Contents

Contents ................................................................................................................................. 1
Introduction ............................................................................................................................. 3
Main points ............................................................................................................................ 4
Results and Commentary ........................................................................................................ 5
Quit attempts made in NHS smoking cessation services ..................................................... 5
    Success of quit attempts at one and three month follow-up stages ................................. 5
Geographical area analysis .................................................................................................... 7
    Success of quit attempts at one and three month follow-up stages ................................. 7
Seasonality ............................................................................................................................. 9
Performance against LDP Standard for most deprived areas .......................................... 10
Demographic analysis .......................................................................................................... 11
    Gender .............................................................................................................................. 11
    Gender and age ................................................................................................................. 13
    Pregnancy .......................................................................................................................... 15
    Quit attempts in prisons .................................................................................................... 18
    Inequalities ......................................................................................................................... 19
Methods available to support quit attempts ....................................................................... 21
    Pharmacy and specialist services (non-pharmacy) ........................................................... 21
    Drug treatments ............................................................................................................... 23
    Intervention type ............................................................................................................... 25
List of Tables .......................................................................................................................... 27
Contact .................................................................................................................................... 30
Further Information .............................................................................................................. 30
Rate this publication ............................................................................................................ 30
Appendices ............................................................................................................................ 31
    A1 – Background Information ........................................................................................... 31
    A1.1 The national smoking cessation services monitoring .................................................. 31
    A1.2 The smoking cessation HEAT target / Local Delivery Plan (LDP) Standard ............... 31
    A1.3 How quit rates are calculated .................................................................................... 32
    A1.4 Twelve month follow-up data .................................................................................... 32
    A1.5 ‘Lost-to-follow-up’ / unknown / blank ....................................................................... 32
A1.6 Confidence Intervals .............................................................................. 33
A1.7 Prisons data ............................................................................................ 34
A1.8 How service uptake is calculated ............................................................... 34
A2 - References .................................................................................................. 35
A3 – Publication Metadata (including revisions details) ..................................... 36
A4 – Early Access details (including Pre-Release Access) .................................. 38
A5 – ISD and Official Statistics ......................................................................... 39
Introduction

Smoking remains a major cause of poor health in Scotland. It is a Scottish Government priority to support those who want to stop smoking. NHS Scotland smoking cessation services provide support that has been shown to be both effective and cost-effective.

The current tobacco strategy, Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland,\(^1\) was published in March 2013 and set out a five year plan for action across the key themes of health inequalities, prevention, protection and cessation. By so doing, it is hoped to create a tobacco-free generation of Scots by 2034, defined by a smoking prevalence among the adult population of 5% or lower.

This report from the Information Services Division provides evidence of the reach and quit success of NHS smoking cessation services in Scotland.
Main points

Quit attempts in 2015/16
- The number of quit attempts made with the help of NHS smoking cessation services fell for the fourth consecutive year to 64,736. This represents a 5% year-on-year decrease from 2014/15 compared to a 28% year-on-year fall between 2013/14 and 2014/15. The rise in the use of electronic cigarettes to help quitting may have contributed to these changes.
- Of the estimated 932,000 adult smokers in Scotland an estimated 7% made a quit attempt with an NHS smoking cessation service
- There were 2,291 quit attempts made by pregnant women, a 19% decrease since 2014/15.

Success of quit attempts in 2015/16
- NHSScotland met its smoking cessation standard, with nine of the fourteen NHS Boards meeting their individual standards.
- One month after quit dates, 37% (23,990) reported that they were still not smoking. This figure fell to 22% (13,965) by three months.
- Of the 23,990 self-reported one month quits, 65% (15,685) were confirmed on carbon monoxide (CO) testing, implying a true quit rate of 24%.

Smoking cessation services and treatments in 2015/16
- Although only 30% of quit attempts were supported by specialist services (non-pharmacy), there were much higher quit rates (48% and 33% at one and three months compared to 33% and 17% for pharmacy services).
- There were higher quit rates at both one and three months for treatment with varenicline compared with nicotine replacement therapy.
Results and Commentary

Quit attempts made in NHS smoking cessation services

The majority of attempts to quit smoking are made by individual smokers without the support of specialist services. This report relates specifically to quit attempts supported by these specialist services. In 2015/16 there were 64,736 quit attempts made with the help of smoking cessation services in Scotland, representing service uptake of 7%. This is a fall of 5% compared with 2014/15, when there were 67,935 quit attempts. The trend in numbers of quit attempts between 2006/07 and 2015/16 is shown in Figure 1.

