A Report on the findings of the Public and Stakeholder Engagement process carried out January to March 2015 in regarding to Wirral's Stop Smoking programme.

Executive Summary

1. The Public Health team carried out a 12 week consultation with stakeholders to gather ideas and opinions that would help shape Wirral's Stop Smoking programme.
2. Methods of consultation included an online questionnaire advertised and made accessible to the public, paper versions of the online questionnaire completed by clients during their session with existing services, an engagement event for professionals who have an involvement/interest in either smoking cessation, prevention and/or other aspects of tobacco control.
3. The public consultation yielded 158 responses of which there was a fairly equal split of gender. Representation across ethnic origins was unevenly weighted towards ethnic minority groups; 40% were White British and 44% were from ethnic minority groups. Therefore this consultation is not a reflective view of the wider demographics of Wirral.
4. The engagement event was attended by 25 professionals including practice nurses, clinical nurse specialists, pharmacists, stop smoking advisers, housing providers, health visitors and professionals from public and private services. There was also representation from Wirral Clinical Commissioning Group.

5. The following summarises the key points drawn from the engagement event and questionnaire analysis:

- Smoking needs to be recognised as a health issue and challenged when seen as a lifestyle issue
- Organisational No Smoking/Smokefree policies can support the tide of change towards de-normalising smoking behaviours
- Collaborative and systemic approach to tobacco control and smoking cessation is needed
- Virtual programme of support to include and enhance self-care
- Amplify work around the prevention agenda i.e. smoke free parks; smoke free school gates
- Treatment services (both core and outreach) with adviser contact are still very much part of the quitting journey throughout a client's life course should be a priority e.g. Smokefree Homes; Very Brief Advice
- Buddy/peer mentor systems –long term recovery around nicotine addiction (similar to alcohol addiction)
- Treatment service must present new and innovative ways of engaging with the client and/or repeat successful engagement methods used before
- Harm Reduction approach needs to be considered with a small group as a pilot, in the first instance, to investigate the benefits.

Introduction

Wirral Council Public Health carried out a 12 week consultation with stakeholders to gather ideas and opinions that would help shape Wirral's Stop Smoking programme.

Methodology

Consultation lasted around 12 weeks and engagement included members of the public, professionals, current and potential service providers.

Engagement took place as follows:

- an online questionnaire (see Appendix 1), advertised and made accessible to the public
- paper versions of the online questionnaire completed by clients during their session with existing services. e.g. Cammel Lairds workers; Wirral Change (individuals were supported to complete the questionnaires); Solutions for Health (service specifically for pregnant smokers)
- an event for professionals who have an involvement/interest in either smoking cessation, prevention and/or other aspects of tobacco control.

Results

Online feedback and current service user feedback was inputted into Survey Monkey and this provided, to some degree, the analysis of the results.

The questionnaires yielded 158 responses. Demographic findings revealed:

- a spread across all ages with the highest number of respondents aged between 35-39years (n=23)
- an equal spilt of gender; 50% were female, 47% were male; 3% no response
- representation across ethnic origins was unevenly weighted towards ethnic minority groups; 40% were White British and 44% were from ethnic minority groups. Therefore this consultation is not a reflective view of the wider demographics of Wirral
- a response from every area postcode (CH41 to CH65)
- 31% of respondents were current tobacco users; 62% of respondents were ex-smokers and a small number of respondents used either e-cigarettes only (n=4) or tobacco and e-cigs (n=3).
- The majority of respondents had had a previous quit attempt

