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

SCOTLAND-SPECIFIC FINDINGS

Prof Rachael Murray & Dr Leah Jayes

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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.
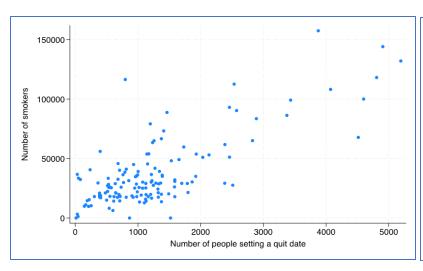- Remaining ones had more than one role in tobacco control.

Smoking prevalence (from published data)

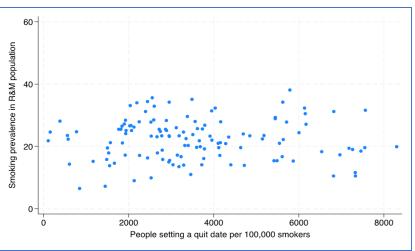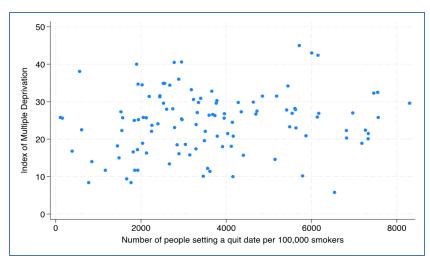Data on smoking prevalence were missing for six of the 191 services.

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 Scotland

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.

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)

Scottish Data (n=5)

Job Roles & Service Description

Job Roles

2 x Smoking Cessation Service Managers/leads

2 x Smoking Cessation Advisors (specialist)

1 x Lead/Advisor

Service Description

Quit Your Way Stop Smoking Service

Community pharmacy smoking cessation service

Dental practice - exceptional case

Training

NCST

Maudsley

Funding

NHS Scotland

1. Accessing SSS: current practice

There are a range of routes to access SSS in Scotland

- Self-referral
- Healthcare professionals in primary or secondary care
- Third sector organisations and community-based groups, i.e. Money Advice Centre.[1]

[1]*"Anybody resident in our area who's from the age of 12 can access the Community Pharmacy Smoking Cessation Service"*

1. Barriers to accessing SSS

- **Remoteness** of some services to rural and deprived communities and associated cost of travel.

- **Competing lifestyle factors** and difficult **individual circumstances.**

- LSES groups' perceptions of services as hierarchical and using a **'we know what's good for you'** approach to service delivery.

- Waiting lists (esp. Post-Covid).[1]

- **Social anxiety, a lack of trust of new/unknown services** and areas, **fear of being judged** or stigmatised, low confidence.[2]

- **Lack of service visibility and advertising** within a broad range of areas/sectors where LSES groups are more common (i.e., GP surgeries and community groups).

[1]*"I think the waiting time is a huge barrier as well […] if somebody's been referred through and they have to wait, particularly if life is difficult for them, if they're struggling with other things, by the time we have space to take them in, then things can have changed dramatically for them, for the worse, sometimes and they're just no longer in a place… I think with people whose lives are particularly difficult, you kind of need to strike while the iron is hot and if you catch them at a point where they're ready to implement change and they feel ready to access the service."*

[2]*"An awful lot of people don't want to go, they're a bit socially anxious. What I find with people in low socioeconomic groups is that they, for example, they don't want to go out of their area."*

1. Facilitators to accessing SSS

- **Proximity of services** based within communities allowing to establish trust and rapport between service provider and service users[1].

- **Person-centered/non-punitive approach**, i.e. flexibility of services to accommodate users' circumstances, being more flexible with setting a quit date; using a structured approach to cutting down as a start point.[2]

- **SSS in Pharmacies.**[3]

- **Information available in different languages**, access to interpreter.

- **Partnerships** with resettlement programmes, provides inclusive advertising in a range of areas.

[1]*"Facilitators certainly has been the fact that we're there and we're accessible and they know us already"*

[2]*"The way I work is I don't put pressure on people. And if people choose to leave, I always say to them that the door's not shut. You can always come back."*

[3]*"People from disadvantaged communities tend to use pharmacy as the primary source of health advice and we would expect that there'd be fewer barriers to access in the community pharmacy than to other services. Certainly, our work has shown that if you ask people to leave their communities and to attend a central point for a service, they are less likely to do so, just for bus fare if nothing else."*

2. Mode of SSS Delivery: current practice

- SSS in Scotland is delivered vi**a face-to-face appointments, telephone consultations, one-to-one appointments, group consultations** (more rare) and 'Near Me' – an online virtual consultation service.[1]

- Some **SSS post NRT to people's homes.**

- **Hours of operation** – Monday-Friday, 9-5. Access to a smoke-line is available out of these hours.

