



Reducing smoking prevalence in an area of increased deprivation with cross sector working: Townships 1 Sheffield Primary Care Network

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Background

Primary care has a unique role in supporting both the prevention and treatment of Tobacco addiction. Work to reduce smoking prevalence can prevent harm and significantly improve outcomes in health [i]. Smoking remains the biggest killer in Sheffield. Long-term smokers die on average 10 years earlier, but before this many will spend years in poor health living with a serious smoking-related illness [ii].

Tackling smoking effectively through comprehensive tobacco control, not just cessation, is part of the solution. This approach can lift people out of poverty, levelling up and reducing health inequalities as well as helping to build resilience in health and social care systems and boosting the local economy[iii].

Hackenthorpe medical centre has significantly higher smoking prevalence compared to the rest of the Primary Care Network (PCN). Prevalence is 21.8% compared to a PCN average of 15.4% and a CCG average of 15.7%.

Hackenthorpe is the most deprived practice area in the PCN with an IMD decile of 3 while the other practices range between 4-7. The next most deprived practice area is Crystal Peaks but smoking prevalence there is nearer to the PCN average at just over 15%.

Action Plan

Communication and collaboration

- We reviewed processes within the GP practice in partnership with city wide Smokefree Sheffield Service.
- A baseline survey was undertaken as part of this processes.
- We supported a staff training programme to improve staff confidence.
- We streamlined the referral process with regular reviews of referral figures.
- The partnership with Public Health allowed for a media and marketing campaign to challenge social norms with new graphics.
- Stickers were placed in areas of high footfall or dwell time — entrances, reception areas and waiting rooms, avoiding crowded notice boards — and a slideshow was created for TV screens in waiting areas to grab attention.
- The presence of the “You are strong enough” campaign, with specific messages in the GP surgeries, aimed to increase conversations about quitting, harm reduction and switching to vaping and increase the number of people who access support from the service.
- The You Are Strong Enough campaign graphics included localised calls to action, eg “Speak to your doctor...” or “Ask at reception...”.

Tackling barriers and wider determinants of health

- Survey sent out to all patients to gauge knowledge on smoke free services
- Community health event held in partnership with our community and voluntary sector colleagues.
- PCN funded a community connector role to reach communities who are underserved.
- Social prescribing colleagues attended training and now have mainstreamed tobacco control interventions as part of their work. They also support the programme by addressing barriers such as social, economic and environmental issues that might be getting in the way of quit attempt (debt, housing issues, no social support, loneliness).

Social Norms and culture

- The PCN funded a community connector role to be an advocate for patients, working to empower and share local knowledge and support. The community connector has sought out those that don’t engage with health, which has involved attendance at food banks, toddler groups, cafes, libraries, and local events.
- The community connector has had successful engagement with community groups and leaders to increase reach of information.
- Service user led Quit together group developed to gain insight and inform service improvements
- Local work amplified the citywide tobacco control strategy- large scale change requires lots of small changes – for example understanding what illegal tobacco is and how to report sales.
- Becoming a smoke free GP site as part of the aim to achieve city-wide smoke free status. De-normalising smoking as an acceptable behaviour whilst emphasising compassion for smokers who are addicted and need support with their chronic condition.

References:

- [i] Legal smoking age in England should rise every year, review recommends | The BMJ
- [ii] Up in Smoke How Tobacco Drives Economic and Health Inequalities Sheffield Position ASH 2022.
- [iii] Royal College of Physicians and Action on Smoking and Health. ASH at 50: stubbing out smoking since 1971. London: RCP, ASH 2021 Smoking and health 2021_full report_0 (4).pdf
- [iv] End of Smoking 2019 The-End-of-Smoking_final.pdf (ash.org.uk)

What we did

Our approach is underpinned by behavioural science models (COM-B and EAST)[iv] to make it as easy as possible for people to quit their addiction for good. We implemented interventions that impact on a range of environmental, social, economic, and behavioural factors that influence smoking behaviour and made it easier for smokers to stop, and harder for children to start smoking.

