Evaluating the North East and North Cumbria NHS Staff Tobacco Dependency Offer

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Executive summary

Introduction

In the North East and North Cumbria (NENC), smoking prevalence rates remain high at 13.0% compared with the England average of 12.7%. Conversely, the NENC has one of the highest deprivation levels in the country. Smoking prevalence amongst routine and manual workers remains high across the region and remains a leading driver of health inequality for this population. Across the NENC Integrated Care Board (ICB), 21.5% of routine and manual workers are smokers contributing to 36,710 hospital admissions and 14,288 premature deaths in the NENC region annually (1) .

The NHS is the fifth largest employer in the world. In September 2017, NHS England employed 1.3 million staff. Staff smoking is costly to employers, through a reduction in productivity due to illness and time spent on smoking breaks, with staff smoking costing the NHS approximately £206 million each year, comprising of costs from sickness absence, smoking breaks, and sickness treatment costs (2). To address this, the North East and North Cumbria (NENC) Integrated Care Board (ICB), with the guidance and support of the Smokefree NHS Treating Tobacco Dependency Taskforce, implemented a Staff Tobacco Dependency Offer (STDO) pilot to assist a quit attempt in staff working in NHS settings, who self-identify as smokers. The service offered staff up to 12 weeks of free Nicotine Replacement Therapy (NRT) products and/or refillable e-cigarette as well as access to a free 12-weeks motivational support program with a trained stop smoking advisor, and was funded by NHS England. Alongside this support, premium access to the Smokefree App was also offered, offering flexible behavioural support alongside the support being offered by the stop smoking service.

Aim

This evaluation explored the experiences of NHS Staff who utilised and accessed the NENC STDO, including acceptability of the service, and barriers and enablers to access. The study had two objectives: (1) to determine the level of acceptability of the NHS Staff Tobacco Dependency Offer (STDO) pilot to service users; (2) to gather information on the experiences of accessing and using the NENC STDO.

Methods

A multi-method evaluation utilising a quantitative cross-sectional design (survey) and qualitative one-off semi-structured interviews. Quantitative data were collected from an online survey (paper copies were available) and analysed using descriptive statistics. Qualitative data were collected from service users through semi-structured one-to-one interviews. Data were analysed using thematic analysis.

Findings

68 participants provided valid **survey** responses, with participants ranging from 21-66 years of age (M = 43.92, SD = 12.27). Survey results reflect high acceptability with average responses ranging between 'acceptable' to 'completely acceptable' for General Acceptability of the NENC STDO (M = 4.59, Mdn = 5.00, SD = 0.72).

To explore survey responses in depth, 18 **interviews** were completed, with participants' ages ranging from 23-63 (M = 40.67, SD = 12.22). Thematic analysis revealed four themes representing service users' experience of the service: **Familiarity with service and ease of access**, which included comments regarding service advertisement and ease of engagement, **Suitability of the NRT/ E-Liquid Ordering Service** which suggested suitable options for NRT/E-Liquid and speed/ease of ordering/delivery, **Suitability of the Vape Kit Offered**, which included comments around technical

issues associated with the vape, and suggestions that the vape is a suitable option for kick-starting a quit journey, and finally, **Suitability of the Behavioural Support Offered (Smoking Cessation Advisors and App),** which included comments and recommendations around the support from advisors e.g., rapport building, and an insight into usage of the SmokeFree app.

Discussion and Recommendations

Overall, findings revealed high acceptability on the *general acceptability* construct of the Theoretical Framework of Acceptability (TFA) survey, meaning that on average, individuals felt that the NENC STDO was generally acceptable to them. Thematic analysis revealed themes pertaining to the experiences of service user engagement, including barriers such as service advertisement and technical issues with the vape and enablers such as contact with Smoking Cessation Advisors, have helped to shape practice recommendations suggested.

Research Recommendations

1. Barriers and enablers to the recruitment of "seldom heard populations" e.g., routine, and manual workers, to evaluations of services/interventions within NHS staff/ NENC NHS staff should be explored.
2. The effectiveness of smoking cessation services for NENC NHS staff using objective quit data e.g., CO monitoring should be explored further, along with longitudinal data on sustainability of quit attempts.
3. Improving the application of TFA constructs for smoking cessation and other services similar to this one should be explored, to ensure accessible and applicable wording of survey questions.

Policy and Practice Recommendations

Service promotion

1. Smoking cessation services to be made as widely accessible as possible to staff across different work settings e.g., utilising posters/word-of-mouth for front-line staff/routine manual workers, emails, and trust intranet pages for office-based workers;
2. If providing on-site support, ensure staff have an awareness of the service and the offer;

User engagement

3. To ensure that dedicated support for staff is readily available on site where possible;
4. If providing on-site support, to facilitate an in-person environment for users to create peer networks with other staff accessing the service where possible, to gain and harness peer support on their quit journeys;
5. Where support is provided, offer service users the scope to pre-book appointments for check-ins and tailoring the location and frequency of check-ins to the service user where possible, e.g., private rooms, phone calls or Zoom/Teams calls;
6. Service users to be sign-posted to features on the SmokeFree app e.g., online chat forums to create online peer networks with other people quitting smoking

Training

7. Improving frequency/quality of training for Smoking Cessation Advisors, where possible, to improve rapport building with service users;
8. Enhance knowledge of vaping by providing up-to date knowledge and evidence on the known effects/benefits of vaping in comparison to smoking;
9. Provide smoking advisors with knowledge and learning of the available vape options, to improve troubleshooting and overcoming any reported technical issues associated with vapes e.g., offering replacements etc.

Service quality and evaluation

10. Creating a space to provide service feedback, in order to routinely reflect on service user experience, and make regular improvements, where possible.

Glossary of Terms

Term/ Acronym	Definition
CNTW	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
LA	Local Authority
LA SSS	Local Authority Stop Smoking Services.
LTP	Long-Term Plan
NEAS	North East Ambulance Service
NENC	North East and North Cumbria
NENC ICB	North East and North Cumbria Integrated Care Board
NRT	Nicotine Replacement Therapy
Seldom Heard	Groups which may be underrepresented in research, or who face barriers to engaging with healthcare research (3) e.g., routine and manual workers.
STDO	Staff Tobacco Dependency Offer
Stop Smoking Advisors	I.e., working in local authority e.g., community pharmacies
TD	Tobacco Dependence
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
TDA	Tobacco Dependency Advisors (working inside the NHS)
TFA	Theoretical Framework of Acceptability, The TFA questionnaire is a brief and adaptable tool to measure intervention acceptability across a range of healthcare settings (4).

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1.0 Introduction

1.1 Rationale

In the North East and North Cumbria (NENC), smoking prevalence rates remain high at 13.0% compared with the England average of 12.7% (1). Conversely, the NENC has one of the highest deprivation levels in the country (5). Smoking continues to be the leading driver of health inequalities, with particularly high prevalence among routine and manual workers, with 22.5% of routine and manual workers in England, smoking in 2022. Across the NENC Integrated Care Board (ICB), 21.5% of routine and manual workers are smokers, contributing to 36,710 hospital admissions and 14,288 premature deaths in the NENC region annually (5).

The NHS is the fifth largest employer in the world. In September 2017, NHS England employed 1.3 million staff (6). While smoking rates amongst healthcare staff are typically lower than the general population average, a substantial number of NHS staff are likely to smoke (6). The data on the number of staff who smoke are not generally collected by employing NHS trusts or by occupational health. Staff smoking is costly to the employers through a reduction in productivity due to illness and time spent on smoking breaks (6). The NHS as an employer has an additional burden because it typically provides treatment for smoking-related illnesses (6). Therefore, the NHS would save on health costs of treating tobacco related illness, which can also positively impact the productivity of their staff (6) when support for staff smoking cessation is in place.

The Hiding in Plain Sight report (6) revealed the costs of smoking to the NHS as an employer of 1.3 million staff (as of 2017), with a substantial proportion of costs attributable to NHS staff who smoke. The report highlighted that staff smoking costs the NHS approximately £206 million each year, comprising £101 million from sickness absence, up to £99 million from smoking breaks and £6 million in sickness treatment costs (2).

In a study (7) of NHS staff within the Greater Manchester area, 19% of participants reported being active smokers, and 60% had high levels of dependency and smoked at work, while 10% reported as being current vapers. It has been reported that there is an increased risk of smoking within healthcare professionals due to high levels of workplace stress and long working hours (8,9) while some report that a barrier to not making a successful quit attempt is poor access to smoking cessation services (7,10).

