



Health & Social Care
Information Centre

Statistics on NHS Stop Smoking Services in England

April 2014 to March 2015

Final report

Published 19 August 2015



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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of stop smoking services.

Author: Lifestyles Statistics Team,
Health and Social Care Information Centre

Responsible statistician: Paul Niblett, Section Head

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Executive Summary

The NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support.

Stop Smoking Services data enables Public Health England to monitor performance of these services, and also assist Regions in monitoring the performance of their Local Authorities (LAs). It helps Local Authorities benchmark their performance and identify which treatment settings and intervention types are consistently getting the best results. The statistics also inform members of the public, who may intend to stop smoking, about the local settings available to them and their relative success rates.

This report presents finalised statistics from the NHS Stop Smoking Services in England, for the period April 2014 to March 2015. These are presented at National, Regional and Local Authority level including some time series data for the last 10 years. The statistics presented supersede the provisional results previously published for quarters 1, 2 and 3 within this period and are the finalised figures for 2014/15.

National figures for 2013/14 have been revised slightly as an improved methodology has been used to calculate an estimate for City of Bradford Metropolitan Borough Council who have not provided data since 2012/13. This has had a minimal impact on the previously published national figures for 2013/14 and has not affected the main trends for 2013/14 which were published last year. As an example, the number of people setting a quit date in England has only decreased by 0.2 per cent.

Some changes are planned for the 2016 edition of this report and feedback is welcome on these proposals. More details are available in chapter 1.

Main findings^a

England - April 2014 to March 2015

- In 2014/15, the number of people using Stop Smoking Services continued to decline as seen in recent years. Anecdotal evidence suggests this may be due to an increase in people using e-cigarettes to help them stop smoking rather than making use of these services^b. It is possible that the fall in smoking prevalence may also be a factor^c but the decrease in smoking prevalence is a long established trend which covers the earlier period of increasing use of Stop Smoking Services as well as the recent decline.
- 450,582 people set a quit date through the NHS Stop Smoking Services in 2014/15, down 23 per cent on 2013/14 and the first time this number has fallen for three consecutive years, since NHS Stop Smoking Services (previously Smoking Cessation Services) were set up in all Health Authorities in England in 2000/01. It is now lower

^a The report refers to the number of people setting a quit date and the number of successful quitters, it is possible that the same individual may have made more than one quit attempt during the year. In such instances each quit attempt is recorded, so it is not possible to establish the number of individuals who made multiple quit attempts in the same year. This has always been the case throughout the time series; therefore comparisons with previous years are on a like-for-like basis.

^b The following media articles were published when the April 2013 to March 2014 report was published in August 2014.
The Independent – “Smokers turn their backs on NHS as they opt for e-cigarettes to help quit smoking”
<http://www.independent.co.uk/life-style/health-and-families/health-news/smokers-turn-their-backs-on-nhs-as-they-opt-for-e-cigarettes-to-help-quit-smoking-9679239.html>
Nursing in Practice – “E-cig uptake linked to official drop in quitters”
<http://www.nursinginpractice.com/article/e-cig-uptake-linked-official-drop-quitters>

^c Health Survey for England - 2013 <http://www.hscic.gov.uk/pubs/healthsurveyeng13>

than the number of people setting a quit date 10 years ago in 2004/05 when it was 529,567.

- 229,688 people successfully quit (self-reported)^d, (also down 23 per cent) which gives a quit rate of just over half (51 per cent) which was similar to 2013/14.
- 69 per cent (158,678) of successful quitters (self-reported)^d had their results confirmed by Carbon Monoxide (CO) verification^e.
- The success rate of giving up smoking generally increased with age for both men and women, with 41 per cent for those aged under 18 successfully quitting compared to 57 per cent of those aged 60 and over.
- 18,887 pregnant women set a quit date with NHS Stop Smoking Services, compared to 19,833 in 2013/14 and 15,060 in 2004/05. This represents a reduction of 5 per cent on 2013/14 and an increase of 25 per cent on 2004/05.
- The North East reported the highest number of people setting a quit date per 100,000 of population (1,409) and the West Midlands the highest number of people who successfully quit (self-reported)^d per 100,000 of population (645).
- Of all pharmacotherapies^f used to help people quit smoking, 'Combination of licensed NCPs concurrently' had the highest number setting a quit date (135,719) and the second highest number of successful quitters (65,061). 'Varenicline (Champix) only' had the highest number of successful quitters (68,296) and 'Unlicensed NCP' had the highest quit rate (66 per cent). 24,281 people setting a quit date 'did not use any licensed medication or unlicensed NCP' and 52 per cent of these successfully quit.

^d A client is counted as a 'self-reported 4-week quitter' if when assessed 4 weeks after the designated quit date, they declare that they have not smoked, even a single puff on a cigarette, in the past two weeks.

^e Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation should be attempted on all clients who self-report as having successfully quit at the 4-week follow-up, except those who were followed up by telephone.

^f These data should not be used to assess or compare the clinical effectiveness of the various pharmacotherapies as they reflect only the results obtained through the NHS Stop Smoking Services, and are not based on clinical trials. A trained stop smoking advisor discusses and agrees the treatment option with each client.

1 Introduction

The Health and Social Care Information Centre (HSCIC) publishes a range of reports on smoking in England:

This report, **Statistics on NHS Stop Smoking Services** – presents results from NHS Stop Smoking Services in England, which includes information on the number setting a quit date; the number who successfully quit and an in depth analyses of the key measures of the service including pregnant women, breakdowns by ethnic group, socio-economic classification, intervention type, intervention setting and type of pharmacotherapy.

Other reports published by the HSCIC on smoking are:

Women's Smoking Status at the time of delivery - presents the prevalence and trends of women's smoking status at the time of delivery in England.

Smoking, Drinking and Drug Use among Young People in England - presents information on pupils who have ever smoked, tried alcohol or taken drugs. In addition, it explores the attitudes of school children towards smoking and drinking; relationships between smoking, drinking and drug use; the links between smoking, drinking and drug use and other factors such as age, gender, ethnicity and previous truancy or exclusion.

Health Survey for England - presents health trends in England, and estimates the proportion of people who have specified health conditions, the prevalence of certain risk factors and combinations of risk factors associated with these conditions. Each survey includes core questions (some of which are on smoking) and measurements (such as blood pressure, anthropometric measurements and analysis of blood and saliva samples), as well as modules of questions on specific issues that vary from year to year.

Statistics on Smoking - presents a broad picture of health issues relating to smoking in England, covering topics such as smoking prevalence, habits, behaviours and attitudes among adults and school children, smoking-related ill health and mortality and smoking-related costs. This comes from a variety of sources and includes new analyses carried out by the HSCIC

All of these reports can be found at www.hscic.gov.uk/lifestyles

1.1 NHS Stop Smoking Services in England

This report presents finalised statistics from the NHS Stop Smoking Services in England, for the period April 2014 to March 2015. These are presented at National, Regional and Local Authority level including some time series data for the last 10 years. The statistics presented supersede the provisional results previously published for quarters 1, 2 and 3 within this period and are the finalised figures for 2014/15.

The NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. The support is designed to be widely accessible within the local community and is provided by trained personnel, such as specialist smoking cessation advisors and trained nurses and pharmacists. These services complement the use of pharmacotherapies: 'Nicotine Containing Products (NCP)', 'Bupropion (Zyban)' and the more recently introduced 'Varenicline (Champix)' (see Glossary

for more information), which reduce the symptoms of nicotine withdrawal by getting nicotine into the bloodstream without smoking.

These data also assist Regions in monitoring their Local Authorities performance. It helps Local Authorities benchmark their performance and identify which treatment settings and intervention types are consistently getting the best results. The statistics also inform members of the public, who may intend to stop smoking, about the local settings available to them and their relative success rates.

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 Primary Care Trusts (PCTs) to Local Authorities (LAs). Therefore from April 2013 these data have been collected and reported at Region and LA level instead of Strategic Health Authority (SHA) and PCT level.

Further information on this change can be found in the NHS Stop Smoking Services guidance document¹.

When looking at local results from the NHS Stop Smoking Services, figures should be interpreted with caution as the areas are of different population sizes and composition. No adjustments have been made to take account of a range of factors that can impact on smoking prevalence such as gender, age, ethnic group and socio-economic classification.

Successful Quitters

Where 'successful quitters' are mentioned in this report, this refers to those people who, when assessed 4 weeks after the designated quit date, declare they have not smoked, even a single puff on a cigarette, in the past two weeks.

Carbon Monoxide (CO) Monitoring

Clients who self-report as having quit at the 4-week follow up are required to have their Carbon Monoxide (CO) levels monitored as a validation of their quit attempt (unless the intervention was by telephone). The numbers of quitters who passed this validation are reported separately.

Experimental Statistics

Between 2008/09 and 2013/14 the following were designated as experimental statistics, 'number 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 and intervention setting.

From 2014/15 they ceased to be experimental statistics. Data quality has improved and additional intervention settings have been added to reduce the number classified as 'Other'. Therefore, these statistics have been reported in the relevant chapters of this report for the first time.

There have been some changes made to the report structure and tables as a result of this. An additional change planned for the April 2015 to March 2016 edition of this report is the removal of tables 4.2 (Number setting a quit date in England by intervention type and quarter) and 4.4 (Number setting a quit date in England, by intervention setting and quarter) as these tables are anomalous in that there are no other tables at England level for quarterly data, for disaggregated topic areas.

Feedback on the content of this publication and the proposed change is welcome. This may be sent via the "Have your say" link within the feedback section on the publication page, or

by sending an email to enquiries@hscic.gov.uk including “NHS Stop Smoking Services” in the subject heading.

[Chapter 2](#) presents the key results from the NHS Stop Smoking Services in 2014/15, together with an analysis of trends in the performance of the service over recent years. In addition to key results, this chapter also looks at various demographic characteristics of those using the service and the use of services by pregnant women.

[Chapter 3](#) presents NHS Stop Smoking Services information at a sub-national level, providing analysis for Regions (previously Government Office Regions (GORs)) and LAs

[Chapter 4](#) provides some information on the various treatments used in NHS Stop Smoking Services to help people stop smoking, including successful quitters (self-reported) by type of pharmacotherapy received and successful quitters (self-reported) by intervention type and setting. It also reports on the costs associated with running the services and costs from prescriptions for pharmacotherapies used to help people to quit.

[Chapter 5](#) provides data quality information at LA level. It also gives information on the impact of revisions on the quarterly data at England level. Data for the first three quarters is provisional and subject to revision throughout the year. All data in this annual report are final.

Technical aspects of the NHS Stop Smoking Services can be found in [Appendix A](#).

Missing Data

Not all LAs provided a complete dataset this year.

City of Bradford Metropolitan Borough Council has not provided any data since 2012/13. Consequently estimated data for City of Bradford Metropolitan Borough Council has been used to calculate region and national totals for 2013/14 and 2014/15, which allows changes over time to be examined. The method used to calculate estimated data can be found in the data quality statement accompanying this report.

A number of LAs were unable to provide the financial data requested. No estimate has been made for the missing data for these LAs so no national or regional totals are available

All of these issues are caveated in the tables at LA level and more information is available in the Data Quality Statement.

2 Outcomes

Key findings

450,582 people set a quit date through the NHS Stop Smoking Services in 2014/15 (down 23 per cent on 2013/14 and the first time this number has fallen for three consecutive years, since NHS Stop Smoking Services (previously Smoking Cessation Services) were set up in all Health Authorities in England in 2000/01. It is now lower than the number of people setting a quit date 10 years ago in 2004/05 when it was 529,567.

