

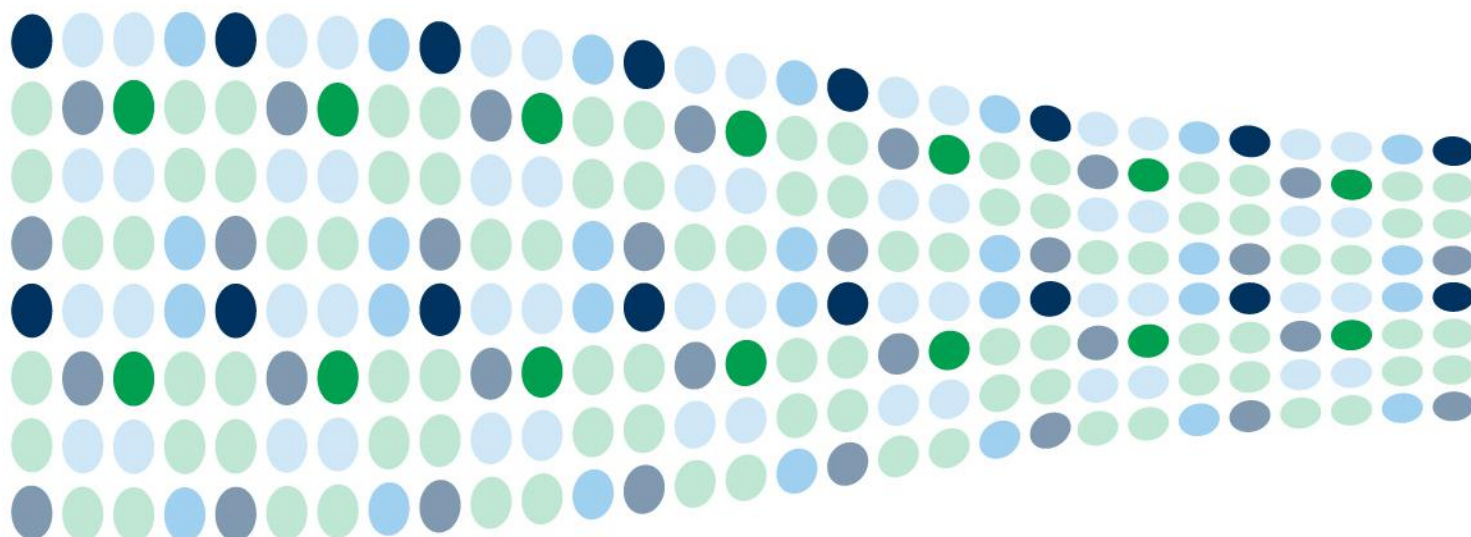


Health & Social Care  
Information Centre

# Statistics on NHS Stop Smoking Services in England

**1 April 2013 to 31 March 2014**

Final Report



**Published 19 August 2014**

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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.

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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 form an essential part of the current Public Health Outcomes Framework and enable Public Health England to monitor performance and identify best practice. These data also assist Regions in monitoring the performance of their Local Authorities. 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 2013 to March 2014. These are presented at National, Region 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 2013/14.

## Main findings<sup>a</sup>

England - April 2013 to March 2014

- 586,337 people set a quit date through the NHS Stop Smoking Services in 2013/14 (down 19 per cent on 2012/13, and the first time this number has fallen for two consecutive years, since NHS Stop Smoking Services (previously Smoking Cessation Services) were set up in all Health Authorities in England in 2000/01). 300,539 people successfully quit (down 20 per cent) which gives a quit rate of just over half (51 per cent) which was similar to 2012/13. The success rate of giving up smoking generally increased with age, from 39 per cent for those aged under 18, to 58 per cent of those aged 60 and over.
- In 2013/14, 47 per cent (9,385) of pregnant women setting a quit date successfully quit, this success rate is the same as last year compared to a peak of 53 per cent in 2005/06.
- The North East region reported the highest number of people setting a quit date in 2013/14 (2,023 per 100,000 population) while the South East reported the lowest number (1,036 per 100,000 population).
- The City of London had the highest number of people setting a quit date per 100,000 population but their numbers are subject to relatively high variation each year due to the small size of the Local Authority. The next highest was Manchester City Council, although there are concerns around the quality of their data (see Data Quality Statement for more information), followed by Blackpool Borough Council (Unitary). Borough of Poole Council (Unitary) had the lowest number of people setting a quit date per 100,000 population followed by Bury Metropolitan Borough Council and Surrey County Council.

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<sup>a</sup> 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.

- Just over nine out of ten people who reported they had successfully quit are known to have received pharmacotherapies in 2013/14. This has remained fairly consistent since 2008/09 (between 91 and 93 per cent).

# 1 Introduction

The Health and Social Care Information Centre (HSCIC) publishes the following reports on smoking in England:

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

**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.

**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

This report presents finalised statistics from the NHS Stop Smoking Services in England, for the period April 2013 to March 2014. These are presented at National, Region and Local Authority level including some time series 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 2013/14.

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 Replacement Therapy (NRT), 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.

Stop Smoking Services data form an essential part of the current Public Health Outcomes Framework and enable Public Health England to monitor performance and identify best practice. 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 are 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 document<sup>1</sup>.

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. Since 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.

[Chapter 2](#) presents the key results from the NHS Stop Smoking Services in 2013/14, 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 by type of pharmacotherapy received and successful quitters by intervention type. 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 information on the impact of revisions on the quarterly data at England level, to aid the interpretation of the quarterly provisional data. Quarterly stop smoking data is provisional at the time of publication for each of the three quarterly reports and is subsequently revised throughout the year. All data in this annual report are final.

[Chapter 6](#) aims to specify and quantify aspects of data quality associated with the new data items first collected in 2008/09, which have been labelled as experimental statistics. The analyses focus on clients setting a quit date.

This report contains three appendices. [Appendix A](#) provides information on relevant government policy. [Appendix B](#) describes the technical aspects of the NHS Stop Smoking Services. [Appendix C](#) gives additional information on Health and Social Care publications and data sources for Wales and Scotland and contact information.

## **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.



## Missing Data

Not all LAs provided a complete dataset this year.

City of Bradford Metropolitan Borough Council has not provided any data for 2013/14. The 2012/13 data from Bradford PCT has been used as an estimate for 2013/14 as its geographical boundary is the same as the LA. This allows a national total for 2013/14 to be produced which allows changes over time to be examined,

Newcastle-upon-Tyne City Council were unable to provide a full dataset for Q4 of 2013/14. Instead their data from Q3 has been used, so a national total can be calculated.

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

586,337 people set a quit date through the NHS Stop Smoking Services in 2013/14 (down 19 per cent on 2012/13 and the first time this number has fallen for two consecutive years, since NHS Stop Smoking Services (previously Smoking Cessation Services) were set up in all Health Authorities in England in 2000/01.) 300,539 people successfully quit (down 20 per cent) which gives a quit rate of just over half (51 per cent) which was similar to 2012/13. For the first time in ten years the number setting a quit date in quarter 4 (covering the period 1<sup>st</sup> January to 31<sup>st</sup> March 2014) is lower than quarter 1 (covering the period 1<sup>st</sup> April to 30<sup>th</sup> June 2013).

The success rate of giving up smoking generally increased with age, from 39 per cent for those aged under 18, to 58 per cent of those aged 60 and over.

Over six times as many people from minority ethnic groups set a quit date in 2013/14 compared to 2002/03.

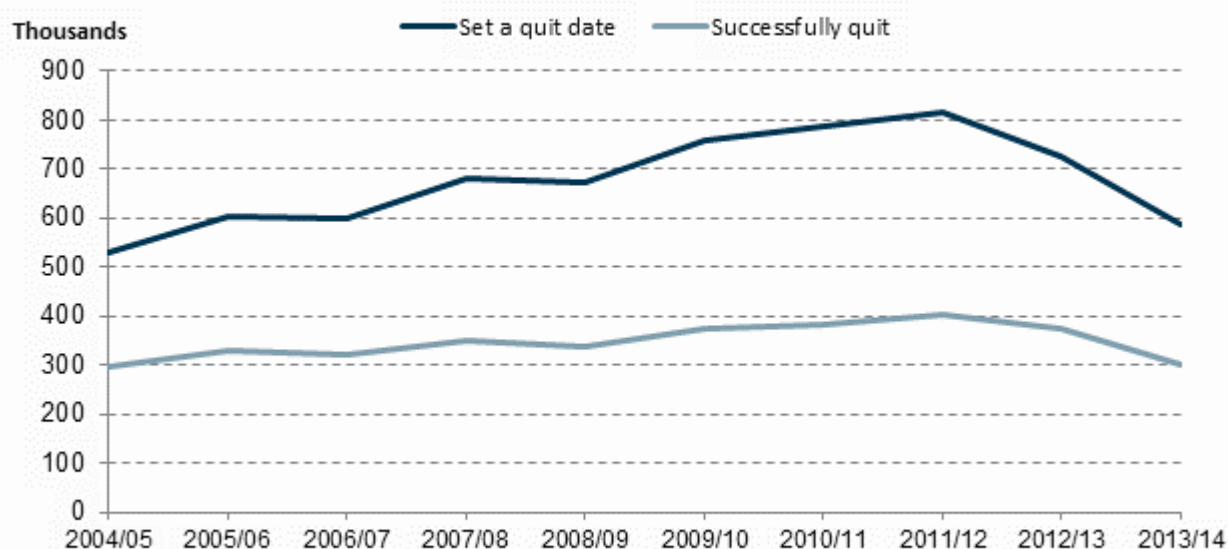
In 2013/14, 47 per cent (9,385) of pregnant women setting a quit date successfully quit, this success rate is the same as last year. The success rate peaked at 53 per cent in 2005/06.

