

Statistics on NHS Stop Smoking Services in England

Appendices

April 2017 to June 2017

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Information and technology
for better health and care

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Appendix A: Technical notes

Background

NHS Stop Smoking Services were first set up in 1999/2000 with the aim of reducing health inequalities and improving health among local populations.

Services were rolled out across England from 2000/2001 and provide free, tailored support to all smokers wishing to stop, offering a combination of recommended stop smoking pharmacotherapies and behavioural support.

[The National Centre for Smoking Cessation and Training \(NCSCT\)](#) supports the delivery of tobacco control programmes and smoking cessation interventions provided by local stop smoking services.

Overview

NHS Digital is responsible for the central collection, validation and analysis of NHS Stop Smoking Services (SSS) data.

Data are collected to assess performance, compare services, identify good practice and target underperforming services. See the “Data” section for details.

Data are submitted by local authorities using a web-based tool which has automated validation to check that submitted data meet data requirements. See “Validation” section for details.

Data are collected and reported on a quarterly basis. Data submitted in quarters 1 to 3 is provisional but all data submitted in quarter 4 is final for that financial year.

Data

For each local authority (LA)¹ quarterly data are collected for the following:

1. Number of people setting a quit date
2. Number of successful quitters (self-reported).
3. Number of successful quitters (self-reported) where non-smoking status confirmed by CO validation.
4. Number of unsuccessful quitters (self-reported).
5. Number not known/lost to follow up.

See “Data definitions” section for more details.

Additional information is collected on each quitter including demographic data (e.g. gender, age, ethnic category and socio-economic group) and treatment data (e.g. pharmacotherapy, intervention setting and intervention type). These data are used to monitor provision of services to different demographic groups and the efficacy of different treatment approaches.

¹ From April 2013 responsibility for commissioning these services moved from Primary Care Trusts (PCTs) to Local Authorities (LAs).

Data definitions

Self-reported four-week quitter

A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and is followed up 28 days from their quit date (-3 or +14 days). (Russell Standard).

CO-verified four-week quitter

A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm.

The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date

Lost to follow-up (LTFU)

A treated smoker who cannot be contacted face to face, via telephone, email, letter or text following three attempts to contact them at different times of day, at four weeks from their quit date (or within 25 to 42 days of the quit date). The four-week outcome for this client is unknown and should therefore be recorded as LTFU on the monitoring form.

Validation

Initial data collection stage

In-built validations occur at the point of data entry within the data collection tool, with users automatically warned of validation failures and requested to either change their data or enter an explanatory note. It is not possible to submit a file containing validation failures without explanatory notes.

The in-built validations are as follows:

- Completeness – checks that expected quarterly data is present (including previous quarters).
- Consistency checks – checks for consistency of totals between parts of the return, and that the number setting a quit date is not lower than the number successfully quitting in any category.
- Accuracy checks – checks that the success rate of the intervention type and setting is within the range 35 per cent to 70 per cent².
- Format checks – checks for non-numeric entries.
- Financial data checks – checks that the cumulative spend is never less than the previous quarter.

In addition, the data collections team checks that submissions have been received from all expected local authorities.

² Note that success rates based on fewer than 20 quit attempts are not checked as rates based on so few attempts can often lie outside this range. E.g. if there is only one quit attempt then the success rate can only be 0 per cent or 100 per cent which will always be queried and this places a burden on LAs to provide an explanation.

Post submission checks

Further checks are carried out after the data has been submitted. This involves comparing the submitted data with historical data from the same LA. Where breach thresholds are exceeded, these may be queried with the supplier and resubmissions may then occur. The breach thresholds are as follows:

- Check that the percentage change between number of people setting a quit date in the current year to date and the previous year to date is within $-66\frac{2}{3}$ per cent and +100 per cent
- Check that the percentage point change between the proportion of people successfully quitting in the current year to date and the proportion from the previous year to date is within +/- 20 percentage points.
- Check that the proportion with a not known/lost to follow up outcome in the year to date is not higher than 40 per cent.

Data is not automatically rejected if it does not pass these validations. They are used as a warning for further investigation and discussion with the LA. Breach reasons are included in table 5.3C and should be considered when interpreting the other tables.

