

# Publication Report



## **NHS Smoking Cessation Services (Scotland)**

**1 January to 31 December 2013**

**Publication date – 27 May 2014**

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## Introduction

### Overview

The 'NHS Smoking Cessation Services Statistics (Scotland)' report provides evidence of the reach and success of smoking cessation services. This report provides an analysis of uptake and outcomes of these services for 1 January to 31 December 2013.

The information presented is taken from the agreed national minimum dataset for smoking cessation services, developed by the Partnership Action on Tobacco and Health (PATH), part of Action on Smoking and Health (ASH) Scotland.

### Statistics included in the report

The statistics in this report are based on 'quit attempts' made during the year. We present data:

- by NHS Board and Community Health Partnership (CHP) / Community Health Care Partnership (CHCP) quit attempts made / quit dates set;
- showing quit outcomes based on client follow-up at one month, three months and 12 months;
- on the numbers of quit attempts made by socio-demographic characteristics of the client (gender, age, ethnic group, urban/rural, deprivation and pregnancy).
- the number of quit attempts made in pharmacy cessation services and in other NHS cessation services;
- the pharmacotherapy used in the quit attempt;
- the number of quit attempts made using group support; and
- where possible, we have also included 2012 revised figure comparisons.

Please note that:

- 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;
- 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 one NHS Board but resident in another);

- the report does not include referrals or initial contacts where the client did not go on to set a quit date or 'relapse prevention' support; and
- 2013 figures are expected to rise in future as there are recognised difficulties with the late submission of data from some pharmacies.

### Data Tables

All data tables are published in a separate Excel file which we have linked to this report. Click on the link to see the table e.g. [Table1.1](#)

### Comparing data across NHS board areas

The figures presented here show wide variation in uptake rates and quit rates between NHS Boards so care must be taken when comparing these data.

There are known variations in the types of services provided in different areas; also the service setting has an impact on quit rates (Bauld et al, 2009 and 2011<sup>1 2</sup>). In some NHS 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.

Although specialist cessation services see relatively fewer clients, compared to pharmacies, they 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.

## Data Sources

The primary source of the data in this report is the National Smoking Cessation Database. Additional information is sourced from local NHS Board information systems. Further detail on the national smoking cessation services monitoring and national database are available at [Appendix A1.1](#).

## Previous Reports

Information Services Division (ISD) have published an annual smoking cessation services monitoring report, with calendar year 2006 being the first year for which statistics were produced.

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 2013 and the next one is due in September 2014.

Further detail on the smoking cessation HEAT target is included at [Appendix A1.2](#).

## Comparison with England

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.

## Key points

### Quit attempts

- There were 103,431<sup>p</sup> quit attempts made with the help of NHS smoking cessation services in Scotland in 2013. This is a 13% reduction on 2012, where there were 119,428 quit attempts. This is the first decrease seen in recent years, and could be partly explained by the rise in use of electronic cigarettes.

p. Provisional figure. Will likely increase as ISD continues to receive late data submissions.

- An estimated 10% of the adult smoking population made a quit attempt with an NHS smoking cessation service in 2013. Three quarters of these quit attempts were made using pharmacy services.
- Females accounted for 57% of all quit attempts.
- The highest proportion of quit attempts was in the 45-59 years age group (31%).
- Over one third of quit attempts were made by people living in the 20% of the 'most deprived' areas of Scotland.
- In 2013, there were 2,918 quit attempts made by pregnant women, a decrease of 155 on the 2012 figure of 3,073.

### Outcomes

- One month after quit dates set in 2013.
  - 38% had not smoked
  - 18% had returned to smoking
  - 45% were 'lost to follow-up'/unknown smoking status.
- Three months after quit dates set during the first nine months of 2013 (Jan-Sep).
  - 13% had not smoked
  - 22% had returned to smoking by the three month follow-up
  - 65% were 'lost to follow-up'/unknown smoking status by the three month follow-up.
- Twelve months after quit dates set in 2012.
  - 6% had not smoked
  - 25% had returned to smoking by the twelve month follow-up
  - 70% were 'lost to follow-up'/unknown smoking status by the twelve month follow-up.

## Smoking cessation services and treatments

- Three quarters of quit attempts in 2013 were through pharmacy services.
- There are higher quit rates at one month when attending non-pharmacy services and there is more information reported on follow up by non-pharmacy services.
- Although specialist cessation services see relatively fewer clients, compared to pharmacies, they have amongst the highest percentage quit rates.
- The way that Nicotine Replacement Therapy (NRT) is used by individuals is changing. In 2009, 69% reported using a single NRT product. By 2013, this had dropped to 44%. Over this time period, the use of more than one product increased from 9% in 2009 to 42% in 2013.

## 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.

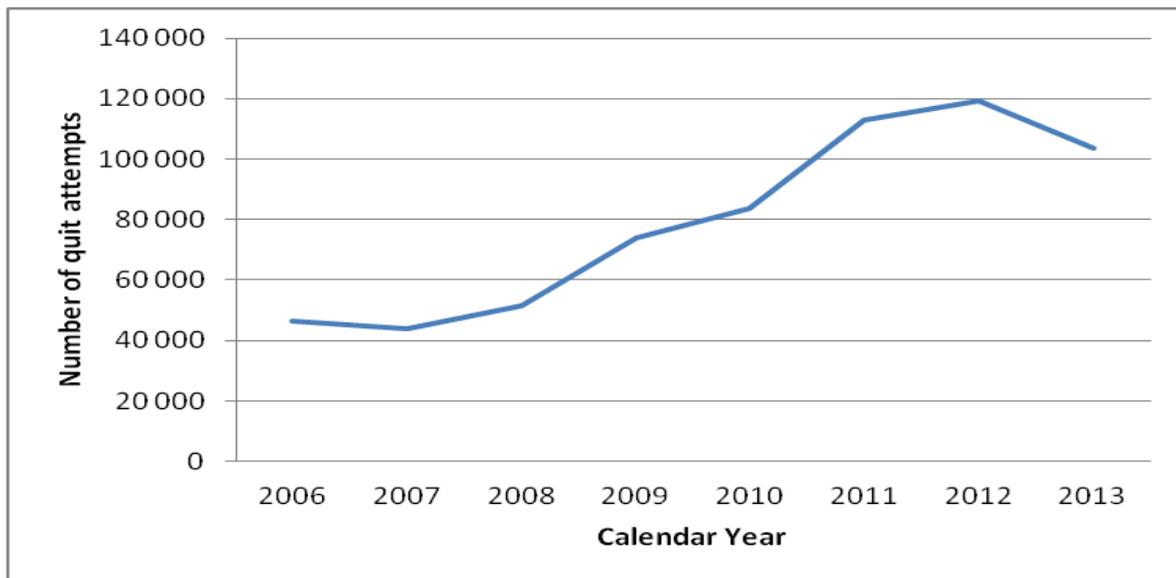
#### 1.1 Number of quit attempts made

There were a total of 103,431<sup>p</sup> quit attempts made/quit dates set in the 12 months from 1 January to 31 December 2013. This compares with 119,428 quit attempts in the previous calendar year, representing a decrease of around 16,000 (13.0%), and the first drop seen in recent years. This could be explained partly by the rise in use of electronic cigarettes, [Section 1.2](#).

