

# Publication Report



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

**1 January to 31 December 2014**

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## Introduction

### Overview

Smoking remains a major cause of poor health in Scotland, contributing to health inequalities. It is important to provide support to those who want to stop smoking, and NHS smoking cessation services help to provide that support.

This report from the Information Services Division provides an analysis of uptake and outcomes of smoking cessation services for the period 2009 – 2014, providing information about their reach and impact.

This publication reports on 'quit attempts'. Individuals who attend smoking cessation services are encouraged to set a quit date. The publication refers interchangeably to both quit dates and quit attempts. Figures are based on total quit attempts, rather than total number of clients with a quit attempt, so it includes any repeat quit attempts for the same client.

Missing smoking status is recorded as either lost-to-follow-up, unknown or blank. See [Appendix A1.4](#) for full explanation. The publication refers to the three recording options combined as loss-to-follow-up.

### Information included in the report

The report includes data on:

- quit attempts made by NHS Board and local authority of residence or treatment;
- quit outcomes based on client follow-up at one month, three months and 12 months;
- the numbers of quit attempts made by socio-demographic characteristics of the client (gender, age, ethnic group, urban/rural residence, deprivation and pregnancy).
- the number of quit attempts made in pharmacy cessation services and in other NHS cessation services;
- drug treatments used to support quit attempts;
- the number of quit attempts made using group support; and
- the number of quit attempts made in prisons.

### Please note that:

- Figures are based on total quit attempts, rather than total number of clients with a quit attempt, so it will include any repeat quit attempts for the same client;
- the NHS Board or local authority area of the client's residence may differ from the area in which they receive smoking cessation support ;
- the report excludes referrals or initial contacts where the client did not go on to set a quit date;
- 2014 figures are expected to be revised upwards in future as there are recognised difficulties with the late submission of data from some pharmacies

- The source of information presented here is 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.

### Data Tables

All data tables are published in a separate Excel file which is linked to this report. Click on the table reference link e.g. [Table 1.1](#), to access the index of tables.

### Revisions

Following the discovery of errors in the original publication, a revision has been made. The corrections made to this publication do not change any of the key messages.

The details of the changes are:

- Section 1.3: Quit attempts among the adult population: the figure for the proportion of smokers using NHS smoking cessation services should be 17% for the 20% most deprived areas and 11% in the 20% least deprived areas, rather than 18% and 12% as previously stated.
- Section 2.1.1: One month: the range of CO validated successful one month quits over the 2009-2014 time period should be 16% - 22%, rather than 20% - 22% as previously stated.
- Section 2.6: Pregnancy: the NHS Board with the lowest 3 month quit rates should be NHS Forth Valley (8%), rather than NHS Boards Borders, Greater Glasgow & Clyde and Shetland (10%) as previously stated.
- Section 2.7.3: Group support: the year in which the highest one month quit rate for group support was seen should be 2012, rather than 2011 as previously stated.
- Tab 1.1 – The chart labels in Figure 1 were corrected.
- Tab 6.1 – Numbers and percentages of successful quits made at the 3 month follow-up stage were revised due to incorrect numbers shown.
- Tab 9.2 – Percentages relating to cumulative outcomes at the 3 month follow-up stage were revised for the use of incorrect denominators in their calculation.
- Tab 10.1 – Tables related to successful quits were revised for the use of incorrect denominators in the calculation of percentages.

### Making comparisons between NHS Board areas

The figures presented here show wide variation in uptake and quit rates between NHS Boards. However care must be taken when comparing Boards. The type of service provided varies between NHS Boards and service type is known to have an impact on quit rates.<sup>1,2</sup> In some NHS Board areas, 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 fewer clients than pharmacies, they have amongst the highest percentage quit rates.

The Information Services Division continues to work with colleagues to monitor the number of forms submitted by pharmacies and to check these against payments made to pharmacies. Pharmacy payments data are not directly comparable with data on quit dates set, but they provide a guide to the extent of missing monitoring data.

## 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](#).

## 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](#). Comparisons with findings from the English cessation services monitoring are included in this report where applicable and are based on recent English monitoring figures (April – December 2014).<sup>3</sup>

## Previous reports

The Information Services Division has published annual smoking cessation services monitoring reports since 2006. 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 2014. Further detail on the smoking cessation HEAT target is included at [Appendix A1.2](#).

## Key points

### Quit attempts

- There were 73,338 quit attempts made with the help of NHS smoking cessation services in Scotland in 2014. <sup>p</sup> This is a 31% reduction on 2013, where there were 105,950 quit attempts. However, the 2014 is likely to be revised upwards when late data submissions are received.
- An estimated 7% of the adult smoking population made a quit attempt with an NHS smoking cessation service in 2014.
- More (57%) of the quit attempts were made by women and, for both genders, the highest proportion of quit attempts was in the 45-59 years age group.
- Over one third of quit attempts were made by people living in the 20% most deprived areas of Scotland.
- In 2014, there were 2,876 quit attempts made by pregnant women. This represents a decrease of 73 on the 2013 figure of 2,949, though this may be partly accounted for by incomplete submissions.

**p** provisional figure

### Success of quit attempts

- One month after quit dates set in 2014, 35% were still not smoking and 17% had started smoking again. Smoking information was not available for the remaining 48%.
- Three months after quit dates set in 2014, 16% were still not smoking and 20% had started smoking again. Smoking information was not available for the remaining 64%.
- Twelve months after quit dates set in the previous year (2013), 5% were still not smoking and 24% had started smoking again. Smoking information was not available for the remaining 71%.

### Smoking cessation services and treatments

- In 2014, as in previous years, most supported quit attempts (over 70%) were made through pharmacy services.
- Specialist (non-pharmacy) cessation services saw fewer clients, but they had higher quit rates at both one and three month follow-up. They were also more likely to record follow-up data.
- The way that Nicotine Replacement Therapy (NRT) is used in aiding quit attempts is changing. Between 2009 and 2014, use of a single NRT product dropped from 69% to 35% of those using drug therapies, while use of more than one product increased from 9% to 47%.

## Results and Commentary

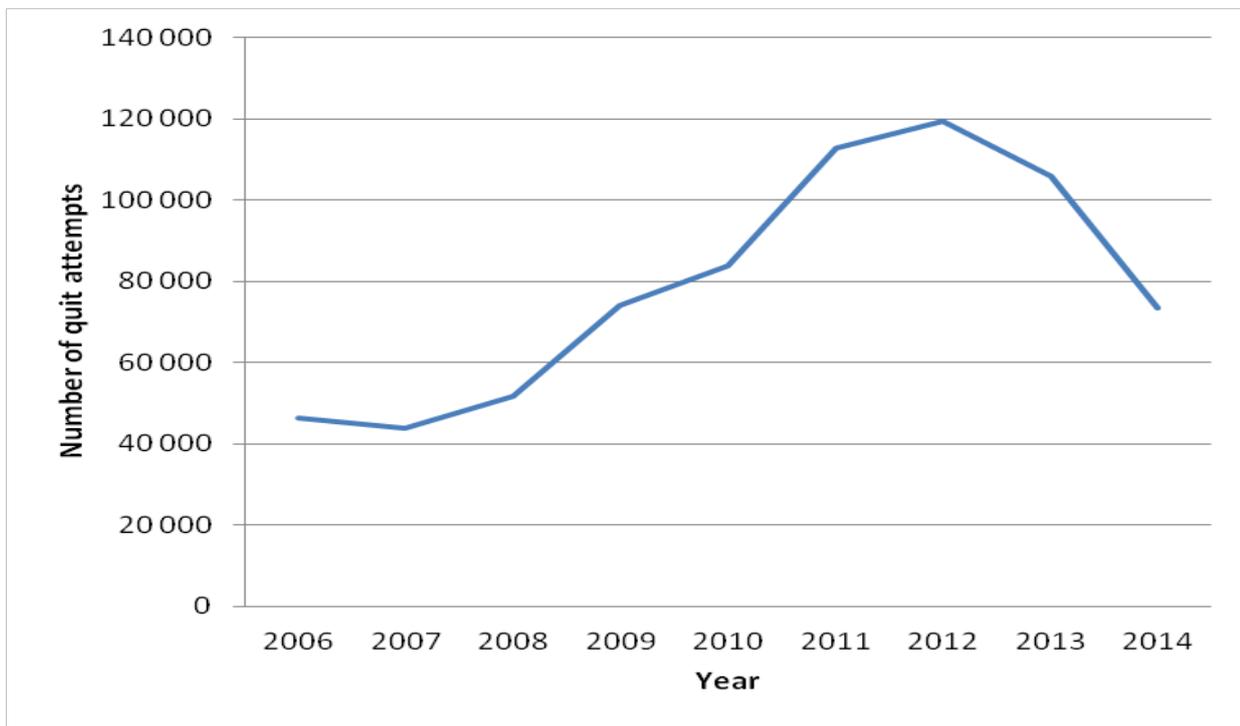
### 1. Quit attempts made in NHS smoking cessation services

This chapter presents information on the number of quit attempts made with the support of NHS smoking cessation services in Scotland.

