



Voices for Change: Shaping Stop Smoking Services Together

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healthwatch
Hertfordshire

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Summary

Smokers, ex-smokers and their friends and family shared their experiences of stop smoking services and made suggestions for how services should be advertised, and what type of support should be made available.

Recommendations have been shared with Public Health to support in shaping its plans, target its work and meet the requirements of the local community by providing the services people want, in a way they want it.

140 smokers shared their views:

- Over **75%** of smokers have been smoking for over 20 years. Smokers were more likely to be aged between 18-44, women, people with a long-term condition and/or mental health condition, and those with less disposable income.
- More than **90%** have tried to stop smoking before, and **63%** have looked for support – of which over **70%** have spoken to a GP.
- **85%** said their smoking habit impacts their finances.
- More than **33%** are reluctant to access support because they are afraid of failing.
- Over **50%** have tried a vape, e-cigarette or nicotine replacement therapies to stop smoking.
- More than **50%** would prefer to receive in-person face-to-face appointments for stop smoking support.

449 ex-smokers shared their views:

- More than **50%** smoked for more than 20 years.
- Over **70%** decided to quit smoking due to health concerns.
- Only **20%** ex-smokers accessed support to stop smoking, half of whom received support from their GP practice.
- For those who accessed support, almost **90%** said it was easy/very easy to do so, and that it was helpful/very helpful.
- More than **50%** chose not to seek support because they felt they did not need help, and **30%** were not aware of the support available.

Promoting Hertfordshire's stop smoking services:

- **45%** of smokers are aware of Hertfordshire's stop smoking services.
- **30%** of respondents suggested that information about stop smoking services needs to be displayed in a range of community settings.
- Other suggestions included:
 - providing information in healthcare settings,
 - using social media channels,
 - sharing success stories,
 - using encouraging messaging, and
 - educating children and young people.

Recommendations

The findings of this report have highlighted various ways in which smokers can be better supported, and Hertfordshire's Stop Smoking services can be advertised. Suggestions provided by respondents have also informed the recommendations listed below.

Undertaking targeted engagement with groups who are more likely to smoke:

- Our data found that people who were more likely to smoke were
 - aged 18-44,
 - women,
 - people with long-term conditions and/or mental health conditions, and
 - those with less disposable income.
- Public Health should undertake targeted work with these communities to ensure they are aware of the support available.
- The survey received a low response rate from minority ethnic communities, suggesting that there may be barriers in talking about stop smoking support via anonymous surveys. Public Health should engage with this cohort to understand their views and expertise, potentially using in-person methods and translators for different languages. Some voluntary organisations may be able to support this.
- The qualitative engagement highlighted the interplay between smoking and other conditions, including physical and mental health conditions. Public Health should look to explore this in further detail.

Increasing awareness of stop smoking services across services people interact with:

- 73% of smokers had accessed support from GP practices. There should be a focus on increasing the awareness of the support offered by pharmacies, healthy hubs and the Hertfordshire Health Improvement service.

Encouraging smokers to use stop smoking services:

- Smokers listed a range of reasons preventing them from accessing support. Public Health should address this by:
 - Using messaging that stresses smokers will not be judged and are not a "failure" if they do not succeed.
 - Advertising the stop smoking services available, including their location, and access details.
 - Explaining what people can expect from treatment.

Ensuring a range of support is available for smokers:

- Preferences for support varied between smokers, so it is important that Public Health offers a variety. This includes:
 - In-person face-to-face appointments,
 - Online face-to-face appointments,
 - Telephone appointments,

- Digital support app,
 - Online group seminars,
 - Confidential peer support groups.
- We found that poor mental health is a common reason for people smoking. Stop smoking services should signpost to mental health services and provide a holistic approach to care and treatment.
 - Preferences for methods to stop smoking also varied. Public Health should ensure a variety of methods are provided, including:
 - Nicotine-free medicines,
 - Nicotine replacement therapies,
 - Vapes and e-cigarettes,
 - NHS Quit Smoking App,
 - Alternative therapies.

Improving the advertisement and promotion of stop smoking services:

- Respondents gave a range of suggestions for how stop smoking services could be better promoted and targeted. This included:
 - Ensuring all healthcare professionals signpost smokers to support services.
 - Using a combination of messaging to meet people's different motivations, including health, finances and friends/family.
 - Considering using softer language to avoid smokers feeling stigmatised. For example, respondents suggested encouraging smokers to "smoke less."
 - Displaying information in community and healthcare settings.
 - Using social media and promoting real success stories.
 - Educating children and young people about the risks of smoking.
- Ensure information and advertisements are accessible to all communities. This includes providing information in a range of formats including videos, Easy Read and different languages, to name some examples.

1. About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire on health and social care services. We provide an independent consumer voice evidencing patient and public experiences and gather local intelligence to influence service improvement across the county. We work with those who commission, deliver, and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

2. Background

Smoking is highly addictive, with 4 in 5 smokers starting before the age of 20 and remaining addicted for the rest of their lives. Smoking is the UK's biggest preventable killer – causing around 1 in 4 cancer deaths and leading to 64,000 deaths per year in England. Almost one hospital admission every minute is attributable to smoking and up to 75,000 GP appointments each month are focused on smoking-related illness.

Smoking is also one of the biggest drivers of health inequalities across the country – deaths from smoking are more than two times higher in the most deprived local authorities, where more people smoke, compared to the most affluent. Smoking rates in pregnancy also vary significantly, with as many as 20% of pregnant women smoking in some parts of the country.

In Hertfordshire, there is a smoking prevalence of 9.7% which equates to 105,840 residents who smoke. Hertfordshire Health Improvement Service (HHIS) provides specialist support to community commissioned services across Hertfordshire to deliver stop smoking services.

Reducing smoking prevalence in Hertfordshire is considered a key enabler in improving the health and wellbeing of local residents. In 2023, Hertfordshire County Council published its Tobacco Control Strategy which sets out how the Council will reduce smoking prevalence and the health inequalities associated with tobacco, and raise the profile of the harm caused to our communities.

Healthwatch Hertfordshire was commissioned by Public Health at Hertfordshire County Council to hear the perspectives and experiences of smokers, ex-smokers and the general public. The findings from this engagement will support Public Health in shaping its plans, target its work and meet the requirements of the local community by providing the services people want, in a way they want it.

3. Aims and objectives

The aims of the engagement were as follows:

- Ease of finding information and support on stop smoking services
- Ease of accessing stop smoking services and the barriers to accessing support
- Experiences of receiving support from healthcare professionals and stop smoking services
- Reasons for smoking and what has, or may encourage people to engage with stop smoking support

The engagement period ran from February to April 2025.

4. Methodology

A mixed-methods approach was adopted, including the use of a quantitative survey to highlight key trends and patterns. This was complemented by the use of one-to-one interviews to capture stories and experiences in more detail.

The combination of methods were statistically and thematically analysed to identify key themes and patterns.

In total, 655 respondents completed the online survey. 22% (140) currently smoke, 69% (449) used to smoke, and 9% (60) have a friend, family member or loved one who smokes.

14 people took part in a one-to-one interview. This consisted of four smokers, eight ex-smokers and two family members.



5. Smokers: Key findings

5.1. Demographics of smokers in our survey

22% (140) of respondents who completed the survey are current smokers. Their demographics are shown in the tables below. Please note it was optional for respondents to provide demographic data¹.

Age:

- 18-24: **5%** (5)
- 25-34: **8%** (9)
- 35-44: **9%** (10)
- 45-54: **24%** (25)
- 55-64: **32%** (34)
- 65-74: **14%** (15)
- 75 and over: **6%** (7)
- Prefer not to say: **1%** (1)

Ethnicity:

- Asian/Asian British: **3%** (3)
- Mixed/multiple ethnic groups: **3%** (3)
- White British: **80%** (85)
- Any other White background: **9%** (9)
- I'd prefer not to say: **5%** (5)

Gender:

- Female: **63%** (69)
- Male: **31%** (35)
- Non-binary: **2%** (2)
- I'd prefer not to say: **3%** (3)

District/borough:

- Broxbourne: **14%** (14)
- Dacorum: **17%** (17)
- East Hertfordshire: **15%** (15)
- Hertsmere: **10%** (10)
- North Hertfordshire: **14%** (14)
- St. Albans: **5%** (5)
- Stevenage: **4%** (4)
- Watford: **7%** (7)
- Welwyn Hatfield: **4%** (4)

- I am a carer: **9%** (10)
- I have a disability: **17%** (18)
- I have a long-term condition: **28%** (30)
- I have a mental health condition: **22%** (23)
- None of the above: **46%** (49)
- I'd prefer not to say: **6%** (7)

Financial health:

- I have more than enough money for basic necessities and a lot to spare: **14%** (15)
- I have more than enough money for basic necessities and a little to spare: **34%** (37)
- I have just enough money for basic necessities: **30%** (30)
- I don't have enough money for basic necessities: **10%** (11)
- I'd prefer not to say: **12%** (13)

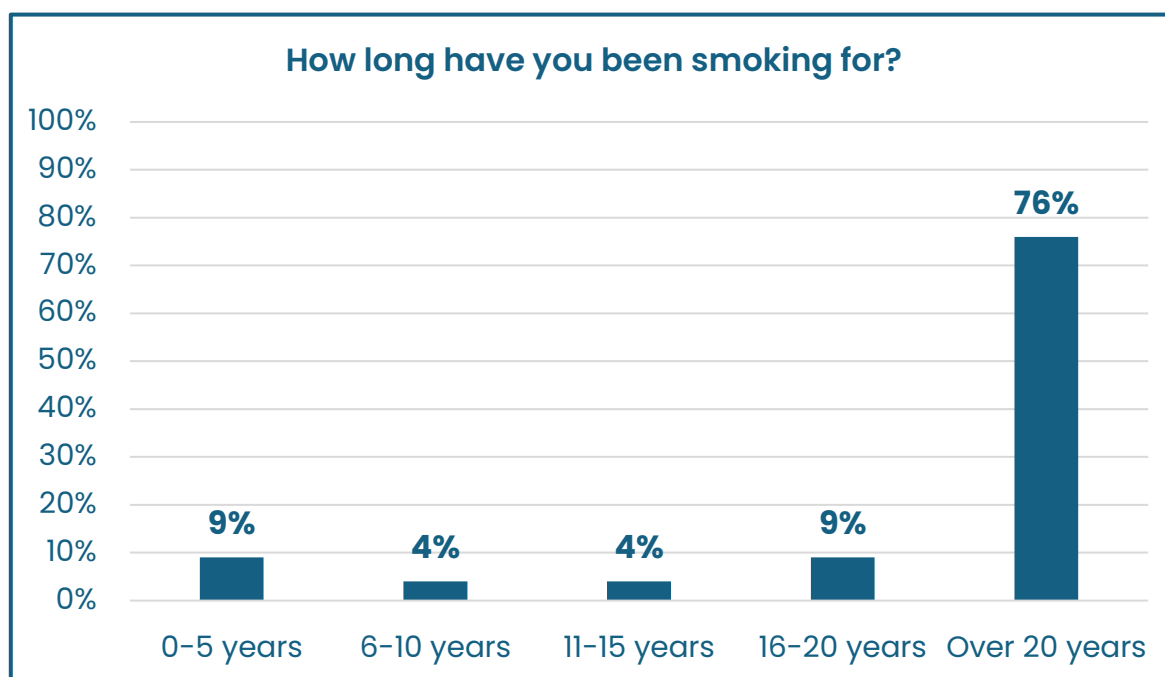
¹ Please note that the numbers within the brackets represent the number of respondents.

5.2. Over three quarters of smokers have been smoking for over 20 years

The majority of smokers have been smoking for over 20 years. Over 90% have tried to quit, yet more than a third have not looked for support to stop smoking.

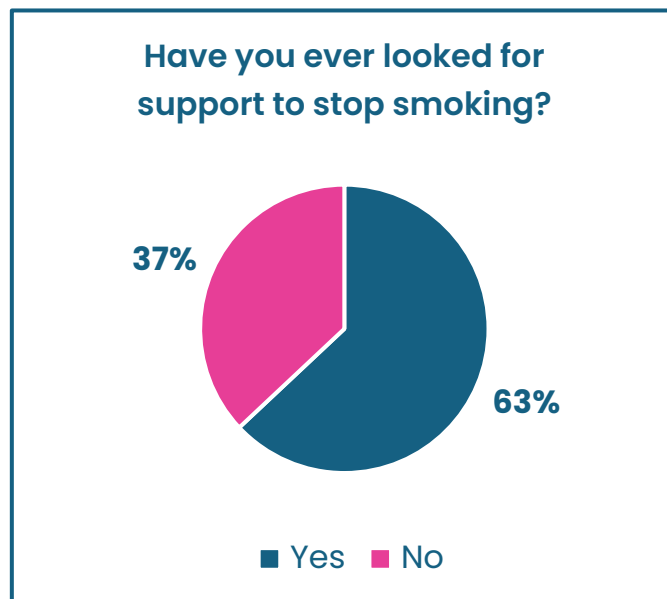
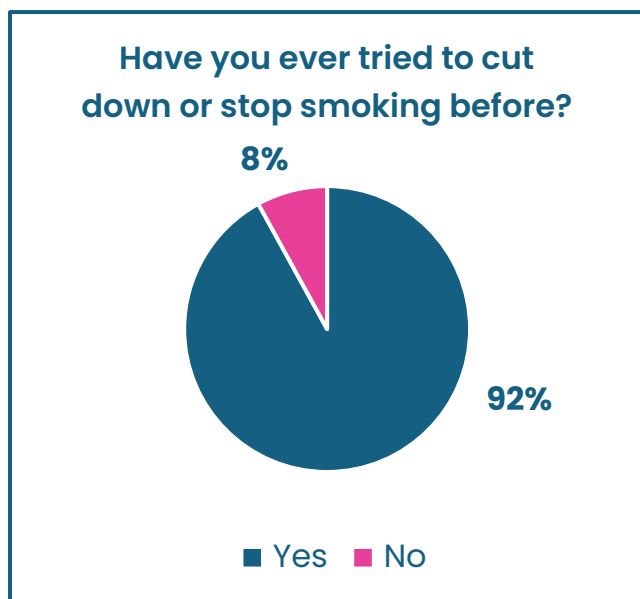
Over three-quarters of smokers (76% – 105) have been smoking for over 20 years. 13% (17) have smoked for 11 – 20 years and a further 13% (17) have smoked for 0 – 10 years.