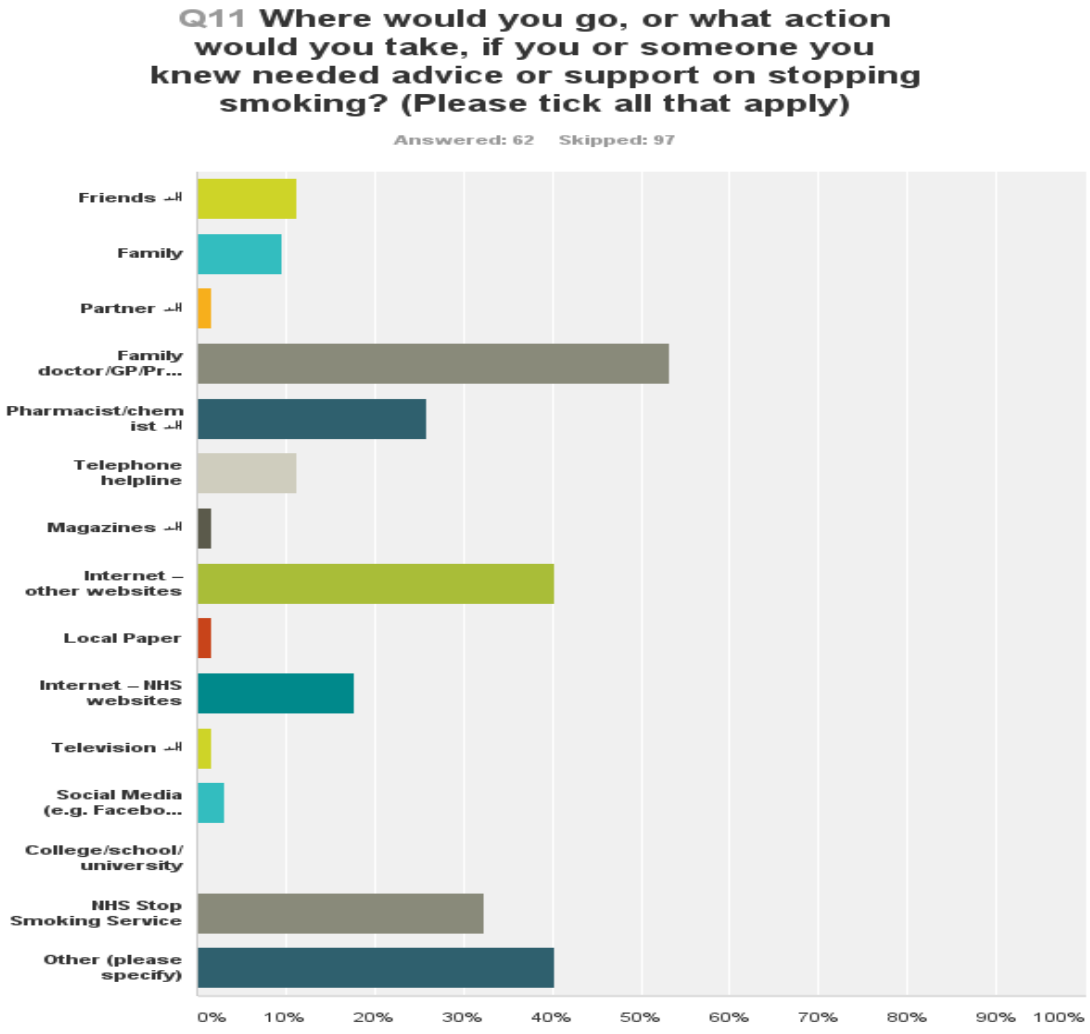
A number of the questions asked the respondents to share their experiences and opinions regarding their quitting journey, key findings included:

- Personal health reasons were cited by the majority of respondents who had quit or wanted to quit. Commitment to families/children and grandchildren to quit and stay quit featured in some responses. The cost of smoking and the money spent was an issue for many respondents

- Of those who responded, 54% did not see themselves smoking for the rest of their lives and 26% did not know whether they saw themselves as a smoker for the rest of their lives

Figure 1 illustrates the most popular sources of advice and support. GPs/Practice Nurses rank the highest with Community Services ('Other') a close second.

Figure 1



- 22% of those who responded felt that time was an issue. This was either they did not have enough time to access a stop smoking service or, for a small number, a perception that the health professional they were dealing with was not providing adequate time for the intervention. 11 respondents cited language as a barrier to accessing services

