Contents

Introduction ........................................................................................................................................... 3
Main points ............................................................................................................................................. 4
Results and Commentary ..................................................................................................................... 5
  Quit attempts made in NHS smoking cessation services ............................................................... 5
    Success of quit attempts at 4 and 12 week follow-up stages ....................................................... 5
  NHS Board ......................................................................................................................................... 7
    Success of quit attempts at 4 and 12 week follow-up stages ....................................................... 7
Demographics ....................................................................................................................................... 9
  Gender ............................................................................................................................................... 9
  Age and gender ................................................................................................................................. 11
  Inequalities ....................................................................................................................................... 13
  Pregnant Woman ............................................................................................................................. 15
  Prison Setting ..................................................................................................................................... 16
Methods available to support quit attempts ....................................................................................... 18
  Pharmacy and specialist services (non-pharmacy) ......................................................................... 18
  Drug treatment type ......................................................................................................................... 21
  Intervention type ............................................................................................................................... 23
Performance against the 2016/17 Local Delivery Plan Standard ...................................................... 25
Glossary .................................................................................................................................................. 26
List of Tables ......................................................................................................................................... 27
Contact ................................................................................................................................................ 28
Further Information ............................................................................................................................ 28
Rate this publication ............................................................................................................................ 28
Appendices .......................................................................................................................................... 29
  A1 – Background Information ........................................................................................................ 29
    A1.1 The national smoking cessation database and monitoring ............................................... 29
    A1.2 How the percentage of successful quit attempts are calculated ....................................... 29
    A1.3 Confidence Intervals ............................................................................................................. 30
    A1.4 Lost-to-follow-up / unknown / blank .................................................................................... 30
    A1.5 The smoking cessation HEAT target / Local Delivery Plan (LDP) Standard ..................... 31
  A2 - References ................................................................................................................................. 32
  A3 – Publication Metadata (including revisions details) ................................................................. 33
A4 – Early Access details (including Pre-Release Access) .................................................35
A5 – ISD and Official Statistics ..........................................................................................36
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. NHSScotland 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 for 2016/17, including trend data from 2009/10, and performance figures against the smoking cessation Local Delivery Plan standard.

Figures are based on total ‘quit attempts’ made during the year, rather than total number of clients with a quit attempt, so could include repeat quit attempts for the same client.

Full background of the national smoking cessation database and monitoring are available in Appendix A1.1.
Main points

Quit attempts in 2016/17

- The number of quit attempts made with the help of NHS smoking cessation services in 2016/17 fell for the fifth consecutive year to 59,767. This represents an 8% decrease from 2015/16 and a 51% decrease since 2011/12. The reasons for the fall in quit attempts is likely to be the result of a combination of factors, including increasing use of electronic cigarettes, which may be viewed as a step towards quitting.

Success of quit attempts in 2016/17

- Thirty eight percent (22,784) of those making a quit attempt reported that they were still not smoking at 4 weeks. This figure fell to 23% (13,506) at 12 weeks.
- Of the 22,784 self-reported 4 week quits, 64% (14,483) were confirmed on carbon monoxide (CO) testing, 2.0% (492) were confirmed as smoking, and 34% (7,809) had no CO reading taken or the result was unknown.
- In 2016/17, the percentage of successful quit attempts at both 4 and 12 weeks have increased by one percentage point from 2015/16.

Performance against the 2016/17 Local Delivery Plan Standard

- There were 7,842 successful 12 week quits in the most deprived areas. This is below the annual local delivery plan standard of 9,404.
- Three of the fourteen NHS Boards met their individual standard.
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 smoking cessation services, i.e. either in a pharmacy or specialist services (non-pharmacy) setting. This report relates specifically to quit attempts supported by smoking cessation services. In 2016/17 there were 59,767 quit attempts supported by smoking cessation services in Scotland. This is a fall of 8% in the number of quit attempts compared with 2015/16, when there were 64,838 quit attempts. The trend in numbers of quit attempts between 2009/10 and 2016/17 is shown in Figure 1.

