

Publication Report



**NHS Smoking Cessation Service Statistics
(Scotland) 1st January to 31st December 2012**

Publication date – 28th May 2013

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Introduction

1.1 Overview

This report provides an analysis of NHS smoking cessation services uptake and outcomes during the calendar year 1st January to 31st December 2012. The information presented is taken from the agreed national minimum dataset for smoking cessation services, developed by PATH (Partnership Action on Tobacco and Health), part of ASH (Action on Smoking and Health) Scotland. Statistics are based on 'quit attempts' made during the year (data recorded as at 9th April 2013).

This is the seventh annual release of statistics from the minimum dataset monitoring in Scotland. The national cessation monitoring analyses produced by ISD are used to provide vital evidence of the reach and success of NHS smoking cessation services in Scotland.

The primary source of the data is the National Smoking Cessation Database. The database was established by ISD Scotland in July 2005 to capture the minimum dataset information plus additional local data items and to provide local functionality such as statistical reports. The second data source, in the case of Greater Glasgow & Clyde NHS board, is local information systems. Further detail on the national smoking cessation services monitoring and national database are available at [Appendix A1.1](#).

1.2 Statistics included in the report

Since 2007, ISD have published an annual smoking cessation services monitoring report. From 2009, this has been supplemented by an annual 'short report' to support smoking cessation HEAT (Health Improvement, Efficiency, Action and Treatment) target monitoring. [The last 'short report'](#) was published in September 2012 and the next one is due in September 2013. Further detail on the smoking cessation HEAT target is included at [Appendix A1.2](#).

Presented in this report are statistics, for NHS board areas in Scotland, on quit attempts made/quit dates set during the 2012 calendar year. Included also are quit outcomes based on client follow-up at one month and three months after the quit date (and 12 months after the quit date, using data for the 2011 calendar year). The statistics are based on the 2012 calendar, rather than financial, year in line with previous annual monitoring reports. Wherever possible, 2011 comparisons are included. These are based on revised 2011 figures (figures have been revised since the May 2012 publication to take account of late receipt of data). The publication of the annual report was moved from the end of March to the end of May in 2009, to improve data completeness. Even with the change of date, 2012 figures are expected to rise in future due to late receipt of data from some pharmacy services.

Routine data from smoking cessation services are also collected in England. Statistics are published on the [Public Health section of the Health and Social Care Information Centre web site](#). Included in this report are comparisons with findings from the English cessation services monitoring.

This seventh national report replicates the analyses produced last year.

1.3 Comparing data across NHS board areas

Care should be taken in comparing data across NHS board areas. The figures presented here show wide variation in uptake rates and quit rates across boards. There may be a number of explanations for this. There are, for instance, variations in the types of services provided in different boards. Evidence suggests that service setting has an impact on quit rates (Bauld et al, 2009 and 2011^{1 2}). In some board areas clients of specialist smoking cessation services account for the majority of records, whilst in others most of the data comes from pharmacy services. Areas with an above average percentage of cases coming from pharmacies (which will tend to see large numbers of people), such as Greater Glasgow & Clyde, may have amongst the highest annual service uptake rates. Meanwhile, those where most of the data are coming from specialist cessation services (relatively fewer clients seen, but more intensive support provided), may have amongst the highest percentage quit rates.

There is evidence too, across Scotland, of data under-recording in relation to pharmacy cessation services (for example, as a result of non-submission of minimum dataset forms, late submission of forms or forms poorly completed). Data collection problems within the national pharmacy smoking cessation scheme are now being addressed centrally by Scottish Government Public Health and Primary Care colleagues, in conjunction with ISD Scotland and Practitioner Services Division (PSD) of NHS National Services Scotland, alongside continuing efforts locally in NHS boards. [A review was carried out in 2011 to assess the effectiveness and value for money of the Pharmacy Public Health Service smoking cessation and emergency hormonal contraception services](#) which resulted in several recommendations for improvements to the service. A national advisory group on pharmacy smoking cessation was created to provide greater strategic integration and oversight. The group is currently progressing towards implementing the main recommendations of the review in order to refine and improve the service offered to clients and ensure that data are collected more efficiently.

In addition, ISD continue to work with colleagues in PSD to monitor the number of minimum dataset (mds) forms submitted by pharmacies and to compare these with PSD statistics on numbers of smoking cessation clients that pharmacies receive payment for. Pharmacy payments data are available on a monthly basis, and whilst these do not compare directly with mds data, which are based on 'quit dates' set, they do provide a guide as to the extent of missing mds monitoring data from pharmacies across NHS boards in Scotland. These data comparison analyses are made available to colleagues in NHS boards and at the Scottish Government.

1.4 Additional data warnings/data limitations

As noted above, the data presented in this report are based on 'quit attempts' made/quit dates set during the year. This will not include referrals or initial contacts where the client did not go on to set a quit date or 'relapse prevention' support.

Figures are based on total quit attempts, rather than total number of clients with a quit attempt, so could include repeat quit attempts for the same client. ISD analysts do not have access to any of the person-identifying data that are collected by NHS cessation services (e.g. names, addresses and dates of birth) and that would allow statistics on the number of 'individuals' attempting to quit to be produced.

Key points

- There were 116,198 quit attempts made with the help of NHS smoking cessation services in Scotland in 2012. This compares with 112,812 quit attempts in 2011 (revised 2011 figure), an increase of 3,386 (3.0%). The number of quit attempts made in NHS cessation services in Scotland in 2012 was the highest annual figure since the national monitoring began, in 2006.
- An estimated 11.0% of the adult smoking population made a quit attempt with an NHS smoking cessation service in 2012. Three quarters (75.2%) of these quit attempts were made in pharmacy services.
- Females accounted for 57.3% of quit attempts made and males 42.7%. The highest proportion of quit attempts was in the 45-59 years age group (29.9%). Over one third of quit attempts (37.2%) were made by people living in the 20% 'most deprived' areas of Scotland, equivalent to SIMD (Scottish Index of Multiple Deprivation) deciles 1 and 2.
- In 2012, there were 2,985 quit attempts made by pregnant women, an increase of 229 (8.3%) on the 2011 figure of 2,756 (revised 2011 figure).
- One month after the quit date, 38.1% of individuals had quit (self-reported 'not smoked, even a puff, in the last two weeks'), 17.4% were still smoking and 44.5% were 'lost to follow-up'/unknown smoking status. This compares with a one month quit rate of 37.6% in 2011 (revised 2011 figure).
- There were a total of 44,261 one month self-reported quits in 2012. This compares with 42,450 one month self-reported quits in 2011 (revised 2011 figure) an increase of 1,811 (4.3%).
- Three months after the quit date the percentage quit rate was 12.4% (based on client self-reported 'smoked up to five cigarettes since one month follow-up' and on quit attempts during the first nine months of the year). This compares with a three month quit rate of 15.6% for the same time period in 2011 (revised 2011 figure). There was an increase in the percentage of cases 'lost to follow-up/unknown' from 2011 to 2012.
- Based on data for the 2011 calendar year, quit rates at one, three and 12 months were 37.6%, 15.8% and 5.5% respectively. Note: the denominator for the percentages remains total quit attempts made in the year. The cumulative percentages of cases 'lost to follow-up'/smoking status unknown at one, three and 12 months were 44.7%, 61.3% and 68.9% respectively.

