

NHS Smoking Cessation Service Statistics (Scotland)

1st January to 31st December 2011

1. Introduction

This report provides an analysis of **NHS smoking cessation services uptake and outcomes during the calendar year 1st January to 31st December 2011**. The information presented is taken from the agreed national minimum dataset for smoking cessation services, developed by PATH (Partnership Action on Tobacco and Health), part of ASH (Action on Smoking and Health) Scotland. Statistics are **based on 'quit attempts' made** during the year (**data recorded as at 2nd April 2012**).

This is **the sixth annual release of statistics from the minimum dataset monitoring in Scotland**. The national cessation monitoring analyses produced by ISD are used to provide vital evidence of the reach and success of NHS smoking cessation services in Scotland.

The primary source of the data is the National Smoking Cessation Database. The database was established by ISD Scotland in July 2005 to capture the minimum dataset information plus additional local data items and to provide local functionality such as statistical reports. It is a web-based database, accessible at present only over the NHSNet and has over 300 registered users across Scotland. **The second data source, in the case of Greater Glasgow & Clyde NHS board, is local information systems**.

A copy of the national minimum dataset is included at Appendix 1. and at Appendix 2. a definition of the services to be included in the national monitoring. Further background to the national monitoring and national database is available on the [ASH Scotland web site](#).

2. Statistics included in the report

Presented in this report are statistics, for NHS board areas in Scotland, on **quit attempts made/quit dates set** during the 2011 calendar year. Included also are **quit outcomes based on client follow-up at one month and three months after the quit date**. The three month follow-up findings are for quit dates set during the first nine months of the year as data for the last quarter are incomplete.

The statistics are based on the 2011 calendar, rather than financial, year in line with previous national monitoring reports. Wherever possible, 2010 comparisons are included. These are based on revised 2010 figures (figures have been revised since the May 2011 publication to take account of late receipt of data). The publication of the annual report was moved from the end of March to the end of May in 2009, to improve data completeness. Even with the change of date, **2011 figures are expected to rise in future due to late receipt of data from some pharmacy services**.

This sixth national report replicates the analyses produced last year. It also includes for the first time statistics on quit attempts made, and one month quit outcomes, using 'group support'. These can be either 'closed' groups where participants join on the same date and attend for a set period, or 'open/rolling' groups where participants can join and leave at any time (so may include people at different stages of their quit attempt).

December 2007 saw the publication of a series of new [HEAT targets for the NHS](#). One of these was 'Through smoking cessation services, support 8% of each NHS Board's smoking population in successfully quitting (at one month post quit) over the period 2008/09 to 2010/11'. The target was measured through a separate target monitoring process, using data from the national cessation services monitoring and national database. [Final data on performance against the target](#) was published in September 2011.

From 1st April 2011, there is a [successor smoking cessation HEAT target](#) for 2011/12 to 2013/14 which has an explicit focus for the first time on the inequalities disparity evident in smoking rates between the least and the most deprived communities. The target is 'To deliver at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most deprived within-Board SIMD areas over the three years ending March 2014'. This May 2012 annual report includes statistics on successful 'self reported' one month quits by SIMD (Scottish Index of Multiple Deprivation), by board.

3. Warnings on comparing data across NHS board areas

Care should be taken in comparing data across NHS board areas. The figures presented here show wide variation in uptake rates and quit rates across boards. There may be a number of explanations for this. **There are, for instance, variations in the types of services provided in different boards.** Evidence suggests that service setting has an impact on quit rates (Bauld et al, 2009 and 2011^{1 2}). In some board areas clients of specialist smoking cessation services account for the majority of records, whilst in others most of the data comes from pharmacy services. Areas with an above average percentage of cases coming from pharmacies (which will tend to see large numbers of people), such as Greater Glasgow & Clyde, may have amongst the highest annual service uptake rates. Meanwhile, those where most of the data are coming from specialist cessation services (relatively fewer clients seen, but more intensive support provided), may have amongst the highest percentage quit rates.

There is evidence too, across Scotland, of data under-recording in relation to pharmacy cessation services (for example, as a result of non-submission of minimum dataset forms, late submission of forms or forms poorly completed). Data collection problems within the national pharmacy smoking cessation scheme are now being addressed centrally by Scottish Government Public Health and Primary Care colleagues, in conjunction with ISD Scotland and Practitioner Services Division (PSD) of NHS National Services Scotland, alongside continuing efforts locally in NHS boards. [A review was carried out in 2011 to assess the effectiveness and value for money of the Pharmacy Public Health Service smoking cessation and emergency hormonal contraception services](#) which resulted in several recommendations for improvements to the service. A national advisory group on pharmacy smoking cessation has been created to provide greater strategic integration and oversight and will take forward the recommendations of the review in order to refine and improve the service offered to clients and ensure that data are collected more efficiently.

Quit rates are calculated as the number of records where the client self-reported as 'not smoked, even a puff, in the last two weeks' (one month follow-up) or 'smoked up to five cigarettes since one month follow-up' (three and 12 month follow-up) as a percentage of total quit attempts made/quit dates set. This approach follows [the Russell standard](#), a well validated

approach to measuring outcomes from smoking cessation interventions (West et al, 2005³).

As the denominator (as it is in the English quit rate calculations) is total quit dates set, this means that **where there are large numbers of cases 'lost to follow-up'/smoking status unknown this will greatly lower the percentage quit rate.** In Scotland, the percentage of cases 'lost to follow-up'/unknown at one month (note: the English monitoring does not include three or 12 month follow-up) is higher than the English findings. There are also NHS boards in Scotland with particularly high percentages of cases 'lost to follow-up'/unknown. **Care should be taken though in making direct comparisons between the Scotland and England one month quit rates.** There may be differences, for example, in the types of services included in the English monitoring, or the profile of clients seen in services.

Included in the report are statistics on CO validated quits¹, as well as self-reported quits, although care should be taken in interpreting these as there remain variations across the country in the proportion of cases where CO validation has been attempted.

4. Additional data warnings/data limitations

As noted above, the **data presented in this report are based on 'quit attempts' made/quit dates set during the year.** This will not include referrals or initial contacts where the client did not go on to set a quit date, or 'relapse prevention' support.

Figures are based on total quit attempts, rather than total number of clients with a quit attempt, so could include repeat quit attempts for the same client.

5. Analysis Findings

Quit attempts made

- **There were a total of 108,269 quit attempts made/quit dates set in the 12 months from 1st January to 31st December 2011** (data recorded on the national database, as at 2nd April 2012, combined with data supplied from local information systems in Greater Glasgow & Clyde). **This compares with 83,925 quit attempts in the previous calendar year (revised 2010 figures), representing an increase of 24,344 (or 29.0%), see Table 1.** In 13 out of 14 NHS boards numbers were up on 2010, the exception being Western Isles.
- **The revised 2010 figure for the total number of quit attempts made (83,925) represents an increase of 4,253 (5.3%) on the previously published figure of 79,672.** As noted above, there are recognised difficulties with the late submission of data from some pharmacies.
- **With regard to monthly quit attempts made, numbers were highest in January (11,895), followed by March (11,460), then February (10,345), see Figure 1. The start of the year is traditionally the most popular time for people to attempt to quit, e.g. New Year's**

¹ Carbon monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco.

resolution. Note: figures for the latter months of the year are expected to increase in future due to delays in receipt of data.

- **An estimated 10.4% of the adult smoking population made a quit attempt with an NHS smoking cessation service between 1st January and 31st December 2011 (8.0% in 2010).** This is calculated as - total quit attempts made/quit dates set as a percentage of total smokers (Scottish Household Survey estimate, 2009/2010). NHS board smoking prevalence figures have been calculated on the combined Scottish Household Survey (SHS) data for 2009 and 2010 as the sample sizes for smaller boards are too small when based on a single year and lead to large fluctuations in prevalence rates, which may be misleading. Note: the 2010 figures have been recalculated using the 2009/2010 SHS data and mid-2010 populations (previously published figures were based on the 2007/2008 surveys and mid-2009 populations).
- **Service uptake rates ranged from 3.7% in Western Isles and 4.1% in Orkney, to 12.5% in Greater Glasgow & Clyde and 14.0% in Lanarkshire.** There are differences in the types of services provided in different areas. For some areas the majority of records are from specialist smoking cessation services. For others the majority of records are from pharmacies (larger numbers of people seen, but less intensive support).
- **Included also are statistics on quit attempts made by CHP/CHCP area².** These are based on the client's area of residence. Using Scottish Household Survey estimates (2009/10) of smoking population in these areas, estimates have been made of service uptake rates for CHPs/CHCPs. **The highest rates were found in West Dunbartonshire, North Lanarkshire and East Dunbartonshire with 14.3%, 14.6% and 14.6% of estimated total adult smokers respectively, Table 2.** Note: the CHP/CHCP area of the client may differ from the area in which they receive cessation support (e.g. a client attending a service in Lothian, but resident in Borders).

Quit attempts made – client profile

- **Fifty-nine per cent of quit attempts were by females and 41% males (the same percentages as in 2010), Figure 2.** Given that adult smoking rates for males and females are similar (26% for males and 23% for females, from the 2009/2010 Scottish Household Surveys) this demonstrates a higher service uptake rate for women. Comparable figures for England (The NHS Information Centre, 2012⁴) were 53% females and 47% males.
- **The under 25s age group accounted for 11% of quit attempts made; 25-34s 20%; 35-44 23%; 45-59 30%; 60 years plus 16% and 'unknown' <1%, see Figure 3.** Meanwhile, according to the 2009/2010 Scottish Household Surveys, the highest smoking prevalence (at 30%) was in the 25-34s age group, followed by the 35-44s (29%).
- **For 87% of quit attempts the client's ethnic group was 'White-British'; 'White-Other' 2%; 'Other Ethnic Group' 1% and 'unknown' 11%, see Figure 4.** Note: according to the 2001 Census minority ethnic groups formed 2.0% of the Scottish population. Smoking prevalence data by ethnic group are not available from the Scottish Household Survey.

² Community Health Partnership/Community Health and Care Partnership Area.

- **Eighty-six per cent of quit attempts were for people living in urban areas, 13% rural areas³ and 1% 'unknown', Figure 5.** According to the Scottish Government Urban Rural Classification 2009-2010, 82% of Scotland's population is living in urban areas and 18% in rural areas. Scottish Household Survey smoking prevalence estimates (which reveal relatively higher smoking prevalence in urban areas) suggest that 85% of smokers in Scotland are in urban areas and 15% in rural areas.
- **An analysis of quit attempts made by SIMD 2009 deprivation category shows the largest numbers to be in the most deprived categories and the smallest in the least deprived.** Similarly, Scottish Household Survey estimates (2009/2010) reveal the largest numbers of smokers in Scotland, and highest smoking prevalence, to be in the most deprived areas, Figure 6⁴. Those living in the most deprived communities (equivalent to SIMD 1-2, Figure 6) account for an estimated 31% of adult smokers in Scotland and they accounted for 37% of quit attempts made in NHS cessation services in 2011 (37% in 2010, revised 2010 figure). Note: excludes cases where SIMD was 'unknown'. Please see also Appendix 4. 'Supplementary Tables' (Tables A and B) for NHS board breakdowns. Please note that the NHS board tables are based on 'within board' SIMD deprivation deciles, rather than all-Scotland level, so for example, the figures in deprivation deciles 1-2 in Shetland NHS board represent the two most deprived deciles 'within Shetland' whilst deciles 1-2 in Greater Glasgow & Clyde represent the two most deprived deciles 'within Greater Glasgow & Clyde'. This is in line with the current HEAT target for smoking cessation services, which is based on 'within board' deprivation.
- **There were a total of 2,700 quit attempts made by pregnant women in 2011. This compares with 1,846 in 2010 (revised 2010 figure), an increase of 854 or 46.3%. An estimated 25% of all women smoking during pregnancy⁵ attempted to quit using NHS cessation services in 2011, see Table 3.** Note: the figure of 25% is based on an estimate of 10,784 women smoking in pregnancy in the year ending 31st March 2010 (provisional figure), the most recent year for which data are available. Please see also Table C. of the 'Supplementary Tables' in Appendix 4. for NHS board breakdowns (note: this includes an estimated 32% of pregnant smokers attempting to quit using NHS

³ Based on the Scottish Government Urban Rural Classification 2009-2010.