Figure 1: Number of quit attempts made in NHS smoking cessation services, Scotland; 2009/10 - 2016/17

The trend for Scotland overall shows a large reduction (51%) in the number of quit attempts between 2011/12 and 2016/17. The rate of fall has slowed since 2014/15. 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 likely to be the result of a combination of factors, including increasing use of electronic cigarettes, which may be viewed as a step towards quitting.

Success of quit attempts at 4 and 12 week follow-up stages

Client follow-up can be carried out face to face, by telephone, by letter or by 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 4 week 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 how quit success is calculated are provided in Appendix A1.2.

Of the 59,767 quit attempts made in 2016/17 in Scotland, 38% (22,784) resulted in a self-reported successful quit at the 4 week follow-up stage. A further 14% (8,282) were reported as unsuccessful and in 48% (28,701) no information was available.
Of the 22,784 self-reported quits, 64% (14,483) were confirmed using a CO test, 2.0% (492) were not confirmed and therefore were still smoking, and 34% (7,809) had no CO reading taken or the result was unknown. This means that for the self-reported quits that were CO tested 97% were confirmed.

Over the period 2009/10-2016/17, the number of CO validated quits ranged from 53% to 65% of self reported quits. For comparison over the same time period, the English figure for CO validated quits at 4 weeks ranged between 69% and 72%.  

At 12 weeks successful quits dropped to 23% (13,506), while unsuccessful quits and those with no information available rose to 17% (10,348) and 60% (35,913) respectively.

Over the 2009/10-2016/17 time period the percentage of successful quit attempts at 4 weeks has remained relatively stable between 36%-39% (Figure 2).

The percentage of successful quit attempts at 12 weeks has decreased from 17% in 2009/10 to 14% in 2013/14. Since then the percentage of successful quits at 12 weeks have increased to 23%.

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 and subsequent Local Delivery Plan (LDP) Standards for NHS Scotland for (2015/16 and 2016/17) where focus was shifted from attaining successful quits in the most deprived areas from the 4 weeks to the 12 week follow-up stage.

**Figure 2: Percentage of successful 4 and 12 week quit attempts in Scotland; 2009/10 – 2016/17**

See associated dashboard and tables for further information:  
[NHS Smoking Cessation Services (Scotland) - Tableau DashBoard](#)  
[NHS Smoking Cessation Services (Scotland) – Excel Workbook](#)
NHS Board

The continuing pattern of falling numbers of supported quit attempts seen in Scotland over the last five years is reflected in 12 of the 14 NHS Boards, with the exception of Tayside and Western Isles, where increases of 2% and 4% were seen respectively between 2015/16 and 2016/17.

The largest decrease in quit attempts between 2015/16 and 2016/17 were in NHS Dumfries & Galloway (down 20%) and NHS Orkney (down 23%).

Success of quit attempts at 4 and 12 week follow-up stages

Figure 3 shows that the percentage of successful quit attempts at 4 weeks varied between NHS Boards in 2016/17 from 34% in both NHS Lothian and NHS Tayside to 67% in Western Isles. The 95% confidence interval for the percentage of successful 4 week quit attempts for an NHS Board is used to compare that NHS Board against the overall Scotland value. Further information on confidence intervals and the interpretation of Figure 3 is available in Appendix A1.3.

The percentage of successful quit attempts at 4 weeks in NHS Lothian, NHS Tayside and NHS Greater Glasgow & Clyde were significantly lower than the Scotland figure, while the percentage of successful quit attempts in NHS Lanarkshire, NHS Grampian, NHS Fife, NHS Dumfries & Galloway, NHS Ayrshire & Arran, NHS Borders, NHS Shetland, NHS Orkney and NHS Western Isles were significantly higher. The remaining NHS Boards Forth Valley and Highland were not statistically different from Scotland.

The percentage of cases where information on quit success was unavailable varied widely between NHS Boards and may affect the comparisons below. Definition of unavailable data can be viewed in Appendix A1.4.