229,688 people successfully quit (self-reported), (also down 23 per cent) which gives a quit rate of just over half (51 per cent) which was similar to 2013/14.

69 per cent (158,678) of successful quitters (self-reported) had their results confirmed by Carbon Monoxide (CO) verification.

As in previous years, more women than men set a quit date with the services (234,640 women compared to 215,941 men). However, the success rate was higher among men than women (52 per cent of men compared to 50 per cent of women).

The success rate of giving up smoking generally increased with age for both men and women. With 41 per cent for those aged under 18 successfully quitting compared to 57 per cent of those aged 60 and over.

Among ethnic minority groups, Asian or Asian British men had the highest number of people setting a quit date (15,813) and the highest number who successfully quit (8,335).

Nearly twice as many people from ethnic minority groups set a quit date in 2014/15 compared to 2004/05.

In 2014/15 the number setting a quit date and the number of successful quitters (self-reported), had fallen for all socio-economic classifications since the previous year. Similarly, the quit rate (self-reported) did not rise in any socio-economic classification with the exception of full-time students which increased from 41 per cent in 2013/14 to 44 per cent in 2014/15 and 'Home carers (unpaid)' and 'Never worked or unemployed for over 1 year' which both rose by less than 1 percentage point.

In 2014/15, 47 per cent (8,838) of pregnant women setting a quit date successfully quit, this success rate is the same as previous two years.

2.1 Overall results

In 2014/15, the number of people using Stop Smoking Services continued to decline as seen in recent years. Anecdotal evidence suggests this may be due to an increase in people using e-cigarettes to help them stop smoking rather than making use of these services⁹. It is possible that the fall in smoking prevalence may also be a factor^h but the decrease in

⁹ The following media articles were published when the April 2013 to March 2014 report was published in August 2014. The Independent – "Smokers turn their backs on NHS as they opt for e-cigarettes to help quit smoking" <http://www.independent.co.uk/life-style/health-and-families/health-news/smokers-turn-their-backs-on-nhs-as-they-opt-for-e-cigarettes-to-help-quit-smoking-9679239.html>

Nursing in Practice – "E-cig uptake linked to official drop in quitters" <http://www.nursinginpractice.com/article/e-cig-uptake-linked-official-drop-quitters>

^h Health Survey for England - 2013 <http://www.hscic.gov.uk/pubs/healthsurveyeng13>

smoking prevalence is a long established trend which covers the earlier period of increasing use of Stop Smoking Services as well as the recent decline.

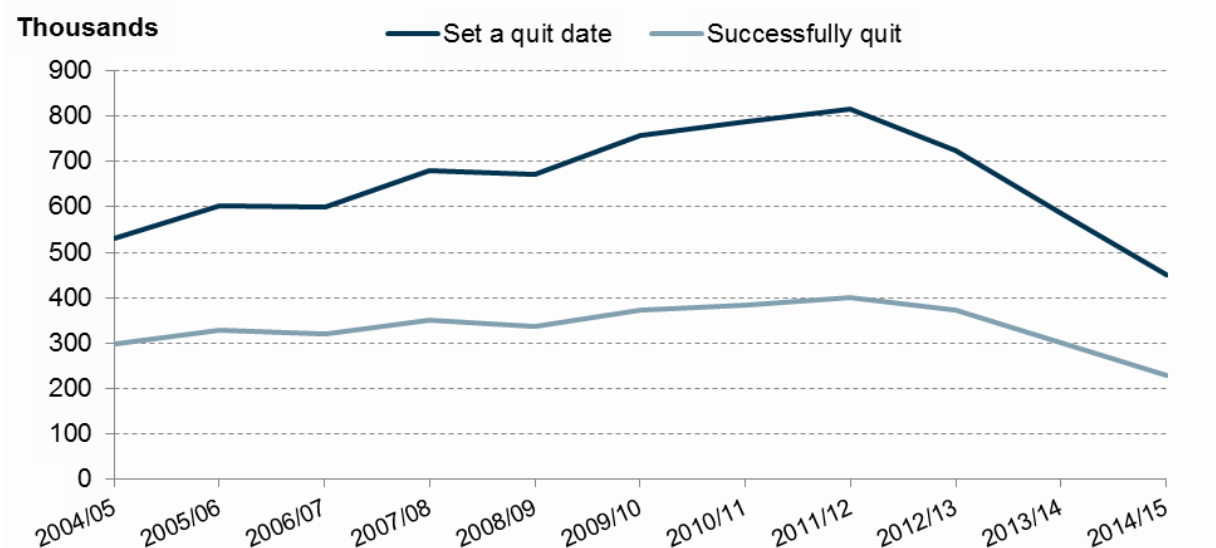
450,582 people set a quit date through the NHS Stop Smoking Services in 2014/15, down 23 per cent on 2013/14 and the first time this number has fallen for three consecutive years, since NHS Stop Smoking Services (previously Smoking Cessation Services) were set up in all Health Authorities in England in 2000/01. It is now lower than the number of people setting a quit date 10 years ago in 2004/05 when it was 529,567.

229,688 people successfully quit (self-reported), (down 23 per cent) which gives a quit rate of just over half (51 per cent) which was similar to 2013/14. Of those setting a quit date, 26 per cent (116,732) failed to quit, while 23 per cent (104,162) were lost to follow up. These are similar proportions to last year.

Although the proportion of successful quitters (self-reported) is similar to last year (51 per cent) the number of successful quitters (self-reported) has fallen by 70,280 compared to 2013/14, this is slightly lower than the fall from 2012/13 to 2013/14 of 73,904. This is the first time the number of successful quitters (self-reported) has fallen for three consecutive years, since NHS Stop Smoking Services were set up in all Health Authorities in England in 2000/01.

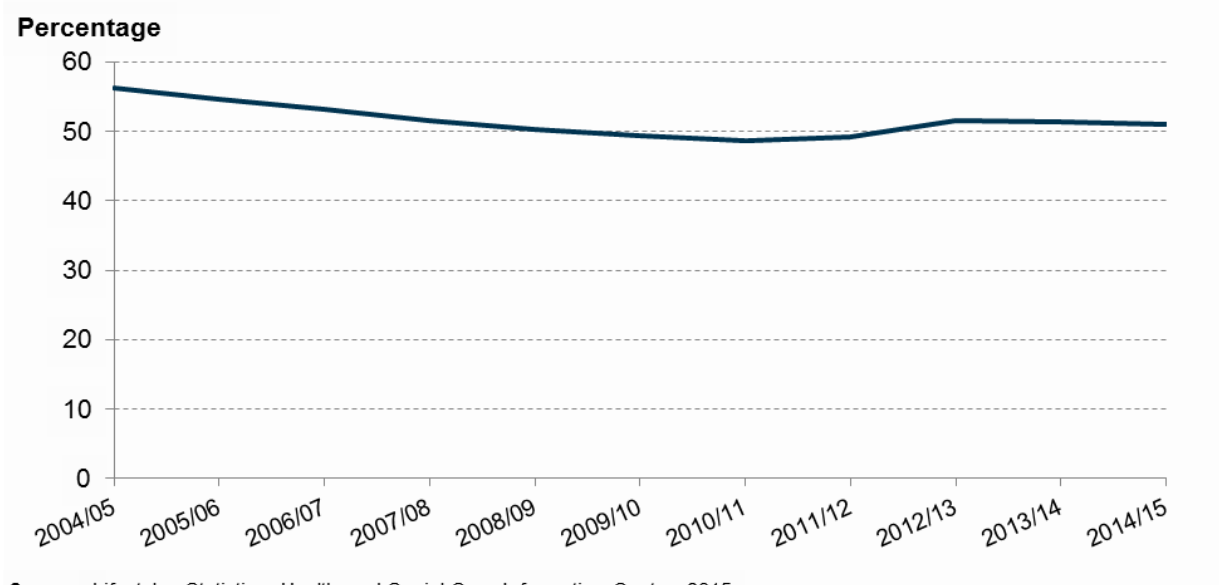
The number of successful quitters (self-reported) in 2014/15 is 68,436 lower than in 2004/05 (298,124). [Table 2.1](#), [Figures 2.1 and 2.2](#).

Figure 2.1 - Number setting a quit date and successful quitters in England, 2004/05 to 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

Figure 2.2 - Successful quitters as a percentage of those setting a quit date in England, 2004/05 to 2014/15

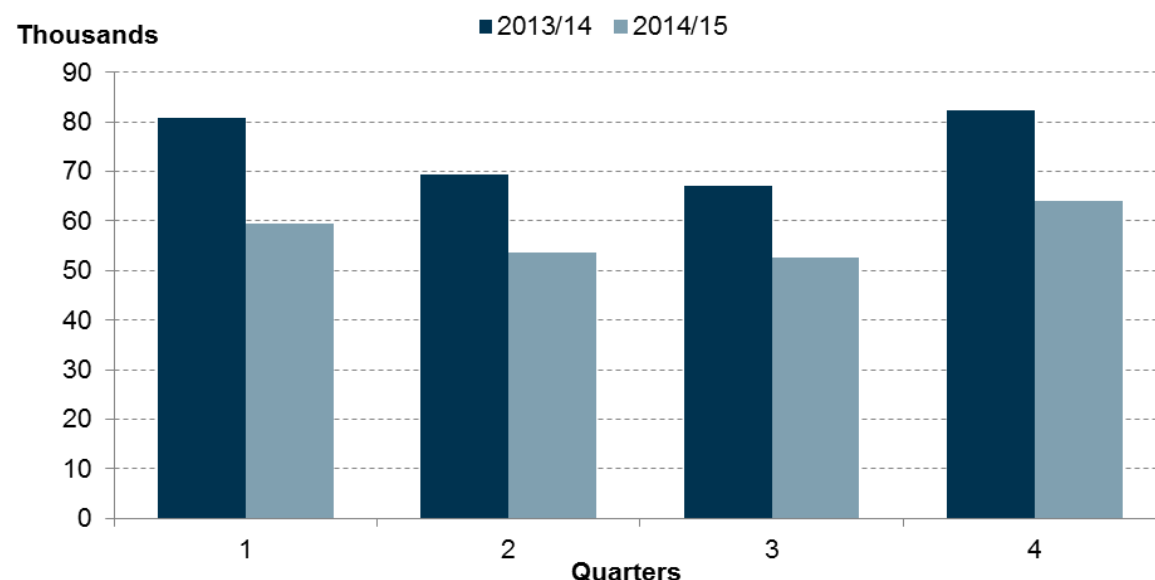


Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

Of the 229,688 successful quitters (self-reported), 69 per cent (158,678) were confirmed as successful quitters using Carbon Monoxide (CO) validation. This has fallen from a peak of 72 per cent in 2011/12 but is higher than ten years ago, when 64 per cent (191,251) of 298,124 successful quitters were confirmed using Carbon Monoxide (CO) validation.

The number of people setting a quit date and those who successfully quit (self-reported) in each quarter of 2014/15 was lower than the previous year for all quarters. [Figure 2.3](#)

Figure 2.3 - Number of successful quitters in England, by quarter, 2013/14 and 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

There has been a decrease in the number of people setting a quit date and successfully quitting (self-reported) per 100,000 of the population in 2014/15 for the third consecutive year.

The number of people setting a quit date decreased from 1,340 per 100,000 head of population in 2013/14 to 1,024 in 2014/15, and the number successfully quitting (self-reported) decreased from 687 per 100,000 head of population in 2013/14 to 522 in 2014/15.