⁴ The SIMD (Scottish Index of Multiple Deprivation) 2009 '10 deciles' classification has been calculated using data zone information (converted from the client's full postcode, which is part of the national minimum dataset). Scottish Household Survey (SHS) estimates (2009/2010) of the number of smokers by SIMD are based on SIMD 2009 and mid-2010 populations.

⁵ Based on [SMR02](#) (Scottish Morbidity Record) estimates of the number of pregnant women smoking at antenatal booking (year ending 31st March 2010, provisional figures). In recent years there have been concerns about the completeness and quality of the SMR02 data. There is considerable pressure on women not to smoke during pregnancy and it is anticipated that some women may not be completely truthful when describing their smoking behaviour at the booking clinic. The level of 'not known' increased from 5.0% in 1995 to 10.7% in 2010 and may include a proportion of smokers. This is an improvement on 2009, when 'unknowns' accounted for 14.2% of cases.

cessation services in Greater Glasgow & Clyde and an estimated 38% in Tayside). Please refer also to footnote 2. at Table C for details of service changes in Greater Glasgow & Clyde between 2010 and 2011.

Quit attempts made – pharmacy smoking cessation services and other NHS cessation services

- In 2011, pharmacy smoking cessation services accounted for the majority of quit attempts made in NHS cessation services in Scotland. This follows the introduction of the new Public Health Service (PHS) contract for pharmacy smoking cessation services at the end of August 2008. Pharmacies tend to see a larger number of clients, but have relatively lower percentage quit rates than, for example, specialist cessation services which provide more intensive support. **Nationally, in 2011, the split was 70% of quit attempts made in pharmacies and 30% in non-pharmacy services (this compares with 64% and 36% in 2010, based on revised 2010 figures).** The comparable figures for England (April to December 2011 quit dates) were 18% of quit attempts made in pharmacy services and 82% in non-pharmacy services. **For Greater Glasgow & Clyde, Ayrshire & Arran and Grampian between 82% and 87% of all quit attempts were in pharmacies,** see Table 4.

Quit attempts made – pharmacotherapy used

- **The majority of quit attempts, 91,011 or 84%, involved the use of 'NRT (Nicotine Replacement Therapy) only', of which 56,758 cases were 'NRT–single product', 34,057 'NRT–more than one product' and 196 cases 'NRT–not specified whether single or more than one product'. In 2011, 31% of all quit attempts involved the use of 'NRT only-more than one product' (an increase from 17% in 2010).** A further 9,178 quit attempts (8%) were made using 'varenicline'; 'NRT and varenicline' (i.e. change in product) 393 (<1%); 'bupropion' 230 and 'NRT and bupropion' (change in product) 22. There were also 1,422 quit attempts (1%) recorded as pharmacotherapy 'none' and 6,013 (6%) pharmacotherapy 'unknown', Figure 7. See Appendix 4. 'Supplementary Tables' (Table D) for NHS board breakdowns. Comparable figures for England (April to December 2011) were: 64% of quit attempts 'NRT-only'; varenicline 26%; none 4%; 'unknown' 3% and 'other' 3%.

Quit attempts made in non-pharmacy services – use of group support

- **Included for the first time this year are data on quit attempts involving the use of group support ('closed' or 'open/rolling' groups).** These data are based on quit attempts in non-pharmacy services as pharmacy services provide only one-to-one support. **In Scotland in 2011, 45% of all quit attempts in non-pharmacy NHS cessation services involved the use of group support,** ranging from 0-10% use of group support in some of the island and rural mainland boards to 80% in Lanarkshire and 85% in Grampian, Table 5. Two thirds (66%) of group support cases were 'open/rolling' groups. Please note that quit attempts may involve a combination of group and one-to-one support.

Quit outcomes at one month after the 'quit date'

- **Of the 108,269 quit attempts made between 1st January and 31st December 2011, 40,857 were recorded as a successful quit at one month after the 'quit date'.** This figure is based on client self-reported

'not smoked, even a puff, in the last two weeks'. Follow-up may have been undertaken 'face to face', by telephone or by letter/written questionnaire. **Of the remaining 67,412 cases 19,357 had smoked in the last two weeks and 48,055 were 'lost to follow-up'/unknown**, see Table 6. The latter will include a small proportion of cases (around 1% of the total) where client did not consent to follow-up or client had died. More commonly 'lost to follow-up'/unknown will be due to failure to make contact with the client/non-return of follow-up questionnaire; or more administrative factors such as late receipt of initial quit attempt information (i.e. not received in time to conduct one month follow-up); or follow-ups not undertaken or not recorded. **The total of 40,857 one month quits (self-reported) in 2011 represents an increase from 32,857 in 2010 (revised 2010 figures), up exactly 8,000 or 24.3%.**

- **The Scotland percentage quit rate at one month (self-reported) was 38%, with 18% still smoking and 44% 'lost to follow-up'/smoking status unknown. This compares with a 39% quit rate (self-reported) in 2010 (revised 2010 figures).** The most recent English monitoring figures show a one month percentage quit rate of 48%, with 27% still smoking and 25% 'lost to follow-up'/unknown, Table 6. As noted earlier, care should be taken in making direct comparisons between the Scotland and England one month quit rates.
- **As with service uptake, there was wide variation across the country in one month quit rates. The highest quit rates (self-reported) were 65% in Western Isles, 50% in Ayrshire & Arran and 49% in Orkney (note: small numbers for the latter),** see Table 6. Differences in the types of services provided is likely to influence this (e.g. support provided by pharmacies is less intensive than that offered by specialist services, so for boards where a large number of quit attempts take place in pharmacies overall percentage quit rates may be lower). The three boards with the lowest percentage quit rates at one month all had a greater than the national average percentage of quit attempts made in pharmacy cessation services. **It is especially important to be aware of the influence of cases 'lost to follow-up'/unknown on quit rates.** There were three NHS boards (Lanarkshire, Greater Glasgow & Clyde and Ayrshire & Arran) where 49% or more of all cases were 'lost to follow-up'/unknown smoking status at one month after the quit date. In these three boards the percentage of cases coming from pharmacy cessation services was 71%, 82% and 83% respectively (Scotland average 70%).
- **Calculating the one month success rate as a percentage of total estimated smokers in the population, the best performing boards were Borders and Ayrshire & Arran, achieving one month quits for an estimated 4.7% and 4.9% of their respective smoking populations (Scotland 3.9%),** see Table 6.
- **Of the total 40,857 'self-reported' one month quits in Scotland in 2011, 24,266 (59%) were in pharmacy services and 16,591 (41%) in non-pharmacy NHS cessation services. The percentage quit rate at one month was 32% for pharmacy services and 52% for non-pharmacy services,** see Tables 7 and 8.
- Based on 'self-reported' quits, 38% of quit attempts were successful at one month. **Using the CO validated quit findings this reduces to 20% (most recent English figure 35% and Scotland revised 2010**

figure 21%), but there remain a relatively high proportion of cases where a reading was not taken/reading unknown, Table 9.

- **The highest percentage CO validated one month quit rates for NHS boards were: 33% in Forth Valley, 35% in Ayrshire & Arran and 44% in Orkney (note: small numbers for the latter).**
- **The one month 'self-reported' quit rate for women was 37% and for men 39%, Table 10. Quit rates increased as age increased,** with the lowest percentage quit rate at one month being in the under 16s and 16-17s age groups (15%) and the highest percentage quit rate in the 60 years and over age group (46%), Table 11.
- One month quit outcomes for CHP/CHCP areas are included in Supplementary Table E, Appendix 4. Included here are 'successful one month quits as a percentage of the total estimated smokers in the population'. This ranged from 1.9% of estimated smokers in Orkney to 5.9% of estimated smokers in East Dunbartonshire.
- **One month quit outcomes by SIMD reveal the lowest percentage quit rates to be in the most deprived areas (1-2) and the highest percentage quit rates in the least deprived areas (9-10), however, in terms of overall numbers of quitters the most deprived areas (1-2) still account for the largest numbers of quitters of all the deprivation deciles, Table 12.** Statistics on one month quit outcomes by SIMD, at NHS board level, are available in Tables F and G of the 'Supplementary Tables', see Appendix 4. Please note that the NHS board level tables are based on 'within NHS board' SIMD deprivation deciles, rather than all-Scotland level, so for example, the figures in deprivation deciles 1-2 in Shetland NHS board represent the two most deprived deciles 'within Shetland' whilst deciles 1-2 in Greater Glasgow & Clyde represent the two most deprived deciles 'within Greater Glasgow & Clyde'.
- One month quit outcomes for pregnant women show that **of the 2,700 quit attempts made by pregnant women in 2011, 887 (33%) were a successful self-reported quit at one month after quit date,** see Table 13.
- **One month quit outcomes by pharmacotherapy used show the highest percentage quit rate, self-reported, at one month to be for those clients using varenicline (65%), Table 14.** Care should be taken, though, in interpretation of the figures here as there are likely to be a variety of factors influencing quit success. For example, quit attempts using varenicline are more likely to take place in non-pharmacy cessation services – more intensive support provided than in pharmacy services, with higher percentage quit rates and lower 'lost to follow-up' rates.
- **Included this year for the first time are one month quit outcomes for quit attempts involving the use of 'group support'.** Quit attempts using group support had a quit rate of 56% 'self-reported' at one month ('open/rolling' groups 54% and 'closed' groups 61%), Table 15. Comparable figures for England (April to December 2011) were: 'open/rolling' groups 54% and 'closed' groups 59%. As noted earlier, some quit attempts may use a combination of both group and one-to-one support. Also, group support is not used in pharmacy smoking cessation services. [A Guide to Smoking Cessation in Scotland 2010: planning and providing specialist smoking cessation services](#) (NHS Health Scotland and

ASH Scotland, 2010⁵) highlights evidence on the effectiveness of both one to one and group support, noting too 'that many clients have a strong preference for 1:1 support, and that group support is unfeasible in some contexts (e.g. rural areas). Therefore, it is important to offer both 1:1 and group interventions in order to provide choice'.

Three month outcomes

- **From a total of 90,293 quit attempts made/quit dates set between 1st January and 30th September 2011, 34,223 were recorded as successful quits at one month follow-up and 13,368 still quit at three months (comprises: 12,485 not smoked since one month follow-up and 883 'smoked up to 5 cigarettes'). Of the remaining 20,855 cases, 3,661 had relapsed (over 5 cigarettes smoked since one month follow-up) and 17,194 were 'lost to follow-up'/smoking status unknown (see Table 16.). Note: the time period is January to September 2011 as three month follow-up data for the whole year are not yet complete. As with one month follow-up, figures are based on client self-reported smoking status, but **the definition of a quit at three months is 'smoked up to 5 cigarettes since one month follow-up'**. The clients eligible for follow-up at three months (according to the PATH minimum dataset guidelines) are those recorded as a successful 'self-reported' quit at one month.**
- **The Scotland percentage quit rate at three months was 15% (16% in 2010, revised 2010 figures, for the same nine month period). This is based on a denominator of all quit dates set during the time period, i.e. Jan. to Sep. 2011.** Reasons for a drop-off in quit rates between one and three months would be: clients resuming smoking again, unable to contact client/non-response and for a small number of clients 'no consent to follow-up' or 'client died'. As at one month follow-up, however, **follow-ups not undertaken/information not recorded, or not yet recorded (e.g. due to late receipt of data) is also a factor.**
- **The highest three month percentage quit rates for NHS boards were: 21% in Grampian and 36% in Western Isles.**