More recently, under the national pilots funded by the NHSE, Greater Manchester Integrated Care Partnership launched a tobacco treatment offer for Greater Manchester-based NHS employees, which aimed to use a digital approach to smoking cessation by providing access to the Smokefree App free of charge and 12 weeks of nicotine replacement therapy (NRT) and/or a refillable vape device to staff (11). Data from two cohorts of NHS staff (n=300) suggests that implementation of this offer has reduced smoking rates with 12-week abstinence rates by 37-39% (11). Highest quit rates were reported when using NRT/vape in combination with the app, compared to the app alone (11). These findings, though promising, do not lend insight into the acceptability of the service from the perspective of users including the barriers and enablers to engagement, which may help to inform the feasibility and sustainability of implementing such a service to staff working in NHS settings. The study also provides limited information on the uptake and acceptability of the offer from staff across work settings, as it reports only to rates amongst hospital staff, despite smoking rates varying i.e., being higher amongst routine and manual workers (5). Therefore, the current evaluation aims to add to existing knowledge by addressing these gaps by exploring acceptability and collecting data on work setting of staff in a pilot of a staff tobacco dependency offer in the North East and North Cumbria. The current evaluation, therefore, applied a multi-method approach (survey data and

interview data with service users) to explore the extent to which the NHS Staff Tobacco Dependency Offer was acceptable for staff in the North East and North Cumbria (NENC), and identify any barriers/enablers to engagement which may affect successful quit rates. The NENC NHS Staff Tobacco Dependency Offer was implemented alongside the roll out of NHS funded tobacco dependency treatment services in acute inpatient, mental health inpatient, and maternity settings. Implementation of tobacco dependency treatment services in these settings was proposed by the NHS Long Term Plan (12)) to reduce tobacco related harms, and the NHS staff offer was developed to act as an enabler to this work by supporting NHS staff to quit smoking. NENC STDO was piloted from December 2021 until the 30th September 2023.

Evaluating this intervention, through exploring experiences of NHS staff who have accessed and utilised the NENC STDO, is important in determining the acceptability of the service, the views and attitudes of those who have accessed the service, while providing feedback on the service and potential barriers and enablers to access.

1.2 The Intervention

The NENC STDO aims to encourage NHS staff to access support to quit smoking by offering flexible registration to the service and behavioural? support combined with Nicotine Replacement Therapy (NRT) and/or refillable vape. The offer provides NHS staff who smoke with up to 12 weeks of free Nicotine Replacement Therapy (NRT) products and/or refillable e-cigarette as well as access to a free 12-week motivational support program with a trained stop smoking advisor. NHS staff includes not only all trust employed staff (including admin and clerical, medics, healthcare professionals and maternity etc.), but also staff employed by subsidiary companies (i.e., QE Facilities and Northumberland, Tyne and Wear (NTW) Solutions). Most routine and manual staff (i.e., porters and domestic staff etc.) are employed by these external companies and whilst they play a key role in the effective running of a hospital, may not be covered by the same occupational health and wellbeing offers as Trust staff. These staff were included in the offer as a target group as smoking prevalence is generally higher in routine and manual workforces (23.4%) than it is in managerial and professional workforces (9.3%).

The NENC STDO pilot was made up of two phases. Phase 1, was led by Gateshead Health NHS Foundation Trust on behalf of the NENC ICB, and ran from December 2021 to July-November 2022. Phase 2, started in July 2022 and was embedded within the existing Local Authority provision. However, the phase 1 model continued for people living in Hartlepool and North Cumbria due to the lack of service provision, however, this was classed as phase 2 for these two local regions.

Local authorities commission current smoking cessation services. Services vary depending on locality and local authority priorities. For example, some regions have specialist services which will often have a service manager and a full team of advisors who see smokers through a 12-week quit attempt, whereas other local authorities commission other services (i.e., pharmacies or GP practices) to deliver a 12-week-interventions on behalf of the local authority. Some Local Authorities, do not commission stop smoking services.

In most areas within the NENC, there is a 12-week service available to people living or working in that locality. The NENC STDO uplifted this offer for NHS staff who live or work in that locality to access free NRT (which is usually charged per item as a prescription cost) and/or a refillable vape alongside a 12-week behavioural support programme – all provided by the local authority smoking cessation service. In areas where there is not a commissioned 12-week service with the provision of NRT, then NHS staff were supported in house through a team at Gateshead Health NHS Foundation Trust. The vape offer introduced as part of the NENC STDO allowed staff to access a 12-week supply

of a refillable vaping device. Prior to this offer, there was only one local authority out of 13 in the North East providing vapes as standard for smoking cessation.

The service was advertised at all NENC NHS Trusts (i.e., digital/paper posters) detailing the nearest LA SSS and details on how to make a self-referral, with the exception of NEAS, CNTW and TEWV, which cover large geographical footprints. For staff working in NEAS, CNTW and TEWV, self-referral are directed to Gateshead which then get directed to their respective LA SSS.

NHS Staff are provided free NRT, and/or a refillable vape and a 12-week behavioural support package through the local authority or Gateshead Health NHS Foundation Trust (depending on the availability of services within their local region). The behavioural support provided can be provided remotely, as can the ordering of the refillable vape and vape liquid. Vape access may have differed across local authorities and trusts, with there being differences in supply between the vape kit offered on the regional offer, and localised offer of vapes in Trusts or Local Authority services. At the time of the evaluation, we were aware of at least one Local Authority and one Foundation Trust offering a different vape kit to staff.

One Foundation Trust began an in-house staff offer in June 2023, therefore staff accessing this offer were invited to provide feedback via this evaluation. This service was provided by the Smoking Cessation Advisors/Tobacco Dependency Advisors (TDAs) employed by the Trust who set up staff clinics alongside their role in supporting inpatients.

NENC Integrated Care Board (ICB) through the leadership of the Smokefree NHS/Treating Tobacco Dependency Taskforce also commission premium licenses for the Smokefree app (13), available to all residents regionally. The Smokefree app offers remote, flexible support 24/7 including access to trained advisors, live chat, and challenges among other features. Due to the nature of this working age population, the Smokefree app has been heavily promoted alongside the STDO to allow NHS staff to access behavioural support flexibly, regardless of their working hours. If staff choose to utilise the app, they will receive premium access for nine months.

1.3 Context – Evaluation Settings

The North East and North Cumbria Integrated Care Board (ICB) covers a total of 13 local authority areas (County Durham; Darlington; Gateshead; Hartlepool; Middlesbrough; Newcastle upon Tyne; North Cumbria; North Tyneside; Northumberland; Redcar and Cleveland; South Tyneside; Stockton-On-Tees; and Sunderland). In the NENC ICB, the ten NHS Trusts and one ambulance service employ 85,138 individuals (please see Table 1 for a breakdown); however, this number does not include those employed by NHS subsidiaries.

Table 1.

NENC Trusts number of employees as of October 2021 (14)

Trust	Staff Employed (N)
County Durham and Darlington NHS Foundation Trust	7659
Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust	7238
Gateshead Health NHS Foundation Trust	4,837
Newcastle Upon Tyne Hospitals NHS Foundation Trust	16456
Tees, Esk and Wear Valleys NHS Foundation Trust	7534
North Cumbria Integrated Care NHS Foundation Trust	6713
North East Ambulance Service NHS Foundation Trust	2879
North Tees and Hartlepool NHS Foundation Trust	5438
Northumbria Healthcare NHS Foundation Trust	8049
South Tees Hospitals NHS Foundation Trust	9490
South Tyneside and Sunderland NHS Foundation Trust	8845
Total	**85138**

2.0 Aims and Objectives

This evaluation aims to explore the experience of the NHS Staff who utilised and access the NENC STDO pilot, in phase 2, including acceptability of the new service, the barriers and enables to accessing the service. The objectives and evaluation questions are outlined below:

2.1 Evaluation Questions

1. How acceptable is the new NENC Staff Tobacco Dependency Offer (STDO) to the service user (NHS staff)?
2. What are service users' (NHS staff) experiences of accessing/using the NENC STDO?

2.2 Objectives

1. To determine the level of acceptability of the new NENC NHS Staff Tobacco Dependency Offer (STDO) to service users
2. To gather information on the experiences of accessing using the NENC STDO

3.0 Methods

A two-part multi-methods evaluation was undertaken, detailed below.

3.1 Survey

3.1.1 Design

A quantitative cross-sectional design, using a survey based on the Theoretical Framework of Acceptability (TFA) (15). The TFA questionnaire is a brief and adaptable tool to measure intervention acceptability across a range of healthcare settings (16). The TFA consists of eight constructs; Affective Attitude, Burden, Ethicality, Effectiveness, Coherence, Self-Efficacy, Opportunity Costs, and

overall General Acceptability. Participants respond to the survey on a Likert scale from 1-5 depending on the context of the question e.g., Strongly Disagree to Strongly Agree. See Appendix B for the full survey.

3.1.2 Participant selection and recruitment

A non-probability sampling approach (i.e., a combination of convenience and snowball techniques) to participant recruitment was undertaken, using pre-specified eligibility criteria.

Inclusion criteria:

- Staff employed, or a subsidy of one of the named NENC NHS Trusts (County Durham and Darlington NHS FT; Cumbria, Northumberland, Tyne and Wear NHS FT; Gateshead Health NHS FT; Newcastle upon Tyne Hospitals NHS FT; Tees, Esk and Wear Valleys NHS FT; North Cumbria Integrated Care NHS FT; North East Ambulance Service NHS FT; North Tees and Hartlepool NHS FT; Northumbria Healthcare NHS FT; South Tees Hospitals NHS FT; South Tyneside and Sunderland NHS FT);
- Staff self-identify as smoking tobacco products, or as previously smoking tobacco products;
- Currently engaging with the NENC STDO service or engaged but withdrew from the NENC STDO service or engaged and completed the course of treatment provided by the NENC STDO service.