Figure 3: Percentage of successful 4 week quit attempts (95% confidence intervals) by NHS Board; 2016/17
Figure 4 shows that in 2016/17 the percentage of successful quit attempts at 12 weeks also varied between NHS Boards from 19% in both NHS Lothian and NHS Tayside to 55% in Western Isles.

The percentage of successful quit attempts at 12 weeks in NHS Lothian, NHS Tayside and NHS Greater Glasgow & Clyde were significantly lower than the Scotland figure, while the percentage of successful quit attempts in the remaining NHS Boards were significantly higher, with the exception of NHS Highland, NHS Fife and NHS Dumfries & Galloway which were not statistically different from Scotland.

Figure 4: Percentage of successful 12 week quit attempts (95% confidence intervals), by NHS Board; 2016/17

The percentage of successful quit attempts at 4 weeks at Local Authority level varied from 22% in Argyll & Bute to 68% in Na h-Eileanan Siar. At 12 weeks the percentage of successful quit attempts varied from 10% in Argyll & Bute to 55% in Na h-Eileanan Siar. As with NHS Boards, the percentage of cases where smoking information was unavailable varied widely between local authorities and may affect comparisons.

See associated dashboard and tables for further information:
NHS Smoking Cessation Services (Scotland) - Tableau Dashboard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
Demographics

Gender

The Scottish Surveys Core Questions 2015 reported that 23% of males and 19% of females were current smokers. In 2016/17, females accounted for 55% (33,035) of quit attempts made and males 45% (26,731) The pattern of higher service uptake for women in Scotland has narrowed since 2009/10 (Figure 5).

Comparable figures for England showed a similar gender split. (53% females and 47% males).2

![Figure 5: Percentage distribution of quit attempts by gender; 2016/17](image)

In 2016/17 although greater numbers of quit attempts were made by woman, men had slightly higher success in quitting at both the 4 and 12 week follow-up stages. The percentage of successful quit attempts for males at 4 and 12 week were 39% and 23% respectively, compared to 37% and 22% respectively for females (Figure 6).

Greater success amongst men has been observed in each year between 2009/10 and 2016/17 (Figure 6). There was no consistent pattern of change in the percentage of successful quit attempts at 4 weeks over this time. The percentage of successful quit attempts at 12 weeks decreased between 2009/10 and 2013/14, since then it has increased by around 9 percentage points for males to 23% in 2016/17 and just over 8 percentage points for females to 22% in 2016/17 (Figure 6).
See associated dashboard and tables for further information:
NHS Smoking Cessation Services (Scotland) - Tableau DashBoard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
Age and gender

Based on the Scottish Surveys Core Questions 2015 smoking estimates, the highest smoking prevalence was among those aged 25-34 (26%). The number of quit attempts generally increased in each age group up to 45-54 years, with almost a quarter (23%) of total quit attempts being made in this age group (Figure 7).

Figure 7: Number of quit attempts at Scotland level by age group; 2016/17

The percentage of successful quit attempts increased with age group at both the 4 and 12 week follow-up stages (Figure 8). At 4 weeks, the percentage of successful quit attempts rose from 21% in the under 18 age group to over double this in the over 65 age group (47%). At 12 weeks, the percentage of successful quit attempts rose from 9% in the under 18 age group to over three times that in the over 65 age group (32%).

Figure 8: Percentage of successful 4 and 12 week quit attempts at Scotland level by age group; 2016/17
The pattern of the percentage of successful quit attempts increasing with age group was observed in both males and females (Figure 9).

The percentage of successful quit attempts for females at 4 weeks rose from 21% in the under 18 age group to 45% in the over 65 age group, the percentage for males increased from 20% in the under 18 age group to 49% in the over 65 age group.

At the 12 week follow-up stage, the percentage of successful quit attempts for females rose from 9% in the under 18 age group to 31% in the over 65 age group, the percentage for males increased from 9% in the under 18 age group to 33% in the over 65 age group.

