



# Access to Stop Smoking Support

Project Final Report 2024

# Need & Strategic Context

## Need

- Smoking remains the single biggest cause of preventable illness and death in England. In 2023 in Norfolk and Waveney, smoking causes over 11,000 hospital admissions and over 4,000 premature deaths annually, costing the Norfolk economy £308.5m, of which £34.1m is spent on healthcare and £19.5m on social care.
- Smoking prevalence in Norfolk (15.8%) is higher than the East of England (12.9%) and England (13%) and the trend is static (2023 figures). People in social housing are more than three times more likely to smoke and prevalence is highest amongst people in routine or manual jobs. Rates in Great Yarmouth, Kings Lynn and West Norfolk and Norwich are above the national average.

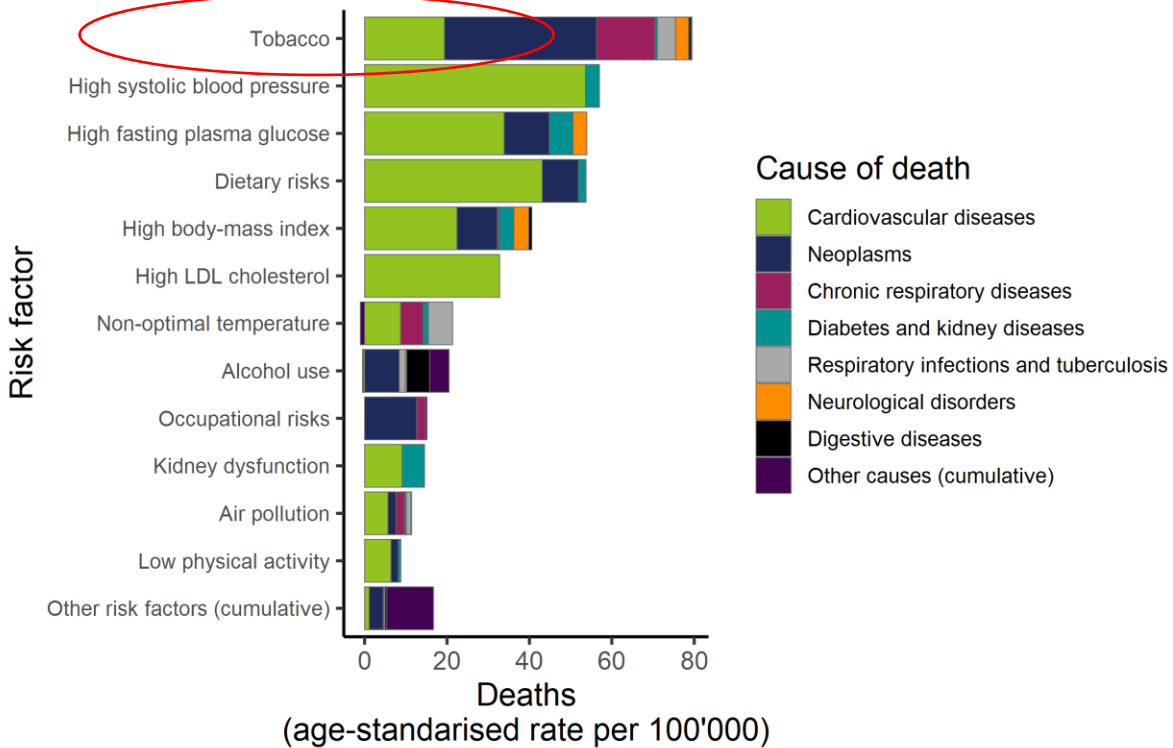
## Strategic context

- Norfolk Public Health and Suffolk Public Health are currently undertaking recommissioning exercises for county wide smoking cessation services.
- Norfolk ICB and NHS are currently implementing the NHS Tobacco Dependency Programme pathways and this work can also inform future activity of those pathways.
- Smoking Cessation positively impacts across all five clinical areas of Core20Plus5
- Smoking has been identified as a priority for the system by the ICS Health Improvement Transformation Group.

