

Enter & View Report

Healthy Hounslow- Stop Smoking Service

Healthwatch Hounslow

November 2024-January 2025

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Introduction

Who are Healthwatch Hounslow?

Healthwatch Hounslow is your local Health and Social Care champion. From Feltham to Chiswick and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback **to improve** care. We can also help you to find reliable and trustworthy information and advice.



What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2013, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

A dark blue rectangular graphic with the text 'Enter & View Reports' in white. To the right of the text are three overlapping speech bubbles: one green, one pink, and one light green.

Enter & View Reports

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators, outlines what has worked well and gives recommendations on what could have worked better. All reports are available to view on our website.

Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If, at any time, an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Limitations

While the Healthwatch Hounslow therefore, Representatives receive Enter & View training, they are not qualified medical or care professionals and are only able to give a 'lay-man's' interpretation of their observations and interviews. Furthermore, where English is not a first language for some of the staff or residents, it is possible that some words or sentences were not fully communicated.

Therefore, the clients for this service were interviewed over the phone by Healthwatch Hounslow, except one. We were provided with a list of clients to contact by the service provider(Morelife). Since the client list was provided by the provider themselves, it is important to acknowledge that the selection process may be influenced, consciously or subconsciously, by the service provider, introducing potential bias.

Acknowledgements

Healthwatch Hounslow would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

We also extend particular thanks to Hannah Buckland, Senior Public Health Officer at the London Borough of Hounslow, for her invaluable support in arranging a day for this Enter & View visit. Her time and efforts were instrumental in facilitating this opportunity to observe and assess the service delivery.

Executive Summary

Reason for the visit

The Public Health department of the London Borough of Hounslow has commissioned a service known as Healthy Hounslow (see box below), which provides a range of services through a partnership of service providers. To inform the first year of service delivery, Healthwatch Hounslow carried out Enter & View visit to assess what is working well and identify areas for improvement at the Stop Smoking element of the service. The primary purpose of this re-visit was to follow up on the progress of previous recommendations made during an earlier visit in August/September 2024.

What is Healthy Hounslow?

The London Borough of Hounslow have commissioned healthy lifestyle services since 2003. Healthy Hounslow is the latest iteration of the service, which launched under a four-year contract on 1st April 2023. It is a collaborative partnership between several organisations dedicated to supporting residents in leading healthier lifestyles by becoming more active, eating well, and stopping smoking. The current collaborative partnership brings together Morelife, Maximus, Lampton Leisure, Feltham & Bedfont Primary Care Network, and Hounslow Council to deliver comprehensive health services. These services include Smoking Cessation, Health & Wellbeing Coaching, Healthy Weight Management, Exercise on Referral, Cook & Eat sessions, and Community NHS Health Checks. For more information on Healthy Hounslow, visit: <https://healthyhounslow.co.uk/>

Methodology

This was an announced Enter and View re-visit of Health Outreach Team (HOT) Shop, conducted on 15th November 2024 between 2 pm and 4.30 pm by Healthwatch Hounslow Enter & View Authorised Representatives (ARs) at the smoking clinic in Wellesley Road, Chiswick Medical Practice.

The service was held at Wellesley Road, Chiswick Medical Practice, in a dedicated facility located on first floor, where clients were seen for consultations. Upon arrival, the team found the smoking advisor awaiting a scheduled appointment with a client, who then arrived shortly after. The team engaged with both the smoking advisor and the client, making general observations to gather insights into the service. This was later followed by a tour of the premises.

Following the visit, the Healthy Hounslow smoking cessation service provided Healthwatch Hounslow with a list of clients, including their consent and contact details. This enabled Healthwatch Hounslow to conduct interviews via phone calls and gather feedback from several other Stop Smoking clients.

The visit consisted of the following components:

- An initial introduction to the service smoking clinic
- Interviews with clients and a smoking advisor

In total we spoke to:

- 8 x Clients (over the phone)
- 1 x Client (in person)
- 1 x Smoking Advisor (in person)

Visit Details

Type	Details
Service Visited	Healthy Hounslow Stop Smoking Service at Wellesley Road, Chiswick Medical Practice
Latest CQC Score	N/A
Registered Manager	Ryan D'cruz
Type of service	Public Health Initiative
Number of clients	N/A
Date and time of visit	15 th November 2024 from 2.00-4.30 p.m.
Dates spoken to clients	Interviewed 1 client in-person on 15 th November 2024. Spoke to 7 clients over phone on 27 th January 2025 1 client on 29 th January 2025
Status of visit	Announced
Lead Authorised Representative	Aastha (Manager)
Other Authorised Representatives	Samreen Nawshin (Senior Project officer), Syeda Fatima Baitul (Volunteer)
Healthwatch Hounslow contact details	Healthwatch Hounslow 45 St Mary's Road Ealing W5 5RG Tel: 020 3603 2438 Email: info@healthwatchhounslow.co.uk

What we found & recommendations

Based on our follow-up Enter & View visit and subsequent client feedback, the Healthy Hounslow smoking cessation service continues to perform well, with many clients benefiting from the support and resources available.