Figure 1: Number of quit attempts made in NHS smoking services, Scotland; 2006/07 - 2015/16

The trend for Scotland overall shows a large reduction in numbers of quit attempts between 2011/12 and 2015/16. Despite this reduction in supported quit attempts the overall number of people smoking continues to fall. The reasons for the fall in quit attempts is not completely clear, but a rise in the use of electronic cigarettes to help quitting is a likely contributing factor. There is some evidence that the rate of fall has slowed since 2014/15.

Success of quit attempts at one and three month follow-up stages

Client follow up can be carried out face to face, by telephone or by letter or questionnaire and information on successful quits may either be self-reported or validated using carbon monoxide (CO) breath testing. Current smoking can be detected using a CO breath test; 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 but requires attendance at a smoking cessation service. More information on the calculation of quit rates is provided in Appendix A1.3.

Of the 64,736 quit attempts made in 2015/16 in Scotland, 37% (23,990) resulted in a self-reported successful quit at the one month follow-up stage. A further 15% (9,687) were reported as unsuccessful and in 48% (31,059) no information was available. Of the 23,990 self-reported
quits, 65% (15,685) were confirmed using a CO test, 2.0% (481) were confirmed as smoking, and 33% (7,824) had no CO reading taken or the result was unknown. Based on CO testing a true one month quit rate of 24% was achieved. Over the 2009/10-2015/16 period the quit percentage based on CO validated quits ranged from 20% to 24%, with an increase in the past two years (figure 2). For comparison, the most recent English figure for CO validated quits at one month was substantially higher at 36%.²

At three months successful quits dropped to 22% (13,965), while unsuccessful quits and those with no information available rose to 19% (12,019) and 60% (38,752) respectively.

Over the 2009/10-2015/16 time period the one month quit rate has remained relatively stable (figure 2).

Between 2014/15 and 2015/16 the three month quit rate for Scotland increased by 3 percentage points from 19% to 22%. This is the second year-on-year increase seen from a previously declining three month quit rate. These increases may reflect the retargeting of resources by NHS boards in line with revisions to the Scottish Government’s Health Improvement, Efficiency, Access and Treatment (HEAT) target for 2014/15 ³ and Local Delivery Plan Standard for NHS Scotland for 2015/16 ⁴ where focus was shifted from attaining successful quits in the most deprived areas from the one month to the three month follow-up stage.

Figure 2. One and three month quit rates in Scotland; 2009/10 – 2015/16

Associated Workbook Tables:

All associated data spreadsheets can be viewed in the Geography workbook.
Geographical area analysis

The continuing pattern of falling numbers of supported quit attempts seen in Scotland over the last four years is reflected in most NHS Boards, except for Ayrshire & Arran, Forth Valley, and Shetland, where increases of 3%, 10% and 16% were seen in 2015/16 respectively.

The largest falls in quit attempts between 2014/15 and 2015/16 were in NHS Greater Glasgow & Clyde (down 10%) and NHS Orkney (down 35%).

Success of quit attempts at one and three month follow-up stages

Figure 3 shows that the quit rate at one month varied between NHS Boards in 2015/16, with the lowest rate of 32% in both NHS Forth Valley and NHS Tayside, and the highest rate of 65% in Western Isles. The 95% confidence intervals represent the uncertainty around the quit rate. Further information on confidence intervals and the interpretation of figure 3 is available in appendix A1.6.

The quit rates in NHS Forth Valley, NHS Tayside, NHS Lothian and NHS Greater Glasgow & Clyde were significantly lower than the Scotland average, while the rates in NHS Lanarkshire, NHS Fife, NHS Dumfries & Galloway, NHS Borders, NHS Ayrshire & Arran and NHS Western Isles were significantly higher.

The proportion of cases where information on quit success was unavailable varied widely between NHS Boards and may affect the comparisons above.

Figure 3. One month quit rates (95% confidence intervals) by NHS Boards; 2015/16
Figure 4 shows that the 2015/16 quit rate at three months also varied between NHS Boards, with the lowest rate of 16% in NHS Forth Valley and the highest rate of 55% in Western Isles.