3.1.3 Data collection

Participation was voluntary and participants were recruited by email through the stop smoking service e.g., by providing a QR for sharing with potential participants to facilitate completion of the survey online, and paper copies for those who preferred to complete the survey physically. This QR code was also displayed on recruitment posters and internal trust communications (Appendix A) shared by members of the ICS NENC team (Caitlin Robinson and Rachel McIlvenna) (i.e., through email notifications, NHS Trust closed Facebook page etc.) and through word-of-mouth. Completed questionnaires were returned directly to the research team at Newcastle University.

Participants were then asked to read a participant information sheet (Appendix C) and complete a consent form (Appendix D) embedded into the survey platform prior to participation. The survey took no longer than 15 minutes to complete. There was an opportunity at the end of the survey, for participants to leave a contact email address/phone number, should they wish to participate in an in-depth interview. Participants were made aware of a £15 Love2Shop voucher being offered after being interviewed, as a thank you for their time.

3.1.4 Data analysis

Data was managed between IBM SPSS Statistics (Version 27) and STATA (17) . Questionnaires were analysed descriptively, using absolute and relative frequencies. Descriptive Statistics (mean (M) and median (Mdn) along with standard deviation, standard error, and 95% confidence intervals, for each of the seven TFA constructs were obtained. Higher scores on TFA constructs are suggestive of higher acceptability (16), with three of the seven constructs being reverse scored (Burden, Ethicality, and Costs) .

3.2 Interviews

3.2.1 Design

A qualitative analysis of one-to-one semi-structured interviews with NHS employees who are utilising, or have utilised, the NHS STDO NENC.

3.2.2 Participant selection and recruitment

Participants were recruited to participate in one-off interviews (either face-to-face or online). Approximately 20 service users (NHS Staff) were aimed to be recruited from all 10 NENC NHS trusts and the North East Ambulance Services (total=11). Purposeful and snowballing sampling were used, following the eligibility criteria as above (3.1.2).

Participants who completed the survey had the option to share their contact information (i.e., email address/phone number) if they wanted to be invited to interview. Participation was voluntary, and those who expressed interest in taking part, were given a participant information sheet (Appendix E) within a recruitment email (Appendix F). The same procedure was following for anyone who contacted the researchers with interest to take part in the interview directly from posters. Following this if the individual still wished to participate then a consent form was provided with written consent collected (Appendix G). Audio recorded consent was collected prior to participation if a consent form was not returned. Participants were also followed up with follow-up emails (Appendix H) or phone calls at three time points (once a week for three weeks after initial recruitment). Interviews were audio recorded and transcribed verbatim (by an external transcription company). Following interviews, participants were provided with a debrief form (Appendix I).

3.2.3 Data collection

A bespoke topic guide (Appendix J) informed by existing literature and (TFA) (4), was used to gather the experiences and perspective of the service users who have engaged with the NENC STDO. Interviews were semi-structured, allowing for flexible, open discussion. Broad interview topics included: how they accessed the service; their thoughts and perspectives of using the service; the barriers to interacting with the service.

Interviews lasted approximately 30-45 minutes, and took place over Microsoft Teams or telephone, depending on participant preference. Interview participants were provided with a £15 Love2Shop voucher as a thank you for their time.

3.2.4 Data analysis

Interview data were managed using NVivo (18), and were analysed thematically (19), using deductive and inductive approaches. Deductive coding allowed us to draw on and build upon the salient TFA constructs from the survey (Affective Attitude, Burden, Ethicality, Effectiveness, Coherence, Self-Efficacy, Opportunity Costs and General Acceptability), while also inductively coding (i.e., coding from the data) to identify key themes relating to acceptability and user experience that might not otherwise fit into any of the TFA constructs. Data analysis followed a six-phase approach (19), outlined below.

Phase 1. Familiarisation
This phase involves the researching immersing themselves in the data by reading and rereading the transcripts.

Phase 2. Generating initial codes
Phase 2 initiates the systematic analysis of data through coding.

Phase 3. Searching for themes
Phase 3 allows for the analysis to shift from codes to themes. This phase involves reviewing the coded data to identify areas of similarity and overlap between codes.

Phase 4. Reviewing potential themes

This phase involves reviewing the developing themes in relation to the coded data and the entire data set, ensuring themes link appropriately to the coded data.

Phase 5. Defining and naming themes
This phase involves writing definitions and naming the themes.

Phase 6. Producing the report
This phase involves constructing the narrative of the data based on the analysis.

The first author (CT) conducted all interviews, coded each transcript, and met regularly with the wider research team (KBT and RA) to discuss initial codes and develop a codebook to facilitate consistency in coding. CT proceeded with independent coding of the remainder of the transcripts, with regular meetings held to discuss patterns in the data. CT led discussion on developing and refining themes, and writing up the results, with the support from the wider research team (KBT and RA).

4.0 Ethical considerations

Discussing smoking with participants during interviews had the potential to cause distress due to the stigma associated with smoking (20). To minimise harms, researchers ensured that interviewers facilitate a relaxed and non-stigmatising environment through seeking input from stakeholders and public members. Participants were also signposted to sources of support in case of emotional distress (i.e., contact details for Mind and other relevant charities, GP, or other relevant healthcare professional), and were reassured that they could take breaks, only respond to questions they feel comfortable answering, and stop the interview at any point. Participants were reminded that participation is entirely voluntary, and that they could withdraw from the study at any point before the data is anonymised, before providing fully informed consent ahead of participation.

5.0 Findings

5.1 Survey

5.1.1 Participant Demographics

A total of 133 responses (110 online; 23 paper) were received. Of these, n= 65 were duplicates, incomplete, or invalid. Thus, a final sample of N= 68 was entered into the analysis. Of the 68, 64 respondents provided their age, (M = 43.92, Mdn = 43.50, SD = 12.27). For an overview of participant demographics, see Table 2.

Table 2.

An Overview of Survey Sample Demographics (N= 68).

Demographic		**N (%)**
Gender	Male	19 (27.94)
	Female	49 (72.06)
Ethnicity	White – British	66 (97.06)
	White – Other	1 (1.47)
	Black or Black-British-African	1 (1.47)
Local Authority Accessed	Newcastle Council (provided by Change Grow Live)	4 (5.88)
	North Tyneside Council	2 (2.94)
	Hartlepool Council	1 (1.47)
	Stockton-On-Tees Council	2 (2.94)

Demographic		N (%)
	Sunderland Council	2 (2.94)
	Northumberland Council	3 (4.41)
	Gateshead Council (including QEF outpatient pharmacy)	2 (2.94)
	Tees, Esk and Wear Valley NHS Foundation Trust	22 (32.35)
	North Cumbria (provided by Gateshead Health Staff Team or NHS Smoke Free App)	11 (16.18)
	Durham County Council (provided by ABL Health)*	4 (5.88)
	SmokeFree Staff Team - Gateshead Health	4 (5.88)
	I Don't Know	7 (10.29)
	South Tees Stop Smoking Service	0 (0.00)
	South Tyneside Council	0 (0.00)
	Durham County Council (provided by ABL Health) and TEWVS (selected two)	4 (4.88)
Work Setting	Allied Healthcare Professional	7 (10.29)
	Nursing and Midwifery	13 (19.12)
	Community Services	2 (2.94)
	Clinical Support Staff/ Healthcare Assistant	17 (25.00)
	Admin and Clerical	14 (20.59)
	Porting and Estates	5 (7.35)
	Domestic Services and Catering	4 (5.88)
	Corporate Services	1 (1.47)
	Medical Professional	2 (2.94)
	Other	1 (1.47)
	No response	2 (2.94)

**Note:* Staff working or living in Darlington would have accessed Durham County Council's service provided by ABL Health.

5.1.2 Survey

Results from the survey revealed a high overall Mean of 4.585 (SD = 0.715, Mdn = 5.00) (whereby 1 represents low acceptability and 5 represents high acceptability) for general acceptability of the service For reverse scored constructs e.g., Burden, which represents how effortful individuals perceived the NENC STDO, means reflect scores averaging around a 'little' to 'no effort' (M = 4.108, SD = 1.331, Mdn = 5.00). Ethicality, which is also a reverse scored construct, reflects the extent to which engaging in the NENC STDO had moral or ethical consequences, had responses average around 'no opinion' (M = 3.123, SD = 1.390, Mdn = 3.00). The final reverse scored construct, Opportunity Costs, which represents the extent to which engagement in the NENC STDO interfered with other priorities, responses averaged around 'no opinion' to 'disagree' (M = 3.754, SD= 1.480, Mdn = 4.00).

For Affective Attitude, which reflects how comfortable individuals felt with engaging in the NENC STDO, means reflect average scores between 'comfortable' to 'very comfortable' (M = 3.877, SD = 1.552, Mdn =5.00). Effectiveness, i.e., the extent to which the intervention is perceived to have achieved its objective, demonstrated averages around 'agree' to 'strongly agree' in responses to "The NHS Staff Tobacco Dependency Offer (STDO) has aided me in a quit attempt" (M=4.462, SD= 0.801, Mdn = 5.00). Coherence, which is the extent to which participants understand how the intervention works responses, on average responded to the statement "it is clear to me how the NHS Staff Tobacco Dependency Offer (STDO) will help me in a quit attempt" with agree to strongly

agree (M = 4.477 SD = 0.783, Mdn = 5.00). Self-efficacy, which represents how confident individuals felt about engaging with the NENC STDO, means represent average responses around 'confident' to 'very confident' (M=4.477, SD=0.763, Mdn = 5.00).

