

NHS Smoking Cessation Service Statistics (Scotland)

1st January to 31st December 2007

1. Introduction

This report provides an analysis of **NHS smoking cessation services uptake and outcomes during the calendar year 1st January to 31st December 2007**. The information presented is taken from the agreed national minimum dataset for smoking cessation services (developed by PATH, part of ASH Scotland) and is **based on 'quit attempts' made** during the year (data recorded as at 27th February 2008). This is **the second annual release of statistics from the minimum dataset monitoring 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 approximately 300 registered users across Scotland. Still a relatively new system, ISD has been continuing to work with cessation services to maximise the quality and completeness of the data collected.

The second data source, in the case of Greater Glasgow & Clyde NHS board, is local information systems. Data for Tayside pharmacies is also provided from a local information system.

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 at http://www.ashscotland.org.uk/ash/ash_display.jsp?pContentID=4240&p_applic=CCC&p_service=Content.show&

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 2007 calendar year. Included also are **quit outcomes based on client follow-up at one month and three months post 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 would be incomplete (i.e. some follow-ups still to be undertaken or recorded). Although not presented here, the minimum dataset monitoring also includes 12 month follow-up.

The statistics are based on the 2007 calendar year, rather than financial year, in line with the first national monitoring report. Note: the 2006 calendar year was the first year for which there were data available for all NHS board areas in Scotland. Wherever possible comparisons with the 2006 calendar year are included. These are based on the published 2006 figures (figures have not been revised, for example, to take account of late receipt of data).

This second national report replicates the analyses produced last year. It also has analyses by Community Health Partnership/Community Health and Care Partnership (CHP/CHCP) area; client profile analyses (age, gender, ethnic

origin, deprivation category and urban/rural); and statistics on carbon monoxide (CO) validated quits¹ as well as self-reported one month quits.

December 2007 saw the publication of a series of new HEAT targets for the NHS. One of these relates to the proportion of the smoking population in each board area supported, via cessation services, to achieve a successful one month quit - <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>. The target (which covers the period 2008/9 to 2010/11) will be measured through a separate target monitoring process, using data from the national cessation services monitoring and national database.

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 including: under-recording of data (for example, as a result of late submission of data, particularly in the case of pharmacy services), or reduced services being in place during the time period, e.g. due to staff absence.

There are also variations in the types of services provided in different boards. 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 who have a large pharmacy scheme (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 is coming from specialist cessation services (relatively fewer clients seen, but more intensive support provided), may have amongst the highest percentage quit rates.

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 < five cigarettes since one month follow-up' (three month follow-up) as a percentage of total quit attempts made/quit dates set. 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 overall, the proportion of cases 'lost to follow-up'/unknown at one month (note: the English monitoring does not include three month follow-up) is only slightly higher than the English findings. There are, however, NHS boards in Scotland with particularly high proportions of cases 'lost to follow-up'/unknown (see table footnotes for further explanation on this). **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 this year are statistics on CO validated 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.

The figures presented in last year's report were based on the Argyll & Clyde, Greater Glasgow and Highland NHS board areas as services were continuing,

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.

at that time, to be provided on the basis of the old NHS board areas. Figures this year are based on the revised Greater Glasgow & Clyde and Highland board areas (also 2006 figures have been updated to the new boundaries).

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. The information in the report represents, therefore, only a proportion of the work of NHS smoking cessation services.

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

- **There were a total of 41,424 quit attempts made/quit dates set in the 12 months from 1st January to 31st December 2007** (data recorded on the national database, as at 27th February 2008, combined with data supplied from local information systems). **This compares with 46,466 quit attempts during the previous calendar year (when the new Smoke-free laws were introduced), representing a decrease of 5,042 (or 11%), see Table 1.** In seven out of 14 NHS board areas numbers are down on the previous year, whilst seven have shown an increase (in some cases due to improved data recording in 2007). It should be noted that Grampian NHS board area has seen numbers reduce from 8,474 to 4,452 (a fall of 4,022), in part as a result of reduced demand for services during 2007, but also due to limited services being in place in that period. A decrease of this magnitude will have impacted not just on the NHS Grampian figures, but on the overall Scotland figures.
- With regard to monthly quit attempts made, **numbers were highest in January (note: the start of the year is the most popular time for people to attempt to quit, e.g. New Year's resolution), followed by March, then February, see Figure 1. In the previous year, numbers reached a peak in March, just prior to the introduction of the new Smoke-free laws on 26th March 2006.** Note: figures for the latter part of the year are expected to increase in future due to reported delays in receipt of data and data recording.
- **An estimated 3.9% of the smoking population made a quit attempt with an NHS smoking cessation service between 1st January and 31st December 2007 (4.4 % in 2006).** This is calculated as - total quit attempts made/quit dates set as a percentage of total smokers (Scottish Household Survey estimate, 2006). Note: the 2006 figures have been recalculated using the 2006 Scottish Household Survey (previous figures were based on the 2005 survey).
- **Service uptake rates varied considerably across NHS board areas (ranging from 0.3% in Western Isles to 5.5% in Borders).** One of the reasons for this is under-recording of data in some board areas. There are differences too 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 provided).

- **Included this year 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 (2005/2006) of smoking population in these areas estimates have been made of service uptake rates for CHP/CHCP areas. **The highest rates were found in CHCP areas in Greater Glasgow and Clyde: South West Glasgow 6.0% of estimated total smokers, South East Glasgow 6.7%, and East Dunbartonshire 7.1%, 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 NHS board area). Note: Grampian figures (Aberdeen City and Aberdeenshire CHPs) exclude pharmacy data not entered onto the national database (only one in five records entered due to limited staff resources).