This is lower than ten years ago (2004/05) when the number of people setting a quit date was 1,312 per head of population and the number of successful quitters (self-reported) was 739 per head of population. [Table 2.3](#)

2.2 Demographic characteristics

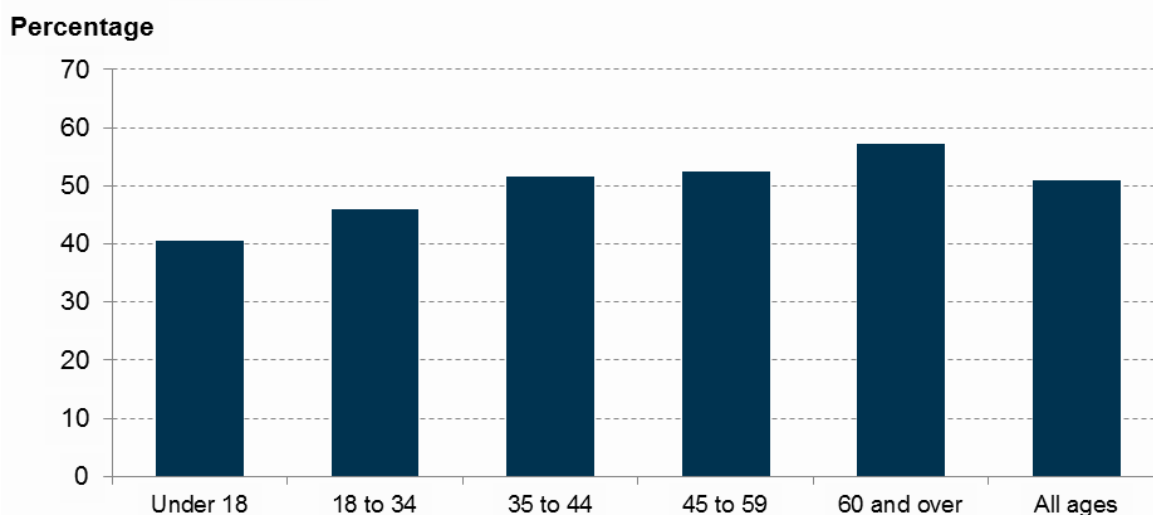
2.2.1 Results by gender

As in previous years, more women than men set a quit date with the services (234,640 women compared to 215,941 men). Of those setting a quit date, more women reported successfully quitting (self-reported) than men (117,000 compared with 112,688), although the success rate of giving up smoking was higher among men than women (52 per cent of men compared to 50 per cent of women), a pattern also seen in previous years. [Table 2.4](#)

2.2.2 Results by age group

The success rate of giving up smoking generally increased with age for both men and women. With 41 per cent for those aged 'Under 18' reporting successfully quitting (self-reported) compared to 57 per cent of those aged '60 and over'. 30 per cent of those aged under 18 were unsuccessful (self-reported) in their quit attempt, compared to 26 per cent across all age groups. The remaining 29 per cent of under 18's were lost to follow up. [Table 2.4](#), [Figure 2.4](#)

Figure 2.4 - Successful quitters as a percentage of those setting a quit date in England, by age group, 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

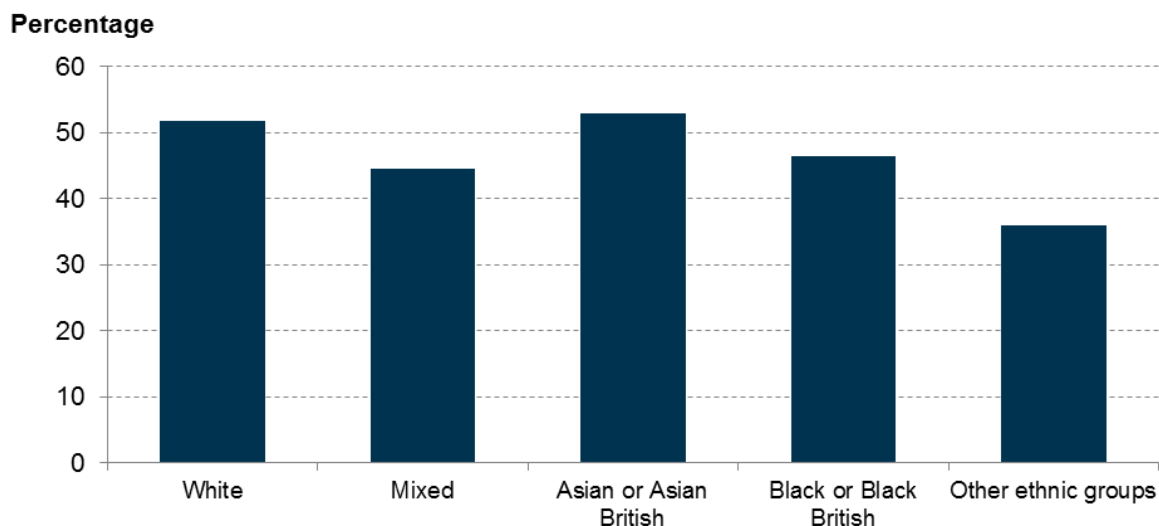
2.2.3 Results by ethnic groupⁱ

As with previous years, the majority (89 per cent) of people setting a quit date with the services were 'White' (386,300). Among the ethnic minority groups, the 'Asian or Asian British' ethnic group had the largest number of people setting a quit date (19,742) and

ⁱ Clients from 'ethnic minority groups' are those in the Asian, Black, Mixed and Other categories. Those individuals whose ethnicity was 'Not stated' were excluded from all calculations relating to which are commented on in this section.

successfully quitting (self-reported), (10,457). The 'Asian or Asian British' ethnic group made up 5 per cent of all successful quitters (self-reported) which was the largest ethnic minority group. The success rate of those giving up smoking was highest among the 'Asian or Asian British' group (53 per cent) which is slightly higher than the 'White' group (52 per cent). The lowest quit rate amongst the ethnic minority groups was 'Other' at 36 per cent. [Table 2.5](#), [Figure 2.5](#)

Figure 2.5 - Successful quitters as a percentage of those setting a quit date in England, by ethnic minority group, 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

Overall more women set a quit date through the services than men however, among the majority of the ethnic minority groups, the opposite was reported and this has remained the case for the last ten years.

In 2014/15, of those from ethnic minority groups 34 per cent (15,641) were women and 66 per cent (29,868) were men. Similarly in 2013/14, 34 per cent (18,103) were women and 66 per cent (35,394) were men. In 2004/05 women formed a slightly larger proportion; 39 per cent (9,479) compared to 61 per cent for men (14,582).

Across all ethnic minority groups, in 2014/15 women had a lower success rate than men (45 per cent and 49 per cent respectively). This is similar to 2013/14 when 43 per cent of women were successful compared to 48 per cent of men. No corresponding data is available for 2004/05.

Among ethnic minority groups, 'Asian or Asian British' men had the highest number of people setting a quit date (15,813) and the highest number who successfully quit (self-reported), (8,335). Among women in the ethnic minority groups, those from 'Black or Black British' background had the highest number of people setting a quit date with services (4,486) and 'Asian or Asian British' the highest number of successful quitters (self-reported), (2,122) [Table 2.5](#)

There has been a gradual increase in the number of people from ethnic minority groups setting a quit date through the services from 24,061 in 2004/05 (5 per cent of all people setting a quit date) to a peak of 63,029 in 2011/12 (8 per cent of all people setting a quit date) and gradually falling to 45,508 in 2014/15 (11 per cent of all people setting a quit date). Nearly twice as many people from ethnic minority groups set a quit date in 2014/15 compared to 2004/05.

The fall in the number of people in ethnic minority groups setting a quit date is in line with the fall in the total number of people overall setting a quit date over the last three years. [Table 2.5](#)

2.2.4 Results by socio-economic classification

In 2014/15 the number setting a quit date and the number of successful quitters (self-reported), had fallen for all socio-economic classifications since the previous year. Similarly, the quit rate (self-reported) did not rise in any socio-economic classification with the exception of 'Full-time students, which increased from 41 per cent in 2013/14 to 44 per cent in 2014/15 and 'Home carers (unpaid)' and 'Never worked or unemployed for over 1 year' which both rose by less than 1 percentage point.

The number setting a quit date and the number of successful quitters (self-reported) is lower for all classifications in 2014/15 than five years ago (2009/10^j), with the exception of prisoners. The number of prisoners setting a quit date rose from 7,735 in 2009/10 to 11,731 in 2014/15 and the corresponding number of successful quitters (self-reported) rose from 4,214 in 2009/10 to 5,449 in 2014/15. The percentage of successful quitters (self-reported) for prisoners however fell from 54 per cent in 2009/10 to 46 per cent in 2014/15.

In 2014/15, 'Routine and manual occupations' have the highest number of people setting a quit date (109,467), whilst 'Retired' have the highest proportion of successful quitters (self-reported), (60 per cent). This pattern is similar to the previous five years.

The number of records recorded as 'Unable to code' has steadily fallen from 159,669 in 2009/10 to 52,908 in 2014/15. [Table 2.6](#)

2.3 Use of services by pregnant women

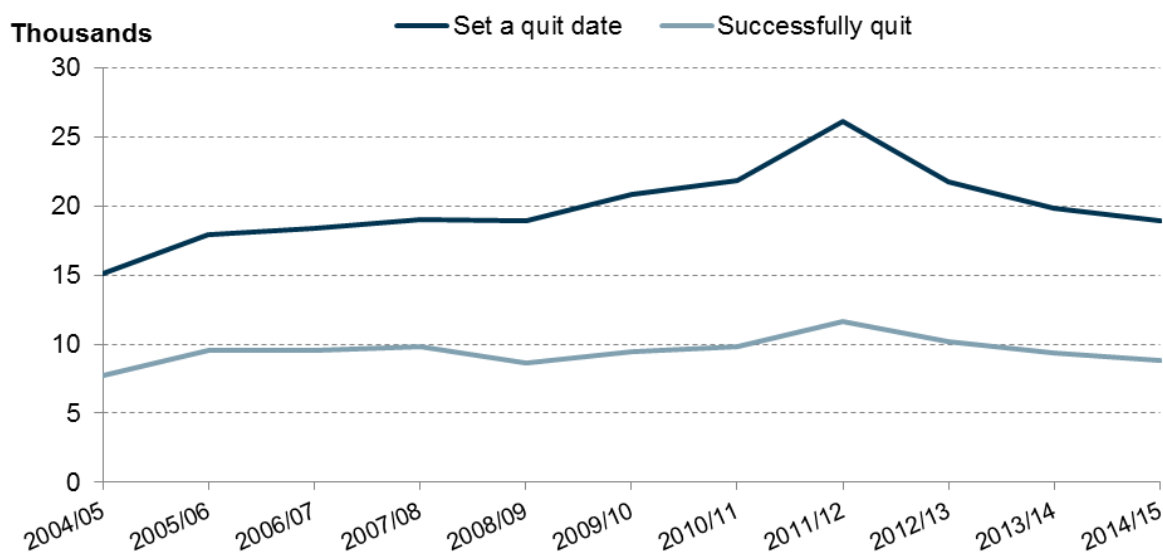
In 2014/15, 18,887 pregnant women set a quit date with NHS Stop Smoking Services, compared to 19,833 in 2013/14 and 15,060 in 2004/05. This represents a reduction of 5 per cent on 2013/14 and 9 per cent on 2004/05.

