



The
Information
Centre

for health and social care

Statistics on NHS Stop Smoking Services in England, April to September 2008: Appendices

20 /01/2009

The NHS Information Centre
is England's central, authoritative source
of health and social care information.

Acting as a 'one-stop-shop' for high quality,
national, comparative data, we deliver
information for local decision makers, to
improve the quality and efficiency of care.

Appendix A: Technical notes

NHS Stop Smoking Services

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

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

Services monitored

Stop Smoking Co-ordinators are required to monitor in 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.

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.

Support

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

When has a client successfully quit smoking?

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

Follow-up

The four week follow-up (and 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.

Carbon Monoxide (CO) validation

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

Data collection

In October 2007, updated guidance for NHS Stop Smoking Services was published and was updated in February 2008. The new guidance is intended for everyone involved in managing, commissioning or delivering NHS stop smoking services. It was developed by means of a collaboration with representatives from SHAs, PCTs, the NHS Information Centre and academics from the field of smoking cessation.

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

In 2008/09 a number of key changes were made to the collection. These are described in more detail below.

See the 2002/03 statistical bulletin for details of monitoring arrangements for 2002/03 and earlier years, available at:

www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4082245&chk=icPKwB

Changes in the 2008/09 NHS Stop Smoking Services collection

From 2008/09, all data will now be collected at a PCT level directly from PCTs using a web-based tool.

By collecting PCT level information we will be able to provide much more detailed figures for use by PCTs enabling them to put their own performance in a national context without adding to the burden of current collection, indeed we would hope to reduce that burden for SHAs. The NHS Information Centre will be responsible for the collection of the data from PCTs including chasing any late returns, informing PCTs of developments and key dates and validating the data. SHAs will be able to access information for PCTs in their area using the web-based tool.

The following data items will also be collected as part of the 2008/09 collection. These include:

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

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

New data items for the 2008/09 collection period

Intervention type and setting data

The report 'No ifs and buts¹' by the Healthcare Commission (HC) identified that there are unacceptable levels of variation in data collection and data management practices relating to stop smoking services, thus making it difficult to assess performance and compare services meaningfully. The Department of Health have identified that this issue needed to be addressed.

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

Free Prescription Eligibility and Socio-Economic data

Smoking is the single most preventable cause of death and ill health in England. Half of all smokers will die prematurely as a result of smoking. Smoking disproportionately affects the poorest members of society, owing to differences in culture and lifestyle, and is therefore a primary cause of inequalities in health. Because of this the government has set a PSA target to reduce smoking rates among adults (aged 16 and over) among routine and manual groups to 26% or less by 2010.

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

Number who received NRT and Champix (Varenicline) consecutively

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

NHS performance ratings for PCTs: The annual health check

The annual health check is the most important of the Healthcare Commission's activities to drive improvements in healthcare for patients. It involves assessing and rating the performance of each NHS trust in England during the financial year from 1 April to 31 March.

Results from the 2006/07 NHS Performance Ratings for PCTs were published by the Healthcare Commission on 18 October 2007, and included 4 week smoking quitters as a key target. The measure employed was the number of 4 week quitters (based on self report) achieved compared to local plans.

www.healthcarecommission.org.uk/healthcareproviders/serviceproviderinformation/annualhealthcheck/theannualhealthcheck2006/07and2005/06.cfm

The results of the 2007/08 annual health check will be published on 16 October 2008. Key information relating to the 2007/08 annual health check is available at the link below:

www.healthcarecommission.org.uk/healthcareproviders/serviceproviderinformation/annualhealthcheck/annualhealthcheck2007/2008.cfm

Enhancements to monitoring ethnicity

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

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

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

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

White

- British
- Irish
- Any other white background

Mixed

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

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Other ethnic groups

- Chinese
- Any other ethnic group

Not stated

Further information on collection ethnicity category data is available from:

www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalDevelopment/DevelopmentInPersonalsocialServices/DevelopmentPersonalSocialServicesArticle/fs/en?CONTENT_ID=4015020&chk=V04W/1

Health Action Zones (HAZ)

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 at:

www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4032542&chk=GhPZ%2By

Restructuring of Health Authorities to Strategic Health Authorities (SHAs)

From 1 April 2002 the NHS was reorganised. The 95 former Health Authorities (HAs) were disestablished on 31 March 2002, and replaced by 28 SHAs. At this time, the 28 SHAs encompassed around 303 Primary Care Trusts (PCTs). A table showing the mapping of the 'old' Health Authorities to the new Strategic Health Authorities was contained in Annex C of the DH Statistical Bulletin: 'Statistics on smoking cessation services in England, April 2001 to March 2002' available at:

www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4015512&chk=PztXzK

Re-structuring SHAs and PCTs

In 2006, SHAs and PCTs were restructured. The 28 SHAs became 10 new SHAs in July 2006, and 303 PCTs became 152 PCTs in October 2006. Where trends are described, this report discusses the use of NHS Stop Smoking Services since 2006/07 for the SHA and PCT structures which are now in place. Information on pre-2006 SHA and PCT structures can be found in previous editions of this report.