The rates in NHS Forth Valley, NHS Tayside, Greater Glasgow & Clyde and NHS Lothian were significantly lower than the Scotland average, while the rates in the remaining NHS Boards were significantly higher, with the exception of NHS Borders which was at the Scottish average.

**Figure 4. Three month quit rates (95% confidence intervals), by NHS Boards; 2015/16**

The one month quit rates at Local Authority level varied from 25% in Argyll & Bute to 61% in Na h-Eileanan Siar. Quit rates at three months varied from 12% in Argyll & Bute to 52% in Na h-Eileanan Siar. As with NHS Boards, the proportion of cases where smoking information was unavailable varied widely between local authorities and may affect comparisons.

**Associated Workbook Tables:**

All associated data spreadsheets can be viewed in the [Geography workbook](#).
Seasonality

Quit attempts show a strong seasonal pattern. The highest number of quit attempts are made in January of each year, likely reflecting New Year resolutions to quit, with the lowest numbers in December (Figure 5). This seasonal variation has been less prominent in the three most recent years, possibly due to the increasing use of electronic cigarettes.

**Figure 5: Percentage of annual quit attempts made in each month, Scotland; Financial years 2009/10 - 2015/16**

All associated data spreadsheets can be viewed in the [Geography workbook](#).
Performance against LDP Standard for most deprived areas

The Local Delivery Plan (LDP) Standard for NHS Scotland in 2015/16 was to achieve at least 7,278 successful three month quits through smoking cessation services in the most deprived areas of Scotland. For the first time this included quitting attempts from prisons (regardless of whether the prison was located in a deprived area or not).

The ‘most deprived areas’ were defined as the 40% most deprived data zones (60% most deprived data zones for island NHS Boards) based on the 2012 Scottish Index of Multiple Deprivation (SIMD). For further information see the glossary in the Geography workbook.

For the most deprived areas in Scotland in 2015/16:

- NSSScotland achieved 109% (7,947) of the LDP standard of 7,278 three month quits in the most deprived areas;
- nine of the 14 NHS Boards in Scotland met their individual smoking cessation LDP standard;
- the quit rate at three months was 20% (7,947 of 39,062 quit attempts), similar to the overall 3 month quit rate for Scotland (22%).

Figure 6 below compares the percentage performance of each NHS Board against their individual standard. This performance ranged from the lowest in NHS Orkney (78%) to highest in NHS Shetland (155%).

**Figure 6. Three month quits as a percentage of the LDP Standard**

![Bar chart showing percentage performance of each NHS Board against their individual LDP standard.]

**Associated Workbook Tables:**

All associated data spreadsheets can be viewed in the Geography workbook.
Demographic analysis

Gender

The Scottish Surveys Core Questions (SSCQ)\(^6\) gathers survey responses from identical questions in the Scottish Crime and Justice Survey,\(^7\) the Scottish Health Survey\(^8\) and the Scottish Household Survey\(^9\) into one output, providing unprecedented precision of estimates at national level. The SSCQ 2014 reported that 23% of males and 20% of females were current smokers.

In 2015/16, females accounted for 56% of quit attempts made and males 44%. Comparable figures for England showed a closer gender split (52% females and 48% males).\(^2\) Figure 7 shows that this pattern of higher service uptake for women in Scotland has narrowed since 2009/10.

**Figure 7. Gender distribution of all quit attempts: Scotland; 2009/10 - 2015/16**

Note: Y-axis does not start at 0%.

The decline in the number of supported quit attempts has slowed for both genders (figure 8).
Between 2009/10 and 2015/16 the one and three month self-reported quit rates were higher for men than women (figure 9). There was no consistent pattern of change in one month quit rates over this time. However, between 2013/14 and 2015/16 three month quit rates increased by 7 percentage points for both males (from 15% to 22%) and females (14% to 21%).

**Figure 8: Number of quit attempts made at Scotland level by gender; 2009/10 - 2015/16**

**Figure 9: One and three month quit rates at Scotland level by gender; 2009/10 - 2015/16**
Gender and age

Based on the SSCQ 2014, the highest smoking prevalence was among those aged 25-34 for both women (25%) and for men (30%) \(^6\). The number of quit attempts generally increased in each age group up to 45-54 years, with almost a quarter of total quit attempts being made in this age group (figure 10).