This included creating more opportunities onsite for smokers to quit (face to face/telephone support), delivering brief interventions to all smokers, creating smokefree environments that change culture and make smokefree the norm, and delivering a communication campaign (“You are strong enough”) to increase awareness of FREE stop smoking support available including nicotine replacement therapy and vapes for up to 12 weeks. Throughout we took a harm reduction approach and aimed to build confidence in our patients self-belief in their ability to quit.

We developed Quit packs that enabled healthcare staff to open valuable conversations with people willing to undertake a quit attempt, motivating them to carry on with their smokefree journey. They were given out to patients starting out on a quit attempt or patients who were contemplating quitting in the near future.

Quit packs contained:

- A stop smoking service leaflet detailing the process
- A quit calendar and stickers to help detail their journey
- A fidget toy to help with distractions/cravings
- An e-cigarette leaflet to encourage switching for those who did not want to quit.

Training was provided for staff on tobacco control across the practice and wider PCN. We employed a community engagement officer working to reduce barriers (including wider determinants of health) to accessing support and enable participation. This included referrals to social prescribers as needed.

Health services can’t stretch to tackle the wider effects that influence addiction within our communities alone. To do this we need a joined-up approach across health, social care and voluntary community sectors as well as a focus on reaching underserved populations.

Key stakeholders were brought together including: traditional health partners, colleagues from social care, the voluntary sector and public health., The PCN and South Yorkshire ICB. We connected with The Institute for Voluntary Action Research’ (IVAR) who helped facilitate Connecting Health Communities’ work We hosted partnership sessions with representation from all parties and developed an action plan (Figure 1).