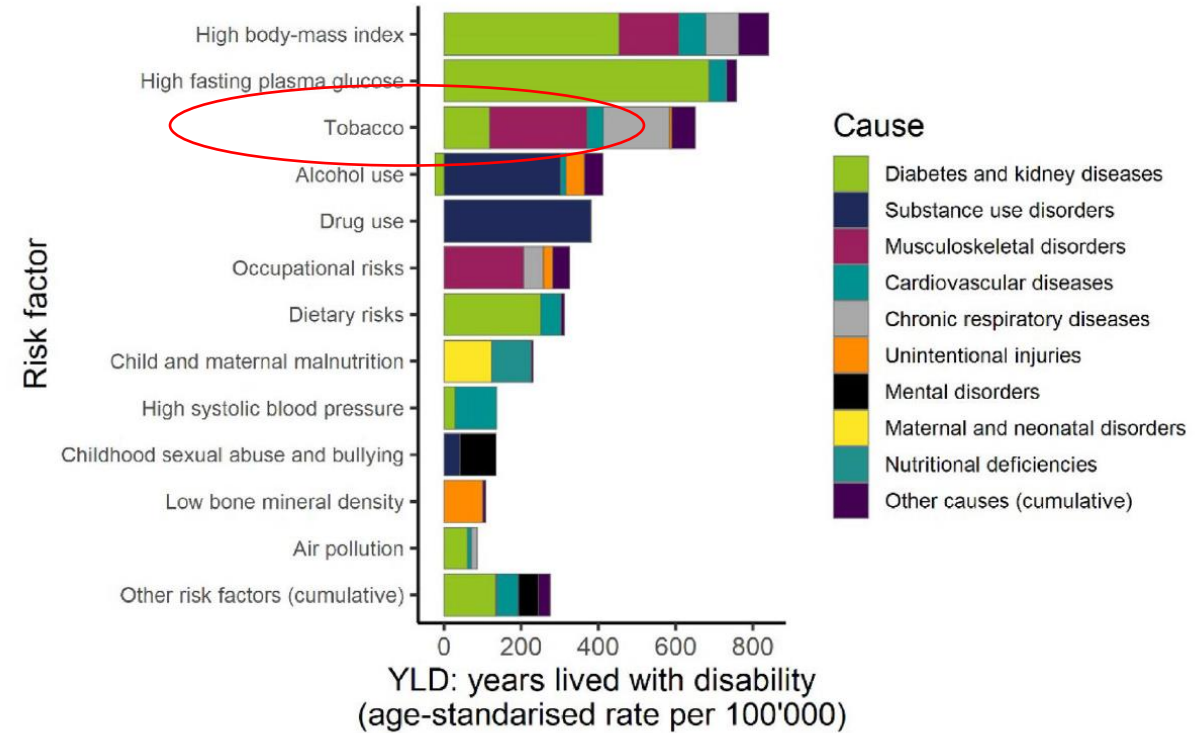


# Smoking as a Risk Factor

## Risk Factors Contributing to deaths



## Risk Factors Contributing to disability or illness



# Aims and Outcomes

## Aims

To gather insight from smokers and non-smokers, service users and non-service users, particularly amongst groups experiencing the greatest inequalities, into the barriers to stopping smoking in order to inform future prevention and commissioning activity.

## Outcomes

Using the COM-B model of behaviour change:

- Analyse the ways in which people talk about capabilities, opportunities and motivation in relation to smoking behaviours, enabling us to
- Identify barriers to accessing stop smoking support
- Identify enabling interventions to stopping smoking.

Understanding the factors underpinning behaviours provides a basis for identifying interventions that are likely to be effective.



# Approach

## Communities and Geographies

Trusted communicator organisations working with communities where smoking prevalence is high were chosen:

- Freebridge Housing (West Norfolk)
- New Routes (Norwich)
- Hanseatic Union (Kings Lynn)
- Shrublands Youth and Adult Centre (Great Yarmouth)
- Dial (Great Yarmouth)
- Menscraft (Great Yarmouth & Norwich)
- Shoebox (Norwich)

## Timelines

- June 2023 – Training for Trusted Communicators in basic understanding of COM-B model of behaviour change
- July and August 2023 – Conversations held
- September & October 2023 – Analysis undertaken
- November 2023 onwards – results shared.