Increased success amongst males over females is more evident in the older age groups.

**Figure 9: Percentage of successful 4 and 12 week quit attempts at Scotland level by gender and age group; 2016/17**

See associated dashboard and tables for further information:

NHS Smoking Cessation Services (Scotland) - Tableau DashBoard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
Inequalities

The Scottish Surveys Core Questions 2015 shows that prevalence of current smoking remains highest among people living in the 20% most deprived areas in Scotland, ranging from 34% in the most deprived quintile to 10% in the least deprived.\(^6\) It is therefore important that smoking cessation services reach people living in these areas.

The 20% most deprived areas accounted for 37% (21,917) of all quit attempts in Scotland. 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 lowest uptake in the least deprived at 7% (4,231). These figures are consistent with research reporting that smoking cessation services are effective in reaching deprived groups.\(^7\)

The percentage of successful quit attempts at 4 weeks was highest in the least deprived group (42%) and lowest in the most deprived group (36%) (Figure 10). The percentage of successful quit attempts at 4 weeks increased between 2015/16 and 2016/17 in all deprivation categories.

**Figure 10: Percentage of successful 4 week quit attempts by deprivation quintiles: Scotland; 2009/10 - 2016/17**

Note: Y-axis does not start at zero.

At 12 weeks, the percentage of successful quit attempts was again highest in the least deprived areas and lowest in the most deprived areas (Figure 11). After a steady decline in the percentage of successful quit attempts at 12 weeks in each deprivation quintile over the period 2009/10 – 2013/14, the percentages have increased since then.
Figure 11: Percentage of successful 12 week quit attempts by deprivation quintiles: Scotland; 2009/10 - 2016/17

See associated dashboard and tables for further information:
NHS Smoking Cessation Services (Scotland) - Tableau DashBoard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
Pregnant Woman

Smoking in pregnancy carries serious health risks for both the woman and her unborn child. In 2016/17, 2,055 quit attempts were made by pregnant women with support from NHS smoking cessation services, a drop of 10% (228) on the previous year (2015/16) and the fourth consecutive year when there had been a drop. The pattern of falling quit attempts in pregnant women in 2016/17 is reflected in most NHS Boards, except for Forth Valley, Lanarkshire, Tayside and Western Isles where increases of 36% (40), 6% (19), 6% (9) and 100% (4) were seen respectively, while Orkney saw no change in its number from 2015/16.

The percentage of successful quit attempts at both 4 and 12 weeks have dropped in 2016/17 after increases were seen in both the previous two years (Figure 12).

Of the 2,055 quit attempts made by pregnant women in 2016/17, 32% (652) resulted in a quit at 4 weeks, around a 3 percentage point decrease from 2015/16. The equivalent 4 week quit figure for England was 46%. Of the 652 self-reported quits, 29% (192) were confirmed using a CO test, 2.0% (13) failed the CO test and were confirmed as smoking, and 69% (447) had no CO reading taken or the result was unknown.

The percentage of self reported successful quit attempts at 12 weeks was 20% (409), just over a 1 percentage point decrease from 2015/16.

**Figure 12: Percentage of successful 4 and 12 week quit attempts at Scotland level amongst pregnant women; 2009/10 - 2016/17**

The percentage of successful quit attempts at 4 and 12 weeks for pregnant smokers vary considerably by NHS Board. Ayrshire & Arran had the highest percentage at both 4 and 12 weeks, at 57% and 38% respectively while NHS Orkney had the lowest at 0% for both.

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.

See associated dashboard and tables for further information:

NHS Smoking Cessation Services (Scotland) - Tableau Dashboard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
Prison Setting

Smoking in Scottish Prisons is very common. From a survey carried out by the Scottish Prison Service (SPS) in 2015, it found that 72% of prisoners smoke. It was recognised by the Scottish Government in their tobacco control strategy, ‘Creating a Tobacco-free Generation’, published in 2013, that creating a smoke-free Prison Service was a key step in achieving a smoke free generation. In July 2017 the SPS committed to making all prisons smoke-free by the end of 2018.