**Figure 10. Percentage of all quit attempts in respective sex, by age group, Scotland 2015/16**

Note: This figure excludes cases where information was unknown.

Quit rates tended to increase with age group in both sexes up to the 65-74 age group (figure 11). Female one month quit rates rose from 23% in the under 18 age group to 46% in the over 75 age group, and male rates increased from 19% in the under 18 age group to a high of 48% in the 65-74 age group.

At the three month follow-up stage, quit rates rose from 11% in the under 18 age group to 32% in the over 65-74 age group, and male rates increased from 10% in the under 18 age group to a high of 33% in the 65-74 age group.
Figure 11: One and three month quit rates by gender and age group; Scotland, 2015/16

Associated Workbook Tables:
All associated data spreadsheets can be viewed in the Demographic workbook.
Pregnancy

Smoking in pregnancy carries serious health risks for both the woman and her unborn child. In 2015/16, 2,291 quit attempts were made by pregnant women with support from NHS smoking services. This figure represents 25% of pregnant smokers but is a large (19%) fall since 2014/15, continuing a declining trend over the last three years. Note that the number of estimated pregnant smokers for 2014/15 has been used as a proxy for 2015/16 as this data is not yet available. Despite the decrease in number of pregnant woman using smoking cessation services, both one and three month quit rates have increased in the past two years (figure 12).

Of the 2,291 quit attempts made by pregnant women in 2015/16, 34% resulted in a quit at one month. The equivalent one month quit figure for England was 45% \(^2\). At three months the quit rate was 21%, a 3 percentage point increase on 2014/15, and the highest quit rate to date.

**Figure 12: One and three month quit rates at Scotland level among pregnant women; 2009/10 - 2015/16**

![Figure 12: One and three month quit rates at Scotland level among pregnant women; 2009/10 - 2015/16](image)

Figure 13 shows that the pattern of falling quit attempts in pregnant women in the last year is reflected in most NHS Boards, except for Ayrshire & Arran and Forth Valley where increases of 13% and 11% were seen respectively.
Figure 13: Number of quit attempts by pregnant women, by NHS Boards; 2015/16

Figure 13 shows the number of quit attempts by pregnant women in different NHS Boards for 2015/16. The percentage change from the last year is indicated in brackets. For example, in the Highland Board, there were 563 attempts (28% decrease) compared to the previous year.

Figure 14: One and three month quit rates for pregnant women, by NHS mainland Boards; 2015/16

Figure 14 shows that one and three month quit rates for pregnant smokers vary considerably by NHS Board. Of the mainland NHS Boards, NHS Ayrshire & Arran had the highest rate at both one and three months, while NHS Lothian had the lowest.

Note: NHS Island Boards excluded due to small numbers of quit attempts.
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.

**Associated Workbook Tables:**

All associated data spreadsheets can be viewed in the [Demographic workbook](#).
Quit attempts in prisons

There were 1,334 quit attempts made across the fifteen prisons in Scotland in 2015/16. Since 2013/14 when these data were first available the number of quit attempts has increased by 110%. This is due to increased participation from prisons in smoking cessation services along with better data collection and reporting. In 2015/16 thirteen of the fifteen prisons had increased numbers of quit attempts compared to the previous year.

Figure 15 shows the one month and three month quit rates in prison settings. In 2015/16 the one month quit rate was 30% dropping to 16% at three months. The high one month quit rate in 2013/14 is likely to be the result of initial start-up conditions, where not all prisons were participating, but both one and three month quit rates have since stabilised.

**Figure 15: One and three month quit rates in a prison setting; 2013/14 - 2015/16**

Associated Workbook Tables:

All associated data spreadsheets can be viewed in the Demographic workbook.
Inequalities

The prevalence of current smoking remains highest among people living in the 20% most deprived areas in Scotland, ranging from 35% in the most deprived quintile to 10% in the least deprived. It is therefore important that smoking cessation services reach people living in these areas.

The 20% most deprived areas accounted for 36% of quit attempts. This partly reflects higher smoking rates in deprived areas. However, there is a clear gradient of service uptake across deprivation categories, with the highest uptake in the most deprived categories and the smallest in the least deprived (figure 16). These figures are consistent with research reporting that smoking cessation services are effective in reaching deprived groups.