# Method

## Conversation method

The aim is not to survey participants with a standard questionnaire, but for Trusted Communicators to have fluid, natural conversations exploring themes related to smoking:

- Barriers to stopping smoking
- Enablers in stopping smoking
- Noticeable issues around smoking
- Access to health services

A range of exploratory questions were utilised to prompt and elicit information around these themes, for example:

- What does stopping smoking mean to you?
- What services have you heard of before?
- What are the barriers to stopping smoking?
- What has supported you to give up smoking?
- What are the main issues around stopping smoking?
- What do you think about health or smoking services?

# Demographics

## Norfolk data

233 conversations



58.4%



41.5%

### Age group

16-24 years old: 2.5%  
25-34 years old: 22.8%  
35-44 years old: 23.7%  
45-54 years old: 27.9%  
55-64 years old: 17.8%  
65-74 years old: 5%

## Norwich data

98 conversations



50%



40%

### Age group

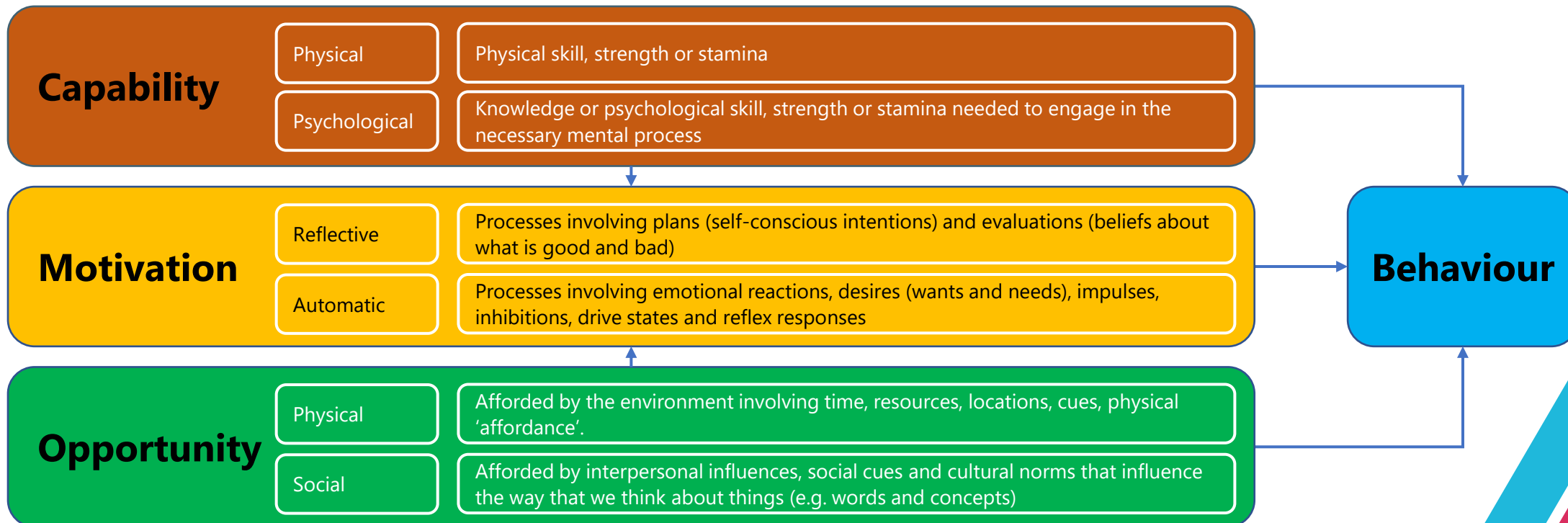
18-30 years old: 14  
31-60 years old: 51  
61> years old: 31



# Analytic Methodology: COM-B

## Thematic Analysis

The qualitative data was analysed using a thematic analysis looking for patterns to identify themes related to the COM-B model. The COM-B model of behaviour change suggests that capability, opportunity and motivation are essential for any behaviour to change. And these three components interact with each other. For example, by increasing the perceived capability for someone to do something, we can also positively influence their motivation to do it. It means interventions must target at least one of these things to create effective behaviour change.





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# Findings

# Thematic Analytic: COM-B Key Themes

The analysis cross referenced the COM-B framework against the themes explored in the conversations. Together, these revealed several key sub-themes.

