.
  - Reaffirm the interviewees right to withdraw and ensure that they are comfortable.
  - Provide an opportunity for the interviewee to ask any questions.

Interviewer should know from the screening questions if the interviewee is a current or ex-smoker – likely need to change the tense of questions tense along the way to accommodate this

A. Overview of smoking history
We are going to start by talking about your current/or previous smoking behaviour (or patterns/habits/routines)

1. Could you briefly tell me about your smoking history?
- How long have you been smoking for? Age you started smoking.

- How (or why) did you start smoking?
- (If stopped) - why did you stop? Did you restart? how many times have you stopped and started?
- Roughly how many cigarettes do you/did you smoke per day?
- Roll up or cigarettes?
- Any e-cigarettes history? Current e-cigarette user?

2. How do you/did you feel about your smoking- have you ever considered cutting down/moving to a vape/quitting?
- Did you act on any of this? Could you briefly tell me how you have gone about that?
- If no? Is there a reason why?
  …***the likelihood is there will be some more questions about this coming up…***

3. Could you briefly outline if you know anyone who smokes tobacco – maybe within your social circle/support network/friend's/ family?

B. Awareness of stop smoking services
Now going to move on to consider local stop smoking services…

Worth clarifying with the participant what we are referring to by 'stop smoking service'
These services offer free support to stop smoking, typically this involves regular meetings with a stop smoking advisor to discuss smoking behaviours and can also include support with nicotine withdrawal – often via nicotine replacement therapy (like patches/inhalators) - to support a quit attempt. They can be run via different community channels such as – within wellbeing hubs or within local pharmacies.

4. Firstly, have you heard of stop smoking services before?
   - Are you aware of LSSS within your home area/other areas of the UK?
   - How do you know about them?/how did you hear about them?
   - Seen them advertised at all – where?
   - Broadly speaking do you know how and what it is they offer?

5. Have you accessed a SSS before?

If 'YES' go to section 'C. Previously accessed…'

If 'NO' go to section 'D Never accessed…'

C. Previously accessed a stop smoking services (optional)
You mentioned you have previously accessed a SSS, so we are now going to discuss you experience step by step, from approaching the service to

Access and eligibility into your services

6. Thinking about your most recent experience of accessing a SSS, why did you decide to seek support via a stop smoking service?
   - Have you accessed a SSS more than once? -If so, how many times have you accessed/same service/reasons for access?

In instances where participants have accessed SSS more than once - for the purposes of the questions below we would like you to respond in light of your most recent experience however they can compare/contrast this with previous experiences of SSS if useful. Also, we will ask a specific question about this at the end of this section

7. How did you find out about your local SSS and how did you go about contacting them?
> - How did you find out about the service? – online, adverts, friends, GP? Have you seen them advertised more recently/in the last 6 months?
> - How did you attempt to contact them? Phone/text/website?
> - How far physically is this service from you? How easy is it to access? by public transport, on foot?

8. Can you remember what the experience of contracting them was like?

- - What did you understand they offer/do? – support/products/length of time/who is eligible?
- Did they ask for any information from you? E.g. smoking behaviour or personal information e.g. locality? Were there any criteria you were aware of that you needed to fulfil in order to take up the service? E.g. amount smoked?
- How did you 'officially' sign up to the service? Was there anything you needed to do in his regard? E.g. commit to setting a quit date?

9. Thinking about your experience of accessing a SSS.

- What do you think worked well/made the process of contacting a SSS as easy as it could be?
- Is there anything you might change to the way SSS are accessed?
- *Whether this would be for you or other smokers like you/those smokers you mention within your social circle? Do you think they would access a SSS? What do you think they may need from a service in order to help them access it?*

Now we are going to talk about your experience of being supported by a stop smoking service

Mode of service delivery

10. Could you tell me about how and when you met with a stop smoking advisor?

- How were your meetings set up? Was there: choice of advisor? choice of different types of meetings – online/telephone/face to face/group or one to one/ mix of both?
- How regularly did you meet? Again, was there any choice in this?
- Were there any instances where you needed to contact an advisor outside of your arranged meetings? Was this possible and how did that work?
- On average how long did the meetings last - did you feel they were too long/not long enough?
- How many weeks did you access the service for/ did you complete the programme / was the length of the programme long enough/tool long

11. Did you use any technologies to support your meetings with an advisor?

- How confident were you in using technology e.g. online meetings? Did the service offer any in this?
- Were there mobile phone applications, websites to access to support your quit attempt? Which were these (NHS, Quit with Bella)?
- If no, do you think this would have been useful for you?