Smoking cessation service uptake among the adult smoking population has fallen in all deprivation groups over time, but the fall has been the largest in the most deprived quintile with little long term change in uptake in the least deprived group (figure 16). Details of the data sources used in the calculation of the estimated service uptake are available in appendix A1.8.

One month quit rates were highest in the least deprived group and lowest in the most deprived group (figure 17). This pattern has not changed over time, though quit rates have fallen most in the least deprived group.
At three months, quit rates were again highest in the least deprived and lowest in the most deprived group (figure 19). After a steady decline in quit rates in each quintile over the period 2009/10 – 2013/14, rates increased thereafter.

**Figure 19: Three month quit rates by SIMD quintiles: Scotland; 2009/10 - 2015/16**
Methods available to support quit attempts

Pharmacy and specialist services (non-pharmacy)

Pharmacy smoking cessation services accounted for 45,635 (70%) of quit attempts made in Scotland in 2015/16. In contrast, the majority of quit attempts in England are in specialist (non-pharmacy) services (80% in April – March 2016).²

The split of pharmacy and non-pharmacy services to support quit attempts varied among NHS Boards from 15% and 85% respectively in NHS Western Isles to 96% and 4% respectively in NHS Tayside (figure 20).

![Figure 20: Distribution of quit attempts via pharmacy / non-pharmacy: NHS Boards; 2015/16](image)

Of 23,990 one month quits in 2015/16 in Scotland, 62% were made in pharmacy services and 38% in specialist (non-pharmacy) services. Of 13,965 three month quits in 2015/16 in Scotland, 55% were made in pharmacy services, and 45% in non-pharmacy services. Although pharmacies see a larger number of clients, they have relatively lower percentage quit rates than specialist cessation services, which offer more intensive support (figure 21).
One and three month quit rates for pharmacy and non-pharmacy services vary considerably by NHS Board (figure 22) though the amount of variation is less for pharmacy services.

**Figure 22: One and three month quit rates via pharmacy / non-pharmacy: NHS Board; 2015/16**

Associated Workbook Tables:

All associated data spreadsheets can be viewed in the Demographic workbook.
Drug treatments

In 2015/16, 47,664 (74%) of quit attempts involved the use of Nicotine Replacement Therapy (NRT) either as a single product (15,443, 24%) or as part of a combination of more than one NRT product (32,202, 50%). The decline in the number of quit attempts using Nicotine Replacement Therapy (NRT) as a single product continued, however the use of NRT in combination increased marginally (1%) for the first time in 2 years (figure 23). Comparable data for England show that 26% of quit attempts used only a single NRT product and 32% used combinations.

Varenicline (Champix) is a prescription medication developed to help smokers quit. It was first licensed in the UK in December 2006. In 2015/16 its use as a single smoking cessation product accounted for 11% of all quit attempts, and there has been a slight increase in its use in the three most recent years. Comparable English figures show that varenicline is used in 25% of quit attempts, a much higher level of use.

**Figure 23: Number of quit attempts by drug treatment: Scotland; 2009/10 - 2015/16**

One month quit rates vary substantially by drug treatment method (figure 24). In 2015/16 varenicline and bupropion treatments had the highest success rates at 56%, though the rates for bupropion are based on small numbers and should be treated with caution. A decrease in quit rates from the previous year was seen for quit attempts using varenicline, NRT plus varenicline (change in product) and no drug treatment.
The highest three month quit rate (38%) in 2015/16 was for attempts using varenicline (figure 26). Three month quit rates have increased in the last two years for all treatment types, with the largest percentage increase for NRT as a single product. Quit rates for the use of no drug treatment fell over the same period.
Intervention type

There are a number of behavioural approaches to supporting quit attempts. Most take a structured multi-session supporting approach that can take the form of one-to-one support, couple / family group based support, telephone support, or closed group course support where participants join on the same date and attend for a set period. Another approach uses open (rolling) groups where participants can join and leave at any time (so may include people at different stages of their quit attempt).

Both one to one and group support are effective at increasing quit rates. Some quit attempts use a combination of both group and one-to-one support (either face-to-face or via telephone).

