Summary of responses to Smoking Cessation publication

A consultation was carried out noting it was important for ISD that the Smoking Cessation publication met users needs and asking for comments on additional analyses to be included in the forthcoming publications, or for any other comments to be fed back. In addition, feedback was sought on the uses of the statistics.

The email was sent to all Smoking Cessation contacts, including NHS Boards, ASH Scotland, Academics and the Scottish Government in October 2012.

ISD received 11 responses (via email). ISD would like to thank those who provided feedback; this will be used to ensure the information meets users’ needs.

A summary of (1) Changes as a result of the feedback and (2) Responses received ot the 2012 consultation, is provided is below.

Changes as a result of feedback

Following the receipt of customer feedback and to ensure that ISD continue to meet customer needs, the following substantial changes were implemented for both the reporting of additional data and presentation of the data to provide it in a manner that was easy to interpret, informative and above all, useful to inform discussion and change.

The following is a summary of the main changes to the reporting of data:

- Trend data included
- Quit attempts in a Prison setting included.
- Three month follow-up data for each stratification, where applicable (excluding prison data).
- Interactive tables and charts, including multiple selection criterions for stratification of data.
- Cumulative figures reported at each stage of follow-up.
- Breakdown of ‘missing smoking status’ into the three elements that make this up, i.e. lost-to-follow-up, unknown and blank. See A1.4 of annual report for explanation of terms.
- More emphasis on breakdown of pharmacy/non-pharmacy.
- Stratification of 1 and 3 month quit rates by Drug Treatment types (e.g Varenicline, NRT).

The changes implemented to the tables were positively received upon presenting a number of these at the smoking co-ordinators meeting, and then on sending a draft copy of all tables to them later on. Please see comments below:

“The data is helpful in identifying trends over time and will be useful in comparing with other services in Scotland. I can already see a number of areas where we should take a closer look at, which will help inform areas of improvement and development we should focus on,
for example how we deal with “lost to follow up”, use of NRT products” – Smoking Cessation Co-ordinator (NHS Borders).

“That recent spreadsheet with the cumulative years of data is a work of art and has great utility” – Smoking Cessation Co-ordinator (NHS Grampian).

Summary of responses received to the 2012 consultation

1. Additional Analytical Requirements
   - In the main annual report it might be good to have % of overall quits at 4 weeks delivered through Pharmacy/Non Pharmacy per Board, next to the quit attempts in table 4?
   - It would be interesting to see some statistics to show hospital inpatient and hospital outpatient figures. Whilst I can find this information about my own health board it would be interesting to compare it to other areas.
   - We could have used quitting rates after 1 year to account for smokers leaving in a predictive model but the data is just not completed enough. I suppose that could be a way of improving the dataset (and the service) if more effort will be put towards follow up after one year of giving up smoking.
   - Would be useful to have info available re 3 and 12 months outcome re pharmaceutical products used particularly as Varenicline showing high 4 week success rate, would be useful to keep an eye on how the longer term picture looks?
   - I'd be v interested to see the 12 week quit rates divided between pharmacy/ non-pharmacy as they are in the 4 week tables.
   - Anything which can put a greater focus on CO-validated 1-month quit rates (rather than self-reported 1-month quit rates) would be helpful not only for responding to requests on this which is considered the more valid figure (rather self-report) but also for improving practice in collection & recording of this data to emphasise its importance and level of interest in this validated form of data collection. Also, with the increased emphasis on inequalities generally (not just in connection with the HEAT target), the more SIMD-related data collected (eg pregnant women broken down by SIMD), the better.

2. Usage
   - Just the obvious uses for us! Performance measurement (overall and SIMD) against HEAT at national and Board level, for reference in the Annual Review and LDP processes, and media lines, briefings, reports, PQs etc.
   - I have used the database to pull out statistics to show quit rates (1 month, 3 months and 12 months) for the clinic locations that I work in. This information is shared with the 'smoking cessation in secondary care steering group' here at the NHS Board, and also in reports to managers at public health.
   - In regards to the short report or the annual report, these are used by the Directorate of Public Health to see if the Smoking Cessation team as a whole are reaching HEAT targets and how to focus provision (if necessary) to help reach HEAT targets. The
community co-ordinators for the NHS Board should be able to provide more information on this.

- In our 2010 and (forthcoming) 2012 ‘state of the nation’ report, to provide performance statistics on all aspects of smoking and tobacco control in Scotland: http://www.ashscotland.org.uk/policy/state-of-the-nation.aspx, this looked at progress towards HEAT targets at a national level and cessation attempts by SIMD.