12 month outcomes

- **Quit outcomes based on client follow-up at 12 months after the quit date use data for the 2010 calendar year (12 month outcomes for the full 2011 calendar year are not yet available). There were a total of 83,925 quit attempts made in 2010 (revised 2010 figures). Of these, 32,857 were recorded as a successful quit at one month (self-reported), 14,294 were recorded as quit at three months and 4,927 quit at 12 months. This represents a quit rate of 39% at one month, reducing to 17% at three months and 6% at 12 months (this compares with 38%, 17% and 7% respectively in 2009).** As noted above, the reduction in quit rates between one and three months will be due to a combination of: clients relapsing and cases 'lost to follow-up'/smoking status unknown. Similarly, the drop-off in quit rates between three and 12 months (from 17% down to 6% in 2010) will reflect a mix of client relapse and 'lost to follow-up'/unknown. **The cumulative percentages of cases 'lost to follow-up'/smoking status unknown at one, three and 12 months were 44%, 61% and 69% respectively, see Figure 8.**

Table 1. Number of quit attempts made/quit dates set (1st January to 31st December 2011) by NHS board*

NHS Board	Month												Total ¹	Estimated total adult smokers (Scottish Household Survey, SHS, 2009/10) ³	Estimated annual service uptake rate (% of total adult smokers - SHS, 2009/10)	2010 figures (revised) total quit attempts & % of total adult smokers - SHS 2009/10	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
Ayrshire & Arran	791	680	765	665	630	751	580	634	531	588	503	255	7,373	75,867	9.7%	4,987	6.6%
Borders	231	228	217	195	185	183	137	159	185	137	126	73	2,056	18,570	11.1%	1,624	8.7%
Dumfries & Galloway	254	229	306	236	242	207	213	232	214	178	209	117	2,637	25,768	10.2%	2,429	9.4%
Fife	563	558	573	516	554	560	480	501	469	399	391	218	5,782	73,197	7.9%	4,081	5.6%
Forth Valley	382	324	378	354	358	324	316	319	376	355	311	148	3,945	59,748	6.6%	2,945	4.9%
Grampian	967	767	952	968	940	853	716	815	753	810	759	365	9,665	102,184	9.5%	7,157	7.0%
Greater Glasgow & Clyde ²	3689	3338	3685	3285	2935	3067	2549	2900	2609	2364	1525	299	32,245	257,509	12.5%	27,983	10.9%
Highland	615	562	555	498	505	442	360	410	427	367	385	218	5,344	56,921	9.4%	4,209	7.4%
Lanarkshire	2102	1642	1789	1529	1551	1665	1366	1478	1383	1300	1211	496	17,512	125,258	14.0%	12,802	10.2%
Lothian	1368	1204	1244	1187	1121	1049	863	949	831	829	735	437	11,817	153,460	7.7%	9,975	6.5%
Orkney	14	18	10	9	7	13	8	12	4	4	4	3	106	2,578	4.1%	56	2.2%
Shetland	34	21	26	18	20	16	20	9	15	17	19	7	222	2,717	8.2%	205	7.5%
Tayside	845	755	932	824	923	889	783	776	802	676	702	391	9,298	82,662	11.2%	5,127	6.2%
Western Isles	40	19	28	23	25	27	23	17	20	15	15	15	267	7,295	3.7%	345	4.7%
Scotland	11895	10345	11460	10307	9996	10046	8414	9211	8619	8039	6895	3042	108,269	1,044,818	10.4%	83,925	8.0%

Notes

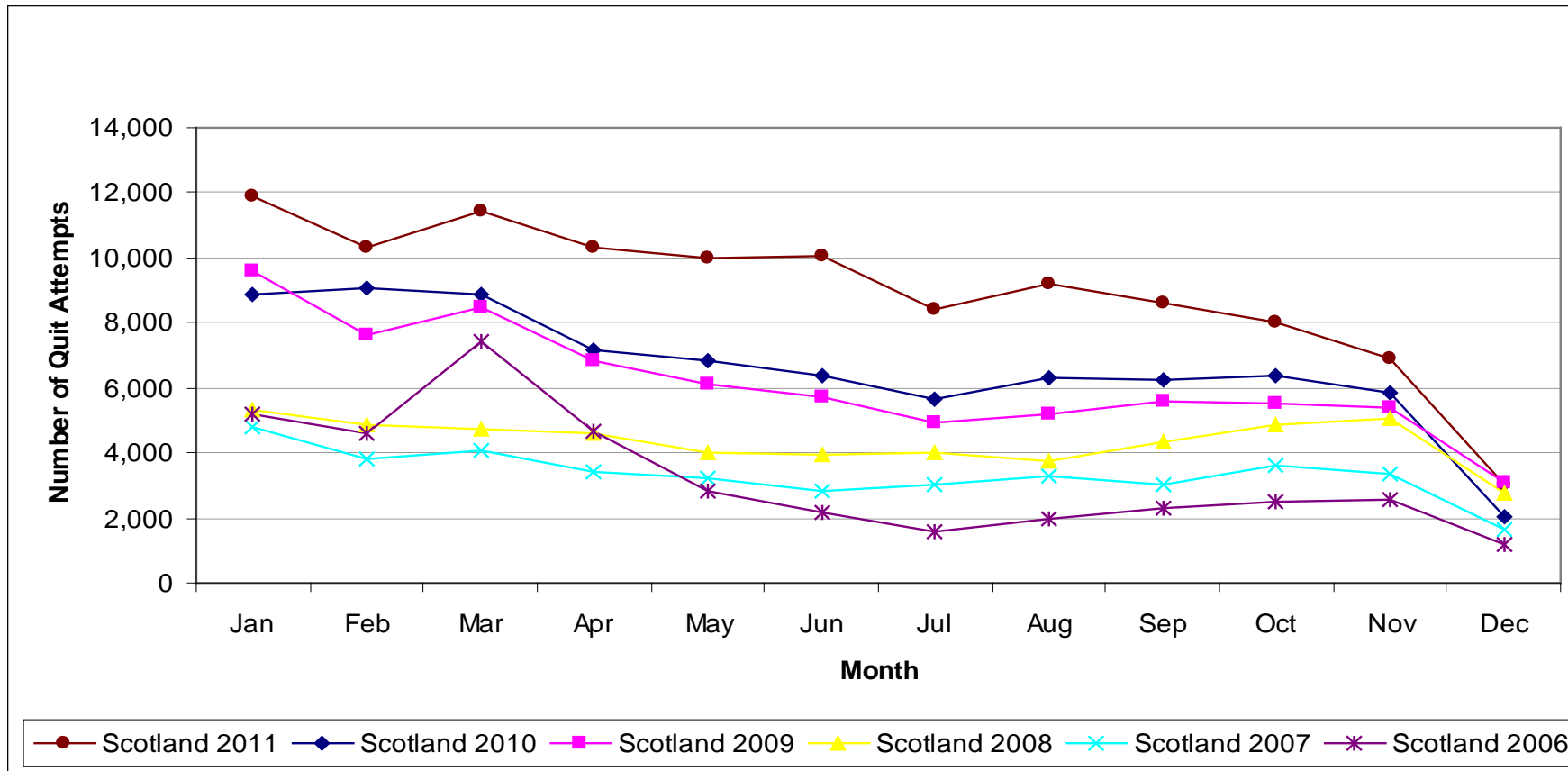
¹ Figures for the latter part of the year and the 2011 total are expected to increase in future due to late submission of data from some pharmacies.

² Greater Glasgow & Clyde - data provided from local information systems.

³ The Scotland figure does not equal the sum of the NHS board figures as it has been derived from the Scottish percentage and population figure directly. Figures are based on mid-2010 populations and combined 2009/2010 SHS smoking prevalence estimates. Note: May 2011 report figures were based on mid-2009 populations and combined 2007/2008 SHS smoking prevalence. Care should be taken with interpretation for the smaller areas as sample sizes will be small.

* Number of quit attempts rather than number of clients with a quit attempt, so could include repeat quit attempts for the same client

Figure 1: Number of quit attempts made in 2011 (and in the five previous years), by month



Note: Figures for the latter part of 2011 are expected to increase in future due to late submission of data from some pharmacies. Services reported an increase in client numbers in the run-up to the introduction of the new Smoke-free laws in Scotland, on 26th March 2006.

Table 2. Number of quit attempts made/quit dates set (1st January to 31st December 2011) by CHP/CHCP Area

Community Health Partnership/Community Health & Care Partnership (CHP/CHCP)	Quit attempts made/quit dates set (2011)	Estimated total adult smokers (SHS, 2009/10) ¹	Estimated annual service uptake rate (% of total adult smokers, SHS)
East Ayrshire Community Health Partnership	2,646	27,256	9.7%
North Ayrshire Community Health Partnership	3,086	26,580	11.6%
South Ayrshire Community Health Partnership	1,566	22,039	7.1%
Scottish Borders Community Health Partnership	2,074	18,569	11.2%
Dumfries & Galloway Community Health Partnership	2,638	25,769	10.2%
Dunfermline & West Fife Community Health Partnership	2,669	26,779	10.0%
Glenrothes & North East Fife Community Health Partnership	1,367	24,141	5.7%
Kirkcaldy & Levenmouth Community Health Partnership	1,946	21,898	8.9%
Clackmannanshire Community Health Partnership	779	9,762	8.0%
Falkirk Community Health Partnership	2,004	35,083	5.7%
Stirling Community Health Partnership	1,205	14,949	8.1%
Aberdeen City Community Health Partnership	4,035	42,821	9.4%
Aberdeenshire Community Health Partnership	4,193	38,900	10.8%
Moray Community Health Partnership	1,471	20,405	7.2%
East Dunbartonshire Community Health Partnership	1,762	12,104	14.6%
East Renfrewshire Community Health & Care Partnership	1,151	12,122	9.5%
Glasgow City ²	17,959	143,318	12.5%
Inverclyde Community Health Partnership	2,056	20,342	10.1%
Renfrewshire Community Health Partnership	4,336	36,362	11.9%
West Dunbartonshire Community Health Partnership	2,526	17,691	14.3%
Argyll & Bute Community Health Partnership	1,604	16,077	10.0%
Mid Highland Community Health Partnership	1,307	17,033	7.7%
North Highland Community Health Partnership	405	6,525	6.2%
South East Highland Community Health Partnership	1,710	17,488	9.8%
North Lanarkshire Community Health Partnership	11,492	78,542	14.6%
South Lanarkshire Community Health Partnership	7,751	63,198	12.3%
East Lothian Community Health Partnership	1,340	16,425	8.2%
Edinburgh Community Health Partnership	5,574	87,267	6.4%
Midlothian Community Health Partnership	1,541	16,850	9.1%
West Lothian Community Health & Care Partnership	2,893	32,855	8.8%
Orkney Community Health Partnership	103	2,577	4.0%
Shetland Community Health Partnership	221	2,717	8.1%
Angus Community Health Partnership	2,574	20,686	12.4%
Dundee City Community Health Partnership	3,596	36,672	9.8%
Perth & Kinross Community Health Partnership	3,004	25,190	11.9%
Western Isles Community Health Partnership	272	7,295	3.7%
Unknown	1,413		
Scotland	108,269	1,044,818	10.4%

Notes

¹ Care should be taken with interpretation for the smaller areas as sample sizes will be small. The Scotland figure does not equal the sum of the CHPs/CHCPs as it has been derived from the Scottish percentage and population figure directly. Figures are based on mid-2010 populations.

² In March 2011 ministerial approval was given to the formation of a single CHP for Glasgow City, with three 'sub-areas'. The total quit attempts in these sub-areas in 2011 were: Glasgow North East 6,275, Glasgow North West 4,969 and Glasgow South 6,715.