[1]*"Some face-to-face, although we've always done phone appointments and it definitely moved more towards remote appointments following COVID."*

2. Barriers to the mode of SSS delivery

- Services that have **moved from face-to-face appointments to online/telephone post-COVID** may be a barrier for some.

- **Difficult to conduct remote sessions** with those from low SE groups[1]:
  - Digital literacy.
  - Lack of access to smartphones.
  - Service user's environment means there is a lack of privacy.

[1] *"We're digitally excluding people they're not up to speed on technology, which I think is entirely wrong."*

2. Facilitators to the mode of SSS delivery

- **Face to face and telephone service delivery** were seen as facilitating access for some service users who experience issues with mobility.

- **Online/telephone appointments with NRT** posted to their homes.[1]

- **Use of mobile apps** may be a facilitator for some who benefit from tracking monetary savings, etc.

[1] *"Well actually they still quite like the telephone support, because what happened is our whole model changed. We telephone our clients and we send them out a pharmacotherapy"*

3. Range of SSS support: NRT & Pharmacotherapy

Barriers	Facilitators
Some products are not available anymore (i.e. Champix).	Offering free NRT and 'dual use' of products was seen as a facilitator for LSES groups.
Some services offer limited range of NRTs (patches, lozenges, gum). Some service users may not be able to purchase their preferred products out-of-pocket.[1]	Some services with limited products can offer specific NRTs for 'exceptional circumstances'.[2]

[1]*"Some clients, they like a certain product, and if you don't have that product to offer them, and they need to go and buy it themselves, then that's a barrier, because if you don't have a lot of money"*

[2]*"If a client is saying the only thing that they can use is an inhalator, although that's not in our NRT contract, for an exceptional circumstance I can authorise them to have that product"*

3. Range of SSS support: barriers to behavioural support

- **Difficulties to sustain a regular contact** with some service users, for instance due to their work schedules.

- **Training gap for SSSs** in terms of providing accredited behavioural support modules for practitioners.[1]

- **E-learning behavioural support training** may not be adequate – need for in-depth training.

- Some health professionals don't have the **capacity to provide behavioural support** (Dentist only).[2]

[1]*"The whole side of things really needs to be seriously looked at, with accredited training, not just the e-learning figure, which is a joke in my opinion" S008*

[2]*"You would really have to support them. [...]and unfortunately as a dentist I just don't have time to do that" S002*

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

- **Offering group consultations** both online and in-person.[1]

- Providing support to **e-cigarette users.**

- Offering a flexible and fluid support based on users' circumstances.

- **Strengthening collaborative working relationship** with other services (healthcare services, local authorities, community development teams) to avoid work duplication and increase the visibility of SSS to hard-to-reach communities.

- **Cultural initiatives for ethnic minorities**, **translator services** or having service providers who speak other languages.

- **Further funding and resources** for the provision for services.[2]

- **Strengthening the referral route** via allied health professionals working with LSES groups.

- **Taking the services to LSES communities**, consultations, community development approaches, bottom-up/grassroots approaches, and long-term interventions/initiatives to gain rapport with the community.[3]

- **Robust mental health trainings** for service providers.[4]

[1]*"More face-to-face interventions and I think that's, for somebody to have the same person on the journey with them, I think that helps people"*

[2]**"They've got to be funded, you can't just have everybody doing everything for nothing"**

[3]**"We need to do the classic community development approach [...] It's got to be a bottom up approach"**

[4]*"They need proper training. [...] People need to understand the nature of folk that are coming in the door"*

Work Package 3 Scotland

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

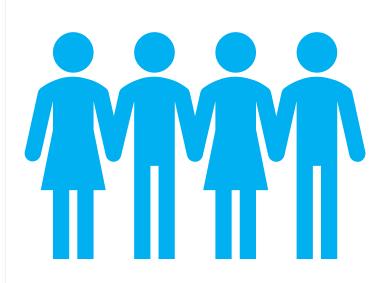RESEARCH INTO UK SMOKING CESSATION SERVICES

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=24). 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)

Scotland Data (n=24)

Participant characteristics

	N (%)
Gender Females	12 (50%)
Ethnicity White British	17 (71%)
Current smoker at time of interview	14 (58%)
Location Rural Urban	2 (8%) 22 (92%)
SSS history Never accessed Ever accessed Recently accessed (< 1 yr)	3 (12.5%) 15 (62.5%) 6 (25%)

1. Awareness and understanding of SSS

- Some knowledge of service due to exposure to advertisements for SSS.[1]

- People who had never accessed 'quit your way' were either unaware or had limited knowledge of the SSS.