Improvements were observed compared to the previous visit, indicating positive progress. Nevertheless, there remain opportunities for further enhancement in certain areas. Recommendations based on our observations and findings during this visit are outlined below:

Facility Accessibility and Signage

The smoking clinic in Wellesley Road GP practice in Chiswick offers convenient access to clients. While the facility is accessible and well-maintained, clearer signage indicating the stop smoking clinic could further enhance the overall client experience.

1. We recommend improving signage within the GP practice to clearly indicate the presence of the dedicated Healthy Hounslow Stop Smoking Clinic. Enhanced signage would help both new and returning clients easily locate the service, improving accessibility and overall experience.

Appointments- options

Telephone consultations are convenient and highly preferred by many clients, as they fit well with everyday life, particularly for those balancing work and family responsibilities. However, two individuals indicated that they would appreciate a hybrid setup, allowing them the option to meet with their advisor in person if desired.

2. We recommend that the service adopts a flexible appointment system that accommodates both telephone and face-to-face consultations. If this option already exists, we suggest proactively informing clients about the availability of hybrid appointments. This approach would better meet diverse client preferences and enhance the overall service experience.

What we found & recommendations

Information, Advertising and Promotion

1. Clarification on Healthy Hounslow services

Most clients indicated that they learned about the Healthy Hounslow smoking cessation service through a referral from their GP (five individuals). Others (four individuals) mentioned hearing about the service through alternative sources such as the Better Points app, word of mouth from friends, or through a care coordinator. However, these clients had not necessarily encountered any formal promotional materials.

Additionally, for those who stated their awareness, not everyone fully captured the essence of the range of services provided by Healthy Hounslow. Our findings also suggests that people are more likely to engage with information that is immediately relevant and presented in a clear and accessible format.

3. Expanding advertising efforts through targeted campaigns, both physical (leaflets, posters) and digital (local apps and social media platforms), to reach a wider population and enhance awareness across diverse communities.

4. Strengthening partnerships with local healthcare providers, voluntary sectors, and specific community groups to encourage consistent referrals and promote the service through trusted word-of-mouth channels.

2. Reinstating benefits/rewards of Better Points app

Five out of nine clients that we interviewed were aware of the Better Points reward system, while others were not. This marks an improvement from the previous visit when awareness of the better points program was minimal. However, one client mentioned being informed about the program only four to five weeks into their enrollment and expressed a preference to have known about it earlier, considering it a valuable incentive.

What we found & recommendations (continued)

Information, Advertising and Promotion

2. Reinstating benefits/rewards of Better Points app (Cont.)

5. To ensure early awareness and maximise engagement, integrate clear information about the Better Points reward system into the initial consultation and welcome materials.

Additionally, include a checklist or tracking system to confirm that each client has been informed about the program, allowing for better consistency and follow-up.

6. Offer periodic reminders about the program and its benefits to maintain client engagement and motivation.

Programme Communication

Most clients currently enrolled in the programme were on the 12 weeks journey. However, some of them found it difficult to recall the specific timeline/plan they were following. Only one individual was unsure whether they were on the 6 weeks or 12 weeks programme.

7. Provide clients with clear, written details about their chosen programme, including key dates, milestones, and consultation numbers, and ensure support calls consistently reinforce this information to clarify their programme type and progress, keeping them engaged and on track.

Support and Lifestyle changes

Most of the Clients have reported positive lifestyle improvements after participating in the Stop Smoking programme, with many highlighting the value of consistent support and regular check-ins from advisors, particularly the accountability they provide.

What we found & recommendations (continued)

Support and Lifestyle changes (Cont.)

- 8. Based on client feedback, we recommend maintaining the current structured support system while introducing optional bimonthly follow-up calls for those who need more frequent engagement. This could enhance motivation and better cater to individual support preferences.
- 9. Acknowledging the effectiveness of regular advisor interactions, we commend this approach as a key factor in encouraging lifestyle improvements and helping clients stay on track. The consistent check-ins have proven invaluable in providing support and accountability.

