# NHS Smoking Cessation Service Statistics (Scotland) 1<sup>st</sup> January to 31<sup>st</sup> December 2010

### 1. Introduction

This report provides an analysis of **NHS smoking cessation services uptake and outcomes during the calendar year 1<sup>st</sup> January to 31<sup>st</sup> December 2010.** The information presented is taken from the agreed national minimum dataset for smoking cessation services, developed by PATH (Partnership Action on Tobacco and Health), part of ASH (Action on Smoking and Health) Scotland. Statistics are **based on 'quit attempts' made** during the year **(data recorded as at 1<sup>st</sup> April 2011).** 

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

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

A copy of the national minimum dataset is included at Appendix 1. and at Appendix 2. a definition of the services to be included in the national monitoring. Further background to the national monitoring and national database is available on the <u>ASH Scotland web site</u>.

### 2. Statistics included in the report

Presented in this report are statistics, for NHS board areas in Scotland, on **quit attempts made/quit dates set** during the 2010 calendar year. Included also are **quit outcomes based on client follow-up at one month and three months after the quit date.** The three month follow-up findings are for quit dates set during the first nine months of the year as data for the last quarter are incomplete.

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

This fifth national report replicates the analyses produced last year. It also includes for the first time one month quit outcomes by age and by gender. Included too are statistics on successful 'self-reported' one month quits by SIMD (Scottish Index of Multiple Deprivation), by NHS board. Last year's report included analyses for the latter, but only at national level.

See also reference below to the new HEAT target for smoking cessation, from 1<sup>st</sup> April 2011, which has a focus on the most deprived communities.

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

In addition, from 1st April 2011, there is a <u>successor smoking cessation HEAT</u> <u>target</u> for 2011/12 to 2013/14 which has an explicit focus for the first time on the inequalities disparity evident in smoking rates between the most disadvantaged and most affluent communities.

### 3. Warnings on comparing data across NHS board areas

**Care should be taken in comparing data across NHS board areas.** The figures presented here show wide variation in uptake rates and quit rates across boards. There may be a number of explanations for this. **There are, for instance, variations in the types of services provided in different boards.** Evidence suggests that service setting has an impact on quit rates (Bauld et al, 2009 and 2011<sup>12</sup>). In some board areas clients of specialist smoking cessation services account for the majority of records, whilst in others most of the data comes from pharmacy services. Areas with an above average percentage of cases coming from pharmacies (which will tend to see large numbers of people), such as Greater Glasgow & Clyde, may have amongst the highest annual service uptake rates. Meanwhile, those where most of the data are coming from specialist cessation services (relatively fewer clients seen, but more intensive support provided), may have amongst the highest percentage quit rates.

There is evidence too, across Scotland, of data under-recording in relation to pharmacy cessation services (for example, as a result of non-submission of minimum dataset forms, late submission of forms or forms poorly completed). Data collection problems within the national pharmacy smoking cessation scheme are now being addressed centrally By Scottish Government Public Health and Primary Care colleagues, in conjunction with ISD Scotland and Practitioner Services Division (PSD) of NHS National Services Scotland, alongside continuing efforts locally in NHS boards. There has been improvement in the rate of return of minimum dataset forms from pharmacies in 2010, compared with 2009.

Quit rates are calculated as the number of records where the client self-reported as 'not smoked, even a puff, in the last two weeks' (one month follow-up) or 'smoked up to five cigarettes since one month follow-up' (three and 12 month follow-up) as a percentage of total quit attempts made/quit dates set. This approach follows <u>the Russell standard</u>, a well validated approach to measuring outcomes from smoking cessation interventions (West et al, 2005<sup>3</sup>).

As the denominator (as it is in the English quit rate calculations) is total quit dates set, this means that where there are large numbers of cases 'lost to follow-up'/smoking status unknown this will greatly lower the percentage quit rate. In Scotland, the percentage of cases 'lost to follow-

up'/unknown at one month (note: the English monitoring does not include three or 12 month follow-up) is higher than the English findings. There are also NHS boards in Scotland with particularly high percentages of cases 'lost to follow-up'/unknown. **Care should be taken though in making direct comparisons between the Scotland and England one month quit rates**. There may be differences, for example, in the types of services included in the English monitoring, or the profile of clients seen in services.

**Included in the report are statistics on CO validated quits**<sup>1</sup>, as well as self-reported quits, although care should be taken in interpreting these as there remain variations across the country in the proportion of cases where CO validation has been attempted.

### 4. Additional data warnings/data limitations

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

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

### 5. Analysis Findings

### Quit attempts made

- There were a total of 79,672 quit attempts made/quit dates set in the 12 months from 1<sup>st</sup> January to 31<sup>st</sup> December 2010 (data recorded on the national database, as at 1<sup>st</sup> April 2011, combined with data supplied from local information systems in Greater Glasgow & Clyde). This compares with 74,038 quit attempts during the previous calendar year (revised 2009 figures), representing an increase of 5,634 (or 7.6%), see Table 1. In eight out of 14 NHS boards numbers were up on 2009.
- The revised 2009 figure for the total number of quit attempts made (74,038) represents an increase of 4,156 (5.9%) on the previously published figure of 69,882. As noted above, there are recognised difficulties with the late submission of data from some pharmacies.
- With regard to monthly quit attempts made, numbers were highest in February (9,041), followed by March (8,863), then January (8,861), see Figure 1. The start of the year is traditionally the most popular time for people to attempt to quit, e.g. New Year's resolution. Note: figures for the latter months of the year are expected to increase in future due to delays in receipt of data.
- An estimated 7.4% of the smoking population made a quit attempt with an NHS smoking cessation service between 1<sup>st</sup> January and 31<sup>st</sup> December 2010 (6.9% in 2009). This is calculated as - total quit attempts made/quit dates set as a percentage of total smokers (Scottish

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

Household Survey estimate, 2007/2008). NHS board smoking prevalence figures have been calculated on the combined Scottish Household Survey (SHS) data for 2007 and 2008 as the sample sizes for smaller boards are too small when based on a single year and lead to large fluctuations in prevalence rates, which may be misleading. Note: the 2009 figures have been recalculated using the mid-2009 populations (previously published figures were based on the 2007/2008 surveys and mid-2008 populations).

- Service uptake rates ranged from 1.8% in Orkney to 9.8% in Greater Glasgow & Clyde. There are differences in the types of services provided in different areas. For some areas the majority of records are from specialist smoking cessation services. For others the majority of records are from pharmacies (larger numbers of people seen, but less intensive support provided).
- Included also are statistics on quit attempts made by CHP/CHCP area<sup>2</sup>. These are based on the client's area of residence. Using Scottish Household Survey estimates (2007/2008) of smoking population in these areas, estimates have been made of service uptake rates for CHPs/CHCPs. The highest rates were found in Renfrewshire 9.8% of estimated total smokers, East Dunbartonshire 9.9% and West Dunbartonshire 11.1%, Table 2. Note: the CHP/CHCP area of the client may differ from the area in which they receive cessation support (e.g. a client attending a service in Lothian, but resident in Borders).

### *Quit attempts made – client profile*

- Fifty-nine per cent of quit attempts were by females and 41% males (the same percentages as in 2009), Figure 2. Given that adult smoking rates for males and females are similar (26% for males and 23% for females, from the 2009 Scottish Household Survey) this demonstrates a higher service uptake rate for women. Comparable figures for England (The NHS Information Centre, 2011<sup>4</sup>) were 52% females and 48% males.
- The under 25s age group accounted for almost 10% of quit attempts made; 25-34s 18%; 35-44 24%; 45-59 almost 31%; 60 years plus 17% and 'unknown' less than 1%, see Figure 3. Meanwhile, according to the 2009 Scottish Household Survey, the highest smoking prevalence (at 30%) was in the 35-44s age group, followed by the 25-34s (29%).
- For almost 89% of quit attempts the client's ethnic group was 'White-British'; 'White-Other' just over 1%; 'Other Ethnic Group' 1% and 'unknown' 9%, see Figure 4. Note: according to the 2001 Census minority ethnic groups formed 2.0% of the Scottish population.
- Eighty-seven per cent of quit attempts were for people living in urban areas, 12% rural areas<sup>3</sup> and 1% 'unknown' (the same percentages as in 2009), Figure 5. According to the Scottish Government Urban Rural Classification 2009-2010, 82% of Scotland's population is living in urban areas and 18% in rural areas. Scottish Household Survey smoking prevalence estimates (which reveal relatively higher smoking prevalence in urban areas) suggest that 85% of smokers in Scotland are in urban areas and 15% in rural areas.

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<sup>&</sup>lt;sup>2</sup> Community Health Partnership/Community Health and Care Partnership Area.

<sup>&</sup>lt;sup>3</sup> Based on the Scottish Government Urban Rural Classification 2009-2010.