This is the first time there has been a decrease in the number of pregnant women setting a quit date for three consecutive years, since NHS Stop Smoking Services were set up in all Health Authorities in England in 2000/01. This follows the pattern seen for all men and women discussed earlier.

In 2014/15, 47 per cent (8,838) of pregnant women setting a quit date successfully quit, this success rate is the same as the previous two years. The percentage of pregnant women who successfully quit ranged from 45 to 53 per cent in the last ten years. The success rate peaked at 53 per cent in 2005/06. [Table 2.7](#), [Figures 2.6 and 2.7](#)

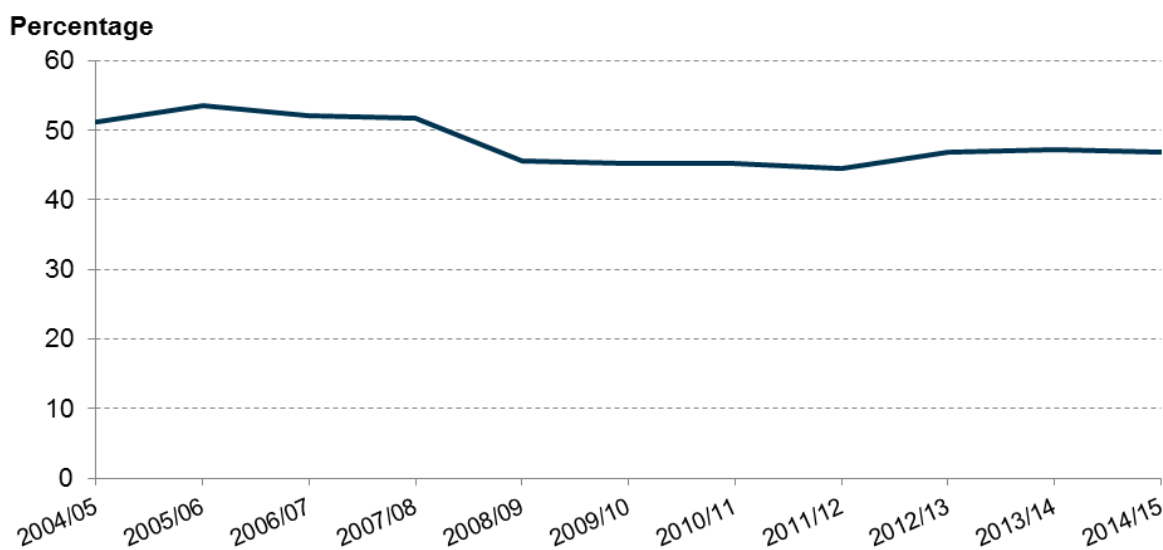
^j 2009/10 was the first time data on socio-economic classification was collected.

Figure 2.6 - Number of pregnant women setting a quit date and successful quitters in England, 2004/05 to 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

Figure 2.7 - Successful quitters as a percentage of those setting a quit date for pregnant women in England, 2004/05 to 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

List of tables

The tables which are referenced in this chapter can be found in the excel annex.

- 2.1 Number setting a quit date and outcome in England, 2004/05 to 2014/15
- 2.2 Number setting a quit date and outcome in England, by quarter, 2004/05 to 2014/15
- 2.3 Number setting a quit date and outcome in England per 100,000 population, 2004/05 to 2014/15
- 2.4 Number setting a quit date and outcome, by gender and age group in England, 2014/15
- 2.5 Number setting a quit date and outcome, by ethnic group and gender in England, 2004/05 to 2014/15
- 2.6 Number setting a quit date and successful quitters in England, by socio-economic classification, 2009/10 to 2014/15
- 2.7 Number of pregnant women setting a quit date and outcome in England, 2004/05 to 2014/15

3 Geographical patterns

Key findings

The number of people setting a quit date with the NHS Stop Smoking Services between 2013/14 and 2014/15 decreased in all 9 regions. This is the third consecutive year all regions have shown a decrease.

In 2014/15 the North West had the highest reported number of people setting a quit date (74,439), whilst London had the highest reported number of successful quitters (self-reported), (36,139).

In 2014/15, the North East reported the highest number of people setting a quit date per 100,000 of population (1,409) and the West Midlands the highest number of people who successfully quit per 100,000 of population (645).

Region quit rates ranged between 43 per cent in the North East and 57 per cent in the South East. Amongst LAs quit rates ranged from 23 per cent in Manchester City Council, although there are concerns around the quality of their data (see Data Quality Statement for more information), and 83 per cent in Warrington Borough Council (Unitary). The next two highest quit rates were for Peterborough City Council (Unitary) (79 per cent) and Bracknell Forest Borough Council (Unitary) (72 per cent). After Manchester City Council, the next lowest was Middlesbrough Council (Unitary) (30 per cent) followed by Redcar and Cleveland Borough Council (31 per cent).

The success rate for pregnant women varied between regions from 37 per cent in the North East to 51 per cent in London, the South West and Yorkshire and the Humber.

3.1 Results by Region and Local Authority

The number of people setting a quit date with the NHS Stop Smoking Services between 2013/14 and 2014/15 decreased in all 9 regions. This is the third consecutive year all regions have shown a decrease and the first time this has occurred since NHS Stop Smoking Services were set up in all Health Authorities in England in 2000/01.

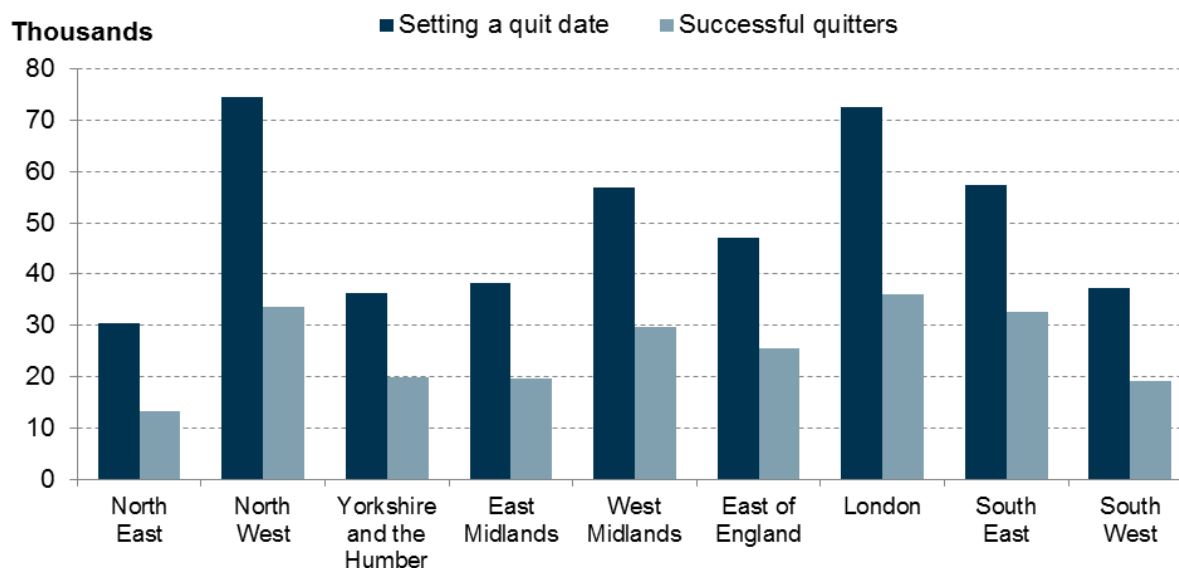
London had the lowest percentage decrease (15 per cent) whilst the North East and South West had the highest percentage decreases (30 per cent for each) in 2014/15.

All 9 regions reported a decrease in the number of successful quitters (self-reported) in 2014/15 compared to 2013/14. However, in 2014/15 the proportion of successful quitters (self-reported) increased in three regions (North West, Yorkshire and the Humber and South East) but fell in the remaining six.

In 2014/15 the North West had the highest reported number of people setting a quit date (74,439), whilst London had the highest reported number of successful quitters (self-reported), (36,139).

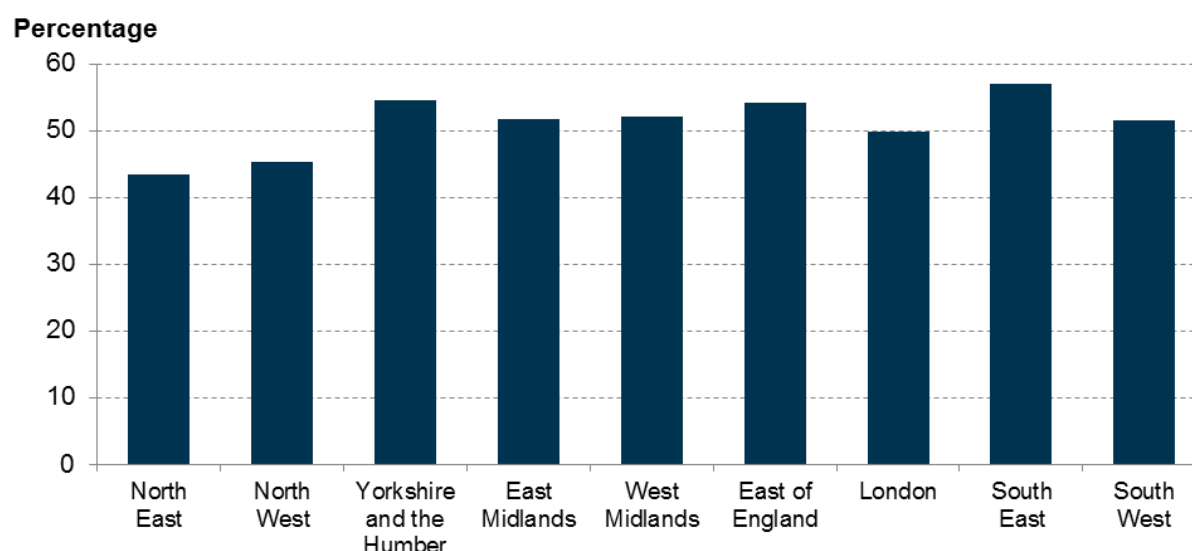
The quit rate varied between 43 per cent (North East) and 57 per cent (South East). [Table 3.1](#), [Figures 3.1](#) and [3.2](#)

Figure 3.1 - Number setting a quit date and successful quitters in England, by Region, 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

Figure 3.2 - Successful quitters as a percentage of those setting a quit date in England, by Region, 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

To provide further comparative analyses, the most recent information on smoking prevalence from the Integrated Household Survey² is combined with population estimates and NHS Stop Smoking Services data to provide estimates of the number of quitters per 100,000 smokers.

Results of the analyses show that the West Midlands had the highest number of quitters per 100,000 smokers (3,600), while Yorkshire and the Humber had the lowest (2,200). [Table 3.1](#)

A different pattern is seen when accounting for the size of the population in each region. Information on the number of those setting a quit date and the number who successfully quit per 100,000 of population is given in [Table 3.2](#).

In 2014/15, the North East reported the highest number of people setting a quit date per 100,000 of population (1,409) and the West Midlands the highest number of people who

successfully quit per 100,000 of population (645). By contrast, the South East reported the lowest number of those setting a quit date per 100,000 of population (799) and the South West the lowest number of people who successfully quit per 100,000 of population (429).