Figure 2: Quit attempts made, by gender (Scotland, 2011)

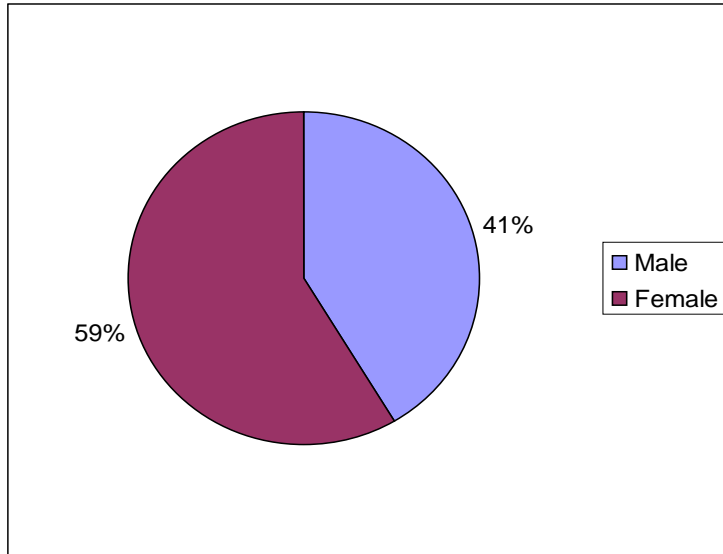


Figure 3: Quit attempts made, by age group (Scotland, 2011)

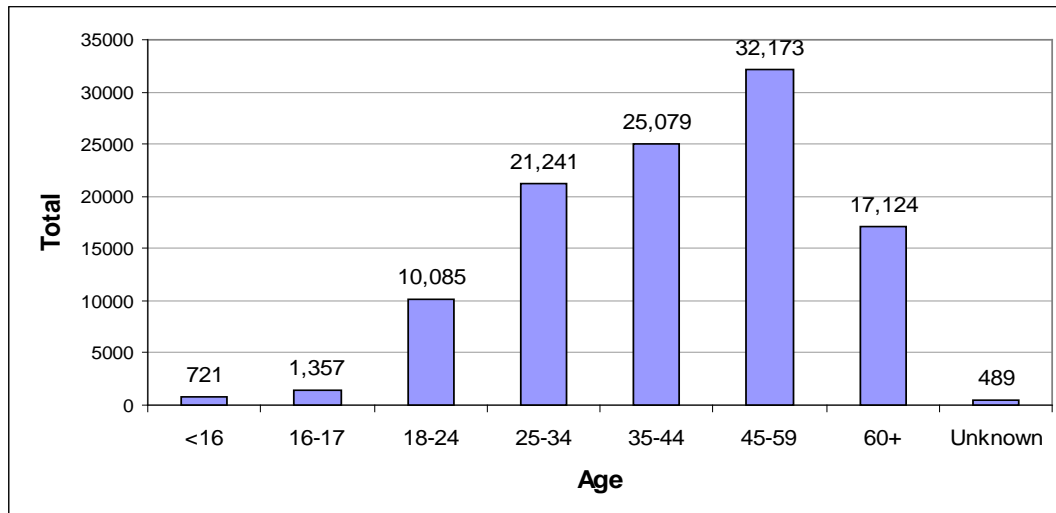


Figure 4: Quit attempts made, by ethnic group (Scotland, 2011)

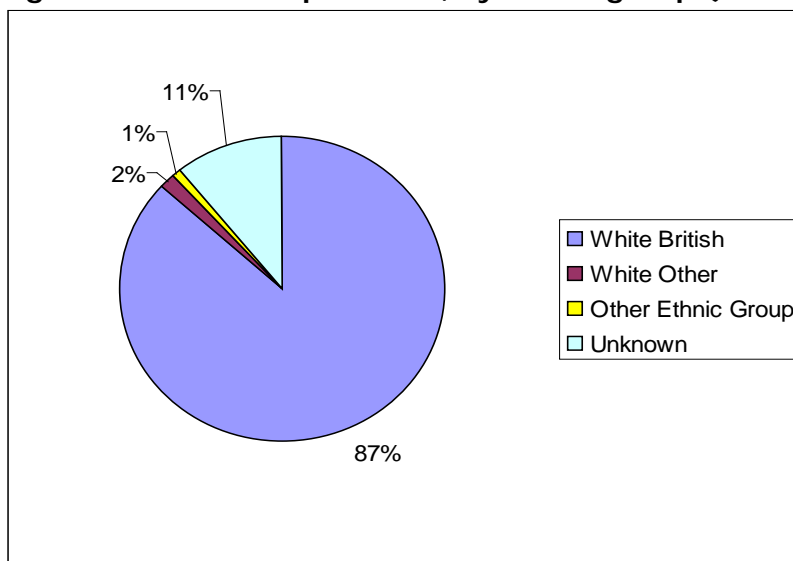


Figure 5: Quit attempts made – urban/rural areas (Scotland, 2011)

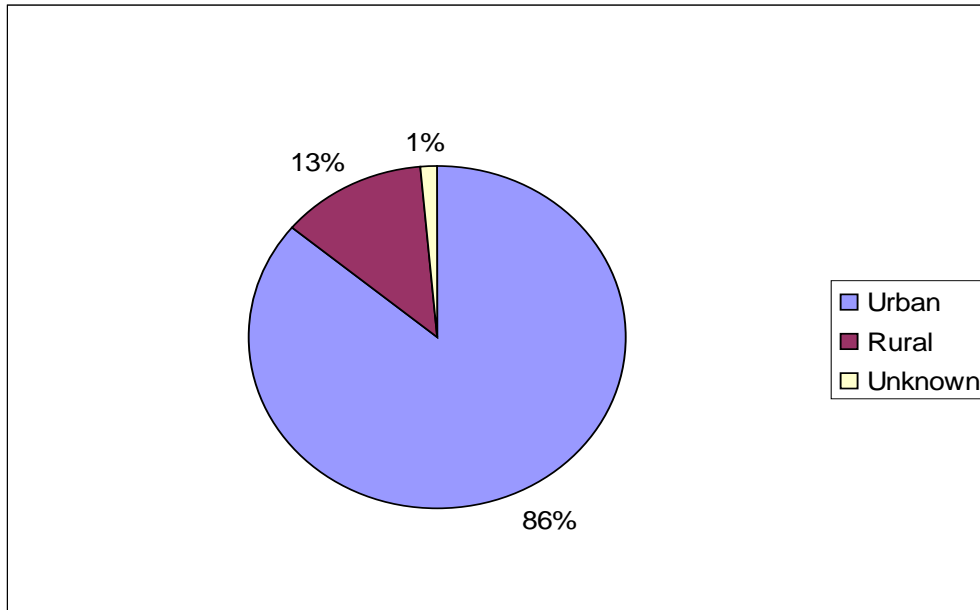
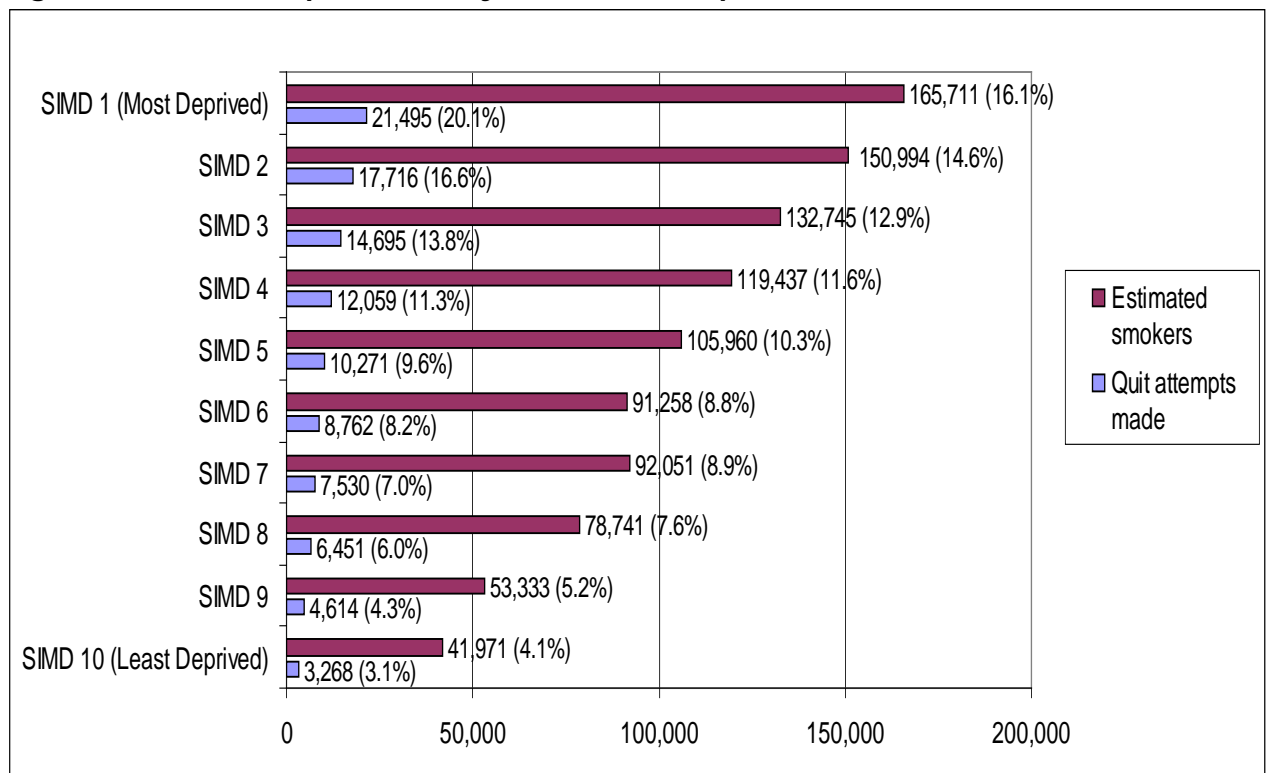


Figure 6: Quit attempts made, by SIMD 2009 deprivation decile (Scotland, 2011)



Note: The SIMD (Scottish Index of Multiple Deprivation) 2009 '10 deciles' classification was calculated using data zone information (converted from the client's full postcode, part of the national minimum dataset). ISD's policy of population-weighting the deciles means that the data zones in each decile will differ slightly to those shown in Scottish Government releases. Excluded from Figure 6. are 1,408 quit attempts where SIMD was 'unknown' due to missing postcode. The estimates of the number of adult smokers by 2009 SIMD are based on Scottish Household Survey (SHS) figures (2009/2010), SIMD 2009 and mid-2010 population estimates.

Table 3. Quit attempts made – pregnant females (Scotland, 2011)

	Quit attempts made (2011)	Women smoking in pregnancy (SMR02, 2010 provisional) ¹	Estimated % of pregnant smokers attempting to quit using NHS cessation services	Quit attempts made (revised 2010)
Pregnant females	2,700	10,784	25%	1,846

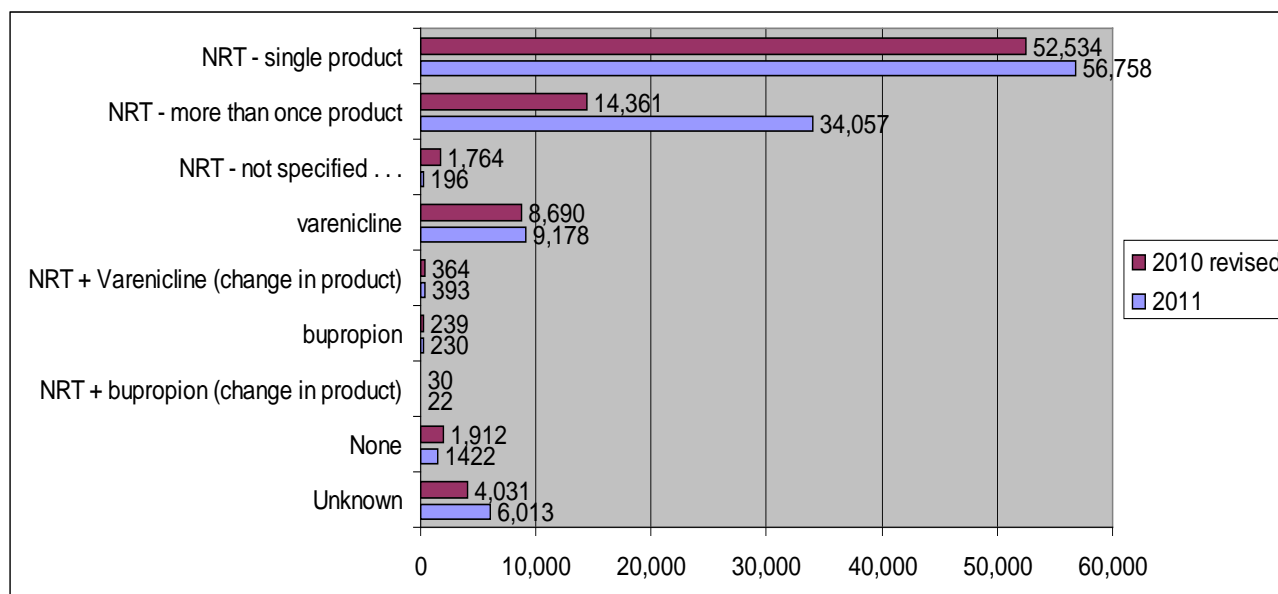
¹ The year ending 31st March 2010 is the latest year for which SMR02 data are available. See also footnote 5. on page 5. for warnings regarding SMR02 data quality and completeness.