Current Data Quality Reporting

A data quality report is available as table 5.2 within the NHS Stop Smoking Services Excel workbook. It presents a series of LA level data quality indicators based on submitted data. These are as follows:

- 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.

This comparable data quality information enables local authorities to benchmark their performance and target improvements.

Reports are also accompanied by a data quality statement which explains how any missing data have been handled.

Treatment of finance data

If the total cost of pharmacotherapies is zero or not available then Total expenditure (excluding pharmacotherapies) and Cost per quitter (excluding pharmacotherapies) are shown as not available.

If LAs provide the total cost of pharmacotherapies but do not provide data for the Total spend on delivery of stop smoking services or Other spend on smoking cessation, (including any underspend carried over

from the previous year), then all totals and cost per quitter are shown as not available.

Reporting

Reports are published quarterly with a larger end year report. Publication dates of the upcoming reports are available here:

<http://content.digital.nhs.uk/pubs/calendar>.

The reports include information on the number of people setting a quit date and the number who successfully quit at the 4 week follow-up. They also present in depth analyses of the key measures of the service including pregnant women quitting and breakdowns by age group, gender, ethnic group and type of pharmacotherapy received. Analyses are presented at national, regional and LA levels. Previous editions of this publication can be found via the following link:

<http://www.nationalarchives.gov.uk/webarchive/>

Appendix B: Government policies and legislation

Policies

The new Tobacco Control Plan, [Towards a Smokefree Generation](#), was published in July 2017 and set out the following national ambitions for the end of 2022:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.
- Improve data collected on smoking and mental health to help us to support people with mental health conditions to quit smoking.
- Make all mental health inpatient services sites smokefree by 2018.
- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.
- Maximise the availability of safer alternatives to smoking.

The plan is targeted around four main themes, with a range of actions for each:

- i. Prevention first
- ii. Supporting smokers to quit
- iii. Eliminating variations in smoking rates
- iv. Effective enforcement

Legislation

Other recent legislation about smoking includes:

- i. The [Tobacco and Related Products Regulations 2016](#) came into force in May 2016, implementing the rules set out in the European Union [Tobacco Products Directive](#), which includes many updates to regulations concerning the manufacture, presentation and sale of tobacco and related products including and also sets out new regulations covering e-cigarettes³.
- ii. [New rules](#) on tobacco, e-cigarettes and smoking came into force on 1 October 2015 in England and Wales, including rules about smoking in private vehicles.

Policies and information relating to government action on smoking are available here: <https://www.gov.uk/government/policies/smoking>.

³ E-cigarettes that contain more than 20 mg/ml of nicotine or make medicinal claims will be regulated by the [Medicines & Healthcare products Regulatory Agency](#).

Appendix C: Further information

Publications

NHS Digital publishes the following reports which include data on smoking in England and can be found at www.hscic.gov.uk/lifestyles.

Statistics on Smoking

This annual report 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 NHS Digital.

Health Survey for England

The Health Survey for England (HSE) was designed to monitor trends in the nation's health, to estimate the proportion of people in England who have specified health conditions, and to estimate the prevalence of risk factors associated with these conditions. The surveys provide regular information that cannot be obtained from other sources on a range of aspects concerning the public's health. Since 1991, the HSE has included questions related to smoking.

Smoking, Drinking and Drug Use among young people

This report presents information from a survey of secondary school pupils in England (mostly aged 11 to 15) and includes data on: smoking prevalence; attitudes towards smoking; relationships between smoking and other factors such as age, gender, ethnicity and previous truancy or exclusion.

Statistics on NHS Stop Smoking Services

These quarterly reports include information on the number of people setting a quit date and the number who successfully quit at the 4 week follow-up. They also present in depth analyses of the key measures of the service including pregnant women quitting and breakdowns by age group, gender, ethnic group and type of pharmacotherapy received. Analyses are presented at national, regional and LA levels.

Statistics on Women's Smoking Status at time of delivery

These quarterly reports present the latest results and trends from the women's smoking status at time of delivery (SATOD) data collection in England. They provide a measure of the prevalence of smoking among pregnant women at Commissioning Region, Area Team and Clinical Commissioning Group level.