Results and Commentary

1. Quit attempts made in NHS smoking cessation services in Scotland

This chapter presents information on the number of quit attempts made in NHS cessation services in Scotland, including figures for NHS boards and CHPs. Presented also are the numbers of quit attempts made by socio-demographic characteristics of the client (gender, age, ethnic group, urban/rural, deprivation and pregnancy). There are data too on the number of quit attempts made in pharmacy cessation services and in other NHS cessation services, the pharmacotherapy used in the quit attempt and the number of quit attempts made using group support.

1.1 Number of quit attempts made

There were a total of 116,198 quit attempts made/quit dates set in the 12 months from 1st January to 31st December 2012 (data recorded on the national database, as at 9th April 2013, combined with data supplied from local information systems in Greater Glasgow & Clyde on 13th March 2013). This compares with 112,812 quit attempts in the previous calendar year (revised 2011 figure), representing an increase of 3,386 (or 3.0%). In 10 out of 14 NHS boards numbers were up on 2011, [Table 1.1](#). Note: as Greater Glasgow & Clyde data are as recorded at 13th March 2013 and the 'rest of Scotland' at 9th April 2013, the former may be expected to show a relatively larger increase in their revised 2012 figures due to late receipt/entry of data.

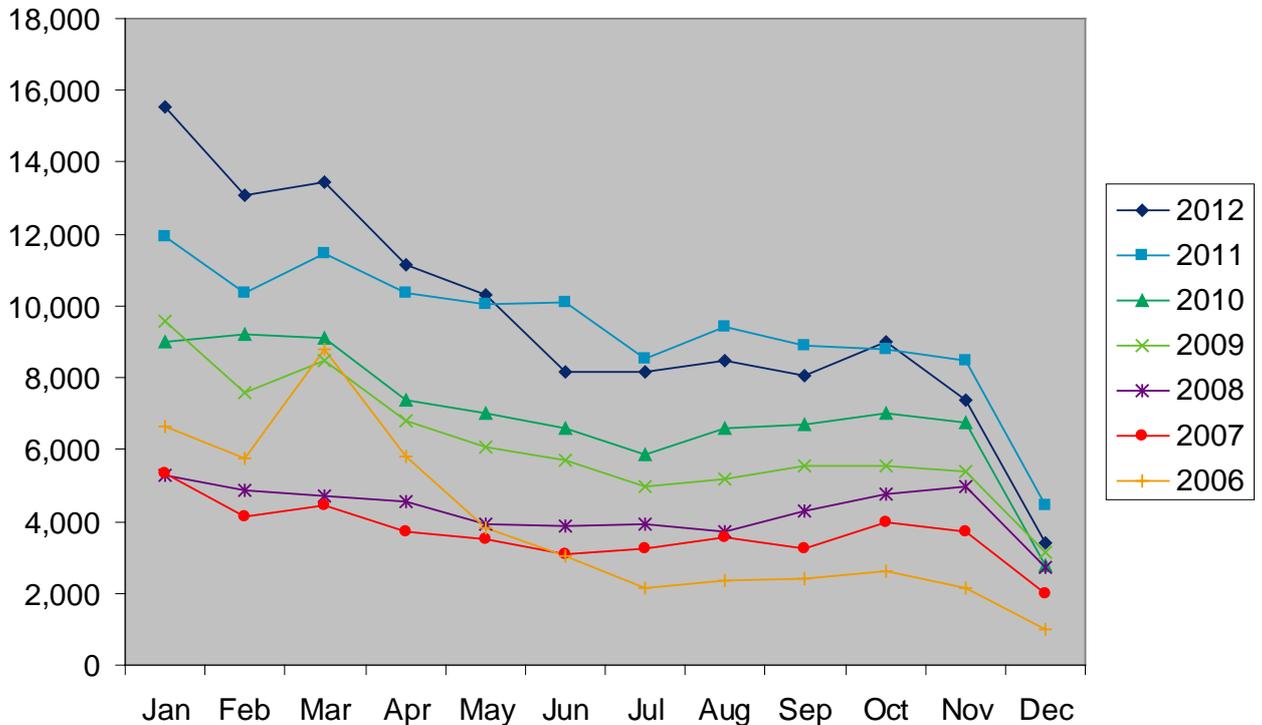
The revised 2011 figure for the total number of quit attempts made (112,812) represents an increase of 4,543 (4.2%) on the previously published figure of 108,269. As noted above, there are recognised difficulties with the late submission of data from some pharmacies. With regard to monthly quit attempts made, numbers were highest in January (15,538), followed by March (13,455), then February (13,091). The start of the year is traditionally the most popular time for people to attempt to quit, e.g. a New Year's resolution. Note: figures for the latter months of the year are expected to increase in future due to delays in receipt of data.

An estimated 11.0% of the adult smoking population made a quit attempt with an NHS smoking cessation in 2012 (10.7% in 2011). This is calculated as - total quit attempts made/quit dates set as a percentage of total adult smokers (Scottish Household Survey estimate, 2009/2010). NHS board smoking prevalence figures have been calculated on the combined Scottish Household Survey (SHS) data for 2009 and 2010 as the sample sizes for smaller boards are too small when based on a single year and lead to large fluctuations in prevalence rates, which may be misleading. Note: the 2011 figures have been recalculated using the 2009/2010 SHS data and mid-2011 populations (previously published figures were based on the 2009/2010 surveys and mid-2010 populations). Service uptake rates ranged from 4.2% in Western Isles and 4.7% in Orkney, to 13.3% in Greater Glasgow & Clyde and 14.6% in Lanarkshire, [Table 1.1](#). There are differences in the types of services provided in different areas. For some areas the majority of records are from specialist smoking cessation services. For others the majority of records are from pharmacies (larger numbers of people seen, but less intensive support).

Figure 1.1 and [Table 1.2](#) show the number of quit attempts made in NHS smoking cessation services in Scotland, by month, in the seven years from 1st January 2006 through

to 31st December 2012. The 2006 calendar year was the first year for which statistics from the national cessation services monitoring were produced. The number of quit attempts recorded in 2012 was the highest annual figure since the monitoring began and the January 2012 figure the highest number ever recorded in any one month.

Figure 1.1: Number of quit attempts made, by month (Scotland, 2006 to 2012)



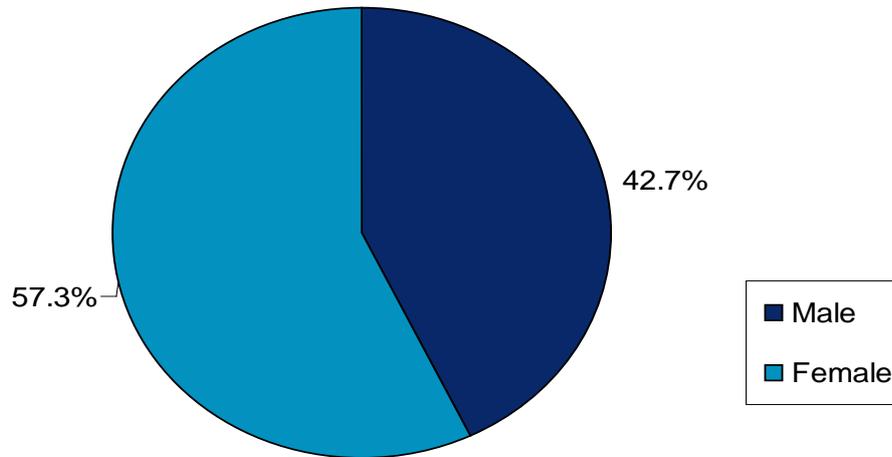
Note: figures for the latter part of 2012 are expected to increase in future due to late submission of data from some pharmacies. Services reported an increase in client numbers in the run-up to the introduction of the new Smoke-free laws in Scotland, on 26th March 2006.