12. Thinking about your experience of how meetings are arranged with advisors and if technologies supported this.

- What do you think worked well/made the process as easy as it could be?
- Is there anything you might change to the way meetings are organised or the use of technology?
- *Whether this would be for you or other smokers like you/those smokers you mention within your social circle?*

Range of support offered

Now we are going to consider what support you received, firstly from SS advisors and then in the form of nicotine – e.g. NRT, vape

13. What sort of things did you discuss with your SS advisor, and did you find this discussion useful?

- How useful did you find discussions with a SS advisor? Did you have to meet with an advisor or were these optional?
- Did you have contact with the same advisor throughout or different one – how was this?
- Did you feel the advisors were knowledgeable and supportive?
- How important were these qualities?

14. In terms of supporting you with your quit (or cut down), what did the service offer to support cravings and what did you receive? (e.g. NRT or vape).

- How did you find (insert whatever they received) – any issues with taking it/did you have enough, how did you receive [products]? Was there any support/guidance offered in relation to e-cigarettes? If so, what products were offered?

- Did you feel the products satisfied any cravings/were enough/hit the spot? Would you have liked to receive more products/could you have accessed more products if required?

- Was there a minimum or maximum amount of product you could use?

- Did you have access to more than one form/type of product? E.g. NRT – could you access two types of products (dual therapy) and how did this work? Were there any restrictions or how or when you could access this? Could you use NRT alongside a vape?

- How did you physically access them – were they given at appointments/did you collect from a pharmacy/posted to you?

- Were all products free of charge? Was there any cost involved for you?

- Did you have any instances or relapse to tobacco during quit attempt – how was this handled by the advisor/did it have any impact on the products or services you received? How did this make you feel?

- What was discussed during your last appointment with a SS advisor and was there any after care/ongoing support discussed?

15. Thinking about your experience of support from SS advisors and products you mentioned receiving….

- How useful was this in your quit attempt?
- Is there any way you might suggest changing the support offered to enhance the service/likelihood of quitting?
- *Whether this would be for you or other smokers like you/those smokers you mention within your social circle?*

16. Finally, what impact did accessing the service have on your smoking behaviour? Did you quit/cut down?

- What did you find most helpful in relation to your quit attempt? What should they continue to do to support people to quit smoking?
- Was there anything you would change about the service you received? Was there anything you did not like?

17. Have you had any other quit attempts in the past where you have not accessed a SSS?

- Were there any reasons for not accessing a SSS on previous quit attempt?
- Have these attempts been more/less successful? Why?

Now go to SECTION E….

D. Never accessed a SSS (optional)
You mentioned you've never accessed a SSS….

18. Have you ever considered accessing a SSS before?

- why do you think you haven't accessed a SSS before? Any barrier to access?
- Do you know of other people who have accessed them? Their experience? What was the outcome – a successful quit?

19. Could anything be done to increase the likelihood of you contacting a SSS? Or even taking up/enrolling in the services?
- What sort of services/products would they need to offer
- How would you prefer to interact with a service like that – online/face to face? Individual or group sessions?
- *You mentioned smokers within your social circle earlier. Do you think they would access a SSS? What do you think they may want from a service in order to encourage them to access it?*

20. If previously had any attempt to cut down or stop smoking, what have you done?

- Accessed NRT/e-cigs
- Accessed any online services/GP
- How successful was it?
- Why did you choose to do this over accessing a LSSS?

E. Increasing uptake and success from accessing SSS for all

We've spoken about your thoughts around SSS, the last few questions are around how other smokers might view them

21. Do you think/feel that current SSS are aimed at someone like yourself?
- And if not, why? Who do you think they should be aimed?

22. Why do you think smokers might not want to access stop smoking services?
- Accessibility – cultural, physical
- Previous experiences
- Knowledge of services available.
- Cost – products and bus fares to get to service, cost of downloading apps/ data needed to respond to messages take part in face to face or online consultations etc.
- Lack of trust in positive outcomes
- Range of products available
- How is the service delivered? Thoughts on technologies used for delivery - online apps or online delivery of services?
- Would you have any suggestions on how SSS could engage/encourage uptake with smokers? Again, even thinking about the people who you mentioned smoke within your social circle.

