

Feedback on smoking cessation and pulmonary rehabilitation services in Islington



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

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Introduction

Healthwatch Islington champions inclusivity in health and care services. We work in partnership with a range of local, community-based organisations supporting residents experiencing health inequalities. Many of these residents face barriers that make it harder to get their voices heard. As a partnership, we work together to gather insight from the residents our organisations represent to inform service provision and commissioning, increasing equality of access.

Healthwatch Islington was commissioned to gather feedback from these groups on their experiences of smoking cessation and pulmonary rehabilitation services as part of our Community Research and Support Project 2022/23.

Research was conducted via one to one structured interviews and/or focus groups based on survey questions. One of the principles of our partnership is that we don't ask people to share feedback without offering them information or support in return. Information and signposting support was provided in appropriate community languages.

Participating organisations:

- ▶ Choices
- ▶ Community Language Support Services
- ▶ Disability Action in Islington
- ▶ Healthwatch Islington
- ▶ Imece Women's Centre
- ▶ Islington Bangladesh Association
- ▶ Islington Somali Community
- ▶ Latin American Women's Rights Service

Number of residents we heard from:

- ▶ Smoking cessation - 65 respondents
- ▶ Pulmonary rehabilitation services - 33 respondents

Key learning points

- 1.** A 'community champions' model could work well for promoting smoking cessation services given the lack of success stories within the communities we spoke to and language barriers preventing some people who had engaged with smoking cessation services (and to a lesser extent pulmonary rehabilitation services) from getting the most from them.
- 2.** 13 of the 14 respondents who were not aware that there was support available to help them stop smoking were Somali men. If this trend is corroborated by other research data it would suggest that the promotion of smoking cessation services within the Somali community should be a priority.
- 3.** Poor air quality was identified as a problem by some residents who had successfully engaged with pulmonary rehabilitation services.
- 4.** One patient who had tried to engage with pulmonary rehabilitation resources on the Whittington Health website felt that the online offer could be improved. Specifically, they would have welcomed more direction/instruction as to how to get the best out of the online resources.

Stopping smoking

Islington Bangladesh Association, IMECE Women’s Centre, Choices, Community Language Support Services, Islington Somali Community and Latin American Women’s Rights Service provided feedback on smoking cessation services.

Residents needed to be registered with an Islington GP and/or be living in Islington to participate. We were interested in hearing from smokers, and ex-smokers who had given up within the last three years. We were interested in hearing from ex-smokers who had received help from their GP/pharmacy/other smoking cessation service. We did not speak to ex-smokers who had given up on their own. 65 people gave feedback.

What do you smoke (or what did you smoke)?

Cigarettes	Shisha	Marijuana	Electronic (vaping)
63	3	1	2

Most respondents smoked cigarettes. 2 of the 3 shisha smokers also smoked cigarettes. Two respondents smoked e-cigarettes (vaping). One vape smoker also smoked cigarettes. One cigarette smoker also smoked marijuana.

Are you aware that there is help to stop smoking?

Yes	No	Total
51	14	65

Although our participants are self-selecting and therefore not representative, we noted that 13 of the 14 respondents who were not aware that there was support to stop smoking were Somali men. If this is corroborated by other research data it suggests that additional promotion of smoking cessation services within the Somali community would be useful.

Has your GP practice or other health professional offered you support to stop smoking?

Yes	No	No answer	Total
36	28	1	65

Did you take it up?

Yes	No	Total
12	24	36

One third of respondents who were offered support to stop smoking took up the offer.

Were there any barriers to you taking up the offer?

This question was put to all participants, not just those who were offered support. Responses have been grouped by thematic area and listed in order of popularity (by the number of respondents who gave the same or similar answers)

Yes, I'm addicted to smoking	13
No	13
I don't want to stop smoking	6
Language barriers	6
Friends and peer group	4
Stress, loneliness, poor mental health	4
Willpower is more important than the smoking cessation service	3
The support offer wasn't as extensive as I expected	1
I always smoke after food	1

The most frequently identified barrier to taking up the support offer was being addicted to smoking. Nine of the 13 respondents who said there were no barriers had nevertheless not taken up the offer. This was their own choice and presumably this was because they didn't want to stop smoking. Six respondents stated explicitly that they didn't wish to give up smoking.

Language barriers were identified as a barrier by six respondents.

"As a patient with asthma, I was advised to stop smoking. But I did not continue [with support] because I found it difficult to understand the support offered in English."
- Latin American woman, 50-64

Some respondents said that no one from the communities to which they belonged who had used these services had benefitted from them. There were no community champions who were speaking about these services and saying that they were good. In fact, there was some evidence that the reverse was happening.

"My friends have all told me that they've taken it up and it didn't help and so I felt no motivation to go through those channels."
- Arab man, 50-64

"No one stopped smoking with these services around me."
- Kurdish woman, 50-64

Would you like advice on stopping smoking?