Quit attempts – client profile

- **Sixty-one per cent of quit attempts were by females and 39% males, Figure 2.** Given that adult smoking rates for males and females are similar (26% for males and 25% for females, from the latest Scottish Household Survey estimates) this demonstrates higher service uptake rates for women. Comparable figures for England (April to September 2007 quit dates set) were 55% females and 45% males.
- **The under 25s age group accounted for 8% of quit attempts made; 25-34s 17%; 35-44 24%; 45-59 31% and 60 years plus 20%, see Figure 3.** Meanwhile, smoking prevalence estimates reveal the highest rates to be in the younger age groups, with males in the 25-34s age group having the highest prevalence of all.
- **For 88% of quit attempts the client's ethnic group was 'White-British'; 'White-Other' 1% ; 'Other Ethnic Group' 1% and unknown 10%, Figure 4.** Note: according to the 2001 Census minority ethnic groups formed 2.0% of the Scottish population.
- **Eighty-three per cent of quit attempts were for people living in urban areas, 11% rural areas and 6% 'unknown'³, Figure 5.** 2001 Census estimates show 81% of Scotland's population living in urban areas and 19% in rural areas. Scottish Household Survey smoking prevalence estimates also reveal relatively higher smoking prevalence in urban areas.
- **There were a total of 1,231 quit attempts made by pregnant women during 2007, representing approximately 10% of women smoking during pregnancy⁴, Table 3.** Note: there may be some under-recording of data on pregnant women attempting to quit smoking, using the national smoking cessation monitoring, although recording has improved since 2006.

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

³ Based on The Scottish Executive Urban Rural Classification (version 2005-2006).

⁴ Based on SMR02 (Scottish Morbidity Record) estimates of the number of pregnant women smoking at antenatal booking (2005).

- **An analysis of quit attempts made by SIMD deprivation category shows the largest numbers to be in the most deprived categories and the smallest in the least deprived, Figure 6⁵.** Note: Scottish Household Survey estimates (2005/2006) of smoking prevalence by deprivation quintiles show a smoking prevalence rate of 41% in the most deprived areas (equivalent to SIMD categories 9-10 combined, Figure 6) and 13% in the least deprived areas (equivalent to SIMD 1-2, Figure 6). Even allowing for this higher smoking prevalence in the most deprived communities (categories 9-10), they still accounted for a relatively larger share of quit attempts made (33% of estimated total smokers, but 36% of quit attempts made). Note: excludes 'unknowns'.

Outcomes

- **Of the 41,424 quit attempts made between 1st January and 31st December 2007, there were 38,292 for which one month follow-up data was available (excludes 3,132 Grampian pharmacy records – only one in five records entered onto the national database due to limited admin. resources). Of these, 14,352 were recorded as successful quits.** 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 23,940 cases, 14,291 had smoked in the last two weeks and 9,649 were 'lost to follow-up'/unknown,** see Table 4. 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 information (i.e. not received in time to conduct one month follow-up); or follow-ups not undertaken or not recorded/not yet recorded, for example as a result of resource shortages. Also, 'lost to follow-up'/unknown numbers may reduce in time where follow-up information is still to be recorded (e.g. follow-up forms received late, or backlog of data to be input).
- **The Scotland percentage quit rate at one month (self-reported) was 37%, with 37% still smoking and 25% 'lost to follow-up'/unknown. This compares with 34%, 34% and 32% respectively in 2006 – representing an increase in the proportion quit at 1 month and a decrease in the proportion 'lost to follow-up'/unknown.** The most recent English monitoring figures reveal a one month percentage quit rate of 50%, with 26% still smoking and 23% 'lost to follow-up'/unknown. As noted earlier, care should be taken 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.
- Carbon monoxide (CO) validated quit findings were not included in the first annual monitoring report due to the amount of missing data - readings not attempted due to infection concerns about the use of CO monitors, or follow-up conducted by letter/phone rather than 'face to face'. As noted above, based on self-reported quits 37% of quit attempts were successful at one month. **Using the CO validated quit findings this reduces to**

⁵ The SIMD (Scottish Index of Multiple Deprivation) 2006 10 deciles classification has been calculated using datazone information (converted from the client's full postcode, which is part of the national minimum dataset).

26% successfully quit at one month (most recent English figure – 31%), but there remain a relatively high proportion of cases where a reading was not taken, Table 5.