Included also, at [Table 1.3](#), are statistics on quit attempts made by CHP/CHCP (Community Health Partnership/Community Health and Care Partnership) area. These are based on the client’s area of residence. Using Scottish Household Survey estimates (2009/10) of adult smoking population in these areas, estimates have been made of service uptake rates for CHPs/CHCPs. The highest rates were found in East Dunbartonshire, North Lanarkshire and West Dunbartonshire with 13.9%, 14.9% and 16.1% of estimated total adult smokers respectively, [Table 1.3](#). Note: the CHP/CHCP area of the client may differ from the area in which they receive cessation support (e.g. a client attending a service in Lothian, but resident in Borders).

1.2 Quit attempts made – client profile

Females accounted for 57.3% of quit attempts made and males 42.7% (58.4% and 41.6% respectively in 2011), Figure 1.2 and [Table 1.4](#). Given that adult smoking rates for males and females are similar (26% for males and 23% for females, from the 2009/2010 Scottish Household Surveys) this demonstrates a higher service uptake rate for women. Comparable figures for England (The NHS Information Centre, 2013³) were 52% females and 48% males.

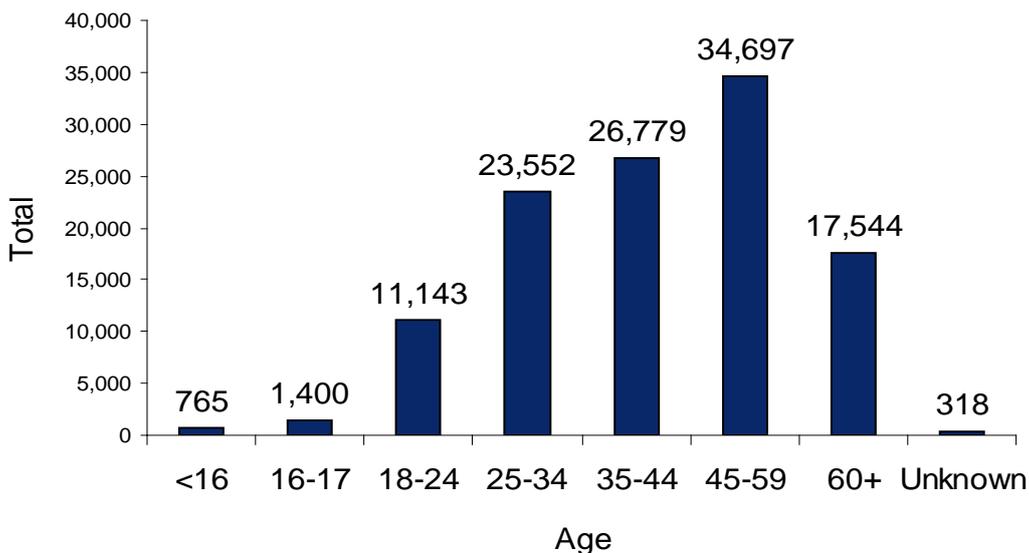
Figure 1.2: Quit attempts made, by gender (Scotland, 2012)



Excludes 15 cases where gender was 'unknown' (i.e. not recorded)

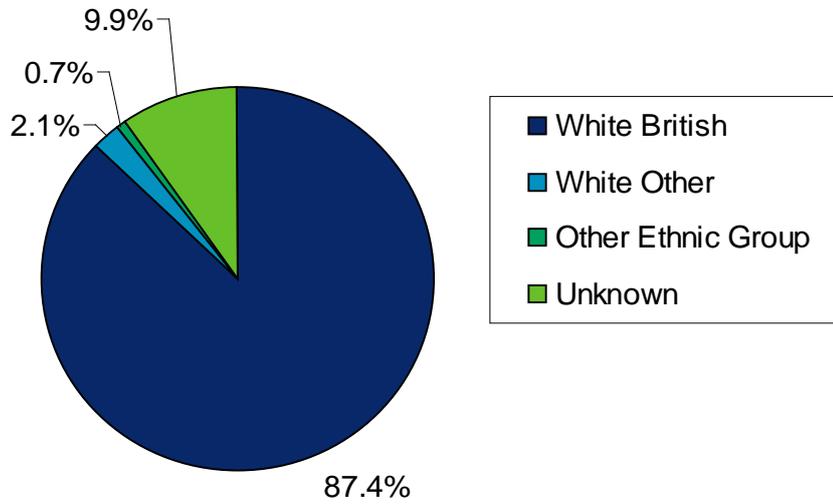
The under 25 years age group accounted for 11.5% of quit attempts made; 25-34 20.3%; 35-44 23%; 45-59 29.9%; 60 years plus 15.1% and 'unknown' <1%, Figure 1.3 and [Table 1.4](#). Meanwhile, according to the 2009/2010 Scottish Household Surveys, the highest smoking prevalence (at 30%) was in the 25-34s age group, followed by 35-44 years (29%).

Figure 1.3: Quit attempts made, by age group (Scotland, 2012)



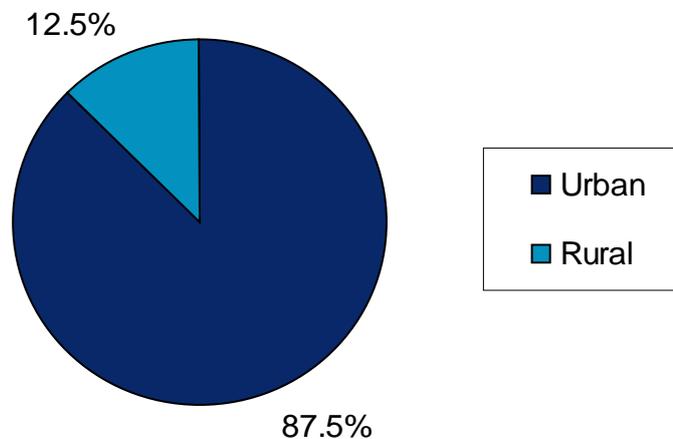
For 87.4% of quit attempts the client's ethnic group was 'White British'; 'White Other' 2.1%; 'Other Ethnic Group' 0.7% and 'unknown' 9.9%, see Figure 1.4 and [Table 1.5](#). Note: according to the 2001 Census minority ethnic groups formed 2.0% of the Scottish population. Smoking prevalence data by ethnic group are not available from the Scottish Household Survey.

Figure 1.4: Quit attempts made, by ethnic group (Scotland, 2012)



The majority of quit attempts (87.5%) were for people living in urban areas, Figure 1.5 and [Table 1.6](#). According to the Scottish Government Urban Rural Classification 2009-2010, 82% of Scotland's population lives in urban areas and 18% in rural areas. Scottish Household Survey smoking prevalence estimates (which reveal relatively higher smoking prevalence in urban areas) suggest that 85% of smokers in Scotland are in urban areas and 15% in rural areas.

