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Statistics on NHS Stop Smoking Services: England, April 2009 – March 2010

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Contents

Contents	4
Executive Summary	6
1 Introduction	8
2 Key Results	10
2.1 Introduction	10
2.2 Overall results	10
2.3 Demographic characteristics	11
2.4 Use of services by pregnant women	12
Summary: Key results	13
List of Tables	14
3 Geographical patterns	22
3.1 Introduction	22
3.2 Strategic Health Authorities	22
3.3 Primary Care Trusts	24
Summary: Key results	26
References	27
List of Tables	28
4 Treatment and expenditure	54
4.1 Introduction	54
4.2 Treatment	54
4.3 Expenditure on NHS Stop Smoking Services	55
Summary: Key results	57
List of Tables	58
5 Impact of quarterly revisions	65
5.1 Introduction	65
5.2 Impact on numbers of people setting a quit date and successful quitters	65
5.3 Impact on expenditure data	65
List of Tables	66
6 Review of Experimental Statistics	70
6.1 Introduction	70
6.2 Data quality report	70
6.3 People setting a quit date in receipt of free prescriptions – data quality	71
6.4 National and Strategic Health Authority data	72
List of Tables	73

7 Smoking prevalence, prescriptions and attitudes to smoking	86
7.1 Introduction	86
7.2 Smoking among adults and children	86
7.3 Smoking during pregnancy	87
7.4 Pharmacotherapy costs	87
7.5 Knowledge and attitudes towards smoking	88
References	89
Appendix A: Government policy	90
Appendix B: Technical Notes	92
Appendix C: Editorial Notes	99
Appendix D: Further Information	100
Appendix E: Statistical return form for 2009/10	105

Executive Summary

This annual report presents results from the monitoring of the NHS Stop Smoking Services (NHS SSS) in England during the period April 2009 to March 2010. The NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. The support is designed to be widely accessible within the local community and is provided by trained personnel, such as specialist smoking cessation advisors and trained nurses and pharmacists. This report includes information on the number of people setting a quit date and the number who successfully quit at the 4 week follow-up. It also presents in depth analyses of the key measures of the service including pregnant women, breakdowns by ethnic groups and type of pharmacotherapy received and presents the results of regional analyses at Strategic Health Authority (SHA) and Primary Care Trust (PCT) levels.

In 2008/09 new data items were added to the collection. This includes data for the number of people setting a quit date and the number who successfully quit at the 4 week follow-up categorised by socio-economic classification, eligibility to receive free prescriptions, intervention setting and intervention type¹. Whilst there have been clear improvements in the data quality of these new items since 2008/09, they are currently being released as 'experimental statistics', as they are still being evaluated and are subject to further testing. This bulletin report includes a new assessment of the quality of these new data items that has been included to aid users to further improve the quality of these data².

The report presents final information for the year and also includes a review of the extent to which revisions have been made to the quarterly provisional number of people setting a quit date, the number who successfully quit at the 4 week follow-up and expenditure data throughout the year.

Main findings:

The main findings for England, during the period April 2009 to March 2010 are:

- 757,537 people set a quit date through NHS Stop Smoking Services. This is a 13% increase (86,278) from 2008/09 when 671,259 people set a quit date.
- At the 4 week follow-up 373,954 people had successfully quit (based on self-report), 49% of those who set a quit date. This is an 11% increase on that reported in 2008/09 when 337,054 people successfully quit.

¹ Intervention setting refers to the location of the service used by the client, and includes stop smoking service, primary care and pharmacy settings. Intervention type alternatives include closed groups, open groups, one to one support and drop-in clinics.

² PCT users can view the amended website through which they submit data for information on how to help further improve data quality.

- 69% of those who had successfully quit at the 4 week follow-up had their results confirmed by Carbon Monoxide (CO) validation³. This percentage was 67% for the same period in 2008/09 and 60% for the same period in 2007/08.
- More women than men set a quit date (393,805 women compared with 363,732 men) and more women than men successfully quit (189,888 compared with 184,066), although the success rate of giving up smoking was slightly higher among men than women (51% and 48% respectively).
- Of those who set a quit date, success rates generally increased with age from 32% for those aged under 18, to 57% of those aged 60 and over.
- People from ethnic minority groups⁴ accounted for 7% of those who set a quit date in 2009/10 (53,158), compared with 7% (45,228) in 2008/09 and 3% in 2001/02 (7,366).
- Of the 20,808 pregnant women who set a quit date, 9,414 successfully quit (45%).
- Among Strategic Health Authorities (SHA), East Midlands SHA and South Central SHA reported the highest proportion of successful quitters (both reported 54%), whilst North East SHA reported the lowest proportion of successful quitters (45%).
- Among Primary Care Trusts (PCTs), Redbridge PCT reported the highest proportion of successful quitters (70%), while Blackburn with Darwen PCT and Lambeth PCT reported the lowest success rate (31% each).
- Among all clients who set a quit date, the majority (65%) received Nicotine Replacement Therapy (NRT) only. A further 23% received Varenicline (Champix) only, 1% received Bupropion only and 1% received both NRT and Varenicline.
- Of those who used Varenicline only, 60% successfully quit, compared with half (50%) who received Bupropion only and 47% of those who used NRT only. Nearly half (49%) of those who did not receive any pharmacotherapy successfully quit⁵.
- Total expenditure on NHS Stop Smoking Services was just under £83.9 million, over £10 million more than in 2008/09 when it was £73.7 million and almost £60 million more than in 2001/02 when the cost was £24.7 million. The cost per quitter was £224, an increase of 3% from £219 in 2008/09. These figures do not include expenditure on pharmacotherapies.

³ Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation should be attempted on all clients who self-report as having successfully quit at the 4-week follow-up, except those who were followed up by telephone.

⁴ Clients from an 'ethnic minority group' are those in the Asian, Black, Mixed and Other categories. Those whose ethnicity was unknown were excluded from the denominator of the calculation.

⁵ These data should not be used to assess or compare the clinical effectiveness of the various pharmacotherapies as they reflect only the results obtained through the NHS Stop Smoking Services, and are not based on clinical trials. A trained stop smoking advisor discusses and agrees the treatment option with each client.

1 Introduction

This statistical bulletin presents results from the NHS Stop Smoking Services in England for the period April 2009 to March 2010. The statistics presented in this bulletin supersede the provisional results previously published for this period and are the finalised figures for 2009/10.

The NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. The support is designed to be widely accessible within the local community and is provided by trained personnel, such as specialist smoking cessation advisors and trained nurses and pharmacists. These services complement the use of pharmacotherapies: Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and the more recently introduced Varenicline (Champix).

Chapter 2 presents key results from the NHS Stop Smoking Services in 2009/10, together with an analysis of trends in the performance of the service over recent years. In addition to this, various demographic characteristics are explored which include gender, age and ethnicity. The chapter also reports on the use of NHS Stop Smoking Services by pregnant women.

Chapter 3 presents geographical patterns in NHS Stop Smoking Services looking at both Strategic Health Authority (SHA) and Primary Care Trust (PCT) level. The chapter also provides some analysis of Spearhead PCTs.

Chapter 4 provides some information on the various treatments used in NHS Stop Smoking Services to help people stop smoking, including successful quitters by type of pharmacotherapy received. The

chapter also reports on the costs associated with running the services.

Chapter 5 provides information on the impact of revisions on the quarterly data at England level, to aid the interpretation of the quarterly provisional data. Quarterly stop smoking data is provisional at the time of publication for each of the three quarterly reports and is subsequently revised throughout the year. All data in this annual report is final.

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

Chapter 7 presents a brief summary of other information available on smoking which may be of interest to those involved in the NHS Stop Smoking Services and those interpreting the statistics on NHS Stop Smoking Services. Data are described on smoking prevalence, smoking during pregnancy, prescriptions for pharmacotherapies used to help people to quit and knowledge and attitudes towards smoking. Very brief information is presented along with a description of other data available and a link to the data source.

Throughout the bulletin, references to sources for further information are given. The bulletin also contains five appendices. Appendix A provides information on relevant government policy. Appendix B describes the technical aspects of the NHS Stop Smoking Services. Appendix C sets out the editorial notes in respect to the tables. Appendix D contains sources of

further information and useful contacts, as well as an overview of smoking cessation research and future collections. Appendix E contains a copy of the return form used by the Primary Care Trusts (PCT) to submit data to the NHS Information Centre in 2009/10.

Successful Quitters

Where 'successful quitters' are mentioned in this report, this refers to those people who successfully quit at the four-week follow-up. A client is counted as a 'self-reported 4-week quitter' if when assessed 4 weeks after the designated quit date, they declare that they have not smoked, even a single puff on a cigarette, in the past two weeks.

This information is collected on NHS Stop Smoking returns in line with requirements for the Department of Health (DH).

Carbon Monoxide (CO) Monitoring

Clients who self-report as having quit at the 4-week follow up are required to have their Carbon Monoxide (CO) levels monitored as a validation of their quit attempt (unless the intervention was by telephone). This information is collected on the NHS Stop Smoking returns in line with requirements from DH.

2 Key Results

2.1 Introduction

This chapter presents the key results from the NHS Stop Smoking Services in 2009/10, together with an analysis of trends in the performance of the service over recent years. In addition to key results, this chapter also looks at various demographic characteristics of those using the service and the use of services by pregnant women.

2.2 Overall results

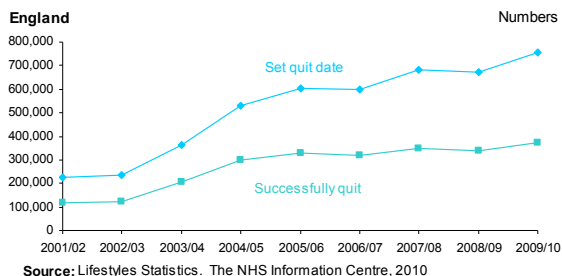
During the period April 2009 to March 2010, 757,537 people set a quit date through the NHS Stop Smoking Services and 373,954 people successfully quit, 49% of those setting a quit date. A further 26% (198,703) failed to quit, while 24% (184,880) were lost to follow up.

In 2009/10, 373,954 people successfully quit smoking with NHS Stop Smoking Services.

Of the 373,954 successful quitters 69% (256,713) were confirmed as successful quitters using carbon monoxide (CO) validation.

The number of people setting a quit date in 2009/10 was 13% (86,278) higher than in 2008/09 when 671,259 people set a quit date. The number of successful quitters in 2009/10 was 11% (36,900) higher than in 2008/09 when 337,054 people successfully quit. (Table 2.1, Figure 2.1)

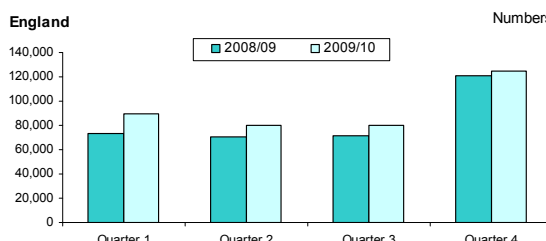
Figure 2.1 Number of people setting a quit date and successful quitters, 2001/02 to 2009/10



During Quarter 4 (covering the period 1st January to 31st March 2010) more people set a quit date and successfully quit than in any other quarter, a pattern seen in previous years.

Both the number of people setting a quit date and those who successfully quit in each quarter of 2009/10 was higher than in the same quarter in the previous year. (Table 2.2, Figure 2.2)

Figure 2.2 Number of successful quitters, by quarter, 2008/09 and 2009/10



When looking at the number of people setting a quit date per 100,000 population, results for 2009/10 were higher than the figure for 2008/09 (an increase from 1,619 in 2008/09 to 1,812 in 2009/10). (Table 2.4)

2.3 Demographic characteristics

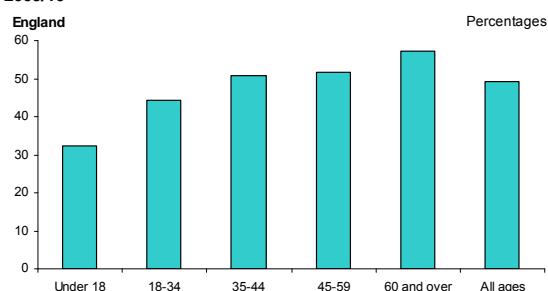
2.3.1 Results by gender

As in previous years, more women than men set a quit date with the services (393,805 women compared with 363,732 men). Of those setting a quit date, more women successfully quit than men (189,888 compared with 184,066), although the success rate of giving up smoking was slightly higher among men than women (51% and 48% respectively), a pattern also seen in previous years. (Table 2.3)

2.3.2 Results by age group

The success rate of giving up smoking generally increased with age, from 32% for those aged under 18, to 57% of those aged 60 and over. Thirty two per cent of those under 18 were unsuccessful in their quit attempt. (Table 2.3, Figure 2.3)

Figure 2.3 Percentage of successful quitters, by age group, 2009/10

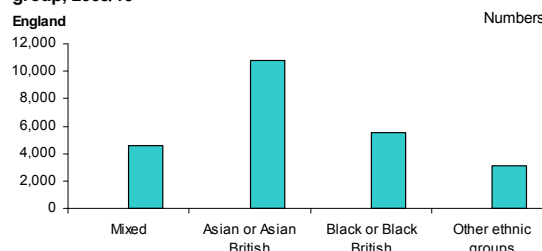


2.3.3 Results by ethnicity

As with previous years, the majority (87%) of people setting a quit date with the services were White (662,201). Among the ethnic minority groups⁶, the Asian or Asian

British ethnic group had the largest number of people setting a quit date (23,096). The majority (88%) of successful quitters were White (330,166), while those in the Asian and Asian British ethnic group had the largest number of successful quitters (10,756) among the ethnic minority groups. The success rate among those giving up smoking was highest among the White group (50%) and lowest among Mixed ethnic group (43%). (Table 2.5, Figure 2.4)

Figure 2.4 Number of successful quitters, by ethnic minority group, 2009/10



Source: Lifestyles Statistics. The NHS Information Centre, 2010

Although overall there were more women than men setting a quit date through the services than men, among the ethnic minority groups the opposite was reported. Only 18,016 women from minority ethnic groups set a quit date in 2009/10, compared with 35,142 men. Similarly fewer women from minority ethnic groups successfully quit than men (7,766 women compared with 16,265 men). The success rate was also lower among women than men from ethnic minority groups (43% and 46% respectively).

Among the ethnic minority groups Asian or Asian British men had the highest number of people setting a quit date with the services (18,562) and to successfully quit (8,772), with a success rate of 47%. Among women in the ethnic minority groups, Black and Black British women had the highest number of people setting a quit date with the services (5,768) and to successfully quit (2,441), with a success rate of 42%. (Table 2.5)

⁶ Clients from an 'ethnic minority groups' are those in the Asian, Black, Mixed and Other categories. Those individuals whose ethnicity

was unknown were excluded from the denominator of the calculation.

There has been a steady increase in the number of people from ethnic minority groups setting a quit date though the services from 7,366 in 2001/02 (3% of all people setting a quit date) to 53,158 in 2009/10 (7% of all those setting a quit date). (Table 2.6)

Over seven times as many people from minority ethnic groups set a quit date in 2009/10 compared to 2001/02

2.4 Use of services by pregnant women

In 2009/10, 20,808 pregnant women set a quit date with NHS Stop Smoking Services, compared to 4,037 pregnant women in 2001/02. In 2009/10, 45% of pregnant women setting a quit date successfully quit (9,414); this is slightly lower than the 46% of pregnant women who successfully quit in 2008/09 and 52% who successfully quit in 2007/08. (Table 2.7, Figure 2.5)

Figure 2.5 Number of pregnant women setting a quit date and successfully quitting, 2001/02 to 2009/10



Source: Lifestyles Statistics. The NHS Information Centre, 2010

Summary: Key results

This chapter has shown that in 2009/10, more people set a quit date and successfully quit through NHS Stop Smoking Services than in any other year.

Nearly half of those setting a quit date successfully quit, around a quarter (26%) failed to quit and 24% were lost to follow-up.

More women than men set a quit date and successfully quit through the services. However, success rates were found to be slightly higher among men than among women. Success rates were also found to generally increase with age.

As in previous years, the majority of people who set a quit date and successfully quit were White although there has been a steady increase in the number of people from ethnic minority groups setting a quit date since 2001/02.

The number of pregnant women setting a quit date and successfully quitting has also increased since 2001/02. In 2009/10, 45% of pregnant women setting a quit date successfully quit (9,414).

List of Tables

- 2.1 People setting a quit date and outcome, 2001/02 to 2009/10
- 2.2 People setting a quit date and successful quitters, by quarter, 2001/02 to 2009/10
- 2.3 Number setting a quit date and outcome, by gender and age group, April 2009 to March 2010
- 2.4 People setting a quit date and successful quitters per 100,000 population, 2001/02 to 2009/10
- 2.5 Number setting a quit date and successful quitters, by ethnic group and gender, April 2009 to March 2010
- 2.6 People setting a quit date, by ethnic group and gender, 2001/02 to 2009/10
- 2.7 Pregnant women setting a quit date and outcome, 2001/02 to 2009/10

Table 2.1 People setting a quit date and outcome¹, 2001/02 to 2009/10

England	<i>Numbers / Percentages</i>								
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Numbers									
Number setting a quit date	227,335	234,858	361,224	529,567	602,820	600,410	680,289	671,259	757,537
Outcome at 4 weeks									
Number of successful quitters	119,834	124,082	204,876	298,124	329,681	319,720	350,800	337,054	373,954
Number who had not quit	57,161	56,106	82,381	120,232	144,658	150,290	180,936	180,834	198,703
Number not known/lost to follow up	50,340	54,670	73,967	111,211	128,481	130,400	148,553	153,371	184,880
Carbon Monoxide (CO) validation²									
Number of successful quitters, confirmed by CO validation	79,767	83,163	127,493	191,251	210,415	198,052	208,742	224,278	256,713
Percentages									
<i>Percentage setting a quit date</i>	100	100	100	100	100	100	100	100	100
Outcome at 4 weeks									
<i>Percentage of successful quitters</i>	53	53	57	56	55	53	52	50	49
<i>Percentage who had not quit</i>	25	24	23	23	24	25	27	27	26
<i>Percentage not known/lost to follow up</i>	22	23	20	21	21	22	22	23	24
CO validation²									
<i>CO validated quitters as a percentage of clients setting a quit date</i>	35	35	35	36	35	33	31	33	34
<i>CO validated quitters as a percentage of successful quitters (self-report)</i>	67	67	62	64	64	62	60	67	69

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation should be attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 2.2 People setting a quit date and successful quitters¹, by quarter, 2001/02 to 2009/10

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
1 April to 30 June 2001	56,935	28,828	51
1 July to 30 September 2001	48,578	25,054	52
1 October to 31 December 2001	48,155	25,518	53
1 January to 31 March 2002	73,667	40,434	55
Total: April 2001 to March 2002	227,335	119,834	53
1 April to 30 June 2002	59,810	30,752	51
1 July to 30 September 2002	49,049	24,976	51
1 October to 31 December 2002	48,511	25,382	52
1 January to 31 March 2003	77,488	42,972	55
Total: April 2002 to March 2003	234,858	124,082	53
1 April to 30 June 2003	68,620	36,573	53
1 July to 30 September 2003	67,075	35,968	54
1 October to 31 December 2003	76,400	43,615	57
1 January to 31 March 2004	149,129	88,720	59
Total: April 2003 to March 2004	361,224	204,876	57
1 April to 30 June 2004	104,420	56,192	54
1 July to 30 September 2004	103,969	56,058	54
1 October to 31 December 2004	109,781	62,121	57
1 January to 31 March 2005	211,397	123,753	59
Total: April 2004 to March 2005	529,567	298,124	56
1 April to 30 June 2005	145,538	76,495	53
1 July to 30 September 2005	126,367	65,693	52
1 October to 31 December 2005	122,034	66,690	55
1 January to 31 March 2006	208,881	120,803	58
Total: April 2005 to March 2006	602,820	329,681	55
1 April to 30 June 2006	137,803	68,901	50
1 July to 30 September 2006	117,003	59,967	51
1 October to 31 December 2006	119,986	63,659	53
1 January to 31 March 2007	225,618	127,193	56
Total: April 2006 to March 2007	600,410	319,720	53
1 April to 30 June 2007	171,192	86,781	51
1 July to 30 September 2007	179,302	89,496	50
1 October to 31 December 2007	136,771	71,517	52
1 January to 31 March 2008	193,024	103,006	53
Total: April 2007 to March 2008	680,289	350,800	52
1 April to 30 June 2008	149,395	73,361	49
1 July to 30 September 2008	143,683	70,912	49
1 October to 31 December 2008	139,620	71,846	51
1 January to 31 March 2009	238,561	120,935	51
Total: April 2008 to March 2009	671,259	337,054	50
1 April to 30 June 2009 ²	185,852	89,358	48
1 July to 30 September 2009 ²	167,423	79,842	48
1 October to 31 December 2009 ²	161,056	79,962	50
1 January to 31 March 2010	243,206	124,792	51
Total: April 2009 to March 2010	757,537	373,954	49

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. There have been some minor revisions to the provisional figures published in previous quarters. The number of people setting a quit date in 2009/10 Quarter 1 (April to June 2009) has been revised from 163,946 to 185,852. The number who had successfully quit at the 4 week follow up (self-report) has been revised from 79,351 to 89,358. The number of people setting a quit date in 2008/09 Quarter 2 (July to September 2009) has been revised from 150,136 to 167,423. The number who had successfully quit at the 4 week follow up (self-report) has been revised from 71,512 to 79,842. The number of people setting a quit date in 2008/09 Quarter 3 (October to December 2009) has been revised from 148,045 to 161,056. The number who had successfully quit at the 4 week follow up (self-report) has been revised from 73,410 to 79,962.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 2.3 Number setting a quit date and outcome¹, by gender and age group, April 2009 to March 2010

England	Numbers / Percentages																	
	Total						Males						Females					
	All ages	Under 18	18-34	35-44	45-59	60 and over	All ages	Under 18	18-34	35-44	45-59	60 and over	All ages	Under 18	18-34	35-44	45-59	60 and over
Numbers																		
Number setting a quit date	757,537	23,752	236,443	184,578	197,355	115,409	363,732	11,843	110,277	91,655	93,387	56,570	393,805	11,909	126,166	92,923	103,968	58,839
Outcome at 4 weeks																		
Number of successful quitters	373,954	7,682	104,604	93,943	101,814	65,911	184,066	4,408	49,449	47,792	49,317	33,100	189,888	3,274	55,155	46,151	52,497	32,811
Number who had not quit	198,703	7,707	61,867	45,935	52,505	30,689	90,574	3,386	27,345	21,620	23,828	14,395	108,129	4,321	34,522	24,315	28,677	16,294
Number not known/lost to follow up	184,880	8,363	69,972	44,700	43,036	18,809	89,092	4,049	33,483	22,243	20,242	9,075	95,788	4,314	36,489	22,457	22,794	9,734
Carbon Monoxide (CO) validation²																		
Number of successful quitters, confirmed by CO validation	256,713	4,696	66,986	65,272	72,508	47,251	126,438	2,844	32,023	32,960	34,864	23,747	130,275	1,852	34,963	32,312	37,644	23,504
Percentages																		
Percentage setting a quit date	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Outcome at 4 weeks																		
Percentage of successful quitters	49	32	44	51	52	57	51	37	45	52	53	59	48	27	44	50	50	56
Percentage who had not quit	26	32	26	25	27	27	25	29	25	24	26	25	27	36	27	26	28	28
Percentage not known/lost to follow up	24	35	30	24	22	16	24	34	30	24	22	16	24	36	29	24	22	17
CO validation																		
CO validated quitters as a percentage of clients setting a quit date	34	20	28	35	37	41	35	24	29	36	37	42	33	16	28	35	36	40
CO validated quitters as a percentage of successful quitters (self-report)	69	61	64	69	71	72	69	65	65	69	71	72	69	57	63	70	72	72

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation should be attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 2.4 People setting a quit date and successful quitters^{1,2} per 100,000 population^{3,4}, 2001/02 to 2009/10

England	Numbers	
	Number setting a quit date per 100,000 of population aged 16 and over	Number of successful quitters per 100,000 of population aged 16 and over
2001/02	575	303
2002/03	590	312
2003/04	902	511
2004/05	1,312	739
2005/06	1,494	817
2006/07	1,473	784
2007/08	1,655	854
2008/09	1,619	813
2009/10	1,812	895

1. May include clients who are aged 15 and under.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

3. The rate of people who set a quit date and successfully quit at 4 weeks (based on self-report) per 100,000 population aged 16 and over uses estimated resident mid-year population figures based on the 2001 census published by the Office for National Statistics (ONS). The estimates that relate to all years from mid-2002 to mid-2008 inclusive were revised in May 2010 to reflect improvements to migration methodologies. The rates which relied on these estimates have been revised in this table accordingly. Further details are available at: <http://www.ons.gov.uk/about-statistics/methodology-and-quality/imps/mig-stats-improve-prog/comm-stakeholders/improvements-2008-pop-est/indicative-imps/index.html>

4. Information on ONS Population data is available at: <http://www.statistics.gov.uk/census2001/default.asp>

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 2.5 Number setting a quit date and successful quitters¹, by ethnic group² and gender, April 2009 to March 2010