Table 4. Quit attempts made in pharmacy services and in non-pharmacy NHS cessation services (NHS Boards, 2011)

NHS Board	Pharmacy	Non-pharmacy	Total NHS Board
Ayrshire & Arran	83%	17%	100%
Borders	65%	35%	100%
Dumfries & Galloway	36%	64%	100%
Fife	55%	45%	100%
Forth Valley	67%	33%	100%
Grampian	87%	13%	100%
Greater Glasgow & Clyde	82%	18%	100%
Highland	36%	64%	100%
Lanarkshire	71%	29%	100%
Lothian	48%	52%	100%
Orkney	25%	75%	100%
Shetland	21%	79%	100%
Tayside	76%	24%	100%
Western Isles	0%	100%	100%
Scotland	70%	30%	100%

Note: pharmacy cases identified via 'pharmacy' clinic type for those boards that have a separate pharmacy clinic. For the others, pharmacy cases have been identified using 'intervention setting'. As noted earlier, there is evidence, across Scotland, of data under-recording in relation to pharmacy cessation services.

Figure 7: Quit attempts made, by pharmacotherapy used (Scotland, 2011 and revised 2010)



Note: A total of 91,011 quit attempts involved the use of NRT only (single product, more than one product, or not specified whether single or more than one product).

Table 5. Quit attempts made in non-pharmacy services – number and % involving group support (NHS boards, 2011)

NHS Board	Total quit attempts in non-pharmacy services	Quit attempts involving group support - 'open/rolling' groups (Number)	Quit attempts involving group support - 'closed' groups (Number)	Quit attempts involving group support - 'closed' or 'open/rolling' (Number) ¹	Quit attempts involving group support - 'closed' or 'open/rolling' (%)
Ayrshire & Arran	1,238	688	5	693	56%
Borders	720	87	14	101	14%
Dumfries & Galloway	1,695	130	40	170	10%
Fife	2,629	181	93	274	10%
Forth Valley	1,308	697	22	719	55%
Grampian	1,293	42	1,053	1,095	85%
Greater Glasgow & Clyde	5,845	211	2,575	2,786	48%
Highland	3,409	60	31	90	3%
Lanarkshire	5,049	3,756	305	4,060	80%
Lothian	6,199	2,638	589	3,224	52%
Orkney	80	0	0	0	0%
Shetland	176	10	0	10	6%
Tayside	2,198	1,042	135	1,177	54%
Western Isles	266	0	0	0	0%
Scotland	32,105	9,542	4,862	14,399	45%

Notes

¹ Numbers in this column do not add up to the sum of the two previous columns due to a small number of cases involving both closed and open/rolling groups.

Table 6. Quit numbers and rates, self-reported, at one month, by NHS board (1st Jan. to 31st Dec. 2011 quit dates)

	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self-reported - had smoked in last 2 weeks)		Lost to follow- up/smoking status unknown ¹		2010 revised figures. Quit at 1 month		2011 total quit attempts	Successful quits, in 2011, as a % of total estimated adult smoking population (SHS, 2009/2010)
	Number	%	Number	%	Number	%	Number	%		
England ²		48%		27%		25%		48%		
NHS Board										
Ayrshire & Arran	3,692	50%	37	1%	3,644	49%	2,397	48%	7,373	4.9%
Borders	864	42%	310	15%	882	43%	768	47%	2,056	4.7%
Dumfries & Galloway	964	37%	719	27%	954	36%	971	40%	2,637	3.7%
Fife	2,283	39%	1,869	32%	1,630	28%	1,715	42%	5,782	3.1%
Forth Valley	1,792	45%	406	10%	1,747	44%	1,345	46%	3,945	3.0%
Grampian	4,431	46%	2,847	29%	2,387	25%	3,540	49%	9,665	4.3%
Greater Glasgow & Clyde	11,142	35%	3,552	11%	17,551	54%	9,688	35%	32,245	4.3%
Highland	2,370	44%	1,123	21%	1,851	35%	2,143	51%	5,344	4.2%
Lanarkshire	5,343	31%	2,870	16%	9,299	53%	3,945	31%	17,512	4.3%
Lothian	4,789	41%	2,027	17%	5,001	42%	4,328	43%	11,817	3.1%
Orkney	52	49%	9	8%	45	42%	34	61%	106	2.0%
Shetland	95	43%	63	28%	64	29%	99	48%	222	3.5%
Tayside	2,866	31%	3,470	37%	2,962	32%	1,705	33%	9,298	3.5%
Western Isles	174	65%	55	21%	38	14%	179	52%	267	2.4%
Scotland	40,857	38%	19,357	18%	48,055	44%	32,857	39%	108,269	3.9%

Notes

¹ As well as clients not able to be contacted/client non-response (and a small % of cases 'client died' or 'no consent to follow-up'), 'lost to follow-up'/unknown will include records for which 1 month follow-up data was not recorded or follow-up not undertaken.

² England – based on data for the period April to December 2011, and April to December 2010.

Table 7. Quit numbers and rates, self-reported, at one month – pharmacy services (1st January to 31st December 2011 quit dates)

NHS Board	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self-reported - had smoked in last 2 weeks)		Lost to follow-up/smoking status unknown		2011 total quit attempts
	Number	%	Number	%	Number	%	
Ayrshire & Arran	2,664	43%	14	0%	3,457	56%	6,135
Borders	454	34%	199	15%	683	51%	1,336
Dumfries & Galloway	309	33%	170	18%	463	49%	942
Fife	1,025	33%	974	31%	1,154	37%	3,153
Forth Valley	929	35%	239	9%	1,469	56%	2,637
Grampian	3,409	41%	2,743	33%	2,220	27%	8,372
Greater Glasgow & Clyde	8,272	31%	2,459	9%	15,669	59%	26,400
Highland	610	32%	452	23%	873	45%	1,935
Lanarkshire	3,108	25%	1,232	10%	8,123	65%	12,463
Lothian	1,603	29%	887	16%	3,128	56%	5,618
Orkney	5	19%	7	27%	14	54%	26
Shetland	10	22%	16	35%	20	43%	46
Tayside	1,868	26%	2,658	37%	2,574	36%	7,100
Western Isles	0	0%	1	100%	0	0%	1
Scotland	24,266	32%	12,051	16%	39,847	52%	76,164

Notes

See notes at Table 4 and Table 6. Also, the quit rates shown above are based on 'valid' returns to the national minimum dataset monitoring from pharmacies and there is evidence that not all pharmacy cases are being recorded/reported to the national monitoring.

Table 8. Quit numbers and rates, self-reported, at one month – Non-pharmacy services (1st January to 31st December 2011 quit dates)

NHS Board	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self-reported - had smoked in last 2 weeks)		Lost to follow-up/smoking status unknown		2011 total quit attempts
	Number	%	Number	%	Number	%	
Ayrshire & Arran	1,028	83%	23	2%	187	15%	1,238
Borders	410	57%	111	15%	199	28%	720
Dumfries & Galloway	655	39%	549	32%	491	29%	1,695
Fife	1,258	48%	895	34%	476	18%	2,629
Forth Valley	863	66%	167	13%	278	21%	1,308
Grampian	1,022	79%	104	8%	167	13%	1,293
Greater Glasgow & Clyde	2,870	49%	1,093	19%	1,882	32%	5,845
Highland	1,760	52%	671	20%	978	29%	3,409
Lanarkshire	2,235	44%	1,638	32%	1,176	23%	5,049
Lothian	3,186	51%	1,140	18%	1,873	30%	6,199
Orkney	47	59%	2	3%	31	39%	80
Shetland	85	48%	47	27%	44	25%	176
Tayside	998	45%	812	37%	388	18%	2,198
Western Isles	174	65%	54	20%	38	14%	266
Scotland	16,591	52%	7,306	23%	8,208	26%	32,105

Notes

See notes at Table 4 and Table 6. Also, Scotland-level percentages do not add up to 100% due to rounding.

Table 9. Quit numbers and rates, CO validated, at one month, by NHS board (based on 1st January to 31st December 2011 quit dates)

	Quit confirmed by CO reading? Numbers ¹			Quit confirmed by CO reading? Percentages ²		Total self- reported quits at 1 month
	Yes	No	CO reading not taken/unknown	Yes	No	
England ³				35%		
NHS Board						
Ayrshire & Arran	2,615	23	1,054	35%	0%	3,692
Borders	312	23	529	15%	1%	864
Dumfries & Galloway	645	14	305	24%	1%	964
Fife	1,037	28	1,218	18%	0%	2,283
Forth Valley	1,308	14	470	33%	0%	1,792
Grampian	638	115	3,678	7%	1%	4,431
Greater Glasgow & Clyde	7,731	0	3,411	24%	0%	11,142
Highland	854	46	1,470	16%	1%	2,370
Lanarkshire	3,850	84	1,409	22%	0%	5,343
Lothian	1,633	71	3,085	14%	1%	4,789
Orkney	47	1	4	44%	1%	52
Shetland	25	1	69	11%	0%	95
Tayside	855	21	1,990	9%	0%	2,866
Western Isles	20	3	151	7%	1%	174
Scotland	21,570	444	18,843	20%	0%	40,857

Notes

¹ Numbers in this column total self-reported quits at 1 month (final column).

² Percentages are based on total quit attempts made during the year.

³ England – based on data for the period April to December 2011.

Table 10. Quit numbers and rates, self-reported, at 1 month, by gender (1st January to 31st December 2011 quit dates)

Gender	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to follow- up/smoking status unknown		2011 total quit attempts
	Number	%	Number	%	Number	%	
Male	17,645	39%	7,779	17%	19,481	43%	44,905
Female	23,202	37%	11,567	18%	28,559	45%	63,328
Unknown	10	28%	11	31%	15	42%	36
Scotland	40,857	38%	19,357	18%	48,055	44%	108,269

Table 11. Quit numbers and rates, self-reported, at 1 month, by age group (1st January to 31st December 2011 quit dates)

Age Group	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to follow- up/smoking status unknown		2011 total quit attempts
	Number	%	Number	%	Number	%	
<16	111	15%	155	21%	455	63%	721
16-17	208	15%	241	18%	908	67%	1,357
18-24	2,346	23%	1,736	17%	6,003	60%	10,085
25-34	7,055	33%	3,492	16%	10,694	50%	21,241
35-44	9,876	39%	4,155	17%	11,048	44%	25,079
45-59	13,181	41%	5,912	18%	13,080	41%	32,173
60+	7,914	46%	3,610	21%	5,600	33%	17,124
Unknown	166	34%	56	11%	267	55%	489
Scotland	40,857	38%	19,357	18%	48,055	44%	108,269

Table 12. Quit numbers and rates, self-reported, at 1 month, by SIMD 2009 deprivation decile (1st January to 31st December 2011 quit dates)

SIMD 2009 level		Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to follow- up/smoking status unknown		2011 total quit attempts	Successful quits in 2011 as a % of total estimated adult smokers (SHS 2009/10)
		Number	%	Number	%	Number	%		
Scotland	1	6,928	32%	3,266	15%	11,301	53%	21,495	4.2%
population- weighted decile (1=most deprived; 10=least deprived)	2	6,299	36%	2,874	16%	8,543	48%	17,716	4.2%
	3	5,637	38%	2,524	17%	6,534	44%	14,695	4.2%
	4	4,596	38%	2,214	18%	5,249	44%	12,059	3.8%
	5	4,024	39%	1,970	19%	4,277	42%	10,271	3.8%
	6	3,512	40%	1,876	21%	3,374	39%	8,762	3.8%
	7	3,060	41%	1,615	21%	2,855	38%	7,530	3.3%
	8	2,771	43%	1,314	20%	2,366	37%	6,451	3.5%
	9	2,047	44%	880	19%	1,687	37%	4,614	3.8%
	10	1,435	44%	621	19%	1,212	37%	3,268	3.4%
Scotland		40,309	38%	19,154	18%	47,398	44%	106,861	3.9%

Note: excludes 1,408 quit attempts where SIMD was 'unknown' due to missing postcode.