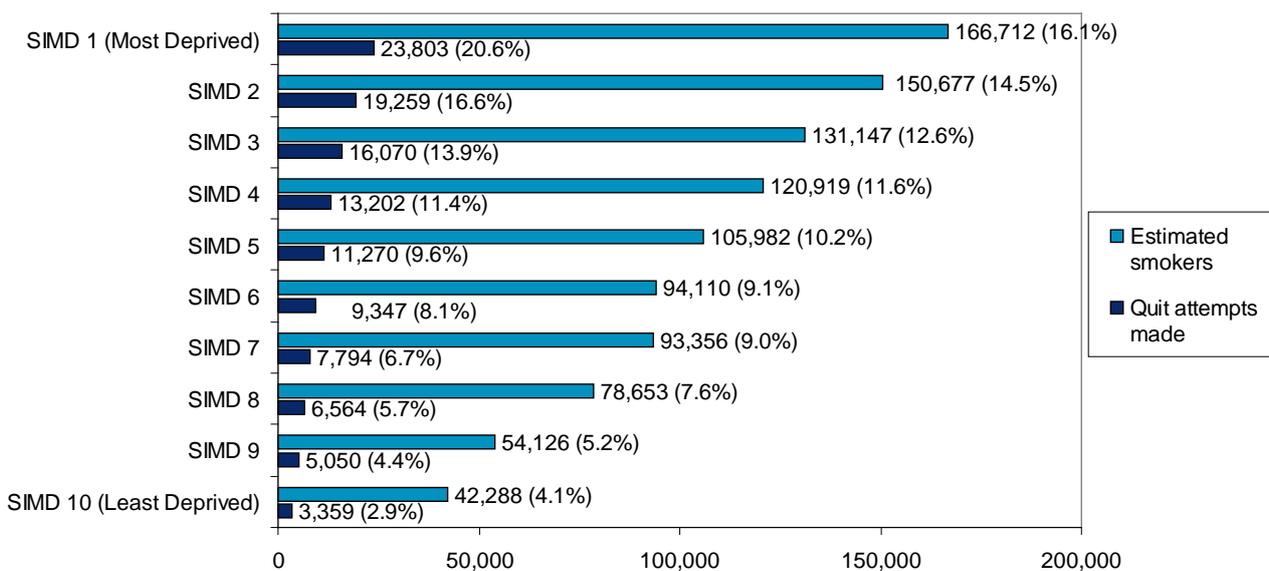
Figure 1.5: Quit attempts in urban/rural areas (Scotland, 2012)



Excludes 480 cases where urban/rural area was 'unknown'.

An analysis of quit attempts made by SIMD 2012 deprivation category shows the largest numbers to be in the most deprived categories and the smallest in the least deprived. Similarly, Scottish Household Survey estimates (2009/2010) reveal the largest numbers of smokers in Scotland, and highest smoking prevalence, to be in the most deprived areas, Figure 1.6 and [Table 1.7](#). Those living in the 20% most deprived communities (equivalent to SIMD 1-2) account for an estimated 30.6% of adult smokers in Scotland and they accounted for 37.2% of quit attempts made in NHS cessation services in 2012 (37.7% in 2011, revised 2011 figure). Note: excludes cases where SIMD was ‘unknown’. These figures support research which has found that smoking cessation services are effective in reaching deprived groups⁴.

Figure 1.6: Quit attempts made by SIMD 2012 deprivation decile (Scotland, 2012)



The SIMD 2012 '10 deciles' classification was calculated using data zone information (converted from the client's full postcode, part of the national minimum dataset). ISD's policy of population-weighting the deciles means that the data zones in each decile will differ slightly to those shown in Scottish Government releases. Figure 1.6 excludes quit attempts where SIMD was 'unknown' due to missing postcode. The estimates of the number of adult smokers by 2012 SIMD are based on Scottish Household Survey (SHS) figures (2009/2010), SIMD 2012 and mid-2011 population estimates.

Quit attempts made by SIMD decile for NHS boards are shown in [Table 1.8](#) (numbers and percentages). Please note that the NHS board tables are based on 'within board' SIMD deprivation deciles, rather than all-Scotland level, so for example, the figures in deprivation deciles 1-2 in Shetland NHS board represent the two most deprived deciles 'within Shetland' whilst deciles 1-2 in Greater Glasgow & Clyde represent the two most deprived deciles 'within Greater Glasgow & Clyde'. This is in line with the current HEAT target for smoking cessation services, which is based on 'within board' deprivation.

There were a total of 2,985 quit attempts made by pregnant women in 2012. This compares with 2,756 in 2011 (revised 2011 figure), an increase of 229 or 8.3%. An estimated one in four (27.1%) of all women smoking during pregnancy attempted to quit using NHS cessation services in 2012. Note: this figure of 27.1% is based on an estimate of 11,024 women smoking in pregnancy in Scotland, in the year ending 31st March 2011 (provisional figure), see [Table 1.9](#). The source of the latter is [SMR02](#) (Scottish Morbidity Record) data on the reported number of pregnant women who were current smokers at the time of antenatal booking. As these data are for the year ending March 2011, the most recent year for which figures are published, the figures here are intended as a guide only. The 'SMR02' link above gives access to the 'Maternity and births' pages on the ISD web

site, including data on 'smoking history at booking' for previous years for Scotland and NHS boards (see also [Table 1.9](#) 'Notes' for warnings on SMR02 data quality and completeness).

An estimated 39.3% of pregnant smokers in Greater Glasgow and Clyde attempted to quit using NHS cessation services in 2012 and an estimated 40.1% in Tayside (Scotland figure 27.1%).

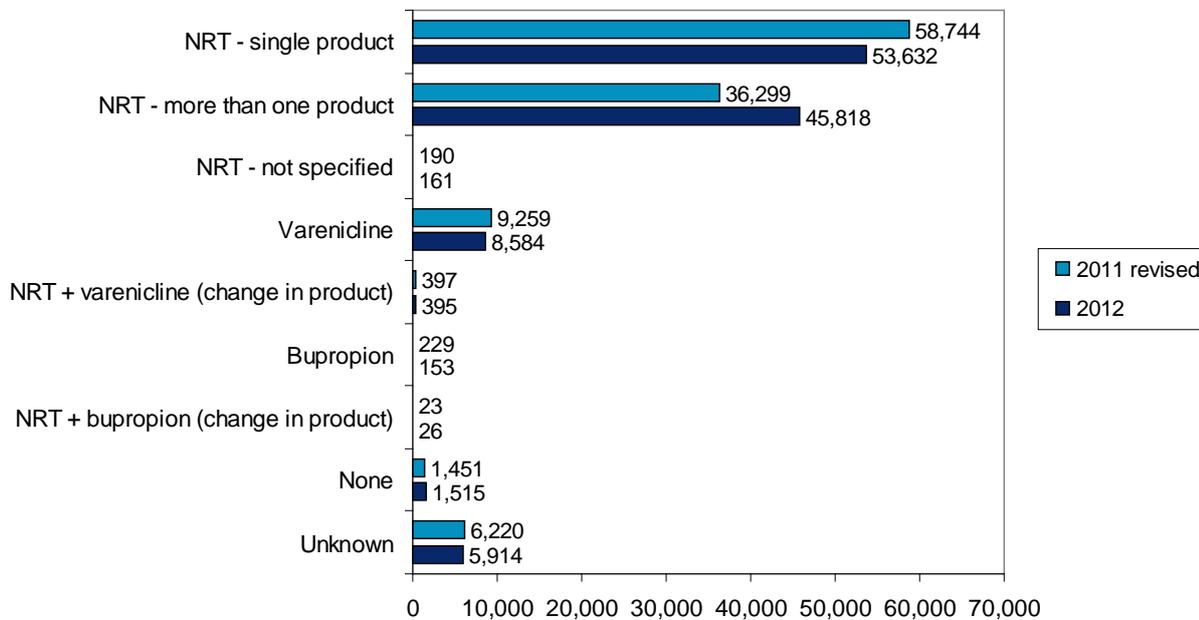
1.3 Pharmacy smoking cessation services and other NHS cessation services

In 2012, pharmacy smoking cessation services accounted for the majority of quit attempts made in NHS cessation services in Scotland. This follows the introduction of the new Public Health Service (PHS) contract for pharmacy smoking cessation services at the end of August 2008. Pharmacies tend to see a larger number of clients, but have relatively lower percentage quit rates than, for example, specialist cessation services which provide more intensive support. Nationally, in 2012, the split was 75.2% of quit attempts made in pharmacies and 24.8% in non-pharmacy services (this compares with 71.4% and 28.6% in 2011 and 64% and 36% in 2010, based on revised 2010 and 2011 figures). The comparable figures for England (April to December 2012 quit dates) were 19.5% of quit attempts made in pharmacy services and 80.5% in non-pharmacy services. For Greater Glasgow & Clyde and Grampian the proportion of quit attempts made in pharmacies was 83.6% and 89.4% respectively, whilst the two NHS boards with the lowest proportion of quit attempts made in pharmacies were Western Isles (3%) and Shetland (30.9%), see [Table 1.10](#).