England	Numbers / Percentages								
	Total			Males			Females		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
England	757,537	373,954	49	363,732	184,066	51	393,805	189,888	48
White	662,201	330,166	50	307,753	158,114	51	354,448	172,052	49
British	628,992	313,959	50	291,116	150,022	52	337,876	163,937	49
Irish	7,961	3,771	47	3,895	1,890	49	4,066	1,881	46
Any other white background	25,248	12,436	49	12,742	6,202	49	12,506	6,234	50
Mixed	10,677	4,617	43	5,273	2,318	44	5,404	2,299	43
White and Black Caribbean	4,355	1,883	43	1,797	804	45	2,558	1,079	42
White and Black African	1,492	606	41	843	341	40	649	265	41
White and Asian	1,755	783	45	1,078	492	46	677	291	43
Any other mixed background	3,075	1,345	44	1,555	681	44	1,520	664	44
Asian or Asian British	23,096	10,756	47	18,562	8,772	47	4,534	1,984	44
Indian	6,777	3,280	48	5,282	2,589	49	1,495	691	46
Pakistani	7,004	3,132	45	5,775	2,653	46	1,229	479	39
Bangladeshi	5,337	2,507	47	4,381	2,067	47	956	440	46
Any other Asian background	3,978	1,837	46	3,124	1,463	47	854	374	44
Black or Black British	12,752	5,558	44	6,984	3,117	45	5,768	2,441	42
Caribbean	6,168	2,665	43	2,831	1,244	44	3,337	1,421	43
African	4,385	1,943	44	3,025	1,369	45	1,360	574	42
Any other Black background	2,199	950	43	1,128	504	45	1,071	446	42
Other ethnic groups	6,633	3,100	47	4,323	2,058	48	2,310	1,042	45
Chinese	904	465	51	616	318	52	288	147	51
Any other ethnic group	5,729	2,635	46	3,707	1,740	47	2,022	895	44
Not stated	42,178	19,757	47	20,837	9,687	46	21,341	10,070	47

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. These categories are based on those used for the 2001 census. Further guidance on collecting ethnicity category data is available from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4116927

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 2.6 People setting a quit date, by ethnic group¹ and gender, 2001/02 to 2009/10

England									Numbers
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Total	227,335	234,858	361,224	529,567	602,820	600,410	680,289	671,259	757,537
White	214,059	221,234	330,505	473,082	528,348	513,056	577,720	579,787	662,201
Mixed	1,354	1,501	2,656	4,548	6,024	7,881	8,169	8,987	10,677
Asian	3,002	3,415	5,911	9,905	12,998	14,674	15,210	19,550	23,096
Black	1,948	2,102	3,766	6,385	8,953	9,046	8,869	10,611	12,752
Other	1,062	1,234	2,563	3,174	4,373	5,434	5,486	6,080	6,633
Not known	5,910	5,372	15,823	32,473	42,124	50,319	64,835	46,244	42,178
Men	98,234	99,895	155,456	227,532	261,635	266,311	307,289	313,920	363,732
White	91,408	92,776	139,299	198,896	223,103	220,645	253,461	262,223	307,753
Mixed	530	572	1,165	2,026	2,593	3,604	3,865	4,345	5,273
Asian	2,356	2,607	4,557	7,769	10,175	11,535	12,101	15,685	18,562
Black	868	933	1,769	2,935	4,428	4,588	4,619	5,778	6,984
Other	565	711	1,386	1,822	2,424	3,083	3,214	3,786	4,323
Not known	2,507	2,296	7,280	14,084	18,912	22,856	30,029	22,103	20,837
Women	129,101	134,963	205,768	302,035	341,185	334,099	373,000	357,339	393,805
White	122,651	128,458	191,206	274,186	305,245	292,411	324,259	317,564	354,448
Mixed	824	929	1,491	2,522	3,431	4,277	4,304	4,642	5,404
Asian	646	808	1,354	2,136	2,823	3,139	3,109	3,865	4,534
Black	1,080	1,169	1,997	3,450	4,525	4,458	4,250	4,833	5,768
Other	497	523	1,177	1,352	1,949	2,351	2,272	2,294	2,310
Not known	3,403	3,076	8,543	18,389	23,212	27,463	34,806	24,141	21,341

1. These categories are based on those used for the 2001 census. Further guidance on collecting ethnicity category data is available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4116927

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 2.7 Pregnant women setting a quit date and outcome¹, 2001/02 to 2009/10

England	Numbers / Percentages								
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Numbers									
Number setting a quit date	4,037	6,770	11,325	15,060	17,920	18,341	18,977	18,928	20,808
Outcome at 4 weeks									
Number of successful quitters	1,941	2,993	5,756	7,702	9,586	9,547	9,817	8,641	9,414
Number who had not quit	1,523	2,598	3,700	4,715	5,472	5,561	5,833	6,215	6,694
Number not known/lost to follow up	573	1,179	1,869	2,637	2,862	3,233	3,327	4,072	4,700
Carbon Monoxide (CO) validation²									
Number of successful quitters, confirmed by CO validation	983	1,699	3,196	4,617	4,739	4,997	4,934	4,597	5,419
Percentages									
Percentage setting a quit date	100	100	100	100	100	100	100	100	100
Outcome at 4 weeks									
Percentage of successful quitters	48	44	51	51	53	52	52	46	45
Percentage who had not quit	38	38	33	31	31	30	31	33	32
Percentage not known/lost to follow up	14	17	17	18	16	18	18	22	23
CO validation²									
CO validated quitters as a percentage of clients setting a quit date	24	25	28	31	26	27	26	24	26
CO validated quitters as a percentage of successful quitters (self-report)	51	57	56	60	49	52	50	53	58

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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3 Geographical patterns

3.1 Introduction

This chapter presents information at a sub-national level, providing analysis for Strategic Health Authorities (SHAs), Government Office Regions (GORs) and Primary Care Trusts (PCTs).

In 2006, SHAs and PCTs were restructured. The 28 SHAs became 10 new SHAs in July 2006; the 303 PCTs became 152 PCTs in October 2006. Where trends are described, this chapter discusses the use of NHS Stop Smoking Services since 2006/07 for the SHA and PCT structures which are now in place. Information on pre-2006 SHA and PCT structures can be found in previous editions of this report¹.

When looking at results from the NHS Stop Smoking Services in different regions, figures should be interpreted with caution as the areas are of different population sizes and composition.

3.2 Strategic Health Authorities

3.2.1 Overall results by Strategic Health Authority

The number of people setting a quit date with the NHS Stop Smoking Services between 2008/09 and 2009/10, was reported to have increased in all 10 SHAs. Similarly, each of the 10 SHAs reported an increase in the number of successful quitters in 2009/10 compared to 2008/09. (Table 3.1)

In 2009/10, North West SHA had the highest reported number of people setting a quit date (125,923) and the highest

reported number of successful quitters (57,876). The quit rate varied between 45% and 54% with the East Midlands SHA and South Central SHA reporting the highest percentages of successful quitters and North East SHA reporting the lowest. (Table 3.2, Figures 3.1 and 3.2)

Figure 3.1 People setting a quit date and successful quitters, by Strategic Health Authority, 2009/10



Source: Lifestyles Statistics. The NHS Information Centre, 2010

Figure 3.2 Percentage of successful quitters, by Strategic Health Authority, 2009/10



Source: Lifestyles Statistics. The NHS Information Centre, 2010

A different pattern is seen when adjusting for the size of the population in each SHA. Information on the number of those setting a quit date and the number who successfully quit per 100,000 population is given in Table 3.3. North East SHA reported both the highest number of people setting a quit date and the highest number of people who successfully quit in 2009/10 (2,667 and 1,208 per 100,000 population respectively). South East Coast SHA reported the lowest number of both those setting a quit date and successfully quitters (1,364 and 724 per 100,000 respectively).

To provide further comparative analyses, the most recent information on smoking prevalence from the General Lifestyle Survey (GLF) 2008², (formerly known as the General Household Survey), population estimates and NHS Stop Smoking Services results collected by the NHS Information Centre are used to provide estimates of the number of quitters per 100,000 smokers. This analysis is only available for Government Office Region (GORs) and therefore South East GOR cannot be split into South Central and South East Coast SHAs. Results of the analysis show that North East GOR had the highest number of quitters per 100,000 smokers (5,800), while South West GOR and Yorkshire and the Humber GOR had the lowest (3,800 each). (Table 3.4)

The number of successful quitters confirmed by Carbon Monoxide (CO) validation was highest in London SHA (34,092) and lowest in South East Coast SHA (18,466). The CO validated quitters as a percentage of clients setting a quit date varied between 22% in North West SHA and 39% in East Midlands SHA, South Central SHA, South East Coast SHA and Yorkshire and the Humber SHA (Table 3.2). Further information on the number of successful quitters confirmed CO validation, in each quarter of 2007/08 to 2009/10, by SHA is provided in Table 3.5.

3.2.2 Demographic Characteristics by Strategic Health Authority

The North West SHA reported the highest numbers of men both setting a quit date and successful quitters (56,832 and 26,973 respectively). While, South East Coast SHA reported the lowest number of men setting a quit date (22,664) and North East SHA reported the lowest number of male successful quitters (11,732). For men, the success rate varied between 46% and 56% of those setting a quit date, with South Central SHA reporting the highest success rate and North East SHA reporting the lowest.

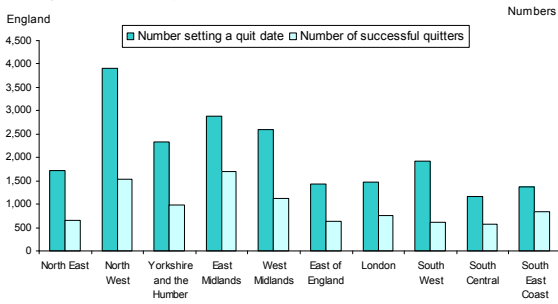
North West SHA reported the highest number of women both setting a quit date and successful quitters (69,091 and 30,903 respectively); whereas, South East Coast SHA reported both the lowest number of women setting a quit date and successful quitters (25,042 and 13,006 respectively). For women, the success rate varied between 44% and 54% of those setting a quit date, with East Midlands SHA reporting the highest success rate and North East SHA reporting the lowest. (Table 3.6)

Additional information on the reported number of people setting a quit date and successful quitters, by age and SHA is provided in Table 3.7.

The number of people setting a quit date belonging to minority ethnic groups varied quite widely between SHAs, obviously depending on the distribution of ethnic populations living in different areas. London had the largest number of people setting a quit date and quitting in each of the ethnic minority groups, accounting for a quarter (25%) of both those setting a quit date and of those successfully quitting. (Table 3.8)

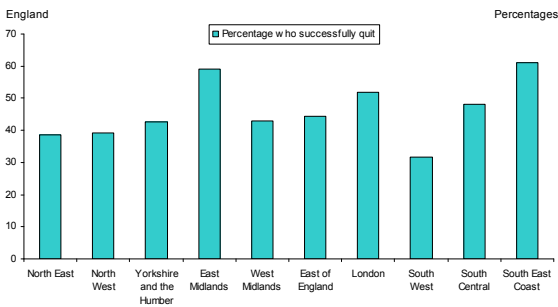
The number of pregnant women setting a quit date with the NHS Stop Smoking Services in 2009/10 was reported to be highest in North West SHA (3,905) and lowest in South Central SHA (1,168). East Midlands SHA also reported the highest number of pregnant women successfully quitting (1,707) and South Central SHA reported the lowest number of successful quitters (563). For pregnant women, the success rate varied between 32% and 61% of those setting a quit date, with South East Coast SHA reporting the highest success rate and South West SHA the lowest. (Table 3.9, Figures 3.3 and 3.4)

Figure 3.3 Pregnant women setting a quit date and successful quitters, by Strategic Health Authority, 2009/10



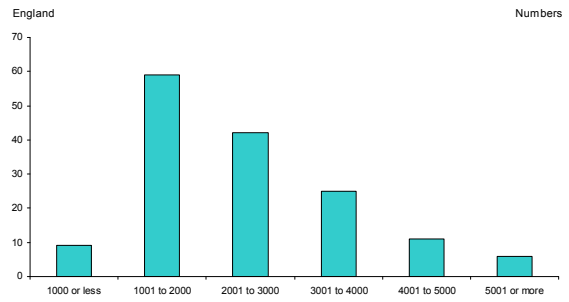
Source: Lifestyles Statistics. The NHS Information Centre, 2010

Figure 3.4 Percentage of pregnant women who successfully quit, by Strategic Health Authority, 2009/10



Source: Lifestyles Statistics. The NHS Information Centre, 2010

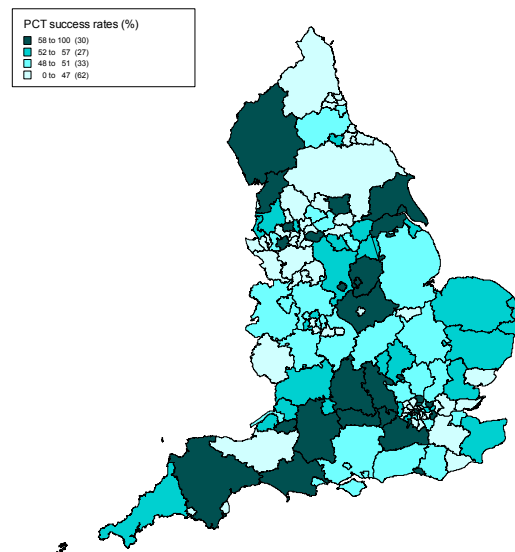
Figure 3.5 Distribution of quitters among Primary Care Trusts, 2009/10



Source: Lifestyles Statistics. The NHS Information Centre, 2010

Quit rates ranged between 31% in Blackburn with Darwen PCT and Lambeth PCT and 70% in Redbridge PCT. In total, seven PCTs reported quit rates of 65% or more (East Riding of Yorkshire, Enfield, Haringey Teaching, Leeds, Redbridge, Surrey and Warrington). (Figure 3.6)

Figure 3.6 Success rate of those setting a quit date, by Primary Care Trust, 2009/10



Data sources: ONS Boundary Files 2008, NHS Stop Smoking Services

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3.3 Primary Care Trusts

Six PCTs reported more than 10,000 people setting a quit date in 2009/10 (County Durham, Hampshire, Lincolnshire, Liverpool, Manchester and Northampton); while 6 PCTs reported more than 5,000 successful quitters (County Durham, Eastern & Coastal Kent, Hampshire, Lincolnshire, Northampton and Nottinghamshire County). (Table 3.10)

Figure 3.5 shows how the number of quitters in each of the 152 PCTs is distributed. For example, nine PCTs delivered 1,000 or less and six delivered more than 5,000 while 59 delivered between 1,001 and 2,000 quitters.

Blackpool PCT reported the highest number of people setting a quit date per 100,000 population (4,767), while Surrey PCT reported the lowest number of people setting a quit date per 100,000 population (716). Hartlepool PCT reported the highest number of successful quitters per 100,000 population (1,934), and Sutton and Merton PCT reported the lowest number of quitters per 100,000 population (406). (Table 3.11)

Further information on the results of the Stop Smoking Services by gender, age and for pregnant women is provided in Tables 3.10, 3.12 and 3.13.

3.3.1 Spearhead PCTs

This section looks at NHS Stop Services within Spearhead PCTs, and compares them with the services delivered within non-spearhead PCTs and nationally.

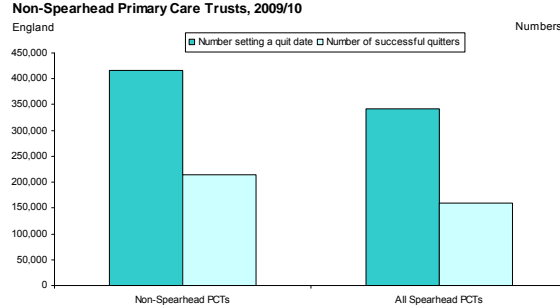
Spearhead areas are defined as those with the worst health and deprivation in England based on indices of deprivation, premature mortality from cancer and cardiovascular disease (CVD), and life expectancy. They are identified as the Local Authority (LA) areas that are in the bottom fifth nationally for three or more of the following indicators: male life expectancy at birth; female life expectancy at birth; cancer mortality in those aged under 75; CVD mortality rate in those aged under 75; index of multiple deprivation 2004 (LA summary) average score. Spearhead PCTs are identified as those that overlap geographically with the Spearhead LAs. For a minority of these PCTs (14 out of 62), only a part of the PCT area overlaps with the Spearhead LAs.

In 2007, the then government announced a set of PSA targets³ to reduce health inequalities, including targets to reduce geographical inequalities in life expectancy and premature mortality from cancer and CVD which aim to see faster progress on

average in Spearhead areas compared to the England average.

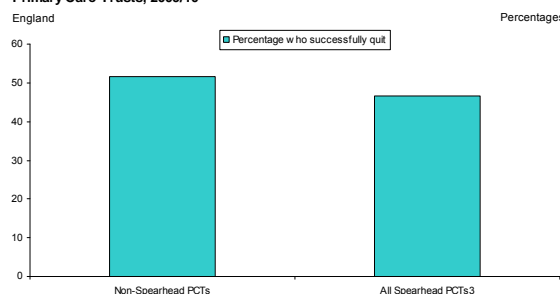
Spearhead PCTs reported a lower number of people setting a quit date than non-spearhead PCTs (341,930 and 415,607 respectively), as well as reporting a lower number of successful quitters than non-Spearhead PCTs (214,889 and 159,065 respectively). Spearhead PCTs reported a lower rate of successful quitters (47%) than non-Spearhead PCTs (52%) and that reported for England as a whole (49%). (Table 3.14, Figures 3.7 and 3.8)

Figure 3.7 People setting a quit date and successful quitters, within Spearhead and Non-Spearhead Primary Care Trusts, 2009/10



Source: Lifestyles Statistics. The NHS Information Centre, 2010

Figure 3.8 Percentage of successful quitters within Spearhead and Non-Spearhead Primary Care Trusts, 2009/10



Source: Lifestyles Statistics. The NHS Information Centre, 2010

Summary: Key results

This chapter has shown that in 2009/10, North East SHA reported the highest number of people setting a quit date and successfully quitting per 100,000 population, whilst South East Coast SHA reported the lowest. The numbers of people setting a quit date and successfully quitting varied across the regions.

Six PCTs reported more than 10,000 people setting a quit date and 6 PCTs reported more

than 5,000 people successfully quitting in 2009/10.

Quit rates varied between 31% and 70% among PCTs with two PCTs reporting quit rates of 31% and seven PCTs reporting quit rates of 65% or more.

PCTs defined as Spearhead PCTs reported a lower rate of successful quitters than non-Spearhead PCTs, and lower than that reported for England as a whole.

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2. General Lifestyle Survey, Smoking and Drinking among adults, 2008. Office for National Statistics. Available at: www.statistics.gov.uk/ghs/
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List of Tables

- 3.1 People setting a quit date and successful quitters, by Government Office Region and Strategic Health Authority, 2006/07 to 2009/10
- 3.2 People setting a quit date and outcome, by Government Office Region and Strategic Health Authority, April 2009 to March 2010
- 3.3 People setting a quit date and successful quitters, per 100,000 population, by Government Office Region and Strategic Health Authority, 2006/07 to 2009/10
- 3.4 People successfully quit and estimated quitters per 100,000 smokers, by Government Office Region, April 2009 to March 2010
- 3.5 Number of successful quitters confirmed by carbon monoxide (CO) validation, by Strategic Health Authority, 2007/08 to 2009/10 Quarter 4
- 3.6 Number setting a quit date and outcome, by gender and Strategic Health Authority, April 2009 to March 2010
- 3.7 Number setting a quit date and outcome, by age group and Strategic Health Authority, April 2009 to March 2010
- 3.8 People setting a quit date and successful quitters, by ethnic group, Government Office Region and Strategic Health Authority, April 2009 to March 2010
- 3.9 Pregnant women setting a quit date and successful quitters, by Government Office Region and Strategic Health Authority, April 2009 to March 2010
- 3.10 Number setting a quit date and outcome, by gender, Primary Care Trust and Strategic Health Authority, April 2009 to March 2010
- 3.11 People setting a quit date and successful quitters, per 100,000 of the population, by Strategic Health Authority and Primary Care Trust, April 2009 to March 2010
- 3.12 Number setting a quit date and outcome, by age group, Primary Care Trust and Strategic Health Authority, April 2009 to March 2010
- 3.13 Pregnant women setting a quit date and outcome, by Primary Care Trust and Strategic Health Authority, April 2009 to March 2010
- 3.14 People setting a quit date and successful quitters, within Spearhead Primary Care Trusts and England, April 2009 to March 2010

Table 3.1 People setting a quit date and successful quitters¹, by Government Office Region and Strategic Health Authority, 2006/07 to 2009/10

England	2006/07			2007/08			2008/09			Numbers / Percentages 2009/10		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
England	600,410	319,720	53	680,289	350,800	52	671,259	337,054	50	757,537	373,954	49
North East	50,515	23,900	47	53,094	24,441	46	48,210	22,325	46	56,263	25,485	45
North West	106,115	52,105	49	126,961	59,275	47	113,705	52,444	46	125,923	57,876	46
Yorkshire and the Humber	55,739	28,874	52	66,545	35,440	53	69,511	36,514	53	75,117	39,594	53
East Midlands	43,564	24,174	55	51,704	29,142	56	56,006	31,565	56	64,780	35,187	54
West Midlands	70,990	36,742	52	83,846	40,167	48	75,791	36,619	48	85,105	39,899	47
East of England	57,419	33,344	58	64,523	36,378	56	65,215	34,583	53	79,400	39,750	50
London	91,516	50,022	55	93,481	48,825	52	98,636	46,445	47	107,481	49,512	46
South West	55,110	30,292	55	61,962	33,138	53	59,999	32,347	54	66,073	34,650	52
South East	69,442	40,268	58	78,173	43,994	56	84,186	44,212	53	97,395	52,001	53
South Central	36,002	21,319	59	40,245	22,054	55	43,241	22,970	53	49,689	26,697	54
South East Coast	33,440	18,949	57	37,928	21,940	58	40,945	21,242	52	47,706	25,304	53

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.2 People setting a quit date and outcome¹, by Government Office Region and Strategic Health Authority, April 2009 to March 2010

England	Numbers / Percentages											
	England	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South West	South East	South Central	South East Coast
Numbers												
Number setting a quit date	757,537	56,263	125,923	75,117	64,780	85,105	79,400	107,481	66,073	97,395	49,689	47,706
Outcome at 4 weeks												
Number of successful quitters	373,954	25,485	57,876	39,594	35,187	39,899	39,750	49,512	34,650	52,001	26,697	25,304
Number who had not quit	198,703	12,564	41,099	17,117	12,812	25,980	20,529	23,682	19,908	25,012	13,050	11,962
Number not known/lost to follow up	184,880	18,214	26,948	18,406	16,781	19,226	19,121	34,287	11,515	20,382	9,942	10,440
Carbon Monoxide (CO) validation²												
Number of successful quitters, confirmed by CO validation	256,713	20,284	28,102	29,217	25,142	30,291	27,112	34,092	24,800	37,673	19,207	18,466
Percentages												
Percentage setting a quit date	100	100	100	100	100	100	100	100	100	100	100	100
Outcome at 4 weeks												
Percentage of successful quitters	49	45	46	53	54	47	50	46	52	53	54	53
Percentage who had not quit	26	22	33	23	20	31	26	22	30	26	26	25
Percentage not known/lost to follow up	24	32	21	25	26	23	24	32	17	21	20	22
CO validation²												
CO validated quitters as a percentage of clients setting a quit date	34	36	22	39	39	36	34	32	38	39	39	39
CO validated quitters as a percentage of successful quitters (self-report)	69	80	49	74	71	76	68	69	72	72	72	73

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.3 People setting a quit date and successful quitters^{1,2}, per 100,000 population^{3,4}, by Government Office Region and Strategic Health Authority, 2006/07 to 2009/10

England	Numbers							
	2006/07		2007/08		2008/09		2009/10	
	Number setting a quit date per 100,000 of population aged 16 and over	Number of successful quitters per 100,000 of population aged 16 and over	Number setting a quit date per 100,000 of population aged 16 and over	Number of successful quitters per 100,000 of population aged 16 and over	Number setting a quit date per 100,000 of population aged 16 and over	Number of successful quitters per 100,000 of population aged 16 and over	Number setting a quit date per 100,000 of population aged 16 and over	Number of successful quitters per 100,000 of population aged 16 and over
England	1,473	784	1,655	854	1,619	813	1,812	895
North East	2,436	1,152	2,548	1,173	2,300	1,065	2,667	1,208
North West	1,928	947	2,296	1,072	2,047	944	2,259	1,038
Yorkshire and the Humber	1,351	700	1,597	850	1,652	868	1,769	932
East Midlands	1,243	690	1,459	822	1,564	882	1,793	974
West Midlands	1,658	858	1,948	933	1,751	846	1,953	916
East of England	1,284	745	1,429	806	1,427	757	1,714	858
London	1,514	827	1,532	800	1,605	756	1,735	799
South West	1,325	728	1,475	789	1,409	760	1,541	808
South East	1,054	611	1,177	662	1,254	659	1,436	767
South Central	1,130	669	1,253	687	1,332	707	1,513	813
South East Coast	982	557	1,105	639	1,182	613	1,364	724

1. May include clients who are aged 15 and under.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

3. The rate of people who set a quit date and successfully quit at 4 weeks (based on self-report) per 100,000 population aged 16 and over uses estimated resident mid-year population figures based on the 2001 census published by the Office for National Statistics (ONS). The estimates that relate to all years from mid-2002 to mid-2008 inclusive were revised in May 2010 to reflect improvements to migration methodologies. The rates which relied on these estimates have been revised in this table accordingly. Further details are available at:

<http://www.ons.gov.uk/about-statistics/methodology-and-quality/imps/miq-stats-improve-prog/comm-stakeholders/improvements-2008-pop-est/indicative-imps/index.html>

4. Information on ONS Population data is available at:

<http://www.statistics.gov.uk/STATBASE/Product.asp?vnk=601>

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Please note that the data contained in Table 3.3 has been revised since it was first published on 19th August 2010. Minor corrections have been made to the number of people setting a quit date and successful quitters per 100,000 population at England level, these figures have changed by less than one per cent in any category. The figures for South East Government Office Region have also been corrected: the numbers setting a quit date per 100,000 population has been revised from 2,040 to 1,054 in 2006/07, from 2,278 to 1,177 in 2007/08, from 2,430 to 1,254 in 2008/09 and from 2,877 to 1,436 in 2009/10. The number of people successfully quitting per 100,000 population has been revised from 1,183 to 611 in 2006/07, from 1,282 to 662 in 2007/08, from 1,276 to 659 in 2008/09 and from 1,537 to 767 in 2009/10.