### 2.1 Overall results

586,337 people set a quit date through the NHS Stop Smoking Services in 2013/14 (down 19 per cent on 2012/13 and the first time this number has fallen for two consecutive years, since NHS Stop Smoking Services (previously Smoking Cessation Services) were set up in all Health Authorities in England in 2000/01.) 300,539 people successfully quit (down 20 per cent) which gives a quit rate of just over half (51 per cent) which was similar to 2012/13. Of those setting a quit date, 26 per cent (151,763) failed to quit, while 23 per cent (134,035) were lost to follow up. These are similar proportions to last year.

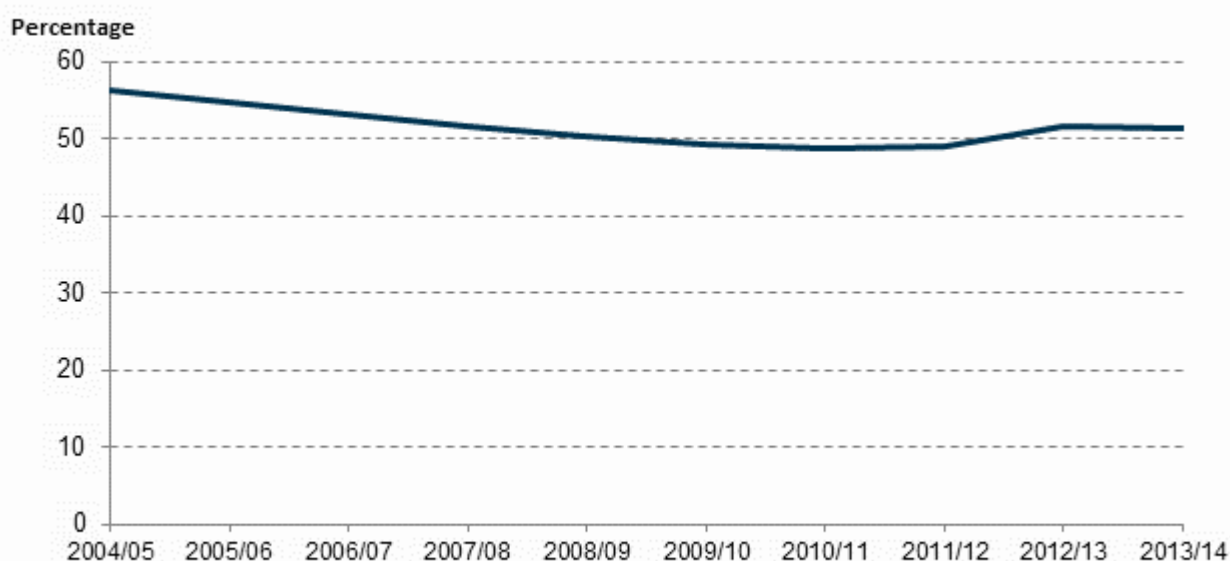
Although the proportion of successful quitters is similar to last year (52 per cent) the number of successful quitters has fallen by 73,333 compared to 2012/13, this is nearly three times higher than the fall from 2011/12 to 2012/13 of 27,083. Again this is the first time the number of successful quitters has fallen for two consecutive years, since NHS Stop Smoking Services (previously Smoking Cessation Services) were set up in all Health Authorities in England in 2000/01. The number of successful quitters in 2013/14 is 2,415 higher 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 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

**Figure 2.2 - Percentage of successful quitters in England, 2004/05 to 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

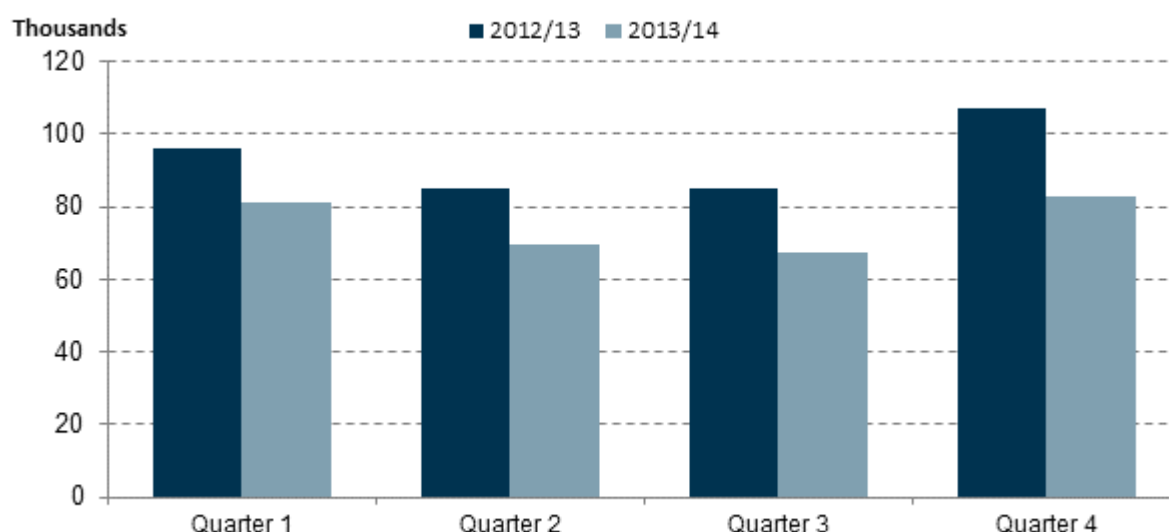
Of the 300,539 successful quitters, 70 per cent (210,805) were confirmed as successful quitters using Carbon Monoxide (CO) validation.

For the first time in ten years the number setting a quit date in quarter 4 (covering the period 1<sup>st</sup> January to 31<sup>st</sup> March 2014) is lower than quarter 1 (covering the period 1<sup>st</sup> April to 30<sup>th</sup> June 2013) although the number of successful quitters is higher in quarter 4 than any of the preceding quarters in 2013/14.

The number of people setting a quit date and those who successfully quit in each quarter of 2013/14 was lower than the previous year for all quarters. [Figure 2.3](#). In 2012/13 the number of people setting a quit date was lower than the previous year for all quarters, whilst The number of people successfully quitting was lower in three out of the four quarters (1, 2, 4). In 2011/12 the number of people setting a quit date and those who successfully quit was higher than the previous year for quarters 1, 2 and 3 and lower in quarter 4

This contrasts with 2010/11 when the number of people setting a quit date and those who successfully quit was higher than the previous year for all quarters. [Table 2.2](#)

**Figure 2.3 - Number of successful quitters in England, by quarter, 2012/13 and 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

There has been a decrease in the number of people setting a quit date and successfully quitting per 100,000 of the population in 2013/14 for the second consecutive year. The number of people setting a quit date has decreased from 1,681 per 100,000 population in 2012/13 to 1,343 in 2013/14, and the number successfully quitting has decreased from 868 per 100,000 population in 2012/13 to 688 in 2013/14. [Table 2.3](#)

## 2.2 Demographic characteristics

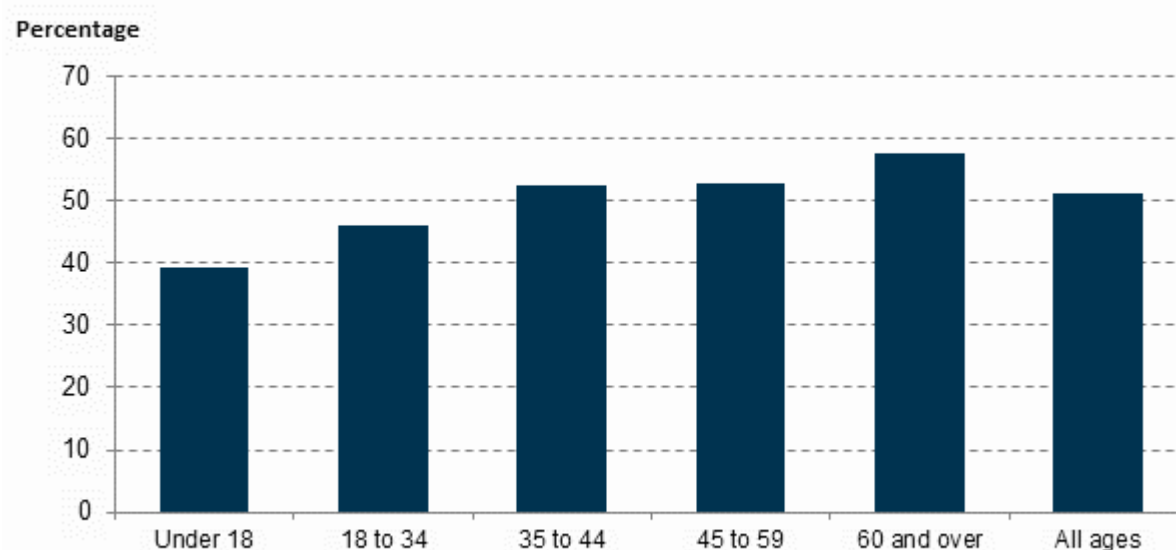
### 2.2.1 Results by gender

As in previous years, more women than men set a quit date with the services (303,653 women compared with 282,684 men). Of those setting a quit date, more women successfully quit than men (152,445 compared with 148,094), although the success rate of giving up smoking was higher among men than women (52 per cent and 50 per cent respectively), 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, from 39 per cent for those aged under 18, to 58 per cent of those aged 60 and over. 30 per cent of those under 18 were unsuccessful in their quit attempt, compared to 26 per cent across all age groups. The remaining 23 per cent were lost to follow up. [Table 2.4](#), [Figure 2.4](#)