It is important to note that some demographics were more likely to smoke. This included: people aged 18–44, women, people with a long-term condition and/or mental health condition, and those with less disposable income.

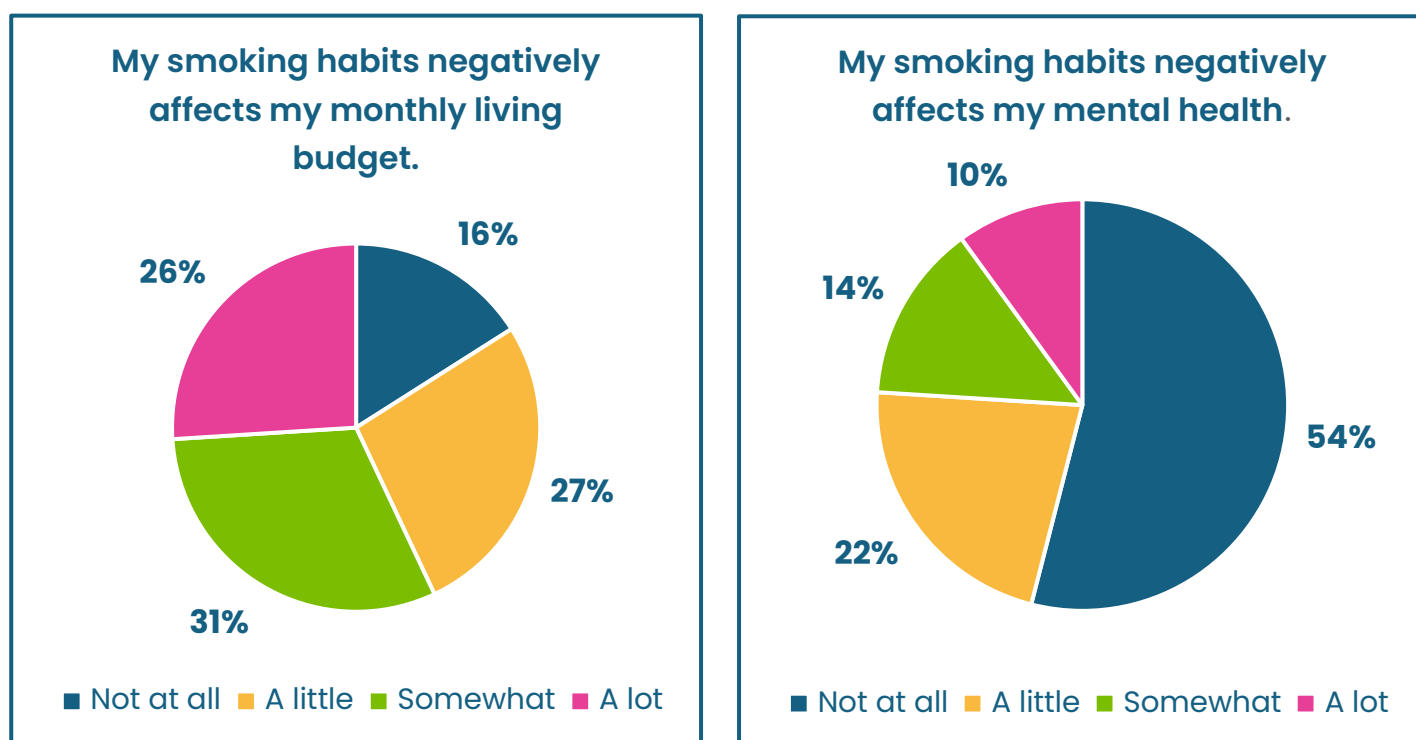


92% (129) have tried to stop smoking before, yet more than a third (37%, 48) have not sought support to stop smoking. Men were more likely to have looked for support at 75% as were people with a long-term condition at 79%.

People aged 18–44 were less likely to have sought help. Only 75% have tried to cut down or stop smoking compared to the 92% average and only 50% have looked for support compared to the 63% average.



- Over a quarter (26% – 30) said their smoking habit significantly impacts their finances. Almost a third (31% – 26) said it impacts their finances somewhat and 27% (31) said it impacts a little. Only 16% (17) felt their finances had not been affected.
- People with a long-term condition, people with a mental health condition and those with less disposable income were more likely to feel their finances are impacted at 39% respectively.
- Over 50% (54% – 62) said their smoking habit has not negatively affected their mental health. 22% (25) said it has a little and 14% (16) said somewhat. Just 10% (11) felt it had a negative impact.
- Men and people with less disposable income were more likely to feel their mental health is negatively impacted at 19% respectively.



5.3. Most smokers who looked for support spoke to their GP

Over 70% spoke to their GP for support to stop smoking. However 30% have not received any signposting or advice from a professional.

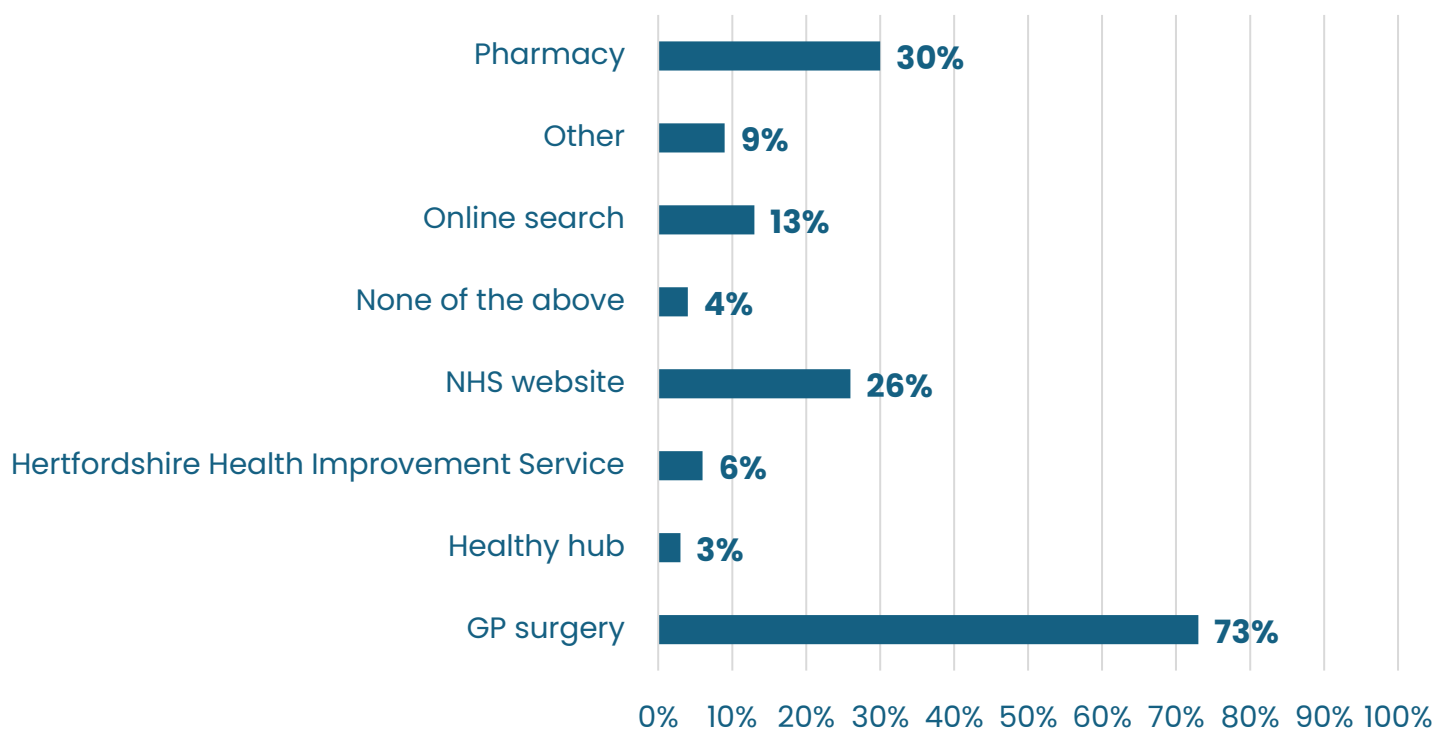
Of the 63% (82) of smokers who had looked for support, the majority (73% – 56) spoke to their GP surgery. Men, people with a long-term condition, and those with less disposable income were even more likely to have visited their GP practice at 85% respectively.

30% (23) visited a pharmacy, and this figure was higher for people aged 18–44 at 55% and people with a mental health condition at 53%. Over a quarter, 26% (20), looked at the NHS website, although this percentage was far greater for people with a mental health condition at 47%.

13% (10) searched online, 6% (5) used the Hertfordshire Health Improvement Service, and 3% (2) visited a Healthy Hub. 9% (7) mentioned other forms of support, including their employer, the Allen Carr webinar², and alternative therapies such as acupuncture and hypnotherapy.

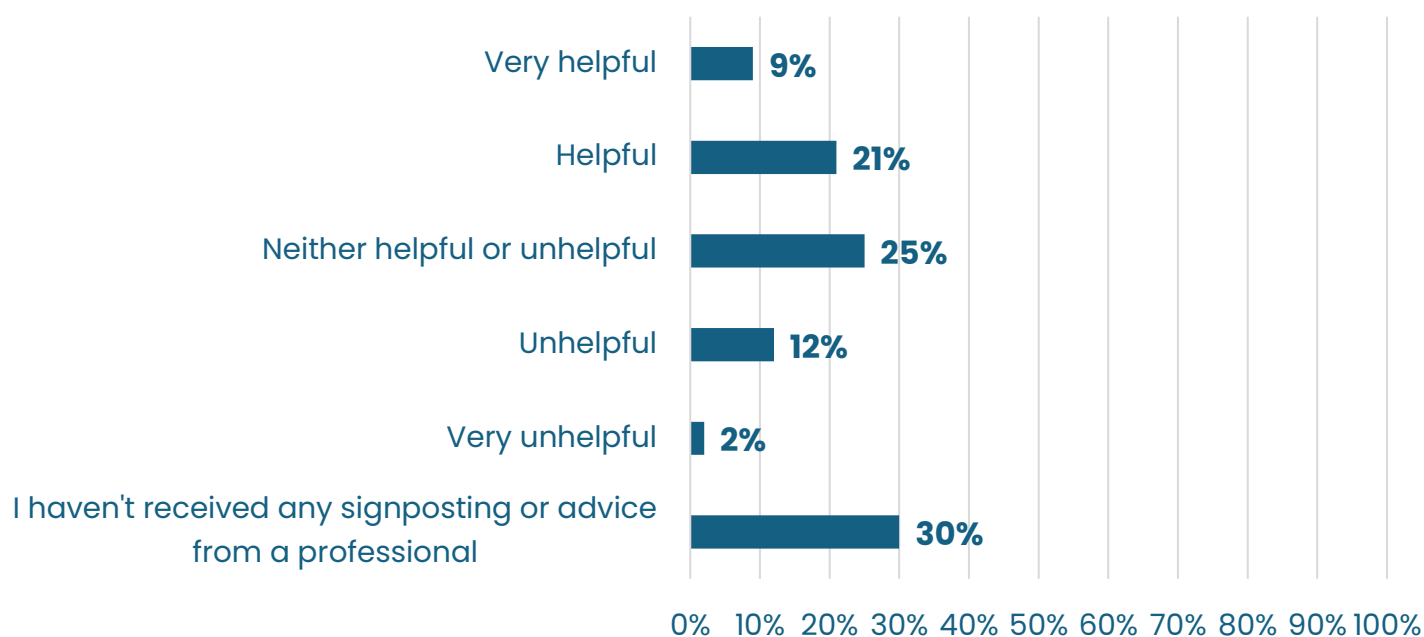
² Allen Carr's Easyway is a free stop smoking seminar: [Stop Smoking in Hertfordshire for FREE – Allen Carr's Easyway](#)

Where did you go to find support?



All smokers, regardless of whether they had sought support to stop smoking, were asked about their experiences of receiving signposting and advice from professionals. 30% (39) said it was helpful or very helpful, and only 14% (19) said it was unhelpful or very unhelpful. A quarter (25% – 33) were neutral, and 30% (38) said they had not received any signposting or advice from a professional about quitting smoking.