Additional considerations

- Some clients rejoined the programme through second referrals(Self-referral). One individual reported a significantly improved experience in terms of communication because their referral was made through a direct link, making the process smoother. Another client, who had missed sessions due to illness, was able to re-enrol and restart the programme by reconnecting with their previous smoking advisor. However, gaps in communication and clarity during the referral journey were identified. Some clients experienced delays or lacked guidance on the next steps after referral, though two were informed about being placed on a waiting list.
- 10. Enhance both GP and self-referral processes by implementing clearer communication protocols, defining standard waiting times, and providing step-by-step guidance for clients. Additionally, ensure consistent follow-up support for all referral routes to prevent delays and confusion during the enrolment process.

Provider's Response

The Provider of the Healthy Hounslow Stop Smoking Service contract has responded to the report, and their responses are included below.

General response

We sincerely appreciate the time and care taken to conduct this review. Since the last visit, our service has undergone radical changes in both structure and delivery, and this report has provided a timely opportunity to evaluate how those changes are impacting our clients. We are committed to continuous improvement and welcome feedback from both stakeholders and service users, which plays a vital role in shaping and enhancing the way we operate.

The findings in this report have helped us reflect on the real-world experience of our clients and identify areas where we can continue to grow. It has encouraged us to consider how we communicate, how accessible our service is, and how we can improve the client journey at every step. This process has been an important exercise in accountability and learning.

General responses and general implementations:

- We've embedded regular team reflection sessions to explore client feedback and identify practical improvements. This ensures feedback is not just acknowledged but actively used to shape service design.
- We are also working to involve clients more directly in shaping the service—through informal feedback, drop – in workshops, and follow-up surveys—to ensure their voices inform the decisions that affect them.
- We have looked at improvements outside of the stop smoking service I.E. administration team. As we have experienced the need for a multiple / cohesive approach, to ensure resident satisfaction.

Provider's Response (Continued)

1. Improving Signage – Facility Accessibility and Client Experience

Although as mentioned, the site is accessible, we do understand there is limited signage within the GP. This recommendation helped us to reflect on how we assess visibility—not from an operational or staff viewpoint, but through the lens of someone attending for the first time, possibly feeling anxious or uncertain. We now recognise that signage must be more direct—it should reassure and guide. For some clients, especially those attending under stress or unfamiliar with the building, even a small lack of clarity can feel like a barrier.

In response, we're working with the GP practice team to explore improved visual cues, including clear directional signage from the main entrance, floor decals, and signage at key waypoints such as the stairs and reception area. This will include a new stop smoking service posters on the entrance, hallway, and our room. A stop smoking banner to have a registered location within the surgery waiting area, for promotional benefits.

We are also piloting the inclusion of simple “wayfinding” details in appointment confirmation messages, so clients know exactly where to go before they arrive.

We've also introduced a feedback prompt, with advisors asking clients whether they found the clinic easy to locate, so we can continuously refine this aspect of the service.

Additionally, a review will be done for each of our sites and ensure that all have visible coverage of our service.

This process has reminded us that even seemingly small operational details can make a significant difference in the client journey—and that accessibility is not just about the physical space, but the overall experience of reaching and engaging with the service.

Provider’s Response (Continued)

2. Flexible Appointment Options – Telephone and Face-to-Face Consultations

While telephone consultations have become our most popular option—particularly for clients managing work, family, or health commitments—we recognise that convenience doesn’t equate to universal suitability.

The comment from clients requesting hybrid or in-person options reinforced to us that some people may benefit more from face-to-face support, especially during the early, more emotionally challenging stages of their quit journey. We have reflected on how we may have unintentionally framed telephone appointments as the default, without sufficiently encouraging clients to explore what would work best for them individually.

In response, we are revisiting how appointment types are discussed during the triage and booking stages. Conversations have been conducted with our CST team. Our team has been briefed to present face-to-face appointments more proactively—not just as an alternative, but as a potentially more supportive option for some clients. We are also trialling clearer wording in our appointment confirmation communications to highlight that clients can switch between formats as needed throughout their journey.

This insight is helping us reshape our approach to be more client-led, ensuring our service doesn’t just accommodate different needs, but actively promotes the value of choice. Across our service, we have noticed the benefit of blended pathways, where clients may begin face-to-face and move to remote support once confident, or vice versa. This provides the individual with the flexibility and freedom. Providing the resident with the tools to take the steps to quit, promoting their own resilience and independence.

Provider’s Response (Continued)

3 & 4. Information, Advertising and Promotion – Awareness of Services and Targeted Outreach

The observations about client awareness and the need for clearer communication around the full scope of Healthy Hounslow’s services. While it’s positive that most clients heard about the service via GP referrals or word-of-mouth, the report helped us see that formal promotional materials are not always reaching or resonating with our wider community. This has led us to reflect on how we present our offer—not just where and when we promote it, but also how we communicate the value and variety of support available. We’ve learned that relevance, clarity, and cultural accessibility are essential to engaging diverse groups.