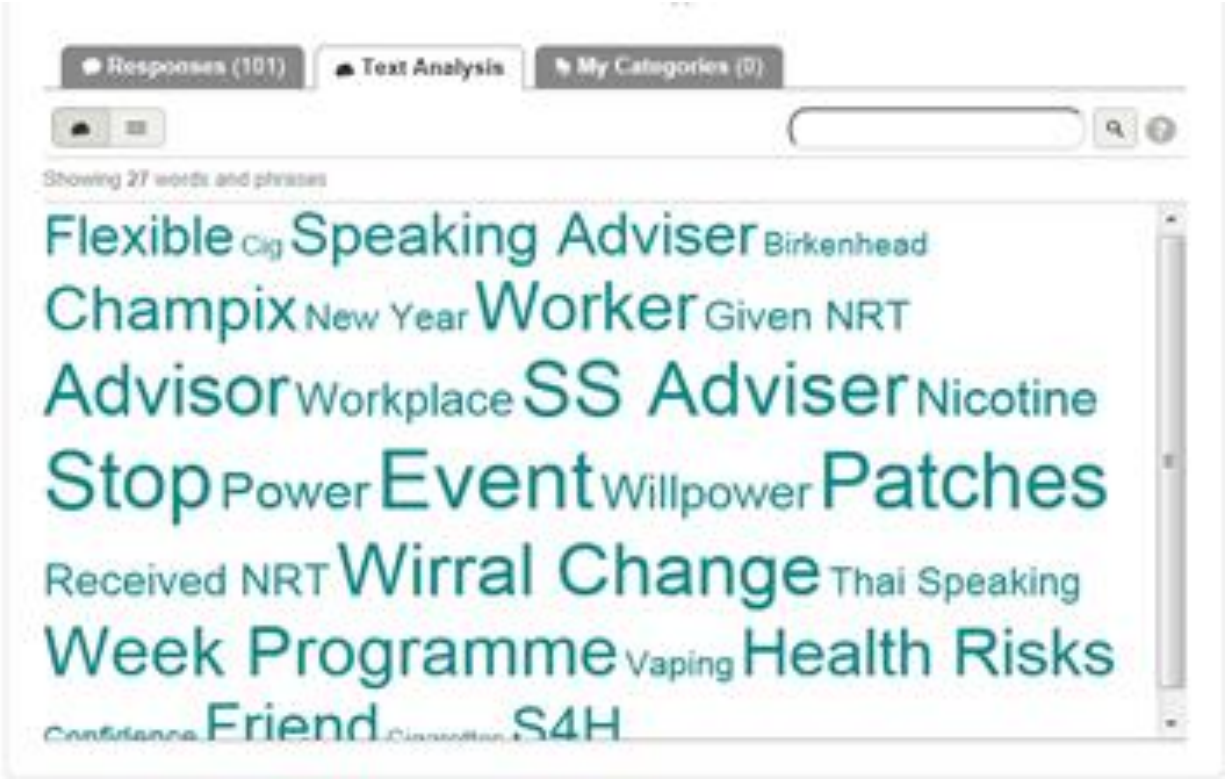
- 39% of respondents reported that 'support' is needed to help quit. This broad response can be broken down further to quantify the different types of support:

    - Peer Support - family; friends; partner; community group
    - Stop smoking adviser either face to face or via telephone
    - Medicinal support – Nicotine Replacement Therapy (NRT) free of charge
    - Workplace support

- If you no longer smoke, what did you use to help you quit?