**Figure 2.4 - Percentage of successful quitters in England, by age group, 2013/14**



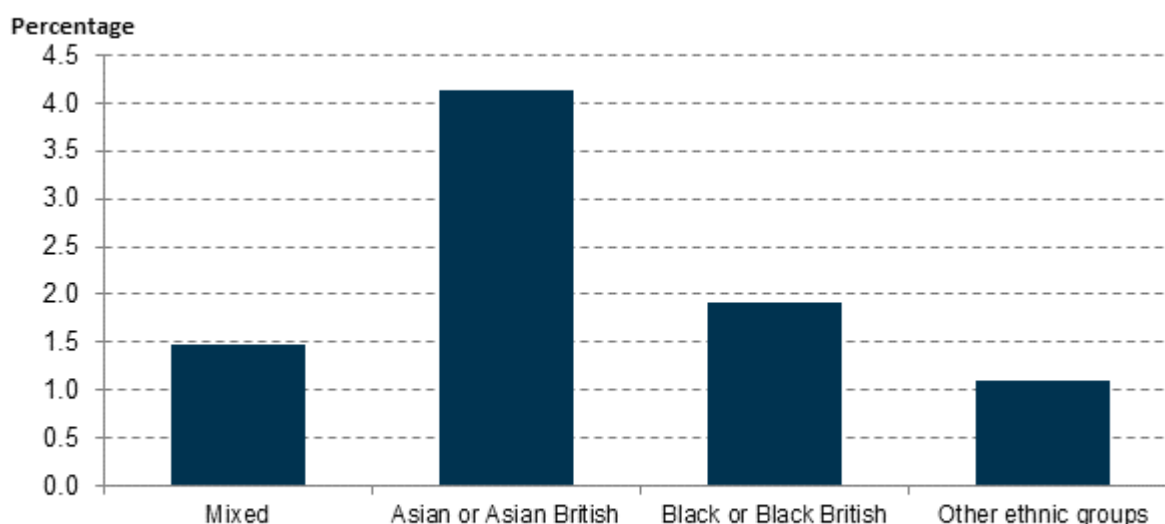
Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

## 2.2.3 Results by ethnic group

As with previous years, the majority (90 per cent) of people setting a quit date with the services were White (506,337). Among the ethnic minority groups

<sup>b</sup>, the Asian or Asian British ethnic group had the largest number of people setting a quit date (22,892) and successfully quitting (11,950). The Asian or Asian British ethnic group made up 4 per cent of all successful quitters which was the largest ethnic minority group. The success rate of those giving up smoking was highest among the Asian or Asian British group (52 per cent) which is the same as the White group. The lowest quit rate amongst the ethnic minority groups was “Other” at 34 per cent. [Table 2.5](#), [Figure 2.5](#)

**Figure 2.5 - Percentage of successful quitters in England, by ethnic minority group, 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

Figures for the White/White British ethnic category (264,764) are not presented in the chart for reasons of scale, in order to allow for differences between other ethnic categories to be visualised

<sup>b</sup> Clients from ‘ethnic minority groups’ are those in the Asian, Black, Mixed and Other categories. Those individuals whose ethnicity was unknown were excluded from all calculations relating to ethnic minority groups.

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. Only 18,175 women from minority ethnic groups set a quit date in 2013/14, compared with 35,534 men. Across all ethnic groups, women had a lower success rate than men (43 per cent and 48 per cent respectively).

Among the ethnic minority groups, Asian or Asian British men had the highest number of people setting a quit date with the services (18,480) and the highest number who successfully quit (9,711). 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 the services (5,032) and the highest number successfully quit (2,271) [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 8,252 in 2002/03 (4 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 53,709 in 2013/14 (10 per cent of all people setting a quit date) in 2013/14. Over six times as many people from minority ethnic groups set a quit date in 2013/14 compared to 2002/03.

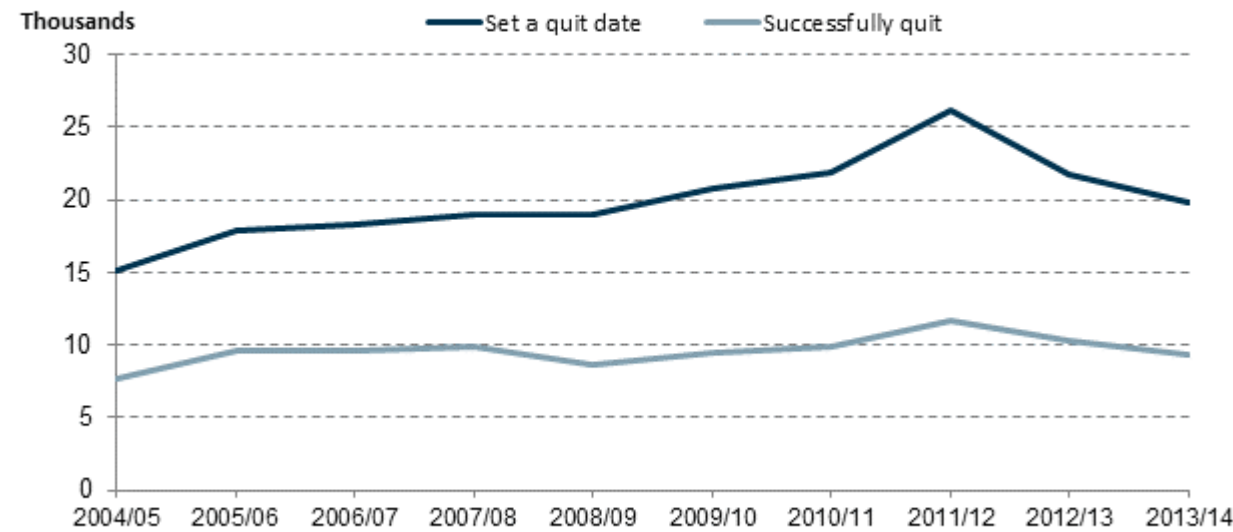
The fall of the number of people in ethnic minority groups setting a quit date is in line with the fall in the number of people setting a quit date over the last two years. [Table 2.6](#)

## 2.3 Use of services by pregnant women

In 2013/14, 19,865 pregnant women set a quit date with NHS Stop Smoking Services, compared to 21,780 in 2012/13, 26,080 in 2011/12 and 6,770 in 2002/03. This is the first time there has been a decrease in the number of pregnant women setting a quit date for two consecutive years, since NHS Stop Smoking Services (previously Smoking Cessation Services) were set up in all Health Authorities in England in 2000/01 and reflects the pattern seen for all men and women.

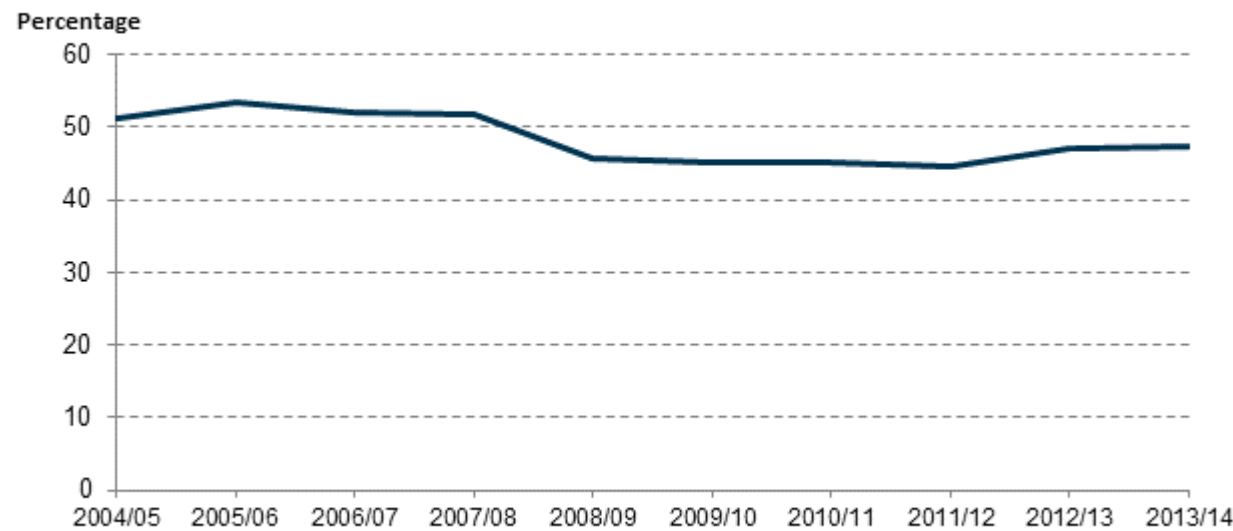
In 2013/14, 47 per cent (9,385) of pregnant women setting a quit date successfully quit, this success rate is the same as last year with the percentage of pregnant women who successfully quit ranging from 45 to 47 per cent in the last five years. The success rate peaked at 53 per cent in 2005/06. [Table 2.7](#), [Figures 2.6 and 2.7](#)