1.4 Quit attempts made – pharmacotherapy used

The majority of quit attempts, 99,611 (85.7%), involved the use of ‘NRT (Nicotine Replacement Therapy) only’, of which 53,632 cases were ‘NRT - single product’, 45,818 ‘NRT - more than one product’ and 161 cases ‘NRT - not specified whether single or more than one product’. In 2012, 39.4% of all quit attempts involved the use of ‘NRT only - more than one product’ (an increase from 32.2% in 2011). A further 8,584 quit attempts (7.4%) were made using ‘varenicline’; ‘NRT and varenicline’ (i.e. change in product) 395 (0.3%); ‘bupropion’ 153 and ‘NRT and bupropion’ (change in product) 26. There were also 1,515 quit attempts (1.3%) recorded as pharmacotherapy ‘none’ and 5,914 (5.1%) pharmacotherapy ‘unknown’, Figure 1.7 and [Table 1.11](#). Comparable figures for England (April to December 2012) were: 64% of quit attempts ‘NRT-only’; varenicline 26%; none 5%; ‘unknown’ 3% and ‘other’ 3%.

Figure 1.7: Quit attempts made, by pharmacotherapy used (Scotland, 2011 and 2012)



1.5 Quit attempts made, in non-pharmacy services, use of group support

Included for the first time last year were data on quit attempts involving the use of group support (‘closed’ or ‘open/rolling’ groups). These data were based on quit attempts in non-pharmacy services as pharmacy services provide only one-to-one support. In Scotland in 2012, 41% of all quit attempts in non-pharmacy NHS cessation services involved the use of group support (45% in 2011). This ranged from less than 10% use of group support in some of the island and rural mainland boards to 75.1% in Lanarkshire and 84.2% in Grampian, [Table 1.12](#). Almost two thirds (65.5%) of group support cases were ‘open/rolling’ groups (65% in 2011). Please note that quit attempts may involve a combination of group and one-to-one support.

2. Quit outcomes at one, three and twelve months after the 'quit date'

This chapter presents information on quit outcomes in 2012, based on client follow-up at one month and three months after the quit date. The three month follow-up findings are for quit dates set during the first nine months of the year as data for the last quarter are incomplete. Quit outcomes based on client follow-up at 12 months after the quit date use data for the 2011 calendar year (12 month outcomes for the full 2012 calendar year are not yet available).

2.1 Calculating the quit rates

Quit rates are calculated as the number of records where the client self-reported as 'not smoked, even a puff, in the last two weeks' (one month follow-up) or 'smoked up to five cigarettes since one month follow-up' (three and 12 month follow-up) as a percentage of total quit attempts made/quit dates set. This approach follows [the Russell standard](#), a well validated approach to measuring outcomes from smoking cessation interventions (West et al, 2005⁵).

As the denominator (as it is in the English quit rate calculations) is total quit dates set, this means that where there are large numbers of cases 'lost to follow-up'/smoking status unknown this will greatly lower the percentage quit rate. In Scotland, the percentage of cases 'lost to follow-up'/unknown at one month (note: the English monitoring does not include three or 12 month follow-up) is higher than the English findings. There are also NHS boards in Scotland with particularly high percentages of cases 'lost to follow-up'/unknown. Care should be taken though in making direct comparisons between the Scotland and England one month quit rates. There may be differences, for example, in the types of services included in the English monitoring, or the profile of clients seen in services.

Included in this report are statistics on CO validated quits, at one month after the 'quit date', as well as 'self-reported' quits. Note: carbon monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco. Care should be taken though in interpreting these statistics as there remain variations across the country in the proportion of cases where CO validation has been attempted.

2.2 Quit outcomes at one month after the 'quit date'

Of the 116,198 quit attempts made between 1st January and 31st December 2012, 44,261 were recorded as a successful quit at one month after the 'quit date'. This figure is based on client self-reported 'not smoked, even a puff, in the last two weeks'. Follow-up may have been undertaken 'face to face', by telephone or by letter/written questionnaire. Of the remaining 71,937 cases 20,223 had smoked in the last two weeks and 51,714 were 'lost to follow-up'/unknown smoking status, see [Table 2.1](#). The latter will include a small proportion of cases (around 1% of the total) where client did not consent to follow-up or client had died. More commonly 'lost to follow-up'/unknown will be due to failure to make contact with the client/non-return of follow-up questionnaire; or more administrative factors such as late receipt of initial quit attempt information (i.e. not received in time to conduct one month follow-up); or follow-ups not undertaken or not recorded. The total of 44,261 one month

quits (self-reported) in 2012 represents an increase from 42,450 in 2011 (revised 2011 figure), an increase of 1,811 or 4.3%.

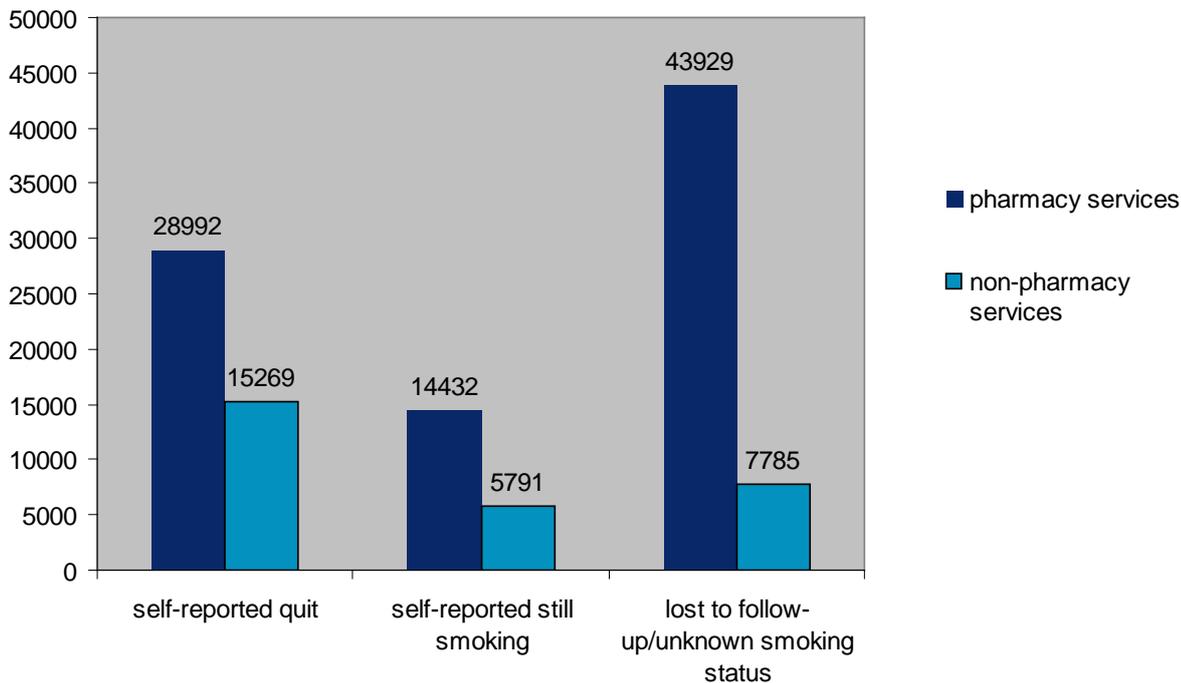
The Scotland percentage quit rate at one month (self-reported) was 38.1%, with 17.4% still smoking and 44.5% 'lost to follow-up'/ smoking status unknown. This compares with a 37.6% quit rate (self-reported) in 2011 (revised 2011 figure). The most recent English monitoring figures show a one month percentage quit rate of 50%, with 26% still smoking and 24% 'lost to follow-up'/unknown, [Table 2.1](#). As noted earlier, care should be taken in making direct comparisons between the Scotland and England one month quit rates.

