NIHR | Public Health Intervention Responsive Studies Teams

Bedford Borough Council · Central Bedfordshire · milton keynes council

EST 1892 LSBU

Exploring the effects of the switch from Face-to-Face (F2F) to Telephone Support (TS) in stop smoking services with a focus on underserved communities: findings of a PHIRST South Bank evaluation

Professor Lynne Dawkins, Dr Thomas Mills, Dr Elisa Lewis, Dr Claudia Civai, Professor Daniel Frings, Professor Susie Sykes

Key findings:

- Specialist groups* & those from the most deprived quintile require more support to quit. However, they do not necessarily want or need F2F
- F2F & TS present contrasting strengths & weaknesses: e.g., TS is convenient but lacks CO-reads
- Service-users want choice & a good advisor relationship: offering the choice of F2F or TS appears the best option for all smokers
- Community outreach can raise awareness & generate referrals but is resource intensive & must be done non-judgementally

Impact:

- The local service (Bedford, Central Bedfordshire & Milton Keynes SSS) have changed their service user data management systems & now undertakes community outreach strategically to maximise value.
- Access more details using the QR code

* Pregnant smokers, under 18s, those with a mental health condition, learning disability or long-term physical condition

Public Health Intervention Responsive Studies Teams (PHIRST):

Purpose: *"to co-produce and build capacity for public health research and evaluation at a local level as well as identifying intervention health impact and outcomes relevant locally and for learning across the public health profession"*

Overall co-produced evaluation question:

What is the effectiveness and acceptability of a telephone Stop Smoking Service (SSS) compared with F2F support?

Specific research questions (RQ):

1. How effective is TS compared to F2F?
2. Was the change to TS acceptable and accessible for service-users and providers; and what were their experiences?
3. How did the switch to TS affect specialist groups and those from the lowest quintiles of deprivation?
4. How can a SSS enhance engagement with underserved communities not routinely accessing the service?
5. Is the switch to a TS model cost-effective?

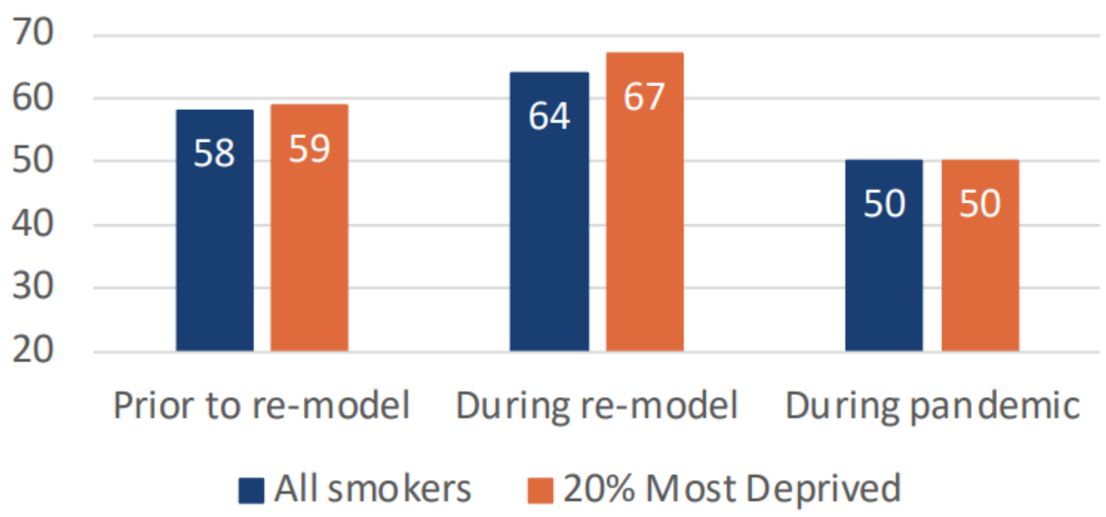
Evaluation design:

Work package (WP)	RQ	Data collection	Sample
1. Effectiveness	1, 3	SSS data: quarterly returns, Quit Manager	Secondary data on service users
2. Experiences, acceptability	2, 3	Surveys, interviews	Primary data: service users & providers
3. Underserved communities	4	Co-inquiry with staff, rapid ethnography & interviews	Primary data: special projects (non-engagers)
4. Economic analysis	5	SSS data: quarterly returns, Quit Manager	Secondary data on service users

SSS Timeline

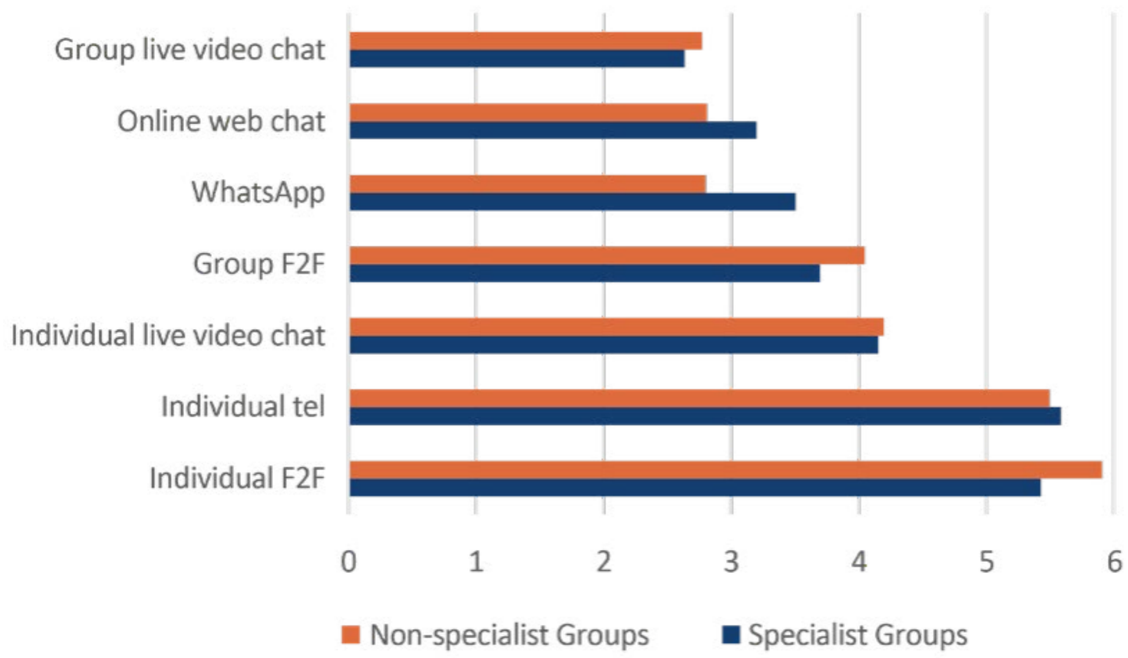
Example WP1 findings:

Table 1: Quit rates (%) across the three time periods



Example WP2 findings:

Table 2: Average rankings for preferred SSS delivery method among service-users



www.phirst.nihr.ac.uk | @NIHR_PHIRST

This research is funded by the National Institute for Health and Care Research as part of the NIHR PHIRST initiative: Centre Award: NIHR131568; Project Award ID: NIHR135509. The views expressed are those of the authors and not necessarily those of the NIHR, the NHS or the Department of Health and Social Care.

Apply for PHIRST support here:

https://www.nihr.ac.uk/funding/2361-phirst-la-evaluation-of-interventions-eoi/33115