	Barriers	Enablers	Issues	Services	Subthemes
<b>Capability</b>	Habit of smoking	Psychological preparedness and decision making for quitting	Preparedness of smoking cessation	Skills capacity to stop smoking	→ <ul style="list-style-type: none"> <li>Habit</li> <li>Knowledge</li> <li>Skills</li> <li>Psychological preparedness and decision making</li> </ul>
	Knowledge of smoking		Knowledge of steps to stop smoking		
<b>Opportunity</b>	Social influence of smoking	Money saving for when quitting smoking	Environmental barriers to quit smoking	Resources to stop smoking cessation	
	Group norm of smoking	Family and social influence and support for quitting smoking	Social and professional influence to quit smoking	Organization culture to stop smoking	
	Resources of smoking services	Environmental resources to support smoking cessation attempts	Resources provided to quit smoking		
<b>Motivation</b>	Beliefs and attitudes towards smoking	Beliefs and attitudes towards smoking	Confidence in quitting	Consequences about smoking cessation	→ <ul style="list-style-type: none"> <li>Beliefs and attitudes towards smoking</li> <li>Emotions about smoking</li> <li>Consequences about health outcomes</li> <li>Confidence in quitting</li> <li>Action plan for quitting</li> </ul>
	Emotions about smoking	Consequences about health outcomes/harmfulness of smoking			
	Action plan for quitting				

# Capability

**Capability** refers to an individual's psychological and physical ability to participate in an activity. This capability comprises mental state, knowledge, skills and physical strength to engage in behaviour. Habit, Knowledge, Skills and Psychological Preparedness are subthemes identified in this data. **For example:**

- to make individuals register themselves with services, especially those who lack the digital skills to do so, having in place alternatives for hard-to-reach populations is important. Further, to make people stop smoking, psychological preparedness and resilience to break the habit may help people who try to quit.

## Knowledge

*"I understand the harm caused by smoking and try to fight this habit"*

## Habit

*"So it's really hard to think about stopping and what else would I do, I'm on my own"*

*"Very very difficult to change the habit of a life-time and stay committed"*

## Skills

*"Doctor told me to go on a website to self-refer but because I have very poor computer skills, I didn't know how to do this."*

*"I was given a self-referral link via text if you are not good at technology like me then the link was a waste of time"*

## Psychological preparedness and decision making

*"I didn't go to the doctor and would just use willpower. Think that willpower should be enough"*

*"Feeling proud helped me to continue"*

*"it is all mindset, if you look at the benefits of not smoking compared to the effects smoking has on one's life people may give up easier"*

*"Someone taking the time to look at the whole situation around health and mental health and address this first."*

# Opportunity

**Opportunity** refers to external factors that make a behaviour possible, such as the physical opportunities afforded by the environment, or social opportunity from friends and family. Social Opportunity from Family and the Social Network, Environmental and Organizational Opportunities, and Physical Opportunities are identified in this data. **For example:**

- to improve the opportunity to access services, providing resources to facilitate a satisfactory service and maintain support to the people who wish to quit/maintain smoke free; reducing wait times; having in place highly skilled and knowledgeable staff and providing long-term support. Further, family and social environment play a huge role in providing opportunities and support to people who smoke.

## Family and Social influence

*"Family members and friends were all stopping"*

*"My social network stopped, and it was easy to stop too"*

*"I have tried over the years to stop my husband smokes, so it is really difficult"*

*"Men's health workshop highlighting the positive short- and long-term gains in stopping smoking, related to both health and economics"*

*"It is very difficult when friends are smoking. I feel that need to join in!"*

## Group norm of smoking

*"It's hard when I'm around people who smoke"*

*"I wanted the process of going outside and smoking"*

## Money saving when quitting

*"I also opened a separate bank account and put the money I would have spent on cigarettes into the account. I kept that account for years. To be honest I think it was the bank account that finally did it as I could see how much I was wasting."*

## Organisation culture to stop smoking

*"Doctors were OK but had to wait ages for an appointment and the chemist doesn't really know what's going on"*

*"I know about smoking cessation but know it would be a long wait"*

## Environmental resources

*"Gave up 2 years ago, had support from my doctor and health adviser, best thing ever done"*

*"It was difficult for the first few weeks they found things to take their mind of it in the garden"*

## Resources of smoking services

*"Too long to get an appointment it's not worth"*

*"I did try to stop before with patches, but it didn't work because it is expensive"*

*"continued support to maintain smoke free"*

# Motivation

**Motivation** refers to the conscious and unconscious cognitive process that direct and inspire behaviour. It refers to the internal processes that influence decision making and behaviour. Reflective motivation is the slow process involved in making plans and automatic motivation is the fast process such as impulses and inhibition. For example:

- to improve motivation, it is helpful to turn a desired behaviour from something they need to do, to something they want to do, by encouraging reflection of the benefits of performing that behaviour. For example, to improve emotions and beliefs and attitudes about smoking, we then can make a plan on how we will change our behaviour.