As with service uptake, there was wide variation across the country in one month quit rates. Research in England has also highlighted significant variability in outcomes between individual services⁶. The highest quit rates (self-reported) were 49.2% in Orkney and 59.1% in Western Isles (note: small numbers for the former), see [Table 2.1](#). Differences in the types of services provided is likely to influence this (e.g. support provided by pharmacies is less intensive than that offered by specialist services, so for boards where a large number of quit attempts take place in pharmacies overall percentage quit rates may be lower). The three boards with the lowest percentage quit rates at one month all had a greater than the national average percentage of quit attempts made in pharmacy cessation services. It is especially important to be aware of the influence of cases 'lost to follow-up'/unknown on quit rates. In Lanarkshire 50.1% of all cases were 'lost to follow-up'/unknown smoking status at one month after the quit date and in Greater Glasgow & Clyde 55.1%. In these two boards the percentage of cases coming from pharmacy cessation services was 71.6% and 87% respectively (Scotland average 71.4%).

Calculating the one month success rate as a percentage of total estimated adult smokers in the population, the best performing boards were Grampian and Lanarkshire, achieving one month quits for an estimated 4.7% and 5.0% of their respective adult smoking populations (Scotland 4.2%), see [Table 2.1](#). At CHP/CHCP level, this ranged from 2.3% of estimated smokers in Glenrothes and North East Fife and in Orkney to 5.6% of estimated adult smokers in Aberdeenshire and West Dunbartonshire, [Table 2.2](#). Note: CHP/CHCP figures are based on the client's area of residence.

Of the total 44,261 'self-reported' one month quits in Scotland in 2012, 28,992 (65.5%) were in pharmacy services and 15,269 (34.5%) in non-pharmacy NHS cessation services. The comparable figures for 2011 (revised 2011 figures) were 25,758 (60.7%) one month quits in pharmacy services and 16,692 (39.3%) in non-pharmacy services. The percentage quit rate 'self-reported' at one month was 33.2% for pharmacy services and 52.9% for non-pharmacy services, see [Figure 1.8](#), [Table 2.3](#) and [Table 2.4](#).

Figure 1.8: Quit outcomes ‘self-reported’ at one month after the ‘quit date – pharmacy and non-pharmacy services (Scotland, 2012)



Based on ‘self-reported’ quits, 38.1% of quit attempts were successful at one month. Using the CO validated quit findings this reduces to 21.8% (most recent English figure 36%), but there remain a high proportion of cases where a reading was not taken/ reading unknown, [Table 2.5](#). The highest percentage CO validated one month quit rates for NHS boards were 37.6% in Ayrshire & Arran and 37.7% in Orkney (note: small numbers for the latter).

The one month ‘self-reported’ quit rate for women was 37.2% and for men 39.3%, [Table 2.6](#). Quit rates increased as age increased, as research has also found^{7,8}, with the lowest percentage quit rate at one month being in the under 16s age group (15.4%) and the highest percentage quit rate in the 60 years and over age group (47.6%), [Table 2.7](#).

As in 2011, one month quit outcomes by SIMD reveal the lowest percentage quit rates to be in the 20% most deprived areas (1-2) and the highest percentage quit rates to be in the 20% least deprived areas (9-10), however, in terms of overall numbers of quitters the most deprived areas (1-2) still accounted for the largest numbers of quitters of all the deprivation deciles, [Table 2.8](#). One month quit outcomes by SIMD for NHS boards are shown at [Table 2.9](#). As noted earlier, the NHS board level SIMD tables are based on ‘within NHS board’ SIMD deprivation deciles, rather than all-Scotland level, so for example, the figures in deprivation deciles 1-2 in Shetland NHS board represent the two most deprived deciles ‘within Shetland’ whilst deciles 1-2 in Greater Glasgow & Clyde represent the two most deprived deciles ‘within Greater Glasgow & Clyde’.

One month quit outcomes for pregnant women show that of the 2,985 quit attempts made by pregnant women in 2012, 1,000 (33.5%) were a successful self-reported quit at one month after quit date. The comparable quit rate in 2011 (revised 2011 figures), was 32.8%, see [Table 2.10](#).

One month quit outcomes by pharmacotherapy used show the highest percentage quit rate 'self-reported' at one month to be for those clients using varenicline (67.5%), [Table 2.11](#). Care should be taken, though, in interpretation of the figures here as there are likely to be a variety of factors influencing quit success. For example, quit attempts using varenicline are more likely to take place in non-pharmacy cessation services – more intensive support provided than in pharmacy services, with higher percentage quit rates and lower 'lost to follow-up' rates.

Included last year for the first time were one month quit outcomes for quit attempts involving the use of 'group support'. In 2012, quit attempts using group support had a quit rate of 59.9% 'self-reported' at one month ('open/rolling' groups 58.0% and 'closed' groups 63.3%), [Table 2.12](#). Comparable figures for England (April to December 2012) were: 'open/rolling' groups 55.5% and 'closed' groups 57.2%. As noted earlier, some quit attempts may use a combination of both group and one-to-one support. Also, group support is not used in pharmacy smoking cessation services. [A Guide to Smoking Cessation in Scotland 2010: planning and providing specialist smoking cessation services](#) (NHS Health Scotland and ASH Scotland, 2010⁹) highlights evidence on the effectiveness of both one to one and group support, noting too 'that many clients have a strong preference for 1:1 support, and that group support is unfeasible in some contexts (e.g. rural areas). Therefore, it is important to offer both 1:1 and group interventions in order to provide choice'.

2.3 Quit outcomes at three months after the 'quit date'

From a total of 96,441 quit attempts made/quit dates set between 1st January and 30th September 2012, 36,864 were recorded as successful quits at one month follow-up and 11,920 still quit at three months (comprises: 10,993 not smoked since one month follow-up and 927 'smoked up to 5 cigarettes'). Of the remaining 24,944 cases, 3,451 had relapsed (over 5 cigarettes smoked since one month follow-up) and 21,493 were 'lost to follow-up'/smoking status unknown, [Table 2.13](#). Note: the time period is January to September 2012 as three month follow-up data for the whole year are not yet complete. As with one month follow-up, figures are based on client self-reported smoking status, but the definition of a quit at three months is 'smoked up to 5 cigarettes since one month follow-up'. The clients eligible for follow-up at three months (according to the PATH minimum dataset guidelines) are those recorded as a successful 'self-reported' quit at one month.