Table 3.4 People successfully quit^{1,2} and estimated quitters per 100,000 smokers^{3,4}, by Government Office Region, April 2009 to March 2010

England	Numbers	
	Number successfully quit	Estimated quitters per 100,000 smokers ⁵
England	373,954	4,300
North East	25,485	5,800
North West	57,876	4,500
Yorkshire and the Humber	39,594	3,800
East Midlands	35,187	5,000
West Midlands	39,899	4,600
East of England	39,750	4,600
London	49,512	4,100
South West	34,650	3,800
South East	52,001	3,900

1. May include clients who are aged 15 and under.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

3. The estimated quitters per 100,000 smokers aged 16 and over uses estimated resident mid-2008 population figures based on the 2001 census published by the Office for National Statistics (ONS) and the estimated prevalence of current smokers from the General Lifestyle Survey 2008.

The ONS mid-year population estimates that relate to all years from mid-2002 to mid-2008 inclusive were revised in May 2010 to reflect improvements to migration methodologies. Further details are available at:

<http://www.ons.gov.uk/about-statistics/methodology-and-quality/imps/mig-stats-improve-prog/comm-stakeholders/improvements-2008-pop-est/indicative->

4. Information on ONS Population data is available at:

<http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=601>

5. Estimates have been rounded to the nearest 100.

Sources:

The Health and Social Care Information Centre, Lifestyles Statistics.

General Lifestyle Survey 2008. The Office for National Statistics.

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Table 3.5 Number of successful¹ quitters confirmed by carbon monoxide (CO) validation², by Strategic Health Authority, 2007/08 to 2009/10 Quarter 4

England		Numbers / Percentages				
		Number successfully quit at 4 weeks (self-report) ¹	Number who had successfully quit (self-report), confirmed by CO validation ²	CO validated quitters as a percentage of successful quitters (self-report)	Year	Quarter
	England	124,792	87,052	70	2009/10	4
Q30	North East	8,920	7,190	81	2009/10	4
Q31	North West	19,713	9,784	50	2009/10	4
Q32	Yorkshire and Humber	12,979	10,149	78	2009/10	4
Q33	East Midlands	11,367	8,164	72	2009/10	4
Q34	West Midlands	13,597	10,496	77	2009/10	4
Q35	East England	13,343	9,080	68	2009/10	4
Q36	London	16,810	11,996	71	2009/10	4
Q37	South East Coast	8,094	5,954	74	2009/10	4
Q38	South Central	8,748	6,323	72	2009/10	4
Q39	South West	11,221	7,916	71	2009/10	4
	England	79,962	54,411	68	2009/10	3
Q30	North East	5,305	4,315	81	2009/10	3
Q31	North West	12,277	5,978	49	2009/10	3
Q32	Yorkshire and Humber	8,288	5,892	71	2009/10	3
Q33	East Midlands	7,748	5,632	73	2009/10	3
Q34	West Midlands	8,436	6,310	75	2009/10	3
Q35	East England	8,229	5,635	68	2009/10	3
Q36	London	10,450	7,109	68	2009/10	3
Q37	South East Coast	5,647	4,020	71	2009/10	3
Q38	South Central	5,953	3,989	67	2009/10	3
Q39	South West	7,629	5,531	72	2009/10	3
	England	79,842	54,852	69	2009/10	2
Q30	North East	5,386	4,164	77	2009/10	2
Q31	North West	12,525	6,208	50	2009/10	2
Q32	Yorkshire and Humber	8,521	6,093	72	2009/10	2
Q33	East Midlands	7,387	5,516	75	2009/10	2
Q34	West Midlands	8,468	6,389	75	2009/10	2
Q35	East England	8,374	5,707	68	2009/10	2
Q36	London	10,532	7,110	68	2009/10	2
Q37	South East Coast	5,576	4,050	73	2009/10	2
Q38	South Central	5,824	4,302	74	2009/10	2
Q39	South West	7,249	5,313	73	2009/10	2
	England	89,358	60,398	68	2009/10	1
Q30	North East	5,874	4,615	79	2009/10	1
Q31	North West	13,361	6,132	46	2009/10	1
Q32	Yorkshire and Humber	9,806	7,083	72	2009/10	1
Q33	East Midlands	8,685	5,830	67	2009/10	1
Q34	West Midlands	9,398	7,096	76	2009/10	1
Q35	East England	9,804	6,690	68	2009/10	1
Q36	London	11,720	7,877	67	2009/10	1
Q37	South East Coast	5,987	4,442	74	2009/10	1
Q38	South Central	6,172	4,593	74	2009/10	1
Q39	South West	8,551	6,040	71	2009/10	1
	England	120,935	81,468	67	2008/09	4
Q30	North East	8,449	6,804	81	2008/09	4
Q31	North West	18,543	9,092	49	2008/09	4
Q32	Yorkshire and Humber	12,550	9,202	73	2008/09	4
Q33	East Midlands	12,183	8,059	66	2008/09	4
Q34	West Midlands	13,137	9,532	73	2008/09	4
Q35	East England	12,186	8,615	71	2008/09	4
Q36	London	16,589	10,938	66	2008/09	4
Q37	South East Coast	7,601	5,459	72	2008/09	4
Q38	South Central	7,926	5,903	74	2008/09	4
Q39	South West	11,771	7,864	67	2008/09	4
	England	71,846	47,056	65	2008/09	3
Q30	North East	4,534	3,680	81	2008/09	3
Q31	North West	10,865	4,646	43	2008/09	3
Q32	Yorkshire and Humber	7,682	5,393	70	2008/09	3
Q33	East Midlands	7,109	4,299	60	2008/09	3
Q34	West Midlands	7,707	5,550	72	2008/09	3
Q35	East England	6,983	4,744	68	2008/09	3
Q36	London	9,900	6,933	70	2008/09	3
Q37	South East Coast	4,525	3,259	72	2008/09	3
Q38	South Central	5,183	3,465	67	2008/09	3
Q39	South West	7,358	5,087	69	2008/09	3
	England	70,912	46,765	66	2008/09	2
Q30	North East	4,506	3,551	79	2008/09	2
Q31	North West	11,293	5,288	47	2008/09	2
Q32	Yorkshire and Humber	7,960	5,683	71	2008/09	2
Q33	East Midlands	6,582	4,537	69	2008/09	2
Q34	West Midlands	7,629	5,285	69	2008/09	2
Q35	East England	7,368	4,836	66	2008/09	2
Q36	London	9,414	6,450	69	2008/09	2
Q37	South East Coast	4,544	3,377	74	2008/09	2
Q38	South Central	4,991	3,433	69	2008/09	2
Q39	South West	6,625	4,325	65	2008/09	2

Table 3.5 Number of successful¹ quitters confirmed by carbon monoxide (CO) validation², by Strategic Health Authority, 2007/08 to 2009/10 Quarter 4 - Continued

England					Numbers / Percentages	
		Number successfully quit at 4 weeks (self-report) ¹	Number who had successfully quit (self-report), confirmed by CO validation ²	CO validated quitters as a percentage of successful quitters (self-report)	Year	Quarter
	England	73,361	48,989	67	2008/09	1
Q30	North East	4,836	3,747	77	2008/09	1
Q31	North West	11,743	5,653	48	2008/09	1
Q32	Yorkshire and Humber	8,322	5,869	71	2008/09	1
Q33	East Midlands	5,691	4,076	72	2008/09	1
Q34	West Midlands	8,146	5,744	71	2008/09	1
Q35	East England	8,046	5,184	64	2008/09	1
Q36	London	10,542	7,308	69	2008/09	1
Q37	South East Coast	4,572	3,324	73	2008/09	1
Q38	South Central	4,870	3,450	71	2008/09	1
Q39	South West	6,593	4,634	70	2008/09	1
	England	103,006	60,671	59	2007/08	4
Q30	North East	6,995	4,847	69	2007/08	4
Q31	North West	16,065	6,571	41	2007/08	4
Q32	Yorkshire and Humber	9,714	6,774	70	2007/08	4
Q33	East Midlands	9,367	5,650	60	2007/08	4
Q34	West Midlands	11,222	8,122	72	2007/08	4
Q35	East England	10,221	5,167	51	2007/08	4
Q36	London	15,946	8,815	55	2007/08	4
Q37	South East Coast	6,148	4,435	72	2007/08	4
Q38	South Central	6,384	4,131	65	2007/08	4
Q39	South West	10,944	6,159	56	2007/08	4
	England	71,517	41,966	59	2007/08	3
Q30	North East	4,615	3,519	76	2007/08	3
Q31	North West	12,389	5,305	43	2007/08	3
Q32	Yorkshire and Humber	7,038	4,783	68	2007/08	3
Q33	East Midlands	6,495	4,492	69	2007/08	3
Q34	West Midlands	7,020	5,162	74	2007/08	3
Q35	East England	7,620	3,474	46	2007/08	3
Q36	London	9,811	5,818	59	2007/08	3
Q37	South East Coast	4,554	2,758	61	2007/08	3
Q38	South Central	5,018	2,929	58	2007/08	3
Q39	South West	6,957	3,726	54	2007/08	3
	England	89,496	53,097	59	2007/08	2
Q30	North East	6,479	4,855	75	2007/08	2
Q31	North West	16,729	7,173	43	2007/08	2
Q32	Yorkshire and Humber	9,689	5,882	61	2007/08	2
Q33	East Midlands	6,652	5,342	80	2007/08	2
Q34	West Midlands	10,362	7,360	71	2007/08	2
Q35	East England	9,172	4,395	48	2007/08	2
Q36	London	11,564	6,500	56	2007/08	2
Q37	South East Coast	5,583	3,826	69	2007/08	2
Q38	South Central	5,437	3,387	62	2007/08	2
Q39	South West	7,829	4,377	56	2007/08	2
	England	86,781	53,008	61	2007/08	1
Q30	North East	6,352	4,958	78	2007/08	1
Q31	North West	14,092	6,438	46	2007/08	1
Q32	Yorkshire and Humber	8,999	6,262	70	2007/08	1
Q33	East Midlands	6,628	5,156	78	2007/08	1
Q34	West Midlands	11,563	8,384	73	2007/08	1
Q35	East England	9,365	4,334	46	2007/08	1
Q36	London	11,504	6,844	59	2007/08	1
Q37	South East Coast	5,655	3,725	66	2007/08	1
Q38	South Central	5,215	2,887	55	2007/08	1
Q39	South West	7,408	4,020	54	2007/08	1

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date. The figures presented here are based on self-report of smoking status by the client at the 4 week follow-up.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.6 Number setting a quit date and outcome¹, by gender and Strategic Health Authority, April 2009 to March 2010

England		Males					Females					Numbers / Percentages											
		Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²	Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²	Percentage setting a quit date	Percentage of successful quitters	Percentage who had not quit	Percentage not known/lost to follow up	CO validated quitters as a percentage of clients setting a quit date	CO validated quitters as a percentage of successful quitters (self-report)	Percentage setting a quit date	Percentage of successful quitters	Percentage who had not quit	Percentage not known/lost to follow up	CO validated quitters as a percentage of clients setting a quit date	CO validated quitters as a percentage of successful quitters (self-report)
England		363,732	184,066	90,574	89,092	126,438	393,805	189,888	108,129	95,788	130,275	100	51	25	24	35	69	100	48	27	24	33	69
North East	Q30	25,345	11,732	5,261	8,352	9,307	30,918	13,753	7,303	9,862	10,977	100	46	21	33	37	79	100	44	24	32	36	80
North West	Q31	56,832	26,973	17,523	12,336	12,792	69,091	30,903	23,576	14,612	15,310	100	47	31	22	23	47	100	45	34	21	22	50
Yorkshire and Humber	Q32	35,209	19,012	7,677	8,520	13,961	39,908	20,582	9,440	9,886	15,256	100	54	22	24	40	73	100	52	24	25	38	74
East Midlands	Q33	31,364	17,305	5,802	8,257	12,635	33,416	17,882	7,010	8,524	12,507	100	55	18	26	40	73	100	54	21	26	37	70
West Midlands	Q34	41,500	19,956	12,009	9,535	15,240	43,605	19,943	13,971	9,691	15,051	100	48	29	23	37	76	100	46	32	22	35	75
East England	Q35	38,585	19,821	9,519	9,245	13,590	40,815	19,929	11,010	9,876	13,532	100	51	25	24	35	69	100	49	27	24	33	68
London	Q36	55,607	26,109	12,062	17,416	17,713	51,874	23,403	11,600	16,871	16,379	100	47	22	31	32	68	100	45	22	33	32	70
South West	Q39	32,384	17,379	9,355	5,650	12,545	33,689	17,271	10,553	5,965	12,255	100	54	29	17	39	72	100	51	31	17	36	71
South East Coast	Q37	22,664	12,298	5,380	4,986	9,000	25,042	13,006	6,582	5,454	9,466	100	54	24	22	40	73	100	52	26	22	38	73
South Central	Q38	24,242	13,481	5,966	4,795	9,665	25,447	13,216	7,084	5,147	9,542	100	56	25	20	40	72	100	52	28	20	37	72

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation should be attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.7 Number setting a quit date and outcome¹, by age group and Strategic Health Authority, April 2009 to March 2010

England		Numbers					Percentages					Numbers / Percentages	
		Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number of successful quitters, confirmed by CO validation ²	Percentage setting a quit date	Percentage of successful quitters	Percentage who had not quit	Percentage not known/lost to follow up	CO validated quitters as a percentage of clients setting a quit date	CO validated quitters as a percentage of successful quitters (self-report)	
England		23,752	7,682	7,707	8,363	4,696	100	32	32	35	20	61	
		Under 18					Under 18						
North East	Q30	1,796	361	546	889	228	100	20	30	49	13	63	
North West	Q31	4,243	1,401	1,499	1,343	451	100	33	35	32	11	32	
Yorkshire and Humber	Q32	3,192	1,413	824	955	1,180	100	44	26	30	37	84	
East Midlands	Q33	1,990	701	502	787	384	100	35	25	40	19	55	
West Midlands	Q34	3,181	896	1,275	1,010	606	100	28	40	32	19	68	
East England	Q35	2,048	545	725	778	328	100	27	35	38	16	60	
London	Q36	2,723	902	727	1,094	607	100	33	27	40	22	67	
South East Coast	Q37	1,604	458	596	550	242	100	29	37	34	15	53	
South Central	Q38	1,361	490	394	477	294	100	36	29	35	22	60	
South West	Q39	1,614	515	619	480	376	100	32	38	30	23	73	
England		236,443	104,604	61,867	69,972	66,986	100	44	26	30	28	64	
		18-34					18-34						
North East	Q30	18,274	7,124	4,127	7,023	5,372	100	39	23	38	29	75	
North West	Q31	37,617	15,507	12,195	9,915	6,884	100	41	32	26	18	44	
Yorkshire and Humber	Q32	24,053	10,808	5,677	7,568	7,484	100	45	24	31	31	69	
East Midlands	Q33	20,907	10,414	4,067	6,426	6,660	100	50	19	31	32	64	
West Midlands	Q34	28,071	11,878	8,519	7,674	8,494	100	42	30	27	30	72	
East England	Q35	23,821	10,497	6,163	7,161	6,703	100	44	26	30	28	64	
London	Q36	35,303	15,027	7,677	12,599	9,658	100	43	22	36	27	64	
South East Coast	Q37	13,904	6,703	3,520	3,681	4,483	100	48	25	26	32	67	
South Central	Q38	15,623	7,766	4,110	3,747	5,214	100	50	26	24	33	67	
South West	Q39	18,870	8,880	5,812	4,178	6,034	100	47	31	22	32	68	
England		184,578	93,943	45,935	44,700	65,272	100	51	25	24	35	69	
		35-44					35-44						
North East	Q30	12,930	6,145	2,654	4,131	4,946	100	48	21	32	38	80	
North West	Q31	29,958	14,121	9,207	6,630	7,044	100	47	31	22	24	50	
Yorkshire and Humber	Q32	17,613	9,596	3,787	4,230	7,092	100	54	22	24	40	74	
East Midlands	Q33	15,647	8,797	2,922	3,928	6,377	100	56	19	25	41	72	
West Midlands	Q34	20,448	9,929	5,990	4,529	7,602	100	49	29	22	37	77	
East England	Q35	19,476	10,098	4,702	4,676	6,991	100	52	24	24	36	69	
London	Q36	27,486	12,823	5,947	8,716	8,931	100	47	22	32	32	70	
South East Coast	Q37	12,041	6,528	2,847	2,666	4,782	100	54	24	22	40	73	
South Central	Q38	12,401	6,974	3,088	2,339	5,079	100	56	25	19	41	73	
South West	Q39	16,578	8,932	4,791	2,855	6,428	100	54	29	17	39	72	
England		197,355	101,814	52,505	43,036	72,508	100	52	27	22	37	71	
		45-59					45-59						
North East	Q30	15,109	7,382	3,373	4,354	6,038	100	49	22	29	40	82	
North West	Q31	33,810	16,115	11,385	6,310	8,209	100	48	34	19	24	51	
Yorkshire and Humber	Q32	19,238	10,910	4,269	4,059	8,230	100	57	22	21	43	75	
East Midlands	Q33	16,341	9,245	3,257	3,839	7,038	100	57	20	23	43	76	
West Midlands	Q34	21,051	10,277	6,557	4,217	8,126	100	49	31	20	39	79	
East England	Q35	20,802	10,898	5,465	4,439	7,629	100	52	26	21	37	70	
London	Q36	27,242	12,987	6,138	8,117	9,289	100	48	23	30	34	72	
South East Coast	Q37	12,567	6,874	3,194	2,499	5,284	100	55	25	20	42	77	
South Central	Q38	12,925	7,171	3,455	2,299	5,411	100	55	27	18	42	75	
South West	Q39	18,270	9,955	5,412	2,903	7,274	100	54	30	16	40	73	
England		115,409	65,911	30,689	18,809	47,251	100	57	27	16	41	72	
		60+					60+						
North East	Q30	8,154	4,473	1,864	1,817	3,700	100	55	23	22	45	83	
North West	Q31	20,295	10,732	6,813	2,750	5,514	100	53	34	14	27	51	
Yorkshire and Humber	Q32	11,021	6,867	2,560	1,594	5,231	100	62	23	14	47	76	
East Midlands	Q33	9,895	6,030	2,064	1,801	4,683	100	61	21	18	47	78	
West Midlands	Q34	12,354	6,919	3,639	1,796	5,463	100	56	29	15	44	79	
East England	Q35	13,253	7,712	3,474	2,067	5,461	100	58	26	16	41	71	
London	Q36	14,727	7,773	3,193	3,761	5,607	100	53	22	26	38	72	
South East Coast	Q37	7,590	4,741	1,805	1,044	3,695	100	62	24	14	49	78	
South Central	Q38	7,379	4,296	2,003	1,080	3,209	100	58	27	15	43	75	
South West	Q39	10,741	6,368	3,274	1,099	4,688	100	59	30	10	44	74	

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation should be attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.8 People setting a quit date and successful quitters¹, by ethnic group², Government Office Region and Strategic Health Authority, April 2009 to March 2010

England	Numbers / Percentages											
	England	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South West	South East	South East Coast	South Central
Number setting a quit date												
All persons	757,537	56,263	125,923	75,117	64,780	85,105	79,400	107,481	66,073	97,395	47,706	49,689
White	662,201	54,226	114,545	70,264	57,970	74,754	70,087	71,771	60,277	88,307	43,592	44,715
Mixed	10,677	148	903	558	715	1,331	679	4,661	512	1,170	607	563
Asian	23,096	366	2,068	1,566	1,483	3,695	1,145	10,730	337	1,706	517	1,189
Black	12,752	61	681	371	525	1,313	582	8,074	325	820	262	558
Other	6,633	89	590	241	324	683	298	3,684	196	528	283	245
Not known	42,178	1,373	7,136	2,117	3,763	3,329	6,609	8,561	4,426	4,864	2,445	2,419
Number who had successfully quit at 4 week follow-up (self-report)												
All persons	373,954	25,485	57,876	39,594	35,187	39,899	39,750	49,512	34,650	52,001	25,304	26,697
White	330,166	24,642	52,991	37,170	31,594	35,272	35,051	34,000	32,136	47,310	23,347	23,963
Mixed	4,617	62	355	289	358	509	310	1,904	246	584	291	293
Asian	10,756	132	741	665	723	1,643	534	5,247	147	924	227	697
Black	5,558	30	257	194	257	576	275	3,351	171	447	139	308
Other	3,100	37	265	104	182	357	147	1,630	97	281	142	139
Not known	19,757	582	3,267	1,172	2,073	1,542	3,433	3,380	1,853	2,455	1,158	1,297
Percentage who had successfully quit at 4 week follow-up (self-report)												
All persons	49	45	46	53	54	47	50	46	52	53	53	54
White	50	45	46	53	55	47	50	47	53	54	54	54
Mixed	43	42	39	52	50	38	46	41	48	50	48	52
Asian	47	36	36	42	49	44	47	49	44	54	44	59
Black	44	49	38	52	49	44	47	42	53	55	53	55
Other	47	42	45	43	56	52	49	44	49	53	50	57
Not known	47	42	46	55	55	46	52	39	42	50	47	54

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. These categories are based on those used for the 2001 census. Further guidance on collecting ethnicity category data is available from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4116927

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.9 Pregnant women setting a quit date and successful quitters¹, by Government Office Region and Strategic Health Authority, April 2009 to March 2010

England	<i>Numbers / Percentages</i>		
	Number setting a quit date	Number of successful quitters	<i>Percentage who successfully quit</i>
England	20,808	9,414	45
North East	1,711	658	38
North West	3,905	1,527	39
Yorkshire and the Humber	2,323	992	43
East Midlands	2,888	1,707	59
West Midlands	2,606	1,115	43
East of England	1,430	635	44
London	1,468	761	52
South West	1,930	614	32
South East	2,547	1,405	55
South Central	1,168	563	48
South East Coast	1,379	842	61

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.10 Number setting a quit date and outcome¹, by gender, Primary Care Trust and Strategic Health Authority, April 2009 to March 2010 - Continued

England	Numbers															
	Total					Males					Females					
	Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²	Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²	Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²	
England	757,537	373,954	198,703	184,880	256,713	363,732	184,066	90,574	89,092	126,438	393,805	189,888	108,129	95,788	130,275	
South West SHA	66,073	34,650	19,908	11,515	24,800	32,384	17,379	9,355	5,650	12,545	33,689	17,271	10,553	5,865	12,255	
Bath & North East Somerset PCT	5FL	1,988	1,240	553	195	917	929	606	233	90	452	1,059	634	320	105	465
Bournemouth & Poole PCT	5QN	4,510	2,173	1,009	1,328	1,819	2,250	1,078	511	661	905	2,260	1,095	498	667	914
Bristol PCT	5QJ	5,991	2,961	1,476	1,554	2,068	2,790	1,402	653	735	977	3,201	1,559	823	819	1,091
Corwall & Isles Of Scilly PCT	5QP	7,083	3,845	1,607	1,631	3,452	3,376	1,850	745	781	1,673	3,707	1,995	862	850	1,779
Devon PCT	5QQ	6,770	3,975	2,436	359	2,419	3,464	2,080	1,193	191	1,274	3,306	1,895	1,243	168	1,145
Dorset PCT	5QM	3,942	2,328	871	743	1,745	2,045	1,236	462	347	962	1,897	1,092	409	396	783
Gloucestershire PCT	5QH	6,921	3,946	1,792	1,183	2,048	3,559	2,084	878	617	1,103	3,362	1,882	914	566	945
North Somerset PCT	5M8	2,914	1,516	1,034	364	987	1,401	728	478	195	482	1,513	788	556	169	505
Plymouth Teaching PCT	5F1	5,438	2,429	1,821	1,188	1,687	2,437	1,121	767	549	776	3,001	1,308	1,054	639	911
Somerset PCT	5QL	7,820	3,452	3,963	405	2,491	3,968	1,810	1,949	209	1,277	3,852	1,642	2,014	196	1,214
South Gloucestershire PCT	5A3	2,843	1,532	1,073	238	1,234	1,373	784	450	139	635	1,470	748	623	99	599
Swindon PCT	5K3	2,884	1,580	792	512	1,192	1,322	739	345	238	552	1,562	841	447	274	640
Torbay Care Trust	TAL	2,380	1,027	427	926	732	1,144	506	192	446	419	1,236	521	235	480	313
Wiltshire PCT	5QK	4,589	2,646	1,054	889	2,009	2,326	1,375	499	452	1,058	2,263	1,271	555	437	951

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.11 People setting a quit date and successful quitters^{1,2}, per 100,000 of the population, by Strategic Health Authority and Primary Care Trust, April 2009 to March 2010