## Emotions about smoking

*"I can't stop at the minute I have other stuff going on"*

*"I did see the Smoking cessation team, they were helpful also annoying, and I felt under pressure sometimes"*

## Confidence in quitting

*"feeling in control of the process was key"*

## Beliefs and attitudes towards smoking

*"I am a smoker, and I like smoking and I'm not thinking about stopping"*

*"I aged and felt it was time"*

## Consequences about health outcomes

*"I want to live a long and healthy life"*

*"I was given champix for 12 weeks, gave me really vivid dreams but not necessarily unpleasant ones just very vivid"*

*"I've got COPD so I had to stop"*

## Action plan for quitting

*"I will need to manage my urges and cravings with the use of the vape and resist the cravings"*

*"It's the addiction and cravings that are difficult to manage"*

# Additional Findings

Some Trusted Communicators used the conversations as an opportunity to provide Brief Advice, for example:

1. Use of information on Ready to Change webpage, specifically:
  - strategies to successful cessation
  - quiz to find out about smoking habits
  - importance of setting a quit date
  - watched explainer videos
2. Discussion around difficulties in stopping smoking
3. Addressed misconceptions about vapes
4. Signposted to available services (local activities on offer such as yoga, men's walk)
5. Provided leaflets about local mental health charities



# How the Insight is being used

The insights gathered:

- confirmed much of which is known around barriers and enablers to smoking behaviour change, but we now have qualitative Norfolk evidence to support the research.
- confirmed the value of a new Community Stop Smoking Service as part of a redesigned LA offer, which will undertake targeted activities at place (e.g. anchor institutions, routine & manual workplaces, social housing)
- confirmed the value of Specialist Stop Smoking Service (Reed Wellbeing) employing an adviser to work with targeted priority population groups (e.g. GRT, Polish community, homeless)

The Insights will be given to both the new Community & Specialist Stop Smoking Services providers to consider in all service delivery.

Additionally, the community voices conversations represent an opportunity to make an enhanced intervention around smoking, for example:

- Working through the Ready to Change 3-step journey (Quiz; Learn; Action)
- Looking at online resources
- Downloading Stop Smoking App

This has opened up a new avenue for us to explore as part of the Community Enablement pillar of the PH Behaviour Change Strategy.



# How the Insight is being used

The insights have impacted 2024/2025 commissioning decisions.

- The insights have been shared with new provider of Stop Smoking Services and reflected in new service:
  - Focus on the most vulnerable groups
  - Flexible approach to appointments (time, location, no. of appointments)
  - Variety of ways to access service (f2f, app, web, telephone)
  - Signposting to other services to help with wider issues/stresses
  - Direct supply of NRT and Vapes (S2S)
  - Supporting whole households
- Have been reflected in the service design of the new community stop smoking service
- Provision of Allen Carr's Easyway drug free alternative stopping smoking method
- Will ensure feedback is reflected in communications.