Only 3 NHS boards quit attempts increased from 2012, [Table 1.1](#).

Figure 1.1 and [Table 1.2](#) show the number of quit attempts between 2006 and 2013.

**Figure 1.1: Number of quit attempts made, by year (Scotland, 2006 to 2013<sup>p</sup>)**



**Note:** 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

p. Provisional figure. Will likely increase as ISD continues to receive late data submissions.

The 2013 decrease is pronounced against the previous trend in number of quit attempts made between 2006 and 2012.

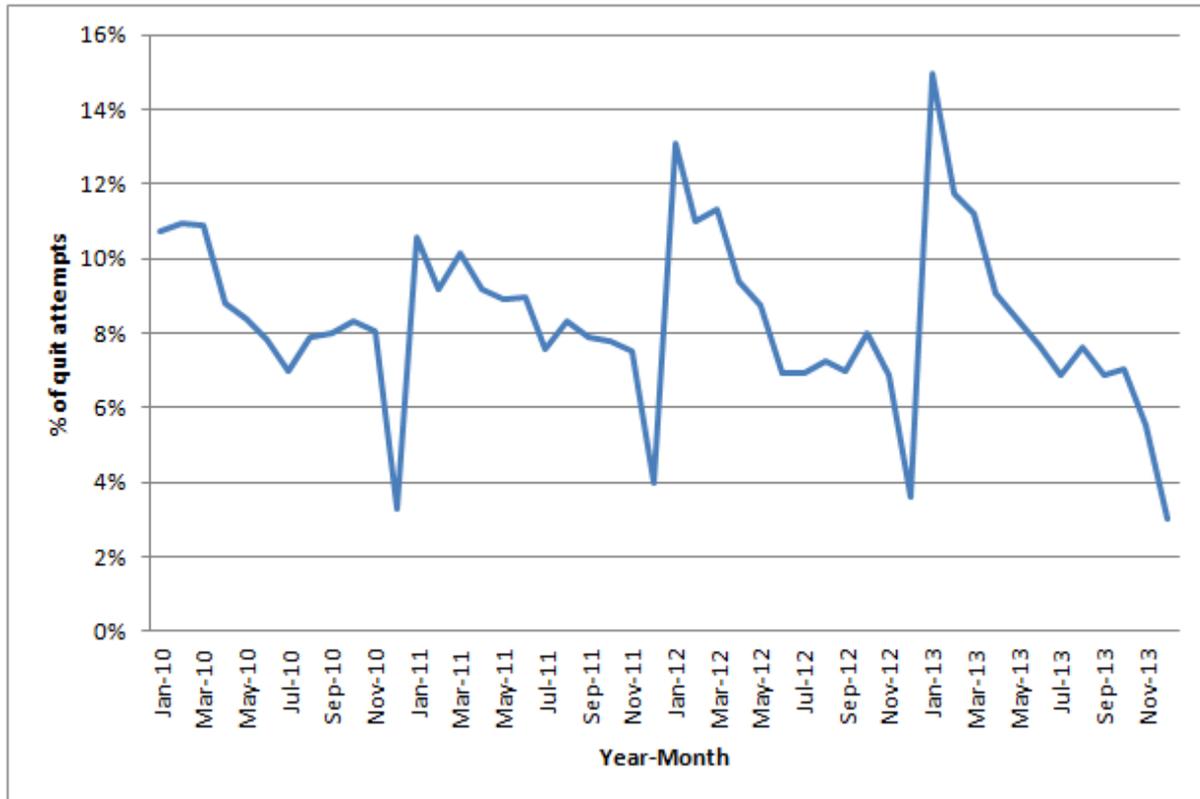
It is important to note that the number of quit attempts reported for 2013 is provisional and is likely to increase as ISD continues to receive late data submissions. The original figure reported for 2012 quit attempts has increased by 3% (from 116,000 to 119,000 approx) due

to receipt of late data. However, this is unlikely to explain the observed 13% reported decrease.

**Seasonal patterns**

Highest number of quit attempts are made at the start of the year (e.g. a New Year's resolution), and lowest numbers at the end of the year, see Figure 1.2.

**Figure 1.2: Percentage of all quit attempts made, by month (Scotland, 2010-2013)**



**Note:** figures for the latter part of 2013 are expected to increase in future due to late submission of data from some pharmacies.

An estimated 10% of the adult smoking population made a quit attempt (service uptake) with an NHS smoking cessation in 2013. This is a decrease from 12% in 2012.

This is calculated as follows.

$$\frac{\text{total quit attempts made}}{\text{total adult smokers}^1}$$

1 Estimated total adult smokers (Scottish Household Survey, SHS, 2012)

The estimated service uptake by NHS Boards was:

<b>NHS Board</b>	<b>% Uptake</b>
Ayrshire & Arran	7%
Borders	10%
Dumfries & Galloway	10%
Fife	10%
Forth Valley	9%
Grampian	8%
Greater Glasgow & Clyde	12%
Highland	8%
Lanarkshire	14%
Lothian	10%
Orkney	4%
Shetland	6%
Tayside	10%
Western Isles	4%

More detail in [Table 1.1](#).

There are differences in the types of services provided in different NHS Board areas. For some areas the majority of records are from specialist smoking cessation services. For others the majority of records are from pharmacies.

### **Community Health Partnerships / Community Health and Care Partnership**

[Table 1.3](#) provides estimates of service uptake rates for Community Health Partnership / Community Health and Care Partnership (CHP / CHCP) areas, based on the client's area of residence.

The top two highest rates of estimated total service uptake are in the following CHP / CHCP.

