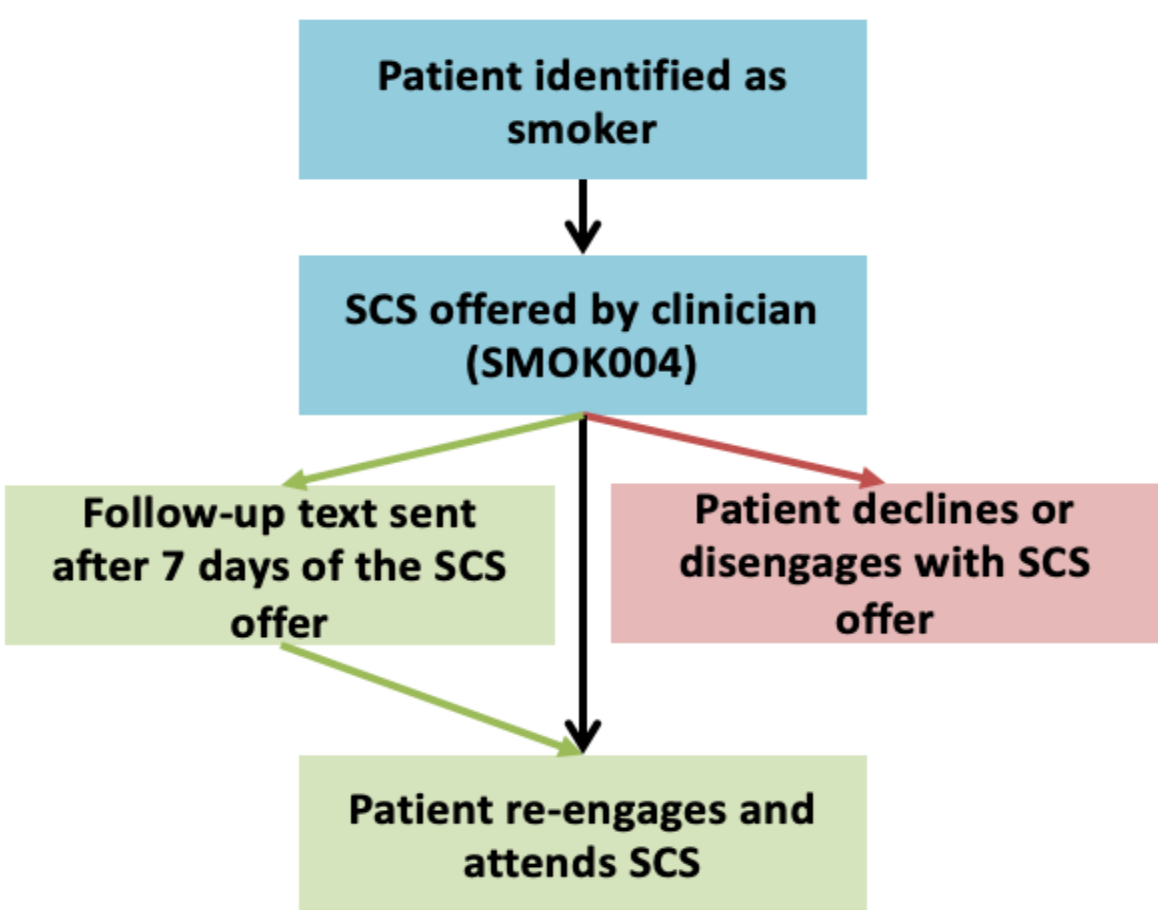


# Improving Engagement with Smoking Cessation Support (SCS) in Preston North & East PCN

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## Background:

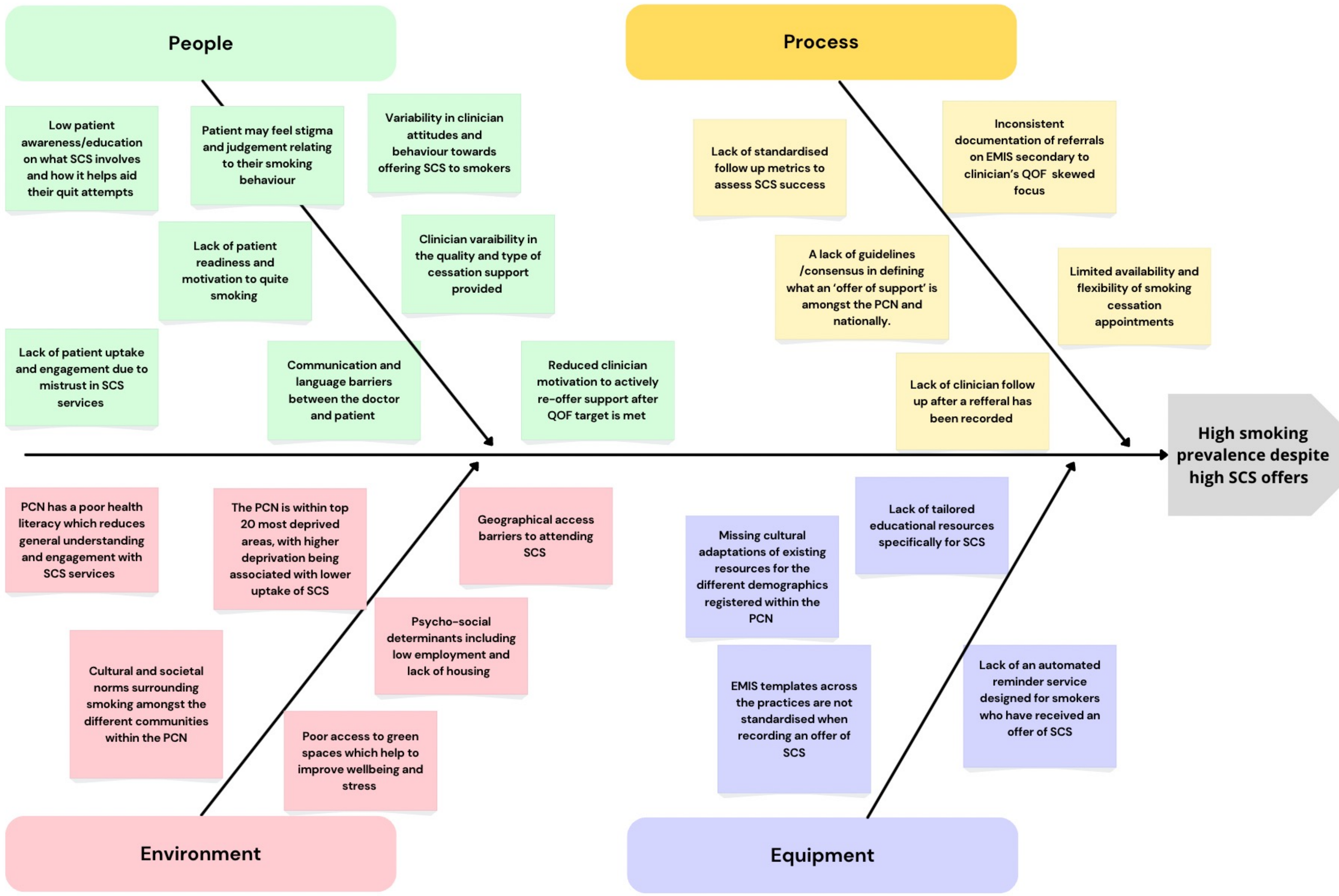
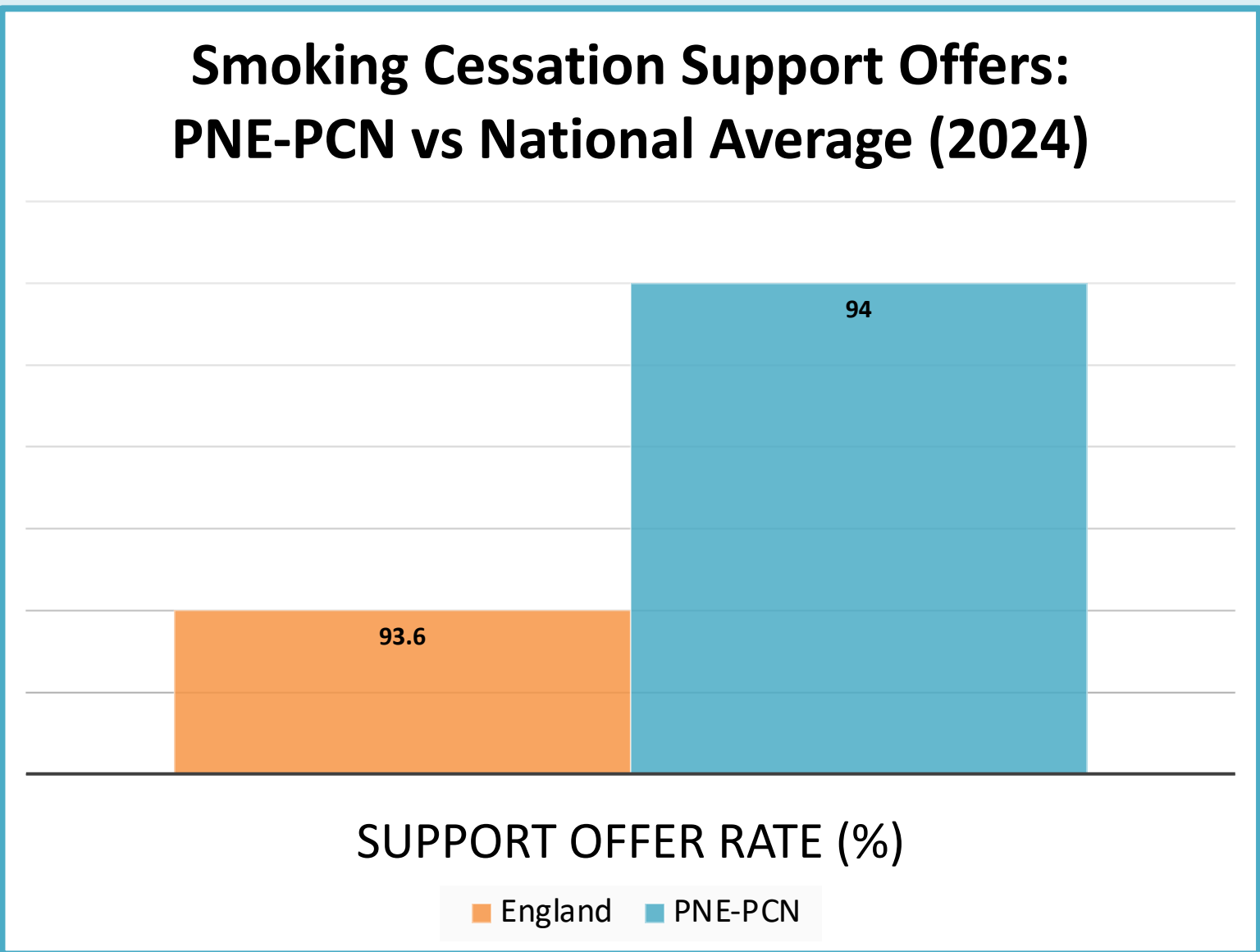
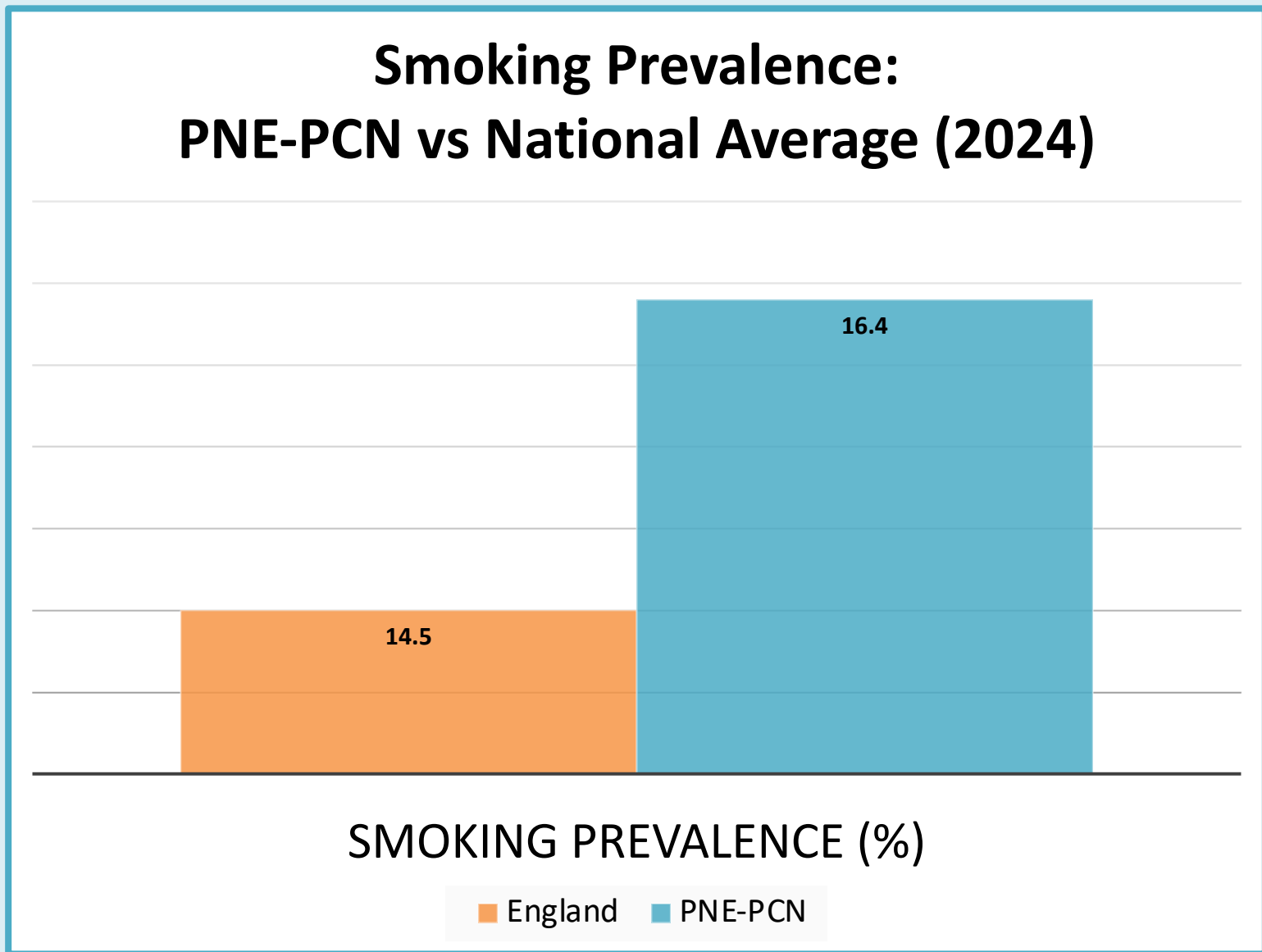
Despite national reductions in prevalence, the National Health Service (NHS) reports smoking remains the leading cause of preventable mortality and morbidity in England (NHS England, 2024). Smoking alone is responsible for half a million hospitalisations annually, with smokers seeing their GP three times more often than non-smokers (NHS England, 2019).