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# Further Detail

Barriers to Stopping Smoking			
Capability	Habit of smoking	Participants mentioned that breaking the habit was difficult	<p>"So it's really hard to think about stopping and what else would I do, I'm on my own"</p> <p>"It is the habit of having a cigarette, getting out of the office"</p> <p>"habit breaking is hard when you're already facing day to day challenges."</p> <p>"Very very difficult to change the habit of a life-time and stay committee"</p>
	Knowledge of smoking	Participants acknowledge the harms that come with smoking	"I understand the harm caused by smoking and try to fight this habit"
Opportunity	Social influence of smoking	Participants felt that friends and family who smoke make it difficult	<p>"What's stopping me is support and also family support"</p> <p>"I have tried over the years to stop my husband smokes, so it is really difficult"</p> <p>"Hubby smokes and all friends do so would be breathing in their smoke anyway so may as well carry-on"</p> <p>"It is very difficult when friends are smoking. I feel that need to join in!"</p>
	Group norm of smoking	Smoking is seen as a socializing activity	<p>"It's hard when I'm around people who smoke"</p> <p>"I wanted the process of going outside and smoking"</p>
	Resources of smoking services	Participants mentioned that the cost of Nicotine Replacement Therapy (NRT) is high	<p>"Baccy its cheaper"</p> <p>"I am concerned about the cost implications"</p> <p>"I did try to stop before with patches, but it didn't work because it is expensive"</p>
		Participants mentioned long waiting time at NHS	"Too long to get an appointment it's not worth"
Motivation	Beliefs and attitudes towards smoking	Services users were not interested in quitting and have right to smoke	<p>"I smoke and have for many years it relaxes me don't want to stop have tried, too stressful not interested in stopping now"</p> <p>"I don't want to stop, I enjoy it. It relaxes me"</p> <p>"I am a smoker, and I like smoking and I'm not thinking about stopping, sorry"</p>
	Emotions about smoking	Service users felt that quit attempts were too stressful in the context of dealing with other issues (stress, anxiety, loneliness/isolation)	<p>"My anxiety stops me from stopping as a cigarette calms me down, I'm not ready yet"</p> <p>"I am a smoker, but I can't stop at the minute I have other stuff going on"</p>
		Users also thought they may experience the sense of failure as a way of being disappointed if they fail	"Fear of failure if I told everyone I quit and then started again"
		Participants felt being overseen and lectured	<p>" I did see the Smoking cessation team, they were helpful also annoying, and I felt under pressure sometimes"</p> <p>"If I go to Dr and ask to stop when it doesn't work, and I am back at Dr's they will tell me off"</p>
	Action plan for quitting	Service users felt that it is hard to get over the cues (cravings) that come with cessation	<p>"I will need to manage my urges and cravings with the use of the vape and resist the cravings"</p> <p>"It's the addiction and cravings that are difficult to manage"</p>

Enablers to Stopping Smoking			
Capability	Psychological preparedness and decision making for quitting	Participants mentioned that willpower and mindset were important	<p>"I would say it's attitude and how much you want to stop, willpower"</p> <p>"I didn't go to the doctor and would just use willpower. Think that willpower should be enough"</p> <p>"Feeling proud helped me to continue"</p>
Opportunity	Money saving for when quitting smoking	Save money was an enabler to stop smoking	<p>"It was easier to stop than I thought, it became more and more expensive to smoke, I just stopped on my own"</p> <p>"I also opened a separate bank account and put the money I would have spent on cigarettes into the account. I kept that account for years. To be honest I think it was the bank account that finally did it as I could see how much I was wasting."</p> <p>"I don't think I would ever resort back to fully smoking because it's so expensive which i think is good because it stops you wanting to buy it"</p>
	Family and social influence and support for quitting smoking	Support from family and social network were seen as enabler	<p>"My boyfriend didn't smoke so that made it easier. If he had smoked it would have been harder to quit"</p> <p>"Family members and friends were all stopping "</p> <p>"My social network stopped, and it was easy to stop too"</p>
	Environmental resources to support smoking cessation attempts	Support from professionals and availability of cessation resources was seen important enabler	<p>"Gave up 2 years ago, had support from my doctor and health adviser, best thing ever done"</p> <p>"Support to do it from professionals"</p> <p>"Smoking cessation class helped"</p> <p>"Yoga, football and activities help"</p>
Motivation	Beliefs and attitudes towards smoking	Age was seen as important enablers to quit smoking	<p>"I aged and felt it was time"</p> <p>"Fear of getting old "</p>
	Consequences about health outcomes	Participants mentioned that they were interested in physical health behaviour change (fear of potential ill health) and current health implications	<p>"I stopped smoking for health reasons. I am worried about having a stroke. I am getting older and wanting to feel well"</p> <p>"scared of being ill"</p> <p>"I want to live a long and healthy life"</p> <p>"I've got COPD so I had to stop"</p> <p>"I gave up smoking three years ago because it was affecting my physical health. I just decided that enough is enough and I don't want anything to make my health worse, so I stopped. I haven't smoked since"</p> <p>"Stopped about eight months ago following hospitalisation because of covid. My health was the motivation to stop smoking."</p>