Since 2013/14 when these data were first available the number of quit attempts made across the fifteen prisons in Scotland has increased year-on-year from 650 in 2013/14 to 1,625 in 2016/17 representing a 150% increase (Figure 13). This increase is due to increased participation from prisons in smoking cessation services along with better data collection and reporting. Year-on-year increases have also been seen in both the number of 4 and 12 week quits (Figure 14). In 2016/17 ten of the fifteen prisons in Scotland had increased numbers of quit attempts compared to the previous year. Increased numbers of successful 4 and 12 week quit attempts were seen in eleven prisons compared to the previous year.

Figure 13: Number of quit attempts, 4 and 12 week quits in Scotland’s Prisons; 2013/14 - 2016/17

Figure 14 shows the percentage of successful quit attempts at 4 and 12 weeks in a prison setting over time. In 2016/17 the percentage of successful quit attempts at 4 weeks was 33% dropping to 19% at 12 weeks. The high percentage of successful quit attempts at 4 weeks in 2013/14 is likely to be the result of initial start-up conditions, where not all prisons were participating.
The percentage of successful 4 and 12 week quit attempts varied widely between individual prisons. Prisons differ in a number of characteristics, e.g. population size, smoking prevalence, long / short term prison sentencing, etc, therefore care must be taken when interpreting these statistics if comparing across prisons.

See associated dashboard and tables for further information:
NHS Smoking Cessation Services (Scotland) - Tableau DashBoard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
Methods available to support quit attempts

Pharmacy and specialist services (non-pharmacy)

Pharmacy smoking cessation services accounted for 41,803 (70%) of quit attempts made in Scotland in 2016/17. In contrast, the majority of quit attempts in England are in specialist (non-pharmacy) services (81% for the same time period).²

The split of pharmacy and non-pharmacy services to support quit attempts varied among NHS Boards from 6% pharmacy and 94% specialist services in NHS Western Isles to 94% pharmacy and 6% specialist services in NHS Grampian (Figure 15).

Figure 15: Distribution of quit attempts via pharmacy / specialist services: NHS Board; 2016/17

Of the 22,784 four week quits in 2016/17 in Scotland, 62% were made in pharmacy services and 38% in specialist (non-pharmacy) services. Of the 13,506 twelve week quits in 2016/17 in Scotland, 57% were made in pharmacy services, and 43% in specialist services.
Pharmacies have a lower percentage of successful quit attempts at 4 and 12 weeks than specialist cessation services, which offer more intensive support (Figure 16).

**Figure 16: Percentage of successful 4 and 12 week quit attempts via pharmacy / specialist services: Scotland; 2009/10 - 2016/17**

The percentage of successful quit attempts at 4 and 12 weeks for pharmacy and specialist services vary considerably by NHS Board (Figure 17 and 18) though the variation is less for pharmacy services.

**Figure 17: Percentage of successful 4 week quit attempts via pharmacy / specialist services: NHS Board; 2016/17**
The percentage of cases where smoking information was unavailable varied widely between pharmacy and specialist services and may affect comparisons.

See associated dashboard and tables for further information:
NHS Smoking Cessation Services (Scotland) - Tableau DashBoard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
Drug treatment type

In 2016/17, 42,943 (72%) of quit attempts involved the use of Nicotine Replacement Therapy (NRT) either as a single product (13,362, 22%) or as part of a combination of more than one NRT product (29,572, 49%) (Figure 19). There has been a decline in the number of quit attempts using Nicotine Replacement Therapy (NRT) as a single product with its percentage of overall usage in quit attempts now a third of what it was in 2009/10, whereas the percentage of overall usage of combination of more than one NRT product has increased 5-fold since 2009/10, remaining around the 50% mark over the last two years (Figure 19). Comparable data for England show that 23% of quit attempts used only a single NRT product and 34% used combinations.