What has been your experience of professionals providing signposting or advice?



5.4. Over a third of smokers have never received support from a professional

Over a third of smokers have never received any support from a professional, and many are reluctant to access support from stop smoking services. In particular, they called for service provision to be made more local and accessible and for more in-person support to be provided.

All smokers were asked about their experiences of receiving support to stop smoking from healthcare professionals. Over a quarter (26% – 36) said the support offered was helpful or very helpful and only 12% (15) said it was unhelpful or very unhelpful. 26% (34) were neutral, and more than a third (35% – 36) said they have not received any support to quit smoking from a professional.

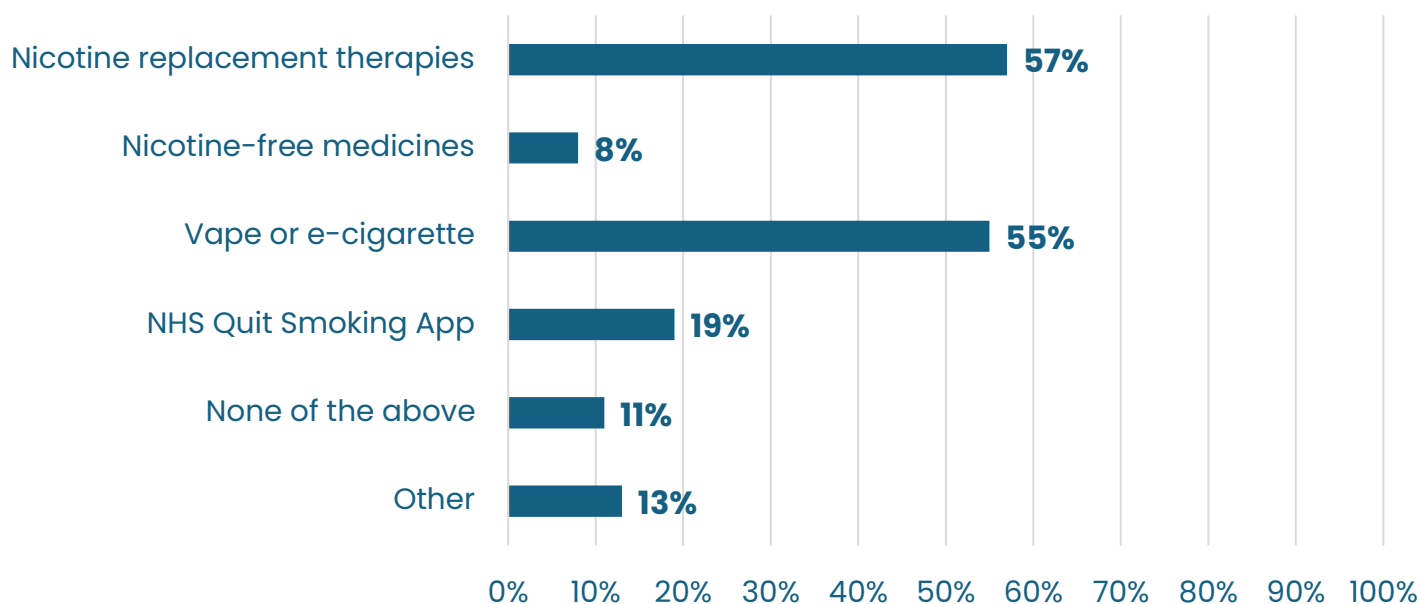


Smokers were asked which methods they have tried to cut down or stop smoking. The majority (57% – 75) have used nicotine replacement therapies, and in particular, people with a long-term condition were more likely to have used this method at 81%.

55% (72) used a vape or e-cigarette, and this was more common amongst those aged 18–44 at 67% and people with a mental health condition at 70%. 19% (25) have used the NHS Quit Smoking App, and again, this was far more common amongst people with a mental health condition at 43%.

8% (10) have used nicotine-free medicines, and 13% (17) had used other methods. This included Allen Carr resources, reducing the number of cigarettes smoked, stopping entirely, and going “cold turkey” and using alternative methods such as hypnotherapy, acupuncture and mindfulness.

What methods have you tried to cut down or stop smoking? Please tick all that apply.

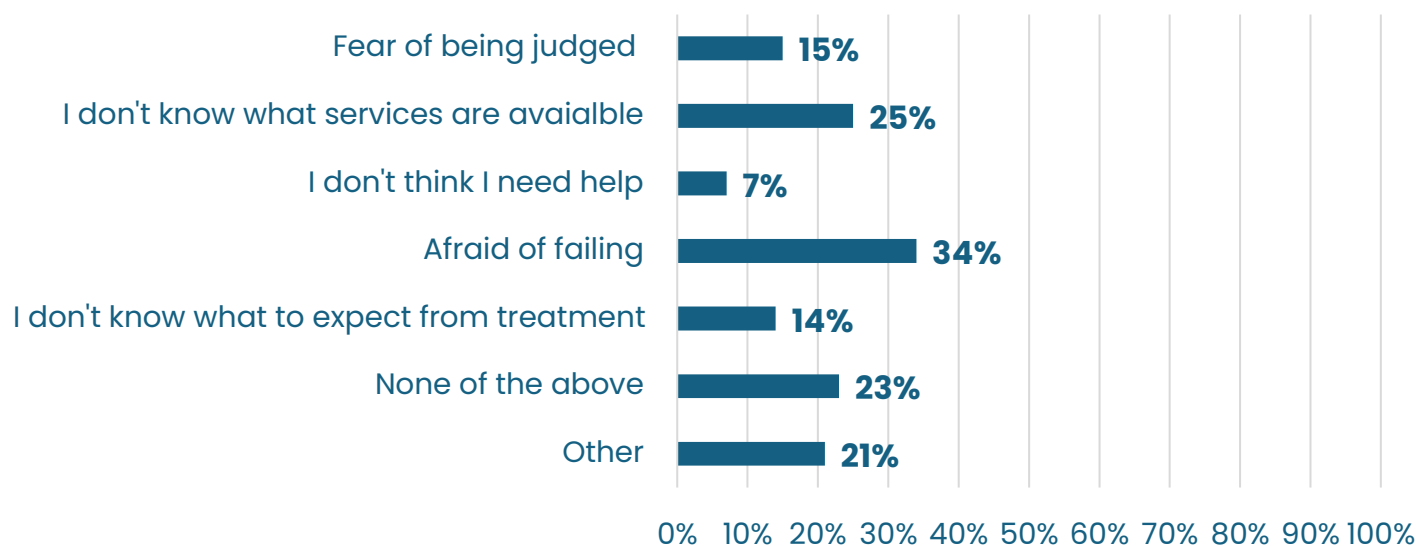


Smokers were also asked what had prevented them from seeking support to stop smoking. Over a third (34% - 38) said they are afraid of failing and more than a quarter (25% - 28) did not know what services were available, and this figure was slightly higher for those with less disposable income at 35%.

15% (17) feared being judged, and 14% (16) did not know what to expect from treatment. This figure was higher amongst people with a mental health condition and those aged 18-44 at 30% respectively. 7% (8) did not think they needed help, and again, this figure was greater for people aged 18-44 at 17%.

21% (23) mentioned other reasons. This included not wanting to stop smoking or finding it difficult to quit, not being able to access local support and services, concerns about weight gain, concerns about their mental health, and previous poor experiences of receiving support.

Have any of the following reasons prevented you from seeking support to stop smoking?



"The services available are 15 miles away in Luton from Stevenage."

"I'm really good at giving up for 2-6 months (and 17 years when I had my children), but now there is no one there at the moment when I really want to give myself a treat."

"I have tried nicotine replacement, didn't work for me."

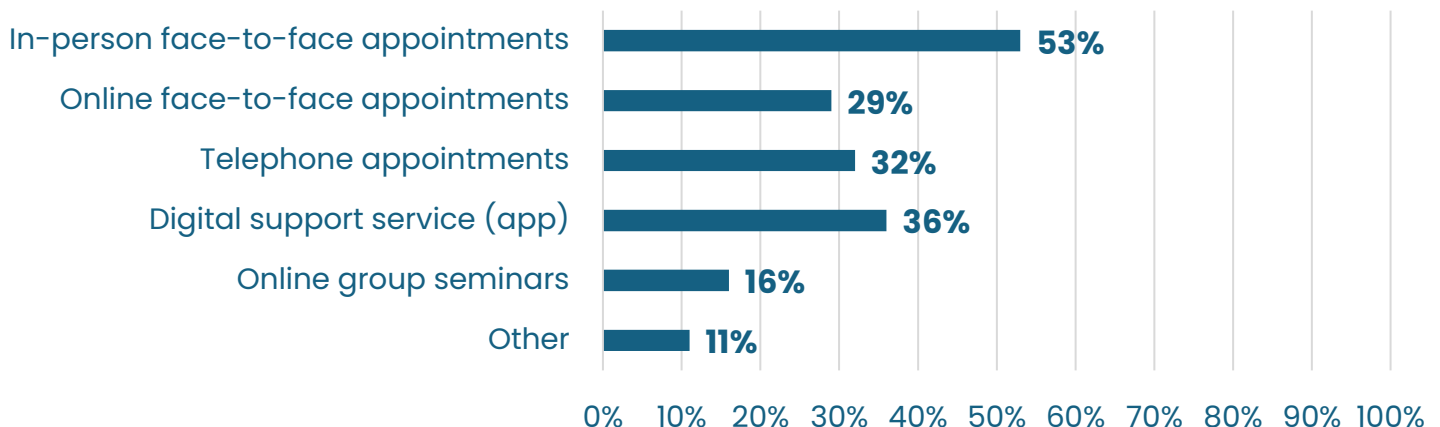
All smokers were asked about what type of support they would like to receive from services. Over 50% (53% - 54) wanted in-person face-to-face appointments, although this figure was lower for those aged 18-44 at 38% and people with a mental health condition at 35%.

More than a third (36% - 37) would like a digital support service (app) and again this percentage was higher for people aged 18-44 at 48%.

32% (33) wanted telephone appointments and this figure was higher for people with a mental health condition at 50%. 29% (30) would like online face-to-face appointments and this percentage was greater for people with a long-term condition at 43%.

16% (16) suggested online group seminars and 11% (11) offered other methods. This included supplying Champix³, providing more local services and provisions and offering in-person support groups.

If you are receiving or considering receiving support, what type of support would you prefer?



Smokers were asked what would encourage them to use Hertfordshire's Stop Smoking services, and a range of ideas were suggested. The most common at 16% (12) was to improve the geographical location and opening hours of services, followed by increasing awareness of the support available at 15% (11). A further 11% (8) wanted reassurance that they will not be judged by the service, and 7% (6) wanted services to offer alternative medications and treatments, with most of these respondents referencing the supply of Champix.

³ Champix is a smoking cessation pill and was previously used as a method to help smokers to stop smoking. The drug was withdrawn in 2021 after an impurity was discovered.

"Having someone who understands the reasons why someone smokes and doesn't provide judgement and explores the barriers as to why they're struggling to quit."

"I have dyslexia and it's hard to find out things about giving up and support because it seems I'm always being told to go to a website which does give the information but it's not much help for people like me."

"Convenient location and timing. Knowing where to find them (NHS link always ends up at Shefford which is not even in Herts!)"

"When signing up to a stop smoking service, getting the medication in place quickly is a must. I was all ready to get started and had to wait for the duration of the course before I was prescribed the correct medication. By then the moment had passed."

Another 7% (5) said they would access Hertfordshire's Stop Smoking services if they had concerns about their health, and a further 7% (5) if they had financial worries. Other suggestions included: providing personalised care plans, more education on the risks of smoking, certainty that the support would make them stop smoking, and introducing a digital app.

"Hope of success. I know it's not good for me. I managed to stop with no support for 4 weeks then a little upset in my life and back to smoking."

"Probably a health scare. I want to stop but feel powerless. I have pretty successfully battled other addictions but the immediate consequences of smoking have never been as bad as those relating to my other destructive mechanisms. I have bought so many vapes and made so many vows about cutting down/stopping but always break them."

"A personalised and structured plan on how to decrease my nicotine use, instead of doing a one-size-fits-all approach, it would be helpful if it could be tailored individually to enable me to go at the pace I feel comfortable."

However, it is important to note that 15% (11) said they do not want to stop smoking or are not convinced they can quit the habit.

"It's really hard, there is nothing challenging me to stop. Only time I have stopped is after a bad flu or cold that went to my chest. Happy for a couple of months, then all I really, really want is a cigar."

They were also asked if there is any additional support that could help them to stop smoking, by which 37% (31) gave some suggestions.

Most smokers (19% - 6) would like access to medication and treatment that would suit their needs, and a further 19% (6) wanted alternative therapies and activities to support their general health and wellbeing. 9% (3) would like more information on coping mechanisms and ways to quit smoking. Other suggestions included: offering mental health support, providing full health checks, one-to-one support and personalised care plans.

"I have ADHD and find that this could be why I struggle to stop smoking, maybe a form of a stop smoking method that helps people with disabilities that may rely on this."

"Tablet medication. I have PCOS and can't afford to put any more weight on for health reasons and this affects me trying to stop smoking so help with this due to my BMI would be great."

“Organised activities to distract in early days of quitting like online mindfulness, group walks, healthy eating and healthy living talks, that kind of stuff.”