Table 13. Quit numbers and rates, self-reported, at 1 month, by pregnant females (1st January to 31st December 2011 quit dates)

	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to follow- up/smoking status unknown		2011 total quit attempts
	Number	%	Number	%	Number	%	
Pregnant females	887	33%	603	22%	1,210	45%	2,700

Table 14. Quit numbers and rates, self-reported, at 1 month, by pharmacotherapy used (1st January to 31st December 2011 quit dates)

Pharmacotherapy	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to follow- up/smoking status unknown		2011 total quit attempts
	Number	%	Number	%	Number	%	
NRT - single product	19,605	35%	10,203	18%	26,950	47%	56,758
NRT - more than one product	12,904	38%	6,266	18%	14,887	44%	34,057
NRT only - not specified...	94	48%	49	25%	53	27%	196
varenicline	5,989	65%	1,403	15%	1,786	19%	9,178
NRT+varenicline (change in product)	176	45%	118	30%	99	25%	393
bupropion	124	54%	57	25%	49	21%	230
NRT+bupropion (change in product)	3	14%	9	41%	10	45%	22
None	632	44%	333	23%	457	32%	1,422
Unknown	1,330	22%	919	15%	3,764	63%	6,013
Scotland	40,857	38%	19,357	18%	48,055	44%	108,269

Table 15. Quit numbers and rates, self-reported, at 1 month – quit attempts involving the use of group support¹ (Scotland, 2011)

Group support	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to follow- up/smoking status unknown		2011 total quit attempts using group support ²
	Number	%	Number	%	Number	%	
Open/rolling groups	5,129	54%	2,340	25%	2,073	22%	9,542
Closed groups	2,960	61%	760	16%	1,142	23%	4,862
All group support	8,089	56%	3,100	22%	3,215	22%	14,399

Notes

¹ Group support takes place in non-pharmacy cessation services. Some quit attempts may use a combination of both group and one-to-one support.

² The 'All group support' 14,399 total does not add up to the sum of 'open/rolling' plus 'closed' groups due to a small number of cases that involve the use of both 'open/rolling' and 'closed' groups.

Table 16. Quit numbers and rates, self-reported, at three months, by NHS board (based on 1st Jan. to 30th Sep. 2011 quit dates) *

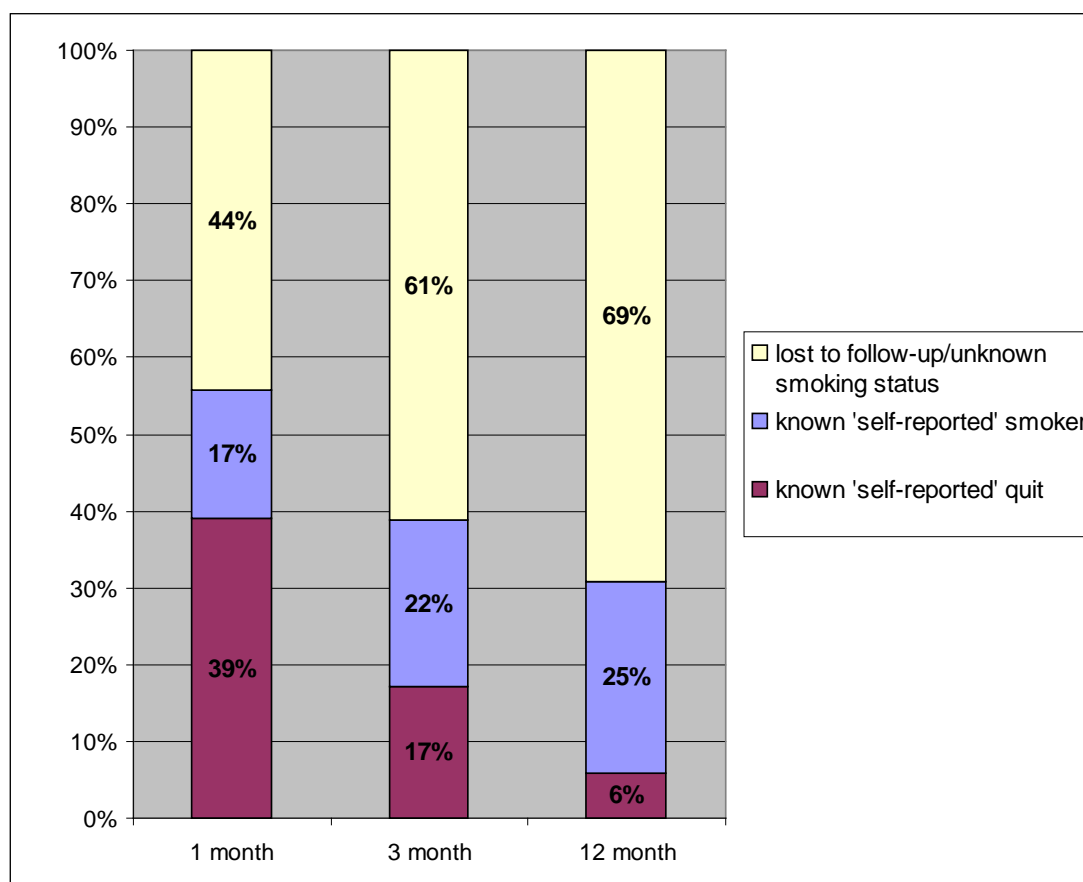
NHS Board	Not smoked since 1 month follow-up		Smoked up to 5 cigarettes		Smoked over 5 cigarettes		Lost to follow up/unknown ¹		Total quit dates set Jan to Sep 2011	Quits at 1 month (quit dates Jan to Sep 2011)
	Number	%	Number	%	Number	%	Number	%		
Ayrshire & Arran	1,036	17%	39	1%	278	5%	1,685	28%	6,027	3,038
Borders	273	16%	35	2%	47	3%	363	21%	1,720	718
Dumfries & Galloway	354	17%	34	2%	156	7%	231	11%	2,133	775
Fife	820	17%	74	2%	347	7%	627	13%	4,774	1,868
Forth Valley	279	9%	26	1%	92	3%	1,059	34%	3,131	1,456
Grampian	1,427	18%	190	2%	127	2%	1,863	24%	7,731	3,607
Greater Glasgow & Clyde	3,835	14%	96	0%	1,113	4%	4,773	17%	28,057	9,817
Highland	636	15%	60	1%	161	4%	1,103	25%	4,374	1,960
Lanarkshire	1,655	11%	86	1%	948	7%	1,726	12%	14,505	4,415
Lothian	1,067	11%	93	1%	148	2%	2,648	27%	9,816	3,956
Orkney	16	17%	2	2%	1	1%	24	25%	95	43
Shetland	28	16%	4	2%	5	3%	40	22%	179	77
Tayside	991	13%	133	2%	215	3%	1,004	13%	7,529	2,343
Western Isles	68	31%	11	5%	23	10%	48	22%	222	150
Scotland	12,485	14%	883	1%	3,661	4%	17,194	19%	90,293	34,223

Notes

¹ As well as clients not able to be contacted/client non-response (and a small % of cases 'client died' or 'no consent to follow-up'), 'lost to follow-up'/unknown smoking status will include records for which 3 month follow-up data was not recorded or follow-up not undertaken (e.g. too late to undertake follow-up, due to late receipt of the one month follow-up information).

* Percentages are based on a denominator of all quit dates set in the time period. Numbers are based on only clients self-reporting as not smoking at 1 month.

Figure 8: Cumulative quit outcomes at 1,3 and 12 months after 'quit date' (Scotland, 2010)



* Percentages, at each follow-up stage, are based on a denominator of all quit dates set in the time period.

Notes

1. The definition of a 'self-reported' quit at 1 month is 'not smoked, even a puff, in the last 2 weeks' and at 3 and 12 months 'smoked up to 5 cigarettes since 1 month follow-up'.
2. Re the eligibility for follow-up - all quit attempts are eligible for follow-up at 1 month after quit date, at the 3 month follow-up it is just those recorded as a successful 'self-reported' quit at 1 month, and at 12 months it is all cases recorded as a successful quit at 3 months or 'lost to follow-up'/unknown smoking status when followed up at 3 months.

Appendix 1.

THE MINIMUM DATASET (Revised version for quit dates from 1st Jan. 2009)

For Office Use Only				
1. Client ID:				
2. Health Board area:	3. Clinic area/type:			
Client Information				
4. Date of birth: ___ / ___ / ___	5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. If female, pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown		
7. What is the client's ethnic group? (Choose one section from A to E, then tick one box which best describes the client's ethnic group or background):				
<p><i>A. White</i></p> <p><input type="checkbox"/> Scottish <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Northern Irish <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Polish <input type="checkbox"/> Any other white ethnic group, please specify</p> <p>_____</p>	<p><i>B. Mixed or multiple ethnic groups</i></p> <p><input type="checkbox"/> Any mixed or multiple ethnic groups, please specify</p> <p>_____</p>	<p><i>C. Asian, Asian Scottish or Asian British</i></p> <p><input type="checkbox"/> Pakistani, Pakistani Scottish or Pakistani British <input type="checkbox"/> Indian, Indian Scottish or Indian British <input type="checkbox"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British <input type="checkbox"/> Chinese, Chinese Scottish or Chinese British <input type="checkbox"/> Other, please specify</p> <p>_____</p>		
<p><i>D. African, Caribbean or Black</i></p> <p><input type="checkbox"/> African, African Scottish or African British <input type="checkbox"/> Caribbean, Caribbean Scottish or Caribbean British <input type="checkbox"/> Black, Black Scottish or Black British <input type="checkbox"/> Other, please specify</p> <p>_____</p>				
<p><i>E. Other ethnic group</i></p> <p><input type="checkbox"/> Arab <input type="checkbox"/> Other, please specify</p> <p>_____</p>				
<input type="checkbox"/> Not Disclosed				
8. Does the client receive free prescriptions?				
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown				
9. Employment status (please tick one box)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/missing <input type="checkbox"/> Other (please specify) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled </td> </tr> </table>			<input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/missing <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled
<input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/missing <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled			
10. Full postcode:				