- **As with service uptake, there was wide variation across the country in one month quit rates. The highest quit rates (self-reported) were 48% in Shetland, 51% in Lanarkshire and 65% in Forth Valley**, see Table 4. As noted above, 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 with large pharmacy schemes overall percentage quit rates may be lower). **It is especially important to be aware of the influence of cases 'lost to follow-up'/unknown on quit rates.** For pharmacy services in particular, continuing difficulties with late receipt of quit attempt records has at times resulted in it being too late to undertake one month follow-up in some board areas. Note: only small number of 'lost to follow-ups' recorded for Greater Glasgow & Clyde (if client has withdrawn from service or cannot be contacted it is assumed they have relapsed/are still smoking). **Most boards have shown a drop in the percentage of cases 'lost to follow-up' at one month, 2006 compared with 2007.**
- **The highest percentage CO validated one month quits for NHS board areas were: 40% in Forth Valley and 45% in Lanarkshire.**
- **From a total of 31,210 quit attempts made/quit dates set between 1st January and 30th September 2007, 11,802 were recorded as successful quits at one month follow-up and 5,994 still quit at three months (comprises: 5,518 – not smoked since 1 month follow-up and 476 'smoked <5 cigarettes'). Of the remaining 5,808 cases, 2,583 had relapsed (five + cigarettes smoked since one month follow-up) and 3,225 were 'lost to follow-up'/unknown (see Table 6. & Figure 7.).** Note: the time period is January to September 2007 as three month follow-up information for the whole year would not yet be 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 < five cigarettes since one month follow-up'.** The clients to be followed up at three months (according to the PATH minimum dataset guidelines) are only those recorded as a successful quit at one month.
- **The Scotland percentage quit rate at three months was 19% (18% in 2006). As noted above, this is based on clients 'smoking < 5 cigarettes since 1 month follow-up'. It is based too on a denominator of all quit dates set during the time period, i.e. Jan. to Sep. (but excluding the Grampian pharmacy data not entered onto the national database).** 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 limited resources or late receipt of data) was also a factor.**
- **The highest three month percentage quit rates for NHS boards were: Forth Valley 28%, Lanarkshire 30% and Shetland 31%.**

Table 1. Number of quit attempts made/quit dates set (1st January to 31st December 2007) by NHS board*

NHS Board	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total ¹	Estimated total smokers (Scottish Household Survey, SHS, 2006)	Estimated annual service uptake rate (% of total smokers – SHS 2006)	2006 figures ² Total quit attempts (% of total smokers - SHS 2006)
Ayrshire & Arran	357	285	321	207	183	182	205	190	123	223	112	40	2,428	77,518	3.1	1300 (1.7%)
Borders	171	101	103	77	114	59	71	86	71	83	50	23	1,009	18,312	5.5	1709 (9.3%)
Dumfries & Galloway	103	102	144	105	106	87	99	124	80	104	122	59	1,235	26,751	4.6	1350 (5.0%)
Fife	308	233	261	170	185	180	205	215	169	222	158	135	2,441	77,098	3.2	2494 (3.2%)
Forth Valley	244	142	136	72	73	71	61	87	99	98	89	26	1,198	56,029	2.1	2447 (4.4%)
Grampian ³	632	482	520	481	403	370	346	306	287	287	240	98	4,452	101,504	4.4	8474 (8.3%)
Greater Glasgow & Clyde ⁴	1930	1503	1514	1336	1170	994	1051	1138	1041	1149	840	185	13851	265,498	5.2	16418 (6.2%)
Highland	159	133	150	152	127	170	146	150	148	157	163	130	1,785	61,800	2.9	587 (0.9%)
Lanarkshire	703	587	583	625	534	407	417	491	470	535	608	193	6,153	134,217	4.6	5641 (4.2%)
Lothian	340	287	424	275	369	262	308	318	298	388	323	156	3,748	140,220	2.7	3717 (2.7%)
Orkney	6	4	4	0	5	5	3	1	9	9	5	3	54	3,437	1.6	54 (1.6%)
Shetland	13	12	25	16	8	10	6	8	9	7	5	2	121	2,960	4.1	191 (6.5%)
Tayside ⁵	363	349	318	275	236	258	209	204	204	200	214	104	2934	78,951	3.7	2072 (2.6%)
Western Isles ⁶	2	0	0	0	0	0	2	0	2	2	2	5	15	5,428	0.3	12 (0.2%)
Scotland	5,331	4,220	4,503	3,791	3,513	3,055	3,129	3,318	3,010	3,464	2,931	1,159	41,424	1,049,721	3.9	46466 (4.4%)

Notes

¹ Figures for latter part of the year, and 2007 total, would be expected to increase in future due to reported delays in some areas in receipt of data/data recording.

² Previously published 2006 Totals, except Greater Glasgow & Clyde and Highland revised to new board boundaries.

³ Grampian – only one in five pharmacy records (pharmacies accounting for majority of Grampian records) input to national database, due to limited staff resources. For Table 1. only, pharmacy cases have been multiplied by five to ensure all 2007 quit attempts counted.

⁴ Greater Glasgow & Clyde - data provided from local information systems. Pharmacy service accounts for majority of records.

⁵ Tayside - Includes data from the national database, plus pharmacy service data which is provided from a local information system.

⁶ Western Isles - under-recording of data for specialist smoking cessation service due to limited admin. resources. Also, excludes GP practice-based services, which account for all provision in Uist and Barra and a proportion of services in Lewis and Harris.