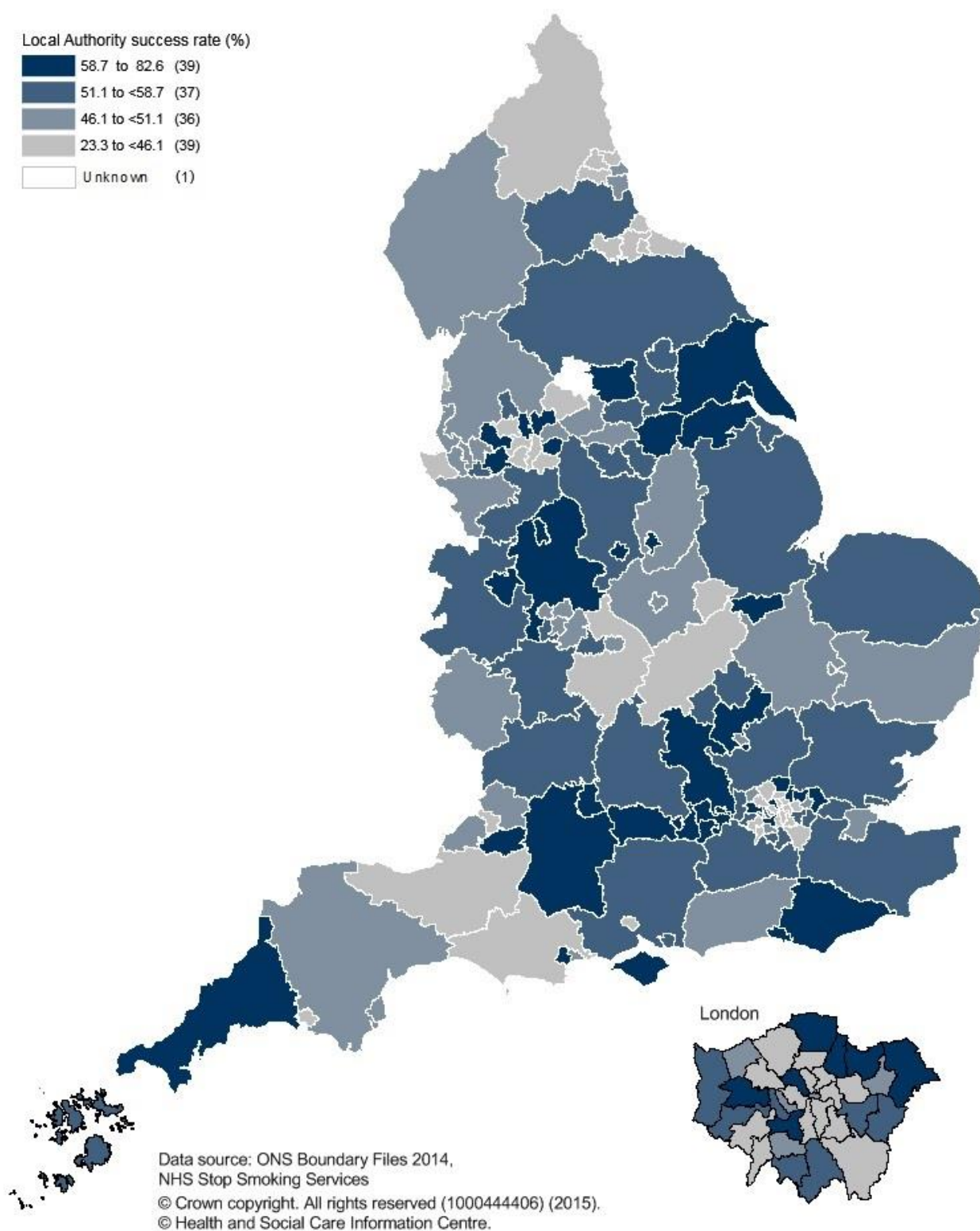
Among the 151 local authorities, the City of London had the highest number of people setting a quit date per 100,000 of population (6,466) but their numbers are likely to vary year on year due to the size of the Local Authority. The next highest was Manchester City Council (3,027), although there are concerns around the quality of their data (see Data Quality Statement for more information), followed by Knowsley Metropolitan Borough Council (2,586). Surrey County Council had the lowest number of people setting a quit date per 100,000 of population (331) followed by Herefordshire Council (338) and Borough of Poole Council (Unitary) (414).

The City of London had the highest number of people who successfully quit per 100,000 of population (3,115). The next highest was The Council of the Isles of Scilly (Unitary) (1,243), followed by Knowsley Metropolitan Borough Council (1,220). Herefordshire Council had the lowest number of people who successfully quit per 100,000 population (165) followed by London Borough of Richmond upon Thames Council (170) and Surrey County Council (193).

[Table 3.3](#) shows the number setting a quit date and the outcome by region and LA. Region quit rates ranged between 43 per cent in the North East and 57 per cent in the South East. Amongst LAs quit rates ranged from 23 per cent in Manchester City Council, although there are concerns around the quality of their data (see Data Quality Statement for more information), and 83 per cent in Warrington Borough Council (Unitary).

The next two highest quit rates were for Peterborough City Council (Unitary) (79 per cent) and Bracknell Forest Borough Council (Unitary) (72 per cent). After Manchester City Council, the next lowest was Middlesbrough Council (Unitary) (30 per cent) followed by Redcar and Cleveland Borough Council (31 per cent). [Table 3.3](#) [Figure 3.4](#)

Figure 3.4 – Successful quitters as a percentage of those setting a quit date, by Local Authority, 2014/15



3.2 Use of services by pregnant women

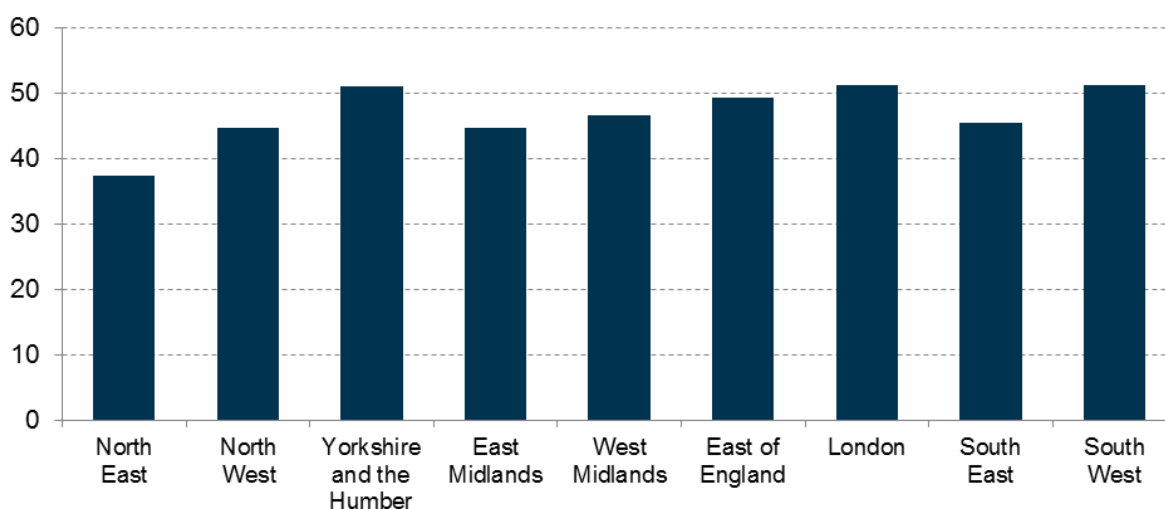
For 2014/15, additional information on the number of pregnant women setting a quit date and successful quitters (self-reported), by region and LA are provided in [Table 3.7](#).

Among the 9 regions, London had the lowest number of pregnant women setting a quit date (1,443) and the North East had the lowest number of pregnant women successfully quitting (562). The North West had both the highest number of pregnant women setting a quit date (3,016) and the highest number of pregnant women successfully quitting (1,350).

The success rate for pregnant women varied between regions from 37 per cent in the North East to 51 per cent in London, the South West and Yorkshire and the Humber. [Table 3.7](#) and [Figure 3.3](#) Further information at LA level can be found in [Table 3.7](#).

Figure 3.3 - Successful quitters as a percentage of those setting a quit date for pregnant women in England, by Region, 2014/15

Percentage



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

List of tables

The tables which are referenced in this chapter can be found in the excel annex.

- 3.1 Number of successful quitters and estimated number of quitters per 100,000 smokers in England, by Region 2004/05 to 2014/15
- 3.2 Number setting a quit date and outcome, per 100,000 of the population in England, by Region and Local Authority, 2014/15
- 3.3 Number setting a quit date and outcome in England, by gender, Region and Local Authority 2014/15
- 3.4 Number setting a quit date and outcome in England, by age group, Region and Local Authority 2014/15
- 3.5 Number setting a quit date and successful quitters in England, by ethnic group, Region and Local Authority, 2014/15
- 3.6 Number setting a quit date and successful quitters in England, by socio-economic classification, Region and Local Authority, 2014/15
- 3.7 Number of pregnant women setting a quit date and outcome in England, by Region and Local Authority, 2014/15
- 3.8 Number setting a quit date and outcome in England, Region and Local Authority, 2014/15

4 Treatment and Expenditure

Key findings

In England in 2014/15:

'One-to-one support' was the most widely used intervention type with 366,005 setting a quit date and the highest number of successful quitters (self-reported), (183,249), but 'Telephone support' had the highest quit rate (self-reported), (59 per cent).

'General practice' was the most widely used intervention setting with 173,153 setting a quit date and the highest number of successful quitters (self-reported), (82,900) with a success rate of 48 per cent, but 'Workplace' had the highest proportion of successful quitters (self-reported), (61 per cent).

Of all pharmacotherapies used to help people quit smoking, 'Combination of licensed NCPs concurrently' had the highest number setting a quit date (135,719) and the second highest number of successful quitters (self-reported), (65,061). 'Varenicline (Champix) only' had the highest number of successful quitters (self-reported), (68,296) and 'Unlicensed NCP' had the highest quit rate (self-reported), (66 per cent).

24,281 people setting a quit date 'did not use any licensed medication or unlicensed NCP' and 52 per cent of these successfully quit.

264,419, 59 per cent of people setting a quit date in England, were eligible to receive free prescriptions. Of these 48 per cent successfully quit.

There were nearly 1.8 million prescription items to help people in England stop smoking in 2013/14. Of these, 1.1 million were for Nicotine Replacement Therapy (NRT), around 697,000 were for Varenicline and 22,000 were for Bupropion.