Pharmacy services are based almost entirely on one-to-one support, but there is more variation in non-pharmacy services. Figure 27 shows the intervention type used in 19,101 non-pharmacy quit attempts. Like pharmacy, one-to-one was the most frequently used option, used for 13,074 (68%) of quits. Group support made up 5,458 (29%) of the attempts, with open (rolling) group support at 4,788 (25%) and closed group support 670 (4%). Telephone support was used in 2,569 (13%) of attempts and couple / family group based support in just 157 (1%).

Figure 27: Non-pharmacy quit attempts by intervention type: Scotland; 2015/16

Excluding couple based support (for which numbers were small) open (rolling) group support had the highest one and three month quit rates at 54% and 37% respectively (figure 28). The other types of support had one month quit rates of at least 38% and three month quit rates of 23% or greater.
Figure 28: Non-pharmacy one and three month quit rates by intervention type: Scotland; 2015/16

Associated Workbook Tables:
All associated data spreadsheets can be viewed in the Methods workbook.
List of Tables
Please click [here](#) to access the index of tables for the Geography excel workbook.

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Scotland only: Quit attempts by month (Table 1.1 and Chart 1.1)</td>
<td>2006/07 – 2015/16</td>
<td>Excel [7MB]—all tables</td>
</tr>
<tr>
<td>1.2</td>
<td>Scotland and NHS Board: Quit attempts, and quits at 1 and 3 months, by month (Table 1.2 and Chart 1.2)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>2.1</td>
<td>NHS Board of treatment: Estimated smokers and service uptake (Table 2.1 and Chart 2.1)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>2.2</td>
<td>NHS Board of treatment: Quit attempts, and quits at 1 and 3 months (Table 2.2 and Chart 2.2)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>2.3</td>
<td>NHS Board of treatment: Smoking outcomes at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>2.4</td>
<td>Carbon Monoxide (CO) validated quit attempts and quits at 1 month (Table 2.4 and Chart 2.4)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>3.1</td>
<td>Local authority of residence: Estimated smokers and service uptake (Table 3.1 and Chart 3.1)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>3.2</td>
<td>Local Authority of residence: Quit attempts and quits at 1 &amp; 3 months (Table 3.2 and Chart 3.2)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>3.3</td>
<td>Local Authority of residence: Outcomes at 1 and 3 months</td>
<td>2014/15 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>4.1</td>
<td>Local Delivery Plan (LDP) standard / HEAT Target performance figures</td>
<td>2015/16 –and 2014/15</td>
<td>Excel</td>
</tr>
<tr>
<td>4.2</td>
<td>Most deprived areas: Quit attempts, and quits at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
</tbody>
</table>

Please click [here](#) to access the index of tables for the Demographic excel workbook.

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Gender and age group: Estimated smokers and service uptake (Table 5.1 and Chart 5.1)</td>
<td>2012/13 – 2015/16</td>
<td>Excel [7MB]—all tables</td>
</tr>
<tr>
<td>5.2</td>
<td>Gender &amp; age group: Quit attempts and quits at 1 and 3 months (Table 5.2 and Chart 5.2)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>Table No.</td>
<td>Name</td>
<td>Time period</td>
<td>File &amp; size</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>5.3</td>
<td>Age group: Quit attempts, and quits at 1 and 3 months (Table 5.3 and Chart 5.3)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>5.4</td>
<td>Gender &amp; age group: Quit attempts, and quits at 1 and 3 months (Chart 5.4)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>5.5</td>
<td>Gender &amp; age group: Outcomes at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>6.1</td>
<td>Ethnic Group: Quit attempts, and quits at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>7.1</td>
<td>Urban/Rural: Quit attempts, and quits at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>8.1</td>
<td>Pregnant women: Estimated smokers and service uptake</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>8.2</td>
<td>Pregnant women: Quit attempts, and quits at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>9.1</td>
<td>Prison setting: Quit attempts, and quits at 1 and 3 months</td>
<td>2013/14 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>10.1</td>
<td>SIMD Quintiles: Estimated smokers and service uptake</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>10.2</td>
<td>Inequalities at Scotland level (SC-level): SIMD Quintiles: Quit attempts, and quits at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>10.3</td>
<td>Inequalities at Scotland level (SC-level): SIMD Quintiles: Outcomes at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>11.1</td>
<td>Inequalities within-NHS-board level (HB-level): SIMD Quintiles: Quit attempts, and quits at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>11.2</td>
<td>Inequalities within-NHS-board level (HB-level): SIMD Quintiles: Outcomes at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1</td>
<td>Pharmacy / Non-pharmacy service comparison (Table 12.1 and Chart 12.1)</td>
<td>2009/10 – 2015/16</td>
<td>Excel [7MB]– all tables</td>
</tr>
<tr>
<td>13.1</td>
<td>Pharmacy services, by NHS Board of treatment: Quit attempts, and quits at 1 and 3 months (Table 13.1 and Chart 13.1)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>13.2</td>
<td>Pharmacy services, by NHS Board of treatment: Outcomes at 1 and 3 months</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>14.1</td>
<td>Non-pharmacy services, by NHS Board of treatment: Quit attempts, and quits at 1 and 3 months (Table 14.1 and Chart 14.1)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>Time Period</td>
<td>File Format</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>14.2</td>
<td>Non-pharmacy services, by NHS Board of treatment: Detail - Outcomes at 1 and 3 months (Table 14.2)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>15.1</td>
<td>Drug treatment Detail: Quit attempts, and quits at 1 and 3 months (Table 15.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.2</td>
<td>Drug treatment Trend: Quit attempts, and quits at 1 and 3 months (Table 15.2 and Chart 15.2)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
<tr>
<td>16.1</td>
<td>Intervention type comparison: Quit attempts, and quits at 1 and 3 months (Table 16.1 and Chart 16.2)</td>
<td>2009/10 – 2015/16</td>
<td>Excel</td>
</tr>
</tbody>
</table>
Contact