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

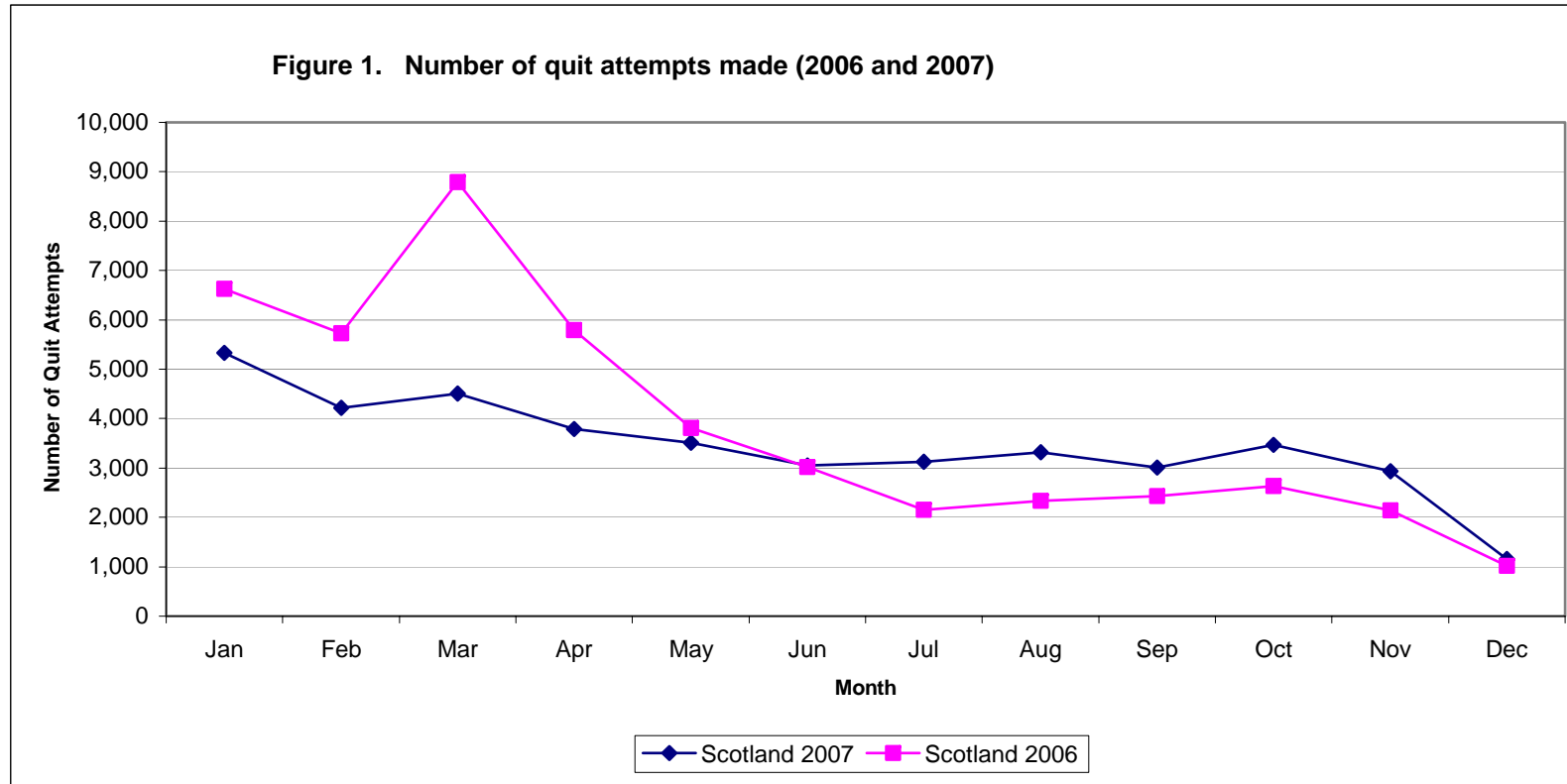


Table 2. Number of quit attempts made/quit dates set (1st January to 31st December 2007) by CHP/CHCP Area

Community Health Partnership/ Community Health & Care Partnership Area	Quit attempts made/quit dates set 2007	Estimated total smokers (Scottish Household Survey, SHS, 2005 – 2006 ⁶)	Estimated annual service uptake rate (% of total smokers – SHS 2005-2006)
Aberdeen City Community Health Partnership	541	40,694	1.3
Aberdeenshire Community Health Partnership	570	37,032	1.5
Angus Community Health Partnership	1,067	19,386	5.5
Argyll & Bute Community Health Partnership	279	20,862	1.3
Clackmannanshire Community Health Partnership	338	11,492	2.9
Dumfries & Galloway Community Health Partnership	1,229	30,004	4.1
Dundee Community Health Partnership	863	33,517	2.6
Dunfermline & West Fife Community Health Partnership	1,459	32,498	4.5
East Ayrshire Community Health Partnership	802	25,587	3.1
East Dunbartonshire Community Health Partnership*	969	13,595	7.1
East Glasgow Community Health & Care Partnership	2,119	35,732	5.9
East Lothian Community Health Partnership*	159	15,321	1.0
East Renfrewshire Community Health & Care Partnership*	375	10,094	3.7
Edinburgh Community Health Partnership	1,695	83,047	2.0
Falkirk Community Health Partnership	593	31,775	1.9
Glenrothes & North East Fife Community Health Partnership	394	25,161	1.6
Inverclyde Community Health Partnership*	358	18,977	1.9
Kirkcaldy & Levenmouth Community Health Partnership	584	24,310	2.4
Mid Highland Community Health Partnership*	460	15,821	2.9
Midlothian Community Health Partnership*	519	16,463	3.2
Moray Community Health & Social Care Partnership	213	16,505	1.3
North Ayrshire Community Health Partnership	1,212	29,323	4.1
North Glasgow Community Health & Care Partnership	1,325	29,491	4.5
North Highland Community Health Partnership*	75	6,399	1.2
North Lanarkshire Community Health Partnership	3,935	84,610	4.7
Orkney Community Health Partnership	47	3,115	1.5
Perth & Kinross Community Health Partnership	921	28,733	3.2
Renfrewshire Community Health Partnership	883	34,074	2.6
Scottish Borders Community Health & Care Partnership	980	20,817	4.7
Shetland Community Health Partnership	113	3,306	3.4
South Ayrshire Community Health Partnership	368	23,875	1.5
South East Glasgow Community Health & Care Partnership	1,500	22,454	6.7
South East Highland Community Health Partnership*	833	15,992	5.2
South Lanarkshire Community Health Partnership	2,939	62,138	4.7
South West Glasgow Community Health & Care Partnership	1,971	32,630	6.0
Stirling Community Health Partnership	261	17,059	1.5
West Dunbartonshire Community Health Partnership*	698	22,412	3.1
West Glasgow Community Health & Care Partnership	1,670	30,265	5.5
West Lothian Community Health & Care Partnership	1,270	37,096	3.4
Western Isles Community Health Partnership*	15	4,858	0.3
Unknown	1,690		
Scotland	38,292	1,066,518	3.6