#### 1.1 Number of quit attempts made

There were a total of 73,338 quit attempts in the 12 months from 1 January to 31 December 2014.<sup>p</sup> This compares with 105,950 quit attempts in the previous calendar year, representing a decrease of around 33,000 (31%). This figure is likely to be revised upwards in future because of the late submission of data. However late submission of data led to an upward revision of quit attempt numbers of only 2% in 2013, so this is unlikely to explain the substantial fall in quit attempts using NHS smoking cessation services between 2013 and 2014. The reason for the fall in quit attempts through NHS services since 2012 is not completely clear, but the rise in use of electronic cigarettes ([Section 1.4](#)) is a plausible explanation. None of the NHS Boards saw an increase in quit attempts in smoking cessation services between 2013 and 2014 ([Table 2.1](#)). The number of quit attempts between 2006 and 2014 are shown in Figure 1 and [Table 1.1](#).

**Figure 1: Number of quit attempts made, Scotland; 2006 - 2014<sup>p</sup>**

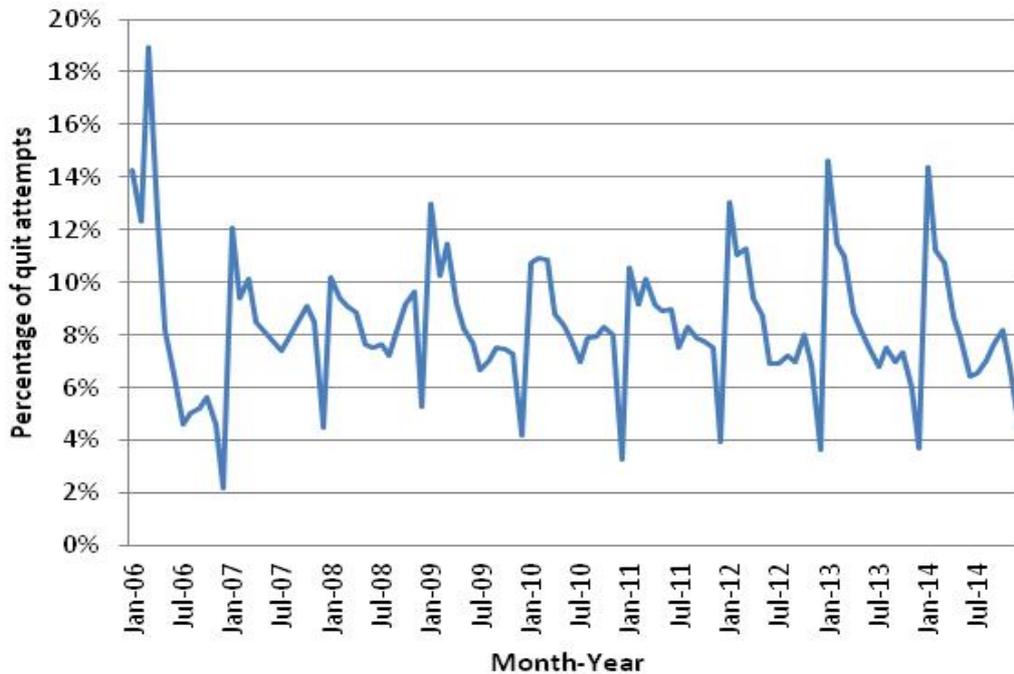


<sup>p</sup> Provisional data.

## 1.2 Seasonal patterns

The highest number of quit attempts were made at the start of the year, probably reflecting New Year resolutions, and the lowest numbers at the end of the year (Figure 2 and [Table 1.1](#)).

**Figure 2: Percentage of annual quit attempts made in each month, Scotland; 2006 - 2014<sup>p</sup>**



<sup>p</sup> Provisional data - figures for the latter part of 2014 are expected to increase in future due to late submission of data from some pharmacies.

## 1.3 Quit attempts among the adult smoking population

Based on smoking prevalence from the 2012 and 2013 Scottish Household Surveys combined, and the mid-year population for 2014, around 7% of the adult smoking population made a quit attempt with an NHS smoking cessation service in 2014. In 2013 the corresponding figure was 10%.

The proportion of smokers using NHS smoking cessation services in individual NHS Boards was highest in NHS Greater Glasgow & Clyde and NHS Lanarkshire (9%) and lowest in NHS Western Isles (3%). More information on NHS Boards is provided in [Table 15.1](#). Corresponding figures for local authorities are provided in [Table 15.2](#) and these show that the lowest service uptake (4%) was in Western Isles (Eilean Siar) and the highest (12%) in East Dunbartonshire.

The proportion of smokers using NHS smoking cessation services in the 20% most deprived areas was 17%, with the corresponding figure for the 20% least deprived areas being 11%. More information on deprivation is provided in [Table 15.3](#).

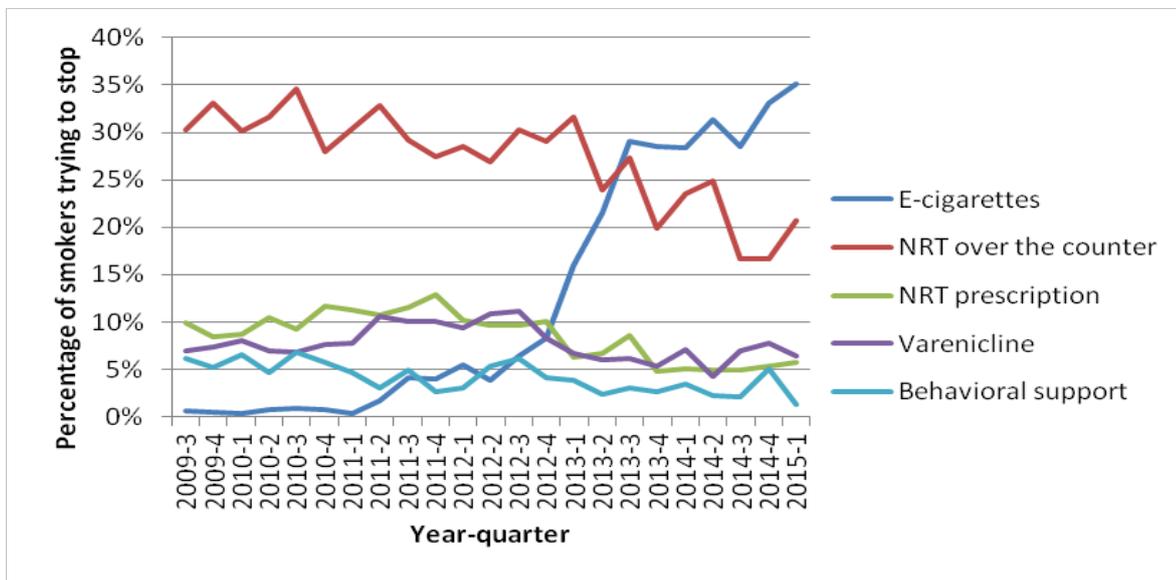
Of the estimated pregnant woman smokers, 28% used NHS smoking cessation services. More information on NHS Boards is provided in [Table 15.4](#).