- An analysis of quit attempts made by SIMD 2009 deprivation category shows the largest numbers to be in the most deprived categories and the smallest in the least deprived. Similarly, Scottish Household Survey estimates (2007/2008) reveal the largest numbers of smokers in Scotland, and highest smoking prevalence, to be in the most deprived areas, Figure 6<sup>4</sup>. Those living in the most deprived communities (equivalent to SIMD 1-2, Figure 6) account for an estimated 31% of total smokers in Scotland and they accounted for 37% of guit attempts made in NHS cessation services in 2010 (almost 36% in 2009, revised 2009 figure). Note: excludes cases where SIMD was 'unknown'. Please see also Appendix 4. 'Supplementary Tables' (Tables A and B) for NHS board breakdowns. Please note that the NHS board level tables are based on 'within NHS board' SIMD deprivation deciles, rather than all-Scotland level, so for example, the figures in deprivation deciles 1-2 in Shetland NHS board represent the two most deprived deciles 'within Shetland' whilst deciles 1-2 in Greater Glasgow & Clyde represent the two most deprived deciles 'within Greater Glasgow & Clyde'. The equivalent tables in last year's report were based on 'all-Scotland' deciles, so there has been a change in how these tables are calculated. This change is in line with the new HEAT target for smoking cessation services, which is also based on 'within board' deprivation.
- There were a total of 1,797 quit attempts made by pregnant women during 2010. This compares with 1,920 in 2009 (revised 2009 figure), a decrease of 123 or 6.4%. An estimated 17% of all women smoking during pregnancy<sup>5</sup> attempted to quit using NHS cessation services, in 2010, see Table 3. Note: the figure of 17% is based on an estimate of 10,359 women smoking in pregnancy in the year ending 31<sup>st</sup> March 2009 (provisional figure), the most recent year for which data are available. Please see also Table C. of the 'Supplementary Tables' in Appendix 4. for NHS board breakdowns.

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

• In 2010, pharmacy smoking cessation services accounted for the majority of quit attempts made in NHS cessation services in Scotland. This follows the introduction of the new Public Health Service (PHS) contract for

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<sup>4</sup> The SIMD (Scottish Index of Multiple Deprivation) 2009 '10 deciles' classification has been calculated using data zone information (converted from the client's full postcode, which is part of the national minimum dataset). Scottish Household Survey (SHS) estimates (2007/2008) of the number of smokers by SIMD are based on SIMD 2009 and mid-2009 populations.

<sup>5</sup> Based on <u>SMR02</u> (Scottish Morbidity Record) estimates of the number of pregnant women smoking at antenatal booking (year ending 31<sup>st</sup> March 2009, provisional figures). In recent years there have been concerns about the completeness and quality of the SMR02 data. There is considerable pressure on women not to smoke during pregnancy and it is anticipated that some women may not be completely truthful when describing their smoking behaviour at the booking clinic. The level of 'not known' increased from 5.0% in 1995 to 14.3% in 2009 and may include a proportion of smokers.

pharmacy smoking cessation services at the end of August 2008. Pharmacies tend to see a larger number of clients, but have relatively lower percentage quit rates than, for example, specialist cessation services which provide more intensive support. Nationally, in 2010, the split was 63% of quit attempts made in pharmacies and 37% in nonpharmacy services (this compares with 58% and 42% in 2009, based on revised 2009 figures). The comparable figures for England (April to December 2010 quit dates) were 17% of quit attempts made in pharmacy services and 83% in non-pharmacy services. For Greater Glasgow & Clyde, Grampian and Ayrshire & Arran between 79% and 81% of all quit attempts were in pharmacies, see Table 4.

### Quit attempts made – pharmacotherapy used

The majority of quit attempts, 65,387 or 82%, involved the use of 'NRT (Nicotine Replacement Therapy) only', of which 51,086 cases were 'NRT-single product', 13,998 'NRT-more than one product' and 303 cases 'NRT-not specified whether single or more than one product'. A further 8,570 quit attempts (11%) were made using 'varenicline'; 'NRT and varenicline' (i.e. change in product) 355 cases or less than 1.0%; 'bupropion' 236 cases and 'NRT and bupropion' (change in product) 30 cases. A further 1,627 guit attempts (2%) were (4%) recorded as pharmacotherapy 'none' and 3,467 pharmacotherapy 'unknown', Figure 7. Please see Appendix 4. 'Supplementary Tables' (Table D) for NHS board breakdowns.

#### Quit outcomes at one month after the 'quit date'

- Of the 79,672 quit attempts made between 1<sup>st</sup> January and 31<sup>st</sup> December 2010, 31,456 were recorded as a successful quit at one month after the 'quit date'. This figure is based on client self-reported 'not smoked, even a puff, in the last two weeks'. Follow-up may have been undertaken 'face to face', by telephone or by letter/written questionnaire. Of the remaining 48,216 cases 13,465 had smoked in the last two weeks and 34,751 were 'lost to follow-up'/unknown, see Table 5. The latter will include a small proportion of cases (around 1% of the total) where client did not consent to follow-up or client had died. More commonly 'lost to follow-up'/unknown will be due to failure to make contact with the client/non-return of follow-up questionnaire; or more administrative factors such as late receipt of initial quit attempt information (i.e. not received in time to conduct one month follow-up); or follow-ups not undertaken or not recorded. The total of 31,456 one month quits (self-reported) in 2010 represents an increase from 28,208 in 2009 (revised 2009 figures), up 3,248 or 11.5%.
- The Scotland percentage quit rate at one month (self-reported) was 39%, with 17% still smoking and 44% 'lost to follow-up'/ smoking status unknown. This compares with a 38% quit rate (self-reported) in 2009 (revised 2009 figures). The most recent English monitoring figures show a one month percentage quit rate of 48%, with 28% still smoking and 24% 'lost to follow-up'/unknown. As noted earlier, care should be taken in making direct comparisons between the Scotland and England one month quit rates.
- As with service uptake, there was wide variation across the country in one month quit rates. The highest quit rates (self-

reported) were 50% in Western Isles, 52% in Highland and 60% in Orkney (note: small numbers for the latter), see Table 5. Differences in the types of services provided is likely to influence this (e.g. support provided by pharmacies is less intensive than that offered by specialist services, so for boards where a large number of quit attempts take place in pharmacies overall percentage quit rates may be lower). The three boards with the highest percentage quit rates at one month were the three with the lowest percentage of quit attempts made in pharmacy cessation services. It is especially important to be aware of the influence of cases 'lost to follow-up'/unknown on quit rates. There were three NHS boards (Lanarkshire, Greater Glasgow & Clyde and Ayrshire & Arran) where over half of all cases were 'lost to follow-up'/unknown smoking status at one month after the quit date. In these three boards the percentage of cases coming from pharmacy cessation services was 61%, 79% and 81% respectively (Scotland average 63%).

- Calculating the one month success rate as a percentage of total estimated smokers in the population, the best performing boards were Highland and Borders, achieving one month quits for an estimated 3.5% and 3.7% of their respective smoking populations (Scotland 2.9%), see Table 5.
- Of the total 31,456 'self-reported' one month quits in Scotland in 2010, 16,029 (51%) were in pharmacy services and 15,427 (49%) in non-pharmacy NHS cessation services. The percentage quit rate at one month was 32% for pharmacy services and 52% for non-pharmacy services, see Tables 6 and 7.
- Based on 'self-reported' quits, 39% of quit attempts were successful at one month. Using the CO validated quit findings this reduces to 22% (most recent English figure 34% and Scotland 2009 figure 22%), but there remain a relatively high proportion of cases where a reading was not taken/reading unknown, Table 8.
- The highest percentage CO validated one month quit rates for NHS boards were: 37% in Ayrshire & Arran and 56% in Orkney (note: small numbers for the latter).
- This year's annual report includes, for the first time, one month quit outcomes by gender and by age group, see Tables 9. and 10. respectively. The one month 'self-reported' quit rate for women was 38% and for men 41%. Quit rates increased as age increased, with the lowest percentage quit rate at one month being in the under 16s and 16-17s age groups (16%) and the highest percentage quit rate in the 60 years and over age group (47%).
- One month quit outcomes for CHP/CHCP areas are included in Supplementary Table E, Appendix 4. Included here are 'successful one month quits as a percentage of the total estimated smokers in the population'. This ranged from 1.0% of estimated smokers in Orkney to 4.0% of estimated smokers in East Dunbartonshire.
- One month quit outcomes by SIMD reveal the lowest percentage quit rates to be in the most deprived areas (1-2) and the highest percentage quit rates in the least deprived areas (9-10), however, in terms of overall numbers of quitters the most deprived areas (1-2) still account for the largest numbers of quitters of all the

**deprivation deciles, Table 11.** Statistics on one month quit outcomes by SIMD, at NHS board level, are available in Tables F and G of the 'Supplementary Tables', see Appendix 4. Please note that the NHS board level tables are based on 'within NHS board' SIMD deprivation deciles, rather than all-Scotland level, so for example, the figures in deprivation deciles 1-2 in Shetland NHS board represent the two most deprived deciles 'within Shetland' whilst deciles 1-2 in Greater Glasgow & Clyde represent the two most deprived deciles 'within Greater Glasgow & Clyde'.

One month quit outcomes for pregnant women show that of the 1,797 quit attempts made by pregnant women in 2010, 628 (35%) were a successful self-reported quit at one month after quit date, see Table 12. Lastly, one month quit outcomes by pharmacotherapy used show the highest percentage quit rate, self-reported, at one month to be for those clients using varenicline (65%), Table 13. Care should be taken, though, in interpretation of the figures here as there are likely to be a variety of factors influencing quit success. For example, quit attempts using varenicline are more likely to take place in non-pharmacy cessation services – more intensive support provided than in pharmacy cessation services, with higher percentage quit rates and lower 'lost to follow-up' rates.