England				Numbers / Percentages		
		Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date per 100,000 of population aged 16 and over ^{3,4}	Number of successful quitters per 100,000 of population aged 16 and over ^{3,4}
England		757,537	373,954	49	1,812	895
North East SHA		56,263	25,485	45	2,667	1,208
County Durham PCT	5ND	10,635	5,242	49	2,556	1,260
Darlington PCT	5J9	1,674	891	53	2,072	1,103
Gateshead PCT	5KF	4,026	1,780	44	2,578	1,140
Hartlepool PCT	5D9	3,192	1,404	44	4,397	1,934
Middlesbrough PCT	5KM	3,766	1,360	36	3,351	1,210
Newcastle PCT	5D7	5,277	2,462	47	2,271	1,059
North Tyneside PCT	5D8	4,478	2,105	47	2,777	1,305
Northumberland Care Trust	TAC	5,467	2,410	44	2,124	937
Redcar & Cleveland PCT	5QR	3,407	1,295	38	3,035	1,153
South Tyneside PCT	5KG	3,925	1,805	46	3,149	1,448
North Tees PCT	5E1	4,157	1,750	42	2,724	1,147
Sunderland Teaching PCT	5KL	6,259	2,981	48	2,709	1,290
North West SHA		125,923	57,876	46	2,259	1,038
Ashton, Leigh & Wigan PCT	5HG	8,260	3,530	43	3,341	1,428
Blackburn with Darwen PCT	5CC	2,474	770	31	2,344	729
Blackpool PCT	5HP	5,474	1,854	34	4,767	1,614
Bolton PCT	5HQ	3,719	2,214	60	1,780	1,060
Bury PCT	5JX	1,961	1,064	54	1,354	735
Central & Eastern Cheshire PCT	5NP	6,457	3,022	47	1,743	816
Central Lancashire PCT	5NG	6,081	3,279	54	1,630	879
Cumbria PCT	5NE	5,958	3,732	63	1,453	910
East Lancashire PCT	5NH	7,347	2,434	33	2,425	803
Halton & St. Helens PCT	5NM	5,616	2,798	50	2,363	1,177
Heywood, Middleton & Rochdale PCT	5NQ	3,935	1,799	46	2,446	1,118
Knowsley PCT	5J4	4,999	2,048	41	4,185	1,715
Liverpool PCT	5NL	10,764	4,931	46	2,941	1,347
Manchester PCT	5NT	11,814	4,472	38	3,035	1,149
North Lancashire PCT	5NF	3,794	2,355	62	1,392	864
Oldham PCT	5J5	4,465	1,825	41	2,634	1,077
Salford PCT	5F5	4,802	1,920	40	2,634	1,053
Sefton PCT	5NJ	5,759	3,145	55	2,556	1,396
Stockport PCT	5F7	4,138	1,905	46	1,800	829
Tameside & Glossop PCT	5LH	3,015	1,904	63	1,510	953
Trafford PCT	5NR	2,783	1,316	47	1,621	766
Warrington PCT	5J2	1,312	853	65	828	538
Western Cheshire PCT	5NN	4,372	1,894	43	2,284	989
Wirral PCT	5NK	6,624	2,812	42	2,655	1,127
Yorkshire & Humber SHA		75,117	39,594	53	1,769	932
Barnsley PCT	5JE	7,273	3,415	47	3,985	1,871
Bradford & Airedale PCT	5NY	7,846	3,692	47	2,021	951
Calderdale PCT	5J6	3,203	1,549	48	2,001	968
Doncaster PCT	5N5	4,818	2,684	56	2,062	1,149
East Riding of Yorkshire PCT	5NW	3,022	1,950	65	1,085	700
Hull PCT	5NX	5,637	3,500	62	2,638	1,638
Kirklees PCT	5N2	5,366	2,673	50	1,674	834
Leeds PCT	5N1	6,641	4,412	66	1,027	682
North East Lincolnshire Care Trust Plus ⁵	TAN	2,293	1,303	57	1,798	1,021
North Lincolnshire PCT	5EF	1,447	839	58	1,137	659
North Yorkshire & York PCT	5NV	8,826	4,160	47	1,351	637
Rotherham PCT	5H8	5,521	2,763	50	2,711	1,357
Sheffield PCT	5N4	5,904	3,259	55	1,322	730
Wakefield District PCT	5N3	7,320	3,395	46	2,788	1,293

Table 3.11 People setting a quit date and successful quitters^{1,2}, per 100,000 of the population, by Strategic Health Authority and Primary Care Trust, April 2009 to March 2010 - Continued

England		Numbers / Percentages				
		Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date per 100,000 of population aged 16 and over ^{3,4}	Number of successful quitters per 100,000 of population aged 16 and over ^{3,4}
England		757,537	373,954	49	1,812	895
East Midlands SHA		64,780	35,187	54	1,793	974
Bassetlaw PCT	5ET	1,904	1,014	53	2,093	1,115
Derby City PCT	5N7	4,207	2,432	58	2,142	1,238
Derbyshire County PCT	5N6	8,735	4,950	57	1,474	835
Leicester City PCT	5PC	5,716	2,484	43	2,363	1,027
Leicestershire County & Rutland PCT	5PA	8,265	4,982	60	1,486	896
Lincolnshire PCT	5N9	11,682	6,010	51	2,029	1,044
Northampton PCT	5PD	10,529	5,169	49	1,935	950
Nottingham City PCT	5EM	4,665	2,726	58	1,885	1,101
Nottinghamshire County PCT	5N8	9,077	5,420	60	1,672	998
West Midlands SHA		85,105	39,899	47	1,953	916
Birmingham East & North PCT	5PG	7,734	3,680	48	2,475	1,178
Coventry Teaching PCT	5MD	4,742	1,987	42	1,891	792
Dudley PCT	5PE	5,135	2,695	52	2,067	1,085
Heart of Birmingham Teaching PCT	5MX	5,688	2,715	48	2,754	1,315
Herefordshire PCT	5CN	2,338	998	43	1,582	675
North Staffordshire PCT	5PH	3,187	1,510	47	1,814	860
Sandwell PCT	5PF	4,203	1,376	33	1,839	602
Shropshire County PCT	5M2	3,575	1,737	49	1,499	728
Solihull Care Trust	TAM	3,306	1,493	45	2,007	906
South Birmingham PCT	5M1	6,534	3,072	47	2,357	1,108
South Staffordshire PCT	5PK	8,344	4,214	51	1,684	850
Stoke on Trent PCT	5PJ	5,825	2,278	39	2,907	1,137
Telford & Wrekin PCT	5MK	2,826	1,432	51	2,203	1,116
Walsall Teaching PCT	5M3	3,651	1,906	52	1,811	945
Warwickshire PCT	5PM	7,167	3,629	51	1,645	833
Wolverhampton City PCT	5MV	4,259	2,039	48	2,222	1,064
Worcestershire PCT	5PL	6,591	3,138	48	1,453	692
East England SHA		79,400	39,750	50	1,714	858
Bedfordshire PCT	5P2	5,057	2,880	57	1,541	878
Cambridgeshire PCT	5PP	7,050	3,366	48	1,436	686
East & North Hertfordshire PCT	5P3	7,224	3,550	49	1,661	816
Great Yarmouth & Waveney PCT	5PR	3,956	2,039	52	2,242	1,155
Luton PCT	5GC	2,163	1,304	60	1,463	882
Mid Essex PCT	5PX	4,633	2,545	55	1,559	856
Norfolk PCT	5PQ	8,483	4,434	52	1,357	709
North East Essex PCT	5PW	6,534	3,077	47	2,452	1,154
Peterborough PCT	5PN	2,918	1,218	42	2,164	903
South East Essex PCT	5P1	6,262	2,733	44	2,299	1,003
South West Essex PCT	5PY	7,737	3,603	47	2,423	1,129
Suffolk PCT	5PT	7,621	4,102	54	1,584	853
West Essex PCT	5PV	3,456	1,773	51	1,537	789
West Hertfordshire PCT	5P4	6,306	3,126	50	1,459	723

Table 3.11 People setting a quit date and successful quitters^{1,2}, per 100,000 of the population, by Strategic Health Authority and Primary Care Trust, April 2009 to March 2010 - Continued

England		Numbers / Percentages				
		Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date per 100,000 of population aged 16 and over ^{3,4}	Number of successful quitters per 100,000 of population aged 16 and over ^{3,4}
England		757,537	373,954	49	1,812	895
London SHA		107,481	49,512	46	1,735	799
Barking & Dagenham PCT	5C2	2,514	1,370	54	1,937	1,055
Barnet PCT	5A9	4,779	2,220	46	1,771	823
Bexley Care Trust	TAK	2,904	1,777	61	1,614	988
Brent Teaching PCT	5K5	3,260	1,183	36	1,596	579
Bromley PCT	5A7	3,243	1,630	50	1,308	658
Camden PCT	5K7	3,139	1,163	37	1,641	608
City & Hackney Teaching PCT	5C3	6,920	2,453	35	3,908	1,385
Croydon PCT	5K9	4,027	1,604	40	1,489	593
Ealing PCT	5HX	3,081	1,243	40	1,217	491
Enfield PCT	5C1	2,228	1,502	67	980	661
Greenwich Teaching PCT	5A8	3,713	1,597	43	2,100	903
Hammersmith & Fulham PCT	5H1	4,028	1,720	43	2,865	1,224
Haringey Teaching PCT	5C9	3,138	2,103	67	1,731	1,160
Harrow PCT	5K6	2,172	837	39	1,192	459
Havering PCT	5A4	3,264	1,401	43	1,732	744
Hillingdon PCT	5AT	2,879	1,643	57	1,398	798
Hounslow PCT	5HY	3,605	1,384	38	1,939	744
Islington PCT	5K8	5,339	2,386	45	3,372	1,507
Kensington & Chelsea PCT	5LA	3,034	1,235	41	2,108	858
Kingston PCT	5A5	1,156	671	58	854	496
Lambeth PCT	5LD	4,562	1,427	31	1,961	613
Lewisham PCT	5LF	3,906	1,724	44	1,856	819
Newham PCT	5C5	4,326	2,239	52	2,364	1,224
Redbridge PCT	5NA	2,442	1,705	70	1,177	822
Richmond & Twickenham PCT	5M6	1,099	620	56	728	411
Southwark PCT	5LE	4,462	1,510	34	1,911	647
Sutton & Merton PCT	5M7	3,010	1,288	43	948	406
Tower Hamlets PCT	5C4	5,631	2,716	48	3,087	1,489
Waltham Forest PCT	5NC	3,250	1,666	51	1,872	960
Wandsworth PCT	5LG	2,644	1,287	49	1,107	539
Westminster PCT	5LC	3,726	2,208	59	1,728	1,024
South East Coast SHA		47,706	25,304	53	1,364	724
Brighton & Hove City PCT	5LQ	3,615	2,308	64	1,696	1,083
East Sussex Downs & Weald PCT	5P7	3,705	1,805	49	1,353	659
Eastern & Coastal Kent PCT	5QA	9,088	5,106	56	1,540	865
Hastings & Rother PCT	5P8	3,486	1,537	44	2,381	1,050
Medway PCT	5L3	3,887	1,959	50	1,926	971
Surrey PCT	5P5	6,281	4,106	65	716	468
West Kent PCT	5P9	8,917	3,996	45	1,654	741
West Sussex PCT	5P6	8,727	4,487	51	1,355	697
South Central SHA		49,689	26,697	54	1,513	813
Berkshire East PCT	5QG	3,915	2,266	58	1,249	723
Berkshire West PCT	5QF	4,148	2,471	60	1,118	666
Buckinghamshire PCT	5QD	3,782	2,205	58	942	549
Hampshire PCT	5QC	16,660	8,349	50	1,600	802
Isle of Wight PCT	5QT	1,854	940	51	1,586	804
Milton Keynes PCT	5CQ	4,712	2,678	57	2,515	1,429
Oxford PCT	5QE	6,116	3,555	58	1,232	716
Portsmouth City Teaching PCT	5FE	4,937	2,419	49	2,977	1,459
Southampton City PCT	5L1	3,565	1,814	51	1,815	924

Table 3.11 People setting a quit date and successful quitters^{1,2}, per 100,000 of the population, by Strategic Health Authority and Primary Care Trust, April 2009 to March 2010 - Continued

England	Numbers / Percentages					
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date per 100,000 of population aged 16 and over ^{3,4}	Number of successful quitters per 100,000 of population aged 16 and over ^{3,4}	
England	757,537	373,954	49	1,812	895	
South West SHA	66,073	34,650	52	1,541	808	
Bath & North East Somerset PCT	5FL	1,988	1,240	62	1,348	841
Bournemouth & Poole PCT	5QN	4,510	2,173	48	1,766	851
Bristol PCT	5QJ	5,991	2,961	49	1,684	832
Cornwall & Isles Of Scilly PCT	5QP	7,083	3,845	54	1,609	873
Devon PCT	5QQ	6,770	3,975	59	1,091	641
Dorset PCT	5QM	3,942	2,328	59	1,172	692
Gloucestershire PCT	5QH	6,921	3,946	57	1,448	825
North Somerset PCT	5M8	2,914	1,516	52	1,719	894
Plymouth Teaching PCT	5F1	5,438	2,429	45	2,566	1,146
Somerset PCT	5QL	7,820	3,452	44	1,826	806
South Gloucestershire PCT	5A3	2,843	1,532	54	1,346	725
Swindon PCT	5K3	2,884	1,580	55	1,785	978
Torbay Care Trust	TAL	2,380	1,027	43	2,133	920
Wiltshire PCT	5QK	4,589	2,646	58	1,259	726

1. May include clients who are aged 15 and under.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date. The figures presented here are based on self-report of smoking status by the client at the 4 week follow-up.

3. The rate of people who set a quit date and successfully quit at 4 weeks (based on self-report) per 100,000 population aged 16 and over uses estimated resident mid-year population figures based on the 2001 census published by the Office for National Statistics (ONS). The estimates that relate to all years from mid-2002 to mid-2008 inclusive were revised in May 2010 to reflect improvements to migration methodologies. The rates which relied on these estimates have been revised in this table accordingly. Further details are available at:

<http://www.ons.gov.uk/about-statistics/methodology-and-quality/imps/mig-stats-improve-prog/comm-stakeholders/improvements-2008-pop-est/indicative-imps/index.html>

4. Information on ONS Population data is available at:

<http://www.statistics.gov.uk/census2001/default.asp>

5. In 2007 North East Lincolnshire was renamed as North East Lincolnshire Care Trust Plus with the PCT code TAN.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.12 Number setting a quit date and outcome¹, by age group, Primary Care Trust and Strategic Health Authority, April 2009 to March 2010

England	under 34					35-44				45-59				60+				Numbers			
	Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²	Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²	Number setting a quit date	Number of successful quitters	Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²	Number setting a quit date	Number of successful quitters		Number who had not quit	Number not known/lost to follow up	Number who had successfully quit (self-report), confirmed by CO validation ²
England	260,195	112,286	69,574	78,335	71,682	184,578	93,943	45,935	44,700	65,272	197,355	101,814	52,505	43,036	72,508	115,409	65,911	30,689	18,809	47,251	
South West SHA	Q39	20,484	9,395	6,431	4,658	6,410	16,578	8,932	4,791	2,855	6,428	18,270	9,955	5,412	2,903	7,274	10,741	6,368	3,274	1,099	4,698
Bath & North East Somerset PCT	5FL	710	443	184	83	310	478	285	133	60	207	498	327	158	33	257	302	185	98	19	143
Bournemouth & Poole PCT	5QN	1,339	584	288	467	463	1,237	595	274	368	513	1,286	632	285	369	529	648	362	162	124	314
Bristol PCT	5QJ	2,071	958	460	653	631	1,480	746	339	395	522	1,580	783	418	379	559	860	474	259	127	356
Cornwall & Isles Of Scilly PCT	5QP	1,861	843	491	527	742	1,849	1,038	412	399	954	2,117	1,227	413	477	1,094	1,256	737	291	228	662
Devon PCT	5QQ	1,752	927	682	143	526	1,569	911	563	95	547	2,034	1,201	733	100	746	1,415	936	458	21	600
Dorset PCT	5QM	1,260	666	302	292	501	901	559	175	167	422	1,098	648	243	207	476	683	455	151	77	346
Gloucestershire PCT	5QH	2,101	1,017	587	497	504	1,817	1,085	441	291	552	1,887	1,147	461	279	600	1,116	697	303	116	392
North Somerset PCT	5M8	857	380	315	162	214	810	446	264	100	290	772	409	282	81	275	475	281	173	21	208
Plymouth Teaching PCT	5F1	1,880	714	637	529	456	1,305	601	425	279	427	1,462	679	514	269	483	791	435	245	111	321
Somerset PCT	5QL	2,195	803	1,276	116	520	1,946	883	953	110	649	2,286	1,086	1,071	129	810	1,393	680	663	50	512
South Gloucestershire PCT	5A3	1,074	542	401	131	440	700	373	265	62	292	680	384	262	34	305	389	233	145	11	197
Swindon PCT	5K3	1,055	540	305	210	391	753	439	183	131	319	711	378	207	126	305	365	223	97	45	177
Torbay Care Trust	TAL	780	239	150	391	180	530	231	92	207	187	676	323	112	241	260	394	234	73	87	105
Wiltshire PCT	5QK	1,549	739	353	487	532	1,203	740	272	191	547	1,183	731	273	179	575	654	436	156	62	355

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 3.14 People setting a quit date and successful quitters¹, within Spearhead Primary Care Trusts² and England, April 2009 to March 2010

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
England	757,537	373,954	49
Non-Spearhead PCTs	415,607	214,889	52
All Spearhead PCTs ³	341,930	159,065	47
Whole Spearhead PCTs ⁴	241,932	110,058	45

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date. The figures presented here are based on self-report of smoking status by the client at the 4 week follow-up.

2. The Spearhead Group is identified in terms of Local Authority Districts (LADs) (those LADs in the 'bottom' fifth of LADs for at least 3 out of 5 selected health and deprivation indicators). PCTs included in the Spearhead PCTs group are those which overlap geographically with LADs in the Spearhead Group, following the October 2006 reorganisation of PCTs. For more information please see Appendix D.

3. Includes all 62 PCTs that overlap geographically with Spearhead LAs, including 14 PCTs where only part of the PCT area overlaps with Spearhead LAs.

4. Only includes those PCTs where the whole PCT area overlaps with Spearhead LAs (48 out of the 62 Spearhead PCTs).

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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4 Treatment and expenditure

4.1 Introduction

This chapter looks at the types of pharmacotherapy used with the NHS Stop Smoking Services and provides information on the costs of the services.

Three types of pharmacotherapy are prescribed by the NHS Stop Smoking Services. Nicotine Replacement Therapy (NRT) products reduce the symptoms of nicotine withdrawal by getting nicotine into the bloodstream without smoking. Bupropion (Zyban) is a drug which works by suppressing the part of the brain that gives the smoker a nicotine buzz when smoking cigarettes; it reduces the cravings as well as the usual withdrawal symptoms of anxiety, sweating and irritability. Varenicline (Champix) works by reducing the smoker's craving for nicotine by binding to nicotine receptors in the brain and reducing the symptoms of withdrawal. It also reduces the satisfaction a smoker receives when smoking a cigarette.

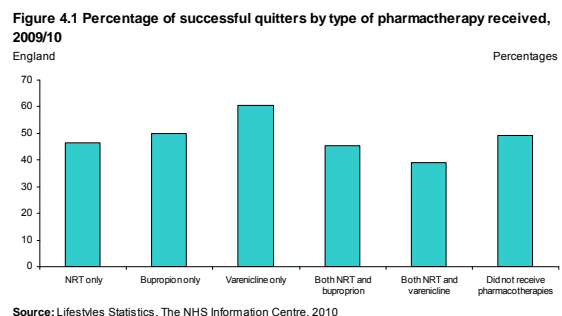
4.2 Treatment

Of the 757,537 people who set a quit date in 2009/10, 687,222 (91%) received some kind of pharmacotherapy. Among those setting a quit date 65% had received Nicotine Replacement Therapy (NRT) only, 23% had received Varenicline only, 1% Bupropion only, 1% received both NRT and Varenicline and less than 0.5% had received both NRT and Bupropion. Only 5% of people setting a quit date did not receive any pharmacotherapy and the treatment option was not known for the remaining 4%.

Over nine out of ten people who set a quit date received pharmacotherapies in 2009/10

Of the 373,954 people who successfully quit in 2009/10, 343,779 (92%) received some kind of pharmacotherapy. Among the pharmacotherapies used, 61% of quitters had used NRT only, 28% had used Varenicline only, 1% had used Bupropion only and 1% used both NRT and Varenicline. Five per cent of quitters did not receive any pharmacotherapy and the treatment option was not known for a further 3% of successful quitters.

Of those who used Varenicline only, 60% successfully quit, compared with half (50%) of those who use Bupropion only and 47% of those who used NRT only. Nearly half (49%) who did not receive any pharmacotherapy successfully quit. These data should not be used to assess or compare the clinical effectiveness of the various pharmacotherapies as they reflect only the results obtained through the NHS Stop Smoking Services, and are not based on clinical trials. A trained stop smoking advisor discusses and agrees the treatment option with each client. (Table 4.1, Figure 4.1)



4.2.1 Trends in treatment used

The proportion of people setting a quit date receiving NRT only increased from 63% in 2001/02 to 83% in 2006/07 but since then has decreased to 65% in 2009/10. The proportion receiving Bupropion only has fallen from 19% in 2001/02 to 1% in 2009/10⁷. Those receiving Varenicline only has increased from 14% in 2007/08 (when it was first introduced) to 23% in 2009/10. The proportion of people who did not receive any pharmacotherapies has also fallen since 2001/02, from 11% to 5% in 2009/10. (Table 4.2)

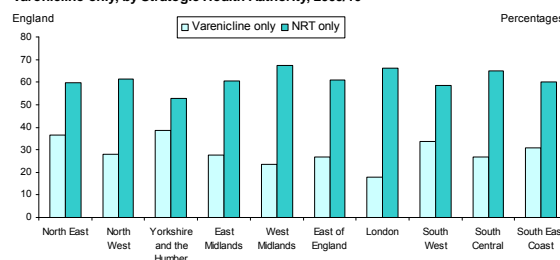
4.2.2 Geographical patterns of treatment used

The use of different pharmacotherapies varied among the regions. The West Midlands Strategic Health Authority (SHA) reported the highest proportion of people setting a quit date receiving NRT only (71%), whilst Yorkshire and the Humber SHA reported the lowest (59%). Yorkshire and the Humber SHA had the highest proportion receiving Varenicline only (33%), whilst London SHA reported the lowest (15%). The proportions of people receiving Bupropion only were similar in each SHA (between 1% and 2%). Twelve per cent of those setting a quit date in London SHA did not receive any type of pharmacotherapy compared with 1% in North East SHA.

As with the results seen for those setting a quit date, West Midlands SHA reported the highest proportion of successful quitters receiving NRT only (68%) and Yorkshire and the Humber SHA had the lowest (53%). Thirty nine per cent of those people in Yorkshire and the Humber who

successfully quit received Varenicline only whilst London SHA reported only 18%. Only 1% of successful quitters in the North East SHA received no pharmacotherapy, whereas in London SHA 11% received no pharmacotherapy. (Table 4.3 and Figure 4.2)

Figure 4.2 Percentage of successful quitters who received NRT only and Varenicline only, by Strategic Health Authority, 2009/10



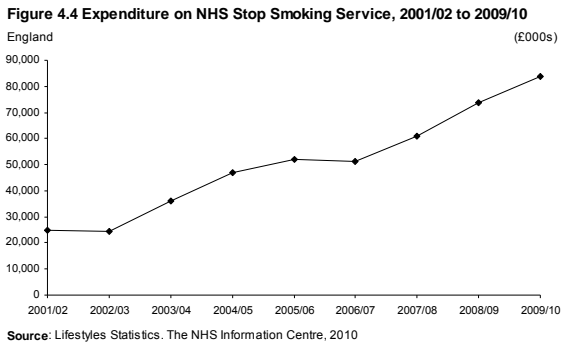
Source: Lifestyles Statistics. The NHS Information Centre, 2010

The proportion of successful quitters using the different pharmacotherapies varied between SHAs. For example, East Midlands SHA and South Central SHA had the highest proportion of successful quitters for those using NRT only (51%), whilst North East SHA reported the lowest (41%). Whereas, East Midlands SHA reported the highest proportion of successful quitters using Varenicline only (65%) whilst London SHA reported the lowest success rate (53%). Details for regional variations in success rates by the other pharmacotherapy options can be found in Table 4.4.

4.3 Expenditure on NHS Stop Smoking Services

The total expenditure on NHS Stop Smoking Services in England in 2009/10 (excluding NRT, Bupropion and Varenicline prescriptions) was just under £83.9 million, over £10 million more than in 2008/09 and almost £60 million more than in 2001/02. (Figure 4.3)

⁷ Prescriptions for Bupropion declined after the National Institute for Health and Clinical Excellence (NICE) issued guidance in August 2007, which recommended the use of Varenicline in the NHS.



The cost per quitter was £224 in 2009/10, this has increased by 3% from £219 in 2008/09. (Table 4.5)

In 2009/10, the cost per quitter was £224

London SHA reported the highest expenditure in 2009/10 at just over £16 million and also reported the highest cost per quitter at £323. North East SHA reported the lowest total expenditure at just under £4.4 million and East of England SHA reported the lowest cost per quitter of £168. (Table 4.6)

Summary: Key results

This chapter has shown that in 2009/10 just over 9 in ten people using NHS Stop Smoking Services received some kind of pharmacotherapy. NRT was the most frequently used pharmacotherapy.

Varenicline was the most successful pharmacotherapy used to help people quit in 2009/10, with 60% of people using it successfully quitting.

East Midlands SHA and South Central SHA achieved the highest proportion of successful quitters for those using NRT only. East Midlands SHA also had the highest proportion

of successful quitters using Bupropion only, Varenicline only and those receiving both NRT and Bupropion. South East Coast SHA achieved the highest proportion of successful quitters using both NRT and Varenicline.

The total expenditure on NHS Stop Smoking Services in England in 2009/10 was just under £83.9 million. The cost per quitter was £224.

London SHA reported the highest expenditure in 2009/10 at just over £16 million and also reported the highest cost per quitter at £323. North East SHA reported the lowest total expenditure at just under £4.4 million and East of England SHA reported the lowest cost per quitter of £168.