### 1.4 Electronic cigarettes

A [poll](#) carried out by the charity [ASH Scotland](#) in April 2014 found that 45% of current smokers in Scotland had tried an electronic cigarette in 2014, compared to only 7% in 2010. Use amongst adult smokers increased by over five times, from 3% in 2010 to 17% in 2014. Use of electronic cigarettes was reported by 3% of ex-smokers, 1% of self-reported never smokers and 0.1% of self-reported never smokers.<sup>4</sup>

Figure 3 shows data on the reported use of e-cigarettes to support quit attempts in comparison with licensed drug treatments such as over the counter Nicotine Replacement Therapy (NRT); prescription drugs (varenicline (Champix) and other prescribed NRT); and behavioural support. The information relates to a sample of English adults who smoke and tried to stop or who stopped in the past year.

**Figure 3: Aids used in most recent quit attempts in England; Sept 2009 – March 2015**



**Source:** West, R., Brown, J., Beard, E. (2015) Trends in electronic cigarette use in England. [www.smokinginengland.info](http://www.smokinginengland.info)

The marked increase in use of e-cigarettes for quitting in England has been accompanied by reductions in the use of other aids. The use of behavioral support showed only modest falls. Although these are English data, trends in Scotland may well be similar. There are plans to record electronic cigarette use amongst those attending smoking cessation services. A set of Electronic Nicotine Delivery Systems (ENDS) questions are to be added to the smoking cessation database and it should be possible to include analysis of these in future reports. It should be noted that these will not include information on the use of electronic cigarettes among people who have no contact with smoking cessation services.

### 1.5 Client profile

This section outlines demographic and other characteristics of those who made quit attempts.

#### 1.5.1 Gender

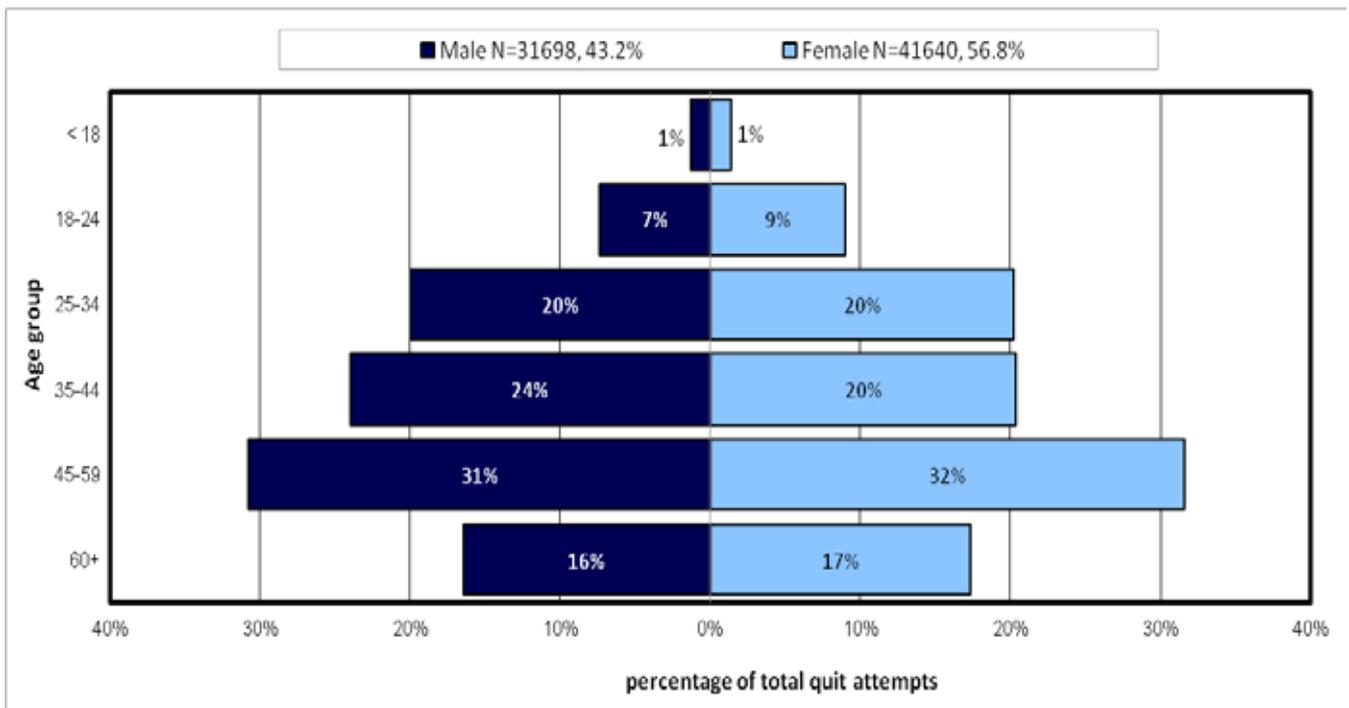
The 2013 Scottish Household Survey reported that 25% of males and 22% of females were current smokers.

In 2014, females accounted for 57% of quit attempts made and males 43% ([Table 4.1](#) and Figure 4). Figures for England from the [Health and Social Care Information Centre](#), May 2015 report were similar (52% females and 48% males).<sup>3</sup> This pattern of higher service uptake for women has been evident in each year since 2009, though women accounted for a slightly larger proportion of quit attempts (60%) in 2009. More details are provided in [Table 4.1](#).

### 1.5.2 Gender and age group

The 2013 Scottish Household Survey showed that the highest prevalence of current smoking was among people aged 35-44 for women (31%) and 25-34 for men (26%).<sup>5</sup> For both genders, and in each year (2009-2014), the number of quit attempts increased in older age groups up to 45-59 years, with almost a third of total quit attempts being made in this age group. More details are provided in [Table 4.1](#) and Figure 4.

**Figure 4: Percentage of quit attempts made, by gender and age group, Scotland; 2014<sup>p</sup>**



**Note:** Excludes cases where information was unknown.

**p** Provisional data.

### 1.5.3 Deprivation

Data from the Scottish Household Survey 2013 estimates that those living in the 20% most deprived areas in Scotland account for an estimated 32% of adult smokers,<sup>5</sup> therefore it is important that smoking cessation services reach those living in these areas. [Table 9.1](#) shows smoking rates and quit attempts by deciles of the Scottish Index of Multiple Deprivation (SIMD). The 20% most deprived areas accounted for 37% of quit attempts. The largest numbers of quit attempts were in the most deprived categories and the smallest in the least deprived. These figures are consistent with research reporting that smoking cessation services are effective in reaching deprived groups.<sup>6</sup>

Quit attempts made by SIMD decile for NHS Boards are shown in [Table 10.1](#).

### 1.5.4 Smoking in pregnancy

Smoking in pregnancy carries serious health risks for both the woman and her unborn child. In 2014, 2,876 quit attempts were made by pregnant women. This figure represents 28% of pregnant smokers and is a slight (2.5%) fall from the 2013 figure (2,949). More information is given in [Table 11.1](#).

The Information Services Division publishes information on the numbers of women who were current smokers at the time of booking their first antenatal appointment at hospital. This information is published in the '[Births in Scottish Hospitals](#)' report. The latest available data is up to 31 March 2013.