23. To finish, could you summarise what an 'ideal' stop smoking service might look like to smokers?
- In your view, what would be the most important aspect of the service described?
- Who would use it?
- Would you advertise the service? How and where?
- How can we encourage people who have used cessation services before to use them again?
- Would you target services to certain groups?
- Do you think incentives would encourage people to use stop smoking services? If so, what kind?
-

Other

24. Is there anything related to the delivery SSS, especially in relation to increasing access and success of quitters, that we have not discussed which you feel is important to add before we finish?

- **Thank participant for taking part, arrange voucher (L2S or Amazon) and confirm details (post or email).**
- **Check recruitment route for log (social media, Taylor Mackenzie, PPI etc).**

Prompts and Probes: *Can you tell me more about that? In what way? Can you tell me what you mean by that? Can you give me an example? Why was that important to you? Why does that matter to you? How do you feel about that? What was significant about this to you?*

Supplementary Material 5: Stakeholder Round Table Event

Thirty-four key stakeholders from across the UK, including representatives from government, public health, cancer charities, SSS, experts in smoking cessation, people with a smoking history and academic researchers attended a meeting to share some of the preliminary findings from the study and identify priorities for ensuring SSS are more accessible and acceptable to people from LSES groups.

Delegates were presented with a summary of findings for their home nation and asked to rank the findings to describe the top three suggestions thought to be the most important for improving reach, access, uptake, and effectiveness of SSS for LSES groups in their nation.

The top three results for each nation were as follows:

England

- Build relationships with routine and manual workplaces, colleges etc. to provide outreach support.
- Clear policy guidelines and training on e-cigarettes for SSS providers.
- Provide clear support and information around the use of e cigarettes as a cessation aid.

Northern Ireland

- More support from pharmacies and general practitioner (GP) practices to promote SSS.
- Increasing engagement, liaising, and consulting with LSES groups.
- Provision of e-cigarettes within SSS.

Scotland

- Better choice and access to NRT, and guidance on e-cigarettes.
- Strengthening collaborative working relationships with community and outreach services.
- More person-centred approaches, i.e. flexible behavioural support.

Wales

- Better choice and access to NRT products, including guidance on e-cigarettes.
- More targeted local promotion of SSS.
- Improve access to the service for certain groups e.g. older individuals and those with a disability.

Supplementary Material 6: Patient and Public Involvement and Engagement

Public Patient Involvement

Public Patient Involvement (PPI) was utilised throughout the study via consultation with the Tobacco and Nicotine Discussion Group (TANG), a UK-wide PPI panel made up of people who smoke and/or vape. The TANG group offered the following input and feedback during this study:

1. February 2023, prior to commencement of the study TANG members provided feedback on the initial funding application,

2. June 2023, TANG members supported the development of the WP3 recruitment and screening procedures alongside offering feedback on social media recruitment adverts,

3. In February 2024, the research team arranged a meeting with members of a PPI group, the Tobacco, and Nicotine Discussion Group (TANG). UK-wide results from WP3 were presented followed by a discussion around which of the WP3 findings they considered most important for improving reach, access, uptake, and effectiveness of SSS for LSES groups.

The top recommendations discussed amongst the groups members were:

1. Awareness of services: members outlined how making improvements to SSS would be pointless unless people knew they existed in the first instance. Awareness that services existed and what they offered was the top priority agreed amongst the group. Members of the group outlined how they have not seen SSS advertised in recent years or advertised in places/spaces they would expect to see them being advertised e.g. GP surgeries, pharmacies, council-run community settings. Suggestions for places to advertise services included the above alongside social media (including attaching QR codes) to attract younger people into SSS.
2. Services offered without-judgment or stigma: a couple of members said they would not access a SSS as they felt services would be judgemental towards people who smoke. Members supported the idea that advisors had a smoking history themselves as this would go some way to minimise any stigma attached to attending services. Additionally, members perceived SSS were for an older generation and therefore younger generations would not access them, partly due to fears of being judged but also that within a digital age they would not want to talk to someone in person/face to face. Members felt younger generations would prefer a service online or via a social media platform.
3. More informed/evidence-based information on e-cigarettes and encouragement for their use as a cessation tool. Members said there should be more information available on how safe e-cigarettes are to use (this did not necessarily need to come from SSS directly). Leading on from this, they also outlined how SSS should promote and support the use of vape as a cessation aid if that is the preferred choice of a service user.
4. Offer a flexible, person-centred SSS. Linked to all three suggestions above was the idea that services should be flexible to the individual accessing them. Whether that be offering evening/out of office hours support (for those working unusual hours or shift work), being able to choose which cessation aids/support an individual wants to use as part of their quit journey (including the options of an e-cigarette), and support being advertised on and offered via a number of different avenues or mediums (especially online to capture younger people).