Figure 2.6 - Number of pregnant women setting a quit date and successfully quitting in England, 2004/05 to 2013/14



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

Figure 2.7 - Percentage of pregnant women successfully quitting in England, 2004/05 to 2013/14



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

## List of tables

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

- 2.1 People setting a quit date and outcome in England, 2002/03 to 2013/14
- 2.2 People setting a quit date and successful quitters in England, by quarter, 2002/03 to 2013/14
- 2.3 People setting a quit date and successful quitters in England per 100,000 population, 2002/03 to 2013/14
- 2.4 Number setting a quit date and outcome, by gender and age group in England, April 2013 to March 2014
- 2.5 Number setting a quit date and successful quitters, by ethnic group and gender in England, April 2013 to March 2014
- 2.6 People setting a quit date in England, by ethnic group and gender, 2002/03 to 2013/14
- 2.6 Pregnant women setting a quit date and outcome in England, 2002/03 to 2013/14
- 2.7 People setting a quit date and outcome in England, 2002/03 to 2013/14



## 3 Geographical patterns

### Key findings

The number of people setting a quit date with the NHS Stop Smoking Services between 2012/13 and 2013/14 decreased in all 9 regions. This is the second consecutive year all regions have shown a decrease.

In 2013/14 the North West had the highest reported number of people setting a quit date (98,967), whilst London had the highest reported number of successful quitters (44,085).

The North East region reported the highest number of people setting a quit date per 100,000 population in 2013/14 (2,023) while the South East reported the lowest number (1,036 per 100,000 population).

The success rate for pregnant women varied between Regions from 34 per cent in the North East to 58 per cent in the East Midlands.

The City of London had the highest number of people setting a quit date per 100,000 population 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, although there are concerns around the quality of their data (see Data Quality Statement for more information), followed by Blackpool Borough Council (Unitary). Borough of Poole Council (Unitary) had the lowest number of people setting a quit date per 100,000 population followed by Bury Metropolitan Borough Council and Surrey County Council.

Quit rates ranged between 17 per cent in Manchester City Council and 80 per cent in Peterborough City Council (Unitary). The next two highest quit rates were for Warrington Borough Council (Unitary) (79 per cent) and London Borough of Waltham Forest Council (77 per cent). After Manchester City Council, the next lowest is Middlesbrough Council (Unitary) (30 per cent) followed by Derby City Council (Unitary) and Redcar and Cleveland Borough Council (both 35 per cent).

### 3.1 Overall results by Region

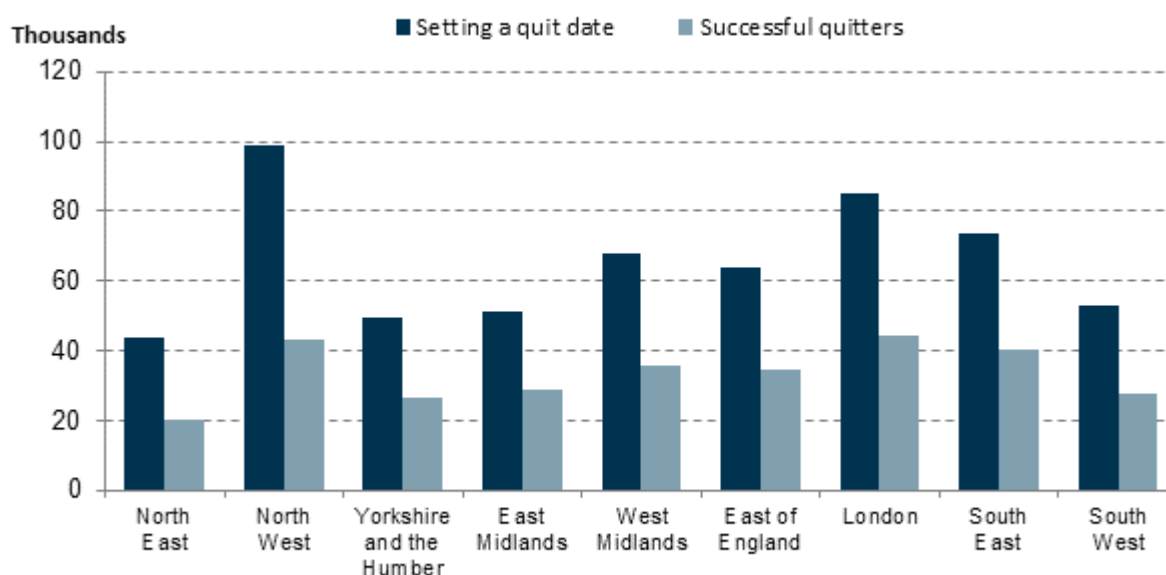
The number of people setting a quit date with the NHS Stop Smoking Services between 2012/13 and 2013/14 decreased in all 9 regions. This is the second consecutive year all regions have shown a decrease. London had the lowest percentage decrease (16 per cent) whilst Yorkshire and the Humber had the highest percentage decrease (24 per cent) in 2013/14.

All 9 Regions reported a decrease in the number of successful quitters in 2013/14 compared to 2012/13. [Table 3.1](#). Although the proportion of successful quitters rose in 5 Regions and fell in the remaining 4 Regions.

In 2013/14 the North West had the highest reported number of people setting a quit date (98,967), whilst London had the highest reported number of successful quitters (44,085).

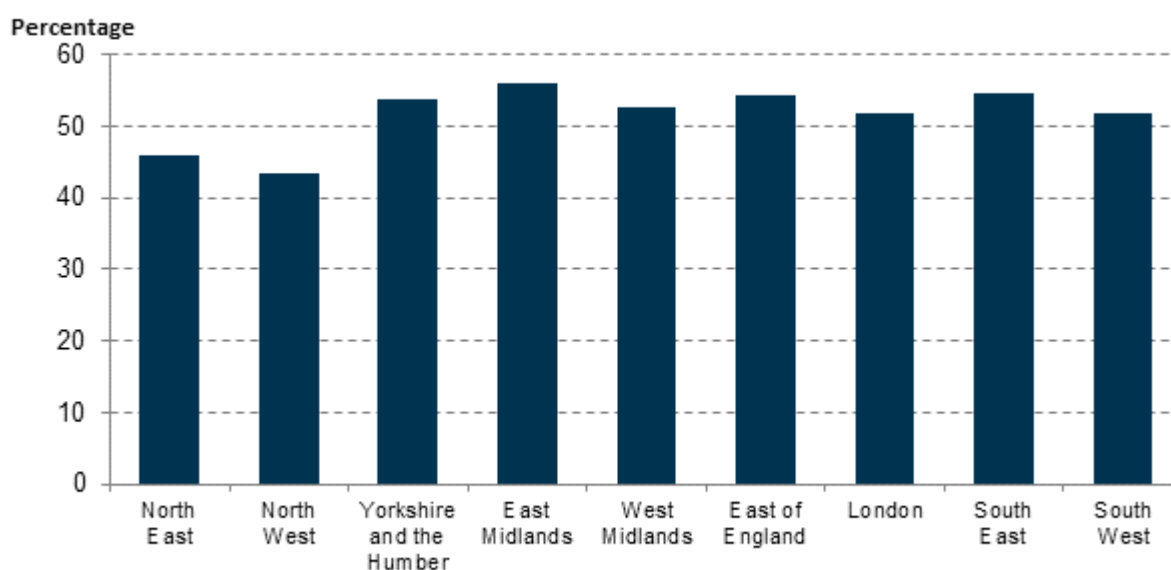
The quit rate varied between 43 per cent (North West) and 56 per cent (East Midlands). [Table 3.2](#), [Figures 3.1 and 3.2](#)

**Figure 3.1 - Number setting a quit date and successful quitters in England, by Region, 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

**Figure 3.2 - Percentage of successful quitters in England, by Region, 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

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 population is given in [Table 3.3](#).

Per 100,000 population, the North East reported both the highest number of people setting a quit date and the highest number of people who successfully quit in 2013/14 (2,023 and 932 per 100,000 population respectively). By contrast, the South East reported the lowest number of both those setting a quit date and successful quitters (1,036 and 567 per 100,000 population respectively).

To provide further comparative analyses, the most recent information on smoking prevalence from the General Lifestyle Survey (GLF)<sup>3</sup> 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 North East had the highest number of

quitters per 100,000 smokers (4,700), while Yorkshire and the Humber had the lowest (2,900). [Table 3.4](#)

The number of successful quitters confirmed by Carbon Monoxide (CO) validation was highest in London (30,896) and lowest in the North East (16,041). CO validated quitters as a percentage of clients setting a quit date varied between 23 per cent in the North West and 42 per cent in the West Midlands. However, this does not take account of telephone consultations and those not successfully followed up for other reasons. [Table 3.2](#).

Further information on the number of successful quitters confirmed by CO validation in each quarter of 2007/08 to 2013/14, by Region is provided in [Table 3.5](#).