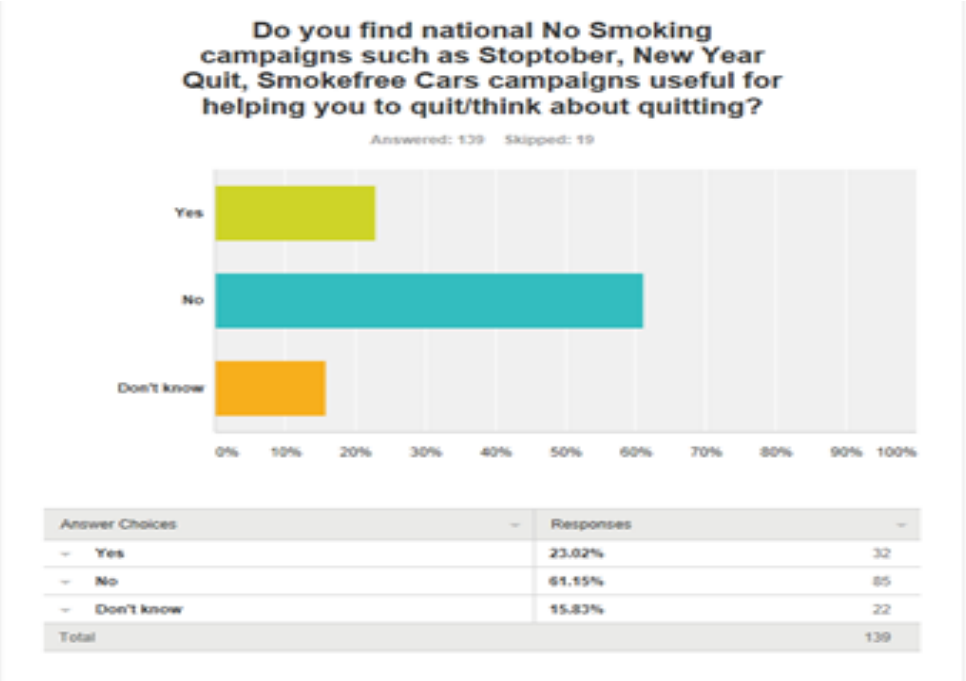
There were 101 responses to this question and the key componants are shown in the word cloud below in Figure 2. It can be seen that events attended by respondants proved a popular mechanism to start people on their quit journey. The majority of these events were held by a Community Stop Smoking Service.

Figure 2



- Overall national campaigns (e.g. Stoptober; New Year Quit) were not perceived by those that responded to be useful in nudging a person to quit smoking (Figure 3).

Figure 3



Answer Choices	Responses	
Yes	23.02%	32
No	61.15%	85
Don't know	15.83%	22
Total		139

- The small number that did find the national campaigns useful cited a number of reasons. These were; giving the push/encouragement to think about quitting and to set a quit date; raising awareness regarding the harms caused by smoking;
- When asked if they would like to see more campaigns in their area there was a mixed response. 38% responded no, 28% responded yes and 24% did not know.

Engagement event for professionals and providers

On the 3rd March 2015 an engagement event was held at Tranmere Rovers Football Club. 25 professionals attended the event including practice nurses, clinical nurse specialists, pharmacists, stop smoking advisers, housing providers, health visitors and professionals from Public and Private Services. There was also representation from Wirral Clinical Commissioning Group.

The format of the session was as follows:

- Presentation to set the scene and provide context
- Two discussions sessions, held consecutively, working in small groups using a case study approach. The case studies were designed to prompt discussion, opinions, formulate ideas, and suggest solutions for the different scenarios presented. These scenarios focused on smokers, ex-smoker, non-smokers and vapers.

The following themes have been drawn from the qualitative data (sic):

The current Wirral picture

Motivators for quitting

- Creative quitting incentives/rewards
- Clear and concise health messages - using influencers such as GPs who are able to underline the health risks regarding impact of smoking
- Family influencers - not wanting children to becomes smokers
- Local statistics that resonate with local people e.g. 1 in 5 people in Wirral will die from a smoking related disease
- Pregnancy and a smokefree home for the child/ren
- Cost of smoking and the impact on a low income household
- Smokefree places where no smoking is enforced such as hospitals, rented (both private and social) accommodation and workplaces
- Behaviour change; challenge perception of smoking status

Support needed for quitting

Support for individuals

- Social media support (Puffell and Facebook); Digital/virtual adviser support - traditional services not appealing
- Social marketing campaigns on COPD; cancer
- Quit support network - family, friends and partners helping each other to quit
- Buddy system/peer mentors
- Stop Smoking advisers to quash myths around quitting and weight gain
- 24hr access to stop smoking support whilst in hospital - clear and integrated pathway at all points of discharge to include ongoing treatment and support for rest of quit journey
- Offer lots of different options for quitting including home visits
- Harm Reduction option – not everyone wants to give up

Specific support to men and routine and manual workers

- Cognitive support around dependency and habits and addiction
- Young men wouldn't access normal stop smoking services
- Older men need targeting re: whole health not just smoking

