

# A digital behaviour change intervention to increase booking and attendance at Stop Smoking Services: the MyWay feasibility RCT

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## Plain English summary

The MyWay feasibility RCT

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## Plain English summary

Smokers are far more likely to quit for good with support from NHS Stop Smoking Services. However, with fewer people accessing these services, there is a need for better ways to promote Stop Smoking Services to smokers. StopApp™ (Coventry University, Coventry, UK) is a single-use web application (app) designed to overcome concerns smokers might have about Stop Smoking Services. The web app makes it easy for people to book an appointment directly, in a location and at a time of their choosing.

To test if StopApp increases booking of and attendance at Stop Smoking Services, a randomised controlled trial comparing StopApp (the intervention) with standard promotion of and referral to Stop Smoking Services (known as the control) is needed. Before doing this at a large and expensive scale, it was necessary to test trial procedures. This feasibility trial sought to determine if the trial can be delivered, by identifying whether or not smokers could be recruited (and kept in the trial), by testing which setting is best to recruit smokers from, and by testing the acceptability of the methods and survey questions (measures). Several participants were also interviewed about their experience of the study.

Smokers aged 16 years or older who were living or working in Warwickshire were recruited from general practitioners (using letters or text messages), community settings and social media. Participants signed up to take part by accessing a research web page and completing baseline measures. The intervention group received a link to StopApp and the control group received standard web-based information about the Stop Smoking Services. Data were collected again at the 2-month follow-up alongside data from services on Stop Smoking Services use.

The randomised controlled trial can be delivered. The most successful method of recruitment and retention of participants was through social media. Participants reported finding the measures, being allocated to one of the two groups (randomisation) and taking part to be acceptable. However, there were challenges with accessing data from services to identify booking of and attendance at Stop Smoking Services. In total, 123 smokers were recruited and completed the first (baseline) questionnaire. This demonstrated the feasibility of recruiting smokers in this way to a bigger randomised controlled trial if it were to run over a longer time period and in several local authority areas. Sixty-one participants were recruited via social media (0.53 per day), 36 participants were recruited from community settings (0.31 per day) and 26 participants were recruited from their general practitioners (0.22 per day). Using letters and text messages to recruit people from their general practitioners, we were able to identify that only 1.62% of those who received an invitation were recruited. All participants were recruited via text message. Sixty participants (48.8%) completed the follow-up questionnaire 2 months later. Loss of participants to follow-up was lowest in the social media setting (39.3%) and highest in the general practitioner setting (80.8%). Although use of social media appeared to be the best method of recruitment, more targeted online strategies would improve this further. Improvements are necessary to deliver a full randomised controlled trial. These changes will involve improving access to the local Stop Smoking Services data to ensure that these are more reliable and complete. It will also involve changing some questions that were asked to minimise incomplete follow-up data.

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