East Dunbartonshire – 19%

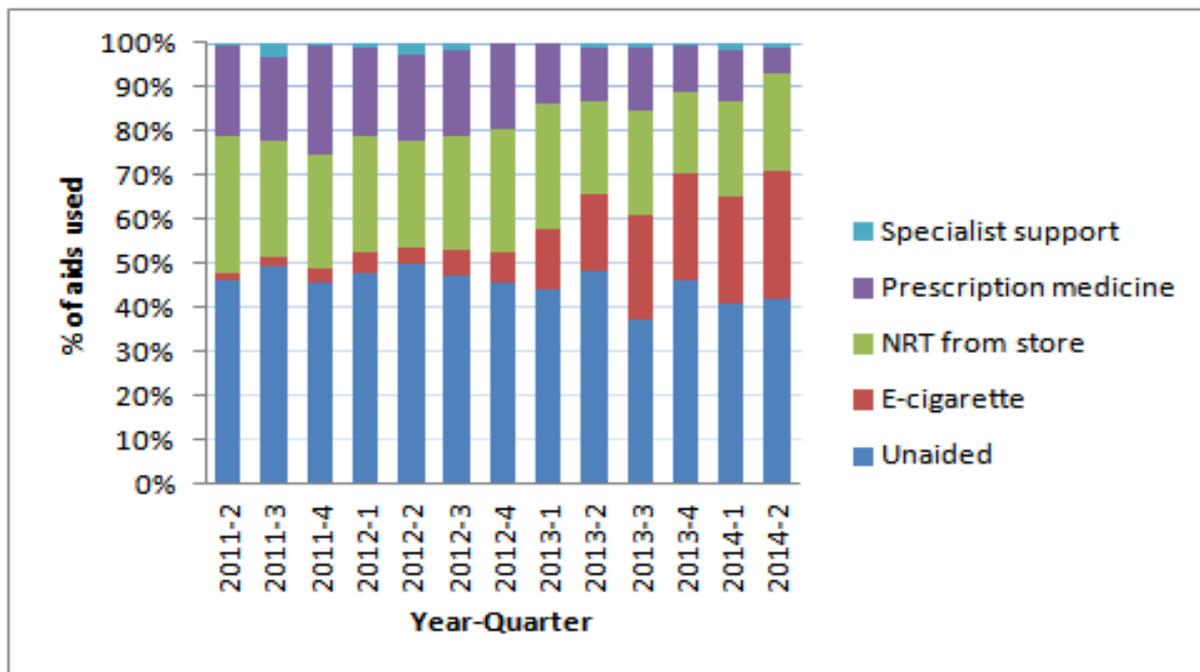
North Lanarkshire – 16%

## 1.2 Electronic cigarettes

A [recent poll](#) carried out by the charity [ASH Scotland](#) into the use of electronic cigarette use in Scotland found that 45% of all current smokers had tried an electronic cigarette in 2014, compared to only 7% in 2010; use amongst adult smokers had increased by over 5 times, from 3% in 2010 to 17% in 2014; 3% of ex-smokers have tried an electronic cigarette; 1% of self-reported never smokers have tried an electronic cigarette; and 0.1% of self-reported never smokers currently use an electronic cigarette.

Figure 1.3 compares the use of e-cigarettes to licenced pharmacotherapies such as Nicotine Replacement Therapy (NRT) over the counter; prescription medicine; specialist support; and unaided quit attempts. The information relates to a sample of English adults who smoke and tried to stop or who stopped. Data is presented for April 2011 onwards.

**Figure 1.3: Aids used in most recent quit attempts in England**



**Source:** West, R., Brown, J., Beard, E. (2014) Trends in electronic cigarette use in England. [www.smokinginengland.info](http://www.smokinginengland.info)

It can be seen that the marked increase in use of e-cigarettes for quitting in England has been accompanied by a smaller reduction in use of other aids except specialist support which has been quite static.

Although this is English based data one would suspect that Scotland would follow a similar trend. This rise in the use of electronic cigarettes may partly explain the reduction in the overall number of quit attempts seen by smoking cessation services in Scotland.

ISD are attempting to capture electronic cigarette use amongst those attending the smoking cessation services for future reporting. In October 2013 the following question had been added to the smoking cessation database in the 'Locally Defined Questions' tab on the client information screen. It was piloted up until March 2014. The level of recording was found to be poor. Discussions will be taking place around incorporating the question (or

revised question) in to the database as a mandatory field to maximise the level of recording and allow reporting of the data for future publications.

*If the client uses e-cigarettes - which statement accurately reflects their current status?*

The answer options are:

- declined support as successfully stopped using e-cigarettes;
- declined support - has cut down using e-cigarettes;
- accepted support and continues to use e-cigarettes;
- accepted support and stopped using e-cigarettes;
- requested support as feels addicted to e-cigarettes.

However this will not capture those people using electronic cigarettes and have no contact with smoking cessation services.

### 1.3 Quit attempts made – client profile

#### Gender

Adult smoking prevalence for males and females are 24% for males and 21% for females, from the [Scottish Household Survey \(SHS\) for 2012](#). In 2013, females accounted for 57% of quit attempts made and males 43%. This is the same as in 2012. This demonstrates a higher service uptake rate for women.

Figures for England from the [Health and Social Care Information Centre](#), April 2014 report<sup>3</sup> were similar (52% females and 48% males).

#### Gender and age group

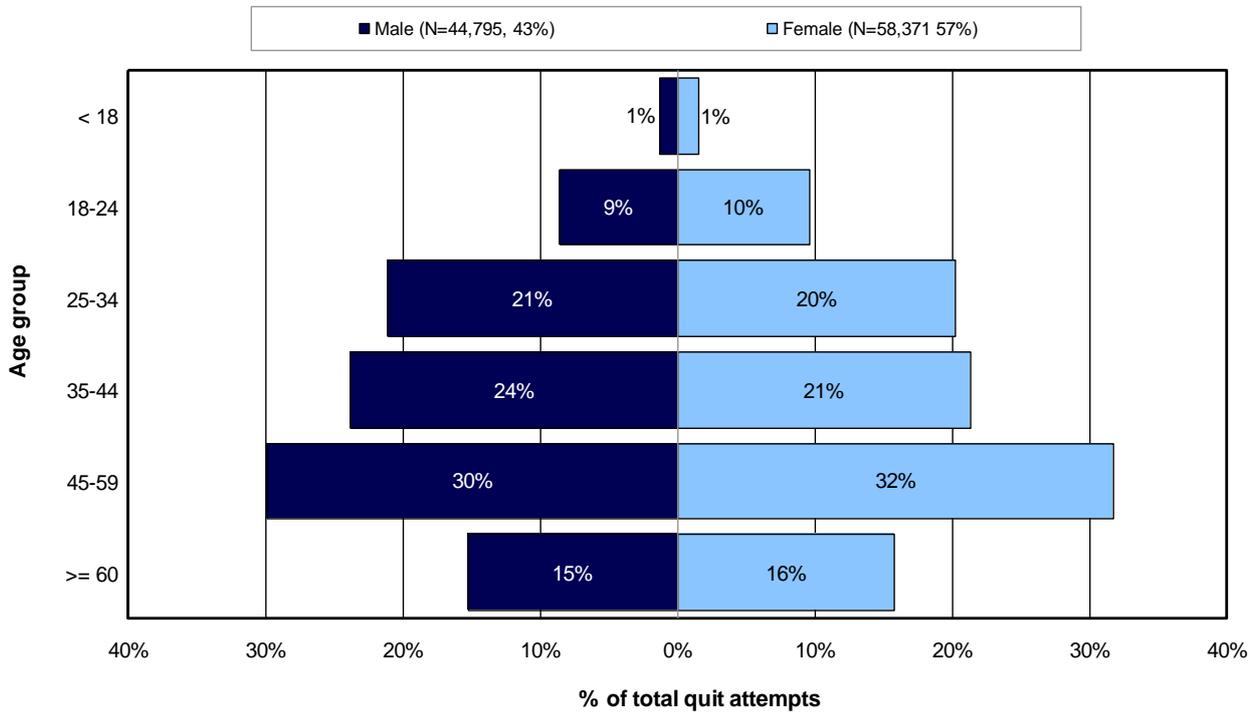
The SHS showed the highest smoking prevalence for both males and females was in the 35-44 age group, at 32% and 27% respectively, followed by the 25-34 age group (28% and 26% respectively) and 45-54 age group (27% and 25% respectively).

