

NHS Smoking Cessation Service Statistics (Scotland) 1st January to 31st December 2006

1. Introduction

This report provides an analysis of **NHS smoking cessation services uptake and outcomes during the calendar year 1st January to 31st December 2006**. The information presented is taken from the agreed national minimum dataset for smoking cessation services (developed by PATH, part of ASH Scotland) and is **based on 'quit attempts' made** during the year (data recorded as at 1st March 2007). This is **the first release of statistics from the minimum dataset monitoring in Scotland**.

The primary source of the data is the National Smoking Cessation Database. The database was established by ISD Scotland in July 2005 to capture the minimum dataset information plus additional local data items and to provide local functionality such as statistical reports. It is a web-based database, accessible at present only over the NHSNet and has around 200 registered users across Scotland. Still a relatively new system, ISD has been working with cessation services to maximise the quality and completeness of the data collected, prior to publication of this first statistical release.

The second data source, in the case of three NHS boards (Argyll & Clyde, Grampian and Greater Glasgow), is local information systems. Data for Tayside pharmacies is also provided from a local information system. **In the short-term data from the national database will continue to be supplemented by data from local systems**. There are plans, however, for all remaining boards to switch to the national database (Grampian, for example, began using it in January 2007).

A copy of the national minimum dataset is included at Appendix 1. and at Appendix 2. a definition of the services to be included in the national monitoring. Further background to the national monitoring and national database is available at http://www.ashscotland.org.uk/ash/ash_display.jsp?pContentID=4240&p_applic=CCC&p_service=Content.show&

2. Statistics included in the report

Presented in this report are statistics, for NHS board areas in Scotland, on **quit attempts made/quit dates set** during the 2006 calendar year. Included also are **quit outcomes (self-reported) based on client follow-up at one month and three months post quit date**. The three month follow-up findings are for quit dates set during the first nine months of the year as data for the last quarter would be incomplete (i.e. some follow-ups still to be undertaken or recorded). Although not presented here, the minimum dataset monitoring also includes 12 month follow-up.

Figures are based on the 2006 calendar year. This was the first year for which there were statistics for all NHS board areas in Scotland. The NHS boards are those in existence as at 1st January 2006. Although April 2006 saw the dissolution of Argyll and Clyde NHS board (part transferring to Greater Glasgow to become Greater Glasgow and Clyde and part to Highland) the local data collection systems in place in 2006 were still based on the old NHS boards and so data is presented on that basis.

3. Warnings on comparing data across NHS board areas

Care should be taken in comparing data across NHS board areas. The figures presented here show wide variation in uptake rates and quit rates across boards. There may be a number of explanations for this including: under-recording of data on both national and local systems (for example, as a result of late submission of data, particularly in the case of pharmacy services), services not being in place during the time period, or services only recently established. **Most significantly, there are variations in the types of services provided in different boards as well as differences across areas in the services that are being included in the national minimum dataset monitoring** (e.g. inclusion/exclusion of GP practice-based services or inclusion/exclusion of records for clients under the age of 16).

There are some boards for whom all, or the vast majority of, records are made up of clients of specialist smoking cessation services. There are others for whom the majority of records are pharmacy service clients. Generally, what the analysis shows is that areas with a large pharmacy scheme (which will tend to see large numbers of clients), such as Grampian and Greater Glasgow, have amongst the highest annual service uptake rates. Meanwhile Argyll and Clyde, for example, where figures are based on data from specialist services only (relatively fewer clients seen, but more intensive support provided), has one of the lowest uptake rates, but the highest one month quit rate of any NHS board area.

Quit rates are calculated as the number of records where the client self-reported as 'not smoked, even a puff, in the last two weeks' (one month follow-up) or 'smoked < five cigarettes since one month follow-up' (three month follow-up) as a percentage of total quit attempts made/quit dates set. As the denominator (as it is in the English quit rate calculations) is total quit dates set, this means that **where there are large numbers of cases 'lost to follow-up'/smoking status unknown this will greatly lower the percentage quit rate.** In Scotland overall, the proportion of cases lost to follow-up/unknown at one month (note: the English monitoring does not include three month follow-up) is higher than the English findings. There are also NHS boards in Scotland with particularly high proportions of cases 'lost to follow-up'/unknown (see table footnotes for further explanation on this). **Care should be taken though in making direct comparisons between the Scotland and England one month quit rates.** There may be differences, for example, in the types of services included in the English monitoring, or the profile of clients seen in services.

Lastly with regard to quit rates, it might also be argued by cessation services that over time their percentage quit rates might be expected to fall as they deal with the 'harder to reach' smokers.

4. Additional data warnings/data limitations

As noted above, the **data presented in this report is based on 'quit attempts' made/quit dates set during the year.** It will not include referrals or initial contacts where the client did not go on to set a quit date, or 'relapse prevention' support. The information in the report represents, therefore, only a proportion of the work of NHS smoking cessation services.

