



Health & Social Care  
Information Centre

# Statistics on NHS Stop Smoking Services England: April 2013 to September 2013 (Q2 Quarterly report) - Appendices

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This product may be of interest to members of the public and stakeholders to enable them to make local and national comparisons and gain an understanding of the range of services available.

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# Appendix A: Government policy and targets

## Introduction

Tobacco use remains one of the government's most significant public health challenges, and causes over 80,000 premature deaths in England each year.

The White Paper, *Healthy lives, Healthy people: Our strategy for public health in England*<sup>1</sup> sets out the Government's commitment to improving public health in communities across England. The White Paper promised a new plan for tobacco control in England.

The Government published its Tobacco Control Plan, *Healthy lives, Healthy people: A Tobacco Control Plan for England*<sup>2</sup> on 9 March 2011. An academic review of the evidence of the impact of the smokefree legislation in England<sup>3</sup> was also published alongside the Tobacco Control Plan.

The Tobacco Control Plan sets out how tobacco control will be delivered, over the next five years, in the context of the new public health system. The plan sets out three national ambitions to reduce smoking rates in England by the end of 2015:

- From 21.2% to 18.5% or less among adults;
- From 15% to 12% or less among 15 year olds; and
- From 14% to 11% or less among pregnant mothers (measured at the time they give birth).

In the Tobacco Control Plan, the Government set out key actions in the following six areas:

- stopping the promotion of tobacco;
- making tobacco less affordable;
- effective regulation of tobacco products;
- helping tobacco users to quit;
- reducing exposure to secondhand smoke; and
- effective communications for tobacco control.

The Medicines and Healthcare products Regulatory Agency (MHRA) announced on 12 June 2013<sup>4</sup> that the Government will press for a requirement for licensing of nicotine containing products (NCPs), including electronic cigarettes, as medicines, throughout Europe. This position was reached following a public consultation and further scientific and market research into the safety and quality of the unlicensed products, including how they are used. This has helped the Government conclude that by regulating electronic cigarettes and other NCPs as medicinal products, it can ensure that high-quality products can be made available to help support smokers to cut down their smoking and to quit.

To achieve this, the UK government supports the European Commission's draft Tobacco Products Directive <sup>5</sup> on the regulation of NCPs as medicines and encourages applications for medicines licenses for NCPs already on the market.

A range of tobacco control legislation has been introduced in recent years including; smokefree legislation; raising the age of sale for tobacco products from 16 to 18; increased retailer sanctions against those that sell to under aged smokers; ending tobacco advertising, promotion and sponsorship; the introduction of picture warnings on all tobacco products, making sales from vending machines illegal and ending the permanent open display of tobacco products in supermarkets (with small shops to follow in 2015). These interventions have contributed to an improvement in public health and awareness of the dangers of smoking and exposure to secondhand smoke.

## Public Commitments

Published 9 March 2011

**Reduce smoking prevalence among adults in England:** To reduce adult (aged 18 or over) smoking prevalence in England to 18.5% or less by the end of 2015 (from 21.2%) meaning around 210,000 fewer smokers a year.

**Reduce smoking prevalence among young people in England:** To reduce rates of regular smoking among 15 year olds in England to 12% or less (from 15%) by the end of 2015.

**Reduce smoking during pregnancy in England:** To reduce rates of smoking throughout pregnancy to 11% or less (from 14%) by the end of 2015 (measured at time of giving birth).

## NHS Stop Smoking Services

NHS Stop Smoking Services were first set up in 1999/2000 and rolled out across England from 2000/2001. Services provide free, tailored support to all smokers wishing to stop offering a combination of recommended stop smoking pharmacotherapies and behavioural support.

Following a change in the guidance in December 2005, Nicotine Replacement Therapy (NRT) was made available for the first time to adolescents over 12 years, pregnant or breast feeding women and patients with heart, liver and kidney disease. In September 2006, the European Commission approved Champix, generic name *Varenicline*, as a new pharmacotherapy to help adults quit smoking. The National Institute for Health and Clinical Excellence (NICE) issued guidance in, recommending the use of Champix as an aid to stopping smoking in the NHS. <sup>6</sup>

## References

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# Appendix B: Technical Notes

## Background

NHS Stop Smoking Services (previously called Smoking Cessation Services) were launched in Health Action Zones (HAZ)<sup>1</sup> in 1999/00, and were set up in all Health Authorities (HAs) in England in 2000/01.

