

# Statistics on NHS Stop Smoking Services in England – Data Quality Statement

## Background

NHS Stop Smoking Services (previously called Smoking Cessation Services) were launched in Health Action Zones (HAZ) in 1999/00, and were set up in all Health Authorities in England in 2000/01. Monitoring of the NHS Stop Smoking Services is carried out via quarterly monitoring returns.

## Data Collection and Burden

Information is collected for each quit attempt, including details about the age, gender and ethnicity of each person setting a quit date with the NHS Stop Smoking Services. Information is also collected on whether quit attempts have been successful (a client counted as having successfully quit smoking if at the 4 week follow-up he/she has not smoked at all since two weeks after the quit date) and whether this has been confirmed by Carbon Monoxide (CO) validation measures.

From 2008/09 to 2012/13, all data was collected at Primary Care Trust (PCT) level directly from PCTs using a web-based tool. In March 2011, updated guidance for NHS Stop Smoking Services was published. This guidance is intended for everyone involved in managing, commissioning or delivering NHS Stop Smoking Services. It was developed by means of collaboration with representatives from Strategic Health Authorities (SHAs), PCTs, the Health and Social Care Information Centre (HSCIC) and academics from the field of smoking cessation. The guidance is available from the link below:

<https://www.gov.uk/government/publications/guidance-for-providing-and-monitoring-stop-smoking-services-2011-to-2012>

An update to this was published in September 2012. This update does not supersede the previous guidance but, rather, should be read in conjunction with it.

<https://www.gov.uk/government/publications/stop-smoking-service-monitoring-and-guidance-update-published>

## Change in Responsibility

From April 2013 responsibility for NHS Stop Smoking Services moved from the Department of Health to Public Health England and responsibility for commissioning these services moved from PCTs to Local Authorities (LAs). Therefore from April 2013 this data will be collected and reported at LA level rather than by PCT and SHA. The 2012/13 report covers the period from April 2012 to March 2013 when PCTs were still in existence, so the data in this report is presented by PCT. As PCT and LA boundaries are not coterminous, aggregate figures by Region are presented in all geographic tables this year and next year to aid comparability.

The number of quit dates set and the number of successful quitters was lower this year than the previous year. The data were assessed to see if the transition from PCTs to LAs had affected data quality this year. Data for Quarters 1 to 3 were submitted by PCTs and Quarter 4 was submitted by LAs. The figures were consistently lower in all four quarters of 2012/13 which suggests that the transition from PCTs to LAs has not affected data quality, though this cannot be concluded for certain.

## New data items

In 2008/09 the following items were also collected as part of the current collection; Intervention type and setting, socio-economic group, number who received Nicotine Replacement Therapy (NRT) and Varenicline (Champix) consecutively and free prescription eligibility. These data items were added to the collection as the report 'No ifs, no buts'<sup>1</sup> by the then Healthcare Commission identified that there were unacceptable levels of variation in data collection and data management practices relating to stop smoking services, thus making it difficult to assess performance and compare services meaningfully.

Collecting information on the number of people setting a quit date and number of successful quitters by intervention type and setting enables the Department of Health (DH) to monitor performance and identify best practice. It also assisted SHAs in monitoring the performance of their PCTs more effectively. Additionally it helped PCTs identify which treatment settings and intervention types are consistently getting the best results and helps inform the person making the stop smoking attempt which settings are available to them in that area and what the relative success rates of these are.

Three of the newly introduced four data items (socio-economic classification, eligibility to receive free prescriptions and intervention setting) are released as 'experimental statistics' (at SHA and national level only) in this report, as data quality is still being assessed. From 2010/11 the quality of data on intervention type was deemed sufficiently robust to be released at PCT, as well as SHA and national level and the experimental statistics status of this data (which it held in 2008/09 and 2009/10) was removed. An assessment of the quality of all these data and planned improvements are discussed within Chapter 6 of this report.