Across both sexes, an increased number of quit attempts is observed as age group increases up to 45-59 years, after which numbers begin to fall.

Although smoking prevalence is highest in the 35-44 age group, the percentage of quit attempts made is greatest in the 45-59 years age group for both sexes, with almost a third of total quit attempts being made in this age group.

See [Table 1.4](#) and Figure 1.4 for more information.

**Figure 1.4: Percentage of quit attempts made, by gender and age group (Scotland, 2013)**



**Note:** Figures exclude 265 cases where information was unknown

### Deprivation

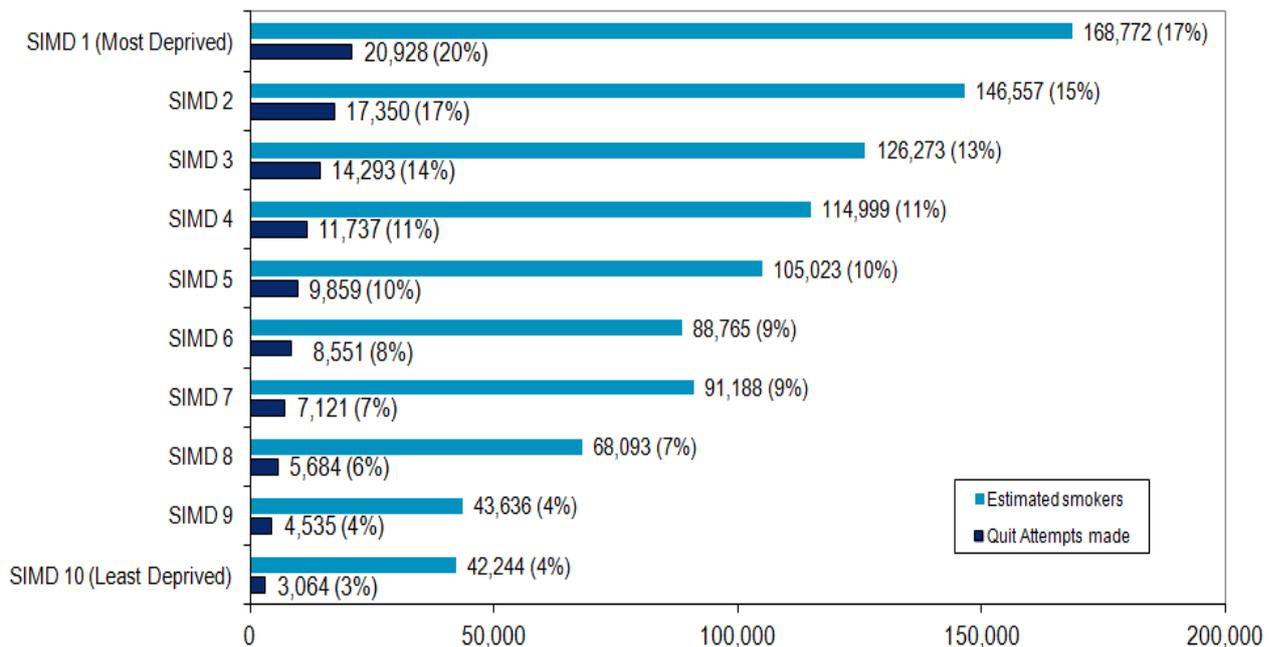
Deprivation is presented by the ‘Scottish Index of Multiple Deprivation 2012’ (SIMD 2012) deprivation decile – ranging from most deprived (SIMD 1) to least deprived (SIMD 10).

An analysis of ‘quit attempts made’ shows the largest numbers to be in the most deprived categories and the smallest in the least deprived. Similarly, SHS estimates (2012) reveal the largest numbers of smokers in Scotland, and highest smoking prevalence, to be in the most deprived areas (Figure 1.5 and [Table 1.7](#)).

Those living in the 20% most deprived communities account for an estimated 32% of adult smokers in Scotland and they accounted for 37% of quit attempts. These figures exclude cases where deprivation is ‘unknown’.

These figures support research which has found that smoking cessation services are effective in reaching deprived groups<sup>4</sup>.

**Figure 1.5: Estimated number of smokers and quit attempts made by SIMD 2012 deprivation decile (Scotland, 2013)**



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 1.5 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 SHS figures (2012), SIMD 2012 and mid-2012 population estimates.

Quit attempts made by SIMD decile for NHS boards are shown in [Table 1.8](#) (numbers and percentages).

### Pregnancy

It is estimated there were a total of 2,918 quit attempts made by pregnant women in 2013, 26% of pregnant smokers. This is a decrease of 155 quit attempts last year.

This is based on an estimate of 11,022 women smoking in pregnancy in Scotland, in the year ending 31 March 2012 (see [Table 1.9](#) for more information).

The Scottish Morbidity Record for maternity (SMR02) dataset provides the data for women who were current smokers at the time of antenatal booking. As these data are for the year ending March 2012, the most recent year for which figures are published, the figures here are intended as a guide only.

You can find out more about SMR02 including data on 'smoking history at booking' for previous years for Scotland and NHS boards on the [Maternity and Births pages of the ISD website](#) (see also [Table 1.9](#) 'Notes' for warnings on SMR02 data quality and completeness).