Richard Lawder
Principal Information Analyst
richard.lawder@nhs.net
0131 275 6477

Stephen Simmons
Senior Information Analyst
stephen.simmons@nhs.net
0131 275 7572

Duncan McMaster
Information Analyst
duncanmcmaster@nhs.net
0141 282 2087

Further Information
Further information can be found on the ISD website

Rate this publication
Please provide feedback on this publication to help us improve our services.
Appendices

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) Standard

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 standard. This focused on targeting people in deprived areas where smoking prevalence is highest. The
target was to achieve at least 7,278 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. The performance results against this standard are as reported in this publication.

Another LDP standard was introduced in April 2016. The standard was to achieve at least 9,404 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 2017.

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.11

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 Twelve month follow-up data

The reporting of smoking cessation information at 12 months after quit date set has not been included in this year’s report. NHS Greater Glasgow & Clyde have recently moved from using their own local system for recording smoking cessation data to using the ISD Smoking Cessation Database. As a result of this change NHS Greater Glasgow & Clyde were unable to provide 2014/15 and 2015/16 data in time for inclusion in the annual publication. This meant a Scotland level 12-month follow-up figure could not be calculated for the affected years. The data will be reported in next year’s annual report. Calendar year 12 month follow-up data for 2009 – 2014 has previously been published in the NHS Smoking Cessation Service Statistics (Scotland) 1st January to 31st December 2014 report.

A pilot is underway in Scotland to try to improve the procedures for 12 month follow-ups. A sampling approach has been adopted whereby a sample of all those eligible for a 12 month follow-up in the mainland NHS Boards are contacted, along with all eligible for a 12 month follow-up in the Island NHS Boards contacted. NHS24 provide the central follow up service, thus reducing cost, effort and resources required overall. The sampling is focused on reporting at a Scotland level.
A1.5 ‘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 is important to be aware of the influence of cases ‘lost to follow-up’/unknown/blank when looking at NHS Board quit rates.

A1.6 Confidence Intervals

A confidence interval is a range of values that is normally used to describe the uncertainty around a point estimate of a quantity, for example a mortality rate. In the case of indicators based on a sample of the population, uncertainty arises from random differences between the sample and the population itself. The stated value should therefore be considered as only an estimate of the true or ‘underlying’ value. Confidence intervals quantify the uncertainty in this estimate and, generally speaking, describe how different the point estimate could have been if the underlying conditions stayed the same, but chance had led to a different set of data. The wider the confidence interval, the greater the uncertainty in the estimate. Confidence intervals are given with a stated probability level. In this report this is 95%, and so there is a 95% probability (i.e. a 19 in 20 chance) that the confidence interval includes the ‘true’ value of the indicator. The use of 95% is arbitrary, but is conventional practice in medical and public health statistics.