### 1.5.5 Prisons

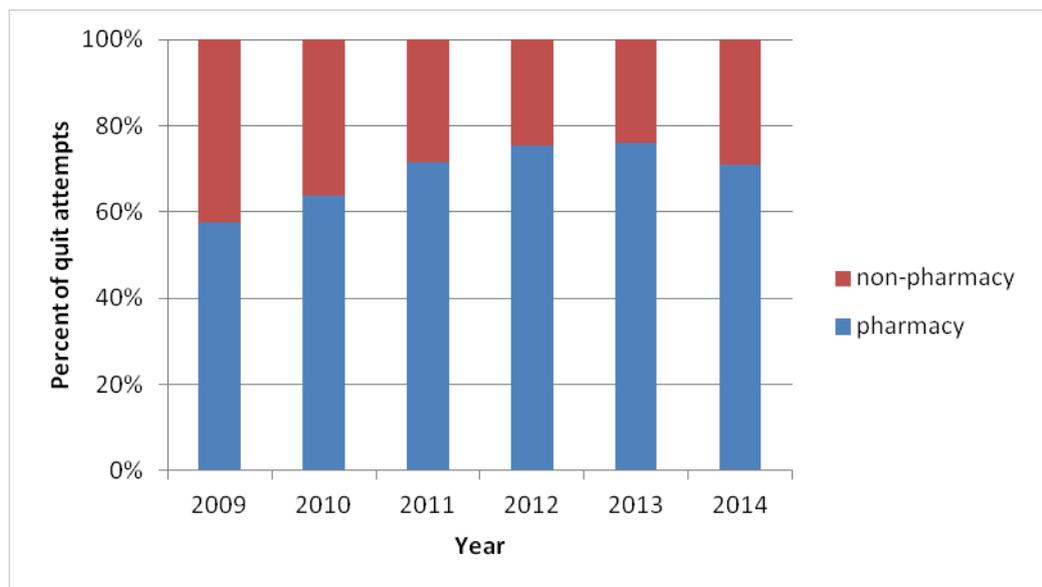
There were 1,043 quit attempts made in Scotland prisons in 2014. The number of quit attempts varied from individual prisons, from lowest 0 (HMP Grampian) to 126 in Addiewell (NHS Lothian) ([Table 16.1](#)).

## 1.6 Pharmacy and other NHS smoking cessation services

Pharmacy smoking cessation services accounted for the majority (71%) of quit attempts made in Scotland in 2014. Although pharmacies see a larger number of clients, they have relatively lower percentage quit rates than specialist cessation services that offer more intensive support.

More information on quit attempts by NHS Board and specialist services (non-pharmacy) are contained in [Table 8.3](#). Figure 5 shows the extent of the shift from non-pharmacy to pharmacy services over the last six years.

**Figure 5: Quit attempts made by pharmacy/ non-pharmacy, Scotland; 2009 - 2014<sup>p</sup>**



<sup>p</sup> Provisional data.

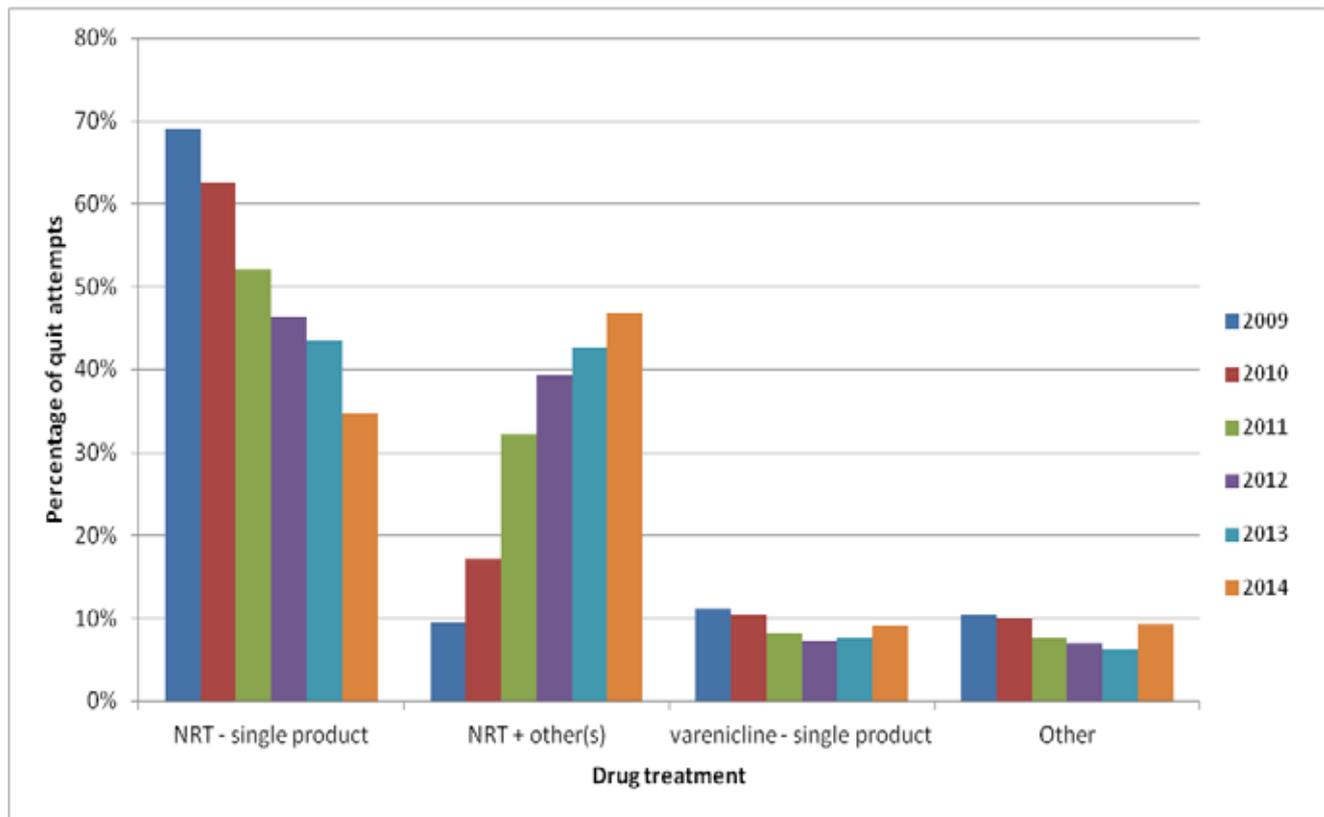
In contrast, the majority of quit attempts in England are in specialist (non-pharmacy) services (81% in April – December 2014).<sup>3</sup>

### 1.7 Use of drug treatments

In 2014, 82% of quit attempts involved the use of Nicotine Replacement Therapy (NRT). The majority of quit attempts (47%) involve the use of more than one NRT product. (As shown in [Table 12.1](#)).

Between 2009 and 2014 there was a marked move from the use of single NRT products to the use of multiple products ([Table 12.2](#)) and Figure 6).

**Figure 6: Percentage of quit attempts, by drug treatment used, Scotland; 2009 - 2014<sup>p</sup>**



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

**p** Provisional data.

Varenicline (Champix) is a prescription medication developed to help smokers quit. It was first licensed in the UK in December 2006. Its use as a single smoking cessation product has been declining, though there has been a slight increase in the two most recent years.

The nearest available comparable data for England are for the period April-December 2014. These show that 29% of quit attempts used only a single NRT product, while combinations were used in 30% of quit attempts.<sup>3</sup> More information on NRT use in Scotland is available in [Table 12.1](#).

### 1.8 Quit attempts in specialist (non-pharmacy) services, involving group support

Both one to one and group support are effective at increasing quit rates. A Guide to Smoking Cessation in Scotland 2010: planning and providing specialist smoking cessation services (NHS Health Scotland and ASH Scotland, 2010<sup>10</sup>) highlights evidence on the

effectiveness of both one to one and group support. Some quit attempts use a combination of both group and one-to-one support. Group support is not currently used in pharmacy based smoking cessation services.