In response, we are:

- Refining promotional / social content to focus on concise, relatable messaging that highlights the core benefits and outcomes of the service.
- Will be exploring and developing community-specific versions of posters and flyers to better reflect the demographics of the local population.
- Increasing our digital footprint through short, shareable videos and graphics, particularly on platforms like Instagram, Facebook, and community WhatsApp groups. This has already started to be implemented and will continue as we grow our digital footprint.
- Embedding promotion in everyday healthcare settings, ensuring information is visible in GP practices, pharmacies, libraries, and community centres—especially in priority areas where uptake has been lower.

We recognise that trusted community connections are one of the most powerful ways to promote our service. The report reinforced that word-of-mouth—especially from healthcare professionals and community leaders—continues to be a key driver of engagement.

Provider’s Response (Continued)

To strengthen this, we are:

- Deepening relationships with GPs, care coordinators, and voluntary sector partners by offering regular updates, regular touch points from our stop smoking manager to providers.
- Co-creating outreach opportunities with local organisations to ensure messaging aligns with the values and language of each community.
- Exploring partnership-led stop smoking campaigns, such as “community champions”, who can share lived experience and reduce stigma or uncertainty about engaging with the service. We currently have one resident who is interested in supporting this project. This resident has successfully completed our program and expressed that she would like to give back to the community.
- This feedback has encouraged us to move beyond traditional marketing and focus more intentionally on building visibility, trust, and clarity at the grassroots level. I believe we have the right individual within our marketing team to deliver this narrative.

5 & 6. BetterPoints Reward Scheme – Ensuring Early Awareness, Consistency, and Ongoing Motivation

We’re encouraged to see an improvement in client awareness of the BetterPoints reward system since the previous visit. As from the previous review we listened and acted upon improving our communications around the benefits of the app.

However, we acknowledge that not all clients are consistently introduced to the program early enough in their journey to benefit from its motivational value. One client’s experience of learning about it only four to five weeks in was particularly insightful—it reminded us of that timing and clarity of communication are critical for engagement.

Provider's Response (Continued)

This feedback prompted us carry out a review of our onboarding process to identify where messages may be getting lost or inconsistently delivered. While BetterPoints is currently introduced via SMS and in early conversations, this approach relies heavily on client memory and the discretion of different staff members.

In response, we are implementing the following improvements:

- A standardised onboarding checklist, completed by administrators and by stop smoking advisors during the initial consultation, which includes clear confirmation that BetterPoints has been explained and offered.
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- Updated welcome materials, with a clear and engaging summary of the BetterPoints program, how to enrol, and what milestones are rewarded. These will be provided in both print and digital formats. To be accessible for in person and remote residents.
-
- Regular follow-up reminders, via SMS or advisor conversation, to highlight upcoming milestones (e.g. 4-week and 12-week quit points) and reinforce the link between their effort and the incentive structure that is in place.
-
- Feedback loop implementation, where clients can share if and how the incentives have helped with motivation—this helps us assess the scheme's real-world value and refine delivery accordingly.

It must be highlighted that after reviewing the individuals who spoke with HealthWatch, one individual struggles visually and in general terms our elderly service users do express frustration or reluctance for additional technology. Thus, it must be taken into consideration that the BetterPoints app may not be suitable for some residents.

However, we've learned that embedding the BetterPoints scheme into the client journey isn't just about increasing uptake but about reinforcing motivation at the right moments. This has become a key learning area for us since last year, and supports with improving the overall provisions we provide to clients trying to quit smoking.

Provider’s Response (Continued)

Due to the staffing structure changes of the shared roles, it opens an opportunity for our marketing lead and stop smoking manager to take a more proactive role in managing this growth and understanding around BetterPoints. Alongside, incorporating support and regular touch points with BetterPoints (Council Colleague).

7, 8 & 9. Programme Communication – Clarity of Quit Plan and Client Engagement

While a verbal summary is currently provided at the end of the assessment session—including quit date, medication, and chosen pathway—we acknowledge that clients may not always retain or refer back to this information as appointments progress.

This review has prompted us to reassess how we reinforce programme details throughout the client journey. We now recognise that clear, written communication supports both engagement and accountability, especially when clients may be managing competing priorities or feeling overwhelmed.

In response, we are now / will be:

- **Providing each client with a treatment summary**, outlining their selected programme, medication plan, quit date, and follow-up appointment structure.
- **Incorporating programme reminders into our check-in calls**, to help reinforce progress and re-anchor motivation as clients move through their milestones. We understand it is vital to demonstrate to the resident how far they have come and what they have achieved.
- **Exploring digital options**, such as an appointment and milestone tracker clients can save on their phone or access via a secure link.

Clarity isn’t just helpful—it’s essential in keeping clients on track and confident in their quit journey.