- We re-report the cessation stats on our own website: http://www.ashscotland.org.uk/information/statistics/quit-rates-and-prescribed-interventions.aspx

- The cessation statistics are included in a downloadable statistics factsheet reporting on general cessation stats and targets http://www.ashscotland.org.uk/media/63259/ashs_smokingstats_factsheet.pdf

- We use more detailed breakdown of stats for our own internal reporting and information, including reporting to our board in a series of quarterly publications (includes breakdown by age, SIMD, pregnancy status etc).

- As part of my work for the Public Health and Sports Team at SG we use the annual report quite often – it is a very useful source of information. We are currently working on a model to predict smoking prevalence into the future to inform the SG new tobacco control strategy for Scotland. As part of the model we have used 1 moth quit number by deprivation deciles figures to take into account the relationship between quitting smoking and deprivation level.

- We routinely use the data to inform Board meetings, scrutiny panels, CHP committees and to populate the Board’s annual report. I use the data to monitor progress against HEAT and as part of my performance management of community pharmacy.

- One is feedback to our Advisory Group re where we are with targets. Another is to note an increase in young people’s referrals, quits etc and where they are going to quit also how services compare with these age groups re success rates. Also recent work on a pilot of an ICP in one of our acute sites was to demonstrate increases in referrals quits etc in the pilot areas versus non pilot areas. Also have used ISD to compare national and local outcomes.

- The May report has been particularly useful when taking extracts for individual GP practices, I have been able to produce for the practice a tailored report which includes ISD national statistics along with a local practice report (taken at the same time period) along with my comments. This has been very helpful in showing practices what there overall contribution is to us meeting our HEAT target.

- Find both reports really helpful in providing Scotland wide figures as background to analysing our progress and performance in the NHS Board.

- This has also given practices a greater understanding of the work our Advisors do and excellent client feedback.

- In relation to the September report this is particularly useful with senior staff in relation to HEAT monitoring within the Board and is a very quick and accurate update of our performance this far.

- It’s useful to see how we’re faring in comparison to the other health boards.

- The data was integral to my scoping work for the Evidence into Practice projects - and indeed ongoing other work in general - ie to get a picture of of services’ set-ups (eg balance of pharmacy-based – v- non-pharmacy based services), quit attempts (eg
%age of smokers engaging with services nationally and variation among Boards, same with pregnant women, same with by SIMD deprivation), quit outcomes (eg %age quit rates nationally and variation among Boards), pharmacotherapy prescribing, and how each of these have varied over time.

- For many requests, there seems to be increasing interest in services’ quit rates (short-term/1-mth and long-term/12-mth), and particularly CO-validated quit rates (at least in the short-term), from others (eg from various professional groups who still need convinced of the merits of smoking cessation, providing smoking cessation services or providing brief interventions/referral into them, and from those who practise interventions for which there is no/little evidence of effectiveness but who claim that their approaches have higher short-term or long-term quit rates than our services, and from others around cost-effectiveness given current 12-month quit-rates).

- Delivered Board Report on the Tobacco Programme in NHS Board and the information contained within the ISD reports invaluable in providing detailed Scotland wide comparison figures

- Our pharmacy service is one of the largest in the country which has implications for the performance of our service, use national figures to help analyse this

- Used the quit rates for groups, include for the first time in the ISD smoking cessation report to inform the development of a local target for the community services. We have now set a target cessation rate of 56% for all each CHCP/sector stop smoking service in NHS Board. Quarterly performance measure for internal use to ensure that the groups are delivering appropriate service

- Use data included in the reports on a regular basis to inform reports etc.

- Use data within local media (ie CHCP quit rates) for local promotion of service

- We annually analyse our NHS Board performance in relation to equality strands and therefore the information from the reports on quit attempts and successful quits broken down by ethnic group, men/women and by SIMD really helpful. Produce annual report that goes to the tobacco Planning and Implementation Group, which is the group that oversees the delivery of the NHS Board tobacco programme.

- The annual monitoring reports on NHS smoking cessation services have been used extensively within our research to assess the effectiveness and cost-effectiveness of an intervention using ISD’s smoking cessation data. Without the availability of these data it would not have been possible to assess the effectiveness robustly within the research budget.

- The monitoring reports were a valuable resource for a number of reasons:
  - to determine initially whether the data were suitable for assessing the effectiveness of the intervention
  - to validate our results by cross checking some of the statistics
  - to interpreted our results, exploring some of the factors that have been shown to be important within the reports