#### Three month outcomes

- From a total of 65,425 quit attempts made/quit dates set between 1<sup>st</sup> January and 30<sup>th</sup> September 2010, 25,876 were recorded as successful quits at one month follow-up and 10,508 still quit at three months (comprises: 9,871 not smoked since one month follow-up and 637 'smoked up to 5 cigarettes'). Of the remaining 15,368 cases, 3,232 had relapsed (over 5 cigarettes smoked since one month follow-up) and 12,136 were 'lost to follow-up'/smoking status unknown (see Table 12.). Note: the time period is January to September 2010 as three month follow-up data for the whole year are not yet complete. As with one month follow-up, figures are based on client self-reported smoking status, but the definition of a quit at three months is 'smoked up to 5 cigarettes since one month follow-up'. The clients eligible for follow-up at three months (according to the PATH minimum dataset guidelines) are those recorded as a successful 'self-reported' quit at one month.
- The Scotland percentage quit rate at three months was 16% (16% in 2009, revised 2009 figures, for the same nine month period). This is based on a denominator of all quit dates set during the time period, i.e. Jan. to Sep. 2010. Reasons for a drop-off in quit rates between one and three months would be: clients resuming smoking again, unable to contact client/non-response and for a small number of clients 'no consent to follow-up' or 'client died'. As at one month follow-up, however, follow-ups not undertaken/information not recorded, or not yet recorded (e.g. due to late receipt of data) is also a factor.
- The highest three month percentage quit rates for NHS boards were: 25% in Highland and 34% in Western Isles.

### 12 month outcomes

Quit outcomes based on client follow-up at 12 months after the quit date use data for the 2009 calendar year (12 month outcomes for the full 2010 calendar year are not yet available). There were a total of 74,038 guit attempts made in 2009 (revised 2009 figures). Of these, 28,208 were recorded as a successful quit at one month (selfreported), 12,444 were recorded as quit at 3 months and 5,137 This represents a guit rate of 38% at one quit at 12 months. month, reducing to 17% at three months and 7% at 12 months (this compares with 39%, 17% and 7% respectively in 2008). As noted above, the reduction in quit rates between one and three months will be due to a combination of: clients relapsing and cases 'lost to followup'/smoking status unknown. Similarly, the drop-off in guit rates between three and 12 months (from 17% down to 7% in both 2008 and 2009) will reflect a mix of client relapse and 'lost to follow-up'/unknown. The cumulative percentages of cases 'lost to follow-up'/smoking status unknown at one, three and 12 months were 45%, 62% and 68% respectively, see Figure 8.

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NHS Board		Month									Estimated total smokers (Scottish Household Survey, SHS, 2007 /2008) <sup>3</sup>	Estimated annual service uptake rate (% of total smokers - SHS, 2007 /2008)	2009 figu (revised) quit attem % of total smokers ( 2007/2008	- total npts & I SHS,			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total <sup>1</sup>				
Ayrshire & Arran	569	563	532	457	412	366	342	400	402	418	341	146	4,948	78,757	6.3%	3,244	4.1%
Borders	181	190	211	134	148	124	112	103	119	132	105	34	1,593	20,327	7.8%	1,745	8.6%
Dumfries & Galloway	202	258	248	230	248	189	187	161	171	195	175	108	2,372	33,280	7.1%	2,155	6.5%
Fife	395	429	419	337	382	304	301	356	365	351	295	131	4,065	78,894	5.2%	3,414	4.3%
Forth Valley	397	377	377	283	205	214	178	190	210	213	202	73	2,919	66,721	4.4%	3,292	4.9%
Grampian	727	687	680	623	563	549	399	581	547	529	510	224	6,619	103,287	6.4%	6,472	6.3%
Greater Glasgow & Clyde <sup>2</sup>	2,828	3,032	3,017	2,442	2,258	2,156	1,926	2,121	2,094	2,160	2,032	419	26,485	270,705	9.8%	22,832	8.4%
Highland	366	392	374	309	376	337	300	321	362	313	324	157	3,931	57,170	6.9%	3,804	6.7%
Lanarkshire	1,566	1,482	1,320	1,066	946	849	786	953	839	846	717	171	11,541	131,757	8.8%	12,797	9.7%
Lothian	1,059	1,090	1,089	816	785	836	710	709	670	724	672	321	9,481	155,811	6.1%	9,278	6.0%
Orkney	2	5	9	2	4	3	3	6	6	8	4	3	55	3,115	1.8%	62	2.0%
Shetland	25	21	23	18	22	15	16	11	23	14	12	5	205	3,092	6.6%	207	6.7%
Tayside	501	479	524	425	427	436	383	395	434	438	454	210	5,106	80,627	6.3%	4,375	5.4%
Western Isles	43	36	40	38	41	28	23	23	19	27	21	13	352	5,194	6.8%	361	7.0%
Scotland	8,861	9,041	8,863	7,180	6,817	6,406	5,666	6,330	6,261	6,368	5,864	2,015	79,672	1,078,037	7.4%	74,038	6.9%
Natas																	

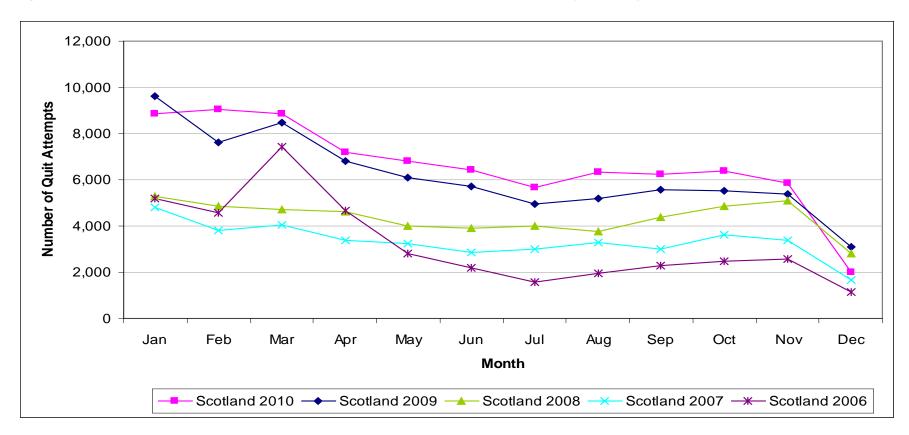
### Table 1. Number of guit attempts made/guit dates set (1<sup>st</sup> January to 31<sup>st</sup> December 2010) by NHS board\*

#### Notes

<sup>1</sup> Figures for the latter part of the year and the 2010 total are expected to increase in future due to late submission of data from pharmacies. <sup>2</sup> Greater Glasgow & Clyde - data provided from local information systems.

<sup>3</sup> The Scotland figure does not equal the sum of the NHS board figures as it has been derived from the Scottish percentage and population figure directly. Figures are based on mid-2009 populations (May 2010 report figures were based on mid-2008 populations) and combined 2007/2008 SHS smoking prevalence estimates.

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



### Figure 1: Number of quit attempts made in 2010 (and in the four previous years) by month

Note: Figures for the latter part of 2010 are expected to increase in future due to late submission of data from pharmacies. Services reported an increase in client numbers in the run-up to the introduction of the new Smoke-free laws in Scotland, on 26<sup>th</sup> March 2006.

ST December 2010) by CHP7CHCP Area	Quit	Estimated	Estimated
O a reason it a bla a lith. Da rita a rach in (O a reason it a bla a lith. A O and	attempts	total	annual service
Community Health Partnership/Community Health & Care	made/quit	smokers	uptake rate (%
Partnership (CHP/CHCP)	dates set	(SHS	of total
	(2010)	07/08) <sup>1</sup>	smokers, SHS)
East Ayrshire Community Health Partnership	1,817	25,112	7.2%
North Ayrshire Community Health Partnership	1,963	34,459	5.7%
South Ayrshire Community Health Partnership	1,122	19,194	5.8%
Scottish Borders Community Health Partnership	1,601	20,318	7.9%
Dumfries & Galloway Community Health Partnership	2,374	33,280	7.1%
Dunfermline & West Fife Community Health Partnership	1,951	25,875	7.5%
Glenrothes & North East Fife Community Health Partnership	725	27,862	2.6%
Kirkcaldy & Levenmouth Community Health Partnership	1,482	22,254	6.7%
Clackmannanshire Community Health Partnership	691	12,456	5.5%
Falkirk Community Health Partnership	1,398	37,694	3.7%
Stirling Community Health Partnership	814	16,920	4.8%
Aberdeen City Community Health Partnership	2,899	45,190	6.4%
Aberdeenshire Community Health Partnership	2,890	39,466	7.3%
Moray Community Health Partnership	797	18,811	4.2%
East Dunbartonshire Community Health Partnership	1,407	14,166	9.9%
East Renfrewshire Community Health & Care Partnership	1,055	13,563	7.8%
Glasgow City Community Health Partnership <sup>2</sup>	14,862	158,880	9.4%
Inverclyde Community Health & Care Partnership	1,467	16,259	9.0%
Renfrewshire Community Health Partnership	3,405	34,910	9.8%
West Dunbartonshire Community Health & Care Partnership	2,251	20,311	11.1%
Argyll & Bute Community Health Partnership	1,091	15,778	6.9%
Mid Highland Community Health Partnership	910	23,414	3.9%
North Highland Community Health Partnership	332	6,834	4.9%
South East Highland Community Health Partnership	1,298	17,850	7.3%
North Lanarkshire Community Health Partnership	7,487	80,174	9.3%
South Lanarkshire Community Health Partnership	5,572	67,423	8.3%
East Lothian Community Health Partnership	927	15,587	5.9%
Edinburgh Community Health Partnership	4,590	84,919	5.4%
Midlothian Community Health Partnership	1,118	18,412	6.1%
West Lothian Community Health & Care Partnership	2,306	36,343	6.3%
Orkney Community Health Partnership	54	3,115	1.7%
Shetland Community Health Partnership	189	3,092	6.1%
Angus Community Health Partnership	1,495	21,581	6.9%
Dundee City Community Health Partnership	2,086	31,534	6.6%
Perth & Kinross Community Health Partnership	1,444	27,460	5.3%
Western Isles Community Health and Social Care Partnership	329	5,194	6.3%
Unknown <sup>3</sup>	1,473		
Total	79,672	1,078,037	7.4%