What about YOUth?

What About YOUth? is a new survey and was run in 2014. It is designed to collect robust LA level data on a range of health behaviours amongst 15 year-olds and includes data on smoking.

Infant Feeding Survey

The Infant Feeding Survey includes statistics on smoking behaviour among women before and during pregnancy. It was last carried out in 2010 and is now discontinued.

Other resources

Readers may find the following external organisations and publications useful resources for further information on smoking. A list of additional resources can be found in appendix A of the latest *Statistics on Smoking* report.

Action on Smoking and Health

ASH is a campaigning public health charity that works to eliminate the harm caused by tobacco. Their website provides a range of resources and publications: <http://www.ash.org.uk/>.

Local Tobacco Control Profiles for England

The Local Tobacco Control Profiles for England provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level: <http://www.tobaccoprofiles.info/>.

National Centre for Smoking Cessation and Training

The NCSCT supports the delivery of effective local stop smoking services by delivering training and assessment programmes, providing support services for local and national providers and conducting research into behavioural support for smoking cessation: <http://www.ncsct.co.uk/>.

National Institute for Health and Clinical Excellence

NICE produces public health guidance, for those working in the NHS, local authorities and the wider public and voluntary sectors, on the promotion of good health and the prevention of ill health. More information is available at www.nice.org.uk/guidance/phg/index.jsp.

Smokefree Action Coalition

This group of organisations is committed to promoting public health and came together initially to lobby for smoke free workplaces. It is now committed to reducing the harm caused by tobacco more generally: <http://www.smokefreeaction.org.uk/>.

Smokefree campaign

The Smokefree campaign provides information, tools and video content for smokers who want to be smoke free. Smokers can also look up their local stop smoking service provider: www.nhs.uk/smokefree.

The Smokefree Resource Centre

The Smokefree Resource Centre supports the marketing of local services by providing resources such as Smokefree literature, brand materials and guidance and also has the latest news about the national campaign: www.smokefree.nhs.uk/resources.

Appendix D: How are the statistics used?

Users and uses of the report

There are known and unknown users of the report *Statistics on NHS Stop Smoking Services in England*.

Known users have been established through customer engagement including a consultation carried out in 2016 and are detailed below.

Unknown users access the report directly from our website. We seek feedback from these users to understand how to better meet their needs in future. This is done through a feedback form on the website:

<http://content.digital.nhs.uk/haveyoursay>.

In 2016 we engaged with users of this report as part of the wider NHS Digital consultation on all statistical products. Further details can be seen at:

<http://content.digital.nhs.uk/article/7041/Consultation-on-changes-to-HSCIC-Statistics-201617---201819-Now-Closed>

Known users and uses

Department of Health

Informing policy and planning as shown in appendix C and monitoring performance against the tobacco control strategy.

Public Health England

Monitoring service provision and the efficacy of different treatment approaches. Providing secondary analyses and tools, such as the Local Tobacco Control Profiles, which are used to inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities.

Local government

Comparing data between local authorities to monitor usage, performance and changes within the services. Data are also used for local authorities' Joint Strategic Needs Assessments, contract management and input into local performance management plans and commissioning.

National Health Service

Informing commissioning and planning decisions to tackle tobacco use.

Public Health Campaign Groups

Informing policy and decision making and examining trends and behaviours.

Academia and Researchers

A number of academics cite the Stop Smoking data in their research papers such as those on the Smoking in England website:

<http://www.smokinginengland.info/key-publications/>

Public

This report is free for the general public to access via the NHS Digital website and can be used in a variety of ways such as identifying the nearest service or the most effective stop smoking pharmacotherapies.

Media

These data are used to underpin articles in newspapers, journals, etc. For example, the following selection of articles appeared in the month following the publication of the 2016/17 report which was released 17 August 2017:

British Medical Journal

[*Number of people using NHS stop smoking services continues to fall*](#)

Pulse

[*NHS smoking cessation services see continued decline in patient take-up*](#)

Web hits

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 2016 to March 2017 generated approximately 568 unique page views within two weeks of its publication date on 17 August 2017.

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