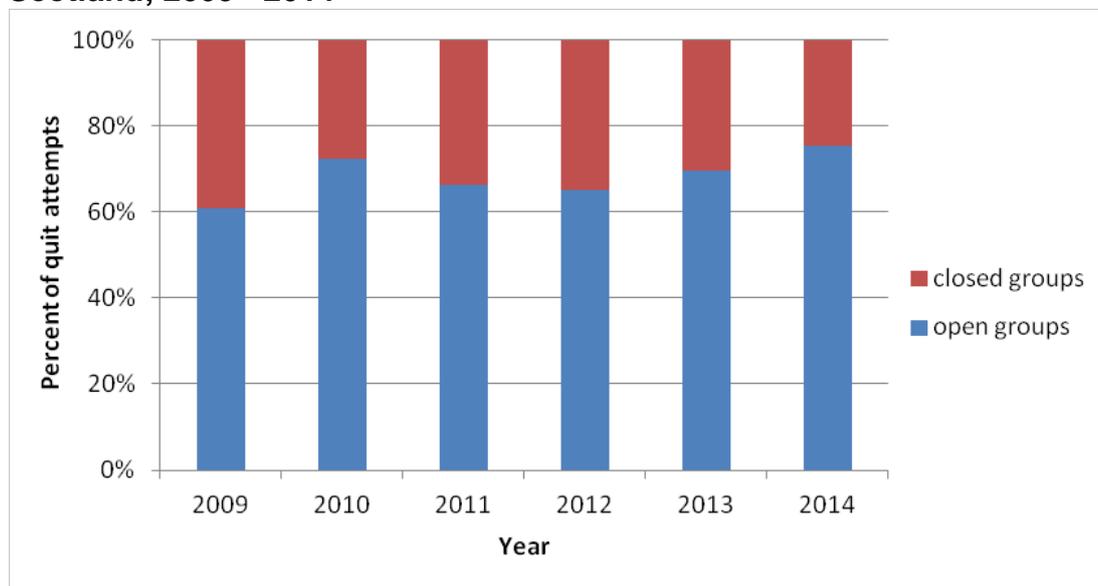
Group support can be either be ‘closed’ groups where participants join on the same date and attend for a set period, or ‘open/rolling’ groups where participants can join and leave at any time (so may include people at different stages of their quit attempt).

In 2014 29% of all quit attempts in non-pharmacy NHS cessation services involved the use of group support or one-to-one support.

This figure has declined steadily over time from a peak of 45% in 2011. The use of group support varied from less than 10% in some NHS Boards to 53% in NHS Grampian and NHS Lanarkshire. More details are shown in [Table 13.1](#).

The proportion of quit attempts using open group support has increased over time from 61% in 2009 to 76% in 2014. See [Table 13.1](#) and Figure 7.

**Figure 7: Percentage of quit attempts made by open/ closed group support, Scotland; 2009 - 2014<sup>p</sup>**



<sup>p</sup> Provisional data.

The majority of NHS Boards used open group support; however NHS Greater Glasgow & Clyde, NHS Dumfries & Galloway, NHS Fife, NHS Orkney and Western Isles saw most attempts going through closed group support. See [Table 13.1](#) for further information.

## 2. Quit outcomes

This section presents information on quit outcomes in 2014 compared to previous years, based on client follow-up at one, three and twelve months after the agreed quit date.

Client follow up can be carried out face to face, by telephone or by letter/questionnaire and information on successful quits may either be self reported or validated using carbon monoxide (CO) breath testing.

More information on the calculation of quit rates is provided in [Appendix A1.3](#).

### 2.1 Quit outcomes at one, three and twelve months

#### 2.1.1 One month

Of the 73,338 quit attempts made in 2014 in Scotland, at one month after quit attempt, 35% resulted in a reported successful quit and 17% were unsuccessful. In 48% of attempts no information was available about the outcome of the quit attempt after one month largely because clients had been 'lost to follow up'. ([Table 2.2](#)).

Current smoking can be detected using a carbon monoxide (CO) breath test and quit status can be confirmed by a negative CO test and is used at the one month follow-up. Carbon monoxide breath testing is a more rigorous method of confirming quits, however it requires attendance at a smoking cessation service. Using the carbon monoxide validated quit findings, 61% were CO confirmed quits, 1% were confirmed smoking, and 38% had no CO reading taken or the result was unknown. The number of successful quits in turn dropped to 22%. Over the 2009-2014 time period the quit percentage based on CO validated quits has ranged from 20% to 22%, ([Table 14.1](#)). For comparison, the most recent English figure for CO validated quits at one month was 35%.

The one-month quit rate for 2014 based on self-report (35%) represents a moderate fall compared with the quit rate over the three previous years (38%).

These figures are substantially lower than the most recent monitoring figures for England (April – December 2014)<sup>3</sup> which show a one month percentage quit rate of 50%, with 26% still smoking and information unavailable for 24%.

#### 2.1.2 Three months

The quit rate at three months (16%) is a 2% increase on the 2013 figure (14%) and the first notable increase seen in recent years ([Table 2.1](#)).

The most recent monitoring figures for England (April – December 2014)<sup>3</sup> show that by the three month follow-up, 16% were still not smoking, while 20% had returned to smoking. The proportion with no information rose to 64%.

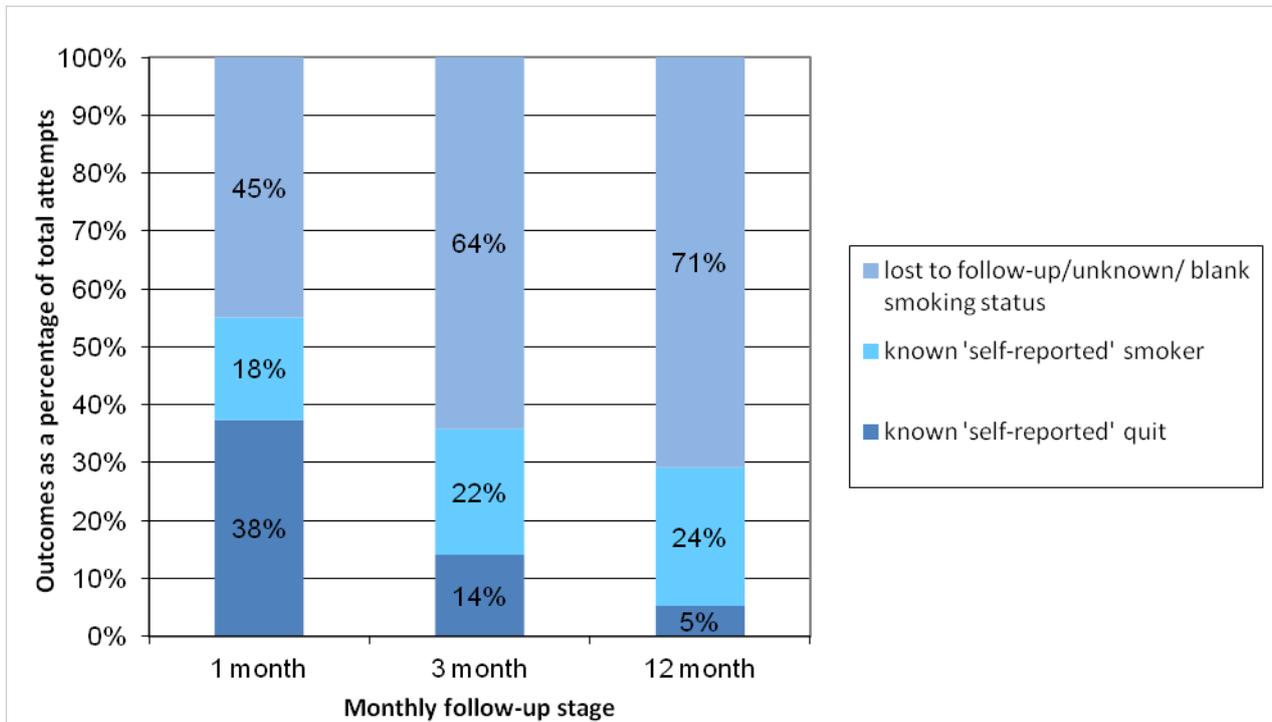
#### 2.1.3 Twelve months

The quit outcomes in this report use data for the 2013 calendar year as 12 month outcomes for the full 2014 calendar year are not yet available.