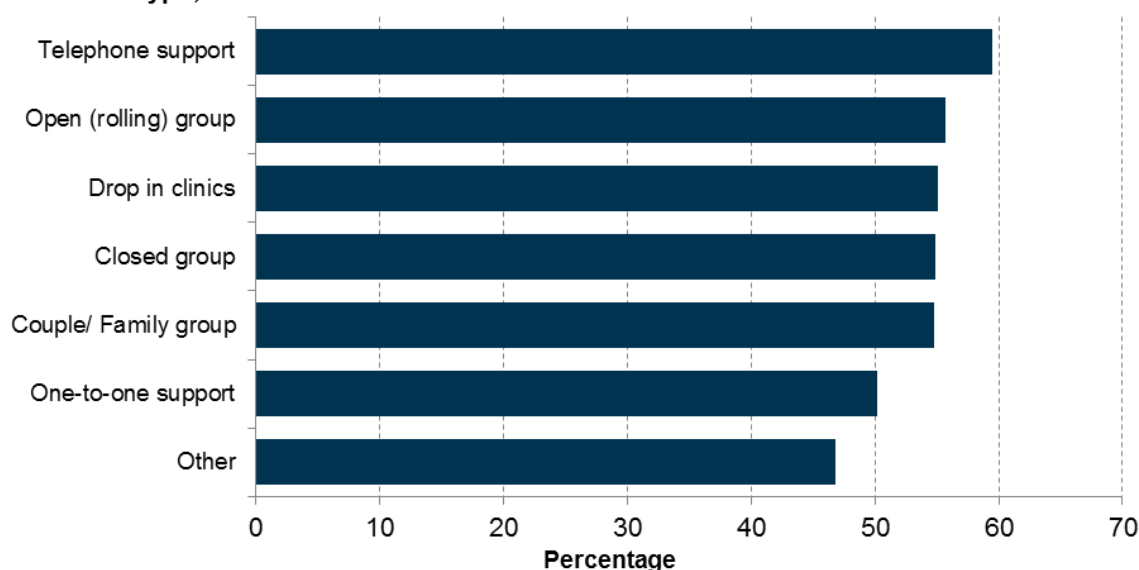
4.1 Intervention type^k

In England in 2014/15:

- Telephone support had the highest quit rate (self-reported), (59 per cent).
- One-to-one support had the highest number setting a quit date (366,055) and the highest number of successful quitters (self-reported), (183,249), but the lowest quit rate (50 per cent) excluding 'Others'.
- Couple/Family group had the lowest number setting a quit date (1,826) and the lowest number of successful quitters (self-reported), (1,001). This group also had the second lowest proportion of successful quitters (self-reported), (55 per cent) along with 'Closed/ Family group' and 'Drop in clinics'. [Table 4.1](#) [Figure 4.1](#)

^k These data should not be used to assess or compare the clinical effectiveness of the various intervention types and settings as they reflect only the results obtained through the NHS Stop Smoking Services, and are not based on clinical trials. For example, a particular intervention type may be used more often for heavy smokers which will reduce the quit rate. A trained stop smoking advisor discusses and agrees the treatment option with each client.

Figure 4.1 - Successful quitters as a percentage of those setting a quit date in England, by intervention type, 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

For 2014/15, additional information on the number setting a quit date and successful quitters (self-reported), by intervention type, region and LA are provided in [Table 4.3](#).

4.2 Intervention setting^{l,m}

Intervention setting ceased being an experimental statistic in 2014/15 as additional intervention settings were added to reduce the number of record being classed as other, additional information on this change can be found in the data quality statement accompanying this report.

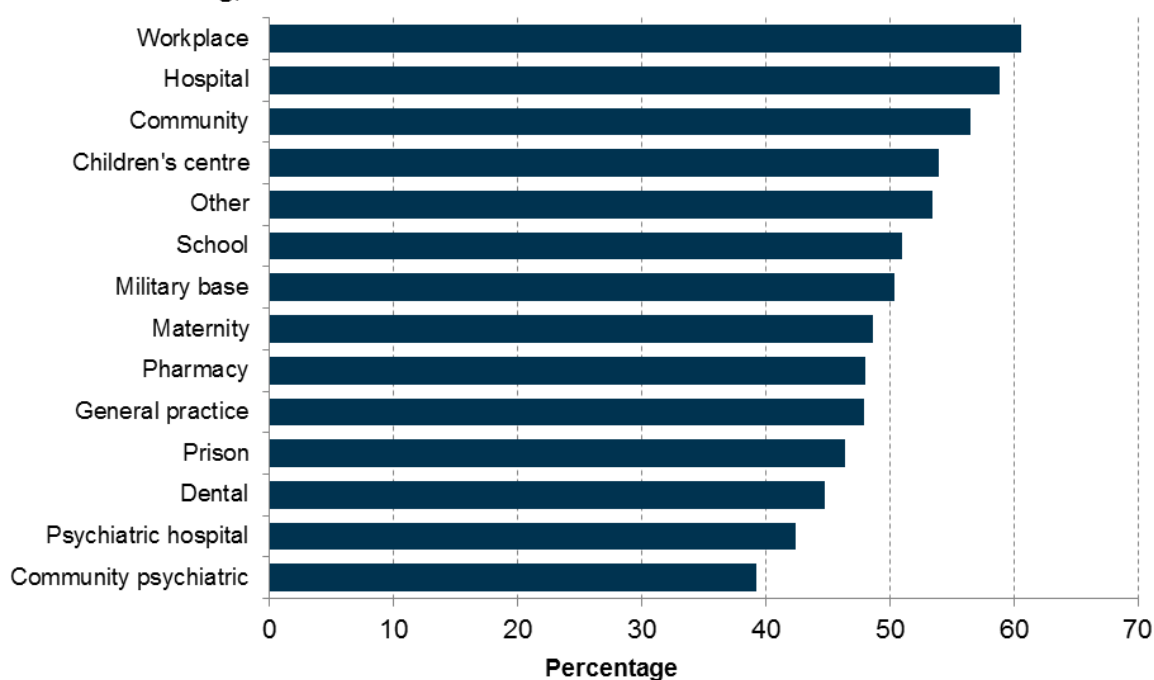
In England in 2014/15:

- 'General practice' had the highest number setting a quit date (173,153) and the highest number of successful quitters (self-reported), (82,900) and a success rate of 48 per cent.
- 'Dental' had the lowest number setting a quit date (114) and the lowest number of successful quitters (self-reported), (51) and a success rate of 45 per cent.
- 'Workplace' had the highest proportion of successful quitters (self-reported), (61 per cent).
- 'Community psychiatric' had the lowest proportion of successful quitters (self-reported), (39 per cent). [Table 4.1](#) [Figure 4.3](#)

^l These data should not be used to assess or compare the clinical effectiveness of the various intervention types and settings as they reflect only the results obtained through the NHS Stop Smoking Services, and are not based on clinical trials. For example, a particular intervention type may be used more often for heavy smokers which will reduce the quit rate. A trained stop smoking advisor discusses and agrees the treatment option with each client.

^m When looking at intervention setting, 'other' was excluded as comprising of many undefined intervention settings.

Figure 4.2 - Successful quitters as a percentage of those setting a quit date in England, by intervention setting, 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

For 2014/15, additional information on the number setting a quit date and successful quitters (self-reported), by intervention setting, region and LA are provided in [Table 4.5](#).

4.3 Pharmacotherapyⁿ

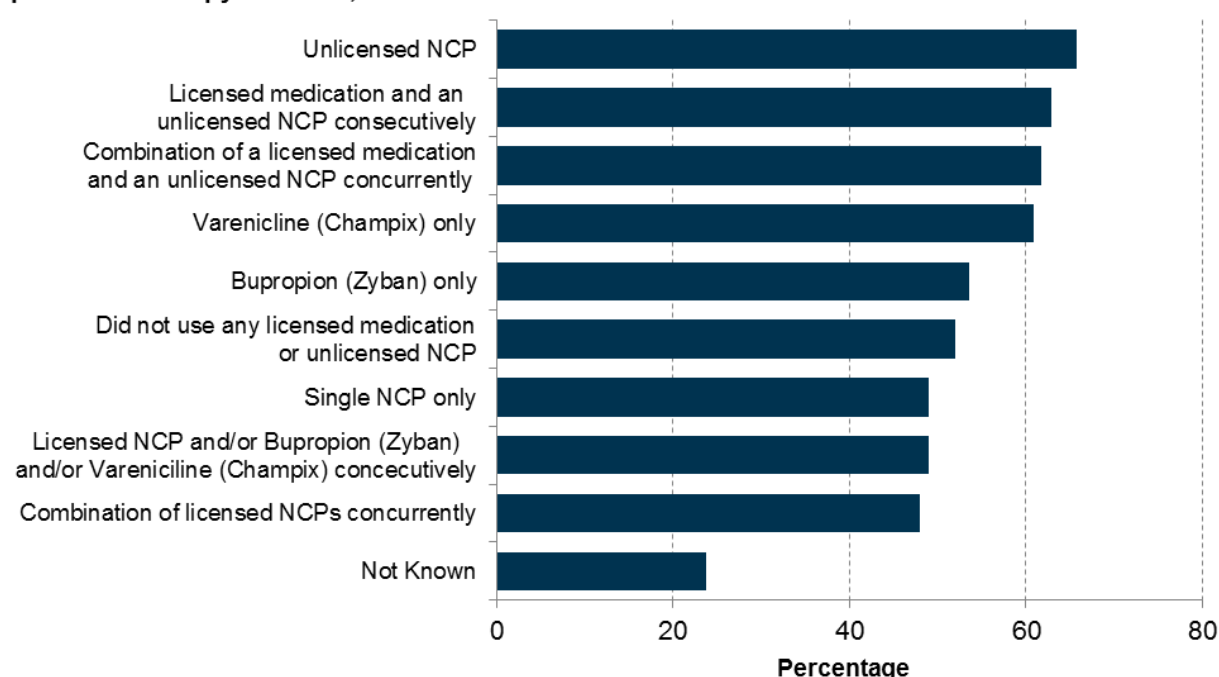
Pharmacotherapy categories changed in 2014/15, details of which can be found in the data quality statement accompanying this report. Therefore no trend data is currently available.

In England in 2014/15:

- 'Combination of licensed NCPs concurrently' had the highest number setting a quit date (135,719) and the second highest number of successful quitters (self-reported), (65,061) although it had the lowest success rate at 48 per cent (excluding 'not known').
- 'Varenicline (Champix) only' had the highest number of successful quitters (self-reported), (68,296).
- 'Unlicensed NCP' had the highest quit rate (self-reported), (66 per cent).
- 'Licensed medication and an unlicensed NCP consecutively' had the lowest number setting a quit date (1,932) and the lowest number of successful quitters (self-reported), (1,214) and a success rate of 63 per cent.
- 24,281 quitters 'did not use any licensed medication or unlicensed NCP' and 52 per cent of these successfully quit. [Table 4.6](#) [Figure 4.3](#)

ⁿ These data should not be used to assess or compare the clinical effectiveness of the various pharmacotherapies as they reflect only the results obtained through the NHS Stop Smoking Services, and are not based on clinical trials. A trained stop smoking advisor discusses and agrees the treatment option with each client.

Figure 4.3 - Successful quitters as a percentage of those setting a quit date in England, by pharmacotherapy received, 2014/15



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2015

For 2014/15, additional information on the number setting a quit date and successful quitters (self-reported), by pharmacotherapy received, region and LA are provided in [Table 4.7](#).

4.4 Expenditure on NHS Stop Smoking Services

4.4.1 Free prescriptions

In England in 2014/15:

- 264,419, 59 per cent of people setting a quit date in England, were eligible to receive free prescriptions. Of these 48 per cent successfully quit. [Table 4.8](#)

For 2014/15, additional information on the number setting a quit date and successful quitters (self-reported), for those eligible to receive free prescriptions, by region and LA are provided in [Table 4.9](#).

4.4.2 Pharmacotherapy costs

Information on prescriptions for pharmacotherapies used to help people quit smoking is taken from PACT (Prescription Analysis and Cost) data from the Prescription Pricing Division (PPD) of the NHS Business Services Authority¹⁶. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed within the community^o. The latest available data is for 2013/14.

- There were nearly 1.8 million prescription items to help people in England stop smoking in 2013/14. Of these, 1.1 million were for Nicotine Replacement Therapy (NRT), around 697,000 were for Varenicline and 22,000 were for Bupropion.