# Table 2. Number of quit attempts made/quit dates set (1<sup>st</sup> January to 31<sup>st</sup> December 2010) by CHP/CHCP Area

#### Notes

<sup>1</sup> Care should be taken with interpretation for the smaller areas as sample sizes will be small. The Scotland figure does not equal the sum of the CHPs/CHCPs as it has been derived from the Scotlish percentage and population figure directly. Figures are based on mid-2009 populations.

<sup>2</sup> In March 2011 ministerial approval was given to the formation of a single CHP for Glasgow City, with three 'sub-areas'. The total quit attempts in these sub-areas in 2010 were: Glasgow North East 5,089, Glasgow North West 4,571 and Glasgow South 5,202.

<sup>3</sup> Unknown – includes 366 cases from local information systems in Greater Glasgow & Clyde recorded simply as 'outwith Greater Glasgow & Clyde' and 1,107 cases in the rest of Scotland where client postcode details were missing, so unable to identify the CHP of the client.

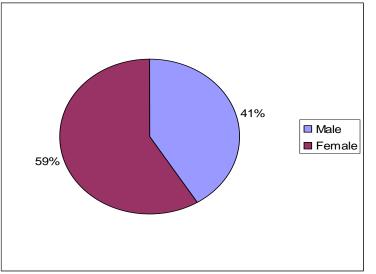
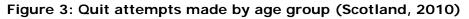


Figure 2: Quit attempts made by gender (Scotland, 2010)



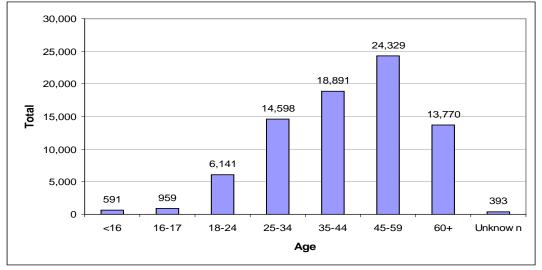
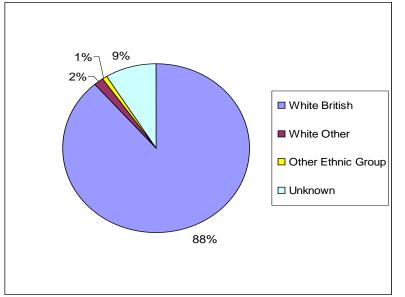


Figure 4: Quit attempts made by ethnic group (Scotland, 2010)



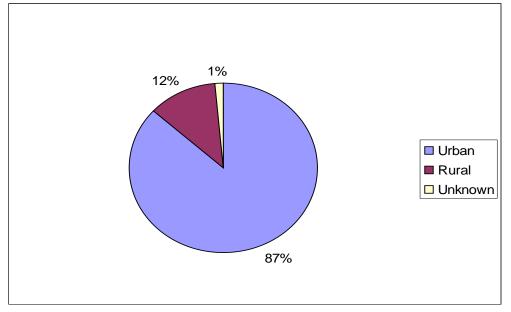
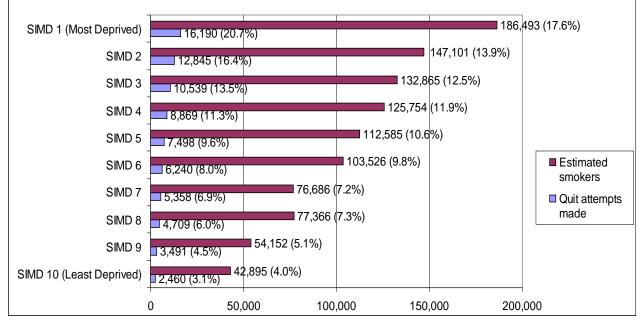


Figure 5: Quit attempts made – urban/rural areas (Scotland, 2010)





Note: The SIMD (Scottish Index of Multiple Deprivation) 2009 '10 deciles' classification was calculated using data zone information (converted from the client's full postcode, part of the national minimum dataset). For analyses using SIMD 2009 ISD have changed their labelling and label the categories as 1=most deprived to 10=least deprived. Our policy of population-weighting the deciles is unchanged, so the data zones in each decile will differ slightly to those shown in Scottish Government releases. Excluded from Figure 6. are 1,473 quit attempts where SIMD was 'unknown' due to missing postcode. Scottish Household Survey (SHS) estimates (2007/2008) of the number of smokers by SIMD are based on SIMD 2009 and mid-2009 populations.

	Quit attempts made (2010)	Women smoking in pregnancy (SMR02, 2009 provisional) <sup>1</sup>	Estimated % of pregnant smokers attempting to quit using NHS cessation services	Quit attempts made (2009)
Pregnant females	1,797	10,359	17%	1,920

Table 3. Quit attempts made – pregnant females (Scotland, 2010)

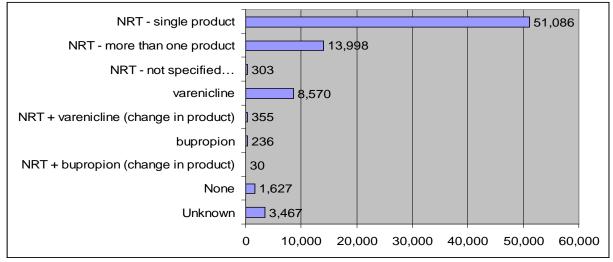
<sup>1</sup> The year ending 31<sup>st</sup> March 2009 is the latest year for which SMR02 data are available. See also footnote 5. on page 5. for warnings regarding SMR02 data quality and completeness.

Table 4. Quit attempts made in pharmacy services and in non-pharma	icy
NHS cessation services (NHS Boards, 2010)	

NHS Board			Total
	Pharmacy	Non- pharmacy	NHS Board
Ayrshire & Arran	81%	19%	100%
Borders	56%	44%	100%
Dumfries & Galloway	29%	71%	100%
Fife	47%	53%	100%
Forth Valley	49%	51%	100%
Grampian	80%	20%	100%
Greater Glasgow & Clyde	79%	21%	100%
Highland	21%	79%	100%
Lanarkshire	61%	39%	100%
Lothian	36%	64%	100%
Orkney	0%	100%	100%
Shetland	28%	72%	100%
Tayside	66%	34%	100%
Western Isles	1%	99%	100%
Scotland	63%	37%	100%

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

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



Note: A total of 65,387 quit attempts involved the use of NRT only (single product, more than one product, or not specified whether single or more than one product).

	Quit at 1 (self-repo smoked wee	rted - not in last 2 ks)	(self-repo smoked we	at 1 month orted - had d in last 2 eks)	Lost to t up/smokir unkno	ng status pwn <sup>1</sup>	(revised) - quit at 1 month		2010 total quit attempts	Successful quits in 2010 as a % of total estimated smokers (SHS, 2007/2008)
	Number	%	Number	%	Number	%	Number	%		
England <sup>2</sup>		48%		28%		24%		48%		
NHS Board										
Ayrshire & Arran	2,372	48%	37	1%	2,539	51%	1,394	43%	4,948	3.0%
Borders	758	48%	238	15%	597	37%	729	42%	1,593	3.7%
Dumfries & Galloway	956	40%	737	31%	679	29%	782	36%	2,372	2.9%
Fife	1,712	42%	1,146	28%	1,207	30%	1,457	43%	4,065	2.2%
Forth Valley	1,339	46%	329	11%	1,251	43%	1,398	42%	2,919	2.0%
Grampian	3,131	47%	1,262	19%	2,226	34%	2,900	45%	6,619	3.0%
Greater Glasgow & Clyde	9,118	34%	3,106	12%	14,261	54%	7,843	34%	26,485	3.4%
Highland	2,025	52%	885	23%	1,021	26%	1,770	47%	3,931	3.5%
Lanarkshire	3,761	33%	1,924	17%	5,856	51%	4,359	34%	11,541	2.9%
Lothian	4,283	45%	1,829	19%	3,369	36%	3,991	43%	9,481	2.7%
Orkney	33	60%	1	2%	21	38%	30	48%	55	1.1%
Shetland	99	48%	57	28%	49	24%	97	47%	205	3.2%
Tayside	1,693	33%	1,844	36%	1,569	31%	1,259	29%	5,106	2.1%
Western Isles	176	50%	70	20%	106	30%	199	55%	352	3.4%
Scotland	31,456	39%	13,465	17%	34,751	44%	28,208	38%	79,672	2.9%

### Table 5. Quit numbers and rates, self-reported, at one month, by NHS board (1st Jan. to 31st Dec. 2010 quit dates)

#### Notes

<sup>1</sup> As well as clients not able to be contacted/client non-response (and a small % of cases 'client died' or 'no consent to follow-up'), 'lost to follow-up'/unknown will include records for which 1 month follow-up data was not recorded or follow-up not undertaken.
 <sup>2</sup> England – based on data for the period April to December 2010, and April to December 2009.