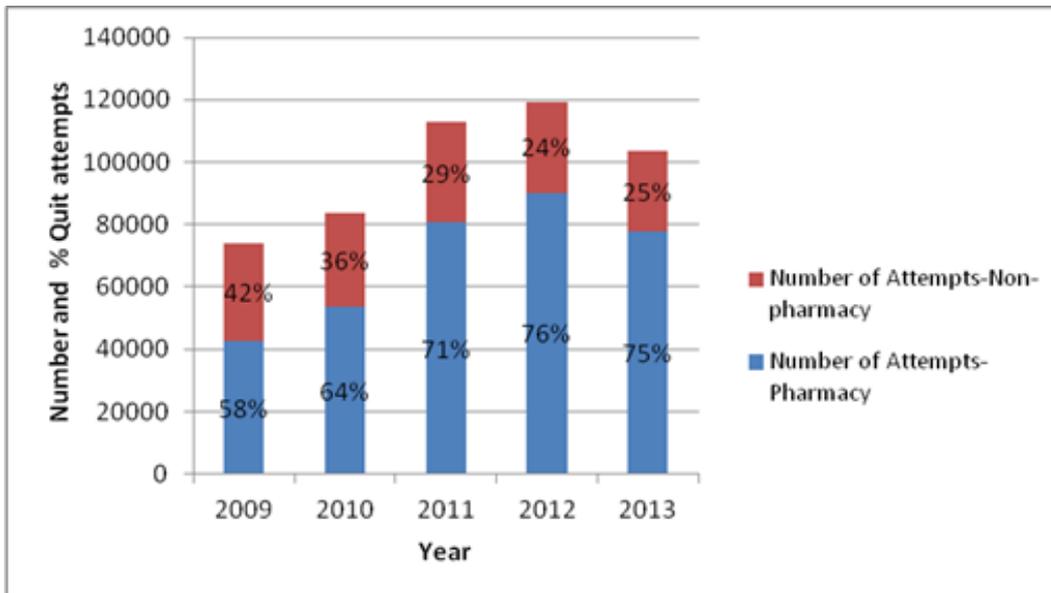
### 1.4 Pharmacy smoking cessation services and other NHS cessation services

In 2013, pharmacy smoking cessation services accounted for the majority of quit attempts made in NHS Scotland (75%). Although pharmacies see a larger number of clients, they have relatively lower percentage quit rates than, specialist cessation services that offer more intensive support.

Information on quit attempts by NHS Board are contained in [Table 1.10](#).

Figure 1.6 shows over the last five years the extent of the shift from non-pharmacy to pharmacy services.

**Figure 1.6 Quit attempts made by pharmacy/ non-pharmacy, (Scotland 2009-2013)**



In England, the majority of quit attempts are in non-pharmacy services (80% for April – December 2012).

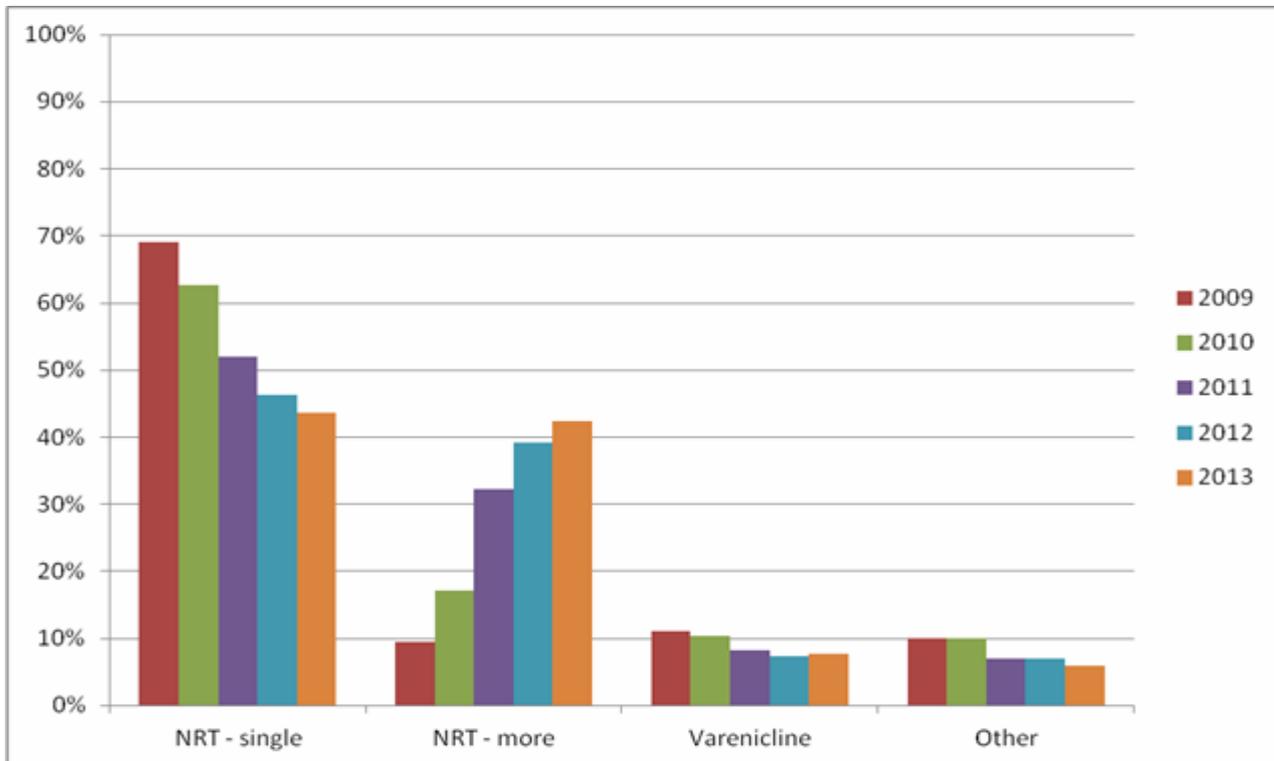
### 1.5 Quit attempts made – pharmacotherapy used

In 2013, 86% of quit attempts (approx 89,000) involved the use of Nicotine Replacement Therapy (NRT).

- 45,197 (44%) were recorded as using 'NRT - single product'.
- 43,894 (42%) were recorded as 'NRT - more than one product'.
- 119 (<1%) cases 'NRT - not specified whether single or more than one product'.

Figure 1.7 shows over the five years that use of Nicotine Replacement Therapy (NRT) is moving from as a single product used by itself, to being used with more than one product.

