Investigating views of smokers and smoking cessation advisors on a data sharing and communication facility within a cessation smartphone app (Q Sense)

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Background
Background
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17%
Background

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[Graph showing years 2011/12 to 2014/15 with thousands on the y-axis and years on the x-axis, showing a downward trend]

[NHS Stop Smoking Service banner]

[Image of a smartphone with a smoking cessation app on the screen]
Background

17%

Thousands

2011/12  2012/13  2013/14  2014/15

NHS STOP SMOKING SERVICE HERE
1. Tailor advice during consultations
2. Communicate outside consultations
3. Engage users in stop smoking services
Q Sense

Real time logging
- Stress & mood
- Strength of urges
- Situation (home, work...)
- Presence of smokers
Q Sense

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End of day
- smoked that day
- Frequency of urges
- Confidence in quitting
- Hardest situation
Methods

• Aim: gain understanding of the views of stop smoking advisors and users on a data-sharing and communication facility within Q Sense

• Semi-structured interviews
  – Q Sense users (N=9) via smoking cessation services or recruited online
    • Interviewed after ~5 weeks use of Q Sense
  
  – Stop smoking service staff (N=10)
    • Sent example formats for app collected data & communication system to stimulate discussion

• Analysis: thematic (Braun & Clarke, 2006)
Mary’s profile
8th - 14th October

Summary
- Smoked this week: 5
- Smoked since quit-date: 5
- Smoking situation this week: Wednesday evening socialising

Main quit reason: Saving money
Biggest perceived downside to quitting: Feeling dull or bored

Highest rated message this week:
“You can do this Mary, you have it in you to quit for good. Imagine yourself tomorrow, feeling really proud that you resisted today!”

Money saved since quit-date: £28

Urges in detail
- Urges mainly felt at work.
- Urges were generally strong.
- Weak urges were felt on 11/10.
- Urges were very strong and most of the day on 14/10

Quitting Confidence

Average daily urge ratings
- Extremely strong
- Strong
- Moderate
- Weak
- No urges

How much of the day urges were felt
- 9/10 10/10 11/10 12/10 13/10 14/10
Findings: theme 1

• *Increased service accessibility*

- Felt that communication link could help increase awareness, make services more accessible with a simple referral route

“*Everyone loves interacting with somebody through these apps ...so if you added that on I’m sure people would use it.*” (Q Sense user 42)
Findings: theme 2

• **Improved support**

- Advisors particularly interested in data around lapses, daily cravings, difficult situations and confidence
- Advisors unsure about client honesty, all but one users indicated “honesty is the best policy”

“[Data sharing] would help because we could go into it and say, “Right, you had a bad day, how can we sort that out for you?” and talk about that problem rather than talk about the whole area” (Advisor 8)

“Knowing the urges, how strong are they, we could ask clients if they are using medication enough, often enough.” (Advisor 2)
Findings: theme 3

• Contact between sessions

- Could be beneficial for those at risk of lapsing or relapsing
- Mixed views on who would be responsible among advisors and whether they had the time

“Just setting up the time to get it all done would be the only disadvantage I would have thought.” (Admin 2)
Findings: theme 4

• *Post-treatment contact*

- Nearly all users keen for continued app communication
- Advisors felt logged post-treatment lapses good for re-engagement

“Just something now and again to just sort of boost...your morale and confidence, say, yeah, I’m doing well, I'm on the right track.” (Q Sense user 1)

“If...they have a lapse or relapse or something, yes – it could be very useful for reengagement purposes.” (Admin 1)
Summary

• Data and communication link seen to:
  – help tailor support & improve contact
  – support re-engagement & increase access

• But:
  – Needs to be simple & some elements may require additional staff time

• Potential to link in with existing clinical management databases (e.g. Quit Manager)
Thank you

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