List of Tables

- 4.1 People setting a quit date and successful quitters, by type of pharmacotherapy received, April 2009 to March 2010
- 4.2 People setting a quit date and type of pharmacotherapy received, 2001/02 to 2009/10
- 4.3 People setting a quit date and successful quitters and type of pharmacotherapy received, by Government Office Region and Strategic Health Authority, April 2009 to March 2010
- 4.4 Percentage of people successfully quit by type of pharmacotherapy received, Government Office Region and Strategic Health Authority, April 2009 to March 2010
- 4.5 People successfully quit, total expenditure and cost per quitter for NHS Stop Smoking Services, 2001/02 to 2009/10
- 4.6 People successfully quit, total expenditure and cost per quitter, by Government Office Region and Strategic Health Authority, April 2009 to March 2010

Table 4.1 People setting a quit date and successful quitters¹, by type of pharmacotherapy received^{2,3,4}, April 2009 to March 2010

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
Numbers			
England	757,537	373,954	49
Number who received NRT only	493,459	229,587	47
Number who received Bupropion (Zyban) only	9,509	4,761	50
Number who received Varenicline (Champix) only	175,380	105,925	60
Number who received both NRT and Bupropion (Zyban)	852	387	45
Number who received both NRT and Varenicline (Champix)	8,022	3,119	39
Number who did not receive pharmacotherapies	39,222	19,376	49
Number where treatment option not known ⁵	31,093	10,799	35
Percentages			
England	100	100	
Percentage who received NRT only	65	61	
Percentage who received Bupropion (Zyban) only	1	1	
Percentage who received Varenicline (Champix) only	23	28	
Percentage who received both NRT and Bupropion (Zyban)	0	0	
Percentage who received both NRT and Varenicline (Champix)	1	1	
Percentage who did not receive pharmacotherapies	5	5	
Percentage where treatment option not known ⁵	4	3	

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. 'Received' means obtained by prescription, purchase or supply free of charge.

3. Nicotine Replacement Therapy (NRT) became available on NHS prescription in April 2001; previously NRT was available through the Stop Smoking Services on a voucher scheme. Bupropion was first available on prescription as a Stop Smoking Services product in June 2000.

4. In the period April 2009 to March 2010, 1,558,520 prescription items of Nicotine Replacement Therapy (NRT) products, 47,219 items of Bupropion and 877,140 items of Varenicline Tartrate were prescribed by GPs and other non-medical prescribers (excluding dentists) in England and dispensed in the community. The Net Ingredient Cost (NIC) over this time was £31.4 million for NRT products, £2.1 million for Bupropion and £29.9 million for Varenicline Tartrate - a total of £63.4 million. This information is taken from PACT (Prescription Analysis and Cost) data from the Prescription Services division (RxS) of the NHS Business Services Authority accessed by The NHS Information Centre.

This information is taken from Prescription Analysis and Cost (PACT) data from the NHS Prescription Services of the NHS Business Services Authority accessed by The NHS Information Centre. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed in the community. The Net Ingredient Cost is the basic cost of a drug and does not take account of discounts, dispensing costs, fees or prescription charge income. PACT data only covers NRT, Bupropion and Varenicline Tartrate received on prescription. It does not include NRT obtained via other sources such as local voucher schemes, patient group directive or purchased over the counter. Bupropion and Varenicline Tartrate are only available on prescription so should not be obtained via other sources.

5. A client is counted as 'treatment option not known' if he/she is lost to follow-up at 4 weeks and it is not known if they received pharmacotherapies.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 4.2 People setting a quit date and type of pharmacotherapy received^{1,2,3}, 2001/02 to 2009/10

England	Numbers/Percentages								
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ⁴	2008/09 ⁵	2009/10
Numbers									
Number setting a quit date	227,335	234,858	361,224	529,567	602,820	600,410	680,289	671,259	757,537
Number who received NRT only	142,260	175,674	277,041	424,509	494,105	496,932	474,311	449,876	493,459
Number who received Bupropion (Zyban) only	44,286	26,773	30,158	33,931	30,559	27,395	22,348	11,278	9,509
Number who received Varenicline (Champix) only	.	.	.	.	.	.	97,259	134,949	175,380
Number who received both NRT and Bupropion (Zyban)	4,513	3,487	3,791	4,182	4,036	3,810	2,747	1,022	852
Number who received both NRT and Varenicline (Champix)	.	.	.	.	.	.	.	5,915	8,022
Number who did not receive pharmacotherapies	24,389	19,784	27,623	35,472	40,306	38,617	42,647	35,774	39,222
Number where treatment option not known ⁶	11,887	9,140	22,611	31,473	33,814	33,656	40,977	32,445	31,093
Percentages									
Total setting a quit date	100	100	100	100	100	100	100	100	100
Percentage who received NRT only	63	75	77	80	82	83	70	67	65
Percentage who received Bupropion (Zyban) only	19	11	8	6	5	5	3	2	1
Percentage who received Varenicline (Champix) only	.	.	.	.	.	.	14	20	23
Percentage who received both NRT and Bupropion (Zyban)	2	1	1	1	1	1	0	0	0
Number who received both NRT and Varenicline (Champix)	.	.	.	.	.	.	.	1	1
Percentage who did not receive pharmacotherapies	11	8	8	7	7	6	6	5	5
Percentage where treatment option not known ⁶	5	4	6	6	6	6	6	5	4

1. 'Receipt' means obtained by prescription, purchase or supply free of charge.

2. Nicotine Replacement Therapy (NRT) became available on NHS prescription in April 2001; previously NRT was available through the Stop Smoking Services on a voucher scheme. Bupropion was first available on prescription as a Stop Smoking Services product in June 2000.

3. In the period April 2009 to March 2010, 1,558,520 prescription items of Nicotine Replacement Therapy (NRT) products, 47,219 items of Bupropion and 877,140 items of Varenicline Tartrate were prescribed by GPs and other non-medical prescribers (excluding dentists) in England and dispensed in the community. The Net Ingredient Cost (NIC) over this time was £31.4 million for NRT products, £2.1 million for Bupropion and £29.9 million for Varenicline Tartrate - a total of £63.4 million. This information is taken from PACT (Prescription Analysis and Cost) data from the Prescription Services division (RxS) of the NHS Business Services Authority accessed by The NHS Information Centre.

This information is taken from Prescription Analysis and Cost (PACT) data from the NHS Prescription Services of the NHS Business Services Authority accessed by The NHS Information Centre. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed in the community. The Net Ingredient Cost is the basic cost of a drug and does not take account of discounts, dispensing costs, fees or prescription charge income. PACT data only covers NRT, Bupropion and Varenicline Tartrate received on prescription. It does not include NRT obtained via other sources such as local voucher schemes, patient group directive or purchased over the counter. Bupropion and Varenicline Tartrate are only available on prescription so should not be obtained via other sources.

4. Varenicline (Champix) was introduced in 2006 and was first collected from NHS Stop Smoking Services in the 2007/08 collection.

5. First year NRT and Varenicline together as an option.

6. A client is counted as 'treatment option not known' if he/she is lost to follow-up at 4 weeks and it is not known if they received pharmacotherapies.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 4.3 People setting a quit date and successful quitters¹ and type of pharmacotherapy received^{2,3}, by Government Office Region and Strategic Health Authority, April 2009 to March 2010

England	Number Setting a quit date/ Number successfully quit	Number who received NRT only	Number who received bupropion (Zyban) only	Number who received varenicline (Champix) only	Number who received both NRT and bupropion (Zyban)	Number who received both NRT and varenicline (Champix)	Number who did not receive pharmacotherapies	Number where treatment option not known ⁴	Numbers / Percentages						
									Percentage who received NRT only	Percentage who received bupropion (Zyban) only	Percentage who received varenicline (Champix) only	Percentage who received both NRT and bupropion (Zyban)	Percentage who received both NRT and varenicline (Champix)	Percentage who did not receive pharmacotherapies	Percentage where treatment option not known ⁴
Number setting a quit date															
England	757,537	493,459	9,509	175,380	852	8,022	39,222	31,093	65	1	23	0	1	5	4
North East	56,263	37,478	309	16,205	33	504	287	1,447	67	1	29	0	1	1	3
North West	125,923	82,577	1,348	27,514	115	2,173	6,080	6,116	66	1	22	0	2	5	5
Yorkshire and the Humber	75,117	44,192	1,752	24,551	73	540	2,979	1,030	59	2	33	0	1	4	1
East Midlands	64,780	41,566	869	15,039	56	736	4,141	2,373	64	1	23	0	1	6	4
West Midlands	85,105	60,250	695	15,815	78	852	4,971	2,444	71	1	19	0	1	6	3
East of England	79,400	52,687	1,167	17,064	110	381	2,017	5,974	66	1	21	0	0	3	8
London	107,481	69,185	720	16,494	200	1,332	12,671	6,879	64	1	15	0	1	12	6
South West	66,073	41,358	1,302	18,693	108	717	2,345	1,550	63	2	28	0	1	4	2
South East	97,395	64,166	1,347	24,005	79	787	3,731	3,280	66	1	25	0	1	4	3
South Central	49,689	33,734	459	11,496	24	571	1,445	1,960	68	1	23	0	1	3	4
South East Coast	47,706	30,432	888	12,509	55	216	2,286	1,320	64	2	26	0	0	5	3
Number of successful quitters															
England	373,954	229,587	4,761	105,925	387	3,119	19,376	10,799	61	1	28	0	1	5	3
North East	25,485	15,192	126	9,302	20	199	141	505	60	0	36	0	1	1	2
North West	57,876	35,495	620	16,179	52	527	3,338	1,665	61	1	28	0	1	6	3
Yorkshire and the Humber	39,594	20,943	870	15,267	31	275	1,729	479	53	2	39	0	1	4	1
East Midlands	35,187	21,293	487	9,705	36	364	1,912	1,390	61	1	28	0	1	5	4
West Midlands	39,899	26,940	338	9,344	33	398	2,214	632	68	1	23	0	1	6	2
East of England	39,750	24,264	602	10,644	48	175	1,475	2,542	61	2	27	0	0	4	6
London	49,512	32,688	335	8,793	88	491	5,576	1,541	66	1	18	0	1	11	3
South West	34,650	20,192	671	11,649	40	319	1,077	702	58	2	34	0	1	3	2
South East	52,001	32,580	712	15,042	39	371	1,914	1,343	63	1	29	0	1	4	3
South Central	26,697	17,336	233	7,186	9	256	918	759	65	1	27	0	1	3	3
South East Coast	25,304	15,244	479	7,856	30	115	996	584	60	2	31	0	0	4	2

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. 'Received' means obtained by prescription, purchase or supply free of charge.

3. In the period April 2009 to March 2010, 1,558,520 prescription items of Nicotine Replacement Therapy (NRT) products, 47,219 items of Bupropion and 877,140 items of Varenicline Tartrate were prescribed by GPs and other non-medical prescribers (excluding dentists) in England and dispensed in the community. The Net Ingredient Cost (NIC) over this time was £31.4 million for NRT products, £2.1 million for Bupropion and £29.9 million for Varenicline Tartrate - a total of £63.4 million. This information is taken from PACT (Prescription Analysis and Cost) data from the Prescription Services division (RxS) of the NHS Business Services Authority accessed by The NHS Information Centre.

This information is taken from Prescription Analysis and Cost (PACT) data from the NHS Prescription Services of the NHS Business Services Authority accessed by The NHS Information Centre. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed in the community. The Net Ingredient Cost is the basic cost of a drug and does not take account of discounts, dispensing costs, fees or prescription charge income. PACT data only covers NRT, Bupropion and Varenicline Tartrate received on prescription. It does not include NRT obtained via other sources such as local voucher schemes, patient group directive or purchased over the counter. Bupropion and Varenicline Tartrate are only available on prescription so should not be obtained via other sources.

4. A client is counted as 'treatment option not known' if he/she is lost to follow-up at 4 weeks and it is not known if they received pharmacotherapies.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 4.4 Percentage of people successfully quit¹ by type of pharmacotherapy received², by Government Office Region and Strategic Health Authority, April 2009 to March 2010

England	Percentages						
	Received NRT only ³	Received bupropion (Zyban) only	Percentage who received varenicline (Champix) only	Percentage who received both NRT and bupropion (Zyban)	Percentage who received both NRT and varenicline (Champix)	Percentage who did not receive pharmacotherapies	Percentage where treatment option not known
England	47	50	60	45	39	49	35
North East	41	41	57	61	39	49	35
North West	43	46	59	45	24	55	27
Yorkshire and the Humber	47	50	62	42	51	58	47
East Midlands	51	56	65	64	49	46	59
West Midlands	45	49	59	42	47	45	26
East of England	46	52	62	44	46	73	43
London	47	47	53	44	37	44	22
South West	49	52	62	37	44	46	45
South East	51	53	63	49	47	51	41
South Central	51	51	63	38	45	64	39
South East Coast	50	54	63	55	53	44	44

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. 'Receipt' means obtained by prescription, purchase or supply free of charge.

3. Nicotine Replacement Therapy (NRT)

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 4.5 People successfully quit¹, total expenditure^{2,3} and cost per quitter for NHS Stop Smoking Services, 2001/02 to 2009/10

England	Numbers / £								
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Number of successful quitters	119,834	124,082	204,876	298,124	329,681	319,720	350,800	337,054	373,954
Total expenditure (£000s)	24,694	24,499	36,201	47,069	51,927	51,234	60,806	73,675	83,879
Cost per quitter (£)	206	197	177	158	158	160	173	219	224

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Total expenditure and cost per quitter excludes Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix) on prescription.

3. Financial figures presented do not take into account inflation and are presented in cash terms only.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 4.6 People successfully quit¹, total expenditure^{2,3} and cost per quitter, by Government Office Region and Strategic Health Authority, April 2009 to March 2010

England	Numbers / £		
	Number successfully quit	<i>Total expenditure</i> (£000s)	<i>Cost per quitter (£)</i>
England	373,954	83,879	224
North East	25,485	4,358	171
North West	57,876	12,504	216
Yorkshire and the Humber	39,594	8,337	211
East Midlands	35,187	7,370	209
West Midlands	39,899	9,483	238
East of England	39,750	6,680	168
London	49,512	16,014	323
South West	34,650	6,707	194
South East	52,001	12,426	239
South Central	26,697	5,582	209
South East Coast	25,304	6,844	270

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

2. Total expenditure and cost per quitter excludes Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix) on prescription.

3. Financial figures presented do not take into account inflation and are presented in cash terms only.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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5 Impact of quarterly revisions

5.1 Introduction

This chapter presents tables which illustrate the impact of revisions on quarterly data at England level. Quarterly stop smoking data is provisional at the time of publication for each of the three quarterly reports, and final in the annual report.

On each occasion that a Primary Care Trust (PCT) submits data for a particular quarter, they may also submit amended data in respect of previous quarters for that year. The final opportunity to do this is in the submission of Quarter 4 information, after which no further revisions may occur and data for each of the quarters in that year are considered final.

5.2 Impact on numbers of people setting a quit date and successful quitters

Table 5.1 shows that in 2009/10 the final figure for the number of people setting a quit date in Quarter 1 was 13.4% higher by the end of the year than when initially submitted in Quarter 1. The final figures for Quarters 2 and 3 were also higher by the end of the year than when initially submitted, by 7.3% and 4.5% respectively.

The step change between 2006/07 and 2007/08 and 2008/09, shown in the percentage changes between provisional and final figures, is likely to be explained by a reduction in the time allocated to Strategic Health Authorities (SHA), and more recently to PCTs, to submit data to the NHS Information Centre (NHS IC) from the end of the follow-up period. This was reduced from between 5 and 7 weeks to 4 weeks in an effort to make the information more readily available.

Table 5.2 shows that in 2009/10 the final figure for the number of people successfully quitting in Quarter 1 was 12.6% higher by the end of the year than when initially submitted in Quarter 1. The final figures for Quarters 2 and 3 were also higher by the end of the year than when initially submitted, by 7.9% and 5.2% respectively.

As might be expected, the tables also show that as the quarterly results approach the end of the year, the size of the percentage increase between provisional and final figures decreases.

5.3 Impact on expenditure data

Table 5.3 shows that in percentage terms, quarterly revisions tend to have a much smaller effect on expenditure data than on the number of people setting a quit date and successful quitters. It also shows that it is common for a final expenditure figure for a particular figure to be revised downwards on the provisional figure. For Quarter 1 of 2009/10, the final figure for the expenditure on NHS Stop Smoking Services was 0.6% lower than the provisional figure initially submitted. The final figures for Quarters 2 and 3 were higher by the end of the year than when initially submitted by 1.7% and 0.3% respectively.

List of Tables

- 5.1 Impact of revisions to quarterly data on number of people setting a quit date, 2004/05 to 2009/10
- 5.2 Impact of revisions to quarterly data on number of successful quitters (self-report), 2004/05 to 2009/10
- 5.3 Impact of revisions to quarterly data on expenditure data, 2005/06 to 2009/10

Table 5.1 Impact of revisions to quarterly data on number of people setting a quit date, 2004/05 to 2009/10

England					Numbers/Percentages
Quarter Data Relates to	Quarter Data Received				% change provisional to final
	Q1	Q2	Q3	Q4	
04/05 Q1	100,043	101,654	103,190	104,420	4.4
04/05 (Q1+Q2)	.	201,459	205,655	208,389	3.4
04/05 (Q1+Q2+Q3)	.	.	313,144	318,170	1.6
04/05 (Q1+Q2+Q3+Q4)	.	.	.	529,567	.
05/06 Q1	140,177	142,717	144,417	145,538	3.8
05/06 (Q1+Q2)	.	264,508	268,612	271,905	2.8
05/06 (Q1+Q2+Q3)	.	.	387,194	393,939	1.7
05/06 (Q1+Q2+Q3+Q4)	.	.	.	602,820	.
06/07 Q1	131,072	133,450	134,551	137,803	5.1
06/07 (Q1+Q2)	.	246,254	249,491	254,806	3.5
06/07 (Q1+Q2+Q3)	.	.	365,600	374,792	2.5
06/07 (Q1+Q2+Q3+Q4)	.	.	.	600,410	.
07/08 Q1	152,871	161,928	164,696	171,192	12.0
07/08 (Q1+Q2)	.	327,800	338,156	350,494	6.9
07/08 (Q1+Q2+Q3)	.	.	462,690	487,265	5.3
07/08 (Q1+Q2+Q3+Q4)	.	.	.	680,289	.
08/09 Q1	134,149	141,530	145,538	149,395	11.4
08/09 (Q1+Q2)	.	273,164	284,131	293,078	7.3
08/09 (Q1+Q2+Q3)	.	.	414,208	432,698	4.5
08/09 (Q1+Q2+Q3+Q4)	.	.	.	671,259	.
09/10 Q1	163,946	179,089	182,051	185,852	13.4
09/10 (Q1+Q2)	.	329,225	344,121	353,275	7.3
09/10 (Q1+Q2+Q3)	.	.	492,166	514,331	4.5
09/10 (Q1+Q2+Q3+Q4)	.	.	.	757,537	.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 5.2 Impact of revisions to quarterly data on number of successful quitters (self-report), 2004/05 to 2009/10

England					<i>Numbers/Percentages</i>
Quarter Data Relates to	Quarter Data Received				<i>% change provisional to final</i>
	Q1	Q2	Q3	Q4	
04/05 Q1	53,559	54,368	55,287	56,192	4.9
04/05 (Q1+Q2)	.	107,755	110,122	112,250	4.2
04/05 (Q1+Q2+Q3)	.	.	170,629	174,371	2.2
04/05(Q1+Q2+Q3+Q4)	.	.	.	298,124	.
05/06 Q1	73,396	74,719	75,795	76,495	4.2
05/06 (Q1+Q2)	.	137,894	140,330	142,188	3.1
05/06 (Q1+Q2+Q3)	.	.	205,170	208,878	1.8
05/06 (Q1+Q2+Q3+Q4)	.	.	.	329,681	.
06/07 Q1	65,522	66,574	67,225	68,901	5.2
06/07 (Q1+Q2)	.	124,803	126,525	128,868	3.3
06/07 (Q1+Q2+Q3)	.	.	188,162	192,527	2.3
06/07 (Q1+Q2+Q3+Q4)	.	.	.	319,720	.
07/08 Q1	76,914	81,683	82,974	86,781	12.8
07/08 (Q1+Q2)	.	164,711	169,530	176,277	7.0
07/08 (Q1+Q2+Q3)	.	.	234,060	247,794	5.9
07/08 (Q1+Q2+Q3+Q4)	.	.	.	350,800	.
08/09 Q1	65,334	69,206	71,152	73,361	12.3
08/09 (Q1+Q2)	.	133,704	138,989	144,273	7.9
08/09 (Q1+Q2+Q3)	.	.	205,810	216,119	5.0
08/09 (Q1+Q2+Q3+Q4)	.	.	.	337,054	.
09/10 Q1	79,351	85,292	86,607	89,358	12.6
09/10 (Q1+Q2)	.	156,804	163,325	169,200	7.9
09/10 (Q1+Q2+Q3)	.	.	236,735	249,162	5.2
09/10 (Q1+Q2+Q3+Q4)	.	.	.	373,954	.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Table 5.3 Impact of revisions to quarterly data on expenditure data, 2005/06 to 2009/10

England					£ Thousands/Percentages
Quarter Data Relates to	Quarter Data Received				% change provisional to final
	Q1	Q2	Q3	Q4	
05/06 Q1	12,170	12,131	12,109	12,155	-0.1
05/06 (Q1+Q2)	.	22,497	23,131	23,156	2.9
05/06 (Q1+Q2+Q3)	.	.	35,906	36,075	0.5
05/06 (Q1+Q2+Q3+Q4)	.	.	.	51,990	.
06/07 Q1	12,180	11,780	11,751	11,813	-3.0
06/07 (Q1+Q2)	.	23,580	23,542	23,354	-1.0
06/07 (Q1+Q2+Q3)	.	.	36,429	35,970	-1.3
06/07 (Q1+Q2+Q3+Q4)	.	.	.	51,234	.
07/08 Q1	13,705	13,706	13,709	13,173	-3.9
07/08 (Q1+Q2)	.	26,694	26,374	26,059	-2.4
07/08 (Q1+Q2+Q3)	.	.	41,321	40,852	-1.1
07/08 (Q1+Q2+Q3+Q4)	.	.	.	60,806	.
08/09 Q1	16,008	15,655	15,631	15,739	-1.7
08/09 (Q1+Q2)	.	32,559	32,585	32,790	0.7
08/09 (Q1+Q2+Q3)	.	.	51,341	51,642	0.6
08/09 (Q1+Q2+Q3+Q4)	.	.	.	73,675	.
09/10 Q1	20,450	20,405	20,213	20,325	-0.6
09/10 (Q1+Q2)	.	39,608	39,568	40,275	1.7
09/10 (Q1+Q2+Q3)	.	.	60,577	60,748	0.3
09/10 (Q1+Q2+Q3+Q4)	.	.	.	83,879	.

1. Data prior to 2005/06 needed to calculate these percentage changes are not available.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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6 Review of Experimental Statistics

6.1 Introduction

Since 2008/09 a number of new data items have been collected. These data include the number of people setting a quit date and the number who successfully quit at the 4 week follow-up by socio-economic classification (NS-SEC)⁸, eligibility to receive free prescriptions⁹, intervention type¹⁰ and intervention setting¹¹. In 2008/09, as this was a new collection and further work was required to assess the robustness of these further, they were released as experimental statistics.

⁸ Socio economic classification has been determined by smoking cessation advisors using a methodology adapted for use in Smoking Cessation Services. Whilst this is similar to the National Statistics Socio-Economic Classification (NS-SEC) categories as defined by the Office of National Statistics (ONS) these groups may not map directly to them due to the simplified way in which the data are collected.

⁹ Criteria for clients to qualify for free prescriptions maybe found at the following web link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131675

¹⁰ Intervention type definitions: Closed group - structures, multi-session group course with pre-arranged start and finish dates and a pre-booked client group. Open groups - fluctuating membership and is ongoing; Drop-in clinic - multi-session support; One-to-one support - structured multi-session support; Couple/family - structured multi-session support for small family groups or couples; Telephone support - structured multi-session support via the telephone.

¹¹ Intervention settings include all main settings in which people can access the NHS Stop Services. These include amongst others: Primary Care, Pharmacies, Prisons, Hospital wards and dental practices.

In 2009/10 an assessment of the data quality has been made and despite the improvements made since 2008/09 there are still some coverage limitations with these data, and therefore this dataset is again being published as 'experimental statistics'. This chapter aims to specify and quantify some of the issues and assess the extent to which the data quality has improved throughout the year, and since last year.

We are also seeking input from users to help us improve data quality further through advice available on the electronic system used by Primary Care Trusts (PCTs) to submit data.

The analyses within this chapter focus on clients setting a quit date and presents data at national and Strategic Health Authority (SHA) levels.

6.2 Data quality report

Table 6.1 shows the data quality report for these new data. For socio-economic classification and intervention type, data quality is measured by the percentage of records uploaded by a PCT with missing data for NS-SEC and the percentage of records categorised as 'Other' for intervention type. PCTs have been coded green if the percentage of missing samples or coded as 'Other' is equal to or below the England average, coded amber if the percentage was up to twice the England average and coded red if the percentage was greater than twice the England average.

Intervention setting is not colour coded within the data quality report. This is because it is based on data submitted from the return forms which do not at present provide an explicit category for certain

common settings to be recorded under. These include clients' homes, workplaces and mental health settings. Given the importance of recognising activity in priority settings, amendments to the return form to incorporate these additional settings are being considered.

The data quality report does not include an indicator for the free prescriptions data. This is because there is no 'unknown' category on the existing collection form, and therefore there is no way to distinguish between those people who were ineligible for free prescriptions from those for whom this information was unknown.

6.2.1 Socio-economic classification (NS-SEC)

Overall there were considerable improvements in the completion rate for the NS-SEC category between 2008/09 and 2009/10. In 2009/10, 21.1% of records in England had missing data for NS-SEC. The majority (96) of PCTs had the same or lower percentages of missing data for NS-SEC than the average for England; whilst, only 15 PCTs recorded over double the England average for missing records. However, further improvements would be needed before the 'experimental statistics' status could be lifted due to concerns of possible systematic bias in the results; therefore, the data continues to not be published at PCT level. Data quality will continue to be reviewed annually.

6.2.2 Intervention type

In 2009/10, 2.1% of records of people setting a quit date recorded the intervention type as 'Other'. Ten PCTs were assessed as red in the quality report for 2009/10, reporting 4.2% or more records as 'Other' for intervention type. There have been large improvements in quality of these data compared with 2008/09 as shown in the percentage point change in the percentage of records categorised as 'Other' for

intervention type since 2008/09 (Table 6.1). However, further improvements would be needed before the 'experimental statistics' status could be lifted and PCT level intervention type data could be published. Data quality will continue to be reviewed annually.