Averages for each TFA construct, along with standard deviation, standard error and 95% confidence intervals are reported in Table 3.

Table 3.

Summary of Descriptive Measures of Each TFA Construct from Survey Results

TFA Construct	Mean (SD)	Median	Standard Error	95% CI
Affective Attitude	3.877 (1.552)	5.00	0.196	3.486-4.268
Burden	4.108 (1.331)	5.00	0.161	3.785-4.430
Ethicality	3.123 (1.390)	3.00	0.172	2.780-3.467
Effectiveness	4.462 (0.801)	5.00	0.101	4.260-4.663
Coherence	4.477 (0.783)	5.00	0.082	4.312-4.641
Self-Efficacy	4.477 (0.763)	5.00	0.096	4.285-4.668
Opportunity Costs	3.754 (1.480)	4.00	0.185	3.385-4.123
General Acceptability	4.585 (0.715)	5.00	0.090	4.405-4.765

5.2 5.2 Interview

5.2.1 Interview Sample Demographics

A total of 18 interviews were conducted. Participants' age ranged from 23 to 63 years (M = 40.67, Mdn =37.5, SD = 12.22). A breakdown of sample demographics including gender, ethnicity, local authority accessed, work setting, trust employed at, and UK education level can be viewed in Table 4.

Table 4.

Interview Sample Demographics (N= 18).

Demographic		N (%)
Gender	Male	7 (38.89)
	Female	11 (61.11)
Ethnicity	White – British	16 (88.89)
	Black or Black-British-African	2 (11.11)
Local Authority Accessed	North Tyneside Council	2 (11.11)
	Northumberland Council	1 (5.56)
	Tees, Esk and Wear Valley NHS Foundation Trust	3 (16.67)
	Smokefree Staff Team - Gateshead Health	4 (22.22)
	Unknown	8 (44.44)
Work Setting	Nursing and Midwifery	5 (27.78)
	Clinical Support Staff/ Healthcare Assistant	6 (33.33)

Demographic		N (%)
	Admin and Clerical	5 (27.78)
	Domestic Services and Catering	1 (5.56)
	Corporate Services	1 (5.56)
Trust Employed at	Northumbria Healthcare	3 (16.67)
	North Cumbria Integrated Care	5 (27.78)
	Cumbria, Northumberland, Tyne and Wear	2 (11.11)
	Tees, Esk, Wear and Valley	6 (33.33)
	Newcastle Hospitals	2 (11.11)
UK Educational Level[1]	Level 1	3 (16.67)
	Level 2	0 (0.00)
	Level 3	5 (27.78)
	Level 4	0 (0.00)
	Level 5	3 (16.67)
	Level 6	5 (27.78)
	Level 7	2 (11.11)

5.2.2 Themes

Four themes were identified relating to familiarity and ease of service access, suitability of the NRT/ E-liquid ordering service, suitability of the vape kit/ E-Liquid product, and suitability of the behavioural support offered from Smoking Cessation Advisors. Each of the themes is discussed in turn.

Familiarity with the service and ease of access

Participants identified familiarity with the service, such as through advertisement and general awareness of the service as both an enabler and barrier. For example, some participants noted the service was well-advertised, whilst others reported that not enough staff were aware of the service depending on whether they were office-based or frontline. For example, participants noted that the service was advertised well for computer-based access e.g., using QR codes, emails, Trust intranet pages, which could limit the type of workers it reaches:

"There is posters everywhere on our site anyway. And they're pretty much everywhere you see them about, and visiting the wards etc." (P011).

"I definitely do think there could be posters within the workplace about it. You know, maybe because with working in [Town 1], sometimes they do like little stalls where the canteen is, for more information and all that. It would be nice if they did a pop up there" (P004)

"No. It's on our internet, I think, at the moment which we go on… but obviously some people who we work with, say domestics and stuff like that, don't really access the computers that often, and they might not know how to... I think

[1] Note: Examples of UK Education Levels as per Gov.uk website (21); Entry Level: Entry Level Awards, Level 1: GCSE grades 3, 2, 1 or grades D, E, F, G, Level 2: GCSE grades 9, 8, 7, 6, 5, 4 or grades A*, A, B, C, Level 3: A-Levels, Level 4: certificate of higher education (CertHE), Level 5: foundation degree, Level 6: degree apprenticeship or degree with honours (e.g., BA or BSc), Level 7: master's degree (MSc or MA).

sometimes, as well, having posters up and stuff like that, and things like that, where people who haven't got as much IT skills can still see it" (P005);

However, once participants were acquainted with the service, accessing was thought to be easy, particularly for those who worked in trusts with dedicated staff support to quit on site. Staff also generally reported that accessing the service was deemed convenient as they could access it through work, which was also seen as a motivating factor for engagement:

"I didn't expect it to be how easy as it was. I didn't expect it to be as quick as it was. The options they had. I didn't expect it to be that easy" (P004).

"Yeah, so it was very easy to do. Because I think they're here from two o'clock on a Thursday until four o'clock so you can just pop down whenever you're free" (P024); "I think the man that provides the service for us is quite friendly and confident and he'll come to you and stuff. I think it's quite easy". (P010).

"I just thought with it being at work, it's a lot easier, easy access and it seemed easier to come with work rather than try and go to the doctors to get help. I just thought it was easier and had to give it a try." (P008).

Suitability of the NRT/ E-Liquid Ordering Service

Participants reported general satisfaction with NRT and E-Liquid options and amount being offered at initial point of access, and throughout the duration of their service access, as well as a general ability to access their desired form of NRT:

"Well, first of all, I had patches. But first of all I had the little white atomiser? It's like an inhaler, a little white one. But I didn't like that, and I wasn't getting anywhere with it. So I rang and told her. And they put me on the waiting list for the vapes, which I now I have." (009);

"There was quite a good choice of liquids really from I'll just say watermelon to strawberry, any flavour that you wanted in your milligrams of nicotine that you wanted was there if you like. You could, you had a choice really of like you could I'll just say pick one of watermelon, another of strawberry, another of raspberry ice or whatever flavour you wanted was there" (015).

"I can't remember how many bottles I got. I think it was maybe about, it was quite a lot, maybe about six or eight. They did last me for a few months." (P014).

Furthermore, participants reported general acceptability and speed of the service's ordering and delivery service for E-Liquids:

"So I've got in touch, and it was really efficient, I filled out some paperwork and that, and then I think it was within two days I got a vape that came through with a month's liquid, which was great." (P005);

"And how easy it was to get that once you'd opted in to get everything delivered to your house and then that continued delivery, you just ordered it online. And I did it. It was really easy" (P013);

Suitability of the Vape Kit offered

Of the participants who accessed the vape, some commented on the quality of the vape kit offered, for example, technical issues associated with their use

> *"Yeah, the vape, the first vape that I got given wouldn't charge so initially it was fine but then it wouldn't charge... I ended up having to ring and they gave me some advice… And that got that going again and then I replaced it a third time. In those three months, I replaced the vape three times." (P013).*

> *"They keep giving me ones to try but I think, I don't know, I don't think they're the most suitable vapes. They kept breaking and the pods kept popping out." (P008).*

Many, however complimented the vape kit given by the service as being a promising starting point for their quit journey, with others reporting the vape kit as prompting continued engagement with vaping to facilitate their quit beyond the service. The free vape kit in itself was also seen as a motivating factor for signing up to the service, and motivation for beginning their quit journey.

> *"I think it's a good service and as I say I think for me I obviously got the kind of free equipment and juice to get started but from that, that's just been the kind of, the start really of kind of kickstarting me into stopping and it has been successful for me". (P003).*

> *"It is because I think as I said because it was just literally just after the New Year and I was skint and so I thought I really need to stop smoking and, but I probably might not have done anything about it especially as you say having to go, I mean I think it would probably cost about £40 to buy a decent vape and the coils and the liquids to start off with. Because it was sort of there, someone staring me in the face and saying, "Look you can have this starter kit", I was like oh that's brilliant. I'm going to try that and for me it worked and it did come at the right time."* (P014).

Suitability of the Behavioural Support Offered (Smoking Cessation Advisors and App)

Many participants reported on the good communication between advisors and users, commenting that the regular contact with advisors helped to facilitate their successful quit. Some participants suggested that they could have benefitted from a stronger rapport being built, possibly with advisors having greater knowledge and experience e.g., on vaping effects, to improve upon building strong rapport.

> *"Every Wednesday they were ringing us without fail, like literally, it was like I think at 10 on the dot every single Wednesday. A lovely lass. Obviously because of the issue that I had with my GP, initially before I kind of could get the vape and the patches, there was a bit of an issue there, but they were so supportive and so helpful. And then once obviously I got going they would ring us every Wednesday. If I needed a new prescription of the patches they'd send them to the pharmacy. I'd go and collect them. They were asking how I was getting on. Was I thinking about having a cigarette? Have I had a cigarette? It was really positive like it really was" (P006).*

"For me when I first spoke to the person, and I was just signing it they were just not really interested in what I was thinking or what I was doing. They just wanted me to sign the papers and just leave. I felt like I was not really welcomed" (P007);

"Or even if they got advisers who are ex-smokers or something so they could have a chat about it. Who's got a lot more knowledge… I just think they should have possibly got people who has actually got experience in it. I think that's the only downfall. (P008).