## 3.2 Demographic Characteristics by Region

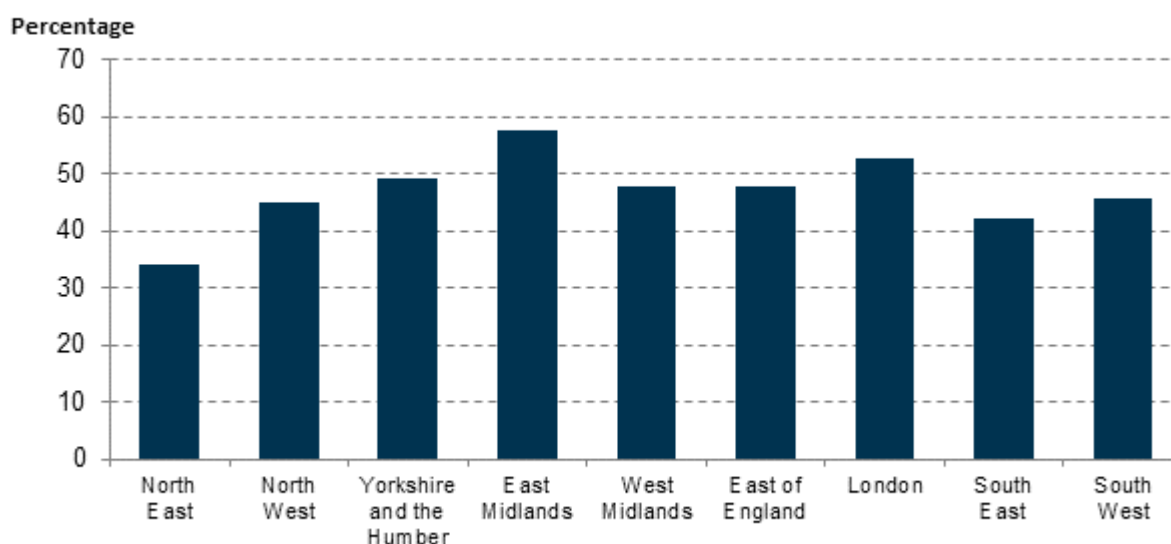
The success rate for men varied between Regions from 44 per cent in the North West to 57 per cent in the East Midlands and for women between 43 per cent in the North West to 56 per cent in East Midlands. [Table 3.6](#)

Additional information on the reported number of people setting a quit date and successful quitters, by age and Region is provided in [Table 3.7](#). When analysing figures at Region level it is important to note that Regions vary greatly in both size and structure of population.

The success rate amongst ethnic groups ('Mixed', 'Asian', 'Black' or 'Other') varied between Regions from 14 per cent in the North West (for 'Other') to 64 per cent in the South East (for 'Asian') [Table 3.8](#).

The success rate for pregnant women varied between Regions from 34 per cent in the North East to 58 per cent in the East Midlands. [Table 3.9](#) and [Figure 3.3](#)

**Figure 3.3 - Percentage of pregnant women in England who successfully quit, by Region, 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

## 3.3 Results by Local Authority

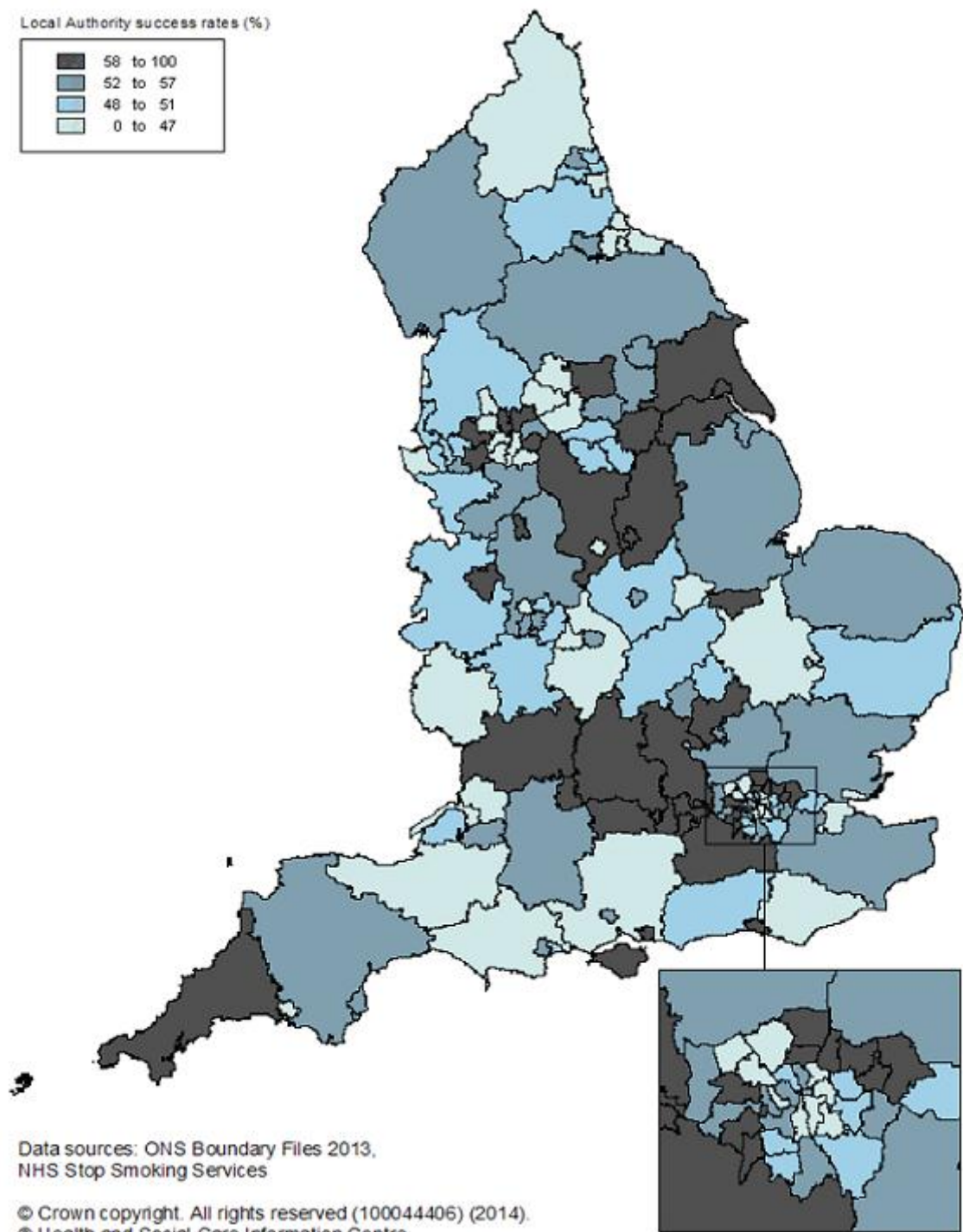
The City of London had the highest number of people setting a quit date per 100,000 population but their numbers are likely to vary year on year due to the size of the Local Authority. The next highest was in Manchester City Council, although there are concerns

around the quality of their data (see Data Quality Statement for more information), followed by Blackpool Borough Council (Unitary). Borough of Poole Council (Unitary) had the lowest number of people setting a quit date per 100,000 population followed by Bury Metropolitan Borough Council and Surrey County Council. [Table 3.10](#)

Quit rates ranged between 17 per cent in Manchester City Council and 80 per cent in Peterborough City Council (Unitary). The next two highest quit rates were for Warrington Borough Council (Unitary) (79 per cent) and London Borough of Waltham Forest Council (77 per cent). After Manchester City Council, the next lowest is Middlesbrough Council (Unitary) (30 per cent) followed by Derby City Council (Unitary) and Redcar and Cleveland Borough Council (both 35 per cent). [Table 3.10](#) and [Figure 3.4](#)

Further information on the results of the Stop Smoking Services by gender, age is provided in [Tables 3.11](#) and [3.12](#).

Figure 3.4 – Success rate of those setting a quit date, by Local Authority, 2013/14



## List of tables

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

- 3.1 People setting a quit date and successful quitters in England, by Region, 2007/08 to 2013/14
- 3.2 People setting a quit date and outcome in England, by Region, April 2013 to March 2014
- 3.3 People setting a quit date and successful quitters per 100,000 population in England, by Region, 2007/08 to 2013/14
- 3.4 People successfully quit and estimated quitters per 100,000 smokers in England, by Region, April 2013 to March 2014
- 3.5 Number of successful quitters confirmed by Carbon Monoxide (CO) validation in England, by Region, 2007/08 Quarter 1 to 2013/14 Quarter 4
- 3.6 Number setting a quit date and outcome in England, by gender and Region, April 2013 to March 2014
- 3.7 Number setting a quit date and outcome in England, by age group and Region, April 2013 to March 2014
- 3.8 People setting a quit date and successful quitters in England, by ethnic group, Region and Local Authority (LA), April 2013 to March 2014
- 3.9 Pregnant women setting a quit date and outcome in England, by Region and Local Authority (LA), April 2013 to March 2014
- 3.10 People setting a quit date and successful quitters, per 100,000 of the population in England, by Region and Local Authority (LA), April 2013 to March 2014
- 3.11 Number setting a quit date and outcome in England, by gender, Region and Local Authority (LA), April 2013 to March 2014
- 3.12 Number setting a quit date and outcome in England, by age group, by Region and Local Authority (LA), April 2013 to March 2014
- 3.13 Number setting a quit date and outcome in England, by Quarter, Region and Local Authority (LA), April 2013 to March 2014



## 4 Treatment and Expenditure

### Key findings

Just over nine out of ten people who reported they had successfully quit received pharmacotherapies in 2013/14. This has remained fairly consistent since 2008/09 (between 91 and 93 per cent).