5.5. In-depth insights from smokers

In the one-to-one interviews, smokers shared the reasons they have not quit smoking, the barriers they have faced in trying to stop, and the support they have received.

Alongside the survey, one-to-one interviews were held with smokers to explore in more depth their reasons for continuing to smoke. In total, we had in-depth conversations with four smokers. Their stories are detailed within this section.

5.5.1. Barriers in quitting smoking

All of the smokers we spoke to have smoked for over 20 years. Although they were aware of the long-term health impacts and the financial costs, they were still reluctant to quit smoking. They stressed that they need to have a strong incentive to stop smoking.

Being healthier or living longer was not enough of an incentive for some smokers to quit smoking, and they noted that it is hard to physically see the long-term consequences of continuous smoking.

"There's no great incentive for it. It's all about incentive. I mean it was there when I had the kids, because it meant something, you know, I know it's the right thing."

"I had a colonoscopy last November and they found quite a lot of polyps. I'm fine, there was nothing nasty there or anything else like that and I said well why have I got so many of those? He said probably because you're a smoker and you probably have a drink here and there, it's lifestyle. But then I brushed it all aside, I thought well nothing nasty is there."

"You need a big incentive, not just you'll be healthier or live longer or something like that because you could be under a bus tomorrow. Those aren't meaningful to people."

All smokers have tried to stop smoking in the past but have relapsed many times. Some smokers quit temporarily, either due to health reasons or pregnancy. However, they all commented on how difficult it is to stop smoking, how demanding their cravings are and how addicted they are.

Smokers listed a number of reasons as to why they smoke. This included finding it hard to quit because their partner also smokes, seeing smoking as a "treat" or "reward" and finding smoking beneficial for their mental health.

"I stopped smoking when I was pregnant, but obviously I don't want to become pregnant every time I want to stop smoking."

"Once I was actually very successful, I had to have an ovary removed and I was in hospital and I got an MRSA infection and I couldn't smoke when I was in hospital and I was really ill when I got out. At the time I was in a relationship with somebody who didn't smoke and hadn't smoked for a few weeks. I stopped for about nine months then I ditched that bloke and started going out with somebody else who was a cigar smoker and it just went from there. I've tried to stop a few times."

"I still feel sometimes you know I'd just like to come home, have a nice gin and tonic or a glass of wine and a cigar."



Leanne's* story

"I've smoked for about 30 years and have 10 to 20 cigarettes a day. I stopped smoking when I was pregnant, I've had hypnotherapy, I've tried patches, and I've been to the Allen Carr thing and that didn't work either. When I did the Allen Carr thing, I didn't realise in that session you were going to stop smoking and it freaked me out. The information was really great and if I was in a place where I was expecting that to be the day where I didn't smoke anymore, I feel like it would have been better."

"I know all the reasons why I should stop smoking but it doesn't seem to be enough to stop me. Every time I go to the GP they go 'stop smoking, do you want help' and I go 'no, not at the moment'. They kind of go, 'well we're here if you need it and it'd be a good idea for your health' so yeah, they're not pushy but they make it very clear that, that is what I should be doing and I can go to them if I want some help."

"I see a consultant for other things and he's said to me to stop smoking as well, I mean everyone tells me to stop smoking, my mum said it to me today, my kids say it to me...I'm in recovery now, I've been sober for donkey years so I go to AA meetings. I'm very aware this is another addiction. I think I'm a bit scared to be honest with you, if I stop smoking, what's going to happen. There's a bit of fear there. I mean obviously I wouldn't turn back to the drink but I'd have to start dealing with things without a crutch."

"I think groups like AA groups for people to stop smoking, where you can go once a week, have a bit of a chinwag, talk about how crap your week's been and if you've managed not to smoke, an get ideas from people, how they've managed, like a community thing so you don't feel alone doing it. And again it brings a bit of accountability, meeting your people next week you don't want to go in saying you've smoked."

**Please note a pseudonym has been used to protect their identity.*

5.5.2. Seeking support to stop smoking

Most smokers have seen Hertfordshire's Stop Smoking services advertised at their GP practice. However, some smokers have not accessed the support available.

"I've heard of the services because when you sit in the doctors it comes up on the screen and also I get the patient newsletter, and it comes up on there. I've seen it, but I've never thought about talking to somebody."

"I saw it in the doctor's surgery, it was Hertfordshire County Council giving no smoking help, so I phoned the number and explained my situation."

The majority of those seeking support have spoken to their GP practice. The majority said their GP practice is not "pushy" but provides information about where they can access support should they want it, and promotes the benefits of stopping smoking.



Sharon's* story

"I've been smoking since I was about 14 and now I'm 58. I smoke a combination of tailor-made and roll-ups. I suppose maybe 30 a day? It depends how busy I am, what the day entails, whether I'm in or out."

"It's really tough and that was always one of the excuses I've used, because I've not had great mental health in my life either. I remember when I was in a psychiatric hospital a couple of times and we were actively encouraged to smoke there and not give up while we were so ill."

"I've never spoken to any professional about giving up before. Probably because of fear, failure of failure, feature of pressure to a) do it and b) succeed. The thought of not smoking for a day, one day at a time, is quite horrific. I am powerless over my addiction for smoking, I was going to say for nicotine but it's more than the nicotine. I feel totally powerless over the addiction and I can't, I feel like I can't stop it on my own. I know I can't stop it on my own. But at the same time, talking to somebody every week, I'm an addict, I'm just going to lie. You know, nobody is going to know except me if I've smoked when I say I haven't."

"When I say an addict, I don't mean somebody who does something on a regular basis and finds it inconvenient to stop doing that, I mean somebody who is born an addict. I have behaved in a compulsive, addictive way with gambling, with alcohol, cannabis, destructive behaviour and sex. I've come to thought I've got an addictive gene, I have an addictive personality, it's all or nothing. So many times in my life, so many areas, it's all or nothing, it's an absolute curse. I do worry that if I can't smoke I'll turn to something else"

"I was a big self-harmer as well so I think it's better to inhale the cigarette then burn myself with a cigarette which I used to do. I keep telling myself there are worse things, that I've damaged myself in worse ways. But I'm starting to cough more and I'm coming up to 60 and I'm at the prime age for something to go wrong. I know how much damage I'm doing to myself, I know what the financial cost is. We're on our uppers here yet we spend money we don't have day in and day out on his habit which is also inevitably going to kill us both."

**Please note a pseudonym has been used to protect their identity.*

There is some mixed messaging coming from health professionals, which suggests clarity is needed to support those signposting to support: one smoker was told by their GP practice that they "do not smoke that much" and would be putting their body under too much stress if they stopped smoking. Another was told by their GP that roll-up cigarettes only count as half a cigarette.

"When I do talk to the doctor about it he just goes yeah but you don't smoke that much. He said just be careful you know, that you're not putting yourself under too much stress because you don't smoke that much in the grand scheme of things."

"My doctor always says that smoking roll-ups she counts a roll-up as half a cigarette because they keep going out and they don't have as much tobacco in them. So I'd probably say I smoke between 30 and 40 a day but most of those are roll-ups."

Positively, most smokers said their access to treatment is not impacted and that they never felt judged or mistreated by healthcare professionals due to their smoking. However, one smoker was told they will not be able to get operations because they smoke.

"The doctor is very open with me, they're not judgemental at all."

"Everything is like you can't have that done because you smoke, I've got bad knees, I had a knee operation two years ago, everything on the NHS like knees and hips they look at everything as a way of stopping funding and if you smoke, that's a tick against you. I need another knee operation so it's probably going to be the same problem and you know half the time you're lying to the doctors saying no you don't smoke so you'll get the knee operation quicker."



Richard's* story

"I'm very good at going for quite long periods without smoking and then falling back to it. Smoking is the only thing I can give myself permission to do, which is almost naughty. Smoking is my little thing that I'm going to reward myself with. I don't have that urge like I used to, but I feel something is missing if I don't have a cigar."

"They bring up smoking every time I go to the GP. I mean, I've suffered from childhood asthma all my life, which just hasn't gone away, so of course it comes up in the notes, and I do take medications. I do have an inhaler that I take morning and night. I don't think, and this is the bad thing, I don't think the smoking makes it better or worse, so I can't see the value in stopping."

"Sometimes the GP will just go 'come on, you really must stop' and the nurse, as the asthma check-up just goes 'you really must stop' and I think yeah I must but I don't know."

"There's no great incentive for it; it's all about incentive. They've given me all kinds of links to stuff, I know it all inside out. I used to work for [a major pharmaceutical company], I worked in respiratory new products, you know all kind of stuff to help with COPD, all that sort of thing. But it's just really, really hard. It's all about treating myself. There's really very little that I can find as an incentive just to completely stop. That's my problem."

"I know it's the right thing to do, and I know I shouldn't smoke, so I am going to keep trying. I think somebody who you have to go to then and explain yourself would be far more useful than reading or stuff on a website or even groups. To be honest, you need that accountability to actually go and say you know I fell off the Wagon. I want a one-to-one coach, someone to check in with you would be brilliant. Even if it's another smoker, even if you set it up with another smoker who's on the same path, and you start sharing."

**Please note a pseudonym has been used to protect their identity.*

Some smokers said they have tried using nicotine replacement therapies, attended the Allen Carr webinar, and used vapes and e-cigarettes to reduce or quit smoking entirely. However, smokers shared that these methods did not work for them in the long term. One smoker shared how stop smoking services were inaccessible, and this prevented them from getting the help they needed.

"The addiction is as much what you do with your hands as well, the physical action as it is the nicotine."

"I vape, but I don't think it does anything, I don't think it helps."

"I do have a vape, I did start using it, and I think the problem I've got with it is, the only vape that I've found that actually gives me the hit that I need has such high nicotine content, and you can't get it lower. It's just that feeling, isn't it, putting a cigarette to your mouth and seeing the smoke come out, you know."



Luke's* story

"I smoke probably about 15, maybe more at weekends. I have stopped smoking before, I have up for about six years, that was about 10 years ago. I went to the GP and he prescribed Champix, you used to take Champix, the tablets."

"I stopped for about six years and then I started again, but it changed, everything changed then because the second time I had to go to a non-smoking class, but the non-smoking class was on a Thursday morning at like 9:00am which was no good for me."

"I done it once a week, so I had to go to one that I could get to each week which was all over Hertfordshire. You know, one week I would go to one town, the other week I'd go to another town after I finished work and it just got too much, I couldn't do it. You know I go to work at 2:00am in the morning and the last thing I want to do at 2:00pm when I'm finishing is trying to get 30 miles down the road to an appointment, and then if you don't turn up you don't get your prescription for your next set of tablets."

**Please note a pseudonym has been used to protect their identity.*

Smokers were asked how Hertfordshire's stop smoking services could be better advertised, and the majority said the language used should not be as negative, and instead encouraging people to smoke less should be adopted as an approach. They also mentioned that showcasing real-life success stories could help prompt smokers to quit.

Smokers also suggested that information about stop smoking services should be shared on social media, and that confidential peer support groups for smokers should be established.

"That would be my advice, take the word stop out of it. I quite like the idea of smoke less. Set yourself a pathway to come down to less."

"Even if somebody said right come join us and smoke less, that would be good. You're not dictating to me that I've got stop, you're just saying why not cut down a bit. Groups like that would be good."



6. Ex-smokers: Key findings

6.1. Demographics of ex-smokers in our survey

69% (449) of respondents who completed the survey are ex-smokers. The demographics of this cohort are shown in the tables below. Please note it was optional for respondents to provide demographic data⁴.