Some participants reported having expected more behavioural support from the service, something which they would have seen as benefitting them on their quit journeys. Also, participants found telephone contact with Smoking Cessation Advisors less acceptable than other modalities e.g., face to face. Nevertheless, for those accessing in-person Smoking Cessation Advisors appointments, some found the drop-in structure challenging to access e.g., location of appointments.

"I think that I anticipated more. I mean obviously you're not going to do too much because people are busy but I thought there would have been more than I actually did and I think at some points I was maybe a little bit disappointed as well because I was like well I kind of wanted to, been quite successful, be good to kind of you know even at nearly 40 you still like a little bit of praise every now and then" (P003);

"They would just say, "I'll give you a ring in a couple of weeks" but you wouldn't know when it would be. Might miss a call if you were at work, do you know what I mean. It would just be totally random…I personally would prefer a face-to-face because then you can be honest" (P016).

"I do think as well, my first initial visit, I think it should be somewhere a bit more private than in an open area… it was like in the middle of reception... I just think it could possibly have been somewhere a bit more private". (P008).

Participants did suggest methods of improving accessibility to support, for example, signposting to peer support available e.g., through the SmokeFree app, or the creation of peer networks by the advisor team to other make connections with other people accessing the service.

"Like a cessation support group, with other smokers, going through, we can go and talk about their experiences…Then from a support group people create like WhatsApp chats or teams chats or whatever, you can say whatever in the middle of the night, ready to rip my hair, whatever, you know. Somebody that you can contact, that other people can contact without feeling they're being a bother." (P001)

"Yeah, that would have been good actually to talk to other people that were going through the same thing. And not necessarily like meeting up and having a coffee or anything but being able to just either have a Teams meet, just different ways of having that support I think." (P013)

With regards to the Smoke Free App, some participants reported being able to utilise tips offered on the app to aid with their quit, whilst other comments suggested that it may not be suitable for supporting a quit attempt alone, working best in conjunction with other support e.g., behavioural and/ or NRT.

"…and I think I did actually download it at first but and there was, I know I'd read about stuff about, I did actually get a stress ball actually" (P003).

"it'll tell me how many days, and how much I've saved. Like really? If you're going to stop smoking there's a lot of things, financial was a massive thing for me. But I think that there's more things that people need to able to stop smoking, than what day are you on, and how much have you saved, do you know what I mean?" (P001).

6.0 Discussion

Our survey findings revealed that generally, participants found the service to be acceptable. Qualitative findings reflect barriers and enablers to engaging in the service provide insight into service user experience of the product and support offered. Findings are discussed in detail below.

6.1 Survey

Survey data revealed high acceptability of the service, with an average overall acceptability score of 4.85 out of 5, with low variation across responses. High acceptability of the service presents as a necessary condition for effective implementation of an intervention, with higher acceptability improving likelihood of adherence and improved clinical outcomes (4). With regards to each TFA construct, results revealed an average of 3.877 for Affective Attitude, demonstrating that responses, on average, ranged between no opinion and comfortable in response to how comfortable an individual felt about engaging in the NENC STDO service. Since variation was greater for this construct, the median may provide a better reflection of average responses, which for affective attitude was 5.00, suggesting that participants generally felt very comfortable engaging in the NENC STDO.

With regards to Burden, Ethicality, and Costs, it is important to note that these constructs are reversed scored, therefore a higher score is reflective of higher acceptability. For example, a mean of 4.108 for burden reflects responses on average reported "a little effort" when engaging in the intervention. Greater variation between scores for Burden should also be considered when interpreting median scores for this construct (Mdn = 5.00), which may again reflect that responses tended to report "no effort at all" associated with engaging in the NENC STDO. A mean of 3.123 and a median of 3.00 reflects responses on average reported "no opinion" on the Ethicality measure, which may reflect limited applicability for this construct to the current service. For example, the original TFA survey was trialled on the delivery of a Covid-19 vaccine (14), and due to the nature of the construct i.e., reflecting fit with an individual's values (22), it may be limited due to the moral and ethical differences and consequences of vaccination acceptability/up-take compared to that of the service evaluated in this evaluation. Future research is recommended to adjust the wording of this question to better suit the service being evaluated and may reflect limitations of applying the TFA constructs across a range of healthcare interventions.

As for opportunity costs, the mean (3.754) and median (4.00) reflects that participants' generally associated low costs with engaging in the service i.e., engagement tended to not interfere with other priorities In order to gain a better understanding of opportunity "costs", the construct was further explored qualitatively with questions around social, emotional "costs" and financial costs associated with engaging in the service. Responses, however, related more generally to the social and financial benefits e.g., social acceptability and financial savings associated with quitting smoking in general, not specific to the service, which again may reflect unsuitability of this construct to the NENC STDO service in question.

Effectiveness, coherence, and self-efficacy construct means were relatively high ranging from 4.462 to 4.477, all with medians of 5.00. Average responses for effectiveness, which asked to the extent to which the service aided a quit attempt, suggests that the service effectively helped to aid a quit attempt. This result is promising; however, we are unable to determine if this is reflected in carbon-monoxide verified quit rates as these data were not accessible to us. For coherence, average scores suggest that participants had a good understanding of how the service works (i.e., in terms of how the offer can aid with quit attempt). A more thorough exploration of intervention coherence was explored in qualitative interviews, with thematic findings supporting survey results, reflecting a generally clear understanding of the service logistics e.g., what was offered and how to access (see below for more in-depth discussion of these findings). Finally, for self-efficacy, findings suggest that on average, participants felt confident to very confident about engaging in the NENC STDO.

6.2 Interview

Qualitative analysis of interview responses revealed themes relating to service user experience, and the barriers and enablers to facilitating engagement. For example, the theme **Familiarity with the service and ease of access** reflects barriers and enablers reported when accessing the service, with some service users suggesting that certain forms of advertisement may not reach particular types of workers e.g., sending information to emails may not be picked up by frontline staff. Access to the service across work setting, may be reflected in the largest percentages of responses from nursing and midwifery staff (19.12%), clinical support staff (25%), and admin and clerical staff (20.59%). However, in order to fully assess reach of the service, further work on uptake statistics e.g., per trust/staff profession, are required, which was beyond the scope of the current evaluation. Recommendations, as per responses, to improve access across work settings are made below, which may, help to improve service reach across work settings for services in the future.

Enablers to engagement were also described, with responses suggesting that contacting and accessing the service required minimal effort, particularly for those with staff support services available on site, who became very familiar with how to sign up and what was offered. These responses are supported by high average scores on self-efficacy and coherence constructs on the TFA survey.

With regards to **Suitability of the NRT/ E-Liquid Ordering Service**, this theme gives greater depth to the high average of the overall acceptability of the service in survey responses. Responses suggested that service users, in general, were satisfied with NRT/ E-liquid options offered and with the amount provided during the service. Participants also complimented the service's ordering and delivery system of NRT/ E-Liquid for being fast and efficient, which can be supported by the low burden scores from the TFA survey.

Many participants also complimented the service, in particular, the vape kit, as reflected in the theme: **Suitability of the Vape Kit offered**. Responses suggested that the vape kit provided a strong kick-start to their quit journey, with some commenting on their continued use of vapes beyond the service. This finding can be reflected in the high average score on the perceived effectiveness construct in the TFA survey. The free service as an offer in itself was also seen by service users as motivation they needed for beginning their quit journey, with some reporting how the free vape acted as an incentive to quit. These findings are highlighted in a recent evaluation of a pharmacy supported e-cigarette programme in the North West, which found service users reporting that the free device given was greatly accepted, with financial savings playing a key role in motivation to engage in the quit attempt (23). Responses, however, did report technical issues associated with the vapes offered, though it is worth noting that vape accessed differed across LAs and trusts, with at

least one LA and one Foundational trust offering a different vape kit to the regional offer. Findings may suggest difficulty around finding one vape that works for everybody. In order to overcome issues relating to vape technical issues, improving communication between smoking advisors and users may be appropriate, so that support and troubleshooting available could be made more accessible.

Good communication with Smoking Cessation Advisors was also reported as a facilitator for engagement, reflected in the theme **Suitability of the Behavioural Support Offered (Smoking Cessation Advisors and App)**, with some participants suggesting that they would have benefitted from greater involvement and support from advisors. NICE guidelines recommend the combination of NRT and behavioural support (individual and group), are to be used in stop-smoking cessations for the increased likelihood of positive clinical outcomes (24). Participants did provide recommendations to strengthen behavioural support offered by the service, for example, through establishing network connections with other service users, to offer and receive peer support. Participants also noted different preferences for contacting Smoking Cessation Advisors i.e., face to face over phone, which could have facilitated greater rapport building. With regards to the SmokeFree app, responses suggested that engagement may be limited for supporting a quit attempt in isolation, suggesting that it may be best used in conjunction with other methods of support e.g., NRT/vape and behavioural support. This finding is reflected in previous results which suggest that higher quit rates are achieved in NHS staff stop smoking services when NRT/Vaping were used compared to the SmokeFree app alone (11).