Provider's Response (Continued)

Tailored Support and Follow-Up – Bimonthly and Optional Check-Ins

We're pleased to hear that the structured support system is positively influencing lifestyle changes and helping clients stay committed. This feedback reinforced the value of our consistent follow-up calls and the personalised relationships our advisors build with clients. Currently, all clients who reach the 4-week smokefree milestone are offered support calls. We also provide weekly check-ins for those enrolled in our 12-week programme or where there's deemed a need for more clinical or motivational need.

Building on this feedback, we are now considering:

- **Gathering feedback post-programme** to evaluate the impact of follow-up frequency on long-term outcomes and relapse prevention.
- **Support club**, this will give completers the space to meet likeminded people. Share stories and share challenges. All under the support of an advisor.

Sustaining Support and Closing Communication Gaps

We value the recognition of our consistent check-ins and the role they play in client accountability. These interactions are a core component of our approach, and we continue to prioritise proactive communication—especially during transitions between services or referrals.

To limit communication gaps, we are:

- Working closely with our admin team to improve continuity between referrals and ensure clients are never left uncertain about what's next. Our admin team has recently expanded to support with our year 3 growth.
- Refining client handover protocols, particularly in multi-service referrals, to ensure expectations are clear and progress is not disrupted. Ongoing work is being done to ensure the efficiencies and integration of services. Our Health coaches will / are playing a pivotal role in carrying out checking in's.

This area remains a focus in our ongoing service improvement work, and we're committed to maintaining the high standard of advisor support that clients have consistently identified as a key driver of their success.

Provider’s Response (Continued)

10. Strengthening Referral Pathways and Communication – Enhancing the Client Journey

The examples shared were exceptionally helpful—they showed us that when communication is clear and personalised, the process feels smooth and supportive. Conversely, uncertainty about next steps or waiting times can cause anxiety or disengagement at a critical stage in the quit journey.

This has helped to reflect on existing processes and acknowledge where inconsistencies may be impacting the client experience—particularly during transitions between referral, triage, and the start of treatment.

In response, we are taking the following actions:

- **Clarifying our referral pathways, so clients**—whether GP or self-referred—receive a consistent and easy-to-understand summary of what to expect, including how long they may wait and what happens next. LBH and MoreLife are looking to send communications to local GPs around changes to referrals. This is the opportunity to clarify the benefit of medical professionals to delivery a quality referral. This approach can be tailored and presented to other stakeholders and partners. I believe our current information that is presented on the website demonstrates the referral process. However, this is being reviewed.
- **Reducing waiting times**, we have increased the administration team’s capacity and reformed our working practices. Currently we are working on the efficiencies and integrations. Utilising a new automation email software alongside side greater use of our SMS capabilities.
- **Collaborating closely with our CST teams** to finalise a more efficient and client-friendly triage process. Our stop smoking manager meets regularly with our lead administrator to explore waiting times. This will help improve response times and manage expectations while also supporting internal capacity. If needed, advisors can and have supported on triaging residents into the service.

These updates are being guided not only by client feedback but by a genuine effort to create a seamless, experience for everyone engaging with our service—whether for the first time or as a returning participant.

1. Results – Overview of Visit

This section provides more details on observations and interviews along with follow-up on specific recommendation from the previous visit.



Observations

The team visited the smoking clinic at Wellesley Road, Chiswick Medical Practice, where a smoking advisor conducted a first consultation with a client. The clinic was located upstairs, separate from the GP practice patients. However, there was no visible signage indicating the presence of the smoking clinic within the facility. Upon arrival, the receptionist guided the team to the consultation room.

To gain comprehensive insights into client experiences, the majority of interviews were conducted over the phone via a survey. Meanwhile, the ARs were given a tour of both the internal and external premises, using a checklist to document detailed observations for each area.

The observations were primarily based on telephone interviews with clients, an in-person interview with the smoking advisor and one client, and the tour of the premises conducted on the day.

Outside and entrance

The Wellesley Road GP practice in Chiswick is conveniently located, with good access to local amenities and public transport. It is easily identifiable due to clear GP practice signage. On-street parking is available, though there are no designated spaces for disabled visitors.

The entrance is accessible to all, with hand sanitiser available and various NHS informational materials displayed on noticeboards and the display screen. Upon entry, visitors first encounter the reception area, which leads to a spacious waiting area.

Although a variety of information was displayed, no signage was observed indicating the presence of a dedicated smoking clinic at the practice on the day of the visit.

Facilities inside the clinic

Although there was no external signage for the smoking clinic, a dedicated consultation room was available on the first floor. The room was primarily set up as a GP practice space, equipped with a patient bed, table, and chairs for consultations. The smoking advisor had prepared the space with essential materials and used a laptop to manage client schedules and conduct counselling sessions.