There were a total of 105,950 quit attempts made in 2013. Of these 38% were recorded as successful at one month, 14% at three months and 5% at 12 months. The fall in quit rates between one and 12 months reflects a mix of client relapse and 'loss to follow-up'.

As information on smoking status at 12 months is missing for the majority of quit attempts, 12 month quit figures should be treated with caution. The figures reported here are based on the assumption that none of those lost to follow-up were successful at quitting, which may slightly underestimate quit rates. The cumulative percentages of cases 'lost to follow-up'/smoking status unknown/blank at one, three and twelve months were 45%, 64% and 71% respectively (Figure 8, [Table 2.3](#)).

**Figure 8: Quit outcomes at 1, 3 and 12 months, Scotland; 2013**



Note: Due to rounding, the 1 month percentages do not add to 100%.

## 2.2 NHS Board comparisons

The quit rate at one month varied between NHS Boards, with the lowest rate of 24% in Tayside and the highest rate of 59% in Western Isles. The quit rates at three months varied from 9% in Greater Glasgow and Clyde to 37% in Western Isles. However the proportion of cases 'lost to follow up' varied widely between Boards and may affect comparisons. More information is available in [Table 2.1](#).

## 2.3 Local authority comparisons

The quit rates at one month varied from 23% in Angus to 58% in Eilean Siar (Western Isles). Quit rates at three months varied from 8% in Inverclyde to 36% in Orkney. As with NHS Boards, the proportion of cases 'lost to follow up' varied widely between local authorities and may affect comparisons. More information is available [Table 3.1](#).

## 2.4 Gender and age profile

One and three month 'self-reported' quit rates were similar for men and women (35% and 36% for women and men at one month, 16% and 17% for women and men at three months). Consistent with published research, quit rates tended to increase with age in both sexes.<sup>7,8</sup> More details are provided in [Table 4.1](#).

## 2.5 Deprivation

Both one and three month quit rates show a gradient across deprivation categories, with the lowest quit rates in the most deprived areas. This pattern has been consistent over time. However in terms of the overall numbers of quitters the most deprived areas still accounted for the largest numbers of quitters. For further information on quit attempts and rates based on the Scottish Index of Multiple Deprivation (SIMD) see [Table 9.1](#), [Table 9.2](#), [Table 10.1](#) and [Table 10.2](#).

## 2.6 Pregnancy

Of the 2,876 quit attempts made by pregnant women in 2014, 31% resulted in self-reported quit at one month after the quit date. The comparable quit rate in 2013 was also 31%. The highest quit rate of 35% was seen in 2010. The equivalent one month quit figure for England was 47% (April to December 2014). The three month quit rate was 16%, a 2% increase on 2013.

Percentage quit rates varied between NHS Boards, for both one and three month quit rates. One month quit rates varied from 17% in Orkney to 53% in Ayrshire & Arran and three month quit rates varied from 8% in Forth Valley to 30% in Highland. Further details are shown in [Table 11.1](#).

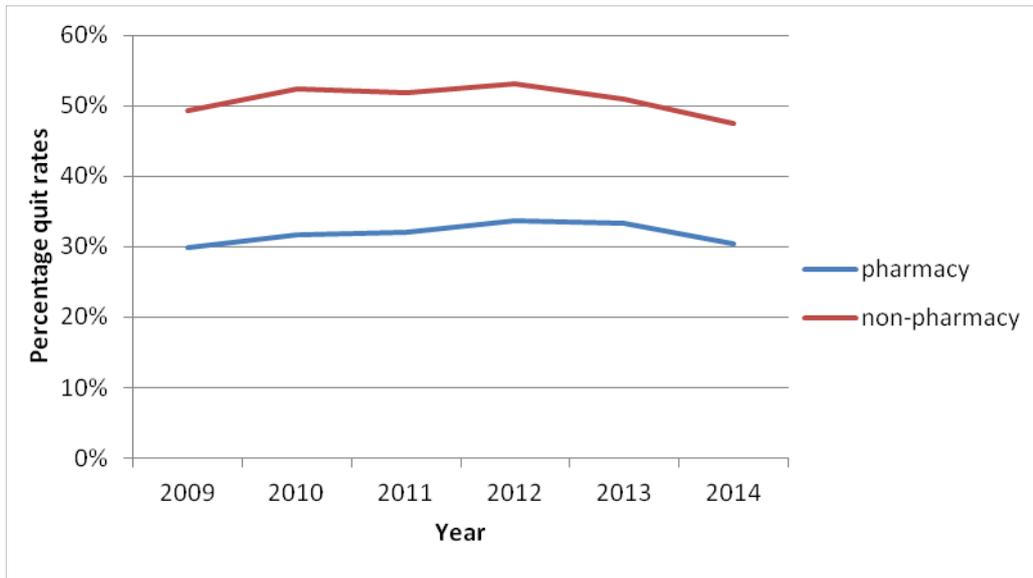
## 2.7 Influence of service type on quit rate

Research in England has highlighted significant variation in outcomes between individual services.<sup>9</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.

### 2.7.1 Pharmacy and specialist services (non-pharmacy)

Of the total 25,966 self-reported one month quits in 2014 in Scotland 61% were made in pharmacy services and 39% in specialist (non-pharmacy) services. Figure 9a shows trends in one month quit rates in specialist (non-pharmacy) and pharmacy settings. In 2014, one month quit rates for pharmacy services were 30% and for specialist (non-pharmacy) services were 48%. Further details are shown in [Table 8.3](#).

**Figure 9a: Quit Rates at one month after the ‘quit date’ – pharmacy and non-pharmacy services, Scotland; 2009 - 2014<sup>p</sup>**

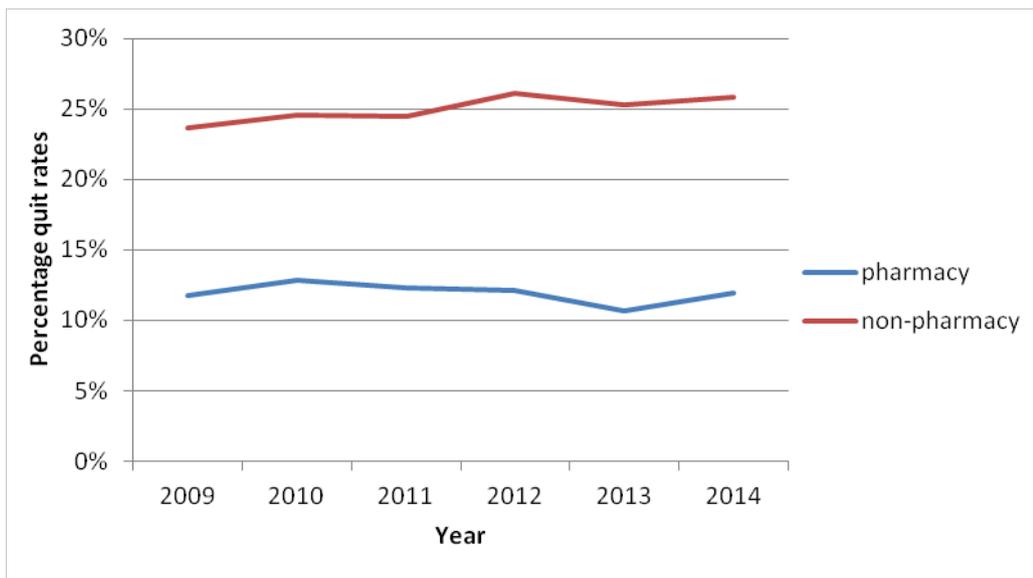


<sup>p</sup> Provisional data.

Both pharmacy and non-pharmacy one month quit rates varied between NHS Boards, from 23% in Tayside to 46% in Orkney for pharmacy services and from 33% in Tayside to 82% in Grampian for non-pharmacy services. Further details are shown in [Table 8.3](#).