6.3 Strengths and Limitations

6.3.1 Strengths of the evaluation

1. The evaluation was robustly designed using mixed methods including the use of a validated survey measure, which is also the first known application of the Theoretical Framework of Acceptability (TFA) to smoking cessation service evaluation.
2. The research team involved in the evaluation are qualified trained and experienced in service evaluation, and quantitative and qualitative research methods.
3. There were close working relationships between members of the research team (RA, KBT and CT) and with members of the ICS NENC (CR and RM). This allowed for shared learning and knowledge throughout the research study. Similarly, the research team were able to utilise those connections to ensure recruitment strategies were exhausted, and targets met.
4. Similarly, utilising connections with the North East and North Cumbria Treating Tobacco Dependency Taskforce allowed for the research team to raise awareness of the study and showcase any preliminary findings with these key stakeholders, which helped to shape thinking and verify findings.
5. This evaluation contributes to a wider body of research focusing on treating tobacco dependence in the North East and North Cumbria, a population not previously studied.

6.3.2 Limitations of the evaluation

6. Challenges associated with recruitment of service users to both the survey and the interviews, due to the timing of the evaluation i.e., a reduced number of service users accessing the service at the point of the evaluation, leading to a reduced pool of potential participants. This could have limited the recruitment of seldom heard populations e.g., routine and manual workers, a population with high smoking rates. Challenges were overcome by using recruitment through different channels via email, posters, and word-of-

mouth. To achieve targets the research team worked closely with service managers and key contacts within the LA systems to actively recruit participants who were currently accessing/ had previously accessed the service.

7. We were unable to validate effectiveness of the service (a construct of the TFA) i.e., using quit data either as self-reported quit or as validated quit (CO monitoring), as this was not within the scope of this evaluation i.e., using survey and interview data
8. Using a novel tool like the TFA survey, presented some challenges, including, difficulty in making sense of the specific constructs that were being measured e.g., application of the Ethicality construct, as there are no previous reports using the TFA for smoking cessation services.

7 Recommendations

Based on the findings and limitations of the above evaluation, we propose the following recommendations for directions of future research.

7.3 Research Recommendations

1. Barriers and enablers to recruitment to evaluations of services/interventions within NHS staff/ NENC NHS staff should be explored, particularly when recruiting "seldom heard" populations e.g., routine, and manual workers.
2. The effectiveness of smoking cessation services for NENC NHS staff using objective quit data e.g., CO monitoring should be explored further, along with longitudinal data on sustainability of quit attempts.
3. Improving the application of TFA constructs for smoking cessation and other services similar to this one should be explored, to ensure accessible and applicable wording of survey questions.

7.4 Policy and Practice Recommendations

Based on the findings of the above evaluation, along with recommendations to improve the service given in interview responses, we propose the following recommendations for practice and policy:

Service promotion

1. Smoking cessation services to be made as widely accessible as possible to staff across different work settings e.g., utilising posters/word-of-mouth for front-line staff/routine manual workers, emails, and trust intranet pages for office-based workers;
2. If providing on-site support, ensure staff have an awareness of the service and the offer;

User engagement

3. To ensure that dedicated support for staff is readily available on site where possible;
4. If providing on-site support, to facilitate an in-person environment for users to create peer networks with other staff accessing the service where possible, to gain and harness peer support on their quit journeys;
5. Where support is provided, offer service users the scope to pre-book appointments for check-ins and tailoring the location and frequency of check-ins to the service user where possible, e.g., private rooms, phone calls or Zoom/Teams calls;
6. Service users to be sign-posted to features on the SmokeFree app e.g., online chat forums to create online peer networks with other people quitting smoking

Training

7. Improving frequency/quality of training for Smoking Cessation Advisors, where possible, to improve rapport building with service users;
8. Enhance knowledge of vaping by providing up-to date knowledge and evidence on the known effects/benefits of vaping in comparison to smoking;
9. Provide smoking advisors with knowledge and learning of the available vape options, to improve troubleshooting and overcoming any reported technical issues associated with vapes e.g., offering replacements etc.

Service quality and evaluation

10. Creating a space to provide service feedback, in order to routinely reflect on service user experience, and make regular improvements, where possible.

8 Conclusions

The evaluation provides insight into how the NENC STDO was deemed generally acceptable by service users, with survey responses averaging to high acceptability. Qualitative findings also reflect in further detail, service user experience, with barriers and enablers identified, helping to shape practice recommendations to strengthen future services offered. Overall, service users deemed the NENC STDO as an acceptable service, which offered accessible NRT/vape products and behavioural support for smoking cessation, with many service users wanting the service sustained, possibly for extended periods, with greater amounts of behavioural support being offered by Smoking Cessation Advisors. Limitations of the evaluation, including recruitment and data collection challenges, are to be considered in light of the findings, and improved upon, where possible, by future research.

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10 Appendix

Appendix A: Recruitment Poster

Appendix B: Survey

Evaluating the North East and North Cumbria NHS Staff Tobacco Dependency Offer Survey

Gender

Male	Female	Non-binary/third gender	Prefer not to say

Ethnicity

White – British	White – Irish	White – any other white background	Mixed – White and Black Caribbean	Mixed – White and Black African	Mixed – White and Asian

Mixed – any other mixed background	Asian or Asian British – Indian	Asian or Asian British – Pakistani	Asian or Asian British – Bangladeshi	Asian or Asian British – any other Asian background	Black or Black British - Caribbean

Black or Black British – African	Black or Black British – any other Black background	Other Ethnic Groups – Chinese	Other Ethnic Groups – any other ethnic group

If other, please state

Age

What is the first half of your home postcode? (i.e., NE30)

Which local authority did you access?

Durham County Council (provided by ABL Health)	Gateshead Council (Including QEF	Hartlepool Council (provided by Hartlepool Support Hub)	Newcastle Council (provided by CGL)	North Cumbria (provided by Gateshead Health Staff

	outpatient pharmacy)			Team or NHS Smoke Free App)

North Tyneside Council	Northumberland Council	South Tees Stop Smoking Service	South Tyneside Council	Stockton-on-Tees Council

Sunderland Council	Smokefree App	Smokefree Staff Team – Gateshead Health	I don't know

Work setting

Allied Healthcare Professionals	Nursing and Midwifery Registered	Community Services	Clinical Support Staff	Admin and Clerical	Porting and Estates

Domestic Services and Catering	Corporate Services	Directors and Senior Management	Medical Professional	Other

If other, please state

1. Affective attitude – *how an individual feels about the intervention*

How comfortable did you feel engaging with the NHS Staff Tobacco Dependency Offer (STDO)?

Very uncomfortable	Uncomfortable	No opinion	Comfortable	Very comfortable
1	2	3	4	5

2. Burden – *the amount of effort required to participate in the intervention*

How much effort did it take to engage with the NHS Staff Tobacco Dependency Offer (STDO)?

No effort at all	A little effort	No opinion	A lot of effort	Huge effort
1	2	3	4	5

3. Ethicality – *the extent to which the intervention has good fit with an individual's value system.*

There are moral or ethical consequences to engage with the NHS Staff Tobacco Dependency Offer (STDO)?

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
1	2	3	4	5

4. Perceived effectiveness – *the extent to which the intervention is perceived to have achieved its objective*

The NHS Staff Tobacco Dependency Offer (STDO) has aided me in a quit attempt

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
1	2	3	4	5

5. Intervention coherence – *the extent which the participant understands how the intervention works*

It is clear to me how the NHS Staff Tobacco Dependency Offer (STDO) will help me in a quit attempt

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
1	2	3	4	5

6. Self-efficacy – *a participants confidence that they can perform behaviours required to participate in the intervention*

How confident did you feel about engaging with the NHS Staff Tobacco Dependency Offer (STDO)?

Very unconfident	Unconfident	No opinion	Confident	Very confident
1	2	3	4	5

7. Opportunity costs – *the benefits, profits or values that would have to be given up to engage with the intervention*

Engaging with the NHS Staff Tobacco Dependency Offer (STDO) interfered with my other priorities

Strongly disagree	Disagree	No opinion	Agree	Strongly agree
1	2	3	4	5

8. General acceptability

How acceptable was the NHS Staff Tobacco Dependency Offer (STDO) to you?

Completely unacceptable	Unacceptable	No opinion	Acceptable	Completely acceptable
1	2	3	4	5

We will be conducting a small number of informal interviews to help us further explore and understand the views and experiences of NHS staff who have accessed the staff tobacco dependency offer. As a thank you for your time, a £15 Love2Shop voucher will be made available to you upon

completion of the interview. If you are happy to and would like to receive further information about this, please include your details below.

Name

Email

Telephone

Appendix C: Participant Information Sheet Embedded in Survey

Evaluation of the North East and North Cumbria (NENC) NHS Staff Tobacco Dependency Offer (STDO)

Participant information sheet – survey

We are conducting this survey to **understand the perspectives of NHS Staff who have utilised the NHS Staff Tobacco Dependency Offer (STDO) within the North East and North Cumbria.** Specifically, how acceptable the service was to you. **We are interested in your experiences of accessing and utilising the NHS Staff Tobacco Dependency Offer (STDO).** The survey should take approx. 10 minutes to complete.

In this research study we will collect information from you. We will only collect information that we need for the research study. If you want to withdraw from the study, you just need to close the survey uncompleted. If you have completed the survey and wish to withdraw, you can, but we will be unable to remove your responses, as the survey is anonymised, and we won't know which responses are yours.