Prescriptions dispensed

Information on items prescribed in primary care settings in England are obtained from the Prescribing Analysis and Cost Tool (ePACT) system supplied by the Prescription Pricing Division (PPD) of the Business Services Authority (BSA) and extracted by the Prescribing Support Unit, part of NHS Information Centre. The ePACT system covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included. Prescriptions written in hospitals/ clinics that are dispensed in the community, prescriptions dispensed in hospitals and private prescriptions are not included in ePACT data.

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

Nicotine Replacement Therapy (NRT) and bupropion (Zyban)

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

gosmokefree.nhs.uk/what-suits-me/patches-gum-and-more/

Nicotine Replacement Therapy (NRT)

- Patches: these work by releasing a steady dose of nicotine into the blood stream, via the skin. Some patches are intended to be worn during the day only and other "24-hour" patches are designed for 24-hour use in order to help stave off early morning cravings.
- Gum: this should be chewed gently and then "parked" in the cheek so that nicotine is absorbed through the lining of the mouth.
- Nasal spray: this is the strongest form of NRT and is a small bottle of nicotine solution, which is sprayed directly into the nose. Absorbed faster than any other kind of NRT, this can help heavier smokers, especially where other forms of NRT have failed.
- Microtab: a small white tablet put underneath the tongue and left. It works by being absorbed into the lining of the mouth.
- Inhaler: this resembles a cigarette. Nicotine cartridges are inserted into it, and inhaled in an action similar to smoking. It is particularly suitable to those people who miss the hand-to-mouth movements of smoking.

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.

Varenicline (Champix)

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

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

Appendix B: Editorial notes

For the purpose of clarity, figures in the bulletin are shown in accordance with the NHS Information Centre publication conventions.

These are as follows:

- . not applicable
- .. not available
- zero
- 0 less than 0.5

Numbers greater than or equal to 0.5 are rounded to the nearest integer. Totals may not sum due to rounding.

Appendix C: Further information

This quarterly bulletin presents provisional results from the NHS Stop Smoking Services for the period April to September 2008 (Quarter 2). Provisional results from the Stop Smoking Services are published on a quarterly basis. An annual bulletin is also produced, which represents the finalised figures for the year (April 2008 to March 2009). Expected publication dates for 2008/09:

- Statistics on NHS Stop Smoking Services, April 2008 to June 2008 (Q1) – 16/10/2008;
- Statistics on NHS Stop Smoking Services, July 2008 to September 2008 (Q2) – 20/01/2009;
- Statistics on NHS Stop Smoking Services, October 2008 to December 2008 (Q3) – W/C 13/04/2009;
- Statistics on NHS Stop Smoking Services, April 2008 to March 2009 (Annual) – W/C 17/08/2009.

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

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This bulletin is available on the internet:

www.ic.nhs.uk/pubs/sss08q2

Previous NHS Stop Smoking Services bulletins, also published by the NHS Information Centre can be found at: www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services

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

www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4032542

Research

The Department of Health commissioned an evaluation to complement the routine monitoring of the NHS Stop Smoking Services. The study began in November 2000 and reported in April 2005 in a supplement of the journal *Addiction*². It was conducted by a team of researchers led by Professor Ken Judge of the University of Glasgow and examined issues of service development and impact. There was a particular focus on the extent to which target groups of smokers are being reached and the relationship between different types or models of service and success rates. This study built on an evaluation of services in Health Action Zones in 1999/00 and a study of Stop Smoking Services in Trent region³. The evaluation included a pilot study examining 52 week success rates.

The evaluation of the NHS Stop Smoking Services programme concluded that equality of access to treatment is very good and that the services have the potential to make a real, if modest, impact on health inequalities. The evaluation also found that around 15 per cent of smokers who set a quit date with the services can be expected to still be non-smokers after a year.

A series of presentations from the 2006, 2007 and 2008 UK National Smoking Cessation Conference, covering recent and ongoing research into smoking cessation, can be found on the UK National Smoking Cessation Conference website:

www.uknsc.org/2006_UKNSCC/intro.html

www.uknsc.org/2007_UKNSCC/intro.html

www.uknsc.org/2008_UKNSCC/intro.html

The presentations cover a wide range of topics, including research into directing resources to help people quit, lapsing and relapsing, the role of pharmacotherapies to help people quit smoking in reducing health inequalities, best practice for smoking cessation in pregnancy and a Stop Smoking Services plan to maximise the effects of smoke free legislation.

References:

1. No ifs, no buts Improving services for tobacco control, Healthcare Commission, 2007
2. Addiction, Volume 100, Supplement 2. McNeill A, Raw M, Bauld L, Coleman T
3. National Survey of the new smoking cessation services in England. Pound E, Coleman T, Cheater F, McNeill A. Health Education Journal; 2003; 62(3): 246-255

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