Tobacco Use and Quit Attempts					
<p>11. On average, how many cigarettes does the client usually smoke per day?</p> <p><input type="checkbox"/> 10 or less <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Unknown</p>	<p>12. How soon after waking does the client usually smoke their first cigarette?</p> <p><input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> After 60 minutes <input type="checkbox"/> Unknown</p>	<p>13. How many times has the client tried to quit smoking in the past year?</p> <p><input type="checkbox"/> No quit attempts <input type="checkbox"/> Once <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Unknown</p>			
Intervention Details					
<p>14. Date referred to service: __/__/__</p>	<p>15. Quit date: __/__/__</p>	<p>16. Date of initial appointment: __/__/__</p>			
<p>17. Does the client consent to follow-up?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>18. Pharmaceutical usage</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> NRT only (single product) <input type="checkbox"/> Varenicline only <input type="checkbox"/> NRT and Varenicline (change in product) <input type="checkbox"/> None <input type="checkbox"/> Unknown </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> NRT only (more than one product) <input type="checkbox"/> Bupropion only <input type="checkbox"/> NRT and Bupropion (change in product) </td> </tr> </table> <p>Total number of weeks used _____</p>			<input type="checkbox"/> NRT only (single product) <input type="checkbox"/> Varenicline only <input type="checkbox"/> NRT and Varenicline (change in product) <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> NRT only (more than one product) <input type="checkbox"/> Bupropion only <input type="checkbox"/> NRT and Bupropion (change in product)	
<input type="checkbox"/> NRT only (single product) <input type="checkbox"/> Varenicline only <input type="checkbox"/> NRT and Varenicline (change in product) <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> NRT only (more than one product) <input type="checkbox"/> Bupropion only <input type="checkbox"/> NRT and Bupropion (change in product)				
<p>19. Intervention(s) used in this quit attempt</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> One to one sessions <input type="checkbox"/> Telephone support <input type="checkbox"/> Couple/family based support <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Unknown </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Group support (closed groups) <input type="checkbox"/> Group support (open/rolling groups) </td> </tr> </table>			<input type="checkbox"/> One to one sessions <input type="checkbox"/> Telephone support <input type="checkbox"/> Couple/family based support <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Group support (closed groups) <input type="checkbox"/> Group support (open/rolling groups)	
<input type="checkbox"/> One to one sessions <input type="checkbox"/> Telephone support <input type="checkbox"/> Couple/family based support <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Group support (closed groups) <input type="checkbox"/> Group support (open/rolling groups)				
<p>20. Intervention setting(s)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Primary Care <input type="checkbox"/> Pharmacy <input type="checkbox"/> Educational establishment <input type="checkbox"/> Other (please specify) _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Prison <input type="checkbox"/> Non-NHS community venue </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Workplace <input type="checkbox"/> Home </td> </tr> </table>			<input type="checkbox"/> Primary Care <input type="checkbox"/> Pharmacy <input type="checkbox"/> Educational establishment <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Prison <input type="checkbox"/> Non-NHS community venue	<input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Workplace <input type="checkbox"/> Home
<input type="checkbox"/> Primary Care <input type="checkbox"/> Pharmacy <input type="checkbox"/> Educational establishment <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Hospital - Inpatient <input type="checkbox"/> Prison <input type="checkbox"/> Non-NHS community venue	<input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Workplace <input type="checkbox"/> Home			
1-Month Follow-Up					
<p>21. Was the client successfully contacted for 1-month follow-up?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Client lost to follow up) <input type="checkbox"/> No (Client did not consent to follow up) <input type="checkbox"/> No (Client died) <input type="checkbox"/> Unknown</p>					
<p>22. Date follow-up carried out: __/__/__</p>					

Appendix 2.

Definition of specialist/intensive smoking cessation support (revised by database project board – April 2012)

Specialist smoking cessation services (SCSs) offer intensive, evidence-based support in line with the definition and recommendations throughout [A Guide to Smoking Cessation in Scotland 2010](#) (NHS Health Scotland and ASH Scotland).

The term 'NHS smoking cessation services' assumes that any intensive smoking cessation support provision within an NHS Board area (i) will form part of that NHS Board's SCSs and that (ii) it will be delivered to the same standards.

The national community pharmacy smoking cessation scheme offers 12 weeks of structured behavioural support (ordinarily 1:1) and NRT in accordance with national service specifications. Further details are available from Community Pharmacy Scotland or from the local NHS Board Consultant in Pharmaceutical Public Health.

Smoking cessation services vary from region to region and evolve over time according to need. However, the following are integral components:

- provide intensive support
- operate to nationally agreed standards as outlined above
- an NHS supported service
- staff who have:
 - attended nationally recognised training
 - dedicated time to deliver group and/or 1:1 support which is:
 - for a series of planned/scheduled sessions in which a target quit date is set and support provided throughout the quit attempt through multi-session, intensive, structured behavioural support
 - offered in conjunction with pharmacotherapy (as appropriate)
 - with follow-up of the client at one month, three months and one year post quit-date and with outcomes recorded.

The following definition therefore applies to all forms of intensive/specialist support including those from specialist NHS smoking cessation services and the national pharmacy smoking cessation scheme:

A specialist/intensive service is...

- dedicated (and for short or longer sessions)
- provided by specially trained staff
- providing an enhanced level of smoking cessation support beyond that provided as part of routine care such as brief interventions and/or the provision/prescribing of pharmacotherapy.

...an NHS supported service...

- normally funded by the NHS, but may include services trained by the NHS (e.g. the national pharmacy scheme), or working to the same levels.

...with staff who have attended nationally recognised training and who have dedicated time...

- nationally recognised = complying with the Scottish national smoking cessation training standards eg PATH (Partnership Action on Tobacco and Health) modules, equivalent local training or NHS Centre for Smoking

Cessation and Training (NCSCT) training and that is commensurate with the type of support provided

- pharmacists would ideally undertake the above training and may also wish to undertake the NES (NHS Education for Scotland) distance learning pharmacy pack
- additional, specialised training should be undertaken if working with specific groups
- training should reach or be designed to reach national standards in Scotland
- relevant updates/CPD should be undertaken regularly.

... to deliver group and 1:1 support...

- evidence and current guidelines support face-to-face group and 1:1 support where practically possible, supplemented with proactive telephone support where desirable and because of geographical constraints
- generally, specialist SCSs provide group support, the national pharmacy scheme provides 1:1 support, and telephone support is provided as a supplement to or substitute for (if practically not possible to provide continued) face-to-face support in rural and remote areas following on from initial face-to-face sessions.

...for a series of planned/scheduled sessions in which a target quit date is set and support provided throughout the quit attempt through multi-session, intensive, structured behavioural support ...

- Ordinarily, there is at least one pre-quit session and at least four post-quit sessions. For specialist SCSs, this is normally a minimum of four 1:1 sessions or seven group sessions.
- For pharmacy services as part of the national scheme, this would involve weekly behavioural (ordinarily 1:1) support, normally over a 12-week period.
- In both cases, this excludes opportunistic and brief advice work, but allows expert practitioners (the staff defined above with regards to training and time) to use clinical judgement.
- The first session involves assessing the client and ideally takes place at least one week before the quit date is set for, and subsequent sessions generally encourage, advise and motivate the client to quit and stay quit e.g. through assisting them to cope with cravings and withdrawal symptoms.
- Relevant data/details are recorded to enable full completion of the national minimum dataset including the quit date.

...and in conjunction with pharmacotherapy (as appropriate)...

- Discussion of the option of different forms of pharmacotherapy with the client in order that adviser and client can reach the choice of which form (if any) might be best, including the option of combination NRT.
- Pharmacotherapy should be prescribed in conjunction with the setting of a quit date, on an abstinence-contingent basis, in line with *A Guide to Smoking Cessation in Scotland 2010's* Planning and Providing Specialist Smoking Cessation Services component pgs 21-23, and supplied in accordance with local prescribing guidance, formularies and/or protocols.

...where the client is followed up at 1 month, 3 months and 1 year post-quit date and outcomes recorded.

- self report cessation outcomes
- carbon monoxide (CO) validation at one month.

Appendix 3.

References

1. Bauld, L, Chesterman, J, Ferguson, J and Judge, K (2009) A comparison of the effectiveness of group-based and pharmacy led smoking cessation treatment in Glasgow, *Addiction*, 104, 308-316.
2. Bauld, L, Boyd, K, Briggs, A, Chesterman, J, Ferguson, J, Judge K and Hiscock, R (2011) One year outcomes for smokers accessing group-based and pharmacy-led smoking treatment services: a cost-effectiveness study, *Nicotine and Tobacco Research*. doi: 10.1093/ntr/ntq222
3. West, R., et al., Outcome criteria in smoking cessation trials: proposal for the common standard. *Addiction*, 2005. 100, 299-303
4. The NHS Information Centre for health and social care (2012) Statistics on NHS Stop Smoking Services: England, April 2011 to December 2011 (Q3 – Quarterly report)
5. NHS Health Scotland and ASH Scotland (2010) A Guide to Smoking Cessation in Scotland 2010: planning and providing specialist smoking cessation services

Appendix 4.

Supplementary Tables - NHS Board Breakdowns

Table A. Number of quit attempts made by SIMD 2009 'within-board' deprivation decile (NHS boards, 2011)

		Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles
SIMD 2009	1	1,223	369	461	1,056	730	2,082	5,705	979	2,994	2,256	15	24	1,657	25
'within-	2	1,160	288	407	862	603	1,420	4,888	753	2,534	2,009	2	18	1,470	22
board'	3	974	213	218	777	622	1,263	4,711	559	2,287	1,720	8	46	1,297	19
population	4	936	275	252	664	564	1,009	4,071	402	2,140	1,415	29	23	1,012	25
weighted	5	826	186	303	643	329	885	3,349	414	1,793	1,135	4	21	904	12
decile	6	610	119	169	501	325	740	2,890	378	1,673	1,055	7	22	791	24
(1=most	7	543	173	255	430	239	717	2,332	389	1,462	808	11	17	658	24
deprived;	8	462	151	208	321	212	629	1,645	439	1,095	505	6	17	624	63
10=least	9	340	134	195	295	176	539	1,117	435	915	409	7	13	484	19
deprived)	10	245	127	160	232	136	375	805	315	572	290	14	21	373	32
	Unknown	54	21	9	1	9	6	732	281	47	215	3	0	28	2
	Board total	7,373	2,056	2,637	5,782	3,945	9,665	32,245	5,344	17,512	11,817	106	222	9,298	267

Note: The above data are based on 'within-board' deciles, in line with the current HEAT target for smoking cessation services, for NHS boards.

Table B. Percentage of quit attempts made by SIMD 2009 'within-board' deprivation decile (NHS boards, 2011)

SIMD 2009 'within- board' population weighted decile (1=most deprived; 10=least deprived)	NHS Boards														
	Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles	
1	17%	18%	17%	18%	19%	22%	18%	18%	17%	19%	14%	11%	18%	9%	
2	16%	14%	15%	15%	15%	15%	15%	14%	14%	17%	2%	8%	16%	8%	
3	13%	10%	8%	13%	16%	13%	15%	10%	13%	15%	8%	21%	14%	7%	
4	13%	13%	10%	11%	14%	10%	13%	8%	12%	12%	27%	10%	11%	9%	
5	11%	9%	11%	11%	8%	9%	10%	8%	10%	10%	4%	9%	10%	4%	
6	8%	6%	6%	9%	8%	8%	9%	7%	10%	9%	7%	10%	9%	9%	
7	7%	8%	10%	7%	6%	7%	7%	7%	8%	7%	10%	8%	7%	9%	
8	6%	7%	8%	6%	5%	7%	5%	8%	6%	4%	6%	8%	7%	24%	
9	5%	7%	7%	5%	4%	6%	3%	8%	5%	3%	7%	6%	5%	7%	
10	3%	6%	6%	4%	3%	4%	2%	6%	3%	2%	13%	9%	4%	12%	
Unknown	1%	1%	0%	0%	0%	0%	2%	5%	0%	2%	3%	0%	0%	1%	
Board total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Note: The above data are based on 'within-board' deciles, in line with the current HEAT target for smoking cessation services, for NHS boards.

Table C. Quit attempts made – pregnant females (NHS boards, 2011)

NHS Board	Number of quit attempts made by pregnant women (2011)	Number of women smoking in pregnancy (SMR02, ^p 2010)	Estimated % of pregnant smokers attempting to quit using NHS cessation services (2011) ¹	Number of quit attempts made by pregnant women (2010 revised)
Ayrshire & Arran	131	977	13%	142
Borders	43	248	17%	30
Dumfries & Galloway	65	321	20%	54
Fife	163	1,023	16%	142
Forth Valley	57	651	9%	56
Grampian	190	1,100	17%	131
Greater Glasgow & Clyde ²	815	2,519	32%	343
Highland	175	672	26%	115
Lanarkshire	366	1,189	31%	283
Lothian	314	976	see footnote 1	276
Orkney	2	17	12%	3
Shetland	1	41	2%	2
Tayside	371	985	38%	265
Western Isles	7	34	21%	4
Other ³		31		
Scotland	2,700	10,784	25%	1,846

Notes

¹ Figures are based on: quit attempts made in 2011 and the latest estimate of the number of women smoking in pregnancy. The latter is based on the year ending 31st March 2010, so the figures here are intended as a guide only. See also footnote 5, page 5, for warnings on SMR02 data quality/completeness. A Lothian figure has not been calculated as 41.8% of SMR02 records were smoking status 'unknown'.

² In 2010 local service issues had a negative impact on the delivery of the Smokefree Pregnancy Service resulting in a reduction in the number of pregnant women both accessing and stopping smoking through the service. Greater Glasgow & Clyde have now refocused the service model and the Smokefree Pregnancy Service is operating at full capacity. As a result they have seen a significant increase in the number of pregnant women accessing the service, and successfully quitting, surpassing previous figures.