We are conducting a small number of interviews to further explore and understand the views and experiences of NHS staff who have accessed the NHS Staff Tobacco Dependency Offer (STDO). Therefore, at the end of the survey there is the option to leave your name, email address and contact telephone number, if you are happy to be contacted further. Participants who are interviewed will receive a £15 Love2Shop voucher to reimburse their time.

All information that is collected throughout this survey will be kept strictly confidential and will be anonymous. Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules. The collected information will be stored at Newcastle University securely, as per Newcastle University Policy. All data will be processed in compliance with the GDPR. The findings from this study will be used to provide feedback to the North East and North Cumbria (NENC) Integrated Care Board (ICB). These findings will also be written up into a report and as a journal paper. We will make sure no-one can work out who you are from the reports we write.

This study is funded by NENC Smokefree NHS/Treating Tobacco Dependency Taskforce through funds received from NHS England to implement and evaluate the NHS Staff Tobacco Dependency Offer.

This study has received favourable ethical opinion from Newcastle University Faculty of Medical Sciences Ethics Committee. For further information please contact Dr Kerry Brennan-Tovey; kerry.brennan-tovey@newcastle.ac.uk

Appendix D: Consent Form embedded in survey

Evaluation of the North East and North Cumbria (NENC) NHS Staff Tobacco Dependency Offer (STDO)

Consent form - Survey

Participant ID:

Thank you for your interest in taking part in this research. Please complete his form after you have read the Participant Information Sheet and/or listened to an explanation about the research study.

		Please initial box to confirm consent
1.	I confirm that I have read the information sheet dated *[14/06/2023]* (version *[1.0]*) for the above study, I have had the opportunity to consider the information, ask questions and I have had any questions answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, up to the point **before** data is anonymised, without giving any reason, without my professional role or legal rights being affected. I understand that if I decide to withdraw, any data that I have provided up to that point cannot be withdrawn due to the nature of the survey being anonymised.	
3.	I consent to the processing of my personal information (name, telephone number, e-mail, demographic information) for the purposes of this research study, as described in the information sheet dated *[14/06/2023]* (version *[1.0]*).	
4.	I consent to my anonymised research data being stored and used by others for future research.	
5.	I understand that my anonymised research data may be published as a report.	
6.	I agree to take part in this research project.	
	Participant _____ _____ _____ *Name of participant* *Signature* *Date*	

Appendix E: Interview Information Sheet

Title of Study: Evaluation of the North East and North Cumbria (NENC) NHS Staff Tobacco Dependency Offer (STDO)

Invitation and Brief Summary

You are being invited to take part in a research study. Before you decide whether or not you wish to take part it is important that you understand why the research is being done and what it will involve. Please read this information carefully and discuss it with others if you wish. Take time to decide whether or not you wish to take part. If you do decide to take part, you will be asked to sign a consent form (this can be completed via an audio-recording or video-recording if the interview is being conducted via videoconferencing software, the audio or video-recording will be separate to the interview). However, you are free to withdraw at any time, without giving any reason and without any penalty or loss of benefits. However, we will be unable to remove any data already collected. Participation will not affect you or your role.

What is the purpose of the research?

The NHS Staff tobacco dependency offer (STDO) aims to encourage NHS staff to access support to quit smoking by offering flexible registration and support combined with Nicotine Replacement Therapy (NRT) and/or refillable vape. We are interested in understanding your experiences with using this new service, with receiving the NRT and/or vape, and your views on the success of the service.

Why have I been invited to take part?

You have been invited to take part because you have accessed the staff tobacco dependency offer, or received NRT and/or vape alongside behavioural support to attempt a quit.

What does taking part involve?

Participation is entirely voluntary. It involves a one-off interview either face-to-face, telephone, or video conferencing software, that will last approx. 1 hour. Before the interview, you will be asked to complete a consent form, either physically signing a paper form, or remotely (via audio/video-recording).

During the interview, you will be asked about your smoking, your experience with accessing the staff tobacco dependency offer, of receiving NRT and/or vape, and behavioural support and your views on the success of the service. Anything you say in the interview is confidential, unless there is a risk of harm to oneself or others. The interview will be arranged at a time that is convenient for you.

What information will be collected and who will have access to the information collected?

All information that is collected through this study will be kept strictly confidential. We will use your name and contact details (phone number/email address) to contact you about the interview. Identifiable information will be collected via the interviewer(s) and stored securely at Newcastle University. To protect your privacy, your name and contact details will be stored separately to your audio/video-recorded interview.

All audio and video-recordings will be stored securely within Newcastle University. These recordings will only be accessed by relevant, authorised individuals from the research team. Interview recordings

will be transcribed word-for-word to support data analysis, and then anonymised. The anonymised transcripts will only be accessible to the research team. We will be writing about your results for our study for publication. The research team may look at your anonymised research data to check the accuracy of our findings and may use the data in the future for other research projects. No information will be attributed to specific individuals.

At the end of the study, confidential data (for example your name, contact details and audio-recorded interview) will be destroyed. Your anonymised research data will be separated from all your personal details and stored on a secure server within Newcastle University for 10 years in line with Newcastle University Research Data Management Policy Principles and Code of Good Practice.

What are the possible benefits of taking part?
Whilst there are no immediate benefits for people participating in this research project, you will be able to help us better understand the NHS staff tobacco dependence offer, what was provided to help you attempt a quit, how it was provided, and overall your thoughts and views of the new service and the success of the service. The findings of this study will support North East and North Cumbria (NENC) Integrated Care Board (ICB) to make any changes to the service by providing information on what is working well and how to improve their staff tobacco dependence offer in the future.

What are the possible disadvantages and risks of taking part?
The risks to you while taking part in an interview are very low. Participating in this research is not anticipated to cause any disadvantages or discomfort to you. However, if you experience any distress for any reason, we will signpost to appropriate support. The interview can also be paused or stopped at any time. If you have any concerns about participating in an interview, we advice you to discuss it with others (for example your colleagues).

Who is the sponsor and data controller for this research?
Newcastle University is the sponsor for this study based in the United Kingdom. Newcastle University will be using information from you in order to undertake this study and will act as the data controller for this study. This means that Newcastle University is responsible for looking after your information and using it properly.

The lawful basis for carrying out this study under GDPR is Task in the Public Interest, (Article 6,1e) as research is cited as part of the University's duties. The lawful basis for processing any special categories of personal data is Scientific Research (Article 9,2j). Your rights to access, change or move your information are limited, as Newcastle University need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, Newcastle University will keep the information about you that has already been obtained. To safeguard your rights, the minimum personally-identifiable information will be used.

You can find out more about how Newcastle University uses your information at [Research Data Management Policy Principles Code of Good Practice.pdf (ncl.ac.uk)] and/or by contacting their Data Protection Officer [Maureen Wilkinson, rec-man@ncl.ac.uk].

Who is funding this research?

This study is funded via by NENC Smokefree NHS/Treating Tobacco Dependency Taskforce through funds received from NHS England to implement and evaluate the NHS Staff Tobacco Dependency Offer.

Has this study received ethical approval?

This study has received ethical approval from Newcastle University Faculty of Medical Sciences Ethics Committee on 14/06/2023.

Who should I contact for further information relating to the research?

Dr Kerry Brennan-Tovey, Research Associate – Kerry.brennan-tovey@newcastle.ac.uk

Who should I contact in order to file a complaint?

If you have any reason to complain about any aspect of the way you have been approached or treated during the course of this research project, you should ask to speak to the research team (details above). They will do their best to answer your questions.

If you remain unhappy and wish to raise a complaint on how your personal data was handled, you can contact the Data Protection Officer who will investigate the matter: Maureen Wilkinson; rec-man@ncl.ac.uk. If you are not satisfied with their response you can complain to the Information Commissioner's Office (ICO): https://ico.org.uk/

Appendix F: Recruitment to interview - Email

Email Subject: *NENC Staff Tobacco Dependency Offer Interview Recruitment*

Dear [Name],

We are a team of researchers from Newcastle University.

We are evaluating the NHS North East and North Cumbria Staff Tobacco Dependency Offer, which aims to encourage NHS staff to access support to quit smoking by offering flexible registration and support combined with Nicotine Replacement Therapy (NRT) and/or refillable vape. We are interested in gaining an understanding of your experiences with using this new service, and your views on the success of the service. As such, we are interviewing those who are engaging or / have previously engaged in with the service.

We are inviting you because you are an NHS staff member employed by an NHS Trust in the North East and North Cumbria and have recently or are currently still engaging with the Staff Tobacco Dependency Offer. , or a subsidy of one of the named North East North Cumbria NHS Trusts (County Durham and Darlington NHS FT; Cumbria, Northumberland, Tyne and Wear NHS FT; Gateshead Health NHS FT; Newcastle upon Tyne Hospitals NHS FT; Tees, Esk and Wear Valleys NHS FT; North Cumbria Integrated Care NHS FT; North East Ambulance Service NHS FT; North Tees and Hartlepool NHS FT; Northumbria Healthcare NHS FT; South Tees Hospitals NHS FT; South Tyneside and Sunderland NHS FT), who has engaged/ is engaging in the Staff Tobacco Dependency Offer. We are interested in your views and experiences of accessing/using the service, which will help us to gain insight into the acceptability of the service.