			Smoking	n ot 1			
	Quit at 1	Quit at 1 month					
		(self-reported - not		month (self- reported - had			2010
	smoked ir		smoked ir		Lost to fo up/smoking		
NHS Board	week		week		unkno	total quit attempts	
NHS Board		,		,			allempis
	Number	%	Number	%	Number	%	2 000
Ayrshire & Arran	1,645	41%	5	0%	2,349	59%	3,999
Borders	342	38%	93	10%	456	51%	891
Dumfries & Galloway	235	34%	188	27%	262	38%	685
Fife	662	35%	472	25%	771	40%	1,905
Forth Valley	545	38%	133	9%	758	53%	1,436
Grampian	2,159	41%	1,108	21%	2,053	39%	5,320
Greater Glasgow & Clyde	6,394	30%	2,116	10%	12,511	60%	21,021
Highland	262	32%	201	25%	357	44%	820
Lanarkshire	1,721	25%	633	9%	4,644	66%	6,998
Lothian	1,096	32%	525	15%	1,812	53%	3,433
Orkney	0	0%	0	0%	0	0%	0
Shetland	16	28%	25	44%	16	28%	57
Tayside	951	28%	1,183	35%	1,227	37%	3,361
Western Isles	1	50%	0	0%	1	50%	2
Scotland	16,029	32%	6,682	13%	27,217	55%	49,928

# Table 6. Quit numbers and rates, self-reported, at one month – pharmacy services (1st January to 31st December 2010 quit dates)

### Notes

See notes at Table 4 and Table 5. Also, the quit rates shown above are based on 'valid' returns to the national minimum dataset monitoring from pharmacies and there is evidence that not all pharmacy cases are being recorded/reported to the national monitoring.

Table 7. Quit numbers and rates, self-reported, at one month – Non-
pharmacy services (1st January to 31st December 2010 quit dates)

NHS Board	Quit at 1 month (self-reported - not smoked in last 2 weeks)		Smoking month (s reported smoked in weeks	self- - had last 2 s)	Lost to fo up/smo status unł	2010 total quit attempts	
	Number	%	Number	%	Number	%	
Ayrshire & Arran	727	77%	32	3%	190	20%	949
Borders	416	59%	145	21%	141	20%	702
Dumfries & Galloway	721	43%	549	33%	417	25%	1,687
Fife	1,050	49%	674	31%	436	20%	2,160
Forth Valley	794	54%	196	13%	493	33%	1,483
Grampian	972	75%	154	12%	173	13%	1,299
Greater Glasgow & Clyde	2,724	50%	990	18%	1,750	32%	5,464
Highland	1,763	57%	684	22%	664	21%	3,111
Lanarkshire	2,040	45%	1,291	28%	1,212	27%	4,543
Lothian	3,187	53%	1,304	22%	1,557	26%	6,048
Orkney	33	60%	1	2%	21	38%	55
Shetland	83	56%	32	22%	33	22%	148
Tayside	742	43%	661	38%	342	20%	1,745
Western Isles	175	50%	70	20%	105	30%	350
Scotland	15,427	52%	6,783	23%	7,534	25%	29,744

#### Notes

See notes at Table 4 and Table 5.

	Quit co	Quit confirmed by CO reading? Numbers <sup>1</sup>			Quit confirmed by CO reading? Percentages <sup>2</sup>		
	Yes	CO reading not Yes No taken/unknown Yes		Yes	No	Total self- reported quits at 1 month	
England <sup>3</sup>				34%			
NHS Board							
Ayrshire & Arran	1,822	22	528	37%	0%	2,372	
Borders	259	18	481	16%	1%	758	
Dumfries & Galloway	663	13	280	28%	1%	956	
Fife	799	20	893	20%	0%	1,712	
Forth Valley	941	16	382	32%	1%	1,339	
Grampian	508	57	2,566	8%	1%	3,131	
Greater Glasgow & Clyde	6,483	114	2,521	24%	0%	9,118	
Highland	716	28	1,281	18%	1%	2,025	
Lanarkshire	2,823	36	902	24%	0%	3,761	
Lothian	1,635	52	2,596	17%	1%	4,283	
Orkney	31	1	1	56%	2%	33	
Shetland	33	1	65	16%	0%	99	
Tayside	567	10	1,116	11%	0%	1,693	
Western Isles	32	1	143	9%	0%	176	
Scotland	17,312	389	13,755	22%	0%	31,456	

# Table 8. Quit numbers and rates, CO validated, at one month, by NHS board (based on 1st January to 31st December 2010 quit dates)

### Notes

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

<sup>2</sup> Percentages are based on total quit attempts made during the year.

 $^{3}$  England – based on data for the period April to December 2010.

Table 9. Quit numbers and rates, self-reported, at 1 month, by gender (1st January to 31st December 2010 quit dates)

	Quit at 1 n (self-reporte smoked in weeks	ed - not last 2	Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to fo up/smoking unknov	2010 total quit attempts	
Gender	Number	%	Number	%	Number	%	
Male	13,438	41%	5,418	17%	13,884	42%	32,740
Female	17,987	38%	8,038	17%	20,841	44%	46,866
Unknown	31	47%	9	14%	26	39%	66
Scotland	31,456	39%	13,465	17%	34,751	44%	79,672

# Table 10. Quit numbers and rates, self-reported, at 1 month, by agegroup (1st January to 31st December 2010 quit dates)

	Quit at 1 n (self-reporte smoked in weeks	ed - not last 2	Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to fo up/smoking unknov	2010 total quit attempts	
Age Group	Number	%	Number	%	Number	%	
<16	93	16%	153	26%	345	58%	591
16-17	154	16%	171	18%	634	66%	959
18-24	1,498	24%	952	16%	3,691	60%	6,141
25-34	5,143	35%	2,134	15%	7,321	50%	14,598
35-44	7,690	41%	2,973	16%	8,228	44%	18,891
45-59	10,218	42%	4,323	18%	9,788	40%	24,329
60+	6,528	47%	2,706	20%	4,536	33%	13,770
Unknown	132	34%	53	13%	208	53%	393
Scotland	31,456	39%	13,465	17%	34,751	44%	79,672

Table 11. Quit numbers and rates, self-reported, at 1 month, by SIMD2009 deprivation decile (1st January to 31st December 2010 quit dates)

		Quit at 1 r (self-repo not smok last 2 we	rted - ed in	Smoking at 1 month (self- reported - had smoked in last 2 weeks)		Lost to follow-up /smoking status unknown		2010 total quit
		Number	%	Number	%	Number	%	attempts
SIMD 2009 Scotland	1	5,152	32%	2,506	15%	8,532	53%	16,190
level population-	2	4,749	37%	2,002	16%	6,094	47%	12,845
weighted decile	3	4,229	40%	1,778	17%	4,532	43%	10,539
(1=most deprived;	4	3,578	40%	1,583	18%	3,708	42%	8,869
10=least deprived)	5	3,159	42%	1,328	18%	3,011	40%	7,498
	6	2,705	43%	1,187	19%	2,348	38%	6,240
	7	2,375	44%	980	18%	2,003	37%	5,358
	8	2,125	45%	837	18%	1,747	37%	4,709
	9	1,712	49%	568	16%	1,211	35%	3,491
	10	1,133	46%	426	17%	901	37%	2,460
Scotland		30,917	40%	13,195	17%	34,087	44%	78,199

Note: excludes 1,473 quit attempts where SIMD was 'unknown' due to missing postcode.