Of the total 11,713 ‘self-reported’ three month quits in 2014 in Scotland, 53% were made in pharmacy services, and 47% in non-pharmacy services. Three month quit rates were 12% for pharmacy services and 26% for non-pharmacy services ([Table 8.3](#)).

**Figure 9b: Quit Rates at three months after the ‘quit date’ – pharmacy and specialist (non-pharmacy) services, Scotland; 2009 - 2014<sup>p</sup>**



<sup>p</sup> Provisional data.

Both pharmacy and specialist services (non-pharmacy) quit rates varied between NHS Boards ([Table 8.3](#)), from 7% in Dumfries & Galloway to 36% in Orkney for pharmacy

services and from 8% in Greater Glasgow & Clyde to 57% in Grampian for specialist services (non-pharmacy). In addition, the proportion of quit attempts where there was no follow up information was higher in pharmacy services (54% & 73%) than in specialist services (non-pharmacy), (34% & 50%) at the one and three month follow-up, respectively. Further details are shown in [Table 7.2](#) and [Table 8.2](#).

### 2.7.2 Drug treatment used

Among different drug treatments used to support quit attempts, the highest one month quit rate (59%) was for quit attempts using varenicline. The highest three month quit rate (33%) was also for attempts using varenicline. Quit attempts using no drug therapy resulted in quit rates higher than both NRT for both one month and three months quit rates. Quit rates for drug treatment were higher in specialist (non-pharmacy) services than in pharmacy settings, with the exception of NRT + varenicline use. [Table 12.1](#) provides further details on drug therapies by NHS Board.

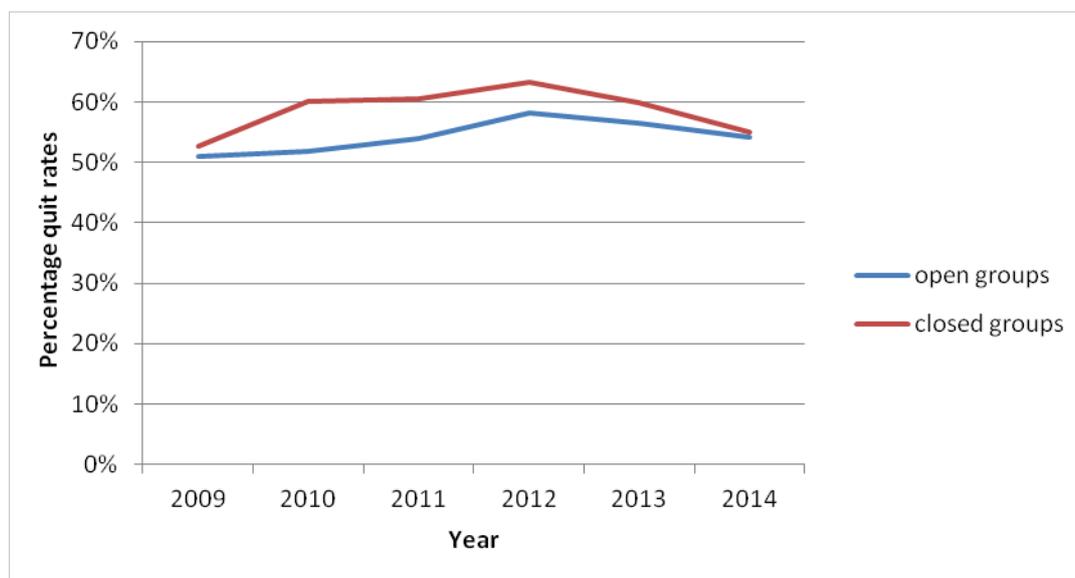
### 2.7.3 Group support

In 2014, quit attempts using group support had a quit rate of 54% at one month. Since 2009 the quit rate has been over 50%, with a high of 60% in 2012. This is comparable to English figures for April-December 2014.

Of the total 3,377 'self-reported' one month quits in Scotland in 2014, 75% were made in an open group setting and 25% in a closed group setting ([Table 13.1](#)).

One month quit rates were 54% for quit attempts made with open group support and 55% for those with closed group support ([Table 13.1](#)). See Figure 10a for one month quit rates over the period 2009 to 2014.

**Figure 10a: Quit Rates at one month after the 'quit date' – open and closed group support, Scotland; 2009 - 2014<sup>p</sup>**

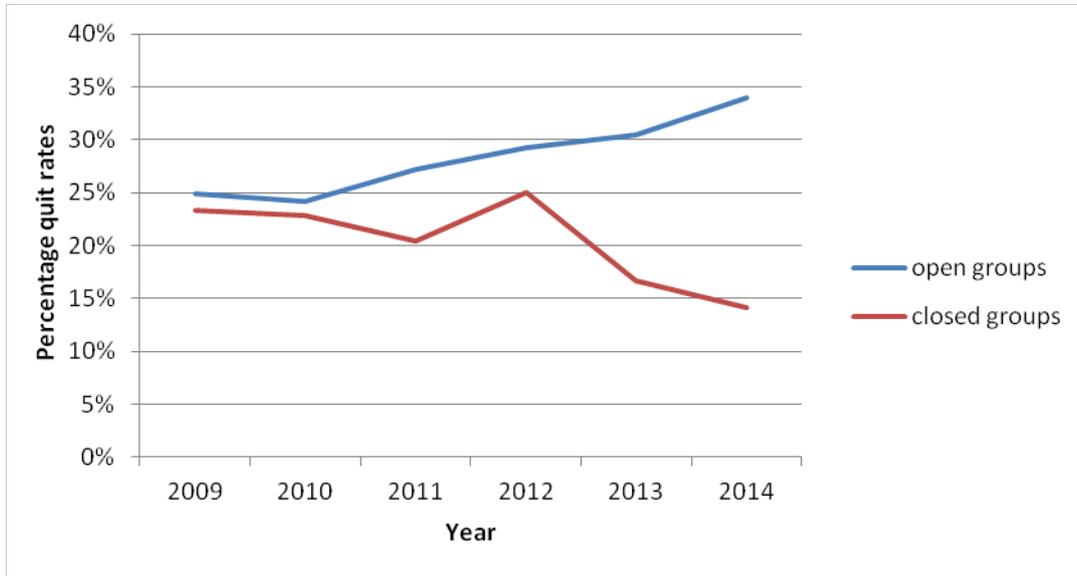


<sup>p</sup> Provisional data.

One month percentage quit rates by NHS Board can be viewed in [Table 13.1](#).

Three months after quit dates set in 2014, 34% in an open group setting and 14% in a closed group setting had not smoked ([Table 13.1](#)). Figure 10b below presents the rates over time.

**Figure 10b: Quit Rates at three months after the quit date – open and closed group support, Scotland; 2009 - 2014<sup>p</sup>**



<sup>p</sup> Provisional data.

Three month percentage quit rates by NHS Board can be viewed at [Table 13.2](#).

## Work Update

### 3.1 Longer term follow-up

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

### 3.2 Electronic Support for Smoking Cessation data collection

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 was developed to support community pharmacies in managing and reporting patient quit attempts as part of this service. This support has been 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 has been captured, validated and submitted to the national smoking cessation database by the Pharmacy Care Record (PCR) application.

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 has supported the revised pharmacy remuneration as detailed in Scottish Government circular PCA(P)(2014)7.

## List of Tables

Please click [here](#) to access the index of tables.