Yes	No	Total
24	41	65

All respondents answering yes were signposted to free local stop smoking services.

Four participants were referred to the local pulmonary rehabilitation service. We collected feedback on this service in a separate questionnaire.

Pulmonary rehabilitation

Islington Bangladesh Association, IMECE Women's Centre, Choices, Community Language Support Services, and Disability Action in Islington spoke to residents with a COPD (Chronic obstructive pulmonary disease) diagnosis. In a few cases participants had shortness of breath and suspected COPD but had not been formally diagnosed with the condition. Residents needed to be registered with an Islington GP and/or be living in Islington to take part. 33 residents participated.

Have you been referred to the local pulmonary rehabilitation service?

Yes	No/unsure	Total
25	8	33

Of the eight respondents who had not been referred to the pulmonary rehabilitation service, three said that they had been diagnosed with shortness of breath by their GP but no definitive COPD diagnosis had been made. Investigations were ongoing for suspected COPD. Two respondents were not sure whether they had been referred. The caseworker felt it was possible that these respondents did not understand the referral letter due to language barriers, and they might have missed the appointments. Two respondents had not approached their doctor and one gave no further information.

If yes, please tell us about your experience of that service.

This question was put to all participants who had been referred to pulmonary services. It was an open question and respondents were free to talk about any aspect of the service. Responses have been grouped by thematic area and listed in order of popularity (by the number of respondents who gave similar answers)

Respondents identifying specific positive impacts as a result of using the service	11
Service was described as good	10
Service had modest impact/ little impact	8
Positive feedback about staff	4
Access to/participation in the service was disrupted	3
Homeopathy/ natural remedies more effective	2
Medication is more important	2
Language barriers	1
Website for the service is not user-friendly	1

“They gave me techniques to improve my breathing and avoid dust. I was advised to do regular exercise, which helps with my asthma.”
- Somali man, 50-64

Positive impacts that respondents attributed to their use of the pulmonary rehabilitation service included: gaining new breathing techniques; having clearer lungs; doing more exercise; increased stamina; greater mobility; being able to do their own shopping.

Ten respondents said that the service was good. We did not ask them this directly so it is likely that other respondents shared this view but did not happen to state it. Two of the people who expressed this view suggested that the strengths of the service were undermined by poor air quality in Islington which had a negative impact on their breathing.

Eight respondents felt that the pulmonary service had little impact. Of these, two preferred homeopathic or natural herbal remedies, and two found walking in the forest or spending time out of the city more helpful. Two felt that medication was more important than the interventions provided by the pulmonary service. One said that language barriers may have accounted for the lack of impact,

“Not much benefit, I think it does not work for me. Maybe because I did not understand them well because of my language barrier and did not have any of my children with me.”
- Bangladeshi man, 50-64

One respondent made a point of saying that the web-based service offer needed to be more accessible and to provide more direction to patients,

“The Whittington initially sent a text with a login number. I then logged in (online webpage). They don't prompt you to do anything. There's information. I've looked twice. It's not user-friendly, very generic.”
- White woman (other), 50-64

Advice and information

"I have COPD and would like to stop smoking because it is exacerbating my condition. I am desperate to improve my health and life quality. Cigarettes are also very expensive, which upsets me because I have to spend a lot of money on them."

- Somali man, 50-64

How was resident given advice and information?	
Conversation in community language	80
Conversation in English	5
Leaflet/written information in English	10
Translated leaflet/ written information	1

Information was shared on the range of support services available in the borough, and on pulmonary rehabilitation services provided by Whittington Health. Additional signposting support was provided to those who needed help to access services.

83 of the 98 residents reported that, as a result of the information they had been given, they had a better understanding of the services and support available. 14 felt that this was partially true and one did not feel they had a better understanding.

86 respondents found the information helpful (a further 12 found the information partially helpful) and 57 felt that they would be able to act on the information they had been given (a further 32 partially agreed). Eight respondents did not feel able to act and most said this was because they didn't want to give up smoking.

Participants identified a further 68 people in their households or in their immediate circle who would also find the information useful who they would share it with.

Additional signposting

20 participants were given additional signposting as a result of the survey interaction.

Equality Monitoring

Research participants:

Man	Woman	Total
59	39	98

25-49	50-64	65-79	80+	No answer	Total
24	39	7	0	28*	98

Ethnicity	
Arab	3
Asian/Asian British Bangladeshi	38
Black/Black British Caribbean	4
Black/Black British Eritrean	2
Black/Black British Somali	25
Black/Black British Ghanaian	1
Kurdish	7
Latin American	2
Turkish	13
White Any Other	1
Unknown/No answer	2
Total	98

Disability	Long term condition	Carer
50	66	1

*a technical fault with our data collection tool meant that partners were unable to record survey participants' ages at the time the surveys were completed. We went back to partner organisations later to recollect this data but in some cases, it was not possible to retrieve it.



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