In 2013/14, Varenicline had the highest success rate of the pharmacotherapies used to help people quit, with 62 per cent of people using it reporting they had successfully quit.

In 2013/14, 62 per cent of people setting a quit date received Nicotine Replacement Therapy only, this has fallen from a peak of 83 per cent in 2006/07.

332,128 people in England who set a quit date are eligible to receive free prescriptions and of these, 50 per cent successfully quit.

In England in 2013/14, One-to-one support was used by 82 per cent (479,571) of those setting a quit date.

### 4.1 Treatment<sup>c</sup>

Of the 586,337 people who set a quit date in 2013/14, 522,235 (89 per cent) received some kind of pharmacotherapy. Among those setting a quit date 62 per cent had received Nicotine Replacement Therapy (NRT) only, 25 per cent had received Varenicline only, 2 per cent received both NRT and Varenicline, 1 per cent Bupropion only and less than 0.1 per cent had received both NRT and Bupropion.

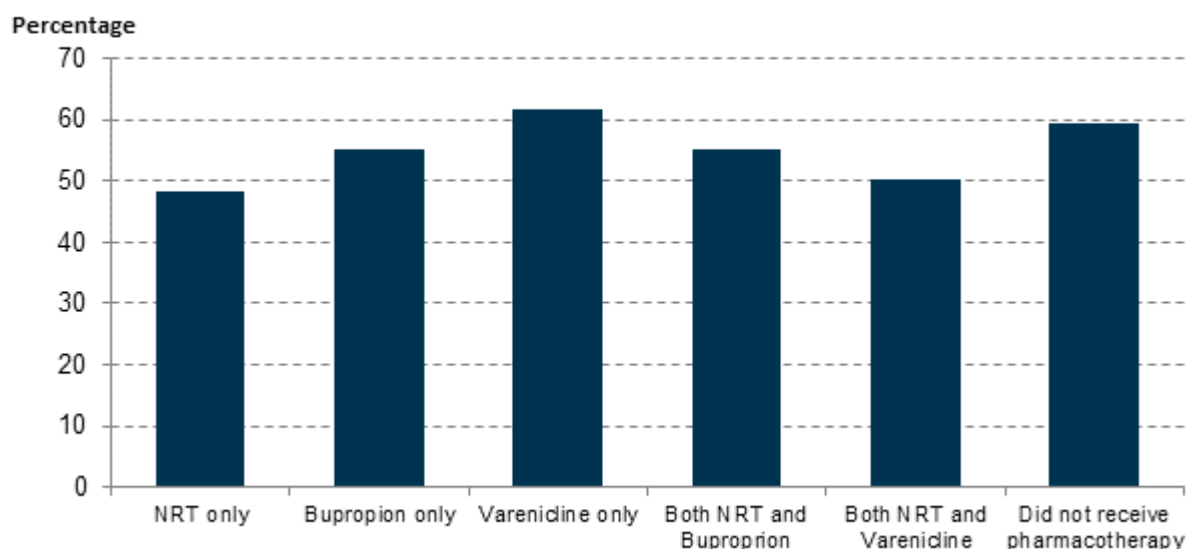
Only 6 per cent of people setting a quit date did not receive any pharmacotherapy and the treatment option was not known for the remaining 5 per cent.

Of the 300,539 people who successfully quit in 2013/14, 272,318 (91 per cent) received some kind of pharmacotherapy. In 2012/13, 346,986 (93 per cent) of successful quitters received some kind of pharmacotherapy. This has remained fairly consistent for the last five years with between 91 and 93 per cent of successful quitters receiving some kind of pharmacotherapy. Among the pharmacotherapies used in 2013/14, 58 per cent of quitters had used NRT only, 30 per cent had used Varenicline only, 2 per cent used both NRT and Varenicline, 1 per cent had used Bupropion only and 0.1 per cent had received both NRT and Bupropion. Only 7 per cent of successful quitters did not receive any pharmacotherapy and the treatment option was not known for a further 3 per cent.

Of those who used Varenicline only, 62 per cent successfully quit, compared with 55 per cent of those who use Bupropion only and 48 per cent of those who used NRT only. Over half of those (60 per cent) who did not receive any pharmacotherapy successfully quit. [Table 4.1](#), [Figure 4.1](#)

<sup>c</sup> 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 4.1 - Percentage of successful quitters in England, by type of pharmacotherapy received, 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

### 4.1.1 Trends in treatment used

In 2013/14, 62 per cent of people setting a quit date received NRT only, this has fallen from a peak of 83 per cent in 2006/07. And fallen from 80 per cent in 2004/05.

The proportion receiving Bupropion only has fallen from 11 per cent in 2002/03 to 1 per cent in the years 2009/10<sup>d</sup> to 2013/14. The proportion receiving Bupropion had already fallen to 3 per cent when Varenicline was first introduced in 2007/08 and the proportion receiving Varenicline rose from 14 per cent in that year to 25 per cent for the years 2011/12 to 2013/14.

The proportion of people who did not receive any pharmacotherapies has fluctuated between 5 to 7 per cent in the last 10 years. [Table 4.2](#)

### 4.1.2 Geographical patterns of treatment used

The use of different pharmacotherapies varied by Region. The West Midlands reported the highest proportion of people setting a quit date receiving NRT only (71 per cent), whilst the Yorkshire and the Humber reported the lowest (55 per cent).

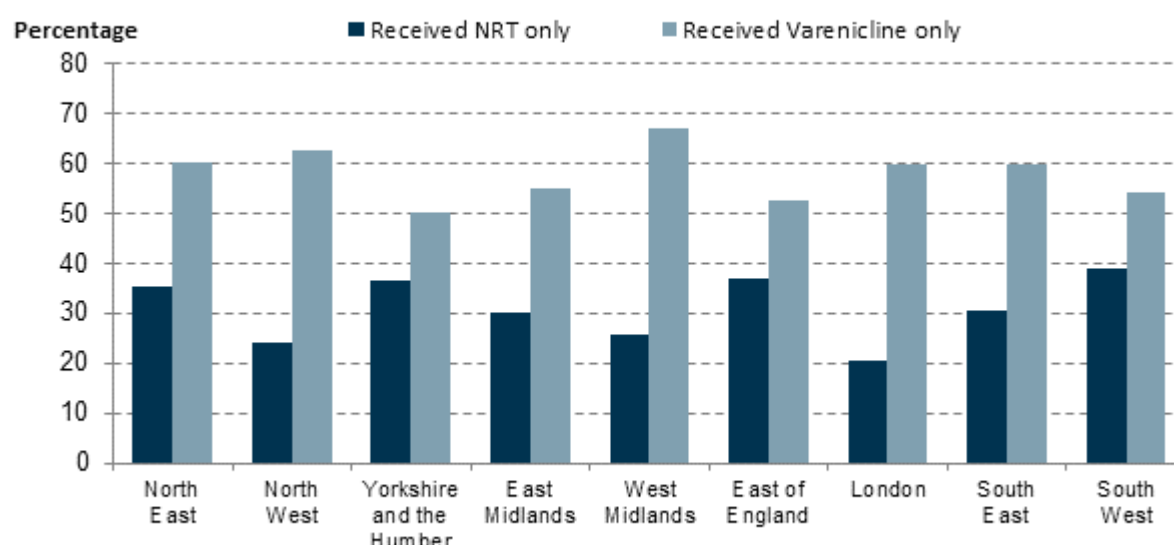
The South West had the highest proportion receiving Varenicline only (33 per cent), whilst the North West reported the lowest (17 per cent). The proportions of people receiving Bupropion only were less than 1 per cent in all nine Regions. Twelve per cent of those successfully quitting in the London region did not receive any type of pharmacotherapy compared with 3 per cent in the East of England, North East and South West.

The West Midlands reported the highest proportion of successful quitters receiving NRT only (67 per cent) and the Yorkshire and the Humber had the lowest (50 per cent). Thirty nine per cent of those people in the South West who successfully quit received Varenicline only whilst London reported only 20 per cent. Only 3 per cent of successful quitters in the South West and North East received no pharmacotherapy, whereas in London 16 per cent received no pharmacotherapy. [Table 4.3](#) and [Figure 4.2](#)

<sup>d</sup> Prescriptions for Bupropion declined after the National Institute for Health and Clinical Excellence (NICE) issued guidance in August 2007, which recommended the use of Varenicline in the NHS.



**Figure 4.2 - Percentage of successful quitters in England who received NRT only and Varenicline only, by Region, 2013/14**



Source: Lifestyles Statistics. Health and Social Care Information Centre, 2014

The proportion of those using pharmacotherapies who successfully quit varied between Regions. The South East had the highest proportion of successful quitters for those using NRT (53 per cent), whilst the North East reported the lowest (41 per cent). Yorkshire and the Humber reported the highest proportion of successful quitters using Varenicline only (68 per cent) whilst the North East and London reported the lowest success rate (58 per cent). Details for regional variations in success rates by the other pharmacotherapy options can be found in [Table 4.4](#).

## 4.2 Expenditure on NHS Stop Smoking Services

### 4.2.1 Non pharmacotherapy costs

Expenditure on NHS Stop Smoking Services in England in 2013/14 (excluding NRT, Bupropion and Varenicline prescriptions) is not being reported at a National and Region level for this year due to incomplete or missing data for seven LAs (see accompanying Data Quality Statement).