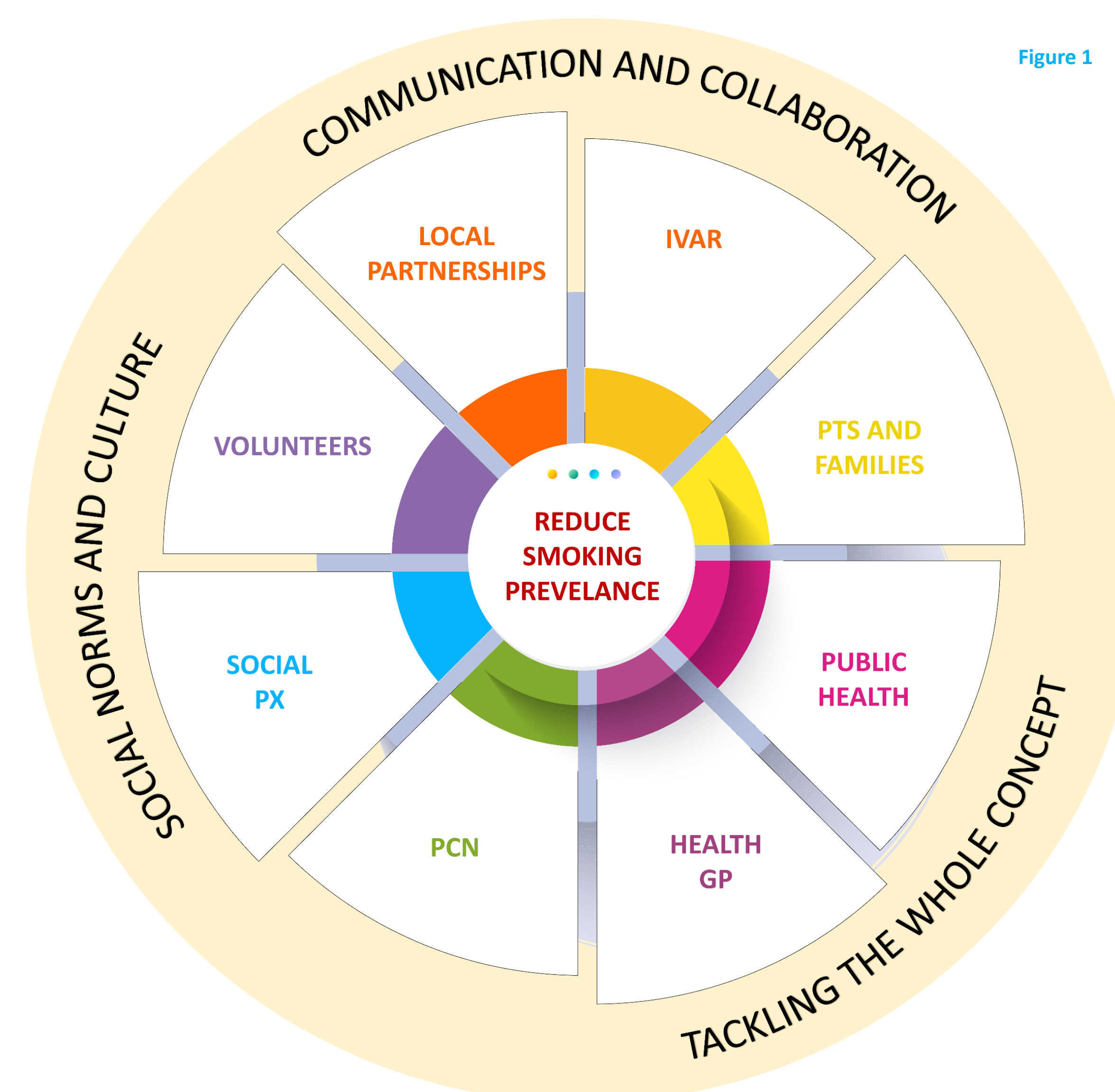


Figure 1

PCN learning

The following themes were identified as enablers of the work:

- Making resources available for long-term, cross-sector, neighbourhood work (including people and finance)
- Taking health-related actions into communities – linking health with wider lifestyle change and empowerment.
- Promoting distributed, diverse, invested-in leadership and structures and power sharing.
- Culture shifts among health and care planning and delivery – for example, community-based nurses playing a role in strategic planning.
- Working across boundaries between different organisations.

Awareness of services

Smokers	Benchmark		Follow up	
	Aware	Used	Aware	Used
Local stop smoking advisor	34.6%	13.8%	57.0%	19.4%
Yorkshire Smokefree (NHS) phone line	26.4%	4.2%	25.6%	6.4%
Yorkshire Smokefree (NHS) website	33.3%	2.8%	19.5%	5.2%
Smokefree Support via Health Visiting Service	11.7%	2.1%	13.5%	2.1%

Outcomes achieved

- 70% increase in referrals to the stop smoking service since the start of the intervention.
- 50% increase in the number of 12 week quits achieved.
- Increased awareness of support available as a result of the “you are strong enough campaign”.
- 30% survey respondents had seen the campaign graphics.
- Awareness of Smokefree Sheffield increased after the campaign.
- 25 people from the follow up survey about the campaign claimed to have completely stopped smoking because they accessed stop smoking services (from 529 responses).
- 21 Quit packs given out to patients thinking about quitting in the near future.
- Onsite stop smoking clinics weekly.
- Working towards a smokefree site status
- Stronger collaboration and links with partners across the system – links to city approach to tobacco control and new interventions.
- Increase in staff confidence to deliver key smokefree messages.
- Employment of a community connector and increased trust and confidence from patients.
- Increase in referrals to community social prescribers.

This joined-up approach reflects the complex realities of people’s lives, rather than treating smoking as one isolated factor.

It’s also about changing social norms: *‘I saw a patient whose partner, parents and grandparents all smoked. She believed that all her family would always be smokers. Then I asked, “Does your little boy smoke?” and this opened up a conversation about her dreams for his future. She did give up – and now she’s a role model within that family showing that change is possible.’*

Now, rather than referring someone to a 12-week ‘stop smoking’ programme, it’s more about supporting people on their journey to one day being smoke free.

‘At the heart of the approach is the brief intervention: a conversation to help them realise that smoking doesn’t have to define them.’

Through the collaboration, the PCN gained a much deeper understanding of the reasons people struggle to stop smoking.

‘We learnt that conversations about smoking need to go way beyond signposting. You need to acknowledge that stopping smoking might not even be in their top 10 things to worry about. They might be thinking “My partner’s left me, my kid’s being bullied, and I can’t pay the rent.”’