With the exception of Greater Glasgow, **figures are based on total quit attempts, rather than total number of clients with a quit attempt, so could include repeat quit attempts for the same client.**

5. Analysis Findings

Quit attempts

- **There were a total of 46,466 quit attempts made/quit dates set in the 12 months from 1st January to 31st December 2006** (data recorded on the national database, as at 1st March 2007, combined with data supplied from local information systems), see Table 1.
- With regard to monthly service uptake/quit attempts made, **numbers were highest in the period January through to April, reaching a peak of 8,793 quit dates set in March (see Figure 1.)**. In the run-up to the introduction of the new Smoke-free laws, on 26th March 2006, services reported an increase in client numbers. January to March does, however, tend to be a busier time for services than, for example, the summer months, or December. Note: numbers for the latter part of the year would be expected to increase in future due to reported delays in data recording, for example in Greater Glasgow NHS board.
- **An estimated 4.3% of the smoking population made a quit attempt with an NHS smoking cessation service between 1st January and 31st December 2006.** This is calculated as - total quit attempts made/quit dates set as a percentage of total smokers (Scottish Household Survey estimate, 2005).
- **Service uptake rates varied considerably across NHS board areas (ranging from 1% or less in Argyll & Clyde, Highland and Western Isles to 7.3% of total estimated smokers in Borders, 7.9% in Greater Glasgow and 9.7% in Grampian).** Reasons for this variation include: data simply not being recorded on national/local databases and new cessation services only recently established. There are differences too in the types of services provided in different areas and in the services being included in the national monitoring. For some boards all, or the vast majority of, records are made up of clients of specialist smoking cessation services. For others the majority of records are pharmacy service clients (larger numbers of clients seen, but less intensive support provided). There appear to be variations too in whether services are recording data for under 16s.

Outcomes

- **Of the 46,466 quit attempts made between 1st January and 31st December 2006, there were 45,641 for which one month follow-up data was available. Of these, 15,471 were recorded as successful quits.** This figure is based on client self-reported 'not smoked, even a puff, in the last two weeks'. Follow-up may have been undertaken 'face to face', by telephone or by letter/written questionnaire. **Of the remaining 30,170 cases, 15,384 had smoked in the last two weeks and 14,786 were 'lost to follow-up'/unknown,** see Table 2. The latter will include a small proportion of cases (around 1% of the total) where client did not consent to follow-up or client had died. More commonly 'lost to follow-up'/unknown will be due to failure to make contact with the client/non-return of follow-up questionnaire; or more administrative factors such as late receipt of initial quit information (i.e. not received in time to conduct one month follow-up); or follow-ups not undertaken or not recorded/not yet recorded, for example as a result of resource shortages.

- **The Scotland percentage quit rate at one month was 34%, with 34% still smoking and 32% lost to follow-up/unknown.** The high proportion of Grampian 'lost to follow-ups' (questionnaires not returned) given the large number of Grampian records has a major impact on the overall Scotland 'lost to follow-up' figure. Excluding Grampian reduces the rate to 22%, however, given that there are no 'lost to follow-ups' recorded for Greater Glasgow (if client cannot be contacted it is assumed they have relapsed/are still smoking) this figure too may be misleading. Note: although the national monitoring includes, at one month follow-up only, CO validated quits, **CO validated quit findings are not included in this report. This is due to the high proportion of missing information** - readings not attempted due to infection concerns about the use of CO monitors, or follow-up conducted by letter/phone rather than 'face to face'.
- **As with service uptake, there was wide variation in one month quit rates. The highest reported quit rates were 59% in Lanarkshire and 69% in Argyll and Clyde,** see Table 2. As noted above, differences in the types of services provided is likely to influence this (e.g. support provided by pharmacies is less intensive than that offered by specialist services, so for boards with large pharmacy schemes overall percentage quit rates are likely to be lower). **It is especially important to be aware of the influence of cases 'lost to follow-up'/unknown on percentage quit rates.** For pharmacy services in particular, difficulties in a number of boards with late receipt of quit attempt records meant it was too late to undertake one month follow-up.
- **From a total of 32,347 quit attempts made/quit dates set between 1st January and 30th September 2006, 12,951 were recorded as successful quits at one month follow-up and 5,886 still quit at three months. Of the remaining 7,065 cases, 3,027 had relapsed (five + cigarettes smoked since one month follow-up) and 4,038 were 'lost to follow-up'/unknown** (see Table 3. & Figure 2.). Note: the time period is January to September 2006 as three month follow-up information for the whole year would not yet be complete. As with one month follow-up, figures are based on client self-reported smoking status, but **the definition of a quit at three months is 'smoked < five cigarettes since one month follow-up'**. The clients to be followed up at three months (according to the PATH minimum dataset guidelines) are only those recorded as a successful quit at one month. The figures above exclude Grampian NHS board as data would not be comparable (three month follow-ups conducted with all clients setting a quit date, regardless of quit status at one month).
- **The Scotland percentage quit rate at three months was 18% (based on a denominator of all quit dates set during the time period, i.e. Jan. to Sep. 2006).** Reasons for a drop-off in quit rates between one and three months would be: clients resuming smoking again, unable to contact client/client non-response and for a small number of clients 'no consent to further 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. as a result of limited resources or late receipt of data) was also a major factor.**
- **The highest three month percentage quit rates for NHS boards were: Argyll & Clyde 26%, Orkney 32% and Lanarkshire 32%.**