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 smoking cessation product has been variable over time with 11% in 2009/10 decreasing to 7% in 2012/13 since when it has increased slowly to 12% in 2016/17. Comparable English figures show that varenicline is used in 25% of quit attempts, over double the Scottish figure.

Figure 19: Percentage of quit attempts by drug treatment type: Scotland; 2009/10 - 2016/17

The percentage of successful quit attempts at 4 and 12 weeks vary substantially by drug treatment method (Figure 21). In 2016/17 bupropion and varenicline treatments had the highest percentage success at 62% and 55% respectively. It should be noted that the rates for bupropion are based on small numbers and should be treated with caution (Figure 20 & 21).

The percentage of successful quit attempts at 12 weeks was highest at 44% for NRT – not specified (for which numbers were very small), followed by bupropion and varenicline treatments with a percentage of successful quits at 37%. (Figures 20 & 21).
Figure 20: Number of quit attempts by drug treatment type: Scotland; 2016/17

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number of Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRT - more than one product</td>
<td>29,572</td>
</tr>
<tr>
<td>NRT - single product</td>
<td>13,362</td>
</tr>
<tr>
<td>Unknown</td>
<td>9,446</td>
</tr>
<tr>
<td>Varenicline</td>
<td>6,968</td>
</tr>
<tr>
<td>NRT + Varenicline (change in product)</td>
<td>326</td>
</tr>
<tr>
<td>Bupropion</td>
<td>52</td>
</tr>
<tr>
<td>NRT + Bupropion (change in product)</td>
<td>32</td>
</tr>
<tr>
<td>NRT - not specified</td>
<td>9</td>
</tr>
</tbody>
</table>

Figure 21: Percentage of successful 4 and 12 week quit attempts by drug treatment type; Scotland 2016/17

See associated dashboard and tables for further information:
NHS Smoking Cessation Services (Scotland) - Tableau DashBoard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
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 the percentage of successful quit attempts. 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 22 shows the intervention type used in 19,477 non-pharmacy quit attempts. Like pharmacy, one-to-one was the most frequently used option, used for 12,952 (66%) of quits. Group support accounted for 4,068 (21%) of the attempts, with open (rolling) group support at 3,539 (18%) and closed group support 529 (3%). Telephone support was used in 2,336 (12%) of attempts and couple / family group based support in just 121 (1%).

Excluding couple based support (for which numbers were small) telephone support had the highest percentage of successful quit attempts at 4 and 12 weeks with 57% and 41% respectively (Figure 23). The percentage of successful quit attempts for the other types of support were 46% or above at 4 weeks and 31% or above at 12 weeks.

Figure 22: Number of specialist services quit attempts by intervention type: Scotland; 2016/17
Figure 23: Percentage of successful 4 and 12 week quit attempts by intervention type: Scotland; 2016/17

See associated dashboard and tables for further information:
NHS Smoking Cessation Services (Scotland) - Tableau DashBoard
NHS Smoking Cessation Services (Scotland) – Excel Workbook
Performance against the 2016/17 Local Delivery Plan Standard

The Local Delivery Plan (LDP) Standard for NHS Scotland in 2016/17 was to achieve at least 9,404 successful 12 week quits through smoking cessation services in the most deprived areas of Scotland. Since 2015/16 this has included quit 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.

For the most deprived areas in Scotland in 2016/17:

- There were 7,842 successful 12 week quits in the most deprived areas. This is below the annual local delivery plan standard of 9,404.
- Three of the fourteen NHS Boards met their individual standard;
- The percentage of successful quit attempts at 12 weeks for the ‘most deprived areas’ was 21% (7,842 of 36,502 quit attempts). This is similar to the overall percentage of successful quit attempts at 12 weeks for Scotland (23%).

Figure 24 below compares the percentage performance of each NHS Board against their individual standard. This performance ranged from the lowest in NHS Orkney (52%) to highest in NHS Western Isles (136%).

Details of earlier LDP standards and Health Improvement, Efficiency, Access and Treatment (HEAT) targets for smoking cessation can be viewed in Appendix A1.5.