[Table 4.7](#) gives Number successfully quit (self-reported), Total expenditure and Cost per quitter at LA level for 2013/14.

### 4.2.1 Pharmacotherapy costs

332,128 people in England who set a quit date were eligible to receive free prescriptions, of these 50 per cent successfully quit. The North West had the highest number setting a quit date who were eligible to receive free prescriptions (57,387) and Yorkshire and the Humber had the lowest (28,735). Yorkshire and the Humber also had the highest percentage who successfully quit who were eligible to receive free prescriptions (53 per cent) along with the East Midlands. Whilst The North East had the lowest (44 per cent) [Table 6.2](#) (see Appendix B for more information on experimental statistics).

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 Authority. PACT covers all prescriptions prescribed by

GPs and other non-medical prescribers (excluding dentists) in England which are dispensed within the community<sup>e</sup>

- 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.
- 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 4.5](#)

## 4.3 Intervention Type<sup>f</sup>

In England in 2013/14, One-to-one support was used by 82 per cent (479,571) of those setting a quit date. Couple/Family support accounted for the lowest intervention type at less than 0.5 per cent (2,392) [Table 4.8](#).

The success rates at England level varied for the different types of intervention from 50 per cent for One-to-one support to 66 per cent for Telephone Support.

One-to-one support is the most popular intervention type at Region level. Further information at Region and LA level can be found in [Table 4.9](#).

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

<sup>f</sup> These data should not be used to assess or compare the clinical effectiveness of the various intervention types 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 intervention type with each client.

## List of tables

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

- 4.1 People setting a quit date and successful quitters in England, by type of pharmacotherapy received April 2013 to March 2014
- 4.2 People setting a quit date and successful quitters, by type of pharmacotherapy received in England, 2002/03 to 2013/14
- 4.3 People setting a quit date and successful quitters and type of pharmacotherapy received in England, by Region, April 2013 to March 2014
- 4.4 Percentage of people successfully quit in England by type of pharmacotherapy received and Region, April 2013 to March 2014
- 4.5 Prescription items and Net Ingredient Cost of pharmacotherapies prescribed by Primary Care in England, to help people quit smoking, by type of pharmacotherapy received, 2000/01 to 2013/14
- 4.6 People successfully quit, total expenditure and cost per quitter for NHS Stop Smoking Services in England, 2002/03 to 2012/13
- 4.7 People successfully quit, total expenditure and cost per quitter in England, by Region and Local Authority (LA), April 2013 to March 2014
- 4.8 Number setting a quit date in England by intervention type and quarter, April 2013 to March 2014
- 4.9 Number setting a quit date and successful quitters in England, by intervention type, Region and Local Authority (LA), April 2013 to March 2014<sup>3,4</sup>

## 5 Impact of quarterly revisions

### 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 on numbers of people setting a quit date and successful quitters

Table 5.1 shows that in 2013/14 the final figure for the number of people setting a quit date in Quarter 1 was 16 per cent higher by the end of the year than when initially submitted. The final figures for Quarters 2 and 3<sup>9</sup> were also higher by the end of the year than when initially submitted, by 11.3 per cent and 8.7 per cent respectively.

Table 5.2 shows that in 2013/14 the final figure for the number of people successfully quitting in Quarter 1 was 14.7 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 9.8 per cent and 6.9 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 Impact on expenditure data

Table 5.3 shows that in percentage terms, quarterly revisions tend to have a much smaller effect on expenditure data than on the number of people setting a quit date and successful quitters. It also shows that final expenditure figures can also be revised downwards from the provisional figure. There is no analysis of revisions during 2013/14 as 7 LAs failed to provide a full set of expenditure data so it has not been possible to calculate a national total.

As cost per quitter is affected by revisions to both the number of quitters and the expenditure data the impact of revisions can vary considerably between quarters. Therefore provisional cost per quitter estimates presented in quarters 1, 2 and 3 should be interpreted with caution.

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<sup>9</sup> Please note that the data released in quarterly NHS Stop Smoking Services publications relates to all data collected to that point in the year. The quarter 1 output relates to April to June, the quarter 2 output relates to April to September, the quarter 3 output relates to April to December and the quarter 4 output relates to April to March

## 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 on number of people setting a quit date in England, 2007/08 to 2013/14
- 5.2 Impact of revisions to quarterly data on number of successful quitters (self-report) in England, 2007/08 to 2013/14
- 5.3 Impact of revisions to quarterly data on expenditure data in England, 2007/08 to 2012/13

## 6 Review of Experimental Statistics / Data Quality

### 6.1 Introduction

Since 2008/09, a number of additional new data items have been collected including the number of people setting a quit date and the number who successfully quit at the 4 week follow-up by four different variables;

- socio-economic classification (NS-SEC)<sup>h</sup>,
- eligibility to receive free prescriptions<sup>i</sup>,
- intervention type<sup>j</sup>
- intervention setting<sup>k</sup>.

Each year since 2008/09, an assessment of the data quality of these data items has been carried out. In both 2008/09 and 2009/10, the outcome of this assessment was that all these data items would be released only at National and Strategic Health Authority (SHA) level (due to concerns over data quality at Primary Care Trust (PCT) level), and classed as experimental statistics<sup>l</sup>.

In 2010/11 the data quality for 'intervention type' was determined to be sufficiently robust to be released at PCT, as well as SHA and National level and the experimental statistics status of this data, which it held in 2008/09 and 2009/10, was removed.

For 2013/14 data collected for these data items (socio-economic classification, eligibility to receive free prescriptions and intervention setting) has been published for the first time at National, Region and LA level and continues to be labelled as experimental statistics. National, Region and LA level data is contained within this chapter and focuses on clients setting a quit date.

### 6.2 Data quality report

Table 6.1 shows the data quality report for the socio-economic (NS-SEC) classification, intervention type and intervention setting data items. Data quality indicators for these items have been constructed by calculating the percentage of clients where NS-SEC was recorded as 'unable to code', the percentage where intervention type was recorded as 'Other' and the

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<sup>h</sup> Socio economic classification has been determined by smoking cessation advisors using a methodology adapted for use in Smoking Cessation Services. Whilst this is similar to the National Statistics Socio-Economic Classification (NS-SEC) categories as defined by the Office of National Statistics (ONS) these groups may not map directly to them due to the simplified way in which the data are collected. <http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/soc2010-volume-3-ns-sec--rebased-on-soc2010--user-manual/index.html>

<sup>i</sup> Criteria for clients to qualify for free prescriptions maybe found at the following web link:

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

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

<sup>j</sup> Intervention type definitions: Closed group – a structured multi-session group course with pre-arranged start and finish dates and a pre-booked client group. Open groups - fluctuating membership that 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 the telephone.

<sup>k</sup> Intervention settings include all main settings in which people can access the NHS Stop Services. These include amongst others: Primary Care, pharmacies, prisons, hospital wards and dental practices.

<sup>l</sup> Experimental statistics are statistics that are undergoing evaluation. They are in the testing phase and have not yet been fully developed.

percentage where intervention setting was recorded as 'Other'. For both NS-SEC and intervention type, the data quality indicator has been colour coded as red, amber or green for every LA according to the classification scheme set out.

The intervention setting data quality indicator has not been colour coded as the return forms completed by LAs do not at present provide an explicit category for certain common settings to be recorded under. These include workplaces, maternity and mental health settings. Given the importance of recognising activity in priority settings, amendments to the return form to incorporate these additional settings will be introduced for the first time in the 2014/15 monitoring return.

This will then facilitate the colour coding of the intervention setting data quality indicator in the future and should serve to allow the removal of the experimental statistics badge at the earliest opportunity.

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

## 6.2.1 Socio-economic classification (NS-SEC)

Nationally, there was an improvement in the NS-SEC data quality indicator (percentage unable to code) between 2008/09 (33.9 per cent) and 2011/12 (12.8 per cent), this indicator rose to 14.8 per cent in 2012/13 and has subsequently fallen to 13.8 per cent in 2013/14.

In 2013/14, the majority (101 out of 152) of LAs were colour coded green, showing a percentage of clients with an unknown NS-SEC, equal to or less than the England level. 35 LAs coded amber, with the percentage up to twice the England level and 16 LAs were coded as red, with over double the England level for missing records [Table 6.1](#).

## 6.2.2 Intervention setting

In 2013/14 there were 3.4 per cent of clients setting a quit date recorded under 'Other' for intervention setting [Table 6.1](#). This is a slight improvement on 2012/13 (4.0 per cent), 2011/12 (4.2 per cent) and 2010/11 (3.7 per cent). This is about the same level as 2009/10 (3.4 per cent) and 2008/09 (3.5 per cent).

The intervention setting data quality indicator has not been colour coded as the return forms completed by LAs do not at present provide an explicit category for certain common settings to be recorded under. These include workplaces, maternity and mental health settings.

The current omission these common settings means there is no way for the HSCIC to fully assess the quality of these data, as it is not possible to distinguish between use of the 'Other' category due to the omission of these categories and use of 'Other' because these data are missing or unknown. This will change in the 2014/15 data collection.

This will then facilitate the colour coding of the intervention setting data quality indicator in the future and should serve to allow the removal of the experimental statistics badge at the earliest opportunity.