## Problem:

Locally, smoking prevalence within Preston North & East Primary Care Network (PNEPCN) (16.4%) remains higher than the national average (14.5%), despite 94% of smokers being offered Smoking Cessation Support (SCS) (OHID, 2024).

SCS offers are not leading to successful quit attempts. The underlying issues include a QOF-driven skewed focus on recording offers without meaningful follow-up, limited patient engagement, and socioeconomic factors such as deprivation and mistrust, contributing to poor engagement with cessation services.



## Aims and Measures:

**Aim:** To reduce smoking prevalence within PNE-PCN to the national average of 14.5%, by the 1<sup>st</sup> June 2026, through improved patient uptake and engagement with offered SCS.

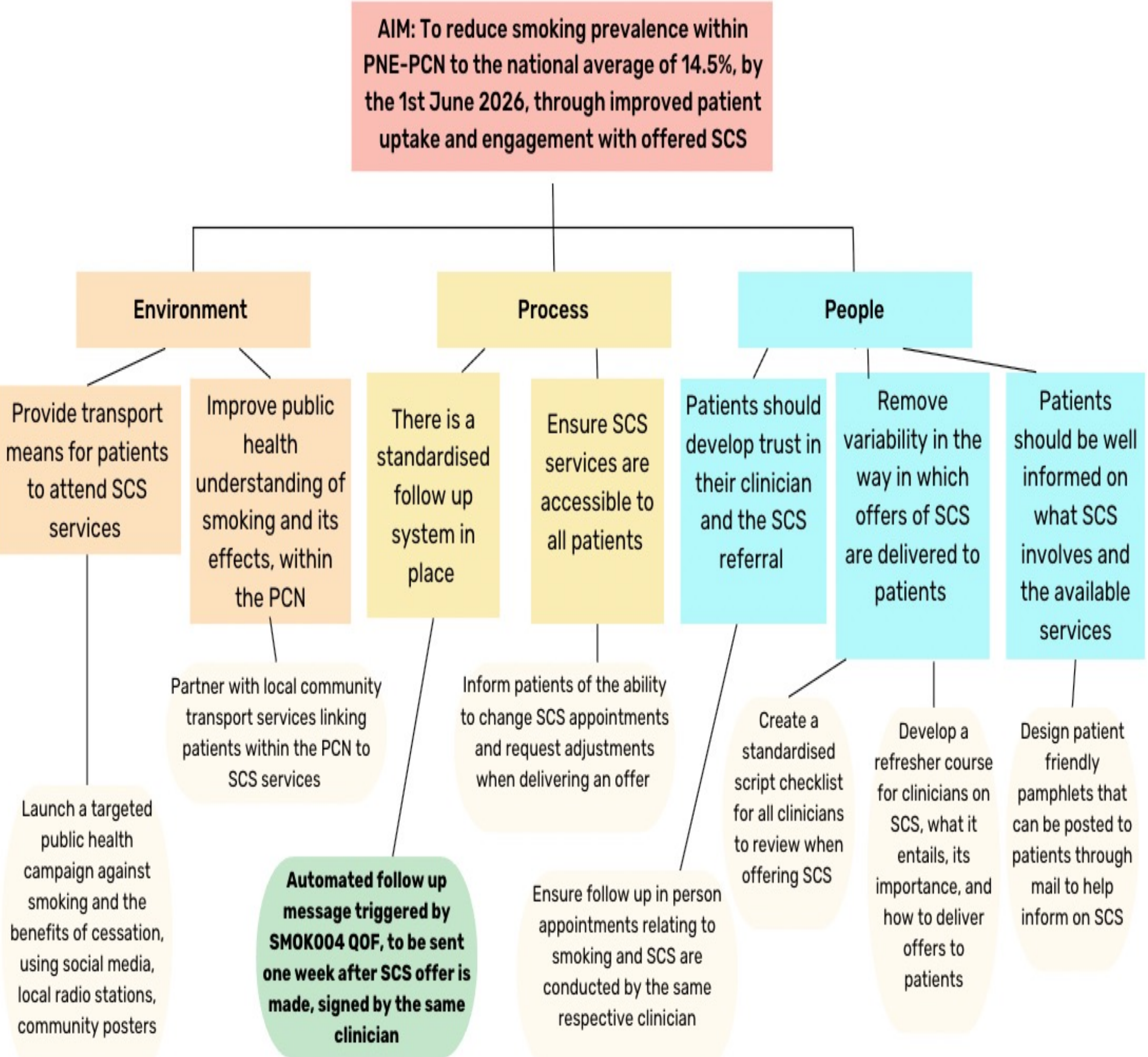
Type	Measure	Description / Purpose
Outcome	Smoking prevalence (%) post intervention.	Determines whether smoking rates within the PCN decrease to national average (14.5%) following the intervention.
Process	Patients (%) attending ≥1 SCS session after receiving follow-up text	Measures patient engagement and uptake of cessation support that is prompted by the intervention.
Balancing	Staff workload and EMIS system performance	Assesses the interventions effect on clinician burden and impact on EMIS system errors.

Inclusions	Exclusions
<ul style="list-style-type: none"><li>All registered patients aged ≥15 years within Preston North &amp; East PCN</li><li>Patients recorded as current smokers in EMIS.</li><li>Patients offered SCS via SMOK004 QOF code.</li></ul>	<ul style="list-style-type: none"><li>Patients already enrolled in a cessation programme before intervention.</li><li>Patients with terminal diagnoses where cessation support is not appropriate.</li></ul>

### Sampling Method and Frequency

**Baseline data:** Fingertips dataset 2023–24.  
**Ongoing data collection:** Monthly EMIS extraction from April 2024 to June 2026 to monitor changes in prevalence and SCS uptake.