See associated dashboard and tables for further information:
- NHS Smoking Cessation Services (Scotland) - Tableau DashBoard
- NHS Smoking Cessation Services (Scotland) – Excel Workbook
Glossary

Data zones

The data zone is the key small-area statistical geography in Scotland. The data-zone geography covers the whole of Scotland and nests within local authority boundaries. Data zones are groups of Census output areas and have populations of between 500 and 1,000 household residents. Where possible, they have been made to respect physical boundaries and natural communities. They have a regular shape and, as far as possible, contain households with similar social characteristics.

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government’s official tool for identifying areas in Scotland concentrations of deprivation by incorporating several different aspects of deprivation (multiple-deprivations) and combining them into a single index. Concentrations of deprivation are identified in SIMD at Data Zone level and can be analysed using this small geographical unit. The use of data for such small areas helps to identify ‘pockets’ (or concentrations) of deprivation that may be missed in analyses based on larger areas such as council wards or local authorities. By identifying small areas where there are concentrations of multiple deprivation, the SIMD can be used to target policies and resources at the places with greatest need. The SIMD identifies deprived areas, not deprived individuals.

Deprivation quintiles

The SIMD ranks small areas (called data zones) from most deprived (ranked 1) to least deprived (ranked 6,976) and these can be categorised into quintiles in two ways (population-weighted or non-population weighted):

Population-weighted quintiles are calculated by ranking all datazones from most to least deprived and then grouping these into 5 quintiles with approximately 20% of the population in each quintile.

Non-population weighted quintiles are calculated by ranking all datazones from most to least deprived and then grouping these into 5 quintiles with 20% of the datazones in each quintile.

Scottish Surveys Core Questions (SSCQ)

The Scottish Surveys Core Questions (SSCQ) is an annual Official Statistics publication. SSCQ is a result of a harmonised design across the three major Scottish Government household surveys, envisaged in the Long Term Survey Strategy.

SSCQ affords the production of reliable and detailed information on the composition, characteristics and attitudes of Scottish households and adults across a number of topic areas including equality characteristics, housing, employment and perceptions of health and crime. The full details of core and harmonised questions are available here.
## List of Tables

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NHS Smoking Cessation Services (Scotland) 2016/17 Dashboard</strong></td>
<td>2009/10 – 2016/17</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><strong>NHS Smoking Cessation Services (Scotland) 2016/17 Excel Workbook</strong></td>
<td>2009/10 – 2016/17</td>
<td>Excel [1.3MB]</td>
</tr>
</tbody>
</table>
Contact

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

Ruth Gordon
Senior Information Analyst
r.gordon@nhs.net
0131 275 6335

Duncan McMaster
Information Analyst
duncanmcmaster@nhs.net
0141 282 2081

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 database and monitoring

In July 2005 ISD Scotland set up a national smoking cessation database to capture data on people presenting to NHS services in Scotland for help to stop smoking. This is a web-based system, accessible over the NHSnet, with over 300 registered users across Scotland. Users include: smoking cessation coordinators/managers in NHS boards; cessation practitioners; admin and public health analyst staff; and ISD-based IT, analyst and database management personnel.

The database is designed to collect the national minimum dataset for smoking cessation services plus additional information to meet local needs and to provide extra local functionality such as reports, letter generation and arranging client appointments. The national database is used by all 14 NHS Boards in Scotland. Previously NHS Greater Glasgow & Clyde used their local system until the end of December 2015.

Further background to the national database and monitoring is available on the smoking cessation page on the ISD website. 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.

In addition, A guide to smoking cessation in Scotland contains various documents providing guidance for health professionals and smoking cessation co-ordinators and advisers on smoking cessation.

In October 2012 ISD undertook a ‘user consultation’ survey, giving people the opportunity to feed back with suggestions for change to future smoking cessation services monitoring publications as well as to give feedback on uses made of the statistics published. Summarised user feedback can be viewed at the smoking cessation page on the ISD website.