Monitoring of the NHS Stop Smoking Services is carried out via quarterly monitoring returns. The quarterly reports present provisional results from the monitoring of the NHS Stop Smoking Services, until the release of the annual bulletin when all quarterly figures are finalised.

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), Primary Care Trusts (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:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_125389](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125389)

In September 2012 an update to this guidance was published. This document lists the key developments and changes made since March 2011. 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>

## Collection of NHS Stop Smoking Service Data

From April 2013 responsibility for commissioning NHS Stop Smoking Services moved from PCTs to Local Authorities (LAs) therefore data will be collected and reported at LA and Region level rather than by PCT and SHA. The data in this report reflect this change.

From 2008/09 to 2012/13, all data was collected at a PCT level directly from PCTs using a web-based tool. By collecting PCT level information we were able to provide much more detailed figures for use by PCTs enabling them to put their own performance in a national

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<sup>1</sup> Due to the ending of the HAZ initiative in 2003, data are no longer presented by HAZ. Information at HAZ level is published in previous editions of this bulletin. Available from:  
[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH\\_4083852](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4083852)

context without adding to the burden of current collection, indeed we also anticipated this also reduce the burden for SHAs. The HSCIC was responsible for the collection of the data from PCTs including chasing any late returns, informing PCTs of developments and key dates and validating the data. SHAs can access information for PCTs in their area using the web-based tool. From 2013/14 data continued to be collected in this way but at LA rather than PCT level.

The following data items are also collected as part of the current collection. These include:

- Intervention types and settings;
- Socio-economic groups;
- Number who received Nicotine Replacement Therapy (NRT) and Varenicline (Champix) consecutively;
- Free Prescription eligibility.

The reasons for collecting this new data are expanded upon below.

- **Intervention type and setting data**

The report 'No ifs, no buts'<sup>2</sup> by the then Healthcare Commission (HC) (now known as the Care Quality Commission (CQC)) identified that there are 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. The Department of Health (DH) have identified that this issue needed to be addressed.

Collecting information on the number of people setting a quit date and number of successful quitters by intervention type and setting enables monitoring of performance and identification of best practice. It also assists Regions in monitoring the performance of their LAs more effectively. Additionally it helps LAs 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 rate of these are.

- **Free Prescription Eligibility and Socio-Economic data**

Smoking is the single most preventable cause of death and ill health in England. Half of all smokers will die prematurely as a result of smoking. Smoking disproportionately affects the poorest members of society, owing to differences in culture and lifestyle, and is therefore a primary cause of inequalities in health.

In order to effectively monitor the provision of NHS Stop Smoking Services at a national level to the poorest members of society, particularly the routine and manual group, data on the occupational status of clients will be collected using a modified version of the Office for National Statistics (ONS) National Statistics-Socio Economic Classification. Data on eligibility for free prescriptions will also be collected as an indicator to assess how effectively the NHS Stop Smoking Services is reaching disadvantaged populations.

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<sup>2</sup> No ifs, no buts Improving services for tobacco control, Healthcare Commission, 2007



A minor addition was introduced from 2009/10 onwards. An additional category – ‘Number in prison’ was added to the socio-economic classification so that clients setting a quit date and those who successfully quit through services run in prisons can be recorded under this category.

- **Number who received NRT and Champix (Varenicline) consecutively**

This is a new combination of smoking cessation aids being used to assist people in successfully quitting. This data is needed to identify how successful this treatment option is and how popular it is in order to assist in monitoring and performance of best practice amongst the services.

Prior to 2008/09, detailed monitoring information was collected by PCTs and submitted to the SHAs: the SHAs were responsible for checking the data they received. The HSCIC then carried out further validation checks on the data submitted by the SHAs in order to check consistency, identify any errors, and resolve queries, so that the data were as accurate as possible.

## Enhancements to monitoring ethnicity

In light of the 2001 Census, DH policy was amended to collect information on ethnicity based on 16+1 categories rather than 5+1 categories used in previous years. In 2003/04 the monitoring return included the option of either 5+1 or 16+1 categories as a transitional period; from 2004/05 onwards the collection of 16+1 categories has been mandatory.