Observations Continued

Environment/Ambience

Upon the team's arrival, an exercise session, organised as part of another service within Healthy Hounslow, was taking place in the ground floor waiting area. As there were few patients at the GP practice, most participants left after the session. However, this activity did not seem to disrupt clients attending stop smoking consultations upstairs.

Cleanliness

The premises were well-maintained, with a high standard of cleanliness observed throughout. The clinic room and waiting area were both clean and orderly, creating a welcoming environment for clients. The toilet was also well maintained, as a single facility downstairs that also included disabled access.

Referrals

There was an even split between referral sources, with five clients being referred by their GP and four self-referred. Clients reported varying response times from the service:

- 7 received a call within a few days to a week, while
- 2 waited several weeks to months.

Upon registration, all clients were assigned a smoking advisor who provided continuous consultations and support throughout the programme. However, two clients rejoined the programme for a second time. One of them found the process smoother, as they received a direct referral link from a friend, along with the advisor's contact details. The other client reconnected with the service by contacting their previous smoking advisor directly.

Most clients were enrolled in the sessions without having to wait for extended periods, although only two were informed in advance about any waiting times for the programme.

Motivation to quit

Clients highlighted various motivations for wanting to quit smoking. Health concerns were a common factor, where some were driven by family ties and social commitments, expressing a desire to set a positive example for their loved ones. Financial concerns also motivated several individuals.

Observations Continued

Most clients were motivated to quit smoking to improve their health, regardless of existing health conditions. Three clients specifically cited their children as their primary reason. Additionally, two clients mentioned the rising cost of smoking as a key factor. One client wanted to quit for social reasons, hoping to be seen as a good sportsman by their peers. Among those motivated by family, one client expressed a desire to show their child that they had changed and become a better person.

Smoking advisor

Support received

All clients unanimously praised their smoking advisor, highlighting the excellent support they received during their consultations. It was noted that the health coach and smoking advisor were the same person for them when they were first assessed by Healthy Hounslow's initial referral point. However, one client specifically mentioned having a better experience with this smoking advisor compared to their previous one during their second referral.

Inclusion in designing support plan

Based on client statements, it was evident that they were actively involved in designing their support plans. They were offered various options and had the autonomy to choose aids to help them quit smoking, along with receiving regular support calls.

Quitting rate

While almost all clients were still in the programme at the time of our conversation, they had all remained smoke-free. However, one person dropped out due to other commitments and had a few puffs afterwards, while another had just completed the programme.

Sessions/Consultations

All but one of the clients we spoke to had telephone consultations with their advisors. While most were comfortable with this arrangement and preferred it, two clients expressed an interest in a hybrid setup. Unlike previous visits, there were no complaints about disorganised calls or consultations. Additionally, no clients reported missing sessions due to their advisor rescheduling appointments. The client who was interviewed in person expressed satisfaction with the clinic's setup.

Interviews Feedback

Through interviews and surveys with both clients and staff, we examined various aspects of the stop-smoking service. Communication was primarily conducted via telephone. Additionally, one client who was interviewed in person alongside their advisor. Additionally, a tour of the clinic was conducted, and observations were made using a structured checklist.

Positive user experience

Clients reported significant lifestyle improvements after joining the Stop Smoking programme. Many noted feeling physically more active, being able to cope with stress, and even returning to activities such as running. The consistent support from advisors was highly valued, with clients appreciating the regular check-ins and motivation provided. Having someone to hold them accountable was particularly helpful for staying on Track, as some mentioned. One client suggested that bimonthly calls would complement the current monthly support calls.

Training and support

Additionally, current staff were tapered over from the old Healthy Hounslow contract and the service benefits from an experienced and knowledgeable staff base.

All smoking advisors are required to complete mandatory training through the National Centre for Smoking Cessation and Training (NCST). They also receive additional training in safeguarding, GDPR, and other relevant areas. Additionally, they have the scope for professional development by enrolling in relevant courses, such as health outcome courses.

Staff reported having good coordination with management, with regular one-on-one sessions providing a platform to discuss concerns and seek resolutions for any issues.

Adequate break times

We interviewed one staff member, who explained that client consultations are primarily conducted via telephone or online, allowing for a flexible work schedule. Breaks are managed individually by each advisor, in line with their appointments.

Interviews Feedback Continued

Supporting the needs of clients

Support Plans

Each client's support plan is typically developed after an initial assessment. During this assessment, the advisor identifies the client's journey, recommends an appropriate programme (either a six-week or twelve-week plan), and schedules consultation sessions. Of the nine clients interviewed, seven were enrolled in the twelve-week programme, while two were unsure which course they were on.