⁶ Estimates based on 2005 and 2006 Scottish Household Surveys combined, whilst NHS board estimates in Table 1. are based on 2006 SHS, hence difference in Scotland totals. Areas marked * have sample size < 500 so care should be taken in interpreting these results.

Figure 2. Quit attempts made, by gender (Scotland, 2007)

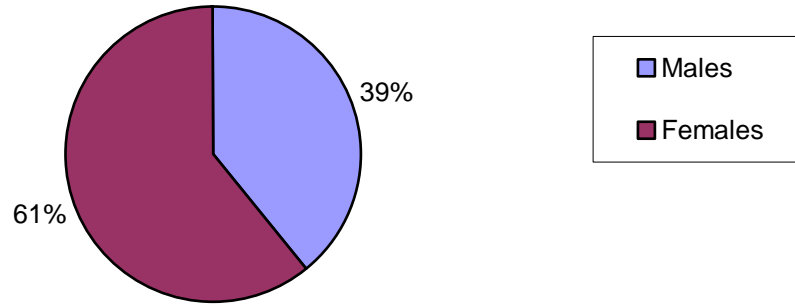


Figure 3. Quit attempts made by age group (Scotland, 2007)

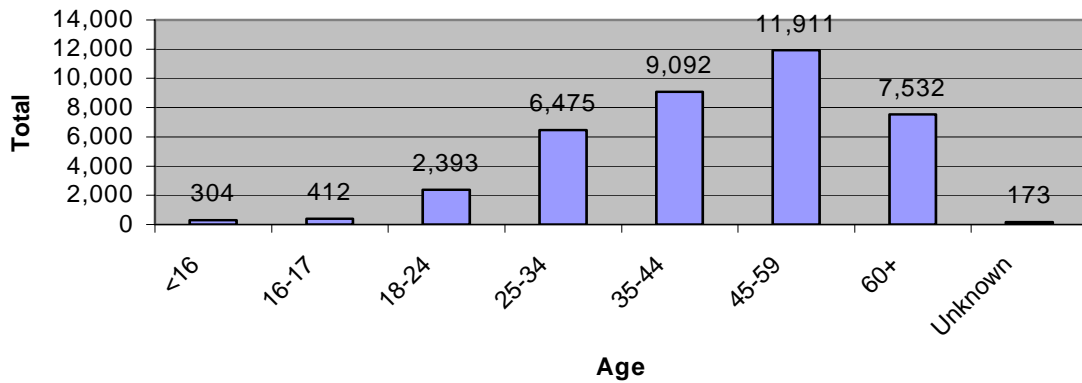


Figure 4. Quit attempts by ethnic group (Scotland, 2007)

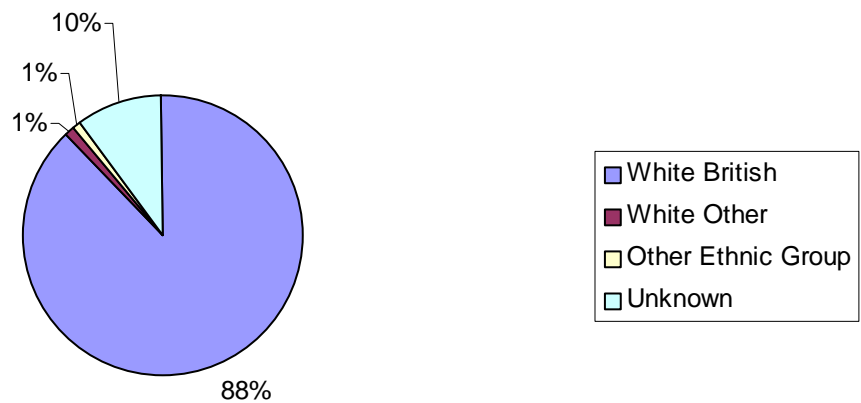


Figure 5. Quit attempts made - urban/rural areas (Scotland, 2007)