## 6.2.3 Intervention type

In 2013/14, only 1.5 per cent of clients setting a quit date were recorded under 'Other' for intervention type, this is an increase on the years 2012/13 and 2011/12 (0.5 per cent). The majority of LAs were colour coded green (130 out of 152) showing a percentage of clients



with an unknown Intervention Type, equal to or less than the England level. Six were coded amber, with the percentage up to twice the England level and 16 were coded red, with over double the England level for missing records [Table 6.1](#). The intervention type data therefore remains sufficiently robust for this to be released at LA, as well as Region and National level. This data can be found in Chapter 4 of the report. [Table 4.7](#)

## 6.2.4 Eligibility for free prescriptions

Data is only collected for those people eligible to receive free prescriptions and no information is collected where the eligibility is unknown. Therefore, it is not possible to construct a corresponding data quality indicator.

## 6.3 National and Region

[Table 6.3](#) contains information on the number of people setting a quit date through the NHS Stop Smoking Services, the number of successful quitters and success rates in each socio-economic category and by eligibility to receive free prescriptions in England. [Table 6.2](#) presents a breakdown by Region and LA of those eligible to receive free prescriptions. [Table 6.4](#) presents information for each Region and LA, by socio-economic classification.

Information on the number of people setting a quit date in each of the NHS Stop Smoking intervention settings at Region and LA level is provided in [Table 6.5](#)

[Table 6.6](#) presents the number of people setting a quit date, the number of successful quitters and success rates for each listed NHS Stop Smoking Services intervention setting at Region and LA level.

[Table 6.7](#) gives the number of people setting a quit date through the NHS Stop Smoking Services, the number of successful quitters and success rates by intervention type and setting at National level. Additional information is available in the main body of the report, on the number of people setting a quit date, the number of successful quitters and the success rate - by intervention type and quarter in England [Table 4.8](#) and by Region and LA [Table 4.9](#) as these are no longer classed as experimental statistics.

[Table 6.8](#) presents the number of people setting a quit date through the NHS Stop Smoking Services, the number of successful quitters and success rates by type of pharmacotherapy received at Region and LA level.



## List of tables

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

- 6.1 Data Quality Report for NHS Stop Smoking Services 2013/14
- 6.2 Number setting a quit date and successful quitters in England, for those eligible to receive free prescriptions, by Region and Local Authority (LA), April 2013 to March 2014
- 6.3 Number setting a quit date and successful quitters in England, for those eligible to receive free prescriptions, by socio-economic classification April 2013 to March 2014
- 6.4 Number setting a quit date and successful quitters in England, by socio-economic classification, Region and Local Authority (LA), April 2013 to March 2014
- 6.5 Number of people setting a quit date in England, by intervention setting and quarter, April 2013 to March 2014
- 6.6 Number setting a quit date and successful quitters in England, by intervention setting, Region and Local Authority (LA), April 2013 to March 2014
- 6.7 Number setting a quit date and successful quitters in England, by intervention type and setting, April 2013 to March 2014
- 6.8 People setting a quit date and successful quitters in England by type of pharmacotherapy received, Region and Local Authority (LA), April 2013 to March 2014

## Appendix A: Government policy and targets

### Introduction

Tobacco use remains one of the government's most significant public health challenges, and causes over 80,000 premature deaths in England each year<sup>4</sup>.

The White Paper, *Healthy lives, Healthy people: Our strategy for public health in England*<sup>5</sup> sets out the Government's commitment to improving public health in communities across England. The White Paper promised a new plan for tobacco control in England.

The Government published its Tobacco Control Plan, *Healthy lives, Healthy people: A Tobacco Control Plan for England*<sup>6</sup> on 9 March 2011. An academic review of the evidence of the impact of the smoke-free legislation in England<sup>7</sup> was also published alongside the Tobacco Control Plan.

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

- From 21.2 per cent to 18.5 per cent or less among adults;
- 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).

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

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

The Medicines and Healthcare products Regulatory Agency (MHRA) announced on 12 June 2013<sup>8</sup> that the Government will press for a requirement for licensing of nicotine containing products (NCPs), including electronic cigarettes, as medicines, throughout Europe. This position was reached following a public consultation and further scientific and market research into the safety and quality of the unlicensed products, including how they are used. This has helped the Government conclude that by regulating electronic cigarettes and other NCPs as medicinal products, it can ensure that high-quality products can be made available to help support smokers to cut down their smoking and to quit.

To achieve this, the UK government supports the European Commission's Tobacco Products Directive<sup>9</sup> on the regulation of NCPs which came into force on 19<sup>th</sup> May 2014 and encourages applications for medicines licenses for NCPs already on the market.

A range of tobacco control legislation has been introduced in recent years including; smoke-free legislation; raising the age of sale for tobacco products from 16 to 18 years; increased

retailer sanctions against those that sell to under aged smokers; ending tobacco advertising, promotion and sponsorship; the introduction of picture warnings on all tobacco products, making sales from vending machines illegal and ending the permanent open display of tobacco products in supermarkets (with small shops to follow in 2015). The proposal to make smoking in cars carrying children illegal planned for 2015.

These interventions have contributed to an improvement in public health and awareness of the dangers of smoking and exposure to second-hand smoke.

There has been a significant decline in smoking in recent decades as well as a shift in public attitudes towards smoking. Since the early 1970's, there has been a marked decline in smoking prevalence. Today only around one in five adults smoke cigarettes and seven out of ten smokers say they want to quit. However, whilst smoking uptake in children has been declining, in 2011 an estimated 140,000 young people aged 11-15 reported regularly smoking, and each year in England an estimated 207,000<sup>18</sup> young people under the age of 16 try smoking for the first time. Around two thirds of Smokers say they started smoking before the age of 18.

## Public Commitments

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

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

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

## NHS Stop Smoking Services

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

Following a change in the guidance in December 2005, Nicotine Replacement Therapy (NRT) was made available for the first time to adolescents over 12 years, pregnant or breast feeding women and patients with heart, liver and kidney disease. In September 2006, the European Commission approved Champix, generic name *Varenicline*, as a new pharmacotherapy to help adults quit smoking. The National Institute for Health and Clinical Excellence (NICE) issued guidance in, recommending the use of Champix as an aid to stopping smoking in the NHS<sup>10</sup>.

## Appendix B: Technical notes

### Background

NHS Stop Smoking Services (previously Smoking Cessation Services) were launched in Health Action Zones<sup>m</sup> 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 the annual report when all quarterly data are finalised.

In March 2011, updated guidance<sup>12</sup> 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 guidance<sup>13</sup> 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 will be collected and reported at LA and Region level rather than by PCT and SHA. The data in this report reflect this change.

From 2013/14 data will continue to be collected using a web-based tool (for LAs instead of PCTs) which will provide much 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 are collected as part of the current collection:

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

The reasons for collecting these data are expanded upon below:

**Intervention type and setting data** - The report 'No ifs, no buts'<sup>11</sup> 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

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

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 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.

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

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

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

**Number who received NRT and Champix (Varenicline) consecutively** - This new combination of smoking cessation aids is 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.

## 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 mandatory<sup>14</sup>.

## Experimental Statistics

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

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

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

## Appendix C: Further information

This annual report draws together statistics on NHS Stop Smoking Services for the year 2013/14. The next annual report will be published in 2015. Provisional publication dates for 2014/15 publications are listed below:

- October 2014 - Statistics on NHS Stop Smoking Services, April 2014 to June 2014
- January 2015 - Statistics on NHS Stop Smoking Services, July 2014 to September 2014
- April 2015 - Statistics on NHS Stop Smoking Services, October 2014 to December 2014
- August 2015 - Statistics on NHS Stop Smoking Services, April 2014 to March 2015

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 or if there are any questions concerning data in this publication or questions for further information, please contact us:

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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](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>



## 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 four week follow-up. CO monitoring would not be undertaken where follow-up was carried out by telephone.
3. **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 2011/12<sup>12</sup>.
4. **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.

5. **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<sup>16</sup>.
6. **Population** – Population data is used in this report to provide rates per 100,000 population. Population estimates for end June 2013 which have been used.
7. **Prescriptions dispensed** - Prescription data available in this bulletin are not routinely available<sup>17</sup>. This information was obtained from the Prescribing Analysis and Cost tool (PACT) system, which covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included.

Prescriptions written in hospitals/clinics that are dispensed in the community, prescriptions dispensed in hospitals, dental prescribing and private prescriptions are not included in PACT data. It is important to note this as some British National

Formulary (BNF) sections have a high proportion of prescriptions written in hospitals that are dispensed in the community.

Nicotine Replacement Therapies (NRTs) are not prescription only, so 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.

- 8. 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.
- 9. 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.
- 10. Support** - Advisers normally offer weekly support for at least the first four weeks of a quit attempt: this may be by telephone where appropriate.
- 11. Varenicline (Champix)** - Champix, generic name Varenicline, is a prescription pill designed to help smokers stop smoking. Varenicline works primarily in two ways. Firstly, it reduces the smoker's craving for nicotine by binding to nicotine receptors in the brain and reduces the symptoms of withdrawal. Secondly, it reduces the satisfaction a smoker receives when smoking a cigarette. It is taken orally.  
  
The European Commission approved Varenicline on 29 September 2006 as a pharmacology to help adults quit smoking, based on the results from clinical trials. In trials, 44 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.
- 12. 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.
- 13. 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.



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