## Feedback from PCTs

Data returned by Manchester PCT for 2012/13 have not been included in this report due to issues with data quality. The annual report was delayed from its original publication date of 15 August 2013 to allow for these issues to be resolved; however this has not been possible. Data returned by Manchester PCT for 2011/12 have been used in the place of the 2012/13 submission in this report as they are the most recent and reliable data available and enable national reporting comparable with previous years. This does not affect finance data for Manchester PCT for 2012/13. The HSCIC are continuing to work with Manchester to resolve the issues with their submission.

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<sup>1</sup> No ifs, no buts: Improving services for tobacco control, Healthcare Commission, 2007

## Timeliness

PCTs (in future LAs) submit data to the HSCIC within 10 weeks of the end of the monitoring period for Quarters 1, 2 and 3 and have 11 weeks to return Quarter 4 data.

This report is published quarterly, within 5 months after the end of the relevant period. An exception was made in the case of this year's annual report due to data quality issues discussed above.

## Accuracy

PCTs (in future LAs) submit provisional data for the first three quarters of the year and have the option to revise these figures in subsequent quarterly submissions.

Provisional data is published for the first 3 quarters of the year and for each quarter the PCT has the option to revise these figures (either increasing or decreasing the figures) in subsequent quarters. The last opportunity to revise provisional data is during submission of Quarter 4 figures each year. All data published in the end of year report has been finalised. For 2012/13, the final figure for the number of people setting a quit date in Quarter 1 was 8.7% higher by the end of the year than when initially submitted in Quarter 1. The final figures for Quarters 2 and 3 were also higher by the end of the year than when initially submitted, by 5.4% and 3.9% respectively.

The impact of allowing PCTs to update revised data for quarters 1 to 3 is fully assessed in Chapter 5 of the *Statistics on NHS Stop Smoking Services: England, April 2012 - March 2013* report.

Once finalised data have been received from PCTs, the HSCIC checks these data for quality and consistency before preparing a finalised dataset. Where necessary, the HSCIC will contact individual PCTs regarding their submission to ensure that accurate data have been supplied.

Expenditure data is not necessarily returned by PCTs on a comparable basis, therefore caution should be exercised when making local level comparisons. Additional guidance was included in the 2012/13 collection to help rectify this.

## Accessibility

All reports are accessible on the HSCIC website as PDF documents. All tables in the report are provided in Excel format and as csv files, as part of the government's requirement to make public data public. As part of the annual report, an Excel based tool is published which allows quick access to the results by SHA and PCT for each quarter since 2006/07.

## Confidentiality

This publication is subject to a HSCIC risk assessment prior to issue. Demographic data is currently being presented at SHA level or higher in order to mitigate the risk of self-identification due to low numbers of clients in some classifications.

In instances where low numbers have occurred at SHA level further steps are taken to aggregate the data to ensure the data are non-disclosive. This can involve suppression or aggregation of cells.

Data provided at PCT level are limited and aggregation has been used for results presented by age group. Small numbers in the data are suppressed to ensure confidentiality is maintained. Prior to 2011, cell counts of 2 or less and not in the 'lost to follow up' category were suppressed. This method was revised in 2011 to include suppression of small numbers 1-5 in the cell 'Number Setting a Quit Date' (the denominator). Cases where the 'Number Setting a Quit Date' (the denominator) equals the number who had, or had not quit smoking (the numerator), were suppressed as this could be disclosive. On occasions this means secondary suppression may be applied to additional PCT(s) in the same SHA to ensure suppressed cells cannot be calculated.

## Coherence

There are no known alternative sources of data on which to compare these results.

## Comparability

Comparable data on the number of people setting a quit date and successful quitters, by age, gender, ethnicity and among pregnant women, has been collected and published since the introduction of NHS Stop Smoking Services (previously called Smoking Cessation Services) were launched in Health Action Zones (HAZ) in 1999/00, and were set up in all Health Authorities in England in 2000/01. The HSCIC has published these data since 2005; earlier reports are available from the Department of Health.

Data on Stop Smoking Services in Scotland can be found here:

<http://www.isdscotland.scot.nhs.uk/Health-Topics/Public-Health/Smoking-Cessation.asp>

Data on Stop Smoking Services in Wales can be found here:

<http://www.stopsmokingwales.com/stop-smoking-wales-reports>