## Change Ideas:



## Methods and Intervention:

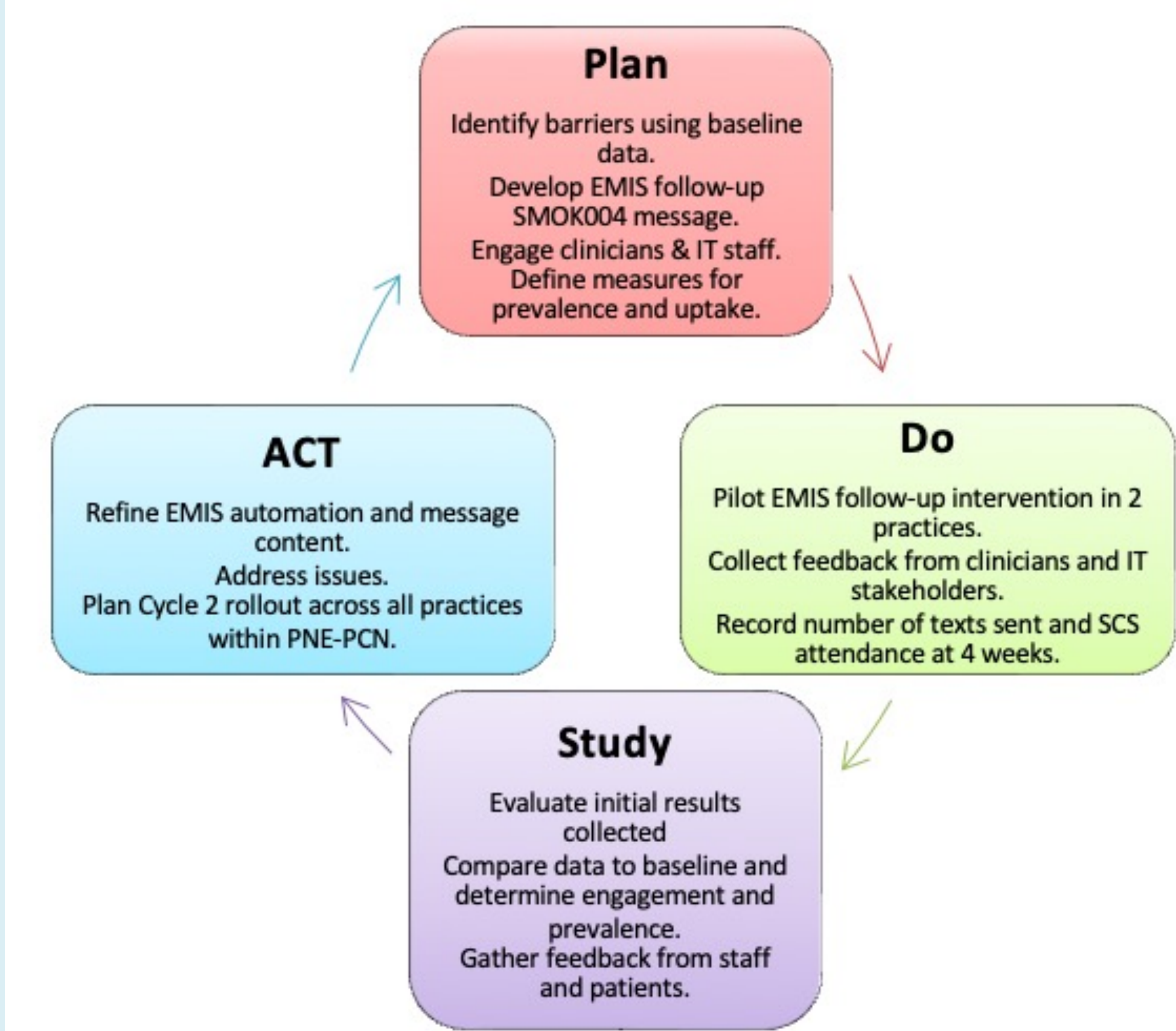
Barriers to engagement with SCS were identified using a fishbone analysis and driver diagram. Change ideas were prioritised using a resource–impact matrix to identify the most feasible high-impact, low-resource intervention. The selected intervention: **an automated EMIS follow-up text triggered by the SMOK004 QOF code, sent one week after the initial offer and signed by the same clinician.** This serves as a behavioural nudge, prompting reflection and re-engagement, whilst overcoming multiple barriers to SCS uptake, such as mistrust and clinician variability.

Stakeholder Matrix informed engagement strategies will involve:

- Clinicians – high influence and interest (frontline implementers)
- IT/EMIS teams – high influence but low interest (required incentives).
- PCN management – oversight for sustainability and audit of intervention.

Implementation will involve configuring EMIS to automate message scheduling, followed by monitoring attendance at SCS sessions. This in turn increases SCS uptake and lowers prevalence.

## PDSA Cycle:



## References:

NHS England. (2019). *Smoking - In The NHS Long Term Plan*. NHS Long Term Plan; NHS England. <https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/#ref>  
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