³ Includes births where NHS board of residence is unknown or outside Scotland.

Table D. Percentage of quit attempts made by pharmacotherapy used (NHS boards, 2011)

NHS Board	NRT- single product	NRT- more than one product	NRT- not specified...	varenicline	bupropion	NRT + varenicline (change in product)	NRT + bupropion (change in product)	None	Unknown	Total NHS Board
Ayrshire & Arran	31%	60%	0%	8%	0%	1%	0%	0%	0%	100%
Borders	41%	44%	0%	7%	0%	1%	0%	1%	7%	100%
Dumfries & Galloway	54%	20%	0%	19%	1%	2%	0%	2%	1%	100%
Fife	40%	44%	0%	10%	0%	1%	0%	1%	5%	100%
Forth Valley	41%	46%	0%	10%	0%	0%	0%	0%	3%	100%
Grampian	50%	39%	0%	9%	0%	0%	0%	1%	0%	100%
Greater Glasgow & Clyde	66%	26%	0%	7%	0%	0%	0%	1%	1%	100%
Highland	32%	24%	0%	8%	0%	0%	0%	2%	33%	100%
Lanarkshire	64%	23%	0%	3%	0%	0%	0%	1%	8%	100%
Lothian	41%	29%	0%	14%	1%	0%	0%	3%	11%	100%
Orkney	30%	57%	0%	9%	1%	1%	0%	2%	0%	100%
Shetland	30%	28%	0%	23%	0%	1%	0%	6%	11%	100%
Tayside	48%	28%	0%	12%	1%	1%	0%	4%	7%	100%
Western Isles	22%	61%	0%	8%	1%	0%	0%	3%	4%	100%
Scotland	52%	31%	0%	8%	0%	0%	0%	1%	6%	100%

Table E. Quit numbers and rates, self-reported, at 1 month, by CHP/CHCP¹ (1st Jan. to 31st Dec. 2011 quit dates)

CHP/CHCP	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to follow- up/smoking status unknown		2011 total quit attempts	Successful quits, in 2011, as a % of total estimated adult smoking population (SHS, 2009/10) ²
	Number	%	Number	%	Number	%		
East Ayrshire Community Health Partnership	1,361	51%	21	1%	1,264	48%	2,646	5.0%
North Ayrshire Community Health Partnership	1,539	50%	13	0%	1,534	50%	3,086	5.8%
South Ayrshire Community Health Partnership	754	48%	9	1%	803	51%	1,566	3.4%
Scottish Borders Community Health Partnership	874	42%	316	15%	884	43%	2,074	4.7%
Dumfries & Galloway Community Health Partnership	964	37%	717	27%	957	36%	2,638	3.7%
Dunfermline & West Fife Community Health Partnership	1,017	38%	692	26%	960	36%	2,669	3.8%
Glenrothes & North East Fife Community Health Partnership	522	38%	465	34%	380	28%	1,367	2.2%
Kirkcaldy & Levenmouth Community Health Partnership	825	42%	764	39%	357	18%	1,946	3.8%
Clackmannanshire Community Health Partnership	423	54%	40	5%	316	41%	779	4.3%
Falkirk Community Health Partnership	892	45%	247	12%	865	43%	2,004	2.5%
Stirling Community Health Partnership	490	41%	126	10%	589	49%	1,205	3.3%
Aberdeen City Community Health Partnership	1,766	44%	1,224	30%	1,045	26%	4,035	4.1%
Aberdeenshire Community Health Partnership	2,026	48%	1,196	29%	971	23%	4,193	5.2%
Moray Community Health Partnership	643	44%	447	30%	381	26%	1,471	3.2%
East Dunbartonshire Community Health Partnership	711	40%	209	12%	842	48%	1,762	5.9%
East Renfrewshire Community Health & Care Partnership	479	42%	156	14%	516	45%	1,151	4.0%
Glasgow City	5,969	33%	2,056	11%	9,934	55%	17,959	4.2%
Inverclyde Community Health Partnership	732	36%	209	10%	1,115	54%	2,056	3.6%
Renfrewshire Community Health Partnership	1,548	36%	408	9%	2,380	55%	4,336	4.3%
West Dunbartonshire Community Health Partnership	818	32%	249	10%	1,459	58%	2,526	4.6%
Argyll & Bute Community Health Partnership	615	38%	443	28%	546	34%	1,604	3.8%
Mid Highland Community Health Partnership	686	52%	220	17%	401	31%	1,307	4.0%
North Highland Community Health Partnership	183	45%	82	20%	140	35%	405	2.8%
South East Highland Community Health Partnership	781	46%	309	18%	620	36%	1,710	4.5%
North Lanarkshire Community Health Partnership	3,303	29%	1,932	17%	6,257	54%	11,492	4.2%

South Lanarkshire Community Health Partnership	2,652	34%	1,116	14%	3,983	51%	7,751	4.2%
East Lothian Community Health Partnership	529	39%	222	17%	589	44%	1,340	3.2%
Edinburgh Community Health Partnership	2,139	38%	938	17%	2,497	45%	5,574	2.5%
Midlothian Community Health Partnership	637	41%	307	20%	597	39%	1,541	3.8%
West Lothian Community Health & Care Partnership	1,282	44%	483	17%	1,128	39%	2,893	3.9%
Orkney Community Health Partnership	50	49%	9	9%	44	43%	103	1.9%
Shetland Community Health Partnership	95	43%	63	29%	63	29%	221	3.5%
Angus Community Health Partnership	795	31%	1,009	39%	770	30%	2,574	3.8%
Dundee City Community Health Partnership	1,141	32%	1,300	36%	1,155	32%	3,596	3.1%
Perth & Kinross Community Health Partnership	894	30%	1,102	37%	1,008	34%	3,004	3.5%
Western Isles Community Health Partnership	172	63%	56	21%	44	16%	272	2.4%
Unknown	550	39%	202	14%	661	47%	1,413	
Scotland	40,857	38%	19,357	18%	48,055	44%	108,269	3.9%

Notes

¹ Figures are based on the client's area of residence.

² Care should be taken with interpretation for the smaller areas as sample sizes will be small. Figures are based on mid-2010 populations.

Table F. Number of successful 'self-reported' 1 month quits by SIMD 2009 'within-board' deprivation decile (NHS boards, 2011)

		Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles
SIMD 2009 'within -board' population weighted decile (1=most deprived; 10=least deprived)	1	597	140	147	374	293	885	1,658	376	797	839	9	7	522	18
	2	548	109	148	332	248	637	1,552	339	750	849	1	6	450	11
	3	494	96	79	294	303	574	1,560	245	682	690	3	16	370	16
	4	461	130	104	266	228	461	1,428	192	662	577	12	14	281	21
	5	379	70	110	253	171	403	1,216	163	551	454	4	11	288	8
	6	316	50	63	211	162	351	1,044	193	516	461	3	10	243	17
	7	290	78	93	174	128	356	896	180	458	327	6	8	203	15
	8	240	66	78	130	104	302	655	211	366	184	2	6	221	35
	9	205	56	85	136	93	268	496	213	341	189	4	5	168	8
	10	142	56	54	113	57	193	353	155	206	124	6	12	114	23
	Unknown	20	13	3	0	5	1	284	103	14	95	2	0	6	2
Board total		3,692	864	964	2,283	1,792	4,431	11,142	2,370	5,343	4,789	52	95	2,866	174

Note: The above data are based on 'within-board' deciles, in line with the current HEAT target for smoking cessation services, for NHS boards.

Table G. Percentage distribution of successful 'self-reported' 1 month quits across SIMD 2009 'within-board' deprivation deciles (NHS boards, 2011)

		Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles
SIMD 2009 'within -board' population weighted decile (1=most deprived; 10=least deprived)	1	16%	16%	15%	16%	16%	20%	15%	16%	15%	18%	17%	7%	18%	10%
	2	15%	13%	15%	15%	14%	14%	14%	14%	14%	18%	2%	6%	16%	6%
	3	13%	11%	8%	13%	17%	13%	14%	10%	13%	14%	6%	17%	13%	9%
	4	12%	15%	11%	12%	13%	10%	13%	8%	12%	12%	23%	15%	10%	12%
	5	10%	8%	11%	11%	10%	9%	11%	7%	10%	9%	8%	12%	10%	5%
	6	9%	6%	7%	9%	9%	8%	9%	8%	10%	10%	6%	11%	8%	10%
	7	8%	9%	10%	8%	7%	8%	8%	8%	9%	7%	12%	8%	7%	9%
	8	7%	8%	8%	6%	6%	7%	6%	9%	7%	4%	4%	6%	8%	20%
	9	6%	6%	9%	6%	5%	6%	4%	9%	6%	4%	8%	5%	6%	5%
	10	4%	6%	6%	5%	3%	4%	3%	7%	4%	3%	12%	13%	4%	13%
	Unknown	1%	2%	0%	0%	0%	0%	3%	4%	0%	2%	4%	0%	0%	1%
	Board total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: The above data are based on 'within-board' deciles, in line with the current HEAT target for smoking cessation services, for NHS boards.

Appendix 5.

Publication metadata

Metadata indicator	Description
Publication title	NHS Smoking Cessation Service Statistics (Scotland) 1 st January to 31 st December 2011
Description	This release presents data on quit attempts made with the help of NHS smoking cessation services during the 2011 calendar year and the outcomes of those quit attempts. It includes also comparisons with the previous year.
Theme	Health & Social Care
Topic	Lifestyles & Behaviours
Format	PDF document
Data source(s)	The national minimum dataset for smoking cessation services in Scotland (revised version for quit dates from 1 st Jan 2009). Also, Scottish Household Survey (SHS) estimates of smoking prevalence & SMR02 data on women smoking in pregnancy.
Date that data is acquired	2 nd April 2012
Release date	29 th May 2012
Frequency	annual
Timeframe of data and timeliness	Data for the 2011 calendar year (as well as revised 2010 figures). Release published to agreed May timescale.
Continuity of data	From the May 2011 report, NHS board level SIMD data are based on 'within board' deciles (the May 2010 report used 'all Scotland' SIMD deciles).
Revisions Statement	No revisions to this publication are planned, however, revised 2011 statistics will be included in the May 2013 publication.
Revisions relevant to this publication	None.
Concepts and definitions	Background to the national smoking cessation services monitoring and national smoking cessation services database are available on the ASH Scotland web site .
Relevance and key uses of the statistics	The national cessation monitoring analyses produced by ISD are used to provide vital evidence of the reach and success of NHS smoking cessation services in Scotland. The cessation monitoring data are also used for smoking cessation HEAT (Health Improvement, Efficiency, Access and Treatment) target monitoring.

Accuracy	Data were cross-checked against national smoking cessation database 'standard reports' and results from the previous annual monitoring reports. Headline statistics for Greater Glasgow and Clyde (where data are provided from local information systems) were checked with Greater Glasgow & Clyde data providers.
Completeness	The report acknowledges that there is evidence, across Scotland, of data under-recording in relation to pharmacy cessation services, but that data collection problems within the national pharmacy smoking cessation scheme are now being addressed both centrally and locally. The 2011 data presented will omit 'late received' data from pharmacy services, however, 2011 data are then revised at the following year's update.
Comparability	The report includes comparable data from the monitoring of NHS smoking cessation services in England.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	The report includes detail on the background to the national smoking cessation services monitoring in Scotland as well as analysis results. The majority of data tables are included in the main body of the report, with a series of supplementary tables (all sub-Scotland level data) included as an Appendix. The report layout is similar to that of previous years.
Value type and unit of measure	Quit attempt 'numbers' and 'percentage' quit success rates are presented.
Disclosure	Low risk of disclosure linked to the data published. No disclosure control methods were applied. The ISD Statistical Disclosure Control Protocol has been followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Awaiting assessment
Last published	31 st May 2011
Next published	28 th May 2013
Date of first publication	26 th March 2007
Help email	linsey.galbraith@nhs.net
Date form completed	9 th May 2012

Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access:

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

These statistics will also have been made available to those who needed access to help quality assure the publication:

Data Manager for Smokefree Services, NHS Greater Glasgow & Clyde