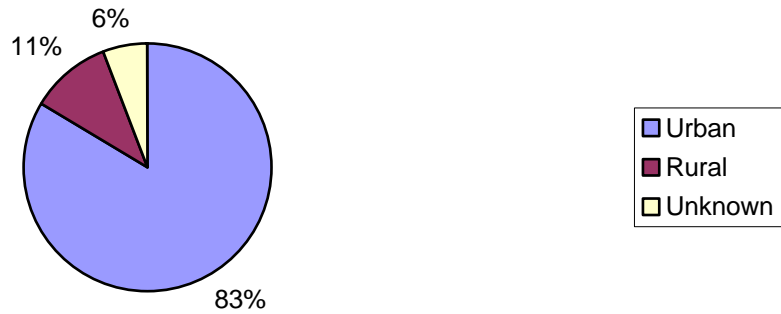
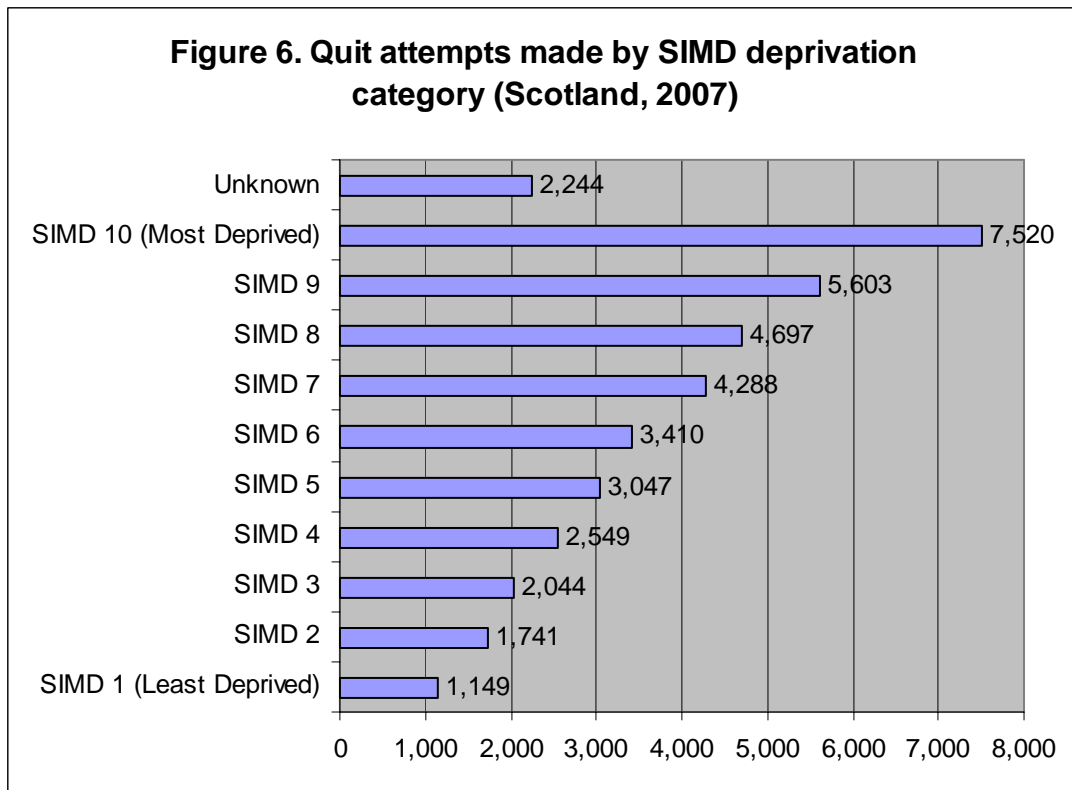


Table 3. Quit attempts made – pregnant females (Scotland, 2007)

	Quit attempts made (2007)	Women smoking in pregnancy (SMR02, 2005 - rounded)	% pregnant smokers attempting to quit using cessation services
Pregnant females	1,231	12,000	10%

Figure 6. Quit attempts made by SIMD deprivation category (Scotland, 2007)



Note: The SIMD (Scottish Index of Multiple Deprivation) 2006 10 deciles classification has been calculated using datazone information (converted from the client's full postcode, which is part of the national minimum dataset).

Table 4. Quit rates, self-reported, at 1 month, by NHS board area (based on 1st January to 31st December 2007 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		2006 figures Quit at 1 month	
	Number	%	Number	%	Number	%	Number	%
England ²		50%		26%		23%		51%
NHS Board								
Ayrshire & Arran ³	617	25%	138	6%	1,673	69%	105	8%
Borders	444	44%	267	26%	298	30%	785	46%
Dumfries & Galloway	499	40%	362	29%	374	30%	507	38%
Fife	1,097	45%	734	30%	610	25%	1148	46%
Forth Valley	777	65%	136	11%	285	24%	940	51%
Grampian ⁴	229	17%	137	10%	954	72%	773	9%
Greater Glasgow & Clyde ⁵	4,386	32%	9,435	68%	30	0%	5913	36%
Highland	743	42%	355	20%	687	38%	172	29%
Lanarkshire	3,140	51%	892	14%	2,121	34%	3205	59%
Lothian	1,486	40%	971	26%	1,291	34%	1250	34%
Orkney	21	39%	6	11%	27	50%	22	41%
Shetland	58	48%	31	26%	32	26%	68	36%
Tayside ⁶	852	29%	823	28%	1,259	43%	583	28%
Western Isles	3	20%	4	27%	8	53%	0	0%
Scotland	14,352	37%	14,291	37%	9,649	25%	15,471	34%

Notes

¹ Numbers/percentages may reduce where areas have reported a delay in receipt/entry of follow-up data. 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 (e.g. as a result of late receipt of initial quit attempt information, or resource shortages).

² England – based on data for six months April to September 2007. Figures may not total 100% due to rounding.

³ Ayrshire & Arran – majority of records are for pharmacy services. Late receipt of pharmacy quit attempt records resulted in the majority of these having to be noted as 'lost to follow-up' as too late for 1 month follow-up to be undertaken.