The 95% confidence interval for an indicator value for an area is used to compare that area against the overall Scotland value. The Scotland value is treated as an exact reference value, allowing the confidence interval for an indicator value to be used to test whether the value was statistically significantly different to the Scottish figure. If the interval does not include the Scottish value, the area is assessed as being statistically significantly different from Scotland (perhaps ‘better’ or ‘worse’, depending on the indicator); if the interval includes the Scottish value, the area is assessed as being similar to Scotland. This is illustrated in the example below.

NHS Board 1: NHS Board is statistically significantly higher than the Scotland average.
NHS Board 2: NHS Board is similar to the Scotland average.
NHS Board 3: NHS Board is similar to the Scotland average.
NHS Board 4: NHS Board is statistically significantly lower than the Scotland average.
A1.7 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 January 2013.

A1.8 How service uptake is calculated
Estimated service uptake is calculated by dividing the number of quit attempts by the estimated smoking adult population and expressed as a percentage.

The denominator (estimated adult smoking population) is calculated by multiplying adult smoking prevalence estimates by National Records for Scotland (NRS) mid-year population estimates.

The adult smoking prevalence figures are sourced from the Scottish Health Survey and used for top level Scotland reporting; the Scottish Household Survey for geographical and demographic stratifications (financial years 2009/10 – 2011/12); and the Scottish Surveys Core Questions (SSCQ) for geographical and demographic stratifications (financial years 2012/13 to 2015/16).
A2 - References

1. Creating a Tobacco-free Generation – A Tobacco Control Strategy for Scotland
3. Health Improvement, Efficiency, Access and Treatment (HEAT) target for 2014/15
4. Smoking cessation 2015/16 Local Delivery Plan standard
5. Scottish Index of Multiple Deprivation 2012
6. Scottish Surveys Core Questions 2014
7. Scottish Crime and Justice Survey
8. Scottish Health Survey
9. Scottish Household Survey

A3 – Publication Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>NHS Smoking Cessation Service Statistics (Scotland) 1 April to 31 March 2016</td>
</tr>
<tr>
<td>Description</td>
<td>This release presents data on quit attempts made with the help of NHS smoking cessation services during the 2009/10 – 2015/16 financial years and the outcomes of those quit attempts.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health &amp; Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Lifestyles &amp; Behaviours</td>
</tr>
<tr>
<td>Format</td>
<td>PDF document</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>The national minimum dataset for smoking cessation services in Scotland (2009/10 -2015/16). Estimates of smoking prevalence is gained from the Scottish Health Survey (for top level reporting) and Scottish Survey Core Questions (SSCQ) for stratifications of the data. SMR02 data on women smoking in pregnancy is used.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>24 July 2016, from national smoking cessation database.</td>
</tr>
<tr>
<td>Release date</td>
<td>04 October 2016</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Data for the 2015/16 financial year (as well as revised 2012/13, 2013/14 and 2014/15 figures). Release published to a new October timescale.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>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).</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>Revisions to this publication are planned for the October 2016 report, and revised 2012/13, 2013/14 and 2014/15 statistics will be included in the October 2016 publication.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>The October 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’ quintiles are used in favour of deciles.</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>Background to the national smoking cessation services monitoring and national smoking cessation services database are available on the ASH Scotland web site.</td>
</tr>
<tr>
<td>Relevance and key uses of the statistics</td>
<td>The national cessation monitoring analyses produced by ISD are used to provide vital evidence of the reach and quit success of NHS smoking cessation services in Scotland. The cessation monitoring data are also used for smoking</td>
</tr>
</tbody>
</table>
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.

### Completeness
The report acknowledges missing smoking information has an impact on quit rates, and that it is important to be aware of the influence of this when looking at NHS Board quit rates.

### Comparability
Routine data from smoking cessation services are also collected in England. This report includes comparable data from the monitoring of NHS smoking cessation services in England.

### Accessibility
It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.

### Coherence and clarity
The report includes detail on the background to the national smoking cessation services monitoring in Scotland as well as analysis results. The report content is similar to that of previous years, but 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 rates are presented.

### Disclosure
The ISD protocol on Statistical Disclosure Protocol 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
June 2015

### Next published
October 2017

### Date of first publication
26 March 2007

### Help email
richard.lawder@nhs.net

### Date form completed
2nd draft stage-not ready for completion yet
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 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.

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.