[1]"*It was my local pharmacy, I pick up my mum's medications. I noticed this poster, stop smoking clinics, ask pharmacist for details, so I noticed the poster and I just approached*" (Male, 45-59)

* Denote link to participant quote

2. SSS User experience: barriers and facilitators

[2]*"It was very easy, and the pharmacy were very friendly and very accommodating" (Female 45-59)*

Barriers	Facilitators
• Negative experience of the first pharmacy encounter: short, **not always competent advice**[1]. • Remoteness of services (in rural areas) • Formal requirement to continue with the service – 12-week period . • Negative reaction of a service provider to relapse.	• Some participants felt that the service was **generally easy to sign up to.**[2] • Proximity of service, i.e. access via local pharmacy.

[1]*"They would give you a patch ... and basically be really nasty to you if there was a trace of nicotine. I think one time when I used it the woman was really nasty to me because there was a trace of nicotine" (Male 45-59)*

2. SSS User experience: mode and duration

Barriers	Facilitators
- Location of in-person group setting where perceived as being difficult to get to (travel time/cost). - Lack of continual support from assigned advisor (often talking to different advisors in treatment program). - Limited range of NRT products available and some experienced **delays in getting products** - Minimal options for adequate behavioural support in some pharmacies.[1] - Lack of support around use of e-cigarettes[2].	- Flexibility: on-phone/in-person; choice of the meeting frequency. - Various modes of service support, face-to-face, drop in sessions telephone and hours of operation are **more flexible than years ago.** - Services located in community. - Free access to NRT products.[3] - Rapport with advisor (ex-smoker themselves).

[1]*"It wasn't a situation to have a consultation with a medical professional in a tiny shop with four or five people behind you all standing and waiting for their prescriptions and you're holding them up" (Male 45-59)*

[2] *"I remember asking them if it was only the patches to stop smoking because at that time I felt there was a pen thing that was on the go but they didn't do that, it was only the patches that they were doing, as I say it wasn't very helpful" (Male 45-59)*

[3]*"That was also a free service because I believe nicotine patches are quite expensive. I probably couldn't afford do it myself if I was paying for it" (Male 60+)*

3. Reasons for never accessing SSS

- **Lack of knowledge of support** available.[1]

- Belief that the **NRT or Behavioural support options** available would not work.

- **No referral from GP** leading to lack of incentive.

[1] *'It's partly just my lack of knowledge on it and also not taking the time to look in to it at all' (Female, 18-34)*

- **Advertising campaigns** to increase visibility of services and provide information on how services are accessed and delivered[1].

- **Initiatives for young people** around **smoking and vaping.**

- **GP referral** & information provision.

- Controlled use of **e-cigarettes in cessation services.**

- **Language translation** services.[2]

[1]*"You don't see it in newspapers, you definitely don't see it on things like Facebook, etc, so I think the NHS or the government should spend that extra money on the advertising" (Male 45-59)*

[2]*"Someone might want to give up who's first language isn't English so maybe there could be like a recorded version where they can just sit on a headset and watch something that's recorded in their language" (Male 60+)*

- More flexibility to **re-access** the clinic **after relapse.**

- **Properly trained** SSS advisors (with ref to local pharmacies).

- Support from an **advisor who has a smoking history.**

- **On-going after-treatment** and support for example, community-based local support group of ex-smokers.

- Information **targeted** for those in **priority groups** (i.e., chronic conditions).

- **Support for ongoing use of NRT** after programme finishes.

- **Making access to NRT easier for certain groups** e.g. delivery service for disabled, older people with mobility issues.

- **More guidance around the use of e cigarettes.**[1]

- Offer **greater choice of NRT** products.

[1]*"Vaping is something which is quite new.. I think an introduction of that (Vaping), but again controlled through a programme, so it's not just buying it from a shop, but actually getting it recommended by professionals. But I'm not quite (sure) that health professionals are particularly happy recommending vaping, so I'm not sure what would happen". (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?)