^o National prescription data may be available on request. More information is available at: <http://www.hscic.gov.uk/primary-care/prescribing>

- In 2013/14 the Net Ingredient Cost (NIC) of all prescription items used to help people quit smoking was £48.8 million. The NIC been falling since 2010/11 when it peaked at £65.9 million.
- The average NIC per item was £27 in 2013/14 which compares to £26 in 2012/13. The figure for 2013/14 is higher than in 2006/07 (£22) (the first year all three pharmacotherapies were available). The cost per item for Bupropion (Zyban) rose sharply from £37 in 2008/09 to £44 in 2009/10 due to a price increase in February 2009. [Table 4.10](#)

4.4.3 Non pharmacotherapy costs

Expenditure on NHS Stop Smoking Services in England in 2014/15 is not being reported at a National and Regional level for this year due to missing data for eight LAs (see accompanying Data Quality Statement).

[Table 4.12](#) gives Number who successfully quit (self-reported), Total expenditure and Cost per quitter at LA level for 2014/15.

List of tables

The tables which are referenced in this chapter can be found in the excel annex.

- 4.1 Number setting a quit date and successful quitters in England, by intervention type and setting, 2014 /15
- 4.2 Number setting a quit date in England by intervention type and quarter, 2014 /15
- 4.3 Number setting a quit date and those who successfully quit in England, by intervention type, Region and Local Authority, 2014/15
- 4.4 Number setting a quit date in England, by intervention setting and quarter, 2014/15
- 4.5 Number setting a quit date and those who successfully quit in England, by intervention setting, Region and Local Authority, 2014/15
- 4.6 Number setting a quit date and successful quitters in England, by type of pharmacotherapy received 2014/15
- 4.7 Number setting a quit date and successful quitters in England by type of pharmacotherapy received, Region and Local Authority (LA), 2014/15
- 4.8 Number setting a quit date and successful quitters in England, for those eligible to receive free prescriptions, 2008/09 to 2014/15
- 4.9 Number setting a quit date and successful quitters in England, for those eligible to receive free prescriptions, by Region and Local Authority (LA), 2014/15
- 4.10 Prescription items and Net Ingredient Cost of pharmacotherapies prescribed in primary care in England to help people quit smoking, by type of pharmacotherapy received, 2003/04 to 2013/14
- 4.11 Number successfully quit, total expenditure and cost per quitter for NHS Stop Smoking Services in England, 2004/05 to 2014/15^P
- 4.12 Number successfully quit, total expenditure and cost per quitter in England, by Region and Local Authority (LA), 2014/15

^P Note that no England level data is available for 2013/14 and 2014/15 as a number of LAs have not provided expenditure data and no estimates have been calculated.

5 Data quality

5.1 Introduction

This chapter presents tables which illustrate the impact of revisions on quarterly data at England level. Quarterly stop smoking data is provisional at the time of publication for each of the three quarterly reports, and final in this annual report.

On each occasion that a Local Authority (LA) submits data for a particular quarter, they may also submit amended data in respect of previous quarters for that year. The final opportunity to do this is in the submission of Quarter 4 data, after which no further revisions may occur and data for each of the quarters in that year are then considered final.

5.2 Impact of revisions^q

Table 5.1 shows that in 2014/15:

- Final figure for the number of people setting a quit date in Quarter 1 was 10.5 per cent higher by the end of the year than when initially submitted.
- Final figures for Quarters 2 and 3 were also higher by the end of the year than when initially submitted, by 7.2 per cent and 3.6 per cent respectively.
- Final figure for the number of people successfully quitting in Quarter 1 was 12.5 per cent higher by the end of the year than when initially submitted in Quarter 1.
- The final cumulative figures for Quarters 2 and 3 were also higher by the end of the year than when initially submitted, by 8.0 per cent and 4.9 per cent respectively.
- As might be expected, the tables show that as the quarterly results approach the end of the year, the size of the percentage increase between provisional and final figures decreases.

5.3 Data quality for missing or 'Other' data

Table 5.2 Data quality indicators for these items have been constructed by calculating the following measures:

- Percentage of records where outcome was not known / lost to follow up
- Percentage of records where ethnic group was not stated
- Percentage of records with missing socio-economic code
- Percentage of records where pharmacotherapy was not known
- Percentage of records categorised as 'Other' for intervention setting
- Percentage of records categorised as 'Other' for intervention type

The data quality report does not include an indicator for data on the eligibility for free prescriptions as data is only recorded for clients who have stated they receive free prescriptions the remainder will fall into two categories (not currently recorded) not eligible to

^q Please note that the data released in the quarterly NHS Stop Smoking Services publications relates to all data collected to that point in the year, i.e. they are cumulative reports rather than specific to a quarter. The quarter 1 output relates to April to June, the quarter 2 outputs relate to April to September, the quarter 3 output relates to April to December and the quarter 4 output relates to April to March.

receive free prescriptions and not known. The revised questionnaire design for 2014/15 has not altered the format of this question.

The data quality indicator has been colour coded as red, amber or green for every LA according to the classification scheme set out.

Just over a quarter of LAs (36) have more than 30 per cent of their records reported as outcome was not known or lost to follow up.

Two LAs (Dorset County Council and Kirklees Council) had 4 out of the 6 data quality indicators coloured red.

List of tables

The tables which are referenced in this chapter can be found in the excel annex.

- 5.1 Impact of revisions to quarterly data, 2004/05 to 2014/15
- 5.2 Data Quality Report for NHS Stop Smoking Services 2014/15

Appendix A: Technical notes

Background

NHS Stop Smoking Services (previously Smoking Cessation Services) were launched in Health Action Zones^r in 1999/00, and 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. The quarterly reports present provisional results from the monitoring of the NHS Stop Smoking Services, until the release of this annual report when all quarterly data are finalised.

In March 2011, updated guidance³ 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.

In September 2012 an update to this guidance⁴ 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.

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 has been collected and reported at LA and Region level rather than by PCT and SHA from 2013/14 onwards.

From 2014/15 data was collected using a web-based tool which provides far more detailed figures for use by LAs. The HSCIC is responsible for the collection and validation of the data received from LAs and informing them of key dates and developments.

The following data items were collected as part of the current collection:

Intervention types and settings

Pharmacotherapy treatment received

Socio-economic groups

Free Prescription eligibility.

From 2014/15 amendments were made to data requirement for Intervention setting; pharmacotherapy treatment received and financial information on smoking cessation services.

^r 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

The reasons for collecting and changes to these data are expanded upon below:

Intervention type and setting data - The report 'No ifs, no buts'⁵ by the Healthcare Commission (now known as the Care Quality Commission) identified that there are unacceptable levels of variation in data collection and data management practices relating to stop smoking services, making it difficult to assess performance and meaningfully compare services. The Department of Health 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 (self-reported) 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. In addition 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.

It was recognised that a large amount of data for intervention setting was being classified as 'Other' due to a lack of available appropriate options, this was addressed in the data collection form (Monitoring Return) for 2014/15 with the seven previous options being expanded to thirteen options.

Intervention setting changes

Settings prior to 2014/15	Settings from 2014/15 onwards
Dental Practice	Dental
Hospital Ward	Hospital
Military Base	Military Base
Pharmacy	Pharmacy
Primary Care	General Practice
Prison	Prison
Stop Smoking Services	Community
	Community Psychiatric
	Psychiatric Hospital
	Maternity
	Children's Centre
	School
	Workplace

Pharmacotherapy Treatment received - A new combination of smoking cessation aids is being used to assist people in successfully quitting. This data is needed to identify how successful these treatment options are and how popular they are in order to assist in monitoring and performance of best practice amongst the services (see Glossary for definitions of terminology used).

Pharmacotherapy treatments prior to 2014/15	Pharmacotherapy treatments from 2014/15 onwards
Nicotine Replacement Therapy (NRT) only	Single licensed nicotine containing product (NCP)
Bupropion (Zyban) only	Bupropion (Zyban) only
Varenicline (Champix) only	Varenicline (Champix) only
Both NRT and Bupropion (Zyban) either concurrently or consecutively	A combination of licensed nicotine containing products concurrently
NRT and Varenicline (Champix) consecutively	A licensed NCP and/or Bupropion (Zyban) and/or Varenicline (Champix) consecutively
Did not receive NRT or Bupropion (Zyban) or Varenicline (Champix)	A combination of a licensed medication and an unlicensed NCP concurrently
Treatment option not known	A combination of a licensed medication and an unlicensed NCP consecutively
	An unlicensed NCP only
	Did not use any licensed medication or unlicensed NCP
	Treatment option not know

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 health⁵.

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

Enhancements to monitoring ethnicity

In light of the 2001 Census, Department of Health policy was amended to collect information on ethnicity based on 16+1 categories rather than 5+1 categories used in previous years. From 2004/05 onwards the collection of 16+1 categories has been mandatory⁶.

Estimation

On 1 April 2013 responsibility for commissioning NHS Stop Smoking Services transferred from PCTs to LAs. At that time Bradford PCT ceased to provide data and City of Bradford Metropolitan Borough Council declined to provide data, therefore estimates have been calculated against data provided by Bradford PCT in 2012/13 which has the same geographic boundaries as City of Bradford Metropolitan Borough Council. For the April 2013 to March 2014 report which was published in August 2014, the 2012/13 PCT figures for Bradford were used as estimates for City of Bradford Metropolitan Borough Council in 2013/14. As use of Stop Smoking Services has continued to decline sharply however, this method is no longer suitable as it will lead to an overestimate which will increase over time

as it is likely that use of these services in Bradford has declined at a similar rate to elsewhere.

Therefore an improved methodology has been used to estimate figures for 2014/15 for Bradford and to be consistent, the same calculation was carried out for 2013/14 data resulting in a small revision to figures published previously. This has had a minimal impact on the national figures for 2013/14 and has not affected the main trends for 2013/14 which were discussed in last year's report. As an example, the number of people setting a quit date in England has only decreased by 0.2 per cent and by 2.9 per cent in Yorkshire and Humberside region.

Estimates were determined by calculating the percentage difference between England data (without Bradford) for 2012/13 and England data (without Bradford) for the required year i.e. 2013/14 or 2014/15, for the number setting a quit date.

This percentage change was then applied to Bradford PCT 2012/13 data for number setting a quit date to determine the number setting a quit date for City of Bradford for the required year i.e. 2013/14 or 2014/15. All other measures and disaggregation were calculated using the same proportions that applied in 2012/13 broken down by quarter, for example - if men setting a quit date in quarter 1 was 45 per cent of the total number setting a quit date in 2012/13 it would also be 45 per cent of the estimated number setting a quit date for the required year.

Formula for calculating estimates:

The formula used to calculate the estimates is shown below where:

a = 'Number setting a quit date' in England in 2012/13 excluding Bradford

b = 'Number setting a quit date' in England in 2013/14 or 2014/15 excluding Bradford

c = Percentage difference between a and b

d = 'Number setting a quit date' in Bradford in 2012/13

e = Estimated 'Number setting a quit date' in Bradford in 2013/14 or 2014/15

f = Number of men setting a quit date in Bradford in 2012/13

g = f as a percentage of d

h = Estimated number of men setting a quit date in Bradford in 2013/14 or 2014/15

$$-c\% = (b - a) / a * 100$$

$$e = d + (d * -c\%)$$

$$g\% = f / d * 100$$

$$h = e * g$$

A worked example follows:

$$-19.2383612\% = (578,939 - 716,849) / 716,849 * 100$$

$$5,974.74603840 = 7,398 + (7,398 * -19.2383612\%)$$

$$45.3500946\% = 3355 / 7398 * 100$$

$$2709.552981 = 5,974.74603840 * 45.3500946\%$$

Appendix B: Government policy and targets

Introduction

Tobacco use remains one of the government's most significant public health challenges, causing nearly 80,000 premature deaths in England each year⁹.