Advisors offer clients a range of quitting options, giving them the autonomy to choose their preferred approach. In addition to medication support, they provide regular consultations, primarily through calls, offering ongoing guidance and follow-ups. They also ask insightful questions to help clients reflect on their motivations for quitting smoking.

Clients reported that the advisors played a crucial role in teaching psychological patterns related to smoking, helping to break down these patterns and assisting clients in understanding their emotions and triggers. The advisors tailored their support to individual emotional needs and demonstrated an enthusiastic, hands-on approach.

As there is no formal process for reviewing clients' support plans, adjustments are made based on the client's progress. After completion of the programme, clients can re-enrol themselves on need basis, if they struggle to stay smoke free going forward.

Policy on missed sessions

The majority of clients attended sessions regularly, with two rejoining the programme after having discontinued following their first assessment—one due to illness and the other because of other commitments. Clients generally indicated that they would contact their smoking advisor to reschedule missed sessions. However, there was limited awareness of any formal policy, if one existed, regarding missed appointments. Clients confirmed that advisors were accessible for further guidance and noted that they were informed of a timeframe for missed consultations, after which they will no longer receive service, if no response was received.

Interviews Feedback Continued

Awareness/understanding about Healthy Hounslow

Most clients were aware of the Healthy Hounslow stop-smoking service, primarily through referrals from their GP. Five clients understood that the service was provided by multiple providers, although two were unsure about the full range of services available. However, three clients were unfamiliar with Healthy Hounslow or its services. Those who had self-referred seemed to have a better understanding of the service. While the majority recognised the stop-smoking programme, it was noted that people generally only retain information that is relevant or relatable to them.

General comments about the service

"It would be great to receive the support calls on a bimonthly basis or as intermittent calling instead of just one call a month."

Client

"The smoking advisor is great. She treats you like her own child and cares for you the same."

Client

"I'm not really a smoker; I picked up cigarettes only to cope with stress. The program is good and would be beneficial for someone who me, help. However, this does not suit me, so I dropped out."

Client

"The smoking advisor has helped me understand reverse psychology and it's great that she helped me unpack and understand a lot of different patterns."

Client

"Is this not provided by NHS? I thought this is NHS. It's good that we are getting the financial support by being provided medications/quitting aids."

Client

Follow up on the recommendations

The communication, of the visit was to review whether and how the recommendations from our last Enter and View were progressing.

The recommendations were based on different areas of service.

Appointments – scheduling and communication

Issue: Clients receiving telephone consultations expressed frustration with untimely calls and appointment delays, sometimes up to two hours. Many were informed about their appointments only on the day without any prior notice.

Recommendation: We recommended reviewing appointment scheduling practices to minimise delays and ensure better coordination. We also suggested to have clear communication, informing clients of appointments at least 48 hours in advance, with immediate updates for changes which could help set and manage client expectations.

Re-visit finding: Clients receiving telephone consultations shared no such complaints/problems. In fact, they rather expressed satisfaction of their advisor's communication, and one even praised that there was no missed appointment or rescheduling needed from the service's side.

Appointments – options

Issue: Although telephone consultations were convenient for many clients, some expressed a preference for in-person appointments.

Recommendation: We recommended that the service reviews the current appointment options to accommodate client preferences, ensuring a more tailored and satisfactory client experience.

Re-visit finding: Most clients still hold a strong preference for telephone consultations, due to the convenience of their work schedule and family responsibilities. However, two of them expressed that they would want a hybrid setup option.

Information, Advertising and Promotion

Issue 1: Most clients were aware of the Healthy Hounslow smoking cessation service through GP referrals, with limited exposure to promotional materials from any other sources.

Recommendation: We recommended that the service increase their advertising and promotional efforts by distributing leaflets and exploring additional communication channels to increase public awareness.

Follow up on the recommendations

Information, Advertising and Promotion (continued)

Re-visit finding: Although most client awareness remain from GP referrals, some who have self referred themselves have heard about the service via word of mouth, through their friend or care coordinator, or online.

Issue 2: Clients and advisors experienced some uncertainty about the distinctions between the 6 weeks and 12 weeks programme options. One individual was unsure which programme they were enrolled in.

Recommendation: We recommended providing clear documentation to both clients and advisors that outlines the pathways for the programmes, ensuring a more streamlined and informed experience.

Re-visit finding: We have found that the advisor was now aware of the 6 weeks programme and explained that it is termed as “harm reduction course”. Almost all the clients confirmed they were in the longer plan, however, two couldn’t ascertain their journey duration, because they couldn’t fully recall.

Issue 3: None of the clients interviewed were aware of the Better Points reward system, which could potentially enhance engagement and outcomes.