**Figure 1.7: Quit attempts made by pharmacotherapy aid used, (Scotland 2009-2013)**



**Note:** ‘Other’ category includes NRT – not specified; NRT + varenicline; bupropion; NRT + bupropion; no pharmacotherapy used; and unknown

Use of Varenicline (Champix®) is a medicine that was first licensed in the UK in December 2006. It was developed to help smokers to stop smoking. Its use as a single product has been trending downwards, with a slight increase in 2013 to 8% using Varenicline only.

In England (April – December 2013), 63% of quit attempts were ‘NRT-only’ (single product or more); Varenicline only 26%; none 5%; unknown / other 6%.

More information on NRT use for Scotland is available in [Table 1.11](#).

### 1.6 Quit attempts made, in non-pharmacy services

In Scotland in 2013, 38% of all quit attempts in non-pharmacy NHS cessation services involved the use of group support or one-to-one support (41% in 2012).

This ranged from less than 10% use of group support in some of the island and rural mainland boards to 71% in Grampian and 69% in Lanarkshire. See [Table 1.12](#) for more information.

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

This chapter presents information on quit outcomes in 2013, based on client follow-up at one month, three months and twelve months after the quit date. Client follow up can be carried out 'face to face', by telephone or by letter/questionnaire and are self reported quits or 'validated quits' i.e. (CO) carbon monoxide tested.

You can find out more about how quit rates are calculated in [Appendix A1.3](#).

### 2.1 Quit outcomes at one month after the 'quit date'

Of the 103,431 quit attempts made between 1 January and 31 December 2013,

- 38,964 (38%) self reported as a successful quit at one month after the 'quit date'.
- 18,355 (18%) had smoked in the last two weeks.
- 46,112 (45%) were 'lost to follow-up'/unknown smoking status.

The percentage quit rate at one month (38%) matches that achieved in the previous year (2012).

Most commonly, 'lost to follow-up'/'unknown' will be due to failure to make contact with the client or non-return of follow-up questionnaire; or administrative factors such as late receipt of initial quit attempt information or follow-ups not undertaken or not recorded. The figure will include a proportion of cases (around 1% of the total) where client did not consent to follow-up or client had died. It is important to be aware of the influence of cases 'lost to follow-up'/'unknown' when looking at NHS Board quit rates.

The most recent English monitoring figures show a one month percentage quit rate of 52%, with 25% still smoking and 23% 'lost to follow-up'/'unknown',

See [Table 2.1](#) for information by NHS Board.

[Table 2.2](#) shows quit rate at one month for CHP/CHCP.

#### **Influence of service type on quit rate**

Research in England has highlighted significant variation in outcomes between individual services<sup>5</sup>. Differences in the types of services provided in Scotland are likely to influence the quit rate. For example support provided by pharmacies is less intensive than that offered by specialist services, so for NHS Boards where a large number of quit attempts take place in pharmacies overall percentage quit rates may be lower.

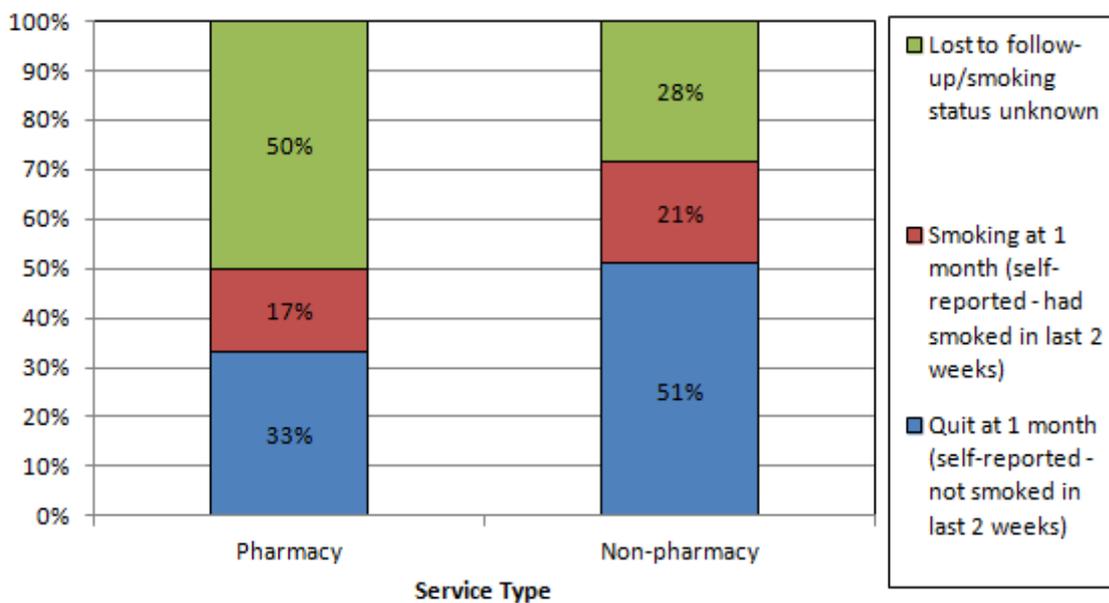
Of the total 38,964 'self-reported' one month quits in Scotland in 2013,

- 25,853 (66%) were made in pharmacy services [Table 2.3](#)
- 13,111 (34%) in non-pharmacy services [Table 2.4](#).

Although higher numbers are going through pharmacy services, a higher percentage quit rate is achieved when attending non-pharmacy services, Figure 1.8:

- 33% in pharmacy services [Table 2.3](#)
- 51% in non-pharmacy services [Table 2.4](#).

**Figure 1.8: Quit outcomes 'self-reported' at one month after the 'quit date – pharmacy and non-pharmacy services (Scotland, 2013)**



A higher percentage of lost to follow-up/smoking status unknown is seen with pharmacy services,

- 50% in pharmacy services [Table 2.3](#)
- 28% in non-pharmacy services [Table 2.4](#).

**CO validated quits**

Based on 'self-reported' quits, 38% of quit attempts were successful at one month. Using the CO (carbon monoxide) validated quit findings this reduces to 23% (most recent English figure 37%), but there remains a high proportion of cases where a reading was not taken/reading unknown, [Table 2.5](#).

## Gender and age profile

The one month 'self-reported' quit rates by gender for NHSScotland.

- Female 37%
- Male 39%

Shown by NHS Board in [Table 2.6](#) .

Quit rates increased as age increased, as research has also found<sup>6,7</sup>, with the lowest percentage quit rate at one month being in the under 16s and 16-17 age groups (18% and 14%) and the highest percentage quit rate in the 60 years and over age group (47%), [Table 2.7](#).

## Deprivation

One month quit outcomes by SIMD reveal the lowest percentage quit rates to be in the 20% most deprived areas and the highest percentage quit rates to be in the 20% least deprived areas.