The White Paper, *Healthy lives, Healthy people: Our strategy for public health in England*¹⁰ set out the Government's commitment to improving public health in communities across England.

The subsequent Tobacco Control Plan, *Healthy lives, Healthy people: A Tobacco Control Plan for England*¹¹ was published on 9 March 2011. An academic review of the evidence of the impact of the smoke-free legislation in England¹² was also published alongside this document.

The Tobacco Control Plan set out how tobacco control was to be delivered in the context of the new public health system, over the five years up to 2015.

The plan set out three national ambitions to reduce smoking rates in England by the end of 2015:

- From 21.2 per cent to 18.5 per cent or less among adults aged 18 and over;
- From 15 per cent to 12 per cent or less among 15 year olds; and
- From 14 per cent to 11 per cent or less among pregnant mothers (measured at the time they give birth).

The Tobacco Control Plan described actions in the following six key areas:

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

New EU legislation was adopted in April 2014, setting out a regulatory framework for e-cigarettes and nicotine-containing refills (e-liquids) for the first time. From May 2016, the revised EU Tobacco Products Directive (TPD)¹³ will establish new rules for the safety, quality, ingredients and presentation of these products. The new regulations will require six month prior notification of a range of information before either e-cigarettes or refills are placed on the market. E-cigarettes that contain above 20 mg/ml of nicotine and/or making medicinal claims, such as "Helps you to quit smoking", will continue to be regulated under existing medicines legislation, for which the Medicines and Healthcare Products Regulatory Agency (MHRA) is responsible.

The TPD bans advertising of e-cigarettes which cross member states' borders e.g. in the press, TV, radio, internet and sponsored events.

New legislation will come into force in England and Wales on 1 October 2015, introducing a minimum age of sale of 18 for e-cigarettes and prohibiting the purchase of these products on behalf of someone under the age of 18.

In addition, legislation to protect children from second-hand smoke by ending smoking in private vehicles carrying children will also be in place from October 2015.

Local Stop Smoking Services

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 Champix¹⁴ as an aid to stopping smoking in the NHS.

NICE has since published a range of guidance to support the commissioning and delivery of stop smoking services and this is available on their website www.nice.org.uk

The National Centre for Smoking Cessation and Training (NCSCT) was established by the Department of Health in 2008 to standardise training for those providing support for and delivering stop smoking services. The full range of training can be accessed at www.ncsct.co.uk/pub_training.php

The service and delivery Guidance for local stop smoking services was updated in 2014 and is available on the NCSCT website - www.ncsct.co.uk.

Appendix C: Further information

This annual report draws together statistics on NHS Stop Smoking Services for the year 2014/15. The next annual report will be published in 2016. Provisional publication dates for 2015/16 publications are listed below:

October 2015 - Statistics on NHS Stop Smoking Services, April 2015 to June 2015

January 2016 - Statistics on NHS Stop Smoking Services, April 2015 to September 2015

April 2016 - Statistics on NHS Stop Smoking Services, April 2015 to December 2015

August 2016 - Statistics on NHS Stop Smoking Services, April 2015 to March 2016

Information about this data collection can be found at: <http://www.hscic.gov.uk/stopsmoking>

The Health and Social Care Information Centre would welcome feedback on this report. If there are any questions concerning data in this publication or queries relating to further information, please contact us:

Email: enquiries@hscic.gov.uk (including the publication title in the subject)

Telephone: 0300 303 5678

Address: The Contact Centre
Health and Social Care Information Centre
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE

Previous NHS Stop Smoking Services reports published by the Health and Social Care Information Centre can be found at: <http://www.hscic.gov.uk/Lifestyles>

Prior to 2005 the Department of Health monitored the return of NHS Stop Smoking Services data. Information about their statistics and surveys are 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

The Health and Social Care Information Centre also publishes Smoking Drinking and Drug use amongst Young People in England and The Health Survey for England both of which contain additional information on Smoking and can be found at:

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

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

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

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

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

Appendix D: How are the statistics used?

Users and uses of the report

From our engagement with customers, we know that there are many users of Statistics on NHS Stop Smoking Services in England. There are also many users of these statistics who we do not know about. We are continually aiming to improve our understanding of who our users are in order to enhance our knowledge on what the uses of these data are via recent consultations and feedback forms available online. Listed below is our current understanding of the known users and uses of these statistics. Also included are the methods we use to attempt to engage with the current unknown users.

Known Users and Uses

Department of Health (DH) - frequently use these statistics to inform policy and planning. The Public Health Outcomes Framework was published in January 2012 which sets out the desired outcomes for public health and how these will be measured. The Department of Health publishes policies such as Reducing Smoking (25 March 2013) and can be found via this link: <https://www.gov.uk/government/policies/reducing-smoking>

Public Health Observatories - frequently use these data for secondary analysis.

Media - these data are used to underpin articles in newspapers, journals, etc. For example, the following articles appeared in response to the 2013/14 version of this report:

Telegraph and Argus – “Bradford becomes first council in country to stop logging numbers who quit smoking”

http://www.thetelegraphandargus.co.uk/news/local/localbrad/11440118.Bradford_becomes_first_council_in_country_to_stop_logging_numbers_who_quit_smoking/

The Independent – “Smokers turn their backs on NHS as they opt for e-cigarettes to help quit smoking”

<http://www.independent.co.uk/life-style/health-and-families/health-news/smokers-turn-their-backs-on-nhs-as-they-opt-for-ecigarettes-to-help-quit-smoking-9679239.html>

Public - all information is accessible for general public use for any particular purpose.

Academia and Researchers - a number of academics cite the Stop Smoking data in their research papers.

NHS - frequently use the reports and tables for analyses, benchmarking and to inform decision making.

Public Health Campaign Groups - data are used to inform policy and decision making and to examine trends and behaviours.

Ad-hoc requests – the statistics are used by the Health and Social care Information Centre (HSCIC) to answer Parliamentary Questions (PQs), Freedom of Information (FOI) requests and ad-hoc queries. Ad-hoc requests are received from health professionals; research companies; public sector organisations, and members of the public, showing that the statistics are widely used and not solely within the profession.

We have received one ad-hoc requests and no PQs since Statistics on NHS Stop Smoking Services in England, April 2013 to March 2014 was published in August 2014.

Unknown Users

This publication is free to access via the HSCIC website <http://www.hscic.gov.uk/lifestyles> and consequently the majority of users will access the report without being known to the HSCIC. Therefore, it is important to put mechanisms in place to try to understand how these additional users are using the statistics and also to gain feedback on how we can make these data more useful to them. The webpage which hosts this publication provides a link on the right-hand side to a feedback form which the HSCIC uses to capture feedback for all its reports.

The specific questions asked on the form are:

- How useful did you find the content in this publication?
- How did you find out about this publication?
- What type of organisation do you work for?
- What did you use the report for?
- What information was the most useful?
- Were you happy with the data quality?
- To help us improve our publications, what changes would you like to see (for instance content or timing)?
- Would you like to take part in future consultations on our publications?

Any responses via this form are passed to the team responsible for the report to consider. We also capture information on the number of web hits the reports receive, although we are unable to capture who the users are from this. Statistics on NHS Stop Smoking Services in England; April 2013 to March 2014 generated approximately 6,207 unique web hits between its publication date of 19 August 2014 and 18th July 2015.

Glossary of terms

1. **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.
2. **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 4-week follow up they are required to have their Carbon Monoxide (CO) levels monitored as a validation of their quit attempt (unless the intervention was by telephone). The numbers of quitters who passed this validation are reported separately.
3. **Concurrently and Consecutively** - Concurrently refers to taking a course of medication or having treatment at the same time as one another. Consecutively refers to taking a course of medication or having treatment after the previous one has finished.
4. **Experimental statistics** - Statistics that are in the testing phase and have not yet been fully developed.
5. **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 are outlined in the Local Stop Smoking Services: Service Delivery and Monitoring Guidance 2011/12³.
6. **Intervention type definitions** - **Closed group:** structures, multi-session group course with pre-arranged start and finish dates and a pre-booked client group.
Open groups: fluctuating membership and is ongoing.
Drop-in clinic: multi-session support.
One-to-one support: structured multi-session support.
Couple/family: structured multi-session support for small family groups or couples.
Telephone support: structured multi-session support via phone.
7. **Nicotine Containing Products¹⁵** - Products that contain nicotine but do not contain tobacco and so deliver nicotine without the harmful toxins found in tobacco. Some, such as nicotine replacement therapy (NRT), are regulated by the MHRA (see licensed nicotine-containing products).
Licensed: have been given marketing authorisation by the Medicines and Healthcare products Regulatory Agency (MHRA). Currently, nicotine replacement therapy (NRT) products were the only type of licensed nicotine-containing product. The MHRA has issued a decision that all nicotine-containing products should be regulated and this is expected to come into effect in 2016.
Unlicensed: such as electronic cigarettes, and products new to the market that are currently being marketed, will need a medicines licence once the European Commission's revised Tobacco Products Directive comes into effect in the UK (this is expected to be in 2016). In the meantime, the UK government will encourage applications for medicines licences for nicotine-containing products and will make best use of the flexibilities within the existing framework to enable licensed products to be available.
8. **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.

Micro-tab: 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.

- 9. Nicotine Replacement Therapy (NRT) and Bupropion (Zyban)** - Prior to April 2001, Nicotine Replacement Therapy (NRT) was available through NHS Stop 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 2000⁷.

- 10. Population** – Population data is used in this report to provide rates per 100,000 head of population. Population estimates for end June 2014 have been used as they were the latest available.

- 11. Prescriptions dispensed** - Prescription data available in this bulletin are not routinely available¹⁶. This information was obtained from the Prescribing Analysis and Cost tool (PACT) system, which covers prescriptions issued 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 figures for this category may be an underestimate of actual use. ePACT only captures those NRTs that have been written on prescription so any NRTs bought over the counter or through other non-prescription routes e.g. smoking cessation clinics, will not have been captured. Each single item written on a prescription 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.

- 12. 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.

- 13. 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.

- 14. Socio-economic classifications** – **Home carers:** looking after children, family or home.

Managerial and professional occupations: for example, Accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor, teacher, welfare officer and those usually responsible for planning, organising and co-ordinating work for finance.

Intermediate occupations: for example, Call centre agent, clerical worker, nursery auxiliary, office clerk, secretary.

Routine and Manual occupations: excludes any self-employed person. Examples include, Electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, Heavy Goods Vehicle (HGV) driver, labourer.

15. Successful Quitters - Where 'successful quitters' are mentioned in this report, this refers to those people who, when assessed 4 weeks after the designated quit date, declare they have not smoked, even a single puff on a cigarette, in the past two weeks. This is because 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.

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

17. Varenicline (Champix)¹⁴ - 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 per cent of the group treated with Varenicline had stopped smoking after being treated for 12 weeks, as opposed to 11 per cent 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.

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These web links were all checked as being accurate on 28 July 2015.

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16. National prescription data may be available on request.
<http://www.hscic.gov.uk/prescribing>

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For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

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