Age:

- 18-24: **0%** (0)
- 25-34: **1%** (4)
- 35-44: **4%** (16)
- 45-54: **13%** (47)
- 55-64: **18%** (64)
- 54-74: **32%** (116)
- 75 and over: **30%** (107)
- Prefer not to say: **1%** (3)

Ethnicity:

- Asian/Asian British: **1%** (3)
- Mixed/multiple ethnic groups: **1%** (4)
- White British: **84%** (317)
- Any other White background: **9%** (32)
- I'd prefer not to say: **3%** (12)
- Other: **3%** (10)

District/borough:

- Broxbourne: **9%** (31)
- Dacorum: **13%** (48)
- East Hertfordshire: **12%** (44)
- Hertsmere: **7%** (24)
- North Hertfordshire: **14%** (51)
- St. Albans: **11%** (41)
- Stevenage: **8%** (29)
- Watford: **9%** (31)
- Welwyn Hatfield: **6%** (23)

Gender:

- Female: **46%** (172)
- Male: **51%** (193)
- Non-binary: **1%** (2)
- I'd prefer not to say: **3%** (11)

- I am a carer: **9%** (32)
- I have a disability: **13%** (47)
- I have a long-term condition: **25%** (94)
- I have a mental health condition: **8%** (29)
- None of the above: **60%** (225)
- I'd prefer not to say: **3%** (13)

Financial health:

- I have more than enough money for basic necessities and a lot to spare: **24%** (91)
- I have more than enough money for basic necessities and a little to spare: **47%** (174)
- I have just enough money for basic necessities: **11%** (41)
- I don't have enough money for basic necessities: **2%** (6)
- I'd prefer not to say: **17%** (62)

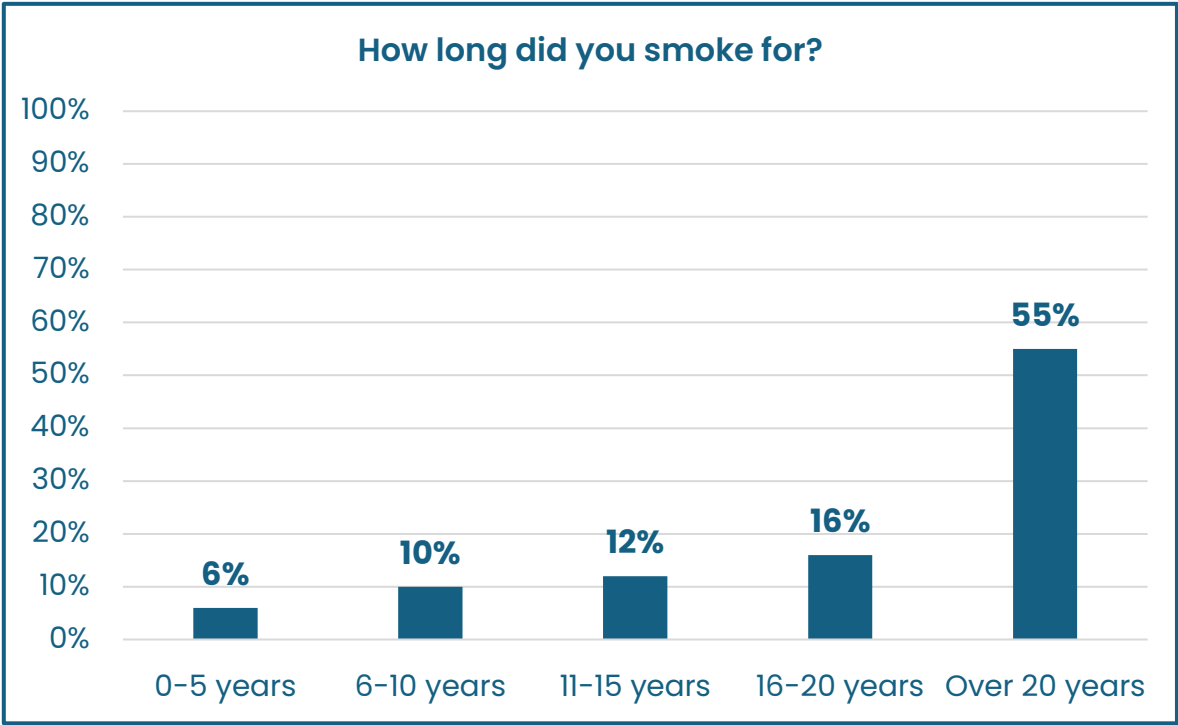
⁴ Please note that the numbers within the brackets represent the number of respondents.

6.2. Over 50% of ex-smokers smoked for over 20 years

More than 50% of ex-smokers smoked for over 20 years, and the majority decided to quit due to concerns about their health.

Over 50% (55% – 247) smoked for more than 20 years, over a quarter (28% – 127) smoked for between 11 – 20 years, and 16% (74) smoked for between 0 – 10 years. It is worth noting that 70% (265) of ex-smokers have more than enough money and either a little or a lot to spare.

This could suggest that those with more disposable income may find it easier to quit smoking, especially given that 48% of smokers considered themselves to have enough money and either a little or a lot to spare.



For over 70% of ex-smokers (71% – 316), the core reason they decided to quit smoking was due to health concerns. This was followed by financial concerns at 29% (131) and influence from friends and/or family at 28% (126).

"My heart surgeon told me in February 2018 that he would operate in November of that year, but that if I was still smoking I would die! I asked why and he said if I was still smoking he would not operate and waste his time. I gave up that morning and have never smoked since. I had been smoking for 62 years."

"I knew that it wasn't good for my health and general condition and finance."

"Seeing my mum suffer and die from lung cancer caused by smoking."

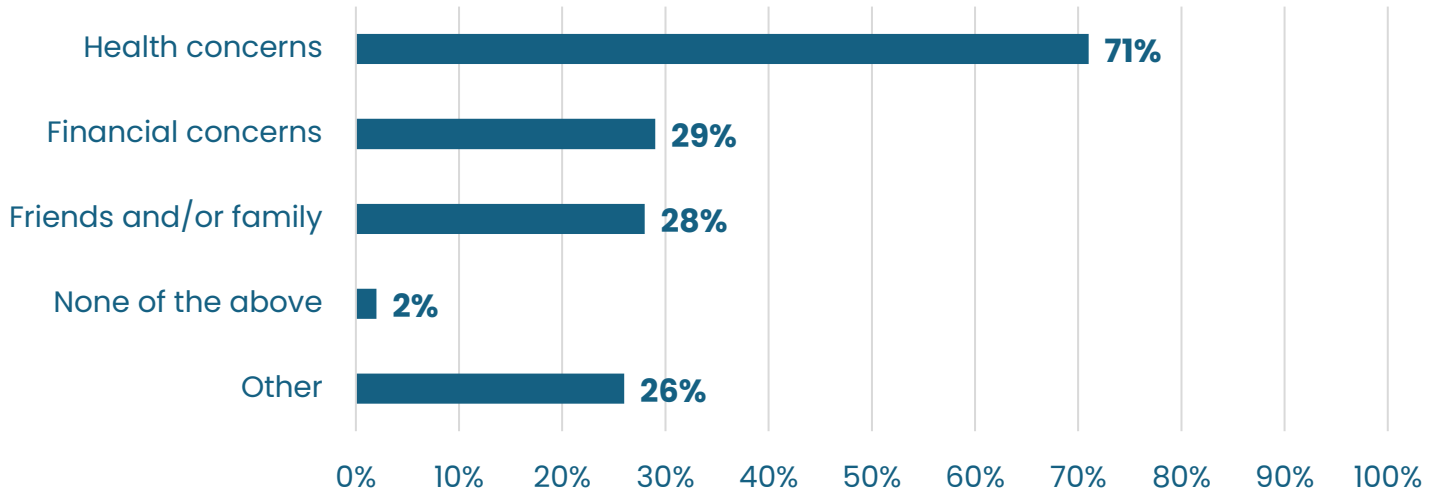
26% (115) cited other reasons for choosing to stop smoking. This included: no longer wanting to smoke, disliking the smell of smoke, becoming pregnant or having a baby, and smoking becoming more socially unacceptable.

"I didn't want to smell of smoke and I didn't want my grandchildren seeing me smoke."

"When I became pregnant with my first child I didn't enjoy smoking."

"The inconvenience of not being able to smoke wherever I wished and the realisation that my addiction was restricting my freedom."

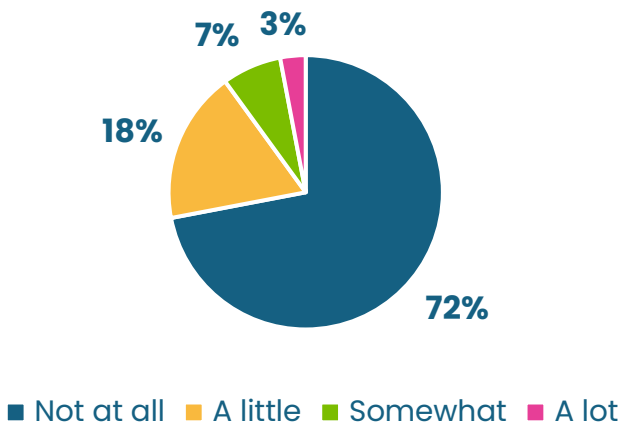
What made you decide to stop smoking?



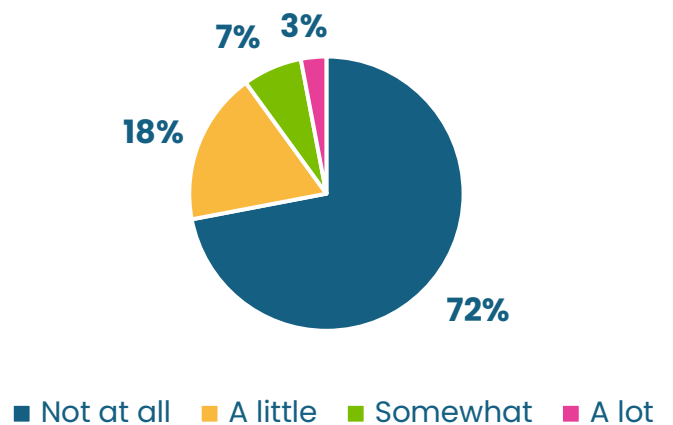
When asked about the impact of smoking on their livelihood, 11% (48) of ex-smokers said their habit affected their finances a lot. 23% (104) said it impacted somewhat, 34% (151) said a little, and 32% (141) said it had no impact at all.

Only 3% (13) said their smoking habit negatively impacted their mental health. 7% (30) said it impacted somewhat, 18% (81) said a little, and over 70% (72% - 323) said not at all.

My smoking habit used to affect my monthly living budget.



My smoking habit used to negatively affect my mental health.



6.3. Only 20% of ex-smokers accessed stop smoking support

Just 20% of ex-smokers accessed stop smoking services and support. However, they had very positive experiences with almost 90% said it was easy to get support, and over 90% said the care they received was helpful.

All ex-smokers shared what prevented them from stopping smoking sooner. 21% (91) did not think they needed help, 4% (64) were afraid of failing and 7% (30) did not know what services were available. 14% (16) said they did not know what to expect from treatment and 1% (6) feared being judged.

"I didn't realise any services were available at the time."

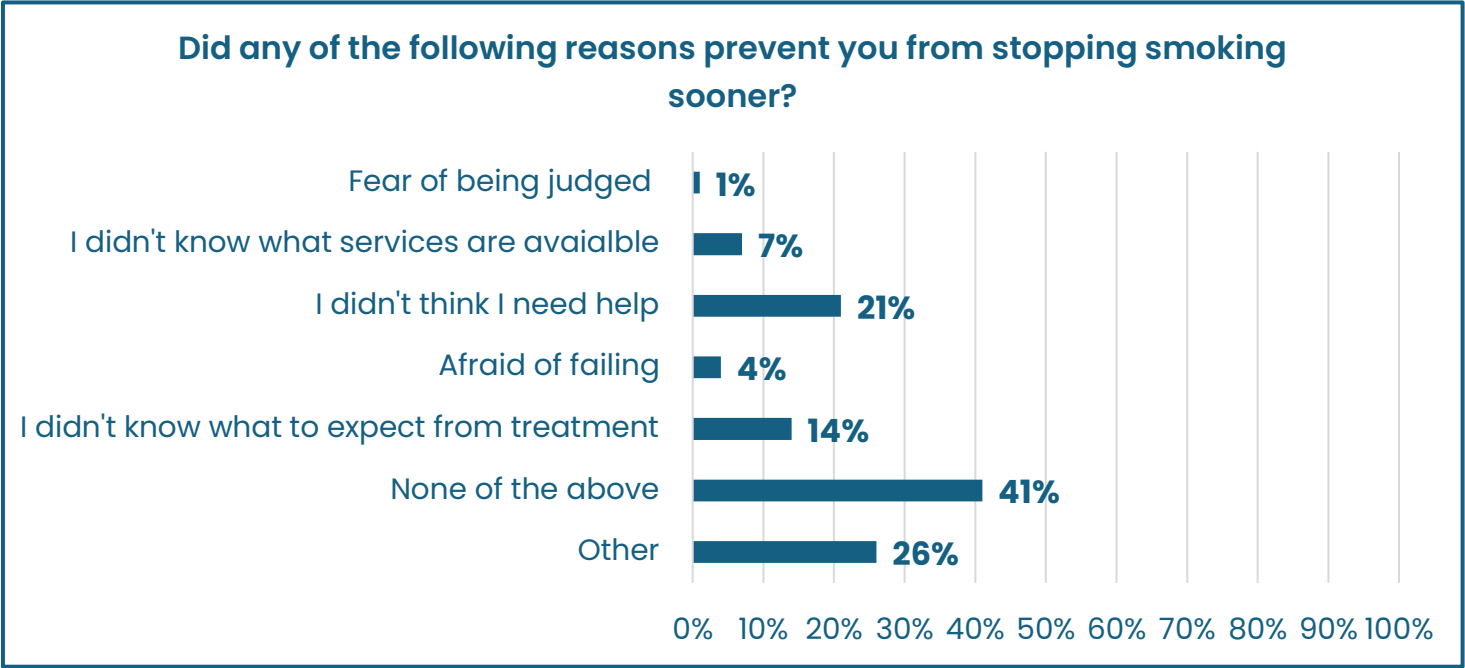
"I didn't see smoking as an issue for a long time."

However most ex-smokers (41% – 181) said none of these reasons stopped them quitting smoking sooner. A further 26% (115) listed other explanations. This included: enjoying smoking and not wanting to quit, concerns about their mental health, being addicted to the habit and peer pressure.

"I was a very addicted smoker and my need for cigarettes prevented me from stopping sooner."