Up to 2003/04, the following ‘5+1’ categories were used:

- White
- Mixed
- Asian
- Black
- Other
- Not stated

For 2003/04 onwards, the following ‘16+1’ categories were used:

White

- British
- Irish
- Any other white background

Mixed

- White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background

#### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

#### Black or Black British

- Caribbean
- African
- Any other Black background

#### Other ethnic groups

- Chinese
- Any other ethnic group

#### Not stated

Further information on ethnicity category data is available from:

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/browsable/dh\\_5319155](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/browsable/dh_5319155)

## Experimental Statistics

Experimental statistics are statistics that are in the testing phase and have not yet been fully developed. Three of the four new data items added to the collection in 2008/09 have been released as experimental statistics as they are still being evaluated and the subject to further testing. These are people setting a quit date and the number who successfully quit at the 4 week follow-up categorised by:

- socio economic classification
- eligibility to receive free prescriptions
- intervention setting<sup>3</sup>

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<sup>3</sup> Intervention setting refers to the location of the service used by the client, and includes stop smoking service, primary care and pharmacy settings. Intervention type alternatives include closed groups, open groups, one to one support and drop-in clinics.

From 2010/11 data on intervention type are no longer labelled as experimental statistics and were published at PCT level and from 2013/14 at LA level.

## ONS coding and naming policy

On 1st January 2011 the ONS implemented a new coding and naming policy for statistical geographies. This nine digit code has been developed to ensure consistencies when comparing geographical areas as the geographical area covered by an NHS organisation is susceptible to change. From this publication onwards this unique marker has been added to the PCT, SHA and National Tables and from 2013, the LA and Regional tables. Further information on the Coding and Naming for Statistical Geographies is available at;

<http://www.ons.gov.uk/ons/guide-method/geography/geographic-policy/coding-and-naming-for-statistical-geographies/index.html>

## Suppression

Some data are suppressed to ensure confidentiality is maintained. Where the 'Number Setting a Quit Date' (the denominator) equals the number who had, or had not, quit smoking (the numerator) suppression of data would take place to ensure the data are not disclosive. Where the number of successful quitters is zero, but the 'Number Setting a Quit Date' does not equal zero then these are also suppressed. On occasions secondary suppression may be applied to additional LA(s) in the same Region to ensure suppressed cells cannot be calculated.

## Metadata

### Bupropion (Zyban)

This drug works by suppressing the part of the brain that gives the smoker a nicotine buzz when smoking a cigarette. It reduces the cravings as well as the usual withdrawal symptoms of anxiety, sweating and irritability.

### Carbon Monoxide (CO) validation

CO monitoring is normally carried out with all clients of the NHS Stop Smoking Services who self-report as not having smoked since two weeks after the quit date, at the four week follow-up. CO monitoring would not be undertaken where follow-up was carried out by telephone.

### Follow-up

The four week follow-up (and Carbon Monoxide (CO) validation, if appropriate) must be completed within six weeks of the quit date. Persons not contacted within this time are treated as lost to follow-up for evaluation purposes. The reasons for using a four week follow-up rather than a longer period of time are outlined on page 34 of the Local Stop

Smoking Services: Service Delivery and Monitoring Guidance 2011/12, which the Department of Health publish:

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

### **Nicotine Replacement Therapy (NRT)**

**Patches:** these work by releasing a steady dose of nicotine into the blood stream, via the skin. Some patches are intended to be worn during the day only and other '24-hour' patches are designed for 24-hour use in order to help stave off early morning cravings.

**Gum:** this should be chewed gently and then 'parked' in the cheek so that nicotine is absorbed through the lining of the mouth.

**Nasal spray:** this is the strongest form of NRT and is a small bottle of nicotine solution, which is sprayed directly into the nose. Absorbed faster than any other kind of NRT, this can help heavier smokers, especially where other forms of NRT have failed.

**Microtab:** a small white tablet put underneath the tongue and left. It works by being absorbed into the lining of the mouth.

**Inhaler:** this resembles a cigarette. Nicotine cartridges are inserted into it, and inhaled in an action similar to smoking. It is particularly suitable to those people who miss the hand-to-mouth movements of smoking.