Education/Information

- Education (intensive and graphic in schools) and harm reduction, comparable to alcohol
- Raise awareness of the products (NRT) available to help quit and the differences between these products
- Clarification/facts around e cigs including the costs
- Focus on protecting the baby and the benefits of not smoking
- Health benefits from quitting and the detrimental impact on children when living with a smoker
- Different tricks i.e. visualising the money saved; what are the client's priorities and relate quitting to those, fit quitting into a busy lifestyle
- De-normalising smoking as a behaviour
- The right mind set is needed – plant the seed for change

Trigger points for action from professionals

- Helping client/patient identify that smoking is a health issue. Supporting those who are in denial to understand they are a smoker
- Smokefree Homes and fire risks - professionals at these touch points to offer support e.g. Children centres and health visitors
- Cough or other symptoms when presenting at the pharmacy
- Health visit on No Smoking Day or Stoptober
- Work based absence
- Bereavement
- Twitter page/signposting/additional support tools i.e. Cognitive Behavioural Therapies (CBT)
- Not everyone wants to give up – harm reduction should be offered
- Discharge from maternity - is there a public health birth pack and peer support offered?

Gaps in what is currently available

Services/Community and Public

- Buy back scheme to buy back duty diverted cigarettes
- Extensive peer support networks need to be encouraged
- Limited staff and capacity to support clients in hospital
- Targeting workplaces; time allowed in work to access stop smoking services
- Harm reduction approach as client has cut down so how can this opportunity be maximised; collective responsibility needed across all organisations to spread positive health and harm reduction messages
- Directory of services
- Named coordinator in GP practices

- Residents associations are not used enough – encouraging smokefree homes and clinics in deprived areas could be explored

Education & awareness

- Many people attending service do not know what COPD is and that it is a product of smoking
- Need intensive support to change mind set which could be difficult after a lifelong habit
- Male role model to aspire to for younger men
- Support tools like CBT
- Information available to all
- Extensive harm reduction campaign - not just about quitting but about gradually cutting down and increasing the chance of a quit
- School education from primary (0-19 programme)

Products

- Champix is not currently available directly from pharmacies on Patient Group Direction (PGD). Limited support given by GPs when client is prescribed Champix
- E-cigarettes have changed the game so some people don't want to access ordinary stop smoking services; E-cigs not available at cessation services; currently no provision to come off e-cigs - if using e-cigs and not smoking you can't be offered other NRT

To bolster partnership work - who needs to be involved?

- Clear consensus that there needs to be better partnership working across organisations and working closer together
- Stop Smoking Brief Advice Training for all frontline staff e.g. Job Centre Plus; Housing Providers including Social Private Landlords
- Housing and other non-health agencies could be involved in advice like money management
- Health trainers
- 0-19 services need clear pathways into <u>all</u> services in an appropriate manner
- workplaces should provide support and education around cessation; schools should provide education around tobacco control and smoking from primary age; there needs to be closer joined up working and stakeholders/partners working more closely

What would you like to have happened? What could be done differently?

- Needs to be a more joined up approach; need to talk to each other for the benefit of the patient; single point of contact for all referrals
- Commissioning needs to be more flexible and fluid, needs to allow for harm reduction as well as quits
- Additional support tools such as CBT – these are used with alcohol and drugs why not smoking???
- All organisations to have smoke free workplace policies
- The new job incentivises a quit with appropriate support signposted/ provided by the employer if needed
- Social housing to be smoke free

Recommendations for smoking cessation and prevention programme in Wirral

How can we work together to deliver a stop smoking programme for Wirral residents?
How can the Wirral workforce be more focused on stopping people taking up smoking? What should this look like?

- Start at the source of the problem e.g. training for all those working with children
- Anti-smoking messages as part of careers advice
- Community pharmacists would be willing to give time voluntarily
- All approaches must be integrated
- Give proper support to 'Smoke Free School Gates'
- Give proper support to smoke free parks with support and training for all relevant staff
- Train CAMHS workers (smoking=mental health correlation)
- Use social media to target young audience
- All services to be clear on what is available. There needs to be feedback to the service that has referred the client as to their outcome
- Wirral website with service details on for services not the public
- Make e-cigs and smoking uncool
- Raise awareness regarding e-cigarette efficacy and lack of evidence
- Positive role models
- Educate parents
- Educate apprentices in the workplace
- Offer more peer support
- Time at work to access a range of stop smoking services

How can we develop a stop smoking programme that supports self-help/care for quitting smoking and what would that look like?