6.2.3 Intervention setting

The data quality report in Table 6.1 provides details of the percentage of records categorised by each PCT as 'Other' for intervention setting¹². An average of 3.4% of records for intervention setting were categorised as 'Other' in England in 2009/10. The majority of (109) PCTs recorded 3.4% or fewer records as 'Other' for intervention setting.

As with intervention type and socio-economic classification, further improvements in the data quality of the intervention type would be needed before the 'experimental statistics' status could be removed. Data quality will continue to be monitored on an annual basis.

6.3 People setting a quit date in receipt of free prescriptions – data quality

As explained above it is not possible to assess the free-prescriptions data in the same way as the other new data being collected.

Table 6.2 shows that the number of PCTs where the percentage of people setting a

¹² Intervention setting is not colour coded within the data quality report. This is because it is based on data submitted from the return forms which do not provide an explicit category for certain common settings to be recorded under. These include clients' homes, workplaces and mental health settings.

quit date in receipt of free prescriptions was unusually high or low (defined as more than double or less than half the national average) decreased from 11 in Quarter 1 to 10 in Quarter 4.

[Table 6.3](#) shows that as the year progressed, the percentage of people setting a quit date in receipt of free prescriptions remained stable. Between Quarters 1 and 2, three PCTs showed a change of more than double or less than half in this percentage; between Quarters 2 and 3, four PCTs showed this level of change and between Quarters 3 and 4, three PCTs had this level of change. Overall seven PCTs (5% of all PCTs) showed a change of this magnitude between two consecutive quarters at some point in the year.

The stability of results in [Tables 6.2 and 6.3](#) suggest that these data may be genuine outliers rather than PCTs with problems with data quality. At present it has been decided to continue to publish these data as 'experimental statistics' and continue to assess the data quality issues on an annual basis.

6.4 National and Strategic Health Authority data

[Table 6.2](#) presents information on the number of people setting a quit date through NHS Stop Smoking Services, who

were eligible to receive free prescriptions in England.

[Table 6.4](#) contains information on the number of people setting a quit date through the NHS Stop Smoking Services, the number of successful quitters and success rates in each socio-economic category in England. [Table 6.5](#) presents information for each SHA, by socio-economic classification.

Information on the number of people setting a quit date in each of the NHS Stop Smoking intervention settings in England is provided in [Table 6.6](#), with the equivalent information presented in [Table 6.7](#) for each SHA.

[Table 6.8](#) presents the number of people setting a quit date using each of the NHS Stop Smoking Services intervention types in England, with the equivalent information presented by SHA in [Table 6.9](#). Information on the number of people setting a quit date, the number of successful quitters and the success rate by intervention type in England is available within [Table 6.10](#).

List of Tables

- 6.1 Data quality report for NHS Stop Smoking Services 2009/10
- 6.2 Free prescriptions data quality analysis by quarter, April 2009 to March 2010
- 6.3 Free prescriptions data quality analysis by quarter, April 2009 to March 2010
- 6.4 Number setting a quit date and successful quitters, by socio-economic classification and eligibility to receive free prescriptions, April 2009 to March 2010
- 6.5 Number setting a quit date and successful quitters, by socio-economic classification and Strategic Health Authority, April 2009 to March 2010
- 6.6 Number of people setting a quit date by intervention setting and quarter, April 2009 to March 2010
- 6.7 Number setting a quit date and successful quitters, by intervention setting and Strategic Health Authority, April 2009 to March 2010
- 6.8 Number setting a quit date by intervention type and quarter, April 2009 to March 2010
- 6.9 Number setting a quit date and successful quitters, by intervention type and Strategic Health Authority, April 2009 to March 2010
- 6.10 Number setting a quit date and successful quitters, by intervention type and setting, April 2009 to March 2010

Please note that Tables 6.4 to 6.10 were incorrectly omitted from this publication on the 19th August 2010 and have now been added.

Experimental Statistics¹

Table 6.1 Data quality report for NHS Stop Smoking Services 2009/10

Key:

	Green	Amber	Red
Measure 1 - % of records with missing socio-economic code	<21.1%	≥21.1% and ≤42.2%	>42.2%
Measure 2 - Percentage point change in % of records with missing socio-economic code since 2008/09	NA	NA	NA
Measure 3 - % of records categorised as 'Other' for intervention setting ²	N/A	N/A	N/A
Measure 4 - % of records categorised as 'Other' for intervention type	<2.1%	≥2.1% and ≤4.2%	>4.2%
Measure 5 - % of records categorised as 'Other' for intervention type since 2008/09	NA	NA	NA

Primary Care Trust (PCT)	Percentage of records with missing socio-economic code in 2009/10	Percentage point change in % of records with missing socio-economic code since 2008/09	Percentage of records categorised as 'Other' for intervention setting ¹ in 2009/10	Percentage of records categorised as 'Other' for intervention type in 2009/10	Percentage point change in % of records categorised as 'Other' for intervention type since 2008/09
PCT National average	21.1%	-12.8%	3.4%	2.1%	-0.9%
5HG Ashton, Leigh and Wigan	70.4%	-22.6%	0.6%	0.2%	-2.0%
5C2 Barking and Dagenham	11.1%	1.4%	0.0%	0.0%	0.0%
5A9 Barnet	36.9%	-13.0%	0.0%	0.0%	0.0%
5JE Barnsley	15.1%	0.1%	3.4%	0.0%	0.0%
5ET Bassetlaw	15.9%	-45.8%	0.0%	0.0%	0.0%
5FL Bath and North East Somerset	18.6%	-10.0%	7.1%	0.1%	0.1%
5P2 Bedfordshire	18.3%	-8.3%	0.9%	0.0%	0.0%
5QG Berkshire East	17.7%	-9.7%	36.0%	0.0%	0.0%
5QF Berkshire West	11.1%	-20.4%	1.6%	0.0%	-3.1%
TAK Bexley	13.6%	-8.8%	2.9%	0.0%	0.0%
5PG Birmingham East and North	21.7%	-11.6%	0.0%	0.0%	0.0%
5CC Blackburn with Darwen	10.1%	1.0%	0.0%	11.5%	11.5%
5HP Blackpool	5.7%	1.2%	0.3%	0.4%	0.4%
5HQ Bolton	44.9%	-37.8%	49.8%	100.0%	0.0%
5QN Bournemouth and Poole Teaching	6.1%	-5.3%	1.5%	3.4%	-1.2%
5NY Bradford and Airedale Teaching	15.8%	-12.0%	0.0%	0.3%	0.2%
5K5 Brent Teaching	18.7%	-48.6%	0.0%	0.2%	0.2%
5LQ Brighton and Hove City	7.9%	-5.0%	10.0%	0.4%	-8.1%
5QJ Bristol	8.5%	-11.9%	3.7%	0.0%	-1.1%
5A7 Bromley	13.9%	-5.0%	1.3%	0.0%	0.0%
5QD Buckinghamshire	16.6%	-6.8%	16.9%	4.9%	-1.1%
5JX Bury	23.3%	-29.3%	0.0%	0.0%	0.0%
5J6 Calderdale	16.6%	-5.7%	4.9%	0.0%	0.0%
5PP Cambridgeshire	34.5%	-5.0%	0.2%	2.2%	-1.8%
5K7 Camden	18.8%	-34.1%	3.5%	0.0%	0.0%
5NP Central and Eastern Cheshire	5.0%	-4.7%	0.0%	0.0%	0.0%
5NG Central Lancashire	0.6%	-3.4%	0.1%	0.2%	-0.1%
5C3 City and Hackney Teaching	34.5%	-31.2%	2.5%	0.0%	0.0%
5QP Cornwall and Isles of Scilly	12.3%	1.2%	0.0%	0.0%	0.0%
5ND County Durham	20.5%	-10.6%	3.5%	0.2%	-0.2%
5MD Coventry Teaching	17.9%	-23.6%	4.2%	0.9%	0.9%
5K9 Croydon	21.5%	-13.1%	17.5%	0.0%	-23.4%
5NE Cumbria Teaching	2.6%	-6.5%	0.0%	0.0%	0.0%
5J9 Darlington	24.1%	-0.7%	7.8%	0.0%	0.0%
5N7 Derby City	17.9%	-19.3%	0.7%	0.0%	0.0%
5N6 Derbyshire County	30.8%	-22.8%	0.8%	0.0%	-0.1%
5QQ Devon	30.3%	-22.1%	0.0%	0.0%	0.0%
5N5 Doncaster	7.8%	-1.0%	0.0%	0.8%	0.8%
5QM Dorset	11.2%	-8.9%	0.0%	0.0%	-0.5%
5PE Dudley	24.8%	-17.6%	7.2%	0.0%	0.0%
5HX Ealing	28.2%	-26.8%	0.1%	0.0%	0.0%
5P3 East and North Hertfordshire	19.3%	-28.0%	0.1%	0.0%	0.0%
5NH East Lancashire Teaching	3.9%	-4.9%	2.3%	4.2%	4.2%
5NW East Riding of Yorkshire	14.2%	-32.2%	0.8%	0.0%	0.0%
5P7 East Sussex Downs and Weald	12.9%	2.8%	0.9%	0.0%	0.0%

Experimental Statistics¹

Table 6.1 Data quality report for NHS Stop Smoking Services 2009/10 - Continued

	Primary Care Trust (PCT)	Percentage of records with missing socio-economic code in 2009/10	Percentage point change in % of records with missing socio-economic code since 2008/09	Percentage of records categorised as 'Other' for intervention setting ¹ in 2009/10	Percentage of records categorised as 'Other' for intervention type in 2009/10	Percentage point change in % of records categorised as 'Other' for intervention type since 2008/09
PCT	National average	21.1%	-12.8%	3.4%	2.1%	-0.9%
5QA	Eastern and Coastal Kent	22.9%	-8.4%	1.9%	0.0%	0.0%
5C1	Enfield	27.5%	-17.4%	0.7%	0.2%	0.2%
5KF	Gateshead	17.8%	0.5%	27.3%	0.0%	0.0%
5QH	Gloucestershire	20.1%	2.8%	0.0%	0.0%	-4.2%
5PR	Great Yarmouth and Waveney	7.5%	-13.5%	0.0%	0.5%	0.5%
5A8	Greenwich Teaching	37.1%	-1.3%	2.7%	1.3%	0.0%
5NM	Halton and St Helens	7.6%	-1.8%	4.1%	0.4%	0.4%
5H1	Hammersmith and Fulham	24.3%	0.8%	6.6%	0.0%	0.0%
5QC	Hampshire	24.3%	-18.9%	1.3%	1.7%	-2.2%
5C9	Haringey Teaching	30.1%	-14.3%	3.3%	0.2%	0.1%
5K6	Harrow	56.4%	-42.0%	1.8%	0.0%	0.0%
5D9	Hartlepool	7.0%	-7.6%	1.3%	0.0%	0.0%
5P8	Hastings and Rother	11.5%	0.5%	6.8%	0.0%	0.0%
5A4	Havering	30.5%	-2.8%	0.0%	0.0%	0.0%
5MX	Heart of Birmingham Teaching	32.6%	0.0%	0.0%	0.1%	-0.5%
5CN	Herefordshire	17.5%	2.1%	2.7%	0.0%	0.0%
5NQ	Heywood, Middleton and Rochdale	48.5%	-4.7%	0.0%	0.0%	0.0%
5AT	Hillingdon	19.0%	-52.7%	3.8%	0.0%	-0.6%
5HY	Hounslow	51.0%	-13.2%	0.4%	0.1%	-0.1%
5NX	Hull Teaching	16.8%	-33.1%	12.3%	0.1%	0.1%
5QT	Isle of Wight National Health Service	20.7%	-29.4%	1.0%	0.0%	-0.2%
5K8	Islington	28.9%	-29.5%	2.0%	0.0%	-11.9%
5LA	Kensington and Chelsea	42.2%	-11.9%	1.5%	0.0%	-0.6%
5A5	Kingston	3.7%	1.8%	3.2%	0.0%	0.0%
5N2	Kirklees	26.4%	-5.6%	4.0%	3.3%	-2.5%
5J4	Knowsley	45.0%	-2.7%	3.6%	0.1%	0.1%
5LD	Lambeth	56.4%	38.1%	0.1%	0.0%	-0.2%
5N1	Leeds	16.3%	-20.0%	0.0%	3.7%	0.1%
5PC	Leicester City	18.8%	-11.5%	6.3%	0.1%	0.1%
5PA	Leicestershire County and Rutland	5.5%	-33.4%	2.7%	3.9%	3.9%
5LF	Lewisham	50.7%	-39.3%	0.3%	0.0%	0.0%
5N9	Lincolnshire Teaching	2.6%	-10.0%	0.1%	0.0%	0.0%
5NL	Liverpool	4.7%	-16.9%	1.9%	0.3%	0.0%
5GC	Luton	17.1%	-5.4%	0.3%	0.0%	0.0%
5NT	Manchester	33.0%	-13.7%	15.5%	0.0%	-1.7%
5L3	Medway	22.8%	-8.5%	3.6%	0.0%	0.0%
5PX	Mid Essex	13.5%	9.6%	11.3%	12.4%	12.3%
5KM	Middlesbrough	19.9%	-36.8%	0.0%	0.0%	0.0%
5CQ	Milton Keynes	5.3%	-8.5%	2.8%	0.3%	-4.9%
5D7	Newcastle	9.8%	2.3%	0.0%	0.0%	-1.5%
5C5	Newham	19.3%	-29.7%	1.8%	3.2%	-16.2%
5PQ	Norfolk	29.2%	-3.0%	3.8%	0.2%	-12.6%
5PW	North East Essex	14.6%	-19.5%	0.0%	0.0%	0.0%
TAN	North East Lincolnshire	12.3%	-4.4%	5.8%	0.0%	-0.3%
5NF	North Lancashire Teaching	8.0%	-14.5%	0.1%	0.0%	0.0%
5EF	North Lincolnshire	11.5%	-13.3%	2.0%	0.1%	-1.4%
5M8	North Somerset	10.5%	-5.1%	2.3%	0.0%	0.0%
5PH	North Staffordshire	18.2%	-15.3%	1.4%	0.0%	0.0%
5E1	North Tees Teaching	8.7%	-22.9%	1.7%	0.0%	0.0%
5D8	North Tyneside	3.9%	-3.9%	0.0%	0.0%	-1.4%
5NV	North Yorkshire and York	16.4%	-3.2%	0.3%	0.0%	0.0%
5PD	Northamptonshire Teaching	23.5%	-16.2%	0.5%	1.2%	-2.6%
TAC	Northumberland	4.3%	-6.7%	0.2%	0.0%	-0.2%
5EM	Nottingham City	10.4%	-4.9%	1.5%	1.4%	1.4%

Table 6.1 Data quality report for NHS Stop Smoking Services 2009/10 - Continued

	Primary Care Trust (PCT)	Percentage of records with missing socio-economic code in 2009/10	Percentage point change in % of records with missing socio-economic code since 2008/09	Percentage of records categorised as 'Other' for intervention setting ¹ in 2009/10	Percentage of records categorised as 'Other' for intervention type in 2009/10	Percentage point change in % of records categorised as 'Other' for intervention type since 2008/09
PCT	National average	21.1%	-12.8%	3.4%	2.1%	-0.9%
5N8	Nottinghamshire County Teaching	53.5%	-7.6%	4.0%	44.1%	-2.2%
5J5	Oldham	5.4%	-2.6%	9.1%	4.2%	4.2%
5QE	Oxfordshire	17.1%	-14.6%	0.1%	0.0%	0.0%
5PN	Peterborough	6.7%	-1.4%	3.2%	0.0%	-0.1%
5F1	Plymouth Teaching	19.0%	-12.1%	0.3%	0.0%	0.0%
5FE	Portsmouth City Teaching	7.3%	-2.2%	19.3%	22.7%	22.7%
5NA	Redbridge	51.7%	-27.2%	0.0%	42.4%	1.1%
5QR	Redcar and Cleveland	23.5%	-24.7%	0.0%	0.0%	0.0%
5M6	Richmond and Twickenham	5.8%	1.2%	2.5%	0.0%	-0.1%
5H8	Rotherham	12.8%	-1.9%	0.3%	0.0%	0.0%
5F5	Salford	28.8%	-17.3%	3.3%	0.3%	-0.1%
5PF	Sandwell	16.0%	-11.9%	4.5%	2.6%	1.9%
5NJ	Sefton	13.4%	-12.9%	0.0%	1.6%	1.2%
5N4	Sheffield	15.9%	-15.5%	9.4%	25.5%	4.3%
5M2	Shropshire County	25.7%	10.0%	9.8%	0.0%	0.0%
TAM	Solihull	14.7%	-9.4%	0.4%	0.8%	-10.5%
5QL	Somerset	42.4%	-11.1%	0.3%	0.0%	0.0%
5M1	South Birmingham	21.1%	5.5%	0.0%	0.0%	0.0%
5P1	South East Essex	17.7%	-26.8%	0.0%	0.0%	0.0%
5A3	South Gloucestershire	8.2%	-12.4%	0.3%	0.0%	0.0%
5PK	South Staffordshire	13.5%	-12.6%	0.1%	0.0%	0.0%
5KG	South Tyneside	17.6%	-2.0%	29.0%	0.0%	0.0%
5PY	South West Essex	48.6%	-7.7%	1.5%	0.0%	0.0%
5L1	Southampton City	38.0%	-17.7%	0.0%	0.0%	0.0%
5LE	Southwark	49.9%	-22.9%	1.5%	0.0%	-0.2%
5F7	Stockport	54.3%	-12.9%	0.0%	0.0%	0.0%
5PJ	Stoke on Trent	17.3%	-8.4%	13.8%	0.0%	0.0%
5PT	Suffolk	15.2%	-1.5%	0.8%	0.0%	0.0%
5KL	Sunderland Teaching	19.9%	-7.3%	15.3%	0.0%	0.0%
5P5	Surrey	29.7%	-23.6%	1.1%	0.1%	0.1%
5M7	Sutton and Merton	14.1%	3.5%	6.5%	0.0%	0.0%
5K3	Swindon	13.5%	-10.4%	0.2%	0.0%	0.0%
5LH	Tameside and Glossop	23.1%	0.3%	2.1%	0.0%	0.0%
5MK	Telford and Wrekin	17.3%	5.7%	10.3%	0.0%	0.0%
TAL	Torbay	10.0%	-12.8%	0.0%	0.0%	0.0%
5C4	Tower Hamlets	21.7%	-16.1%	3.7%	0.7%	-10.0%
5NR	Trafford	27.9%	-26.8%	0.1%	0.0%	-0.1%
5N3	Wakefield District	22.2%	-27.0%	0.0%	0.4%	-30.3%
5M3	Walsall Teaching	13.4%	1.8%	13.3%	0.0%	0.0%
5NC	Waltham Forest	37.0%	-16.9%	0.1%	0.0%	-1.2%
5LG	Wandsworth	10.6%	-19.0%	5.1%	0.4%	-3.7%
5J2	Warrington	23.8%	-22.2%	0.0%	0.0%	-0.2%
5PM	Warwickshire	14.1%	-4.0%	0.3%	0.0%	0.0%
5PV	West Essex	47.1%	-4.3%	0.0%	0.0%	0.0%
5P4	West Hertfordshire	22.2%	-26.3%	0.1%	0.0%	0.0%
5P9	West Kent	28.5%	-40.0%	1.7%	0.0%	-0.1%
5P6	West Sussex	14.0%	-6.0%	1.6%	0.0%	0.0%
5NN	Western Cheshire	10.9%	-6.7%	0.0%	0.0%	-6.0%
5LC	Westminster	18.5%	-34.6%	0.0%	0.0%	0.0%
5QK	Wiltshire	12.6%	-18.7%	1.3%	0.0%	0.0%
5NK	Wirral	27.2%	-7.4%	16.6%	13.0%	11.7%
5MV	Wolverhampton City	5.6%	-14.9%	0.0%	0.0%	0.0%
5PL	Worcestershire	28.8%	-42.7%	7.2%	0.0%	0.0%

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

2. The 2009/10 intervention setting data quality indicator has not been colour coded. This is because it is based on data submitted from return forms which do not provide an explicit category for certain common settings to be recorded under. These include client's homes, workplaces and mental health settings. Given the importance of recognising activity in priority settings, amendments to the return form to incorporate these additional settings are being considered. It is not possible to introduce any amendments in time for the 2010/11 collection, so any amendment will be introduced for the first time in the 2011/12 monitoring return.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Experimental Statistics¹

Table 6.2 Free prescriptions data quality analysis by quarter, April 2009 to March 2010

England	Numbers / Percentages				
	Q1	Q2	Q3	Q4	Annual
Numbers					
Number of people setting a quit date	185,852	167,423	161,056	243,206	757,537
Number of people setting a quit date in receipt of free prescriptions	90,104	82,563	81,686	126,707	381,060
Number of Primary Care Trusts (PCT) where proportion setting a quit date in receipt of free prescriptions either more than double or less than half the national average	11	13	10	10	10
Percentages					
<i>Percentage of people setting a quit date in receipt of free prescriptions</i>	48	49	51	52	50
<i>Percentage of PCTs where proportion setting a quit date in receipt of free prescriptions either more than double or less than half the national average</i>	7	9	7	7	7

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Experimental Statistics¹

Table 6.3 Free prescriptions data quality analysis by quarter, April 2009 to March 2010

England	Numbers / Percentages			
	Q1 to Q2	Q2 to Q3	Q3 to Q4	Any two consecutive quarters
Number of Primary Care Trusts (PCT) where percentage of people setting a quit date in receipt of free prescriptions more than doubled or less than halved over specified period	3	4	3	7
<i>Percentage of PCTs where percentage of people setting a quit date in receipt of free prescriptions more than doubled or less than halved over specified period</i>	2	3	2	5

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Experimental Statistics¹

Table 6.4 Number setting a quit date and successful quitters², by socio-economic classification^{3,4} and eligibility to receive free prescriptions⁵, April 2009 to March 2010

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
Numbers			
Total	757,537	373,954	49
Full time students	34,347	12,066	35
Never worked or unemployed for over 1 year	91,603	36,150	39
Retired	77,281	44,831	58
Sick/disabled and unable to return to work	42,394	18,150	43
Home carers (unpaid) ⁶	38,855	17,957	46
Managerial and professional occupations ⁷	91,264	52,149	57
Intermediate occupations ⁸	54,227	29,708	55
Routine and manual occupations ⁹	160,132	84,652	53
Prisoners	7,735	4,214	54
Unable to code	159,699	74,077	46
Eligible for free prescription	381,060	179,535	47
Not eligible for free prescription	376,477	194,419	52
Percentages			
Total	100	100	
Full time students	5	3	
Never worked or unemployed for over 1 year	12	10	
Retired	10	12	
Sick/disabled and unable to return to work	6	5	
Home carers (unpaid) ⁶	5	5	
Managerial and professional occupations ⁷	12	14	
Intermediate occupations ⁸	7	8	
Routine and manual occupations ⁹	21	23	
Prisoners	1	1	
Unable to code	21	20	
Eligible for free prescription	50	48	
Not eligible for free prescription	50	52	

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

3. Socio economic classification has been determined by smoking cessation advisors using a methodology adapted for use in Smoking Cessation Services. Whilst this is similar to the National Statistics Socio-Economic Classification (NS-SEC) categories as defined by the Office of National Statistics (ONS) these groups may not map directly to them due to the simplified way in which the data are collected.

4. More information on the methodology used maybe found in Appendix C.

5. Criteria for clients to qualify for free prescriptions maybe found at the following web link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131675

6. Number of home carers - i.e. looking after children, family or home.

7. Managerial and professional occupations, examples include: Accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor, teacher, welfare officer. Those usually responsible for planning, organising and co-ordinating work for finance.

8. Intermediate occupations, examples include: Call centre agent, clerical worker, nursery auxiliary, office clerk, secretary.

9. Routine and Manual occupations, examples include: Electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, HGV driver, labourer, machine operative, messenger, packer, porter, postal worker, receptionist, sales assistant, security guard, sewing machinist, van driver, waiter/waitress.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Please note this table was incorrectly omitted from the publication issued on 19th August 2010.