Information gathered from interviews will be helpful in identifying barriers and enablers to accessing the service and helping to inform best practice for future service delivery. Information will be kept anonymous and may be used to summarise experience and level of /acceptability within a published research report.

Participation is entirely voluntary. The interview is expected to last approx. 1 hour, and will be video/audio recorded, and transcribed word-for-word to be analysed by the research team. Before you take part, we ask that you read the Participant Information Sheet attached to this email. If, after reading this information, you would still like to take part please reply to this email with a completed Consent Form (also attached). A member of the research team will then contact you to organise a time that is convenient to you for a video/audio call for the interview.

If you have any questions or would like more information, please do not hesitate to contact:

Dr Kerry Brennan-Tovey, Research Associate - Kerry.brennan-tovey@newcastle.ac.uk

Caitlin Thompson, Research Assistant – Caitlin.thompson@newcastle.ac.uk

Thank you for considering taking part in this study, and we look forward to hearing from you.

Best wishes,

Dr Kerry Brennan-Tovey,

Caitlin Thompson

Appendix G: Interview Consent Form

Evaluation of the North East and North Cumbria (NENC) NHS Staff Tobacco Dependency Offer (STDO)

Consent form for participants – interview

Participant ID: (To be completed by researcher)

Thank you for your interest in taking part in this research. Please complete his form after you have read the Participant Information Sheet and/or listened to an explanation about the research study. You will be given a copy of this consent form.

		Please initial box to confirm consent
1.	I confirm that I have read the information sheet dated *[14/06/2023]* (version *[1.0]*) for the above study, I have had the opportunity to consider the information, ask questions and I have had any questions answered satisfactorily.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time, up to the point **before** data is anonymised, without giving any reason, without my professional role or legal rights being affected.	
3.	I consent to the processing of my personal information (name, telephone number, e-mail, demographic information) for the purposes of this research study, as described in the information sheet dated *[14/06/2023]* (version *[1.0]*).	
4.	I consent to my anonymised research data being stored and used by others for future research.	
5.	I understand that my anonymised research data may be published as a report.	
6.	I consent to being audio/video-recorded and understand that the recordings will be destroyed upon completion of the project.	
7.	I agree to take part in this research project.	
	Participant _____ _____ _____ *Name of participant* *Signature* *Date*	
	Researcher _____ _____ _____ *Name of researcher* *Signature* *Date*	

Appendix H: Follow-up recruitment email

Dear [name],

I am emailing to follow-up on the previous email regarding the NHS Staff Tabaco Dependency Offer study. If you would like to take part in the interview aspect of the study, where you will be granted a £15 Love2Shop voucher for your time, please reply to this email with a completed consent form (see attached). For more information about the study, please see attached information sheet.

Look forward to hearing from you,

Kind regards,

Caitlin Thompson, Research Assistant (Newcastle University)

Dr Kerry Brennan-Tovey, Research Associate (Newcastle University)

Appendix I: Interview Debrief Sheet

Newcastle University

NHS North East and North Cumbria

Title of study: Evaluating the North East and North Cumbria NHS Staff Tobacco Dependency Offer

Participant Debrief Form

Dear _____

Thank you for taking the time to take part in this study. Your views, experiences, and perspectives are of huge value to this evaluation.

This interview aimed to explore and understand your experiences using the NHS Staff Tobacco Dependency Offer (STDO) within the North East and North Cumbria, receiving Nicotine Replacement Therapy and/or vape. Specifically, how acceptable the service is to you.

If you experience any emotional distress due to the topics of discussion then please reach out to your GP, or any other healthcare and social work professional. The below information may also be of use.

Mind offers advice, legal information, and support across a range of mental health conditions. The line is open from 9am to 6pm, Monday to Friday (excluding bank holidays). The phone number is **0300 123 3393**, you can also text on 86463.

SANE is an out-of-hours mental health helpline offering specialist emotional support and information to anyone affected by mental illness. The helpline is opened every day from 6pm to 11pm. Phone number is **0300 304 7000**.

Samaritans provides confidential non-judgemental emotional support, 24 hours a day. The phone number is **116 123.**

Your anonymised interview transcript will be stored on Newcastle University's secure server for 5 years from completion of this service evaluation. Your personal details (including name and contact information) will be stored on Newcastle University's secure server for 5 years from completion of this service evaluation – after which it will be destroyed.

If you would like any further information about this research project, then please feel free to get in touch with Dr Ryc Aquino; Lecturer [ryc.aquino@newcastle.ac.uk] or Dr Kerry Brennan-Tovey; Research associate [kerry.brennan-tovey@newcastle.ac.uk].

If you wish to **withdraw from this study**, please contact Dr Ryc Aquino (ryc.aquino@newcsatle.ac.uk), as soon as possible. Withdrawal will not be possible once your data has been anonymised. Any information already collected by Newcastle University will be kept, however, to safeguard your rights, the minimum personal identifiable information will be used.

Thank you again for your participation!

Appendix J: Interview Topic Guide

Evaluating the North East and North Cumbria NHS Staff Tobacco Dependency Offer

Thank you for agreeing to take part in this interview, and for giving up your time. We are inviting smokers who have recently accessed the NHS staff tobacco dependency offer, so I am pleased that we are meeting today. We are interested in finding out more about the stop smoking services you were offered or have previously accessed.

Ask for permission to record consent. Begin recording. Gain consent (not if signed consent form).

Turn off recording/before consent… ask some questions to gain further insight on who we are speaking to today, this won't be recorded… Open sampling matrix and ask questions.

Turn back on recording.

If need to take break, or not want to answer any questions that is fine etc…

Side note: make notes e.g., on service they used/ worked for. Notes to help with train of thought and asking further questions.

History, Setting and Background (These questions are for all smokers)

These first questions are going to be around you and the smoking services you have accessed before.

Are you currently a smoker? If so, how long have you smoked? If you have recently quit, how long had you smoked?

Have you ever accessed any stop smoking services previously?

What help/support were you offered around smoking?

Current service:

Can you tell me how was the intervention explained to you?

What influenced your decision to commit to the intervention?

Can you tell me how the service ran for you?

Is there anything that you would have rather been offered?

How long were you interacting with this service?

Can you tell me about the services you are currently accessing now (to support you in your quit attempt)?

Prospective: prior to engaging in intervention

Affective Attitude*: How an individual feels about the intervention*

Can you tell me what you think/what your thoughts are on the service?

Can you tell me how you were feeling about starting the intervention?

Can you tell me how successful you found the service?

What are your thoughts in the need for this service to help people stop smoking?

Burden: *the perceived amount of effort required to participate in the intervention*

Do you think the service is easily accessible to staff?

What can be done better to make it more accessible?

What makes it accessible?

Can you explain to me how much effort you thought you would need to engage with the service?

Can you explain to me how much effort was required on your part to engage with the service?

Where these the same?

Ethicality: *the extent to which the intervention has a good fit with an individual's value system*

Can you explain to me if you believe the service can work to help staff stop smoking?

Do you think the service is worth the effort required?

Why do you think that?

Current acceptability

Intervention Coherence: *the extent to which the participant understands the intervention and how it works*

Are you able to explain to me the service that was offered to you?

- Explain the service to me/ how you accessed it as if I knew nothing about it

Can you explain to me what was required of you to actively participate?

Can you tell me how the service was explained to you?

How well do you know the service now?

Retrospective acceptability

Opportunity costs: *the extent to which benefits, profits or values must be given up to engage in the intervention*

How did you find out about the service? Do you feel the service is easily accessible to others within the NHS?

Do you live with anyone that smokes? Around people that smoke? – transition into questions around cost.

Can you tell me what you had to give up to participate in the service effectively? (i.e., travel costs, time, friendships with smokers, work commitments)

Can you tell me about the additional 'costs' – not just financial, but also social and emotional, that you had to 'pay' to participate in the service?

Do you think the costs acquired were worth the outcome of being smoke free?

Costs getting back – money saving.

Perceived effectiveness: *the extent to which the intervention is perceived as likely to achieve its purpose*

Do you feel the intervention has been successful in helping you stop smoking?

Can you tell me why you felt the intervention would be successful in aiding you to stop smoking?

Do you feel the intervention will be successful in helping other staff stop smoking?

Can you tell me why you feel the intervention will/will not help other staff stop smoking?

Can you tell me how did the intervention improve your knowledge of smoking, and aid in you stop smoking?

Self-Efficacy: *the participants' confidence that they can perform the behaviour(s) required to participate in the intervention*

What skills and level of confidence do you think is needed to be successful in stop smoking?

Skills and confidence to believe you can stop smoking? Did you feel confident that you were able to stop smoking? Why?

Confidence in the NRT being successful?

Can you tell me if you believe you have those skills and confidence?

Why is that? Example?

Looking back, did you have any uncertainties around your ability to engage with the service?

Anything unexpected?

Can you explain?

Would you feel confident approaching the service if you required more support? Would you know where to go if needed more support/ NRT?

Do you feel there was a sufficient amount of NRT/vape offered?

At end: any questions, anything you'd like to add.

Voucher: £15 Love2Shop, happy for an E voucher emailed? Provide email/ check if same one as using. Up to 7 days E voucher, 10 for printed.

Would you like us to remain in contact regarding the findings of our study? I'll be sending out follow-up email later today, summary info about the study.