Virtual programme of support

- Online will be key - online support and local forums
- Sponsored links to position such a resource to hit the maximise possible audience
- Getting CO verification could be a problem here but self-reporting is an option
- Smartphones are getting smarter –could even monitor basic obs. such as pulse
- FREE PHONE –you get to keep the smartphone at the end of a (successful?) quit
- Provide a self-help tool to reduce and/or quit smoking tailored for those who are using e-cigs
- Use Twitter (focus on young people)

Face to Face support

- Mental health issues not picked up in self-help/care
- Smokefree clubs and coffee mornings
- Pharmacies being able to provide NRT

- Make it cool to stop
- Provide a self-help tool to reduce/quit smoking tailored for those who are using e-cigs
- Making mobile clinics the norm in deprived areas
- Encourage peer support groups including offer help if people want to set up groups in their local area

Services

- Offer additional support the same as alcohol and drugs i.e. CBT/therapeutic sessions
- Do not price providers out of the market i.e. pharmacists
- Introduce competition to stop – give a prize and include a fitness or health element / Apps / Local campaigns (shopping centres had high uptake for Stoptober but workplaces didn't)

How do we motivate the harder to reach groups with higher smoking rates to want to quit? e.g. factory workers; mental health service users; someone with a long term condition

- Need to take the services to the smokers –chase them!
- A holistic approach would be appealing –smokers would buy in for the added value
- QOF data is underused in targeting approaches
- Engage with the demographic in a natural way i.e. midwife for pregnant women; occupational health in a factory rather than the external organisations trying to engage
- Offer mobile clinics in areas of deprivation
- Ensure that there is a named co-ordinator in GP Practices/Groups etc.

How do we support and inform those smokers who are unable to quit to switch to less harmful sources of nicotine?

- Encourage a harm reduction programme with the eventual aim of a quit
- Make NRT more popular using a local advertising campaign and not just the national one
- Be realistic around relapse and have relapse prevention the same as with drugs and alcohol
- Look at new ways of getting information out there

How can we prevent people starting to smoke again and improve long term quit rates?

- Peer educators and young people as champions
- Education and culture change
- Peer support and long term support
- Offer harm reduction
- Ensure that people are engaged fully to start with and it's not just about quitting

Conclusion
The following list summarises the key points drawn from the engagement events and questionnaire analysis:

- Smoking needs to be recognised as a health issue and challenged when seen as a lifestyle issue
- Organisational No Smoking/Smokefree policies can support the tide of change towards de-normalising smoking behaviours
- Virtual programme of support to include and enhance self-care
- Amplify work around the prevention agenda i.e. smoke free parks; smoke free school gates

Clients

- Treatment services with adviser contact are still very much a part of the quitting journey
- Wide and varied choice that is evidence based wherever possible
- of support including incentives/rewards for sustained quits
- Outreach stop smoking services to reach those that are not presenting to main stream services
- Buddy/peer mentor systems –recovery around nicotine addiction (similar to alcohol addiction)
- Long term support to a long term solution

Professionals

- Collaborative working and making the system work better together
- New and innovative ways of engaging with the client and/or repeat successful engagement methods used before
- Upstream interventions delivered by key professionals throughout a client's life course should be a priority e.g. Smokefree Homes; Very Brief Advice
- Exploit the Primary Care relationship with patients. All primary care professionals (pharmacists; GPs; ophthalmologists; dentists) should provide brief intervention routinely as part of their healthcare provision
- Stop Smoking Brief Advice Training for all frontline staff
- Harm Reduction approach needs to be considered with a small group as a pilot, in the first instance, to investigate the benefits
- Able to provide clear and consistent messages regarding stop smoking aids (e.g. NRT) and e-cigarettes

Campaigns/Education/Awareness

- Mixed response regarding local campaigns but this is to be expected as not one size fits all for how people want to receive information
- Local stats resonate with local people rather than national figures. The extricable link between smoking related illnesses, such as cancer and COPD, should be clear to smokers and professionals
- Re-launch NRT as a stop smoking aid and sell the benefits of using these products

Appendix 1
Stop Smoking Survey

Wirral SS survey V0.7.docx