Experimental Statistics¹

Table 6.5 Number setting a quit date and successful quitters², by socio-economic classification^{3,4} and Strategic Health Authority, April 2009 to March 2010

England	Number setting a quit date										Number of successful quitters										Success rate (%)					Numbers / Percentages								
	All classifications	Full time students	Never worked or unemployed for over 1 year	Retired	Sick/disabled and unable to return to work	Home carers (unpaid) ⁵	Managerial and professional occupations ⁶	Intermediate occupations ⁷	Routine and manual occupations ⁸	Prisoners	Unable to code	All classifications	Full time students	Never worked or unemployed for over 1 year	Retired	Sick/disabled and unable to return to work	Home carers (unpaid) ⁵	Managerial and professional occupations ⁶	Intermediate occupations ⁷	Routine and manual occupations ⁸	Prisoners	Unable to code	All classifications	Full time students	Never worked or unemployed for over 1 year	Retired	Sick/disabled and unable to return to work	Home carers (unpaid) ⁵	Managerial and professional occupations ⁶	Intermediate occupations ⁷	Routine and manual occupations ⁸	Prisoners	Unable to code	
England	757,537	34,347	91,603	77,281	42,394	38,855	91,264	54,227	160,132	7,735	159,699	373,954	12,066	36,150	44,831	18,150	17,957	52,149	29,708	84,652	4,214	74,077	49	35	39	58	43	46	57	55	53	54	46	
North East	Q30	56,283	2,752	9,894	6,415	3,794	2,921	4,441	3,858	13,260	620	8,308	25,485	818	3,566	3,561	1,530	1,226	2,478	1,945	6,673	275	3,413	45	30	36	56	40	42	56	50	44	41	
North West	Q31	125,823	6,608	18,156	12,601	7,996	5,114	10,755	9,985	27,170	1,240	27,298	57,876	1,838	7,001	6,591	3,245	2,309	5,904	5,230	13,465	635	11,658	46	33	39	62	41	45	55	50	51	43	
Yorkshire and Humber	Q32	75,117	3,505	8,099	8,476	4,896	4,431	6,352	4,601	18,862	1,576	12,290	39,594	1,138	3,306	5,302	2,284	2,127	5,227	2,748	10,361	1,130	5,971	53	32	41	63	47	46	63	60	55	72	49
East Midlands	Q33	64,780	2,550	7,426	7,299	3,312	3,118	4,310	15,844	823	13,388	35,187	978	3,180	4,462	1,567	1,524	4,236	2,656	9,241	415	6,928	54	38	43	61	47	49	63	62	58	50	52	
West Midlands	Q34	85,105	4,614	12,695	8,573	4,895	4,087	11,228	4,494	17,945	207	16,367	39,899	1,520	4,765	4,821	1,964	1,737	6,144	2,333	9,180	71	7,384	47	33	38	56	40	43	55	52	51	34	45
East England	Q35	79,460	3,066	7,213	8,609	3,707	5,016	10,535	5,852	16,654	597	18,721	38,750	1,079	2,676	5,031	1,610	2,266	5,876	3,169	8,453	319	9,251	50	35	37	58	43	45	56	54	53	49	
London	Q36	107,481	5,600	13,485	8,439	5,554	4,321	16,981	6,082	14,276	414	32,359	48,912	2,173	5,311	4,719	2,222	1,969	8,754	3,694	8,922	148	14,009	46	39	56	40	46	52	51	48	36	44	
South East Coast	Q37	47,706	2,145	4,481	5,359	2,332	3,265	6,869	2,807	10,191	495	9,762	25,304	789	2,018	3,365	1,062	1,570	4,153	1,643	5,613	247	4,844	53	37	45	63	46	48	60	59	55	50	50
South Central	Q38	49,689	2,171	3,970	4,480	2,238	2,434	7,615	5,006	12,018	546	9,211	26,697	852	1,759	2,729	1,007	1,178	4,660	2,670	6,745	338	4,559	54	39	44	61	45	48	61	57	56	62	49
South West	Q39	66,073	2,336	6,194	7,031	3,700	4,148	7,778	7,202	14,462	1,217	11,995	34,650	881	2,568	4,250	1,659	2,051	4,717	4,010	7,599	636	5,960	52	38	42	60	45	49	61	56	55	62	49

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

3. Socio economic classification has been determined by smoking cessation advisers using a methodology adapted for use in NHS Smoking Cessation Services. Whilst this is similar to the Office for National Statistics (ONS) National Statistics Socio-Economic Classification (NS-SEC) categories these groups may not map directly to them due to the simplified way in which the data are collected.

4. More information on the methodology used may be found in Appendix C.

5. Number of home carers - i.e. looking after children, family or home.

6. Managerial and professional occupations, examples include: Accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor.

7. Intermediate occupations, examples include: Call centre agent, clerical worker, nursery auxiliary, office clerk, secretary.

8. Routine and Manual occupations excludes any self-employed person. Examples include: Electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, Heavy Goods Vehicle (HGV) driver, labour.

Source:

The Health and Social Care Information Centre, Lifeways Statistics.

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Please note this table was incorrectly omitted from the publication issued on 19th August 2010.

Experimental Statistics¹

Table 6.6 Number of people setting a quit date by intervention setting² and quarter, April 2009 to March 2010

England	Numbers / Percentages				
	Q1	Q2	Q3	Q4	Annual
Numbers					
Number of people setting a quit date	185,852	167,423	161,056	243,206	757,537
Primary care	83,877	75,495	73,245	107,050	339,667
Stop Smoking Services	55,989	50,678	48,364	71,944	226,975
Pharmacy	33,995	29,839	28,345	47,556	139,735
Prison	2,597	2,776	2,344	2,773	10,490
Hospital ward	2,529	2,772	2,493	2,876	10,670
Military base	729	653	820	921	3,123
Dental practice	220	184	264	234	902
Other	5,916	5,026	5,181	9,852	25,975
Percentages					
Total setting a quit date	100	100	100	100	100
Primary care	45	45	45	44	45
Stop Smoking Services	30	30	30	30	30
Pharmacy	18	18	18	20	18
Prison	1	2	1	1	1
Hospital ward	1	2	2	1	1
Military base	0	0	1	0	0
Dental practice	0	0	0	0	0
Other	3	3	3	4	3

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

2. Intervention settings include all main settings in which people can access NHS Stop Smoking Services. These include amongst others: primary care, pharmacies, prisons, hospital wards, dental practices, military bases, clients' homes, workplaces and mental health settings.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Please note this table was incorrectly omitted from the publication issued on 19th August 2010.

Experimental Statistics¹

Table 6.7 Number setting a quit date and successful quitters², by intervention setting³ and Strategic Health Authority, April 2009 to March 2010

England		Number setting a quit date										Number of Successful quitters								Success rate (%)								Numbers / Percentages						
		Total	Stop Smoking Services		Pharmacy	Prison	Primary care		Hospital ward	Dental practice	Military base	Other	Total	Stop Smoking Services		Pharmacy	Prison	Primary care		Hospital ward	Dental practice	Military base	Other	Total	Stop Smoking Services		Pharmacy	Prison	Primary care		Hospital ward	Dental practice	Military base	Other
			Services	Pharmacy			Primary care	Primary care						Primary care	Primary care			Services	Pharmacy						Primary care	Primary care			Primary care	Services				
England		757,537	226,975	139,735	10,490	339,667	10,670	902	3,123	25,975	373,954	121,559	62,803	5,868	163,362	5,502	379	1,762	12,719			49	54	45	56	48	52	42	56	49				
North East	Q30	56,263	15,215	10,254	630	24,698	1,580	58	2	3,826	25,485	7,299	4,508	279	10,921	604	26	0	1,848			45	48	44	44	44	38	45	0	48				
North West	Q31	125,923	60,270	17,516	2,016	36,615	3,057	169	0	6,280	57,876	29,901	7,130	1,206	15,582	1,443	36	0	2,578			46	50	41	60	43	47	21	0	41				
Yorkshire and Humber	Q32	75,117	29,823	6,254	1,873	32,536	1,784	225	517	2,105	39,594	16,715	3,184	1,269	16,000	1,010	91	275	1,050			53	56	51	68	49	57	40	53	50				
East Midlands	Q33	64,780	26,450	12,797	1,023	22,835	288	10	189	1,188	35,187	16,259	6,134	592	11,251	193	7	135	616			54	61	48	58	49	67	70	71	52				
West Midlands	Q34	85,105	18,599	16,451	1,085	44,977	368	84	229	3,312	39,899	8,544	7,801	529	21,196	190	38	123	1,478			47	46	47	49	47	52	45	54	45				
East England	Q35	79,400	15,936	17,240	733	43,225	385	15	667	1,199	39,750	9,329	7,147	391	21,800	207	7	306	563			50	59	41	53	50	54	47	46	47				
London	Q36	107,481	17,639	39,012	663	45,447	1,905	93	29	2,693	49,512	8,930	17,187	246	20,647	966	38	14	1,484			46	51	44	37	45	51	41	48	55				
South East Coast	Q37	47,706	14,394	7,057	805	23,585	369	41	143	1,312	25,304	8,163	3,563	403	12,018	240	23	109	785			53	57	50	50	51	65	56	76	60				
South Central	Q38	49,689	12,502	8,368	498	23,395	567	159	757	3,443	26,697	7,185	3,712	336	12,494	391	87	446	2,046			54	57	44	67	53	69	55	59	59				
South West	Q39	66,073	16,147	4,786	1,164	42,354	367	48	590	617	34,650	9,234	2,437	617	21,453	258	26	354	271			52	57	51	53	51	70	54	60	44				

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

3. Intervention settings include all main settings in which people can access NHS Stop Smoking Services. These include amongst others: primary care, pharmacies, prisons, hospital wards, dental practices, military bases, clients' homes, workplaces and mental health settings.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Experimental Statistics¹

6.8 Number setting a quit date by intervention type² and quarter, April 2009 to March 2010

England	Numbers / Percentages				
	Q1	Q2	Q3	Q4	Annual
Numbers					
Number of people setting a quit date	185,852	167,423	161,056	243,206	757,537
One to one support	146,786	131,971	127,094	189,778	595,629
Drop in Clinics	20,431	18,415	15,644	25,958	80,448
Open (rolling) group	7,404	7,125	7,488	11,279	33,296
Closed Group	4,317	3,570	3,353	5,440	16,680
Telephone Support	1,796	1,652	2,450	3,143	9,041
Couple/Family	1,421	1,416	1,406	2,025	6,268
Other	3,697	3,274	3,621	5,583	16,175
Percentages					
Total setting a quit date	100	100	100	100	100
<i>One to one support</i>	<i>79</i>	<i>79</i>	<i>79</i>	<i>78</i>	<i>79</i>
<i>Drop in Clinics</i>	<i>11</i>	<i>11</i>	<i>10</i>	<i>11</i>	<i>11</i>
<i>Open (rolling) group</i>	<i>4</i>	<i>4</i>	<i>5</i>	<i>5</i>	<i>4</i>
<i>Closed Group</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>
<i>Telephone Support</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>1</i>
<i>Couple/Family</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
<i>Other</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

2. Intervention type definitions: Closed group - structures, multi-session group course with pre-arranged start and finish dates and a pre-booked client group. Open groups - fluctuating membership and is ongoing. Drop-in clinic - multi-session support. One-to-one support - structured multi-session support. Couple/family - structured multi-session support for small family groups or couples. Telephone support - structured multi-session support via phone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Please note this table was incorrectly omitted from the publication issued on 19th August 2010.

Experimental Statistics¹

Table 6.9 Number setting a quit date and successful quitters², by intervention type³ and Strategic Health Authority, April 2009 to March 2010

England		Number setting a quit date								Number of successful quitters								Success rate (%)							Numbers / Percentages
		All intervention types	Closed Group	Open (rolling) group	Drop in Clinics	One to one support	Couple/ Family	Telephone Support	Other	All intervention types	Closed Group	Open (rolling) group	Drop in Clinics	One to one support	Couple/ Family	Telephone Support	Other	All intervention types	Closed Group	Open (rolling) group	Drop in Clinics	One to one support	Couple/ Family	Telephone Support	Other
England		757,537	16,680	33,296	80,448	595,629	6,268	9,041	16,175	373,954	10,257	17,812	38,293	289,981	3,318	5,787	8,506	49	61	53	48	49	53	64	53
North East	Q30	56,263	726	412	13,273	40,961	806	60	25	25,485	412	188	6,219	18,250	372	38	6	45	57	46	47	45	46	63	24
North West	Q31	125,923	1,199	15,800	18,872	79,481	1,361	3,639	5,571	57,876	626	7,227	8,384	36,164	763	2,058	2,654	46	52	46	44	46	56	57	48
Yorkshire and Humber	Q32	75,117	3,162	4,634	13,481	51,213	394	206	2,027	39,594	1,993	2,904	6,970	26,148	199	140	1,240	53	63	63	52	51	51	68	61
East Midlands	Q33	64,780	2,262	2,748	3,580	48,637	1,362	1,673	4,518	35,187	1,592	1,810	2,052	25,635	662	1,246	2,190	54	70	66	57	53	49	74	48
West Midlands	Q34	85,105	1,041	957	13,015	69,002	477	426	187	39,899	541	488	5,536	32,814	216	240	64	47	52	51	43	48	45	56	34
East England	Q35	79,400	1,443	999	1,221	74,127	612	234	764	39,750	914	612	581	36,802	334	151	356	50	63	61	48	50	55	65	47
London	Q36	107,481	2,586	1,425	5,840	95,715	32	593	1,290	49,512	1,563	697	2,662	43,035	11	388	1,156	46	60	49	46	45	34	65	90
South East Coast	Q37	47,706	2,169	2,533	4,556	36,503	439	1,482	24	25,304	1,316	1,709	2,251	18,730	267	1,018	13	53	61	67	49	51	61	69	54
South Central	Q38	49,689	554	2,513	4,319	39,949	301	443	1,610	26,697	383	1,478	2,400	21,159	185	351	741	54	69	59	56	53	61	79	46
South West	Q39	66,073	1,538	1,275	2,291	60,041	484	285	159	34,650	917	699	1,238	31,244	309	157	86	52	60	55	54	52	64	55	54

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

3. Intervention type definitions: Closed group - structures, multi-session group course with pre-arranged start and finish dates and a pre-booked client group. Open groups - fluctuating membership and is ongoing. Drop-in clinic - multi-session support. One-to-one support - structured multi-session support. Couple/family - structured multi-session support for small family groups or couples. Telephone support - structured multi-session support via phone.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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Experimental Statistics¹

Table 6.10 Number setting a quit date and successful quitters², by intervention type and setting, April 2009 to March 2010

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
Intervention type³	757,537	373,954	49
Closed Group	16,680	10,257	61
Open (rolling) group	33,296	17,812	53
One to one support	595,629	289,981	49
Drop in Clinics	80,448	38,293	48
Couple/ Family	6,268	3,318	53
Telephone Support	9,041	5,787	64
Other	16,175	8,506	53
Intervention setting⁴	757,537	373,954	49
Stop Smoking Services	226,975	121,559	54
Pharmacy	139,735	62,803	45
Prison	10,490	5,868	56
Primary care	339,667	163,362	48
Hospital ward	10,670	5,502	52
Dental practice	902	379	42
Military base	3,123	1,762	56
Other	25,975	12,719	49

1. The statistics in this table have been classified as EXPERIMENTAL STATISTICS. For a full definition of experimental statistics please see Appendix C.

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date.

3. Intervention type definitions: Closed group - structures, multi-session group course with pre-arranged start and finish dates and a pre-booked client group. Open groups - fluctuating membership and is ongoing. Drop-in clinic - multi-session support. One-to-one support - structured multi-session support. Couple/family - structured multi-session support for small family groups or couples. Telephone support - structured multi-session support via phone.

4. Intervention settings include all main settings in which people can access NHS Stop Smoking Services. These include amongst others: primary care, pharmacies, prisons, hospital wards, dental practices, military bases, clients' homes, workplaces and mental health settings.

Source:

The Health and Social Care Information Centre, Lifestyles Statistics.

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7 Smoking prevalence, prescriptions and attitudes to smoking

7.1 Introduction

This chapter presents a brief summary of other information available on smoking which may be of interest to those involved in the NHS Stop Smoking Services and those interpreting the statistics on NHS Stop Smoking Services. Data are described on smoking prevalence, smoking during pregnancy, prescriptions for pharmacotherapies used to help people quit and knowledge and attitudes towards smoking. Very brief information is presented along with a description of other data available and a link to the data source. Further details of data sources in this chapter are contained in [Appendix D](#).

7.2 Smoking among adults and children

7.2.1 Smoking prevalence

The General Lifestyle Survey (GLF) (formerly known as The General Household Survey) is a national survey covering adults aged 16 and over living in private households in Great Britain (GB). The latest GLF report¹ *Smoking and Drinking among adults, 2008* is based on the survey which ran from January to December 2008. A wide range of topics are covered in the GLF, to provide a comprehensive picture of how we live and the social change we experience. Each year questions are asked about adults' smoking habits.

- In 2008, 21% of adults in GB reported smoking which is the same prevalence as that reported in 2007 but showing a decrease from 35% in 1982. Prevalence of cigarette smoking was usually higher among men than women

in previous years but in 2008 the difference between men and women was not statistically significant. In 2008, 22 per cent of men and 21 per cent of women were cigarette smokers.

- Smoking prevalence is higher in routine and manual households in England (29%) than in intermediate (21%) and professional and managerial households (14%).

Additional information on smoking prevalence by age, sex, marital status and region are available in the GLF report. Data is also available on the quantities of cigarettes smoked, the age at which respondents first started smoking and whether respondents say they would like to give up smoking.

7.2.2 Smoking among adults in England

Information on smoking among adults aged 16 and over, in England, in 2008 is presented in *Statistics on Smoking: England, 2010*². Key findings from the report are provided here:

- In 2008, prevalence of cigarette smoking was 21% among adults in England
- Those aged 20 to 24 and 25 to 34 reported the highest prevalence of cigarette smoking (32% and 27% respectively) while those aged 60 and over reported the lowest (12%).
- Current smokers smoked an average of 13.1 cigarettes a day.

In England among adults aged 35 and over:

- There were almost 1.5 million hospital admissions with a primary diagnosis of a disease that can be caused by smoking in 2008/09. The annual number of admissions has been rising steadily since 1996/97, when the number of such admissions was 1.1 million.
- Around 462,900 hospital admissions were estimated to be attributable to smoking in 2008/09. This accounts for 5% of all hospital admissions in this age group.
- In 2008, around 81,400 deaths (18% of all deaths of adults aged 35 and over) were estimated to be caused by smoking.

Further information on smoking by socio-economic status, marital status, age and gender, along with information on smoking related prescriptions and smoking related hospital admissions are available in the full report.

7.2.3 Smoking among children in England

The *Smoking, drinking and drug use among young people in England in 2009*³ (SDD09) report contains information on smoking in children aged 11 to 15 in secondary schools in England. Among pupils aged 11 to 15, in England, in 2009:

- The proportion of pupils who have tried smoking at least once is 29% and regular smokers accounted for 6% (smoking at least one cigarette a week).
- Girls were more likely to smoke than boys; 10% of girls had reported smoking in the last week compared with 8% of boys.

This report also includes information on smoking by age, gender and young peoples attitudes towards smoking.

7.3 Smoking during pregnancy

In 1998, efforts to reduce the proportion of women who smoke during pregnancy was recognised as a priority in the then Government's *Smoking Kills White Paper*⁴. This set the target to reduce the proportion of women in England who smoke during pregnancy to 15% by 2010. The Infant Feeding Survey (IFS) is carried out in the UK every 5 years with the latest survey carried out in 2005³ and published in 2007 by The NHS Information Centre. The IFS 2010 is expected to be published by The NHS Information Centre in 2012. The IFS provides information on smoking during pregnancy and presents the information by age, socio-economic classification and region. Some key findings from IFS 2005 are:

- In 2005, 32% of women in England smoked in the 12 months before or during their pregnancy and 17% smoked throughout pregnancy, a fall from 19% in 2000.
- Younger mothers were more likely to smoke throughout pregnancy; 45% of mothers aged 20 or under reported smoking throughout pregnancy, compared to 9% of mothers aged 35 or over.

7.4 Pharmacotherapy costs

Three types of pharmacotherapy are prescribed by the NHS Stop Smoking Services. Nicotine Replacement Therapy (NRT) products reduce the symptoms of nicotine withdrawal by getting nicotine into the bloodstream without smoking. Bupropion (Zyban) is a drug which works

by suppressing the part of the brain that gives the smoker a nicotine buzz when smoking cigarettes; it reduces the cravings as well as the usual withdrawal symptoms of anxiety, sweating and irritability.

Varenicline (Champix) works by reducing the smoker's craving for nicotine by binding to nicotine receptors in the brain and reducing the symptoms of withdrawal. It also reduces the satisfaction a smoker receives when smoking a cigarette.

Information on prescriptions for pharmacotherapies used to help people quit smoking is taken from PACT (Prescription Analysis and Cost) data from the Prescription Pricing Division (PPD) of the NHS Business Services Authority, accessed by The NHS Information Centre⁴. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed within the community.

- There were 2.5 million prescription items to help people in England stop smoking 2009/10. Of these, 1.6 million were for Nicotine Replacement Therapy (NRT), 877 thousand were for Varenicline and 47 thousand were for Bupropion.

Further information on the changes in number of prescriptions in recent years and the Net Ingredient Cost (NIC) associated with prescription items, are available from PACT.

7.5 Knowledge and attitudes towards smoking

Data on adults' smoking behaviour, attitudes and knowledge are collected as part of the Office for National Statistics' (ONS) Omnibus Survey. The latest information is reported in *Smoking-related Behaviour and Attitudes, 2008/09*⁷, this survey is currently not being continued, therefore 2008/09 remains the latest data. Some key findings are:

- In 2008/09, significantly fewer smokers in GB said that they wanted to quit than in 2007 (67% and 74% respectively); 50% of smokers said that they intended to quit in the next 12 months.
- Three quarters (75%) of current smokers had tried to give up smoking the past.
- In 2008/09, 43% of smokers sought help and advice about quitting in the last year. A third read books/leaflets, 15% had consulted a doctor or other health professional, 8% had been referred or self-referred to a Stop Smoking group and 4% had called a smokers helpline.

The Omnibus smoking report also contains information on when smokers intend to quit, reasons they want to quit, awareness of health risks both to themselves and non-smokers, attitudes towards smoking and views on the restrictions on smoking in public places.

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4. Smoking Kills: A White Paper on Tobacco. The Stationery Office, 1998. Available at:

www.archive.official-documents.co.uk/document/cm41/4177/4177.htm

5. The Infant Feeding Survey 2005. The NHS Information Centre, 2007. Available at:

www.ic.nhs.uk/pubs/ifs2005

6. The prescription data given in this bulletin are not routinely available. This information was obtained from the Prescribing Analysis and Cost tool (PACT) system, which covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included. Prescriptions written in hospitals/clinics

that are dispensed in the community, prescriptions dispensed in hospitals, dental prescribing and private prescriptions are not included in PACT data. It is important to note this as some British National Formulary (BNF) sections have a high proportion of prescriptions written in hospitals that are dispensed in the community. Nicotine Replacement Therapies (NRTs) are not prescription only so the figures for this category may be an underestimate of actual use. ePACT only captures those NRTs that have been written on a prescription form so any NRTs bought over the counter or through other non-prescription routes e.g. smoking cessation clinics, will not have been captured. National prescription data may be available on request. More information is available at:

www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions

7. Smoking-related behaviour and attitudes, 2008/09. Office for National Statistics. Available at:

http://www.statistics.gov.uk/downloads/t_heme_health/smoking2008-9.pdf

Appendix A: Government policy

Introduction

Smoking is the biggest preventable cause of death in England.

Following the General Election in May 2010, the Coalition Government set about considering how best to tackle tobacco use in the context of its focus on public health and priorities given the challenges facing business competition and costs.

In the White Paper, '*Liberating the NHS*' published in July 2010, the Government committed to reform the NHS and the creation of a Public Health Service. This will have considerable significance for the future tobacco control.

At the time of writing (July 2010), a new Public Health White Paper was due to be published towards the end of 2010. It is anticipated that this White Paper will also set the context for the future direction of tobacco control.

Over the last fifty years, Governments have adopted tobacco control strategies which have implemented a wide variety of interventions, including:

- media and education campaigns to inform and educate people about the dangers of smoking (and exposure to secondhand smoke) and to support people who want to give up smoking;
- increased tobacco taxation to reduce affordability;
- action to reduce the availability of tobacco to children and young people;
- joint work with HM Revenue and Customs to reduce the supply of smuggled and illicit tobacco;
- NHS Stop Smoking Services to support smokers to quit.

In addition, a range of legislation has been introduced over a period of time, including smokefree legislation; raising the age of sale for tobacco products from 16 to 18; and increased retailer sanctions against those that sell to under aged smokers; ending tobacco advertising, promotion and sponsorship; and the introduction of picture warnings on all tobacco products.

These interventions have contributed to an improved public health and awareness of the dangers of smoking and exposure to secondhand smoke.

There has been a significant decline in smoking in recent decades as well as a shift in public attitudes towards smoking. Since the early 1970s, there has been a marked decline in smoking prevalence. Today only around one in five adults smoke cigarettes. Seven out of ten smokers say they want to quit. However, whilst smoking uptake in children has been declining, in 2008 an estimated 180,000 young people aged 11-15 regularly smoke in England; and an estimated 320,000 young people under the age of 16 try smoking for the first time. Around two thirds of smokers say they started smoking before the age of 18.

Public Service Agreement of the previous Government

In October 2007, the Government published a Public Service Agreement (PSA), which set a national target to reduce smoking prevalence rates among adults, and a specific target for those in what were described as the routine and manual groups where smoking rates have traditionally been higher than the overall rate.

PSA Delivery Agreement 18: Promote better health and wellbeing for all

The target was to reduce smoking prevalence rates among adults (aged 16 and over) to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

www.hm-treasury.gov.uk/media/5/A/pbr_csr07_psa18.pdf

At the time of writing, these aspirations were likely to be met.

NHS Stop Smoking Services

NHS Stop Smoking Services were first set up in 1999/2000 and rolled out across England from 2000/2001. Ten years following their inception, services had supported 4 million smokers to set a quit date, 2 million smokers to stop for a minimum of 4 weeks and 500,000 smokers to stop long-term. Services provide free, tailored support to all smokers wishing to stop offering a combination of recommended stop smoking medicines and behavioural support.

In December 2005, Nicotine Replacement Therapy (NRT) was made available to more people than before, following a change in the guidance for the use of NRT. This change related to adolescents over 12 years, pregnant or breast feeding women and patients with heart, liver and kidney disease who are now able to use NRT in their attempt to stop smoking. In September 2006, the European Commission approved Champix, generic name *Varenicline*, as a new pharmacotherapy to help adults quit smoking. The National Institute for Health and Clinical Excellence (NICE) issued guidance in August 2007, which recommends the use of Champix in the NHS.

Appendix B: Technical Notes

NHS Stop Smoking Services

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

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

Services monitored

Stop Smoking Co-ordinators are required to monitor all Stop Smoking Services in England. Brief interventions by GPs, health professionals and other relevant practitioners are provided in the normal course of the professional's duties rather than comprising a new service, and monitoring information about clients in receipt of such interventions is not therefore required centrally.

Quit date

It is recognised that in certain cases some time may need to be spent with clients before they are ready to set a quit date. However, only actual quit attempts are counted for national monitoring.

Support

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

When has a client successfully quit smoking?

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

Follow-up

The four week follow-up (and Carbon Monoxide validation, if appropriate) must be completed within six weeks of the quit date. Persons not contacted within this time are treated as lost to follow-up for evaluation purposes.