A1.2 How the percentage of successful quit attempts are calculated

The percentage of successful quit attempts (also known as 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’ (4 week follow-up) or ‘smoked up to five cigarettes since 4 week follow-up’ (12 week 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.

As the denominator is total quit dates set, large numbers of cases lost to follow-up greatly lower the calculated percentage if successful quits. The percentage of cases lost to follow-up at 4 weeks 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 4 week 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 4 weeks 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 percentage of cases where CO validation has been attempted.

A1.3 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.

A1.4 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 is important to be aware of the influence of cases ‘lost to follow-up’/unknown/blank when looking at NHS Board quit rates.
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 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 were reported in October 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 were reported in the Smoking Cessation Services (Scotland) 2015/16 report.

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. Performance figures towards the standard are reported in this publication.
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. Smoking Cessation 2016/17 Local Delivery Plan standard
6. Scottish Surveys Core Questions 2015
7. Scottish Prison Service Prisoner Survey 2015
8. A guide to smoking cessation in Scotland 2010
### 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 2017</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 financial years, 2009/10 – 2016/17, 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 -2016/17), Scottish Surveys Core Questions (2012-2015) and Scottish Morbidity Records 02 (SMR02).</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>04 August 2017, from national smoking cessation database.</td>
</tr>
<tr>
<td>Release date</td>
<td>24 October 2017</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Data for the 2016/17 financial year (as well as all previous years revised 2009/10 to 2015/16 figures).</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>Data are generally noted as provisional (due to a small shortfall in completeness of data) at time of publication. The data are then revised at next year's update.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>The format of 3 Excel Workbooks in previous publication has been replaced by a Tableau Dashboard and a single Excel Workbook.</td>
</tr>
<tr>
<td></td>
<td>Smoking prevalence estimates reduced to showing from 2012/13 onwards rather than from 2009/10. Scotland prevalence estimates changed from Scottish Health Survey to Scottish Surveys Core Questions. See excel work notes for full details.</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 smoking cessation page on the ISD Scotland website.</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 cessation HEAT (Health Improvement, Efficiency, Access and Treatment) target monitoring and Local Delivery Plan</td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>Data were cross-checked against national smoking cessation database ‘standard reports’ and results from the previous annual monitoring reports.</td>
</tr>
<tr>
<td><strong>Completeness</strong></td>
<td>The report acknowledges missing smoking cessation 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.</td>
</tr>
<tr>
<td><strong>Comparability</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td><strong>Coherence and clarity</strong></td>
<td>The report includes detail on the background to the national smoking cessation services monitoring in Scotland as well as analysis results. The report has been produced using the standard ISD publications template and is available as a PDF file. Information is presented in a tableau dashboard and an excel workbook.</td>
</tr>
<tr>
<td><strong>Value type and unit of measurement</strong></td>
<td>Quit attempt ‘numbers’ and ‘percentage’ of successful quit attempts are presented.</td>
</tr>
<tr>
<td><strong>Disclosure</strong></td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td><strong>Official Statistics designation</strong></td>
<td>National Statistics</td>
</tr>
<tr>
<td><strong>UK Statistics Authority Assessment</strong></td>
<td>Assessment by UK Statistics Authority completed.</td>
</tr>
<tr>
<td><strong>Last published</strong></td>
<td>October 2016</td>
</tr>
<tr>
<td><strong>Next published</strong></td>
<td>October 2018</td>
</tr>
<tr>
<td><strong>Date of first publication</strong></td>
<td>26 March 2007</td>
</tr>
<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:richard.lawder@nhs.net">richard.lawder@nhs.net</a></td>
</tr>
<tr>
<td><strong>Date form completed</strong></td>
<td>16/10/2017</td>
</tr>
</tbody>
</table>
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.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
- NHS Board Smoking Cessation Co-ordinators
- Sheila Duffy, Chief Executive, ASH Scotland
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 NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

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

Mission: Better Information, Better Decisions, Better Health

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

Official Statistics
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.