# Table 12. Quit numbers and rates, self-reported, at 1 month, by pregnant females (1st January to 31st December 2010 quit dates)

	reported -	month (self- not smoked in 2 weeks)	(self-rep smoke	g at 1 month ported - had ed in last 2 eeks)	up/smo	to follow- king status known
	Number	%	Number	%	Number	%
Pregnant females	628	35%	423	24%	746	42%

# Table 13. Quit numbers and rates, self-reported, at 1 month, bypharmacotherapy used (1st January to 31st December 2010 quit dates)

	Quit at 1 r (self-repo not smok last 2 we	rted - ed in	Smoking month ( reporte smoked i 2 wee	self- ed - in last	Lost to fo up/smol status unk	2010 total quit	
Pharmacotherapy	Number	%	Number	%	Number	%	attempts
NRT - single product	17,782	35%	8,374	16%	24,930	49%	51,086
NRT - more than one product	5,865	42%	2,542	18%	5,591	40%	13,998
NRT - not specified	142	47%	65	21%	96	32%	303
varenicline	5,544	65%	1,243	15%	1,783	21%	8,570
NRT + varenicline (change in product)	152	43%	95	27%	108	30%	355
bupropion	133	56%	48	20%	55	23%	236
NRT + bupropion (change in product)	10	33%	12	40%	8	27%	30
None	752	46%	365	22%	510	31%	1,627
Unknown	1,076	31%	721	21%	1,670	48%	3,467
Scotland	31,456	39%	13,465	17%	34,751	44%	79,672

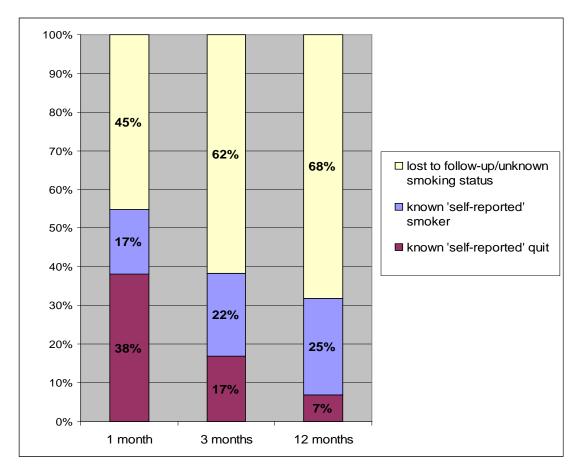
# Table 14. Quit numbers and rates, self-reported, at three months, by NHS board (based on 1<sup>st</sup> Jan. to 30<sup>th</sup> Sep. 2010 quit dates)\*

NHS Board	Not sm since 1 i follow	month	Smok up to cigaret	5	Smoked 5 cigare		Lost to t up/unkr		Total quit dates set Jan to Sep 2010	Self- reported quits at 1 month (quit dates Jan to Sep 2010)
	Number	%	Number	%	Number	%	Number	%		
Ayrshire & Arran Borders Dumfries &	732 240	18% 18%	91 26	2% 2%	278 61	7% 5%	815 290	20% 22%	4,043 1,322	1,916 617
Galloway	367	19%	53	3%	140	7%	185	10%	1,894	745
Fife	590	18%	60	2%	238	7%	509	15%	3,288	1,397
Forth Valley	329	14%	22	1%	60	2%	689	28%	2,431	1,100
Grampian	777	15%	74	1%	91	2%	1,586	30%	5,356	2,528
Greater Glasgow & Clyde	3,418	16%	34	0%	1,167	5%	3,020	14%	21,874	7,639
Highland	721	23%	58	2%	167	5%	721	23%	3,137	1,667
Lanarkshire	1,212	12%	63	1%	788	8%	1,149	12%	9,807	3,212
Lothian	731	9%	61	1%	119	2%	2,536	33%	7,764	3,447
Orkney	6	15%	0	0%	1	3%	18	45%	40	25
Shetland	35	20%	5	3%	7	4%	39	22%	174	86
Tayside	622	16%	81	2%	91	2%	554	14%	4,004	1,348
Western Isles	91	31%	9	3%	24	8%	25	9%	291	149
Scotland	9,871	15%	637	1%	3,232	5%	12,136	19%	65,425	25,876

### Notes

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

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



# Figure 8: Cumulative quit outcomes at 1,3 and 12 months after 'quit date' (Scotland, 2009)

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

### Notes

1. The definition of a 'self-reported' quit at 1 month is 'not smoked, even a puff, in the last 2 weeks' and at 3 and 12 months 'smoked up to 5 cigarettes since 1 month follow-up'.

2. Re the eligibility for follow-up - all quit attempts are eligible for follow-up at 1 month after quit date, at the 3 month follow-up it is just those recorded as a successful 'self-reported' quit at 1 month, and at 12 months it is all cases recorded as a successful quit at 3 months or 'lost to follow-up'/unknown smoking status when followed up at 3 months.

## Appendix 1.

## THE MINIMUM DATASET (Revised version for quit dates from 1<sup>st</sup> Jan. 2009)

		For Offic	ce	Use Only							
1. Client ID:											
2. Health Board area:				3. Clinic area/type:							
Client Information											
4. Date of birth: /	_ /	5. Gender: □ Male □ Fei				male, pregnant? N □ Unknown					
7. What is the client's ethnic group? (Choose <b>one</b> section from A to E, then tick <b>one</b> box which <b>best describes</b> the client's ethnic group or background):											
A. White		red or multiple groups		. Asian, Asian So r Asian British	cottish	D. African, Caribbean or Black					
<ul> <li>Scottish</li> <li>English</li> <li>Welsh</li> <li>Northern Irish</li> <li>British</li> <li>Irish</li> <li>Gypsy/Traveller</li> <li>Polish</li> <li>Any other white ethnic group, please specify</li> </ul>		y mixed or multiple groups, please y	So Br So Ba Ba So Br	Pakistani, Pakis cottish or Pakista ritish Indian, Indian cottish or Indian Bangladeshi, angladeshi Scott angladeshi Britis Chinese, Chines cottish or Chines ritish Other, please s	ani I British tish or sh se se se	<ul> <li>African, African</li> <li>Scottish or African</li> <li>British</li> <li>Caribbean, Caribbean</li> <li>Scottish or Caribbean</li> <li>British</li> <li>Black, Black Scottish</li> <li>or Black British</li> <li>Other, please specify</li> </ul>					
E. Other ethnic group □ Arab □ Other, please spe	cify										
						□ Not Disclosed					
8. Does the client recei		· ·									
<ul> <li>9. Employment status</li> <li>In paid employment</li> <li>Homemaker/full-t</li> <li>Retired</li> <li>Not known/missin</li> <li>Other (please speted)</li> <li>10. Full postcode:</li> </ul>	or disabled										

	Tobacco Use and Quit Attempt	S									
11. On average, how many cigarettes does the client usually smoke per day?	12. How soon after waking does the client usually smoke their first cigarette?	13. How many times has the client tried to quit smoking in the past year?									
<ul> <li>□ 10 or less</li> <li>□ 11-20</li> <li>□ 21-30</li> <li>□ More than 30</li> <li>□ Unknown</li> </ul>	I 11-20I 6-30 minutesI OnceI 21-30I 31-60 minutesI 2 or 3 timesI More than 30I After 60 minutesI 4 or more times										
	Intervention Details										
14. Date referred to service:	15. Quit date: / /	16. Date of initial appointment:									
17. Does the client consent to											
□ Yes	□ No										
18. Pharmaceutical usage											
<ul> <li>NRT only (single product)</li> <li>Varenicline only</li> <li>NRT and Varenicline (change in product)</li> <li>NRT and Varenicline (change in product)</li> <li>None</li> <li>Unknown</li> </ul>											
Total number of weeks used											
19. Intervention(s) used in thi	s quit attempt										
<ul> <li>One to one sessions</li> <li>Telephone support</li> <li>Couple/family based support</li> <li>Other (please specify)</li> <li>Unknown</li> </ul>											
20. Intervention setting(s)											
<ul> <li>Primary Care</li> <li>Pharmacy</li> <li>Educational establishment</li> <li>Other (please specify)</li> </ul>	<ul> <li>☐ Hospital - Inpatient</li> <li>☐ Prison</li> <li>☐ Non-NHS community ven</li> </ul>	□ Hospital - Outpatient □ Workplace ue □ Home									
	1-Month Follow-Up										
21. Was the client successfully	contacted for 1-month follow-up?										
□ Yes □ No (Client did not consent to □ Unknown	□ No (Client lost to o follow up) □ No (Client died)	follow up)									
22. Date follow-up carried out:											
//											

23. Client withdrawn from service at time of follow-up?
□ Yes
24. Has the client smoked at all (even a puff) in the last 2 weeks?
□ Yes □ No □ Unknown
25. CO reading confirms quit?
□ Yes □ No □ CO reading not taken
3-Month Follow-Up
26. Was the client successfully contacted for 3-month follow-up?
□ Yes □ No (Client lost to follow-up) □ No (Client did not consent to follow-up) □ No (Client died) □ Unknown
27. Date follow-up carried out:
//
28. Has the client smoked at all since the 1-month follow-up?
<ul> <li>No</li> <li>Yes, between 1 and 5 cigarettes in total</li> <li>Yes, more than 5 cigarettes</li> <li>Unknown</li> </ul>
<u>12-Month Follow-Up</u>
29. Was the client successfully contacted for 12-month follow-up?
□ Yes □ No (Client lost to follow-up) □ No (Client did not consent to follow-up) □ No (Client died) □ Unknown
30. Date follow-up carried out:
//
31. Has the client smoked at all since the 1-month follow-up?
<ul> <li>No</li> <li>Yes, between 1 and 5 cigarettes in total</li> <li>Yes, more than 5 cigarettes</li> <li>Unknown</li> </ul>

Source: PATH (Partnership Action on Tobacco and Health)

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

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

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

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

### Appendix 3.

### References

1. Bauld, L, Chesterman, J, Ferguson, J and Judge, K (2009) A comparison of the effectiveness of group-based and pharmacy led smoking cessation treatment in Glasgow, Addiction, 104, 308-316.

