An evaluation of the change from Face-to-Face to Telephone Stop Smoking Services and its effects on underserved communities in Bedford Borough, Central Bedfordshire and Milton Keynes

Smoking is declining in the general population

BUT smoking rates remain high among some underserved groups

There are significant health inequality implications.

Stop Smoking Services (SSS) should consider ways to enhance support for people who need greater support to quit.

This includes: people who are pregnant, have a learning disability, mental health condition or long-term physical condition

BUT One way to broaden support is to shift to Telephone Support (TS) rather than traditional Face-to-Face (F2F) delivery.

if the move is associated with further barriers, poor experience, and lower quit rates, it could inadvertently maintain or even augment health inequalities.

BUT SSS may also have roles raising awareness of what they offer and supporting people to take up support.

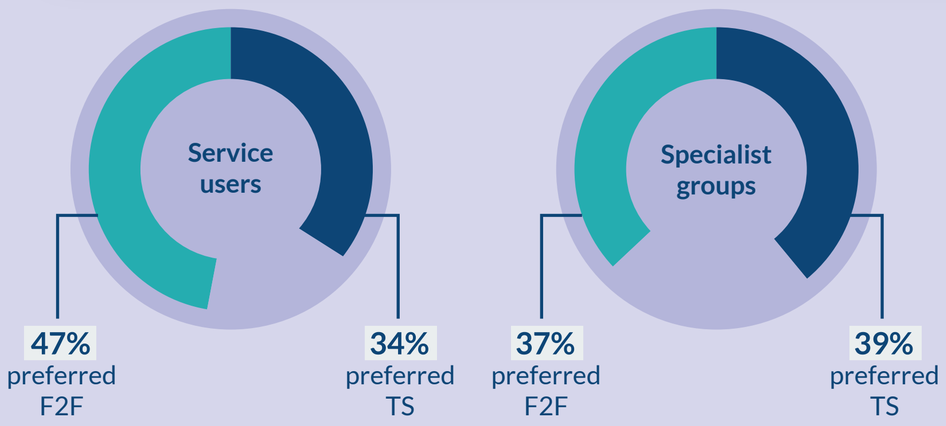
there's very limited research both on TS vs F2F in English SSS and the role of professional stop smoking advisors in community outreach.

1 What did we learn about TS compared to F2F delivery?

Mode of delivery (F2F vs. TS) made no difference to quit rates.

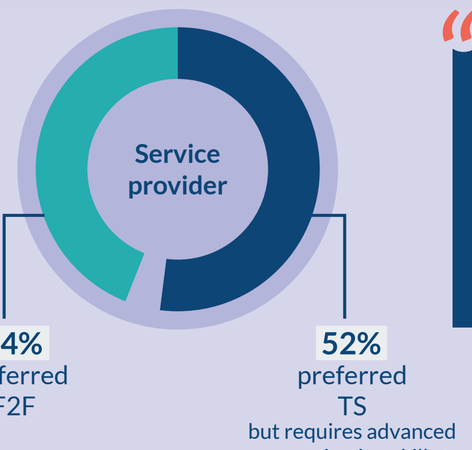
Specialist groups lower quit rate, higher cost

2 Was the change to TS acceptable and accessible for service-users and providers; and what were their experiences?



"*there's no way I would have gone to a face-to-face because I couldn't take that much time out of my working day. But, to give time up for a phone call, I could do that.*" — *Service user*

"*It's always nice to have an option … It makes you feel like you have a bit more control over your own situation*" — *Service user*



"*When I used to have people come in to see me, I would get to know who they were as a person more. And you can get that a little bit over the phone, but it takes a lot of communication skills to do that (SP3)*"

Staff were concerned about people who, they believed, would benefit from F2F but do not fit in a specialist category.

"*I do think there's still a whole cohort of people that, maybe, fall in that grey area or can't access the face-to-face support [we have on offer]. Maybe, if we had a little bit more of that … [that] would be better*" — *Service provider*

More important than mode of delivery:

3 How can a stop smoking service enhance engagement with underserved communities not routinely accessing the service?

Community outreach to improve **awareness, collaboration and access:**

Generates new referrals among people who are disconnected from health services.

"*There needs to be a presence … they [staff] need to be there to be seen and be present … But don't push out: wait to be approached … as soon as you push out, you're preaching, and smokers are just going to close-up.*"

Here are 6 recommendations

Offer all people choice

Our findings suggest that SSS do not need to routinely provide F2F support to specialist groups; instead, offer choice to everyone.

Video call to increase choice

Consider introducing video-calls to provide service-users with more choice and a follow-up call.

Target specialist groups

More support is needed to enable smokers from these groups to successfully quit smoking.

Employ strategic community outreach

Work with community partners to proactively generate referrals and build trust and relationships.

Robust data collection

Ensure high quality and consistent data collection and storage to ensure robust evaluation can take place.

Build research capacity

Enable dedicated research time to facilitate SSS staff involvement in research.

NIHR | Public Health Intervention Responsive Studies Teams

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