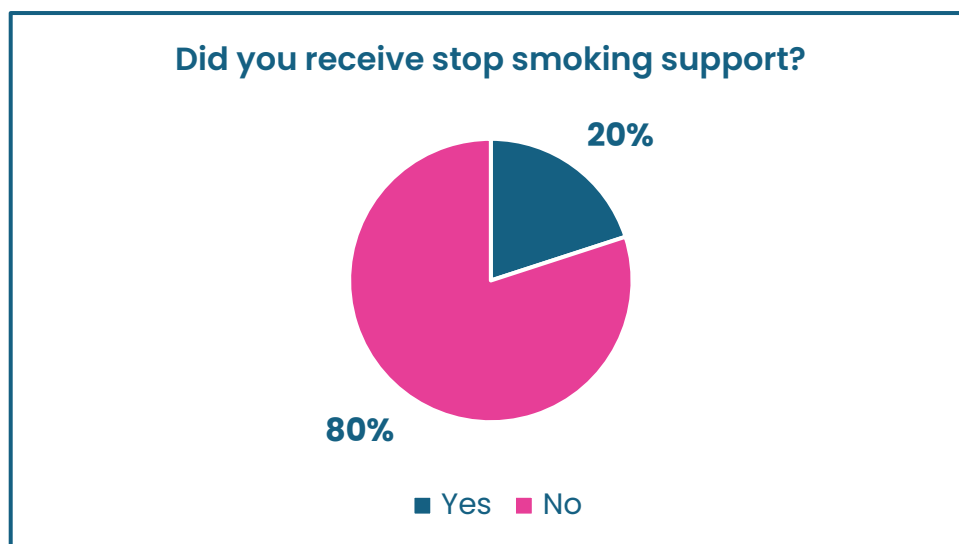
"Social anxiety partly prevented me from stopping, as I used to feel more relaxed conversing in social situations if I was smoking or had a cigarette in my hand."

"I enjoyed smoking and socialising with other smokers. It also gave me a break and a reason to get out into the fresh air every so often during the day."



6.3.1. Experiences of ex-smokers who accessed stop smoking support

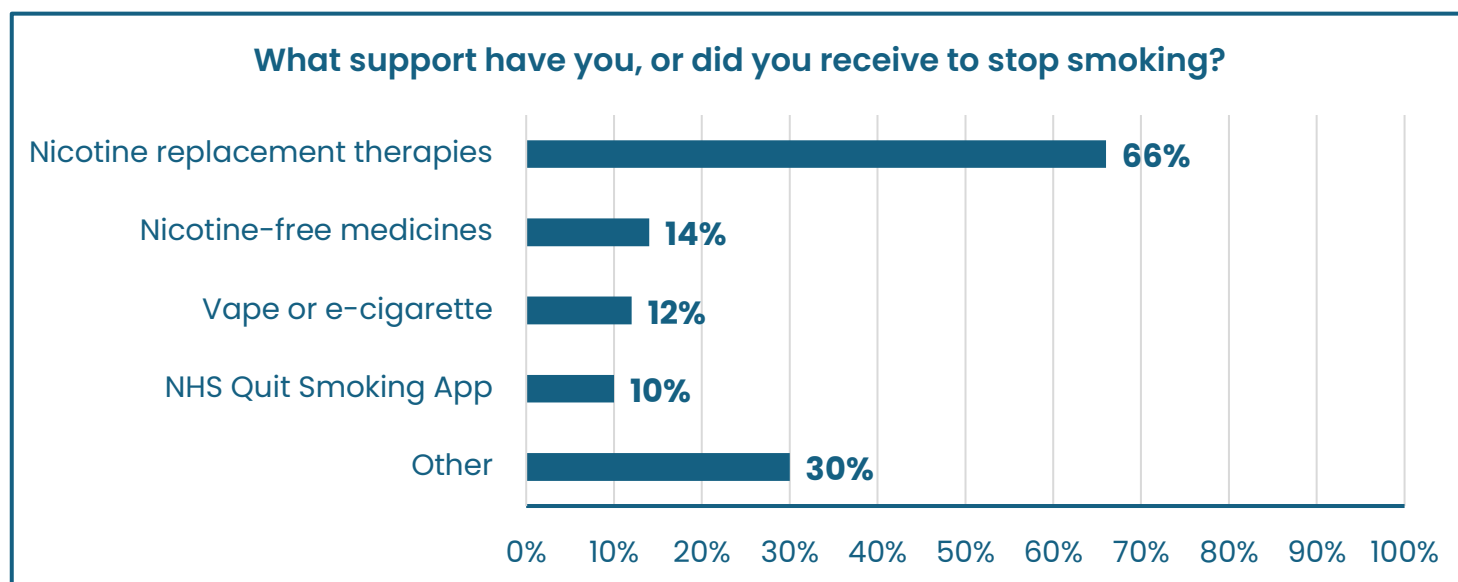
Only 20% (89) of ex-smokers received stop smoking support. This section details their experiences of receiving care from stop smoking services.



Over 60% (66% – 55) of these ex-smokers received nicotine replacement therapies to help them stop smoking. This was followed by nicotine-free medicines at 14% (12) and using a vape or e-cigarette at 12% (10).

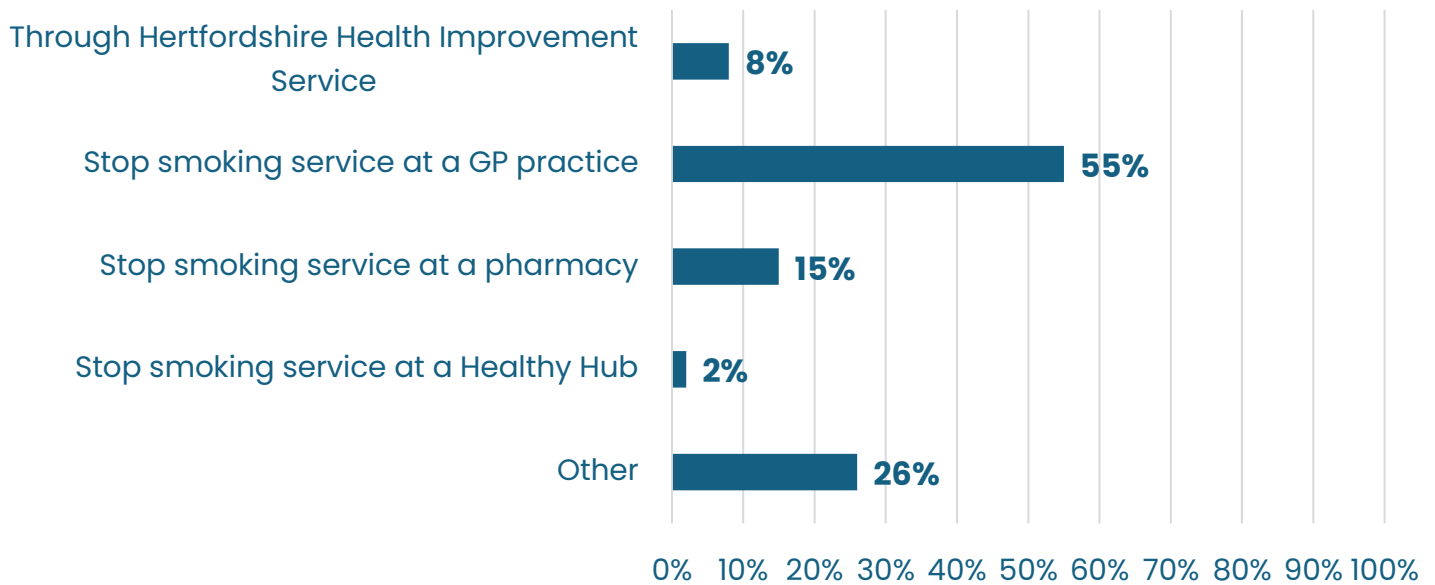
10% (8) used the NHS Quit Smoking app and 30% (25) mentioned other sources of support. This included: support from a smoking cessation advisor, alternative methods such as hypnotherapy, Allen Carr resources and being prescribed Champix before it was discontinued.

People with a long-term condition were more likely to have used nicotine replacement therapies at 81% compared to the 66% average.



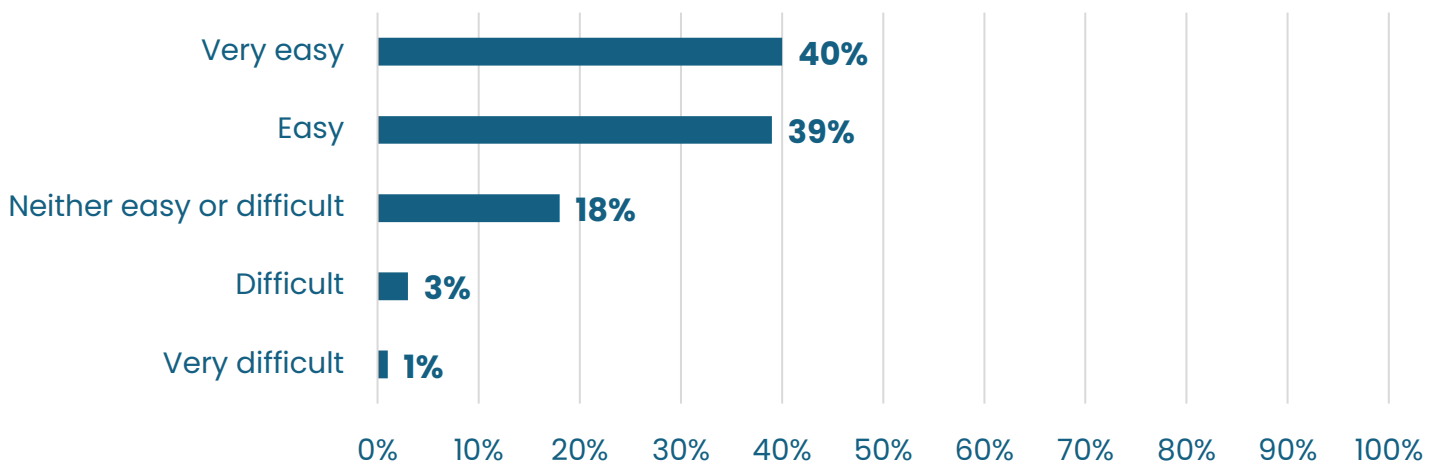
Of the ex-smokers who had accessed stop smoking support, over 50% (55% – 47) received support from their GP practice. 15% (13) visited a pharmacy, 8% (7) used the Hertfordshire Health Improvement Service and 2% (2) accessed the Healthy Hub. 26% (22) of ex-smokers mentioned other forms of support. This included: their employer, hospital, family and friends and the NHS Quit Smoking app.

Where did you access Stop Smoking support?



The majority (79%) said it was easy or very easy to access stop smoking support. 18% (15) said it was neither easy or difficult and only 4% (3) found it difficult or very difficult.

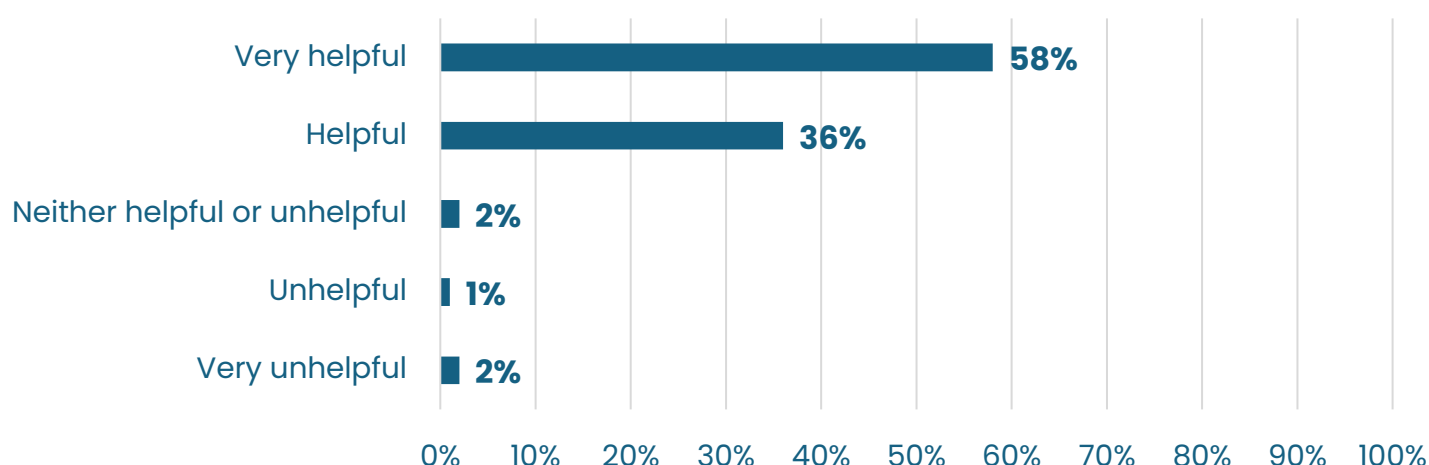
How easy was it to seek support to stop smoking?



"Neither the GP nor the pharmacy seemed to know who was to help me."

Likewise, ex-smokers who had accessed stop smoking support were very positive about the care they received. 94% (80) found the support helpful or very helpful, 2% (2) said it was neither helpful nor unhelpful and only 3% (3) said it was unhelpful or very unhelpful.

How would you rate the support you received to stop smoking?



"Excellent stop smoking programme with nurse support from GP."

"I contacted the stop smoking service and was given an initial appointment very quickly. The session was on a one-to-one basis and was very positive. The one-to-one chats and the measurement of the carbon monoxide in my lungs, seeing that fall each week was a tremendous boost."