⁴ Grampian – excludes pharmacy records not entered onto the national database – see footnote at Table 1. High proportion of cases 'lost to follow-up' is due to non-return of client 1 month follow-up questionnaires.

⁵ Greater Glasgow & Clyde – clients no longer in service/not contactable are assumed to have relapsed.

⁶ Tayside – majority of lost to follow-ups/unknowns are pharmacy clients.

Table 5. Quit rates, CO validated, at 1 month, by NHS board area (based on 1st January to 31st December 2007 quit dates)

	Quit confirmed by CO reading? Numbers ¹			Quit confirmed by CO reading? Percentages ²		Total self-reported quit at 1 month
	Yes	No	CO reading not taken/Unknown	Yes	No	
England ³				31%		
NHS Board						
Ayrshire & Arran	444	5	168	18%	0%	617
Borders	162	5	277	16%	0%	444
Dumfries & Galloway	352	7	140	29%	1%	499
Fife	618	10	469	25%	0%	1,097
Forth Valley	476	5	296	40%	0%	777
Grampian ⁴	117	3	109	9%	0%	229
Greater Glasgow & Clyde	3378	628	380	24%	5%	4,386
Highland	290	5	448	16%	0%	743
Lanarkshire	2756	28	356	45%	0%	3,140
Lothian	719	34	733	19%	1%	1,486
Orkney	15	1	5	28%	2%	21
Shetland	21	2	35	17%	2%	58
Tayside ⁵	2	3	421	0%	0%	426
Western Isles	1	0	2	7%	0%	3
Scotland	9,351	736	3,839	26%	2%	13,926

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 six months April to September 2007.

⁴ Grampian – excludes pharmacy records not entered onto the national database, see footnote at Table 1.

⁵ Tayside – all figures in row exclude data for pharmacy clients as CO validated quit info. is available only for 1% of these clients.

Table 6. Quit rates, self-reported, at 3 months, by NHS board (based on 1st Jan. to 30th Sep. 2007 quit dates) *

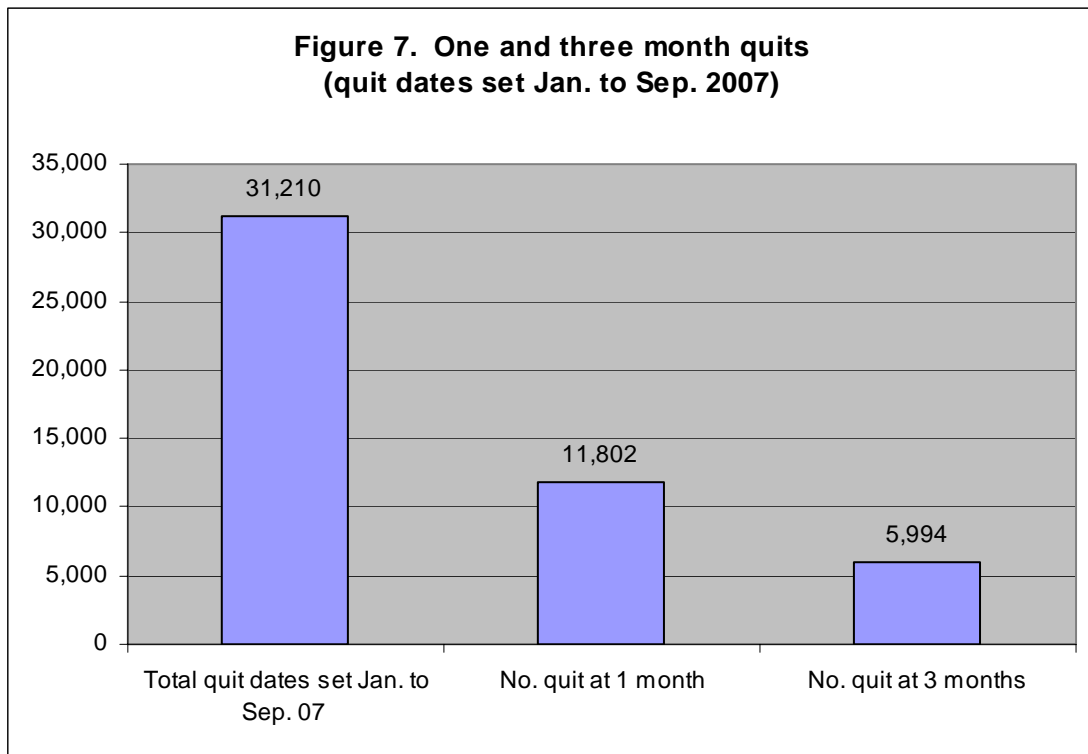
NHS board	Not-Smoked since 1 month follow-up		Smoked <5 cigarettes		Smoked 5+ cigarettes		Lost to follow up/Unknown		Total quit dates set Jan. to Sep. 07	Self-reported quit at 1 month (quit dates Jan. to Sep. 07)
	Number	%	Number	%	Number	%	Number	%		
Ayrshire & Arran ¹	206	10%	19	1%	21	1%	231	11%	2,053	477
Borders	145	17%	10	1%	51	6%	158	19%	853	364
Dumfries & Galloway	219	23%	32	3%	65	7%	62	7%	950	378
Fife	406	21%	60	3%	163	8%	222	12%	1,926	851
Forth Valley	242	25%	33	3%	105	11%	260	26%	985	640
Grampian	96	8%	13	1%	11	1%	93	8%	1,167	213
Greater Glasgow & Clyde ²	1,787	15%	62	1%	1,313	11%	789	7%	11,677	3,951
Highland	266	20%	30	2%	70	5%	195	15%	1,335	561
Lanarkshire	1,339	28%	104	2%	588	12%	461	10%	4,817	2,492
Lothian	398	14%	43	1%	103	4%	570	20%	2,881	1,114
Orkney	4	11%	0	0%	3	8%	7	19%	37	14
Shetland	27	25%	6	6%	8	7%	7	7%	107	48
Tayside	383	16%	64	3%	81	3%	170	7%	2,416	698
Western Isles	0	0%	0	0%	1	17%	0	0%	6	1
Scotland	5,518	18%	476	2%	2,583	8%	3,225	10%	31,210	11,802