Carbon Monoxide (CO) validation

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

Data collection

In October 2007, updated guidance for NHS Stop Smoking Services was published and was updated in February 2008. The new guidance is intended for everyone involved in managing, commissioning or delivering NHS stop smoking services. It was developed by means of collaboration with representatives from Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs), the NHS Information Centre and academics from the field of smoking cessation. The guidance is available from the link below:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079644

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

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

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

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

Changes in the 2008/09 NHS Stop Smoking Services collection

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

By collecting PCT level information we will be able to provide much more detailed figures for use by PCTs enabling them to put their own performance in a national context without adding to the burden of current collection, indeed we would hope to reduce than burden for SHAs. The NHS Information Centre will be responsible for the collection of the data from PCTs including chasing any late returns,

informing PCTs of developments and key dates and validating the data. SHAs will be able to access information for PCTs in their area using the web-based tool.

The following data items are also collected as part of the current collection. These include:

- Intervention type and setting;
- Socio-economic groups;
- Number who received Nicotine Replacement Therapy (NRT) and Varenicline (Champix) consecutively;
- Free Prescription eligibility

The reasons for collecting this new data are expanded below.

New data items for the 2008/09 collection period

Intervention type and setting data

The report 'No ifs and buts'¹³ by the then Healthcare Commission (HC) (now known as the Care Quality Commission (CQC)) identified that there are unacceptable levels of variation in data collection and data management practices relating to stop smoking services, thus making it difficult to assess performance and compare services meaningfully. The Department of Health (DH) have identified that this issue needed to be addressed.

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

Free Prescription Eligibility and Socio-Economic data

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

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

¹³ No ifs, no buts Improving services for tobacco control, Healthcare Commission, 2007

Number who receive NRT and Varenicline (Champix) consecutively

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

New data items for the 2009/10 collection period

Socio-Economic data

A minor addition has also been introduced for collections from 2009/10 onwards. An additional category – ‘Number in prison’ has been added to the socio-economic classification so that clients setting a quit date and those who successfully quit through services run in prisons can be recorded under this category.

NHS performance ratings for PCTs: The annual health check

The annual health check is the most important part of the Care Quality Commission’s activities to drive improvements in healthcare for patients. It involves assessing and rating the performance of each Primary Care Trust in England during the financial year (1 April to 31 March).

Results from the 2007/08 NHS Performance Ratings for PCTs were published by the Healthcare Commission (now known as the Care Quality Commission) on 16 October 2008, and included ‘4 week smoking quitters’ as a key target. The measure employed was the number of ‘4 week quitters’ (based on self report) achieved compared to local plans.

The results from the 2008/09 annual health check were published on 15 October 2009. Key information relating to the 2008/09 annual health check is available at the link below:

<http://www.cqc.org.uk/guidanceforprofessionals/nhstrusts/annualassessments/annualhealthcheck2005/06-2008/09.cfm>

Enhancements to monitoring ethnicity

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

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

- White
- Mixed
- Asian

- Black
- Other
- Not stated

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

White

- British
- Irish
- Any other white background
-

Mixed

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

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Other ethnic groups

- Chinese
- Any other ethnic group

Not stated

Further information on collection ethnicity category data is available from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005955

Health Action Zones (HAZ)

Due to the ending of the HAZ initiative in 2003, data are no longer presented by HAZ. Information at HAZ level is published in previous editions of this bulletin. Available from:

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

Restructuring of Health Authorities to Strategic Health Authorities (SHAs)

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

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

Re-structuring SHAs and PCTs

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

www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services

Prescriptions dispensed

The prescription data available in this bulletin are not routinely available. This information was obtained from the Prescribing Analysis and Cost tool (PACT) system, which covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included. Prescriptions written in hospitals/clinics that are dispensed in the community, prescriptions dispensed in hospitals, dental prescribing and private prescriptions are not included in PACT data. It is important to note this as some British National Formulary (BNF) sections have a high proportion of prescriptions written in hospitals that are dispensed in the community. Nicotine Replacement Therapies (NRTs) are not prescription only so the figures for this category may be an underestimate of actual use. ePACT only captures those NRTs that have been written on a prescription form so any NRTs bought over the counter or through other non-prescription routes e.g. smoking cessation clinics, will not have been captured. National prescription data may be available on request. More information is available at:

www.ic.nhs.uk/statistics-and-data-collections/primary-care/prescriptions

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

Nicotine Replacement Therapy (NRT), Bupropion (Zyban) and Varenicline (Champix)

Prior to April 2001, Nicotine Replacement Therapy (NRT) was available through Stop Smoking Services on a voucher scheme, and only a few NRT products were available on prescription. All NRT products became available on NHS prescription from April 2001. The data in this bulletin does not include NRT provided under the voucher scheme. Bupropion (Zyban) was made available on NHS

prescription in June 2000. Therefore, figures for 2000/01 are not for a full year. For more information about NRT products and Bupropion generally, see the following website:

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

Nicotine Replacement Therapy (NRT)

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

Bupropion (Zyban)

This drug works by suppressing the part of the brain that gives the smoker a nicotine buzz when smoking a cigarette. It reduces the cravings as well as the usual withdrawal symptoms of anxiety, sweating and irritability.

Varenicline (Champix)

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

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

Appendix C: Editorial Notes

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

These are as follows:

- . not applicable
- .. not available
- * number suppressed ¹⁴
- 0 less than 0.5 when rounding to the nearest integer

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

In 2008/09, new data items were added to the collection and remain in 2009/10. This includes data for the number of people setting a quit date and the number who successfully quit at the 4 week follow-up categorised by socio economic classification, eligibility to receive free prescriptions, intervention setting and intervention type¹⁵. Whilst there have been clear improvements in the data quality of these new items since 2008/09, they are currently being released as 'experimental statistics', as they are still being evaluated and are subject to further testing. This bulletin report includes a new assessment of the quality of these new data items that has been included in [Chapter 6](#) that has been included to aid users to further improve the quality of these data items to aid users to further improve the quality of these data¹⁶.

¹⁴ Small numbers (1 or 2) are suppressed in tables to ensure that the data presented are not disclosive.

¹⁵ Intervention setting refers to the location of the service used by the client, and includes stop smoking service, primary care and pharmacy settings. Intervention type alternatives include closed groups, open groups, one to one support and drop-in clinics.

¹⁶ Primary Care Trust users can view the amended website through which they submit data for information on how to help further improve data quality.

Appendix D: Further Information

This annual bulletin draws together statistics on NHS Stop Smoking Services for the year 2009/10. The next annual bulletin is expected to be published in 2011. Provisional publication dates for 2010/11 publications are listed below:

- Statistics on NHS Stop Smoking Services, April 2010 to June 2010 (Q1) – October 2010;
- Statistics on NHS Stop Smoking Services, July 2010 to September 2010 (Q2) – January 2011;
- Statistics on NHS Stop Smoking Services, October 2010 to December 2010 (Q3) – April 2011;
- Statistics on NHS Stop Smoking Services, April 2010 to March 2011 (Annual) – August 2011.

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

The Contact Centre
The NHS Information Centre
1 Trevelyan Square
Boar Lane
Leeds
West Yorkshire
LS1 6AE

Telephone: 0845 300 6016

Email: enquiries@ic.nhs.uk

This bulletin is available on the internet. We also welcome feedback through a feedback form available at this site:

www.ic.nhs.uk/pubs/sss0910

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

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

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

General Lifestyle Survey

From 2008, the General Household Survey (GHS) became a module of the Integrated Household Survey (IHS). In recognition, the survey was renamed the General Lifestyle Survey (GLF). Please refer to the IHS web page for further information

<http://www.statistics.gov.uk/CCI/nugget.asp?ID=936&Pos=1&ColRank=1&Rank=224>

The General Lifestyle Survey is a continuous survey carried out by the Office for National Statistics (ONS). It collects information on a range of topics from people living in private households in Great Britain. Questions about smoking were included in the survey in alternate years since 1974. Following a review of the GLF, questions on smoking have been included in the questionnaire every year from 2000 onwards.

The GLF 2008 is the latest report available and presents information about trends in cigarette smoking. It also discusses variations according to personal characteristics such as sex, age, socio-economic classification and economic activity status.

It is probable that the GLF underestimates both cigarette consumption and prevalence, within all age groups but underreporting of prevalence is most likely to occur among younger people. To protect their privacy, particularly when being interviewed in their parents' home, young people aged 16 and 17 complete the smoking and drinking sections of the questionnaire themselves.

Weighting to compensate for non-response was introduced into the GLF in 1998. The effect of weighting on the smoking data is slight, increasing overall prevalence of cigarette smoking by one percentage point each year.

Although other surveys collect data on smoking prevalence, the GLF is the preferred source for reporting smoking prevalence due to the large sample size and nature of the survey.

Move to calendar year

In 2005, the timeframe for the survey was changed from a financial year basis to calendar year basis. Where questions were the same in 2005 as in 2004/05, the final quarter of the 2004/05 collection has been added to the nine months of the 2005 survey data in order to provide estimates based on a full calendar year, and to ensure any seasonal variation is accounted for.

The response rate for the 2007 survey was 75 per cent, giving an achieved sample size of 9,080 households and 17,123 adults aged 16 and over, of whom 15,687 gave a full interview in person.

Longitudinal data

Another change in 2005 was that, in line with European requirements, the GHS adopted a longitudinal sample design, in which households remain in the sample for four years (waves) with one quarter of the sample being replaced each year. Thus approximately three quarters of the 2005 sample were re-interviewed in 2006. A major advantage of the longitudinal component of the design is that it is more efficient at detecting statistically significant estimates of change over time than the previous cross-sectional design. This is because an individual's responses to the same question at different points in time tend to be positively correlated, and this reduces the standard errors of estimates of change.

General Lifestyle Survey 2008: Smoking and Drinking among Adults, 2008. Office for National Statistics. Available at:

http://www.statistics.gov.uk/downloads/theme_compendia/GLF08/GLFSmoking&DrinkingAmongAdults2008.pdf

Infant Feeding Survey

Statistics on smoking behaviour among women before and during pregnancy are available from the Infant Feeding Survey. The Infant Feeding Survey (IFS) covers the population of new mothers in the United Kingdom and is carried out every 5 years, the first in 1975. In 2005, the survey was conducted by the British Market Research Bureau (BMRB) on behalf of the NHS Information Centre, with an initial sample size of around 9,973 in England.

The main aim of the survey is to provide figures on the incidence, prevalence and duration of breastfeeding and other feeding practises. The survey also collects information on the smoking and drinking behaviours of women before, during and after pregnancy. Early results from IFS 2005 were published in 2006, and the full report was published in 2007 by the NHS Information Centre.

Infant Feeding 2005. The NHS Information Centre. 2007. Available at:

www.ic.nhs.uk/pubs/ifs2005

The IFS 2010 is expected to be published by the NHS Information Centre in 2012.

Omnibus Survey

The Omnibus Survey is a multi-purpose continuous survey carried out by the Office for National Statistics on behalf of a range of government departments and other bodies, last published in 2008/09. In 2008/09, interviews for the smoking module of the survey were conducted with around 1,200 adults aged 16 and over, in private households in Great Britain each month.

In 2008/09, data collected included: views about giving up smoking, attempts to give up smoking and attitudes towards smoking restrictions.

Smoking-related behaviour and attitudes, 2008/09. Office for National Statistics, 2009. Available at:

http://www.statistics.gov.uk/downloads/theme_health/smoking2008-9.pdf

2008/09 and 2009/10 NHS Stop Smoking Services collection

From the 2008/09 collection onwards, all data will be collected at a Primary Care Trust (PCT) level directly from PCTs using a web-based tool. Previously the NHS Information Centre collected quarterly data from local Stop Smoking Services via aggregated Strategic Health Authority (SHA) returns.

By collecting PCT level information we have been able to provide much more detailed figures for use by PCTs enabling them to put their own performance in a national context without adding to the burden of current collection, indeed we hope that burden has been reduced for SHAs. The NHS Information Centre is responsible for the collection of the data from PCTs including chasing any late returns, informing PCTs of developments and key dates and validating the data. To avoid different versions of the data, data relevant to the SHA will be shared prior to publication so they can still meet existing monitoring requirements.

Additional data items have been collected for the first time as part of the 2008/09 collection, and this will continue to be the case for subsequent collections. These included:

- Intervention types and settings;
- Socio-economic groups;
- Exception reporting system.

Research

The Department of Health commissioned an evaluation to complement the routine monitoring of the NHS Stop Smoking Services. The study began in November 2000 and reported in April 2005 in a supplement of the journal *Addiction*¹⁷. It was conducted by a team of researchers led by Professor Ken Judge of the University of Glasgow and examined issues of service development and impact. There was a particular focus on the extent to which target groups of smokers are being reached and the relationship between different types or models of service and success rates. This study built on an evaluation of services in Health Action Zones in 1999/00 and a study of Stop Smoking Services in Trent region¹⁸. The evaluation included a pilot study examining 52 week success rates.

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

A series of presentations from the 2007, 2008, 2009 and 2010 UK National Smoking Cessation Conference, covering recent and ongoing research into smoking cessation, can be found on the UK National Smoking Cessation Conference website:

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

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

www.uknsc.org/2009_UKNSCC/intro.html

www.uknsc.org/2010_UKNSCC/intro.html

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

¹⁷ *Addiction*, Volume 100, Supplement 2. McNeill A, Raw M, Bauld L, Coleman T

¹⁸ National Survey of the new smoking cessation services in England. Pound E, Coleman T, Cheater F, McNeill A. *Health Education Journal*; 2003; 62(3): 246-255

Statistics on Smoking in England

The Statistics on Smoking report is a compendia report that presents a range of information on smoking which is drawn together from a variety of sources. The report aims to present a broad picture of health issues relating to smoking in England and covers topics such as smoking habits, behaviours and attitudes among adults and school children, smoking-related ill health and mortality and smoking-related costs.

This report combines data from different sources presenting it in a user-friendly format. It contains data and information previously published by the NHS Information Centre, Department of Health, the Office for National Statistics and Her Majesty's Revenue and Customs. The report also includes new analyses carried out by the NHS Information Centre.

The latest report Statistics on Smoking in England, 2010 is available from the following link:

www.ic.nhs.uk/pubs/smoking10

Smoking, drinking and drug use among young people in England

Between 1982 and 2003, surveys of secondary school children in England were carried out for the Department of Health. This was done by the Office of Population Census and Surveys (OPCS) between 1982 and 1994, by the Office for National Statistics (ONS) between 1994 and 1999 and by the National Centre for Social Research (NatGen) and the National Foundation for Educational Research (NFER) between 2000 and 2003. Since 2004, the survey has been run by NatGen and NFER on behalf of the NHS Information Centre.

From 1982 to 1988, the survey was solely concerned with monitoring trends of young people and smoking. In 1988, questions on alcohol consumption were added and have been included in the survey ever since. The 1998 survey was also expanded to include questions on drug use. The core of the questionnaire comprises of questions about the prevalence of drug use, smoking and drinking and, since 2000, the remainder of the questionnaire focuses, in alternate years, on either smoking and drinking or drug taking. The most recent survey in the series is Smoking, Drinking and Drug Use among Young People in England in 2009 (SDD09).

The target population for the survey is secondary school children in England, in years 7 to 11, from almost all types of school (comprehensive, secondary modern, grammar and other secondary schools), both state and public. Only special schools and hospital schools are excluded from the survey.

The survey uses a stratified design in which every eligible child has an equal chance of inclusion in the study. The survey is conducted using a confidential questionnaire, which the pupils fill in individually. Fieldwork of the most recent survey (SDD09) was carried out during the autumn term of 2009 and 247 schools agreed to take part in the survey, resulting in 7,674 completed questionnaires.

Smoking, Drinking and Drug Use among Young People in England in 2009. The NHS Information Centre. Available at:

<http://www.ic.nhs.uk/pubs/sdd09fullreport>

Appendix E: Statistical return form for 2009/10

ROCR ref: ROCR/0R/0028/009

The Information Centre: Stop Smoking Services Quarterly Monitoring Return 2009/10

This quarterly return should be completed for each Primary Care Trust. The returns should be completed on a responsible PCT basis (see note on the basis for data collection below). It is important that this return is submitted to The Information Centre within the deadline specified.

This return has been approved by the Review of Central Returns Steering Committee (ROCR).

The basis for data collection

Data should normally be collected on a responsible PCT basis. This should be determined by the PCT to which a client's GP practice belongs. If a client is not registered with a GP, then the collection should be on the basis of the PCT in which the client resides.

The only exception to this general rule is where clients receive a cessation service at or near their workplace, which may be some distance from their home. For example, a cessation service might be provided for commuters at their workplace in a large city. In such circumstances it is likely that clients will be drawn from a range of places in the surrounding area e.g. commuters to London who live all around the south-east of England.

Where a service is judged to meet these criteria, the pragmatic solution to monitoring this activity is that the PCT providing (and often paying for) the service should include these clients in their monitoring returns. Such activity will therefore count towards their local targets. We would expect local target-setting to take this factor into account as far as possible.

Further information on the NHS smoking cessation services programme and the monitoring scheme can be found from:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_096886

Quarter to which this return relates

1 April to 30 June 2009	<input type="checkbox"/>	1 October to 31 December 2009	<input type="checkbox"/>
1 July to 30 September 2009	<input type="checkbox"/>	1 January to 31 March 2010	<input checked="" type="checkbox"/>

Primary Care Trust

Name of coordinator

Telephone

Fax

E-mail address

If you have any queries regarding this form please contact
Matt Helm
The Information Centre for health and social care, 2 South
1 Trevelyan Square, Boar Lane, Leeds LS1 6AE
Telephone: 0113 8665523
Fax: 0113 2547165
E-mail: surveyteam@ic.nhs.uk

Part 1 - Summary data for individual clients

Part 1A Number of people setting a quit date and successful quitters by ethnic category and gender

Ethnic category and gender	(1)	(2)	(3)	(4)		(6)
	Males setting a quit date	Females setting a quit date	Total persons setting a quit date	Males successfully quit	Females successfully quit	Total persons successfully quit
a White						
01 British			0			0
02 Irish			0			0
03 Any other White background			0			0
04 Sub-total	0	0	0	0	0	0
b Mixed						
05 White and Black Caribbean			0			0
06 White and Black African			0			0
07 White and Asian			0			0
08 Any other mixed background			0			0
09 Sub-total	0	0	0	0	0	0
c Asian or Asian British						
10 Indian			0			0
11 Pakistani			0			0
12 Bangladeshi			0			0
13 Any other Asian background			0			0
14 Sub-total	0	0	0	0	0	0
d Black or Black British						
15 Caribbean			0			0
16 African			0			0
17 Any other Black background			0			0
18 Sub-total	0	0	0	0	0	0
e Other ethnic groups						
19 Chinese			0			0
20 Any other ethnic group			0			0
21 Sub-total	0	0	0	0	0	0
f Not Stated						
22 Not Stated			0			0
23 Total	0	0	0	0	0	0

Notes:

1. In 2009/10 ethnic category must be collected using the 16+1 categories.

Part 1B: Number of people setting a quit date by age, gender and outcome at 4 week follow-up

	(7)	(8)	(9)	(10)	(11)	(12)
	All ages	Under 18	18-34	35-44	45-59	60 and over
Males						
31	Total number setting a quit date in the quarter	0	0	0	0	0
32	Number who had successfully quit (self-report)					
33	Number who had not quit (self-report)	0				
34	Number not known/lost to follow-up	0				
35	Number who had successfully quit (self-report), where confirmation of non-smoking status by CO validation was attempted	0				
36	Number who had successfully quit (self-report), where non-smoking status confirmed by CO validation	0				

	(13)	(14)	(15)	(16)	(17)	(18)
	All ages	Under 18	18-34	35-44	45-59	60 and over
Females						
37	Total number setting a quit date in the quarter	0	0	0	0	0
38	Number who had successfully quit (self-report)	0				
39	Number who had not quit (self-report)	0				
40	Number not known/lost to follow-up	0				
41	Number who had successfully quit (self-report), where confirmation of non-smoking status by CO validation was attempted	0				
42	Number who had successfully quit (self-report), where non-smoking status confirmed by CO validation	0				

Notes:

1. Age group should be based on age at quit date.
2. Number not known/lost to follow-up should include all clients whom it has not been possible successfully to follow-up during the period four to six weeks from the quit date.
3. "Confirmed by CO validation" means a CO reading of less than 10 ppm.

Part 1C: Number of pregnant women setting a quit date and outcome at 4 week follow-up

(19)

	Number
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43	Total number setting a quit date in the quarter	0
44	Number who had successfully quit (self-report)	
45	Number who had not quit (self-report)	
46	Number not known/lost to follow-up	
47	Number who had successfully quit (self-report), where confirmation of non-smoking status by CO validation was attempted	
48	Number who had successfully quit (self-report), where non-smoking status confirmed by CO validation	

Notes:

1. This table should include all women who are pregnant at the time of the quit date.
2. Number not known/lost to follow-up should include all clients whom it has not been possible successfully to follow-up during the period four to six weeks from the quit date.
3. "Confirmed by CO validation" means a CO reading of less than 10 ppm.

Part 1D Number of people setting a quit date and successful quitters receiving free prescriptions

(20)

(21)

	Number setting a quit date	Number successfully quit
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49	Number eligible who received free prescriptions	
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Part 1E: Number of people setting a quit date and successful quitters by socio-economic classification

	(22)	(23)
	Number setting a quit date	Number successfully quit
50	Number of full time students	
51	Number who have never worked or unemployed for over 1 year	
52	Number who have retired	
53	Number sick/disabled and unable to return to work	
54	Number of home carers (unpaid) ¹	
55	Number in managerial and professional occupations ²	
56	Number in Intermediate occupations ³	
57	Number in Routine and manual occupations ⁴	
58	Number in prison	
59	Unable to code	
60	Total number of people setting a quit date and successful quitters during the quarter	0

Notes:

1. Number of home carers - i.e. looking after children, family or home.

2. Managerial and professional occupations, examples include: Accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor, teacher, welfare officer. Those usually responsible for planning, organising and co-ordinating work for finance.

3. Intermediate occupations, examples include: Call centre agent, clerical worker, nursery auxiliary, office clerk, secretary.

4. Routine and Manual occupations, examples include: Electrician, fitter, gardener, inspector, plumber, printer, train driver, tool maker, bar staff, caretaker, catering assistant, cleaner, farm worker, HGV driver, labourer, machine operative, messenger, packer, porter, postal worker, receptionist, sales assistant, security guard, sewing machinist, van driver, waiter/waitress.

Part 1F: Number of people setting a quit date and successful quitters by pharmacotherapy treatment received

	(24) Number setting a quit date	(25) Number successfully quit
61	Number who received NRT only	
62	Number who received bupropion (Zyban) only	
63	Number who received Champix (varenicline) only	
64	Number who received both NRT and bupropion (Zyban) either concurrently or consecutively	
65	Number who received NRT and Champix (Varenicline) consecutively	
66	Number who did not receive NRT or bupropion (Zyban) or Champix (varenicline)	
67	Number where treatment option not known	
68	Total number of people setting a quit date and successful quitters during the quarter	0

Notes:

1. 'Received' means obtained by prescription, purchase or supply free of charge.
2. If a client is lost to follow-up at 4 weeks and it is not known if they received NRT and/or bupropion (Zyban), or Champix (varenicline) then they should be included at "Number where treatment option not known".

Part 1G: Number of people setting a quit date and successful quitters by intervention type

		(26)	(27)	(28)	
		Number setting a quit date	Number successfully quit	Reason for exception	Please tick box when validation has been conducted
69	Number who attended closed groups (Structured, multi-session group courses with pre-arranged start and finish dates and a pre booked client group)				<input type="checkbox"/>
70	Number who attended open groups (sometimes called rolling groups) that have fluctuating membership and are ongoing				<input type="checkbox"/>
71	Number who attended drop-in clinics (multi-session support)				<input type="checkbox"/>
72	Number who attended one to ones (structured, multi-session support)				<input type="checkbox"/>
73	Number who attended family/ couples groups (structured, multi-session support for small family groups or couples)				<input type="checkbox"/>
74	Number dealt with through telephone support sessions				<input type="checkbox"/>
Other (please describe)					
75					<input type="checkbox"/>
76					<input type="checkbox"/>
77					<input type="checkbox"/>
78	Total number of people setting a quit date and successful quitters during the quarter	0	0		

Notes:

1. If there is an intervention type that is not on the list, please fill in the blank box.
2. If the success rate of the intervention setting is 35% or below, or 70% and above please give a reason in the exception reporting box.

Part 1H: Number of people setting a quit date and successful quitters by intervention setting

		(29)	(30)	(31)	
		Number setting a quit date	Number successfully quit	Reason for exception	Please tick box when validation has been conducted
79	Number using Stop Smoking Services setting				<input type="checkbox"/>
80	Number using pharmacy setting				<input type="checkbox"/>
81	Number using prison setting				<input type="checkbox"/>
82	Number using primary care setting				<input type="checkbox"/>
83	Number using hospital ward setting				<input type="checkbox"/>
84	Number using dental practice setting				<input type="checkbox"/>
85	Number using military base setting				<input type="checkbox"/>
Other (please describe)					
86					<input type="checkbox"/>
87					<input type="checkbox"/>
88					<input type="checkbox"/>
89	Total number of people setting a quit date and successful quitters during the quarter		0		

Notes:

1. If there is an intervention setting that is not on the list, please fill in the blank box.
2. If the success rate of the intervention setting is 35% or below, or 70% and above please give a reason in the exception reporting box.

Part 2: Summary financial information on smoking cessation services

Part 2A: Financial allocations for year

(32)

Type of allocation	£
90 PCT allocation for smoking cessation for year	
91 Other monies allocated to smoking cessation, including any under spend carried over from the previous year	
92 Total allocation	£ -

Part 2B: Cumulative total spend on smoking cessation services in the year up to the end of the quarter (£)

(33)

93

Notes:

1. Parts 2A and 2B should include all monies **from whatever source** which have been specifically allocated to, or spent on, **smoking cessation** services e.g. additional funding such as Neighbourhood Renewal Funding.
2. Figures should be to the nearest pound.

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