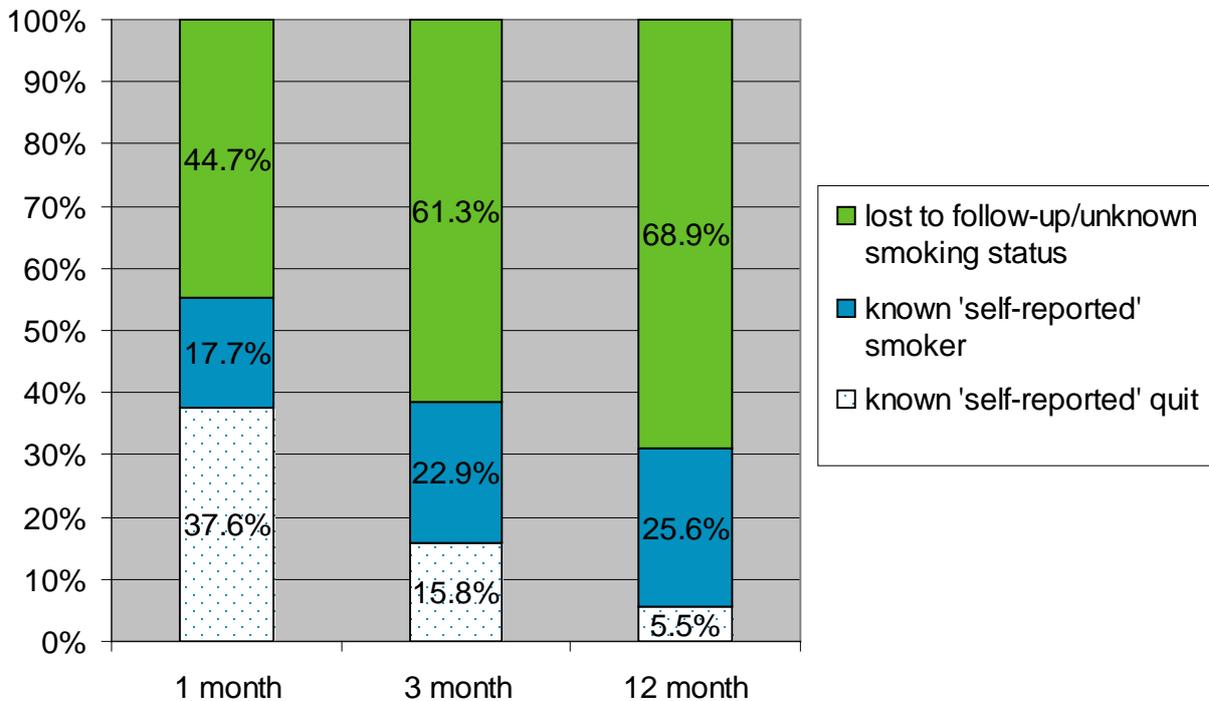
The Scotland percentage quit rate at three months was 12.4% (15.6% in 2011, revised 2011 figure, for the same nine month period). This is based on a denominator of all quit dates set during the time period, i.e. Jan. to Sep. 2012. Reasons for a drop-off in quit rates between one and three months would be: clients resuming smoking again, unable to contact client/non-response and for a small number of clients 'no consent to follow-up' or 'client died'. As at one month follow-up, however, follow-ups not undertaken/information not recorded, or not yet recorded (e.g. due to late receipt of data) is also a factor. There was an increase in the percentage of cases 'lost to follow-up/unknown' from 2011 to 2012, [Table 2.13](#).

The highest three month percentage quit rates for NHS boards were: 28% in Orkney, 28.8% in Grampian and 38% in Western Isles.

2.4 Quit outcomes at 12 months after the 'quit date'

Quit outcomes based on client follow-up at 12 months after the quit date use data for the 2011 calendar year (12 month outcomes for the full 2012 calendar year are not yet available). There were a total of 112,812 quit attempts made in 2011 (revised 2011 figure). Of these, 42,450 were recorded as a successful quit at one month (self-reported), 17,810 were recorded as quit at three months and 6,214 quit at 12 months. This represents a quit rate of 37.6% at one month, reducing to 15.8% at three months and 5.5% at 12 months. As noted above, the reduction in quit rates between one and three months will be due to a combination of: clients relapsing and cases 'lost to follow-up'/smoking status unknown. Similarly, the drop-off in quit rates between three and 12 months (from 15.8% down to 5.5% in 2011) will reflect a mix of client relapse and 'lost to follow-up'/unknown. The cumulative percentages of cases 'lost to follow-up'/smoking status unknown at one, three and 12 months were 44.7%, 61.3% and 68.9% respectively, see Figure 1.9 and [Table 2.14](#).

Figure 1.9: Cumulative quit outcomes at 1, 3 and 12 months (Scotland, 2011)



Based on the full 2011 calendar year, the 3 month quit rate was 15.8%. The 15.6% quit rate at 3 months (revised 2011) quoted in section 2.3 is for the nine month period, Jan to Sep 2011, hence the difference in figures.

Work is underway to try to improve the procedures for longer term follow up. An expert working group is in the process of reporting findings and recommendations to the Scottish Government for further consideration. Any new system developed will be required to ensure data and service quality whilst making the best use of both central and NHS Board resources.

Glossary

| | |
|------|--|
| ASH | Action on Smoking and Health |
| HEAT | Health Improvement, Efficiency, Action and Treatment |
| MDS | Minimum Dataset |
| PATH | Partnership Action on Tobacco and Health |
| PSD | Practitioner Services Division |
| SIMD | Scottish Index of Multiple Deprivation |

List of Tables

| Table No. | Name | Time period | File & size |
|-----------|--|-----------------------|----------------------------|
| 1.1 | Number of quit attempts made in each month; NHS boards | 2012 | Excel [266kb – all tables] |
| 1.2 | Number of quit attempts made in each month; Scotland | 2006 to 2012 | Excel |
| 1.3 | Number of quit attempts made; CHP/CHCP areas in Scotland | 2012 | Excel |
| 1.4 | Number of quit attempts made, by gender and by age group; Scotland | 2012 revised 2011 | Excel |
| 1.5 | Number and % of quit attempts made, by ethnic group; Scotland | 2012 | Excel |
| 1.6 | Number and % of quit attempts made, by urban/rural areas; Scotland | 2012 revised 2011 | Excel |
| 1.7 | Number and % of quit attempts made, by SIMD 2012 deprivation decile; Scotland | 2012 | Excel |
| 1.8 | Number and % of quit attempts made, by SIMD 2012 deprivation decile; NHS boards | 2012 | Excel |
| 1.9 | Number of quit attempts made by pregnant females; NHS boards | 2012 | Excel |
| 1.10 | Number of quit attempts made in pharmacy and non-pharmacy services; NHS boards | 2012 revised 2011 | Excel |
| 1.11 | Number and % of quit attempts, by pharmacotherapy used; NHS boards | 2012 | Excel |
| 1.12 | Number and % of quit attempts, in non-pharmacy cessation services, involving group support; NHS boards | 2012 | Excel |
| 2.1 | Quit numbers and rates 'self-reported' at 1 month; NHS boards | 2012, revised 2011 | Excel |
| 2.2 | Quit numbers and rates 'self reported' at 1 month; CHP/CHCPs | 2012 | Excel |
| 2.3 | Quit numbers and rates 'self reported' at 1 month – pharmacy services; NHS boards | 2012 | Excel |
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| 2.5 | Quit numbers and rates 'CO validated' at 1 month; NHS boards | 2012 | Excel |
| 2.6 | Quit numbers and rates 'self reported' at 1 month, by gender; Scotland | 2012 | Excel |
| 2.7 | Quit numbers and rates 'self reported' at 1 month, by age group; Scotland | 2012 | Excel |
| 2.8 | Quit numbers and rates 'self reported' at 1 month, by SIMD 2012 Scotland-level deciles; Scotland | 2012 revised 2011 | Excel |
| 2.9 | Quit numbers and rates 'self reported' at 1 month, by SIMD 2012 NHS board-level deciles; NHS boards | 2012 | Excel |
| 2.10 | Quit numbers and rates 'self reported' at 1 month, by pregnant females; Scotland | 2012 revised 2011 | Excel |