# Issues in Stopping Smoking

Capability	Preparedness of smoking cessation	Users felt that mindset was important to quit smoking	<p>"Mindset seems to be the key"</p> <p>"I think you need to be in the full mindset of not wanting to smoke anymore for anything to be successful"</p> <p>"it is all mindset, if you look at the benefits of not smoking compared to the effects smoking has on one's life people may give up easier"</p>
		Mental health (in general) was seen important	<p>"Someone taking the time to look at the whole situation around health and mental health and address this first."</p> <p>"It is about a sort of lifestyle and habit that makes things easier - again it is linked to mental health"</p>
	Knowledge of steps to stop smoking	Users were identified determination as an important overcome barrier	<p>"If you are really determined you can give up!"</p> <p>"Being strong-willed"</p> <p>"Used willpower and did not go to the doctor"</p>
Opportunity	Environmental barriers to quit smoking	Busy lifestyle was highlighted as key to keep smoke free	<p>"Keeping motivated and busy"</p> <p>"keeping motivated and busy and changing habits - especially after meals"</p> <p>"It was difficult for the first few weeks they found things to take their mind of it in the garden"</p>
		Finances were seen as barrier	"struggling with finances, once I sort out that it should reduce the stress and I can think about stopping smoking"
	Social and professional influence to quit smoking	Family, friends and professional support help users to continue smoke free.	<p>"Family and children are great motivators"</p> <p>"Addition to his family structure and the support of his wife"</p> <p>"Also speaking to each other and working together collectively to support and encourage each other."</p> <p>"Work with some of the other men who stopped"</p> <p>"that the attitude of professionals can have a massive impact on clients"</p> <p>"Men's health workshop highlighting the positive short- and long-term gains in stopping smoking, related to both health and economics."</p>
		Resources provided to quit smoking	Users highlighted importance to support received from the services seeking a long term support.
Motivation	Confidence in quitting	Users highlighted that being on control of the process helped them to overcome barriers	"feeling in control of the process was key"

# Health and Health Services

Capability	Skills capacity to stop smoking	Digital literacy was identified as barrier for the users to register with the services	<p>"Doctor told me to go on a website to self-refer but because I have very poor computer skills, I didn't know how it do this."</p> <p>"I was given a self-referral link via text if you are not good at technology like me then the link was a waste of time"</p>
Opportunity	Resources to stop smoking cessation	Users vape as a method for quitting and not enough ongoing support as important parts of health services.	<p>"It cheaper and easier to buy tobacco then the patches and started smoking again"</p> <p>"vapes cost too much"</p> <p>"I did quit smoking last year through the NHS, they really helped me and i was given a free vape to help me quit which I managed to do and then once I was proven to quit, I also got a £30 love to shop voucher that felt like a good incentive. however, I do find now that I'm dependant on the Vape which really, I don't think is much better then actually smoking, I do wish they would offer extended support to then come off the vape"</p> <p>"Used patches and tablets but found it very hard. Tried for a couple of months, I received no support after the initial visit"</p> <p>"I don't think they give you enough ongoing support or nicotine replacement substances to fully get through the hard part"</p> <p>" I went back to GP and tried champix again, but it wasn't as effective the second time"</p>
	Organization culture to stop smoking	Users mentioned that there was long wait time for an appointment but acknowledged the staff members were helpful.	<p>"I know about smoking cessation but know it would be a long wait"</p> <p>"Doctors were OK but had to wait ages for an appointment and the chemist doesn't really know what's going on"</p> <p>"For a short period of time using "patches" via the N.H.S , the doctors prescribed the prescription and never followed up, so it was easier to go by a packet of fags and start smoking again rather than making appointments with the GP"</p> <p>"the waiting times to be referred to or even see a profession is too long"</p>
Motivation	Consequences about smoking cessation	Users mentioned getting side effects when using NRT	<p>"champix gave me very vivid dreams"</p> <p>"I was given champix for 12 weeks, gave me really vivid dreams but not necessarily unpleasant ones just very vivid"</p>

The background features several decorative elements: a pink circle at the top center, a yellow circle on the left edge, a light blue circle at the bottom left, a grey circle on the right, and a large, multi-colored abstract shape on the right side that resembles a stylized figure or a dynamic swoosh. The colors of this shape include yellow, light blue, pink, and green.

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