Table No.	Name	Time period	File & size
1.1	Number of quit attempts made in each month; Scotland	2006 - 2014	Excel [5MB]– all tables
1.2	Quit attempts & quit rates at 1-month follow-up, by month; Scotland & NHS Board	2009 - 2014	Excel
2.1	Quit attempts & quit rates at 1 & 3 month follow-up; by NHS Board	2009 - 2014	Excel
2.2	Quit attempts & quit rates at 1 & 3 month follow-up; by outcomes and NHS Board	2009 - 2014	Excel
2.3	Quit attempts & quit rates at 1, 3 & 12 month follow-up; by outcomes at Scotland level	2009 - 2013	Excel
3.1	Quit attempts & quit rates at 1 & 3 month follow-up; by Local authority	2009 - 2014	Excel
3.2	Quit attempts & quit rates at 1 & 3 month follow-up; by outcomes and Local authority	2009 - 2014	Excel
4.1	Quit attempts & quit rates at 1 & 3 month follow-up; by gender, age group & NHS Board	2009 - 2014	Excel
4.2	Quit attempts & quit rates at 1 & 3 month follow-up; by outcomes, age & gender, and NHS Board	2009 - 2014	Excel
5.1	Quit attempts & quit rates at 1 & 3 month follow-up; by ethnic group	2009 - 2014	Excel
6.1	Quit attempts & quit rates at 1 & 3 month follow-up; by Urban/Rural status	2009 - 2014	Excel
7.1	Quit attempts & quit rates at 1 & 3 month follow-up; by pharmacy and NHS Board	2009 - 2014	Excel
7.2	Quit attempts & quit rates at 1 & 3 month follow-up; by outcomes, pharmacy and NHS Board	2009 - 2014	Excel
8.1	Quit attempts & quit rates at 1 & 3 month follow-up; by non-pharmacy and NHS Board	2009 - 2014	Excel
8.2	Quit attempts & quit rates at 1 & 3 month follow-up; by outcomes, non-pharmacy and NHS Board	2009 - 2014	Excel
8.3	Quit attempts & quit rates at 1 & 3 month follow-up; pharmacy / non-pharmacy comparison by NHS Board	2009 - 2014	Excel
9.1	Quit attempts & quit rates at 1 & 3 month follow-up; by deprivation (Scotland level	2009 - 2014	Excel

	deciles) and NHS Board		
9.2	Quit attempts & quit rates at 1 & 3 month follow-up; by outcomes, deprivation (Scotland level deciles) and NHS Board	2009 - 2014	Excel
10.1	Quit attempts & quit rates at 1 & 3 month follow-up; by deprivation (NHS Board level deciles) and NHS Board	2009 - 2014	Excel
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11.1	Quit attempts & quit rates at 1 & 3 month follow-up; by pregnant women	2009 - 2014	Excel
12.1	Quit attempts & quit rates at 1 & 3 month follow-up; by drug treatment	2009 - 2014	Excel
12.2	Number and percentage of quit attempts made by drug treatment	2009-2014	Excel
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14.1	Quit attempts & quit rates at 1 & 3 month follow-up; by CO validation	2009 - 2014	Excel
15.1	Estimated service uptake by NHS Boards	2009 - 2014	Excel
15.2	Estimated service uptake by Local Authority	2009 - 2014	Excel
15.3	Estimated service uptake by Deprivation (SIMD)	2009 - 2014	Excel
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16.1	Quit attempts made in Prison setting; by NHS Boards: Calendar year: 2014	2014	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](#). This includes 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 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 ASH Scotland web link above.

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. There is also 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). It is important to note that the revision of the definition, in April 2012, has not resulted in any alteration to the types of services to be included in national monitoring.

### A1.2 The smoking cessation HEAT target / Local Delivery Plan (LDP)

A series of [HEAT targets for the NHS](#) were published in 2007, including a target related to smoking cessation. This target 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'. This 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 had an explicit focus for the first time on inequalities in smoking rates. 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'. Progress towards the target in 2011/12 to 2012/13 was reported in ISDs [short report](#) in September 2013 with the final performance figures to be reported in September 2014.

A new [HEAT target](#) was introduced from 1st of April 2014 with the emphasis on targeting 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 NHS Boards) over 1 year ending March 2015. Performance figures will be reported around September 2015.

In April 2015 the previous HEAT target was replaced by a Local Delivery Plan target. This also focuses on targeting people in deprived areas where smoking prevalence is highest. The target is to achieve at least 7,000 successful quits, at 12 weeks post quit, in the 40% most deprived within-Board SIMD areas (60% for island NHS Boards) over 1 year ending March 2016.

### **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.<sup>11</sup>

As the denominator is total quit dates set, large numbers of cases lost to follow-up greatly lower the calculated percentage quit rate. The percentage of cases lost to follow-up at one month is higher in Scotland than England. There are also NHS Boards in Scotland with particularly high percentages of cases lost to follow-up. Care should be taken 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.

This report includes statistics on CO validated quits at one month after the quit date, as well as self-reported quits. Carbon monoxide (CO) breath test validation measures the level of carbon monoxide 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.

### **A1.4 'Lost-to-follow-up' / unknown / blank**

Most commonly, 'lost to follow-up'/'unknown'/'blank' 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 important to be aware of the influence of cases 'lost to follow-up'/'unknown' when looking at NHS Board quit rates.

### **A1.5 Under-recording in pharmacy cessation services**

There is also evidence of under-recording in pharmacy cessation services (due, for example, to 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 being addressed by Scottish Government Public Health and Primary Care colleagues, in conjunction with ISD Scotland and the Practitioner Services Division (PSD) of NHS National Services Scotland, alongside continuing efforts locally in NHS Board. [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.

### **A1.6 Prisons data**

Responsibility for management of prisoner health care was initially collated by Phoenix Futures, who provided performance management reports each month to a service manager in NHS Procurement and the Scottish Prison Service. From October 2011 responsibility was transferred to the NHS Boards. Collection of prison quit attempts and outcomes have

been recorded on the ISD smoking cessation database since 2013. The level of recording particularly in the 2013 was poor. 2014 data is shown only.

## A2 - References

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**A3 – Publication Metadata (including revisions details)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	NHS Smoking Cessation Service Statistics (Scotland) 1 January to 31 December 2014
Description	This release presents data on quit attempts made with the help of NHS smoking cessation services during the 2009-2014 calendar years and the outcomes of those quit attempts.
Theme	Health & Social Care
Topic	Lifestyles & Behaviours
Format	PDF document
Data source(s)	The national minimum dataset for smoking cessation services in Scotland (2009-2014), and Greater Glasgow & Clyde local systems. Also, Scottish Household Survey (SHoS) estimates of smoking prevalence & SMR02 data on women smoking in pregnancy.
Date that data are acquired	12 May 2015, from national smoking cessation database and Greater Glasgow & Clyde information systems for 2013 and 2014.
Release date	30 June 2015
Frequency	Annual
Timeframe of data and timeliness	Data for the 2014 calendar year (as well as revised 2013 figures). Release published to a new June 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 the June 2016 report, and revised 2014 statistics will be included in the June 2016 publication.
Revisions relevant to this publication	The June 2015 report for the first time includes trend data (2009-2014); 3-month follow-up data by Local Authority; 3-month follow-up data at numerous stratifications by NHS Board; and prison data.  Quit attempts and rates for 'within board' deciles are also included.
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 and Local Delivery Plan (LPD) monitoring.
Accuracy	Data were cross-checked against national smoking cessation database 'standard reports' and results from the previous annual monitoring reports. Headline statistics for NHS 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 2014 data presented will omit 'late received' data from pharmacy services, however, 2014 data are then revised at the following year's update. NHS Greater Glasgow & Clyde data and rest of Scotland are as recorded at 12 <sup>th</sup> May 2015.
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 includes further data for the first time this year (as referred to in the 'Revisions relevant to this publication' section). The report has been produced using the standard ISD publications template and 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	27 May 2014
Next published	27 June 2016
Date of first publication	26 March 2007
Help email	<a href="mailto:richard.lawder@nhs.net">richard.lawder@nhs.net</a>
Date form completed	21 June 2015

## **A4 – 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

#### **Early Access for Management Information**

These statistics will also have been made available to those who needed access to 'management information', i.e. as part of the delivery of health and care:

#### **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

## A5 – 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 NHS Scotland and the Scottish Government and others, responsive to the needs of NHS Scotland 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.

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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)
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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.