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|------|--|----------------------|-------|
| 2.11 | Quit numbers and rates 'self reported' at 1 month, by pharmacotherapy used; Scotland | 2012 revised 2011 | Excel |
| 2.12 | Quit numbers and rates 'self reported' at 1 month – quit attempts involving the use of group support; Scotland | 2012 | Excel |
| 2.13 | Quit numbers and rates 'self reported' at 3 months; NHS boards | 2012 revised 2011 | Excel |
| 2.14 | Cumulative quit outcomes at 1,3, 12 months; Scotland | revised 2011 | Excel |

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Further Information

Further information can be found on the [ISD website](#)

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A1 – Background Information

A1.1 The national smoking cessation services monitoring

Further background to the national monitoring and national database is available on the [ASH Scotland web site](#). Available there are: a copy of the national minimum dataset for smoking cessation services, guidelines for using the minimum dataset, a 'definition of smoking cessation services' to be included in the national monitoring and 'data protection and client confidentiality' guidance.

The national smoking cessation database is a web-based database, accessible at present only over the NHSNet. It currently has over 300 registered users across Scotland. Further information and guidance on how to use the database (including details of how to access the 'test' version of the system) are available from the above ASH Scotland web link.

There is also a [smoking cessation page on the ISD web site](#), which provides information on the national smoking cessation monitoring and national smoking cessation database.

In addition, [A guide to smoking cessation in Scotland 2010](#) contains three documents: Helping smokers to stop: brief interventions; Planning and providing specialist smoking cessation services and; a Brief interventions flowchart. Available here also is a link to the current [definition of a specialist smoking cessation service](#) (i.e. those services which should be included in the national cessation services monitoring). Important : the revision of the definition, in April 2012, has not resulted in any alteration to the types of services to be included in the national monitoring.

A1.2 The smoking cessation HEAT target

December 2007 saw the publication of a series of new [HEAT targets for the NHS](#). One of these was 'Through smoking cessation services, support 8% of each NHS Board's smoking population in successfully quitting (at one month post quit) over the period 2008/09 to 2010/11'. The target was measured through a separate target monitoring process, using data from the national cessation services monitoring and national database. [Final data on performance against the target](#) was published in September 2011.

From 1st April 2011, there is a [successor smoking cessation HEAT target](#) for 2011/12 to 2013/14 which has an explicit focus for the first time on the inequalities disparity evident in smoking rates between the least and the most deprived communities. The target is 'To deliver at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most deprived within-Board SIMD areas over the three years ending March 2014'. This May 2013 annual report includes statistics on successful 'self reported' one month quits by SIMD (Scottish Index of Multiple Deprivation), by board.

A1.3 References

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9. NHS Health Scotland and ASH Scotland (2010) *A Guide to Smoking Cessation in Scotland 2010: planning and providing specialist smoking cessation services*. <http://www.healthscotland.com/uploads/documents/19844-PlanningAndProvidingSpecialistSmokingCessationServices.pdf>

A2 – Publication Metadata (including revisions details)

| Metadata Indicator | Description |
|--|--|
| Publication title | NHS Smoking Cessation Service Statistics (Scotland) 1 st January to 31 st December 2012 |
| Description | This release presents data on quit attempts made with the help of NHS smoking cessation services during the 2012 calendar year and the outcomes of those quit attempts. It includes also comparisons with the previous year. |
| Theme | Health & Social Care |
| Topic | Lifestyles & Behaviours |
| Format | PDF document |
| Data source(s) | The national minimum dataset for smoking cessation services in Scotland (revised version, 2012). Also, Scottish Household Survey (SHS) estimates of smoking prevalence & SMR02 data on women smoking in pregnancy. |
| Date that data are acquired | 9 th April 2013, from national smoking cessation database (except Greater Glasgow & Clyde – data provided from local information systems, as recorded at 13 th March 2013). |
| Release date | 28 th May 2013 |
| Frequency | annual |
| Timeframe of data and timeliness | Data for the 2012 calendar year (as well as revised 2011 figures). Release published to agreed May timescale. |
| Continuity of data | From the May 2011 report, NHS board level SIMD data are based on 'within board' deciles (the May 2010 report used 'all Scotland' SIMD deciles). |
| Revisions statement | No revisions to this publication are planned, however, revised 2012 statistics will be included in the May 2014 publication. |
| Revisions relevant to this publication | None. |
| Concepts and definitions | Background to the national smoking cessation services monitoring and national smoking cessation services database are available on the ASH Scotland web site . |
| Relevance and key uses of the statistics | The national cessation monitoring analyses produced by ISD are used to provide vital evidence of the reach and success of NHS smoking cessation services in Scotland. The cessation monitoring data are also used for smoking cessation HEAT (Health Improvement, Efficiency, Access and Treatment) target monitoring. |
| Accuracy | Data were cross-checked against national smoking cessation database 'standard reports' and results from the previous annual monitoring reports. Headline statistics for Greater Glasgow and Clyde (where data are provided from local information systems) were checked with the Data Manager for Smokefree Services in NHS Greater Glasgow & Clyde. |
| Completeness | The report acknowledges that there is evidence, across Scotland, of data under-recording in relation to pharmacy |

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|------------------------------------|--|
| | cessation services, but that data collection problems within the national pharmacy smoking cessation scheme are now being addressed both centrally and locally. The 2012 data presented will omit 'late received' data from pharmacy services, however, 2012 data are then revised at the following year's update. Greater Glasgow & Clyde data are as recorded at 13 th March 2013 and the 'rest of Scotland' as at 9 th April 2013, therefore the former may be expected to show a relatively larger increase in their revised 2012 figures. |
| Comparability | Routine data from smoking cessation services are also collected in England. This report includes comparable data from the monitoring of NHS smoking cessation services in England. |
| Accessibility | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines . |
| Coherence and clarity | The report includes detail on the background to the national smoking cessation services monitoring in Scotland as well as analysis results. The report content is similar to that of previous years, but for the first time this year the report has been produced using the standard ISD publications template. The report is available as a PDF file. |
| Value type and unit of measurement | Quit attempt 'numbers' and 'percentage' quit success rates are presented. |
| Disclosure | The ISD protocol on Statistical Disclosure Protocol is followed. |
| Official Statistics designation | Official Statistics |
| UK Statistics Authority Assessment | Awaiting assessment by UK Statistics Authority. |
| Last published | 29 th May 2012 |
| Next published | 27 th May 2014 |
| Date of first publication | 26 th March 2007 |
| Help email | Linsey.Galbraith@nhs.net |
| Date form completed | 7 th May 2013 |

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Health Improvement Programme Manager (Tobacco), NHS Health Scotland

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

Data Manager for Smokefree Services, NHS Greater Glasgow & Clyde

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

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- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).