In terms of overall numbers of quitters however, the most deprived areas still accounted for the largest numbers of quitters of all the deprivation deciles. See [Table 2.8](#).

One month quit outcomes by SIMD for NHS boards are shown at [Table 2.9](#).

## Pregnancy

One month quit outcomes for pregnant women show that of the 2,918 quit attempts made by pregnant women in 2013, 887 (30%) were a successful self-reported quit at one month after quit date. The comparable quit rate in 2012 was 33%, see [Table 2.10](#).

## Pharmacotherapy - NRT

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 (64%), see [Table 2.11](#).

## Group Support

[A Guide to Smoking Cessation in Scotland 2010: planning and providing specialist smoking cessation services](#) (NHS Health Scotland and ASH Scotland, 2010 <sup>8</sup>) highlights evidence on the effectiveness of both one to one and group support. In 2013, quit attempts using group support had a quit rate of 57% at one month. This is comparable to English figures for 2012.

Some quit attempts may use a combination of both group and one-to-one support. Group support is not used in pharmacy smoking cessation services, [Table 2.12](#)

### 2.2 Quit outcomes at three months after the 'quit date'

Figures here are based on client self-reported smoking status, however 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 are those recorded as a successful 'self-reported' quit at one month.

The three month follow-up findings are for quit dates set during the first nine months of 2013 as data for the last quarter (October – December 2013) are not yet complete.

From a total of 87,291 quit attempts made/ quit dates set between 1 January and 30 September 2013,

- 32,895 (38%) were recorded as successful quits at one month follow-up.

By the three month follow-up,

- 11,511 (13%) had not smoked
- 18,781 (22%) had returned to smoking
- 56,999 (65%) were 'lost to follow-up'/unknown smoking status, [Table 2.13](#).

The Scotland percentage quit rate at three months was 13% (16% in 2012) for the same nine month period.

Reasons reported for drop off include:

- client resuming smoking;
- unable to contact client/non-response;
- 'no consent to follow-up';
- 'client died'.

There was an increase in the percentage of cases 'lost to follow-up/unknown' from 2012 to 2013, [Table 2.13](#).

### 2.3 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 2012 calendar year as 12 month outcomes for the full 2013 calendar year are not available yet.

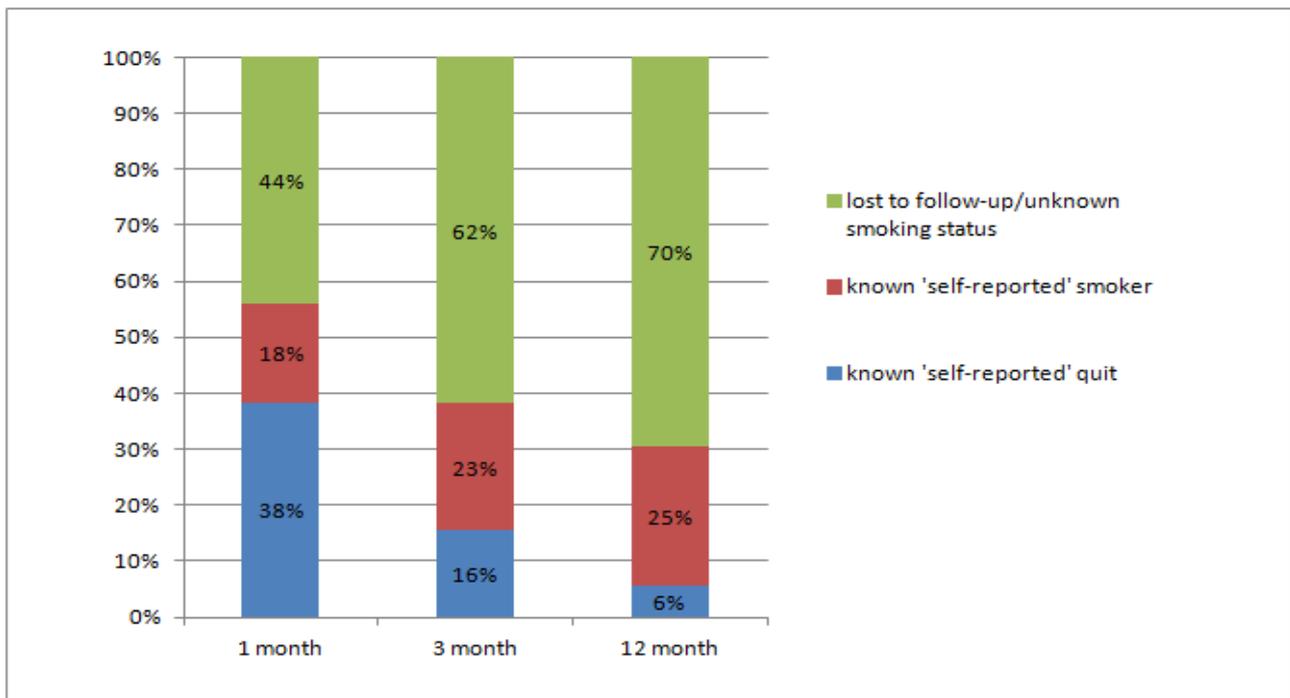
There were a total of 119,428 quit attempts made in 2012. Of these:

- 45,834 (38%) were recorded as a successful quit at one month (self-reported),
- 18,599 (16%) were recorded as quit at three months and
- 6,626 (6%) quit at 12 months.

The reduction in quit rates between one and three months, and three and 12 months 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%, 62% and 70% respectively, see Figure 1.9 and [Table 2.14](#).

**Figure 1.9: Quit outcomes at 1, 3 and 12 months (Scotland, 2012)**



**Note:** Due to rounding, both the 3 and 12 months percentages will not add to 100%.

### 3 Future work

#### 3.1 Longer term follow-up

Work is underway to try to improve the procedures for longer term follow-up. The proposed option is to adopt a sampling approach, whereby a sample of all those eligible for a 12-month follow-up are contacted. NHS24 would provide the central follow up service, thus reducing cost, effort and resources required overall. The sample initially would be focused at reporting at a Scotland level and representative by pharmacy / non-pharmacy and deprivation, with the potential for NHS Board reporting in the future.

#### 3.2 Electronic Support for Smoking Cessation

Recent changes to the HEAT targets for the Smoking Cessation service has changed the emphasis to the timely and complete submission of information on quit attempts to capture the patient's smoking status at the 12-week milestone. In order to achieve this, an electronic solution has been specified and is currently being developed to support Community Pharmacies in managing and reporting patient quit attempts as part of this service. This support will be delivered through the existing Pharmacy Care Record (PCR) application already in use in pharmacies that supports Chronic Medication Service (CMS), pharmaceutical care assessment and management of High risk and New Medicine interventions.