Supplementary Material 7: Work Package 1 Supplementary tables

Table i: Service commissioning

Who commissions your services?		N (%)
Local authority		64 (73.6)
Other		11 (12.6)
NHS		9 (10.3)
Missing		2 (2.3)
Clinical Commissioning Group		1 (1.2)

Table ii: Service provision

Setting	N (%)
Community	65 (76.5)
Primary care	43 (50.6)
Secondary care	35 (41.2)
Mental health	33 (38.8)
Maternity	28 (32.9)
Integrated into lifestyle services	26 (30.6)
Pharmacy	24 (28.2)
Stand alone	11 (12.9)
Other	6 (7.1)
Don't know	4 (4.7)

*As survey responders were allowed to tick multiple options the total percentage is more than 100%; percentage calculated using n=87 as a denominator

Table iii: Frequency of contact

Frequency of contact	N (%)
Weekly	51 (60.0)
Fortnightly	17 (20.0)
As often as patient requests support	15 (17.7)
Don't know	1 (1.2)
Monthly	1 (1.2)

Table iv: Re-accessing support after relapse

Time before support provided for the next quit attempt	N (%)
Immediately	40 (47.1)
One month or less	14 (16.5)
Other	13 (15.3)
Six months	7 (8.2)
Don't know	5 (5.9)

Three months	4 (4.7)
Two months	2 (2.4)

Table v: Service hours

Opening hours	N (%)
Weekdays 9am-5pm	41 (93.2)
Weekday evening (after 5pm)	21 (47.7)
Weekends	11 (25.0)

Table vi: Waiting lists

Waiting list (Yes/ No)	Length of waiting list	N (%)
Yes	1 week	3 (6.8)
	2 weeks	7 (15.9)
	3 weeks	3 (6.8)
	4 weeks	2 (4.5)
	More than 4 weeks	1 (2.3)
No		26 (59.1)
Don't know		2 (4.6)

Supplementary Material 8: Work Package 2 Supplementary Tables

Table 1 WP2 Job role & service characteristics

Job Role & Service Characteristics		Recruited				
		England	Scotland	Wales	Northern Ireland	Total
Study participants		7	6	5	5	23
Job title	SSS lead or manager	5	4	3	4	16
	SSS advisor	2	2	2	1	7
Service area	Urban	4	2	3	2	11
	Rural	2	1	0	1	4
	Urban/Rural (mixed)	1	3	2	2	8

Table 2: WP2 Sample characteristics

Nation	Study ID	Age (years)	Ethnicity	Gender	Years working in tobacco control/SSS (years)	Length of interview (minutes)
England	E009	52	White: British	Female	9	64
England	E016	45	White: British	Male	6	61
England	E026	48	White: British	Female	4	76
England	E035	60	White: British	Female	16	87
England	E042	71	White: British	Female	30	89
England	E048	58	White: British	Female	1	75
England	E056	54	White: British	Female	15	60
N Ireland	NI002	54	White: Irish	Female	21	57
N Ireland	NI004	54	White: Irish	Female	6.5	47
N Ireland	NI006	34	White: British	Female	missing	51
N Ireland	NI001	65	White: British	Female	16	46
N Ireland	N1005	46	White: Irish	Female	4	52
Scotland	S002	60	Mixed: White and	Female	0.5	46