2. Bauld, L. Boyd, K, Briggs, A, Chesterman, J, Ferguson, J, Judge K and Hiscock, R (2011) One year outcomes for smokers accessing group-based and pharmacyled smoking treatment services: a cost-effectiveness study, Nicotine and Tobacco Research. doi: 10.1093/ntr/ntq222

3. West, R., et al., Outcome criteria in smoking cessation trials: proposal for the common standard. Addiction, 2005. 100, 299-303

4. The NHS Information Centre for health and social care (2011) Statistics on NHS Stop Smoking Services: England, April 2010 to December 2010 (Q3 – Quarterly report)

### Appendix 4.

### Supplementary Tables - NHS Board Breakdowns

#### Table A. Number of quit attempts made by SIMD 2009 'within-board' deprivation decile (NHS boards, 2010)

		Avrehine		Dumfries		<b>F</b> orth		Greater		Longri					\\/ a atawa
		Ayrshire & Arran	Borders	& Galloway	Fife	Forth Valley	Grampian	Glasgow & Clyde	Highland	Lanark shire	Lothian	Orkney	Shetland	Tayside	Western Isles
SIMD2009	1	828	293	426	755	546	1,462	4,648	712	1,939	1,739	6	49	941	37
'within-	2	764	209	393	587	385	987	3,950	526	1,651	1,504	2	9	864	25
board'	3	634	167	211	587	430	833	3,880	505	1,395	1,328	3	28	665	34
population	4	603	169	187	482	418	630	3,331	317	1,391	1,122	14	19	574	31
-weighted	5	574	145	249	395	241	599	2,780	286	1,169	932	5	8	483	20
deciles	6	414	96	166	342	224	546	2,462	259	1,105	835	3	18	381	23
(1=most	7	353	132	239	221	205	459	1,901	261	971	614	3	20	357	43
deprived;	8	317	132	188	239	163	411	1,482	329	716	450	4	14	323	53
10=least	9	262	104	178	265	137	365	1,032	256	623	393	2	13	274	24
deprived)	10	174	102	131	148	115	273	635	185	392	258	12	12	211	38
	Unknown	25	44	4	44	55	54	384	295	189	306	1	15	33	24
	Board total	4,948	1,593	2,372	4,065	2,919	6,619	26,485	3,931	11,541	9,481	55	205	5,106	352

**Note**: The above data are based on 'within-board' deciles, in line with the new HEAT target for smoking cessation services, for NHS boards. The NHS board SIMD tables presented in last year's annual report were based on all-Scotland SIMD, so there has been a change in how the figures are calculated.

		Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanark shire	Lothian	Orkney	Shetland	Tayside	Western Isles
SIMD 2009	1	17%	18%	18%	19%	19%	22%	18%	18%	17%	18%	11%	24%	18%	11%
'within-	2	15%	13%	17%	14%	13%	15%	15%	13%	14%	16%	4%	4%	17%	7%
board'	3	13%	10%	9%	14%	15%	13%	15%	13%	12%	14%	5%	14%	13%	10%
population	4	12%	11%	8%	12%	14%	10%	13%	8%	12%	12%	25%	9%	11%	9%
weighted	5	12%	9%	10%	10%	8%	9%	10%	7%	10%	10%	9%	4%	9%	6%
deciles	6	8%	6%	7%	8%	8%	8%	9%	7%	10%	9%	5%	9%	7%	7%
(1=most	7	7%	8%	10%	5%	7%	7%	7%	7%	8%	6%	5%	10%	7%	12%
deprived;	8	6%	8%	8%	6%	6%	6%	6%	8%	6%	5%	7%	7%	6%	15%
10=least	9	5%	7%	8%	7%	5%	6%	4%	7%	5%	4%	4%	6%	5%	7%
deprived)	10	4%	6%	6%	4%	4%	4%	2%	5%	3%	3%	22%	6%	4%	11%
. ,	Unknown	1%	3%	0%	1%	2%	1%	1%	8%	2%	3%	2%	7%	1%	7%
	Board Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table B. Percentage of quit attempts made by SIMD 2009 'within-board' deprivation decile (NHS boards, 2010)

**Note**: The above data are based on 'within-board' deciles, in line with the new HEAT target for smoking cessation services, for NHS boards. The NHS board SIMD tables presented in last year's annual report were based on all-Scotland SIMD, so there has been a change in how the figures are calculated.

NHS Board	Number of quit attempts made by pregnant women (2010)	Number of women smoking in pregnancy (SMR02, 2009 <sup>p</sup> )	Estimated % of pregnant smokers attempting to quit using NHS cessation services (2010) <sup>1</sup>
Ayrshire & Arran	143	1,014	14%
Borders	30	246	12%
Dumfries & Galloway	53	343	15%
Fife	142	1,064	13%
Forth Valley	56	604	9%
Grampian	123	1,088	11%
Greater Glasgow & Clyde	345	2,250	15%
Highland	112	639	18%
Lanarkshire	253	1,180	21%
Lothian	268	748	36%
Orkney	3	20	15%
Shetland	2	45	4%
Tayside	262	1,061	25%
Western Isles	5	38	13%
Other <sup>2</sup>		19	
Scotland	1,797	10,359	17%

#### Table C. Quit attempts made – pregnant females (NHS boards, 2010)

#### Notes

<sup>1</sup> The estimated 17% of pregnant smokers attempting to quit using NHS cessation services, in Scotland in 2010, is based on: quit attempts made in the 2010 calendar year and the latest available estimate of the number of women smoking in pregnancy. Note: the latter is based on the year ending 31<sup>st</sup> March 2009 and so the figures given in the last column are intended as a guide only. See also footnote 5. on page 5. for warnings regarding SMR02 data quality and completeness. In Scotland, in 2009, 14.3% of SMR02 records were recorded as 'unknown' smoking status, which may include a proportion of smokers. There was also considerable variation board to board in the percentage of cases smoking status 'unknown', with the highest percentages being in Lothian (22.9% unknown) and Greater Glasgow & Clyde (26.1%).

<sup>2</sup> Includes births where NHS board of residence is unknown or outside Scotland.

	NRT- single	NRT- more than one	NRT- not			NRT + varenicline (change in	NRT + bupropion (change in			Total NHS Board
NHS Board	product	product	specified	varenicline	bupropion	product)	product)	None	Unknown	
Ayrshire & Arran	41%	46%	0%	11%	0%	1%	0%	0%	0%	100%
Borders	45%	40%	0%	7%	0%	0%	0%	1%	6%	100%
Dumfries & Galloway	60%	8%	0%	22%	0%	2%	0%	4%	4%	100%
Fife	45%	30%	1%	14%	0%	1%	0%	1%	8%	100%
Forth Valley	43%	34%	0%	14%	0%	1%	0%	2%	5%	100%
Grampian	68%	16%	0%	11%	1%	0%	0%	4%	0%	100%
Greater Glasgow & Clyde	80%	9%	0%	9%	0%	0%	0%	1%	1%	100%
Highland	46%	28%	1%	11%	0%	0%	0%	3%	11%	100%
Lanarkshire	80%	9%	1%	4%	0%	0%	0%	0%	6%	100%
Lothian	51%	20%	1%	16%	1%	0%	0%	4%	7%	100%
Orkney	5%	67%	0%	20%	2%	2%	0%	4%	0%	100%
Shetland	23%	29%	1%	15%	1%	1%	0%	1%	29%	100%
Tayside	42%	20%	0%	14%	0%	0%	0%	7%	16%	100%
Western Isles	33%	49%	1%	6%	0%	1%	0%	5%	5%	100%
Scotland	64%	18%	0%	11%	0%	0%	0%	2%	4%	100%