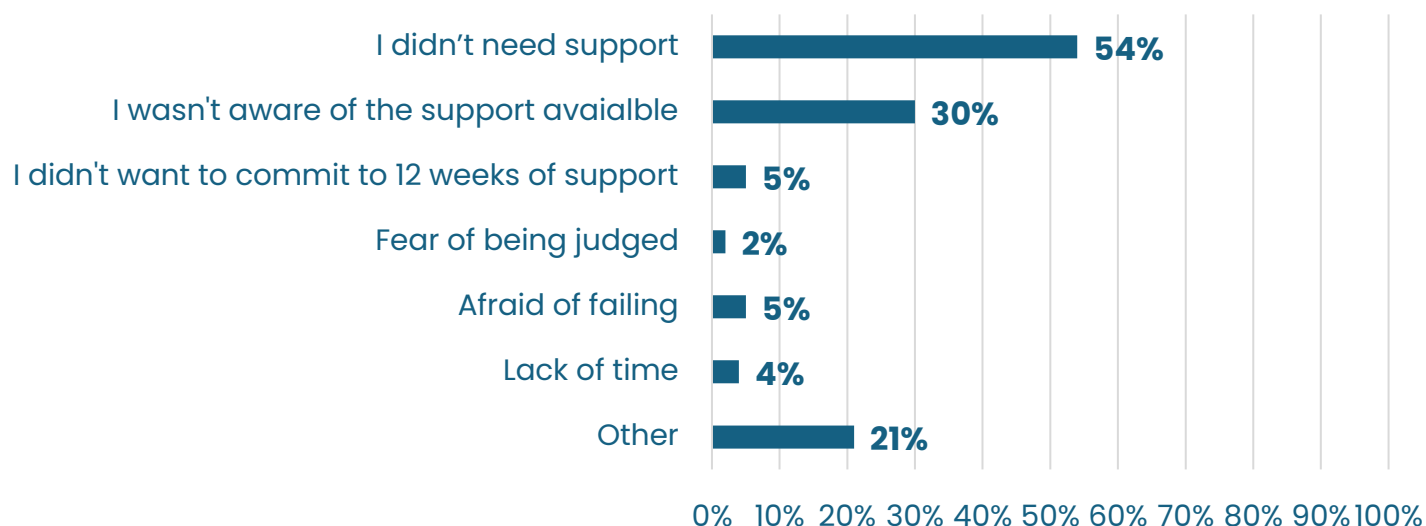
6.3.2. Barriers in accessing stop smoking services and improving provision

Ex-smokers who had not accessed stop smoking services were asked why they chose not to seek support. Over 54% (188) said they did not need support and 30% (106) were not aware of the support available. 5% (17) were afraid of failing and another 5% (16) did not want to commit to 12 weeks of support. 4% (15) did not have the time to access support and 2% (6) feared being judged.

A further 21% (75) cited other reasons for not accessing stop smoking support. This included: choosing to quit independently, previous poor experiences of receiving care, difficulties accessing support and not wanting to stop smoking.

It is important to note that some ex-smokers said they quit smoking over 20 – 30 years ago and as such these services were not available to them.

Why did you decide to not access support to stop smoking?



"I had tried to quit with support in the past, but found the advisors judgemental and not helpful."

"I decided to quit and just stopped without using any support or resources."

"When I gave up in about 1990 the services were not as available then as they are now."

"Tried to get support from the GP, but their service was non-existent."

These ex-smokers were asked what type of support they would have considered receiving. A third (33% – 112) wanted in-person face-to-face appointments, followed by a digital support service at 15% (53). 8% (29) would have liked online face-to-face appointments, 6% (22) wanted telephone appointments and 5% (17) wanted online group seminars.

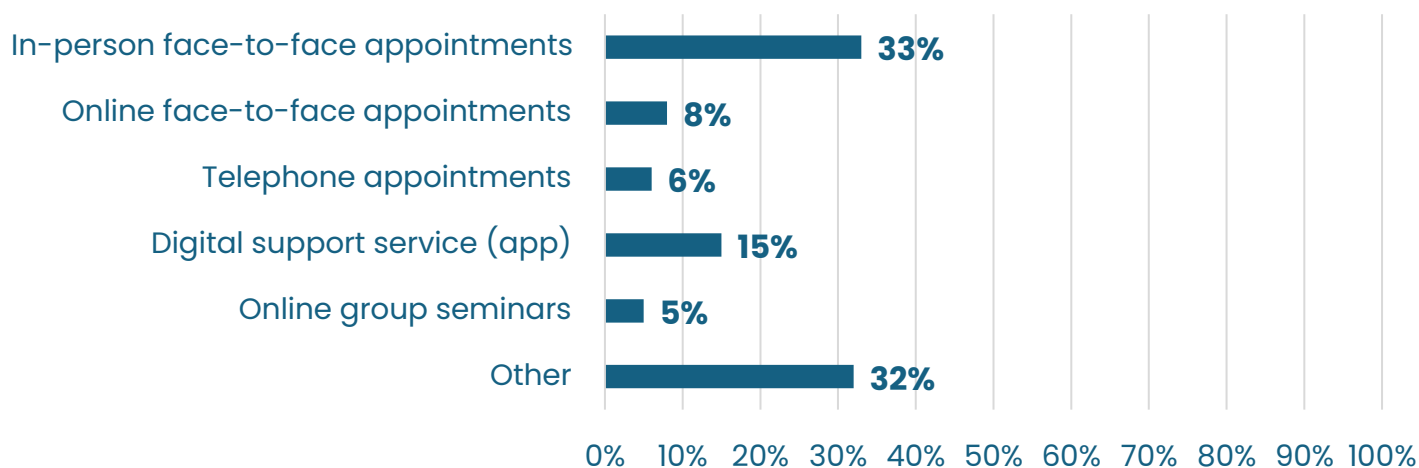
32% (110) suggested other types of support. Of this figure, some ex-smokers suggested in-person support groups, while the majority felt they did not need any support from services.

"Support group with others who are quitting."

"None really. I think that I knew everything I could have been told and being told it all again would have been an embarrassing waste of time."

"I wouldn't have wanted to have someone else managing my life."

What type of support would you have considered receiving?



Ex-smokers also shared what other types of information and support may have encouraged them to use stop smoking services. This included: empathetic and understanding healthcare professionals, having information about the support and services available, receiving timely support, and information about the health risks associated with smoking.

Some ex-smokers said someone has to want to stop smoking and be committed to breaking the habit, and others said they would have accessed support if they were not able to quit independently.

"You have to be ready to want to stop. No amount of adverts or advice from others helped me to make the decision."

"Knowing where to quickly obtain support from and that support to start immediately. Any waiting time and the moment has gone."

"If vaping and gradually cutting down the levels of nicotine hadn't worked then I probably would have approached the service."

"I think more understanding of the real negative impact of smoking both social and health may have encouraged me to stop earlier than I did."

Ex-smokers were also asked if they had any other suggestions for how stop smoking services could be improved. Key ideas included providing more education, particularly to younger generations, and advertising stop smoking services more widely.

"Informing more people on the effects of smoking to prevent them and younger generations from taking up the habit."

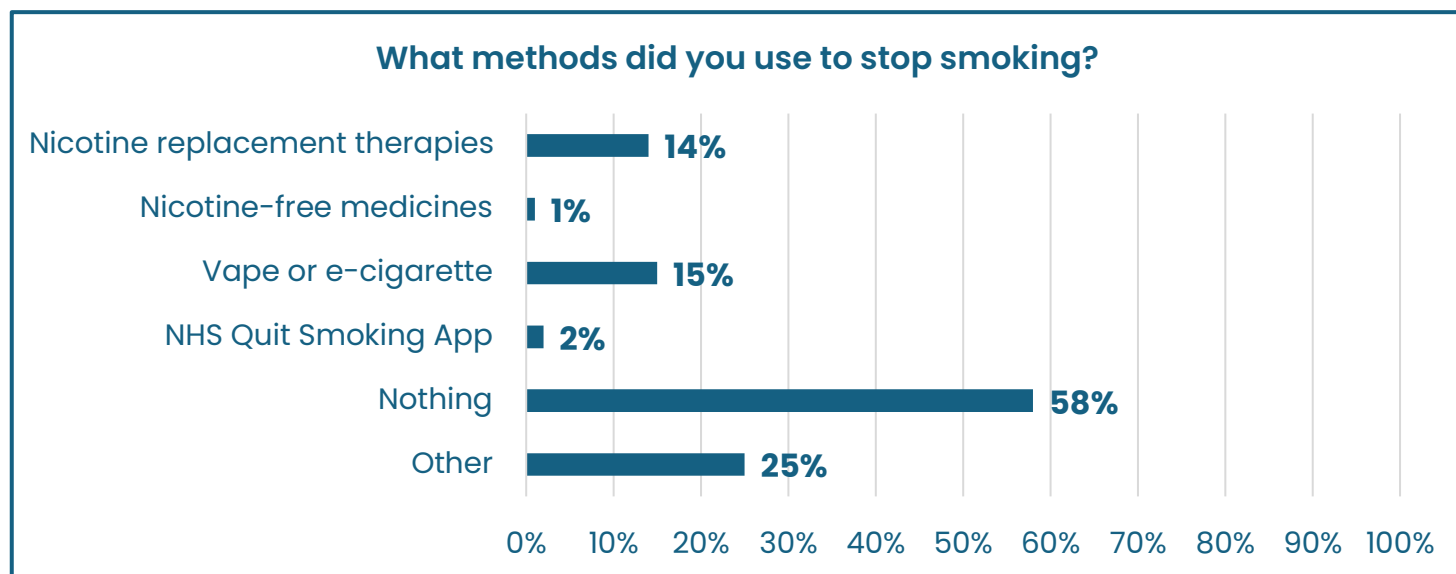
"People are not aware of the services, need to maybe link with doctors surgeries and places where people are going to start thinking of stopping."

"I am not sure enough people know about the service. I'd tried using many services. The chemist but they didn't have enough time to spend with me to get the support I needed."

6.3.3. Methods for stopping smoking

Ex-smokers who did not access stop smoking support were asked what methods they used to quit smoking. The majority (58% – 198) said they used nothing while 15% (52) used a vape or e-cigarette. 14% (46) used nicotine replacement therapies, 2% (6) used the NHS Quit Smoking app and 1% (3) accessed nicotine-free medicines.

A quarter (25% – 84) said they used other methods to stop smoking. This included: stopping smoking entirely and going “cold turkey”, gradually reducing the number of cigarettes they smoked, Allen Carr resources, encouragement from friends and family, and using distraction techniques.



“Willpower, which was really tough as I smoked heavily for a number of years.”

“My wife helped me to realise it was a disgusting/harmful habit for the children to see.”

6.4. In-depth insights from ex-smokers

In the one-to-one interviews, ex-smokers shared the reasons for stopping smoking and their experiences of receiving support.

One-to-one interviews were held with ex-smokers to explore what encouraged them to stop smoking and the support they received. In total, we had in-depth discussions with eight ex-smokers. Their stories are detailed within this section.

6.4.1. Reasons for stopping smoking

Most ex-smokers decided to stop smoking due to the implications it was having on their health and emphasised that messages from their GP practice played a key part in encouraging them to quit. Cost, change in attitudes and social norms, improved mental health, and the smell of cigarettes were also cited as motivators in their decision to stop smoking.

"I hit my 50s, and I was worried about health implications. It was a combination of many factors, even money as well coming into it."

"I was smoking about 60 a day, I was chain smoking basically. It was just a habit of continually smoking, I didn't have much money, and all my friends were going on holiday, and I just couldn't afford to go, I was so angry with myself."

"Someone said I don't like going to the pub because I really don't like coming home smelling of smoke, and I thought to myself, that's me. And I stopped that day."

6.4.2. Methods for stopping smoking

Many ex-smokers tried to quit smoking numerous times before they eventually stopped. They stressed that smokers need to be in the right headspace and have the willpower and readiness to stop smoking entirely. Others actively avoided situations in which they may feel tempted to smoke.

"You can try 99 times, but until you have the right mindset, it's different. I had tried and it was a bit half-hearted, and I wasn't really committed. I do think a lot of these things lie within you, and there's something that lies in you, a desire for change, it's finding the willpower to keep going, and that's the hard bit."

"You can lead a horse to water, but you can't make it drink. You can't do a huge amount, you can't force people to give up smoking, it's got to come from the person themselves, they have to want to give up smoking."

"I didn't put myself in a situation where I would be likely for some time."

"I failed because basically people were always smoking around me, wherever I went."

Respondents cited numerous methods for quitting smoking. Many used nicotine replacement therapies, but some ex-smokers did not find these to be helpful. Others used a vape or e-cigarette, while some simply went "cold turkey" or used habit-breaking techniques to reduce the amount of cigarettes they smoked.

"I tried nicotine gum and I never got on with it. I tried patches before too, but what stopped me reverting, I think was the ability to get a hit of nicotine from an inhaler."

"I put money aside that I would have spent on cigarettes and then every week I would buy something that I wouldn't have bought otherwise. I used to see it as a treat day."

"I decided it was going to be my last day of smoking, I went cold turkey, it was tough."

6.4.3. Accessing support to stop smoking

Some ex-smokers went to their GP practice for support to quit smoking and were referred to the Hertfordshire Health Improvement Service. They found the one-to-one support provided by the service invaluable, and commented that the weekly sessions gave them the motivation and accountability to stop. One respondent was referred to the service when having their flu vaccination, highlighting the importance of making every contact count.