### **Nicotine Replacement Therapy (NRT) and bupropion (Zyban)**

Prior to April 2001, Nicotine Replacement Therapy (NRT) was available through NHS Smoking Services on a voucher scheme, and only a few NRT products were available on prescription. All NRT products became available on NHS prescription from April 2001. Bupropion (Zyban) was made available on NHS prescription in June 2000. For more information about NRT products and bupropion generally, see the following website:

[gosmokefree.nhs.uk/what-suits-me/patches-gum-and-more/](http://gosmokefree.nhs.uk/what-suits-me/patches-gum-and-more/)

### **Prescriptions dispensed**

The prescription data available in this bulletin are not routinely available. This information was obtained from the Prescribing Analysis and Cost tool (PACT) system, which covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included. Prescriptions written in hospitals/clinics that are dispensed in the community, prescriptions dispensed in hospitals, dental prescribing and private prescriptions are not included in PACT data. It is important to note this as some British National Formulary (BNF) sections have a high proportion of prescriptions written in hospitals that are dispensed in the community. Nicotine Replacement Therapies (NRTs) are not prescription only so the figures for this category may be an underestimate of actual use. ePACT only captures those NRTs that have been written on a prescription form so any NRTs bought over the counter or through other non-prescription routes e.g. smoking cessation clinics, will not have been captured. National prescription data may be available on request. More information is available at:

<http://www.hscic.gov.uk/prescribing>

Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item. Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charges income.

### **Quit date**

It is recognised that in certain cases some time may need to be spent with clients before they are ready to set a quit date. However, only actual quit attempts are counted for national monitoring.

### **Services monitored**

Stop Smoking Co-ordinators are required to monitor all NHS Stop Smoking Services in England. Brief interventions by GPs, health professionals and other relevant practitioners are provided in the normal course of the professional's duties rather than comprising a 'new' service, and monitoring information about clients in receipt of such interventions is not therefore required centrally.

### **Support**

Advisers normally offer weekly support for at least the first four weeks of a quit attempt: this may be by telephone where appropriate.

### **Varenicline (Champix)**

Champix, generic name varenicline, is a prescription pill designed to help smokers stop smoking. Varenicline works primarily in two ways. Firstly, it reduces the smoker's craving for nicotine by binding to nicotine receptors in the brain and reduces the symptoms of withdrawal. Secondly, it reduces the satisfaction a smoker receives when smoking a cigarette. It is taken orally.

The European Commission approved varenicline on 29 September 2006 as a pharmacology to help adults quit smoking, based on the results from clinical trials. In trials, 44% of the group treated with varenicline had stopped smoking after being treated for 12 weeks, as opposed to 11% of smokers taking the placebo. Over the same duration, it was also shown to be twice as effective as Bupropion (Zyban), the other main pharmacology to help people quit smoking. The National Institute for Health and Clinical Excellence (NICE) issued guidance in August 2007, which recommended the use of varenicline in the NHS.

### **When has a client successfully quit smoking?**

On the basis that the clinical viewpoint tends to be that a client should not be counted as a 'failure' if he/she has smoked in the difficult first days after the quit date, a client is counted as having successfully quit smoking if he/she has not smoked at all since two weeks after the quit date.

## Appendix C: Editorial Notes

For the purpose of clarity, figures in the bulletin are shown in accordance with the Health and Social Care Information Centre publication conventions.

These are as follows:

- not applicable
- \* number suppressed (see Appendix B for further information)

## Appendix D: Further Information

Provisional publication dates for the quarterly 2013/14 publications are listed below:

- Statistics on NHS Stop Smoking Services, April 2013 to December 2013 (Q3) – April 2014;
- Statistics on NHS Stop Smoking Services, April 2013 to March 2014 (Annual) – August 2014.

Constructive comments on this report would be welcomed. Questions concerning any data in this publication, or requests for further information, should be addressed to:

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Previous NHS Stop Smoking Services bulletins, also published by the Health and Social Care Information Centre can be found at:

<http://www.hscic.gov.uk/stopsmoking>

Editions prior to that were published by the Department of Health. Information about their statistics and surveys is available on the Department of Health's website at:

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH\\_4032542](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4032542)

Further information on Smoking can be found in the annual Statistics on Smoking: England Reports available at:

[http://www.hscic.gov.uk/article/1165/Search-catalogue?q=title:"Statistics+on+Smoking"&area=&size=10&sort=RelevanceDesc](http://www.hscic.gov.uk/article/1165/Search-catalogue?q=title:)

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