### Table D. Percentage of quit attempts made by pharmacotherapy used (NHS boards, 2010)

	, í		,					
			Smoking a					Successful quits,
	Quit at 1 m		month (sel	lf-				in 2010, as a %
	(self-report		reported -		Lost to f		2010 total	of total estimated
	not smoke		smoked in weeks)	last 2	up/smokin	•	quit	smokers (SHS, 2007/2008) <sup>2</sup>
CHP / CHCP	last 2 weeł Number	(S) %	Number %		unknown Number %		attempts	2007/2008)
		47%		1%		53%	1 017	2.400/
East Ayrshire Community Health Partnership	845		17		955		1,817	3.40%
North Ayrshire Community Health Partnership	965	49%	14	1%	984	50%	1,963	2.80%
South Ayrshire Community Health Partnership	535	48%	8	1%	579	52%	1,122	2.80%
Scottish Borders Community Health Partnership	767	48%	246	15%	588	37%	1,601	3.80%
Dumfries & Galloway Community Health Partnership	958	40%	735	31%	681	29%	2,374	2.90%
Dunfermline & West Fife Community Health Partnership	832	43%	453	23%	666	34%	1,951	3.20%
Glenrothes & North East Fife Community Health Partnership	298	41%	148	20%	279	38%	725	1.10%
Kirkcaldy & Levenmouth Community Health Partnership	637	43%	571	39%	274	18%	1,482	2.90%
Clackmannanshire Community Health Partnership	350	51%	58	8%	283	41%	691	2.80%
Falkirk Community Health Partnership	646	46%	195	14%	557	40%	1,398	1.70%
Stirling Community Health Partnership	342	42%	83	10%	389	48%	814	2.00%
Aberdeen City Community Health Partnership	1,273	44%	618	21%	1,008	35%	2,899	2.80%
Aberdeenshire Community Health Partnership	1,447	50%	515	18%	928	32%	2,890	3.70%
Moray Community Health Partnership	392	49%	124	16%	281	35%	797	2.10%
East Dunbartonshire Community Health Partnership	570	41%	188	13%	649	46%	1,407	4.00%
East Renfrewshire Community Health & Care Partnership	433	41%	105	10%	517	49%	1,055	3.20%
Glasgow City Community Health Partnership	4,702	32%	1,768	12%	8,392	56%	14,862	3.00%
Inverclyde Community Health & Care Partnership	559	38%	215	15%	693	47%	1,467	3.40%
Renfrewshire Community Health Partnership	1,339	39%	371	11%	1,695	50%	3,405	3.80%
West Dunbartonshire Community Health & Care Partnership	797	35%	202	9%	1,252	56%	2,251	3.90%
Argyll & Bute Community Health Partnership	420	38%	374	34%	297	27%	1,091	2.70%
Mid Highland Community Health Partnership	682	75%	95	10%	133	15%	910	2.90%
North Highland Community Health Partnership	148	45%	89	27%	95	29%	332	2.20%
South East Highland Community Health Partnership	663	51%	245	19%	390	30%	1,298	3.70%
North Lanarkshire Community Health Partnership	2,297	31%	1,149	15%	4,041	54%	7,487	2.90%

## Table E. Quit numbers and rates, self-reported, at 1 month, by CHP/CHCP<sup>1</sup> (1st Jan. to 31st Dec. 2010 quit dates)

South Lanarkshire Community Health Partnership	2,009	36%	946	17%	2,617	47%	5,572	3.00%
East Lothian Community Health Partnership	413	45%	180	19%	334	36%	927	2.60%
Edinburgh Community Health Partnership	1,968	43%	893	19%	1,729	38%	4,590	2.30%
Midlothian Community Health Partnership	531	47%	269	24%	318	28%	1,118	2.90%
West Lothian Community Health & Care Partnership	1,131	49%	388	17%	787	34%	2,306	3.10%
Orkney Community Health Partnership	32	59%	1	2%	21	39%	54	1.00%
Shetland Community Health Partnership	92	49%	54	29%	43	23%	189	3.00%
Angus Community Health Partnership	435	29%	542	36%	518	35%	1,495	2.00%
Dundee City Community Health Partnership		37%	747	36%	575	28%	2,086	2.40%
Perth & Kinross Community Health Partnership	481	33%	522	36%	441	31%	1,444	1.80%
Western Isles Community Health and Social Care Partnership	164	50%	67	20%	98	30%	329	3.20%
Unknown	539	37%	270	18%	664	45%	1,473	
Scotland	31,456	39%	13,465	17%	34,751	44%	79,672	2.90%

### Notes

<sup>1</sup> Figures are based on the client's area of residence.
 <sup>2</sup> Care should be taken with interpretation for the smaller areas as sample sizes will be small. Figures are based on mid-2009 populations.

				Dumfries				Greater							
		Ayrshire		&		Forth		Glasgow		Lanark					Western
		& Arran	Borders	Galloway	Fife	Valley	Grampian	& Clyde	Highland	shire	Lothian	Orkney	Shetland	Tayside	Isles
SIMD 2009	1.00	375	134	164	300	242	595	1,288	354	531	722	3	21	312	17
'within-	2.00	350	105	139	244	174	474	1,180	294	484	662	1	4	289	9
board'	3.00	314	72	88	265	186	394	1,314	269	425	593	2	15	210	15
population	4.00	289	87	81	184	173	325	1,160	146	451	567	8	12	176	17
weighted	5.00	259	74	104	167	116	283	991	138	400	420	2	4	151	12
deciles	6.00	179	43	74	140	114	267	896	134	367	408	2	9	126	13
(1=most	7.00	186	60	92	96	103	224	760	142	369	294	3	10	128	18
deprived;	8.00	152	61	71	113	76	213	615	179	270	224	4	7	102	30
10=least	9.00	160	53	82	125	74	198	467	138	258	181	2	5	99	12
deprived)	10.00	94	52	60	60	58	139	295	117	160	102	5	5	95	21
	Unknown	14	17	1	18	23	19	152	114	46	110	1	7	5	12
	NHS Board														
	Total	2,372	758	956	1,712	1,339	3,131	9,118	2,025	3,761	4,283	33	99	1,693	176

Table F. Number of successful 'self-reported' 1 month quits by SIMD 2009 'within-board' deprivation decile (NHS boards, 2010)

Note: The above data are based on 'within-board' deciles, in line with the new HEAT target for smoking cessation services, for NHS boards. The NHS board SIMD tables presented in last year's annual report were based on all-Scotland SIMD, so there has been a change in how the figures are calculated.

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

Table G. Percentage of successful 'self-reported' 1 month quits by SIMD 2009 'within-board' deprivation decile (NHS boards, 2010)

Note: The above data are based on 'within-board' deciles, in line with the new HEAT target for smoking cessation services, for NHS boards. The NHS board SIMD tables presented in last year's annual report were based on all-Scotland SIMD, so there has been a change in how the figures are calculated.

## Appendix 5.

### **Publication metadata**

Metadata indicator	Description
Publication title	NHS Smoking Cessation Service Statistics (Scotland) 1 <sup>st</sup> January to 31 <sup>st</sup> December 2010
Description	This release presents data on quit attempts made with the help of NHS smoking cessation services during the 2010 calendar year and the outcomes of those quit attempts. It includes also comparisons with the previous year.
Theme	Health & Social Care
Торіс	Lifestyles & Behaviours
Format	PDF document
Data source(s)	The national minimum dataset for smoking cessation services in Scotland (revised version for quit dates from 1 <sup>st</sup> Jan 2009). Also, Scottish Household Survey (SHS) estimates of smoking prevalence & SMR02 data on women smoking in pregnancy.
Date that data is acquired	1 <sup>st</sup> April 2011
Release date	31 <sup>st</sup> May 2011
Frequency	annual
Timeframe of data and timeliness	Data for the 2010 calendar year (as well as revised 2009 figures). Release published to agreed May timescale.
Continuity of data	NHS board level SIMD data are now based on 'within board' deciles (May 2010 report used 'all Scotland' SIMD deciles).
Revisions Statement	No revisions to this publication are planned, however, revised 2010 statistics will be included in the May 2012 publication.
Revisions relevant to this publication Concepts and definitions	02/06/2011 – reference to SMR02, footnote 5 page 5, has hyperlink to relevant ISD web page; footnote 1 at Table C has two extra sentences on 'unknown' smoking status. Background to the national smoking cessation services monitoring and national smoking cessation services database are available on the <u>ASH Scotland web site</u> .
Relevance and key uses of the statistics	The national cessation monitoring analyses produced by ISD are used to provide vital evidence of the reach and success of NHS smoking cessation services in Scotland. The cessation monitoring data are also used for smoking cessation HEAT (Health Improvement, Efficiency, Access and Treatment) target monitoring.

Accuracy	Data were cross-checked against national smoking cessation database 'standard reports' and results from the previous annual monitoring reports. Headline statistics for Greater Glasgow and Clyde (where data are provided from local information systems) were checked with Greater Glasgow & Clyde data providers.
Completeness	The report acknowledges that there is evidence, across Scotland, of data under-recording in relation to pharmacy cessation services, but that data collection problems within the national pharmacy smoking cessation scheme are now being addressed both centrally and locally.
	The 2010 data presented will omit 'late received' data from pharmacy services, however, 2010 data are then revised at the following year's update.
Comparability	The report includes comparable data from the monitoring of NHS smoking cessation services in England.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	The report includes detail on the background to the national smoking cessation services monitoring in Scotland as well as analysis results. The majority of data tables are included in the main body of the report, with a series of supplementary tables (all sub-Scotland level data) included as an Appendix. The report layout is similar to that of previous years.
Value type and unit of measure	Quit attempts 'numbers' and 'percentage' quit success rates are presented.
Disclosure	Low risk of disclosure linked to the data published. No disclosure control methods were applied. The <u>ISD Statistical</u> <u>Disclosure Control Protocol</u> has been followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Awaiting assessment
Last published	25 <sup>th</sup> May 2010
Next published	29 <sup>th</sup> May 2012
Date of first publication	26 <sup>th</sup> March 2007
Help email	linsey.galbraith@nhs.net
Date form completed	16 <sup>th</sup> May 2011

### Early Access details (including Pre-Release Access)

### **Pre-Release Access**

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

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Health Improvement Programme Manager (Tobacco) NHS Health Scotland Service Manager, Smoking Matters Service, NHS Dumfries and Galloway Health Improvement Leads, Job-share (Tobacco), NHS Greater Glasgow & Clvde

#### Extended Pre-Release Access

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

Scottish Government Health Department (Analytical Services Division)

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

Data Manager for Smokefree Services, NHS Greater Glasgow & Clyde