"It was talking to her on a weekly basis but she also took a measure, I had to breathe into a thing, it monitored the carbon monoxide in my lungs. She measured it week after week and after a few weeks it had gone, and I was feeling much better and it really helped. I think I went four or five times, just talking to her helped."

"I mean it was general discussions and she was very supportive. It was probably about half an hour sessions. It was just having that weekly thing for about six weeks helped enormously."

"The face-to-face chats with the nurse, for me that was the most powerful influence in giving up."



Jake's* story

"I stopped eight years ago, I smoked for about 40 years. I would say I smoked probably 20-25 a day, that would be an average over all those years. My wife died and I was coughing an awful lot and I was smoking an awful lot and I just thought oh I've really got to try and stop smoking, so that was the initial impetus for it. Up until she died, we both smoked together so I never thought about giving up to be honest."

"I went to the GP and I was referred onto a scheme through the GP and that's what started me off. I saw this chap who was very, very helpful, understanding, I think he could see that I was in a bit of shock after my wife had died. He was very sympathetic to the fact that I couldn't envisage stopping completely but I wanted to reduce and try it. He was absolutely brilliant and he got me those patches and I used to wear the patches and that certainly reduced the amount I smoked. I still managed to smoke a few on some days but it did reduce the amount I smoked so that was very helpful."

"Then all of a sudden he disappeared and was replaced by someone else, this would have been after a couple of months and this next bloke was obsessed with 'I had to stop smoking within a certain amount of time', 'I should have stopped smoking by now' and it was just all target-driven nonsense and I just lost heart with it all and just stopped going."

However, some ex-smokers had more negative experiences using the Stop Smoking services. One respondent could not get support because the services did not have any capacity, and another respondent found the advisor too “target-driven” rather than patient-centred and this deterred them from continuing with the programme of support, as shown in the case study above.



Cindy's* story

“I stopped in 2011 and smoked since I was 8. I would say I smoked between 20 and 30 a day. I stopped by a chance conversation when I went to have a flu jab.”

“The local pharmacy was just around the corner from our surgery and the pharmacist said to me had I thought about giving up smoking and I said I had, although I hadn't done much at that time. He said he had a pharmacy assistant who had a 60% success rate which was 10% above the NHS average at the time. So I took up the offer and I had support on a weekly basis to start with, she was always helpful.”



Kevin's* story

“I started in University at about 18 years old – so about 40 something years I smoked for. It varied by the time I was giving up, but deary me, 40 cigarettes a day, about. I tried to stop many times but in July 2022 I had a stroke.”

“When I had a stroke and I was taken to hospital and I was in there and I didn't realise it, but they were putting nicotine patches me on, I didn't know that but I was in hospital for 2 weeks. I realised they were putting patches on so I didn't need a cigarette, and I said ‘can I have some of those to take home,’ and they said ‘no, we can't give them to you, you have to go to your doctor and get them to prescribe them to you.’ So, when I came out of hospital I contacted the doctor, and he said ‘no, no we can't do that, you have to contact the National Health Service Stop Smoking thing,’ he gave me a number to call so I called the number, and it said ‘oh we don't take phone calls, we only take texts, text us on this number.’ So, I text them on that number, and an hour or two later I got a text back saying ‘we're far too busy to take on anyone else so we can't.’ So, there I was wanting to stop smoking and I couldn't.”

“If it wasn't for the fact that I didn't want another stroke, I could still be doing it! It would have been so good for someone to be like ‘get the patches for now, get a vape thing’ and help by having people talk me through and telling me what to expect next and how to stay motivated. If was all out there on my own, if there was someone to give advice to someone like me, that would have been marvellous, but they were too busy. I wish I had used them, I got excited when the GP said there is a special service, so I was disappointed not to get their help, but I got there anyway.”

Ex-smokers shared that by stopping smoking, their health improved, both physically and mentally. Some respondents commented that they still miss or crave smoking, but fortunately have the willpower to dismiss these urges.

"I have the willpower, I can eat healthy and not smoke and I haven't done so for three years but I still miss it, I still miss it!"

"I think it was the most single important thing I did to improve my health."

6.4.4. Promoting stop smoking services

Ex-smokers were asked how stop smoking services could be better publicised and promoted. The majority suggested there needs to be more education and awareness about the support available, including promoting the services in a range of community settings. They also said there could be a greater emphasis on the cost of smoking to encourage people to quit.

Other ex-smokers said that GP practices should play a key role in having conversations with smokers. One respondent suggested that GP practices should send out targeted text messages to smokers advertising the help they can access.

"It needs to be big and loud and sort of everywhere, in your GP surgery, buses, trains, leaflets and stuff you get from the local councils, everywhere, you know, to make people aware that these services are available."

"I know this is a difficult area for GPs but if someone smokes they should talk to them about it, sometimes you have to have those difficult conversations."

"I mean, there are a lot of things that GPs do on text messages, could it be sending stuff out? You could do a targeted message."

Lastly, a few ex-smokers said it is difficult to encourage people to access stop smoking services unless they have the determination and desire to quit smoking.

"It's a combination of messages so people actually think life could be better. It's about getting that spark in people's brains to think I'm not going to do this anymore."

"You can lead a horse to water but you can't make it drink, you can't force people to give up smoking. It's got to come from the person themselves, they have to want to give up."



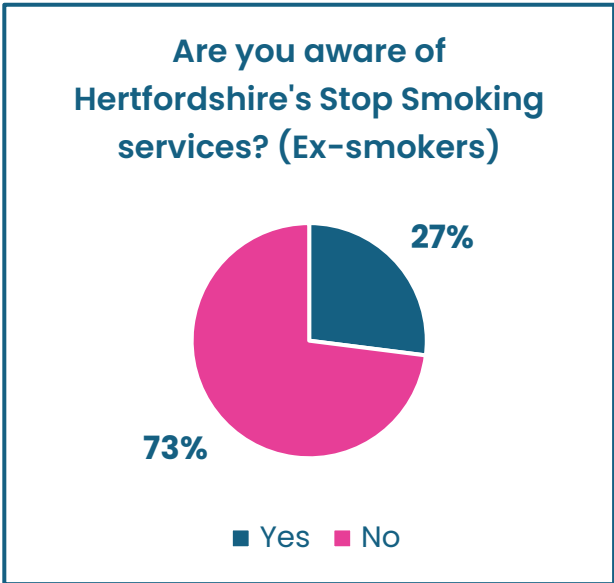
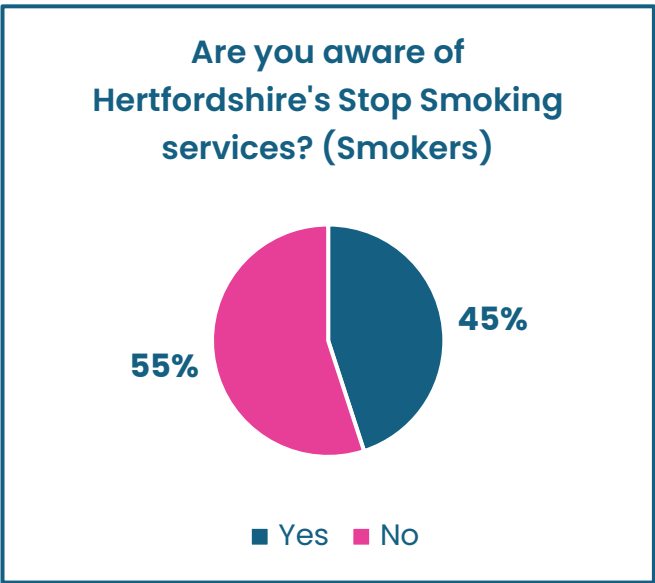
7. Improving promotion of stop smoking services

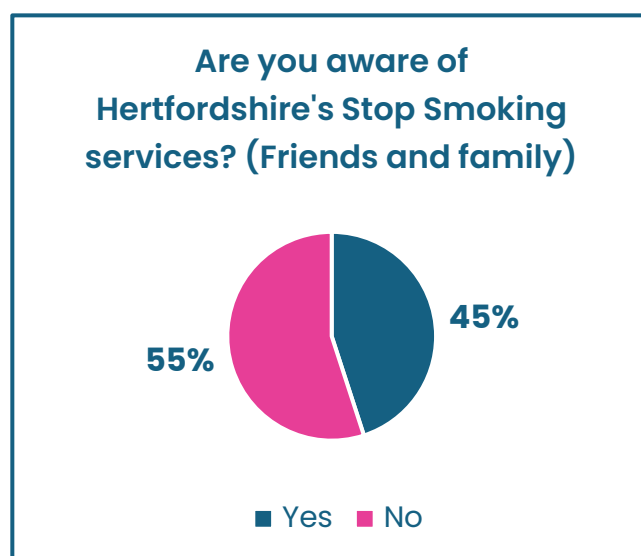
7.1. Over 50% of smokers are not aware of Hertfordshire’s stop smoking services

More than half of smokers are not aware of Hertfordshire’s stop smoking services. All respondents suggested how the services can be better promoted, with the core suggestion being greater advertisement in local, public settings.

All respondents were asked about their awareness of Hertfordshire’s stop smoking services, and their responses varied. Smokers (60) and friends and family (25) had the best awareness at 45% respectively. Ex-smokers were far less likely to be aware of the services at just 27% (96).

Interestingly, men who smoke were more likely to have heard of stop smoking services at 57% and smokers aged 18–44 were less likely at 33%.





For the 45% (60) of smokers who knew about the services, the majority (20) had been informed by a healthcare professional, including GPs, hospital staff, pharmacists and dentists. Others found out about the stop smoking services through the internet, leaflets and posters, their employer and friends and family.

All respondents were asked how Hertfordshire's stop smoking services could be better advertised. The most common suggestion was displaying information about the services in local, public spaces and settings at 30% (190).

This was followed by providing more information in healthcare settings and to healthcare professionals at 15% (95) and a further 10% (65) said social media channels should be more effectively utilised. Other suggestions included: using encouraging, supportive messaging, sharing real success stories, targeting children and young people, and using traditional communications such as TV and radio.

It is important to note that a quarter (163) of respondents generally felt that Hertfordshire's stop smoking services needs to be promoted more.

"Making the message to stop smoking a positive and encouraging experience. Make stopping something to look forward to rather than something that has to be endured."

"The message needs to be where smokers will see it and see it as advice and not a lecture. Restaurants, pubs, hotels, all social spaces."

"Heavier emphasis on promoting the service on the most viewed internet platforms, local radio, TV channels, cinemas, hospitals, GP surgeries and pharmacies. Public libraries, public transport and schools/colleges/universities."

"Continual promoting from hospitals, doctors, dentists and social workers with appropriate literature readily to hand when a smoker has been identified."

8. Summary of Findings

Of the 655 respondents, 22% said they smoke, of which 75% said they have been smoking for over 20 years. Although 93% have tried to stop smoking before, we found that more than a third have not sought support to quit. Only 45% were aware of the services.

For those who have accessed support, the most common route was via their GP practice. Most smokers have tried nicotine replacement therapies and/or vapes or e-cigarettes to stop smoking, but did not find these to be successful. Over 30% have not sought support because they are afraid of failing, and over a quarter do not know what services are available to them.

Over 50% would like to access in-person face-to-face appointments to help them stop smoking; however, digital and online options were also favored.

Most ex-smokers stopped smoking due to health concerns; however, only 20% accessed stop smoking support. For most ex-smokers, this was because they did not think they needed help, and/or were not aware of the support available to them. Ex-smokers emphasised the importance of determination, willpower and wanting to quit as a core motivation.

For those who accessed support, most had visited their GP practice and were positive about the care and treatment they received.

Across all cohorts, respondents emphasised the need for stop smoking services to be better promoted and advertised, commenting that many residents are not aware that these services exist. The majority suggested displaying information in local, public spaces and settings, followed by providing information in healthcare settings and to healthcare professionals. Other common suggestions included: using supportive messaging, sharing success stories, targeting at-risk groups, and educating children and young people.

The findings highlight the reasons why smokers may not access support, the type of care they want to receive, and how stop smoking services can be better advertised. We hope that the data will be valuable to Public Health and support them in shaping their plans, target their work, and meet the requirements of the local community by providing the services they want, in a way they want.

9. Summary of Recommendations

The findings of this report have highlighted various ways in which smokers can be better supported and Hertfordshire's Stop Smoking services can be advertised. Our recommendations focus on the following themes:

1. Undertaking targeted engagement with groups who are more likely to smoke

In particular this includes people aged 18-44, women, people with long-term conditions and/or mental health conditions and those with less disposable income.

2. Improving the advertisement and signposting to stop smoking services

Services can be better promoted and advertised with some examples including ensuring all healthcare professionals signpost smokers to support services, using softer language and a combination of messaging, and displaying information in a range of community and healthcare settings.

3. Increasing awareness of stop smoking services across services people interact with

Focus on increasing awareness of the support offered by pharmacies, healthy hubs and the Hertfordshire Health Improvement service.

4. Encouraging smokers to use stop smoking services

Address the reasons smokers do not access support including advertising the services available, where they are located and how they can be accessed, and explaining what people can expect from treatment.

5. Ensuring a range of support is available for smokers

Preferences for support varied so it is important Public Health offers a variety of in-person, online and telephone appointments, and one-to-one and group support. Public Health should also signpost to mental health services and provide a variety of stop smoking methods.