From 1 July 2014 minimum data set (MDS) information will be captured, validated and submitted to the national smoking cessation database by the Pharmacy Care Record (PCR) application. It is expected that Community Pharmacies in NHS Greater Glasgow will continue to use their current support for the management of quit attempts and submission to the smoking cessation database.

As well as supporting reporting of quit attempts and use of the Smoking Cessation service as part of Health Board HEAT reporting, the information provided electronically will support the revised pharmacy remuneration as detailed in Scottish Government circular PCA(P)(2014)7.

## List of Tables

Table No.	Name	Time period	File & size
1.1	<a href="#">Number of quit attempts made in each month; NHS boards</a>	2013	Excel [266kb – all tables]
1.2	<a href="#">Number of quit attempts made in each month; Scotland</a>	2006 to 2013	Excel
1.3	<a href="#">Number of quit attempts made; CHP/CHCP areas in Scotland</a>	2013	Excel
1.4	<a href="#">Number of quit attempts made, by gender and by age group; Scotland</a>	2013 revised 2012	Excel
1.5	<a href="#">Number and % of quit attempts made, by ethnic group; Scotland</a>	2013	Excel
1.6	<a href="#">Number and % of quit attempts made, by urban/rural areas; Scotland</a>	2013 revised 2012	Excel
1.7	<a href="#">Number and % of quit attempts made, by SIMD 2012 Scotland-level deciles; Scotland</a>	2013	Excel
1.8	<a href="#">Number and % of quit attempts made, by SIMD 2012 Scotland-level deciles; NHS boards</a>	2013	Excel
1.9	<a href="#">Number of quit attempts made by pregnant females; NHS boards</a>	2013	Excel
1.10	<a href="#">Number of quit attempts made in pharmacy and non-pharmacy services; NHS boards</a>	2013 revised 2012	Excel
1.11	<a href="#">Number and % of quit attempts, by pharmacotherapy used; NHS boards</a>	2013	Excel
1.12	<a href="#">Number and % of quit attempts, in non-pharmacy cessation services, involving group support; NHS boards</a>	2013	Excel
2.1	<a href="#">Quit numbers and rates 'self-reported' at 1 month; NHS boards</a>	2013, revised 2012	Excel
2.2	<a href="#">Quit numbers and rates 'self reported' at 1 month; CHP/CHCPs</a>	2013	Excel
2.3	<a href="#">Quit numbers and rates 'self reported' at 1 month – pharmacy services; NHS boards</a>	2013	Excel
2.4	<a href="#">Quit numbers and rates 'self reported' at 1 month-non-pharmacy services; NHS boards</a>	2013	Excel
2.5	<a href="#">Quit numbers and rates 'CO validated' at 1 month; NHS boards</a>	2013	Excel
2.6	<a href="#">Quit numbers and rates 'self reported' at 1 month, by gender; Scotland</a>	2013	Excel

2.7	<a href="#">Quit numbers and rates 'self reported' at 1 month, by age group; Scotland</a>	2013	Excel
2.8	<a href="#">Quit numbers and rates 'self reported' at 1 month, by SIMD 2012 Scotland-level deciles; Scotland</a>	2013 revised 2012	Excel
2.9	<a href="#">Quit numbers and rates 'self reported' at 1 month, by SIMD 2012 Scotland-level deciles; NHS boards</a>	2013	Excel
2.10	<a href="#">Quit numbers and rates 'self reported' at 1 month, by pregnant females; Scotland</a>	2013 revised 2012	Excel
2.11	<a href="#">Quit numbers and rates 'self reported' at 1 month, by pharmacotherapy used; Scotland</a>	2013 revised 2012	Excel
2.12	<a href="#">Quit numbers and rates 'self reported' at 1 month – quit attempts involving the use of group support; Scotland</a>	2013	Excel
2.13	<a href="#">Quit numbers and rates 'self reported' at 3 months; NHS boards</a>	2013 revised 2012	Excel
2.14	<a href="#">Cumulative quit outcomes at 1,3, 12 months; Scotland</a>	revised 2012	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 was 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'. 2011/12 to 2012/13 progress towards the target was reported in ISDs [short report](#) in September 2013; with the final performance figures to be reported in September 2014.

A new [HEAT target](#) from 1st of April 2014 was introduced with the emphasis of targeting helping people in deprived areas where smoking prevalence is highest. The target is to

achieve at least 12,000 successful quits, at 12 weeks post quit, in the 40% most deprived within-board SIMD areas (60% for island health boards) over 1 year ending March 2015.

### A1.3 How quit rates are calculated

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, 2005<sup>9</sup>).

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.

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## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	NHS Smoking Cessation Service Statistics (Scotland) 1 January to 31 December 2013
Description	This release presents data on quit attempts made with the help of NHS smoking cessation services during the 2013 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 (2013). Also, Scottish Household Survey (SHS) estimates of smoking prevalence & SMR02 data on women smoking in pregnancy.
Date that data are acquired	1 <sup>st</sup> April 2014, from national smoking cessation database and Greater Glasgow & Clyde information systems.
Release date	27 <sup>th</sup> May 2014
Frequency	annual
Timeframe of data and timeliness	Data for the 2013 calendar year (as well as revised 2012 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	Revisions to this publication are planned for may 2015 report, and revised 2013 statistics will be included in the May 2015 publication.
Revisions relevant to this publication	From the May 2014 report 'within board' deciles will not be included but will be supplied on request.  ISD revisions policy at: <a href="http://www.isdscotland.org/About-ISD/About-Our-Statistics/">http://www.isdscotland.org/About-ISD/About-Our-Statistics/</a>
Concepts and definitions	Background to the national smoking cessation services monitoring and national smoking cessation services database are available on the <a href="#">ASH Scotland web site</a> .
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 cessation services, but that data collection problems within the national pharmacy smoking cessation scheme are now being addressed both centrally and locally. The 2013 data presented will omit 'late received' data from pharmacy services, however, 2013 data are then revised at the following year's update. Greater Glasgow & Clyde data and rest of Scotland are as recorded at 1 <sup>st</sup> April 2014.
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 <a href="#">published guidelines</a> .
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 <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Assessment by UK Statistics Authority completed. Queries to be put in place.
Last published	29 <sup>th</sup> May 2013
Next published	27 <sup>th</sup> May 2014
Date of first publication	26 <sup>th</sup> March 2007
Help email	<a href="mailto:richard.lawder@nhs.net">richard.lawder@nhs.net</a>
Date form completed	15 <sup>th</sup> May 2014

## **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
- ASH 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

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### Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- 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](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.