Notes

¹ Ayrshire & Arran - late receipt of pharmacy quit attempt records resulted in the majority of these having to be noted as 'lost to follow-up'/unknown at 1 month as too late for the follow-up to be done. This also impacts on 3 month follow-up.

² Greater Glasgow & Clyde – for the pharmacy service figures for 'not smoked at all' and 'smoked < 5 cigarettes' are combined, in column one.

* 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.



Note: definition of quit at 3 months is 'smoked < 5 cigarettes since 1 month follow-up'.

Appendix 1.

The National Minimum Dataset for NHS Smoking Cessation Services

For office use only										
1. Client ID:										
2. Health Board area:	3. Clinic area/type									
Client Information										
4. Full postcode:	5. Date of Birth: __/__/__ and/or Age _____	6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								
7. If female, pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	8. Does 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. Which of the following best describes the client's ethnic origin? (Ask client to choose one section from A-G, and then tick one box only within that section):										
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> A. White <input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top;"> B. Mixed Background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top;"> C. Asian, Asian Scottish or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top;"> D. Black, Black Scottish or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____ </td> </tr> <tr> <td style="vertical-align: top;"> E. Other Ethnic Background (Please specify) _____ </td> <td colspan="3" style="vertical-align: top;"> F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/> </td> </tr> </table>			A. White <input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please specify) _____	B. Mixed Background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____	C. Asian, Asian Scottish or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (Please specify) _____	D. Black, Black Scottish or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____	E. Other Ethnic Background (Please specify) _____	F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/>		
A. White <input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please specify) _____	B. Mixed Background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____	C. Asian, Asian Scottish or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (Please specify) _____	D. Black, Black Scottish or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____							
E. Other Ethnic Background (Please specify) _____	F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/>									
Tobacco Use and Quit Attempts										
11. On average, how many cigarettes does the client usually smoke per day?	12. How soon after waking does the client usually smoke their first cigarette?									
<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	<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									
13. How easy or difficult would the client find it to go without smoking for a whole day?	14. How many times has the client tried to quit smoking in the past year?									
<input type="checkbox"/> Very Easy <input type="checkbox"/> Fairly Easy <input type="checkbox"/> Fairly Difficult <input type="checkbox"/> Very Difficult <input type="checkbox"/> Unknown	<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>26. Pharmaceutical Usage:</p> <p> <input type="checkbox"/> NRT only <input type="checkbox"/> Bupropion <input type="checkbox"/> Both NRT and Bupropion <input type="checkbox"/> Neither <input type="checkbox"/> Unknown Number of Weeks: _____ </p>	
12 month follow up (for office use only)	
<p>27. Was the client contacted for 12-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>Please now complete questions 28-30</p>	
<p>28. Date follow up carried out:</p> <p>_____ (dd/mm/yyyy)</p>	
<p>29. Has the client smoked at all (even a puff) in the last two weeks?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown </p>	<p>30. Has the client smoked at all since the one-month follow-up?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes, less than 5 cigarettes in total <input type="checkbox"/> Yes, 5 + cigarettes <input type="checkbox"/> Unknown </p>

Source: PATH (Partnership Action on Tobacco and Health)

Appendix 2.

Definition of services to be included in the national minimum dataset monitoring in Scotland

'A specialist service is an NHS supported service with staff who have nationally recognised training and dedicated time for group and 1-1 support for a series of planned sessions where the client is followed up at 1 month, 3 months and 1 year post quit date and the data is recorded.'

This definition is intended to reflect services as they are currently set up in Scotland. It is noted that a substantial proportion of services have been set up in recent years and are in the early stages of development. It is therefore expected that this definition will change over time as services become established and further evidence becomes available

Definition	Explanation of terms/rationale
A specialist service is	A service which is in some way dedicated (which can be for short or longer sessions) provided by specially trained staff
an NHS supported service	This would normally mean funded by the NHS, but leaves room for services trained by the NHS or working to the same levels to be included- e.g. workplace or prisons
with staff who have nationally recognised training and dedicated time	Nationally recognised would mean PATH modules, local training approved by PATH or Maudsley courses. Training should meet the criteria in 'Guidance for Health Behaviour Change Training' and should reach or be designed to reach national standards in Scotland. Update should have taken place within the last 5 years.
for group and 1-1 support	Evidence and current guidelines support group work, and 1-1 where desirable and because of geographical constraints.
for a series of planned sessions	This would normally be a minimum of 4, usually around 7 sessions where the first and last would generally last at least 20 minutes. This will exclude opportunistic and brief advice work, but allow expert practitioners (the staff defined above with regards to training and time) to use personal judgement
where the client is followed up at 1 month 3 months and 1 year post quit date and the data is recorded	This should include CO validation at 1 month.