			Asian			
Scotland	S003	56	White: British	Female	2	49
Scotland	S004	61	White: British	Male	15	49
Scotland	S006	64	White: British	Female	14	55
Scotland	S008	67	White: British	Male	18	56
Scotland	S005	34	White: British	Female	9	51
Wales	W014	31	White: British	Female	7	52
Wales	W015	65	White: British	Female	20	45
Wales	W006	56	White: British	Female	33	58
Wales	W010	60	White: British	Female	5	54
Wales	W007	34	White: British	Female	1.5	45

Supplementary Material 9: WP3 Supplementary Tables

Table 1 WP3 Participant characteristics

		England	Scotland	Wales	Northern Ireland	Total
Total number of study participants		**40**	**24**	**25**	**25**	**114**
Smoking status	People who currently smoke	30	14	16	14	**74**
	People who have quit smoking recently (last year)	5	7	6	9	**27**
Vaping Status	Current vaper	5	3	3	2	**13**
SSS history	Accessed a SSS in the last year	11	9	5	11	**36**
	Accessed a SSS over one year ago)	18	11	4	11	**44**
	Never accessed a SSS	11	4	16	3	**34**
Gender	Male	19	12	14	11	**56**
	Female	21	12	10	14	**57**
	Non-binary	0	0	1	0	**1**
	Prefer not to say	0	0	0	0	**0**
Ethnicity	White British	32	18	21	23	**94**
	Asian or Asian British	5	2	1	-	**8**
	Black or Black British	1	1	-	-	**2**
	Mixed / Other	2	3	3	2	**10**
Age	18-34	12	5	9	8	**34**
	35-44	12	3	4	5	**24**
	45-59	10	13	10	6	**39**
	60 and over	6	3	2	6	**17**

Table 2:WP3 Participant deprivation indicators

Individual Indicators of deprivation		England	Scotland	Wales	Northern Ireland	Total
Area						
Urban		33	22	15	12	82
Rural		7	2	10	12	32
Education						
Completed a bachelor's degree/masters/PHD		1	3	2	1	7
Completed A levels or equivalent		5	3	2	5	15
Completed further education but not degree		6	6	3	0	15
No qualifications/ left school at 16		11	6	6	12	35
O Level or GCSE equivalent		17	6	12	7	42
Living Arrangements						
I own my home (mortgage free)		2	0	1	0	3
I own my home (with mortgage)		2	0	4	1	7
Living with family or friends		7	3	3	2	15
Rent from local authority/housing association		20	17	13	10	60
Rent privately		9	4	4	12	29
Employment Status (of highest earner in the household)						
Higher managerial/ professional/ administrator (e.g. Chief executive, senior civil servant, Dr)		0	1	0	0	1
Intermediate managerial/ professional/ administrative (e.g. middle management, bank manager, teacher)		1	1	0	1	3
Supervisory/ clerical/ junior managerial/ professional/ administrative (e.g. shop floor supervisor, bank clerk, salesperson)		5	2	1	0	8
Casual labourer, pensioner, student, unemployed (e.g. pensioner without private pension and anyone living on basic benefits)		8	4	10	4	26
Skilled manual worker (e.g. electrician, carpenter)		7	9	2	1	19
Semi-skilled and unskilled manual worker (e.g. assembly line worker, refuse collector, messenger)		8	3	6	15	32
Unemployed		2	3	1	3	9
Not applicable as there has been no previous employment within the household		9	1	5	1	16
Index of Multiple Deprivation*	Quintile 1	25	11	11	10	57
	Quintile 2	10	4	4	3	21

Quintile 3	4	4	4	2	14
Quintile 4	0	2	1	4	7
Quintile 5	1	1	5	3	10
Missing	0	2	0	3	5

Quintile 5 = least deprived, Quintile 1 = most deprived. Deprivation data relate to the IMD 2019, WIMD 2019 or SIMD 2020 deprivation decile and rank of the area a postcode centroid sits within, ranging from 1 to 32,844 in England, 1 to 1,909 in Wales and 1 to 6,976 in Scotland. A rank of 1 in all nations = most deprived.

Northern Ireland (NI) relates to NIDM2017 and cannot be compared to quintiles for England, Scotland, and Wales. In NI deprivation rank areas from 1 to 890, where a rank of one is most deprived. Quintile 1 areas 1-200, Q2 areas 201 to 400, Q3 areas 401 to 600, Q4 areas 601 –800 and Q5 areas 800 and above. 1 =most deprived.