Recommendation: Our recommendation was to implement regular reminders for clients about the Better Points reward program, including details on available incentives to encourage more participation and motivation.

Re-visit finding: During this visit, we found that awareness of the app among clients was almost evenly split. One client who used the app found it motivating and beneficial for quitting but mentioned they were informed about it only 4-5 weeks into the program. They expressed a preference for learning about the app earlier.

Issue 4: Most clients highlighted the benefits of the service, including medication and motivational support provided by advisors. They particularly valued the check-ins and behavioural therapy sessions.

Recommendation: We recommended better promotion of the counselling support element through case studies and sharing success stories could further enhance service uptake and engagement.

Re-visit finding: This finding remains the same for this visit where we have only heard positive user experience, particularly about this specific advisor they were paired with.

Follow up on the recommendations (continued)

Communication

Issue 1: Clients were notified of their appointments with smoking advisors via text messages, often with minimal notice and no clear option for rescheduling or two-way communication.

Recommendation: Our recommendation was to review the appointment confirmation process to ensure options be provided for two-way communication and the ability to reschedule appointments when necessary.

Re-visit finding: Clients have confirmed that they are able to reach out to their advisors via their contact details and the means of communication currently in place are working fine for them.

Issue 2: One client experienced an adverse reaction to medication and faced a two-week delay in receiving a revised prescription.

Recommendation: We recommended that the service enhance their communication options to address urgent client queries or medication concerns, particularly during the critical initial weeks of the programme, to avoid delays in care.

Re-visit finding: No such cases were observed for this visit. All clients expressed satisfaction about their support plans in place.

Issue 3: Advisors noted that a common challenge was clients giving up during their journey and ceasing communication with the advisor.

Recommendation: Our recommendation was to review and enhance existing processes for regular client engagement and clarify what additional measures advisors could use when clients showed signs of decreased motivation or stop responding altogether.

Re-visit finding: We found for this cohort, one client had dropped out willingly due to other work commitments, however, they relayed that to their advisor upon followed up for their next consultation. Rest of the clients we spoke to were all actively enrolled in the programme, remaining smoke free and/or have completed the full duration of the program.

Follow up on the recommendations (continued)

Access for all

Issue 1 : Language barriers discouraged some individuals from accessing the program, though advisors have mitigated this by creating multi-language leaflets.

Recommendation: Our recommendation was to consider offering interpretation services and ensure both advisors and clients are aware of the interpretation options available, In addition to multi-language leaflet.

Re-visit finding: The advisor interviewed informed that interpreter services were used when necessary. Additionally, we were also told that family members often played an active role in facilitating communication, improving the overall process for the clients with language barriers.

Issue 2: Homeless clients faced difficulties receiving medication due to the lack of a stable address for deliveries.

Recommendation: We recommended collaborating with local shelters or community centers to establish reliable addresses or pickup points for medication distribution.

Re-visit finding: The service now sends medication to dedicated pharmacies chosen by the clients to collect deliveries and are also offered an e-voucher.

Issue 3: Some female clients preferred consultations with female advisors who share their ethnicity or background, although this has not significantly hindered service delivery.

Recommendation: Our recommendation was to conduct an annual review of borough-wide smoking population data to inform service recruitment practices. Additionally, clarify internally how client preferences are managed and communicate the available options to advisors and clients.

Re-visit finding: All clients interviewed for this visit were under consultations with a female advisor and no grievances or dissatisfaction were found from clients' experiences, whether male or female.

Follow up on the recommendations (continued)

Peer support

Issue: Although a support club was available after completing the program, some clients expressed interest in peer support during their journey, as they believe it would enhance motivation.

Recommendation: We recommended the service considers extending the support club to include peer support options during the smoking cessation journey, fostering encouragement and accountability among participants.

Re-visit finding: All client were still enrolled in the programme, except one. However, no one had expressed any desire of joining any support club or associating with their peers upon reaching completion. Although each user's journey is individualistic, one client has said they would prefer intermittent support calls from their advisor.

Additional considerations

Issue 1: Advisors highlighted the need for more frequent interactions with staff from other Healthy Hounslow services, as this would improve their understanding about different roles and enable better client signposting.

Recommendation: Our recommendation was to increase professional engagement opportunities to enhance collaboration between Healthy Hounslow services, creating a more integrated approach to client care.

Re-visit finding: ?

Issue 2: A client had reported discontinuing the program after missing multiple sessions due to untimely calls received for their consultations. Under the current policy, clients who missed several sessions were withdrawn from the program.

Recommendation: We recommended simplifying the reconnection process for clients who miss sessions, enabling them to rejoin the program without needing to restart entirely.

Re-visit finding: We heard no such grievances around disorganised or untimely calls for consultations from clients for this visit.



Contact Us

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