Table 1. Number of quit attempts made/quit dates set (1st January to 31st December 2006) by NHS board*

NHS Board	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Estimated total smokers (Scottish Household Survey, SHS, 2005)	Total SHS, 2005	Estimated annual service uptake rate (% of total smokers – SHS 2005)
	152	98	115	52	31	22	28	33	28	20	21	14			
Argyll & Clyde ¹	59	133	430	267	96	73	51	44	38	54	31	24	1,300	80,243	1.6
Ayrshire & Arran ²	306	219	341	213	122	87	64	75	78	100	89	15	1,709	23,439	7.3
Borders	181	174	184	142	112	92	81	70	93	74	95	52	1,350	33,270	4.1
Dumfries & Galloway	358	301	413	234	215	168	130	124	177	154	141	79	2,494	87,007	2.9
Fife	402	449	471	231	168	118	88	107	128	145	113	27	2,447	64,853	3.8
Forth Valley ³	757	806	1,346	1,073	1,105	933	613	476	400	519	196	250	8,474	87,524	9.7
Grampian ⁴	2,840	2,252	3,321	2,030	1,055	832	607	775	820	753	530	217	16,032	202,093	7.9
Greater Glasgow ⁵	27	26	31	24	19	7	19	17	41	54	56	38	359	35,594	1.0
Highland ⁶	855	540	877	826	441	300	248	313	301	363	460	117	5,641	130,332	4.3
Lanarkshire ⁷	481	476	737	396	297	250	133	185	222	217	234	89	3,717	161,594	2.3
Lothian	9	7	8	9	5	3	2	3	4	1	2	1	54	2,757	2.0
Orkney	15	22	75	32	8	3	3	0	0	8	12	13	191	3,644	5.2
Shetland	181	225	442	260	136	132	86	109	96	169	157	79	2,072	84,362	2.5
Tayside ⁸	0	3	2	1	0	2	0	2	0	2	0	0	12	4,222	0.3
Western Isles ⁹															
Scotland	6,623	5,731	8,793	5,790	3,810	3,022	2,153	2,333	2,426	2,633	2,137	1,015	46,466	1,088,867	4.3

Notes

- Argyll & Clyde - data provided from local information system, specialist cessation services only. Board ceased to exist on 1st April 06, but as data recording during the rest of 2006 was based on the old NHS board, data is presented on this basis. Excludes 40 Oct. to Dec. Argyll & Bute records which are included in the Highland figures, plus an estimated 220 cases at Inverclyde Royal and Royal Alexandra hospitals (incorporating these additional cases would increase the service uptake rate from 0.7% to 1.0%).
- Ayrshire & Arran – new specialist cessation service set up in February 2006. The majority of records are pharmacy service clients.
- Forth Valley – includes drop-in services data for Jan. to Feb. 2006 (data provided from a local information system).
- Grampian – data provided from local system. Figure is total number of ‘registrations’ in time period not total number of quit dates set. Pharmacy service accounts for the majority of records.

- ⁵ Greater Glasgow - data provided from local systems. Pharmacy service accounts for the majority of records. Figures are based on Greater Glasgow NHS board, not the revised geography of Greater Glasgow & Clyde, introduced 1st April 06. Numbers will increase as not all forms had been entered at this point. Figures are based on number of clients, not number of quit attempts.
- ⁶ Highland – limited service in place to June 06 due to staff sickness/absence. Also, limited admin. resources resulting in backlog of forms awaiting input. Project Group is being put in place to address variations in data collection across CHP areas. Figures are based on pre-April 06 Highland board area and do not, therefore, include statistics for Argyll & Bute, which transferred to Highland from the former Argyll & Clyde, in April 2006 (except, includes 40 Oct. to Dec. Argyll & Bute records, see note 1.).
- ⁷ Lanarkshire – includes Cumbernauld & Kilsyth locality data for Jan. to March 2006 (data recorded on a local information system).
- ⁸ Tayside - Includes data from the national database, plus pharmacy service data which is provided from a local information system.
- ⁹ Western Isles - under-recording of data for specialist smoking cessation service. Also, excludes GP practice-based services, which account for all provision in Uist and Barra and a proportion of services in Lewis and Harris.

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

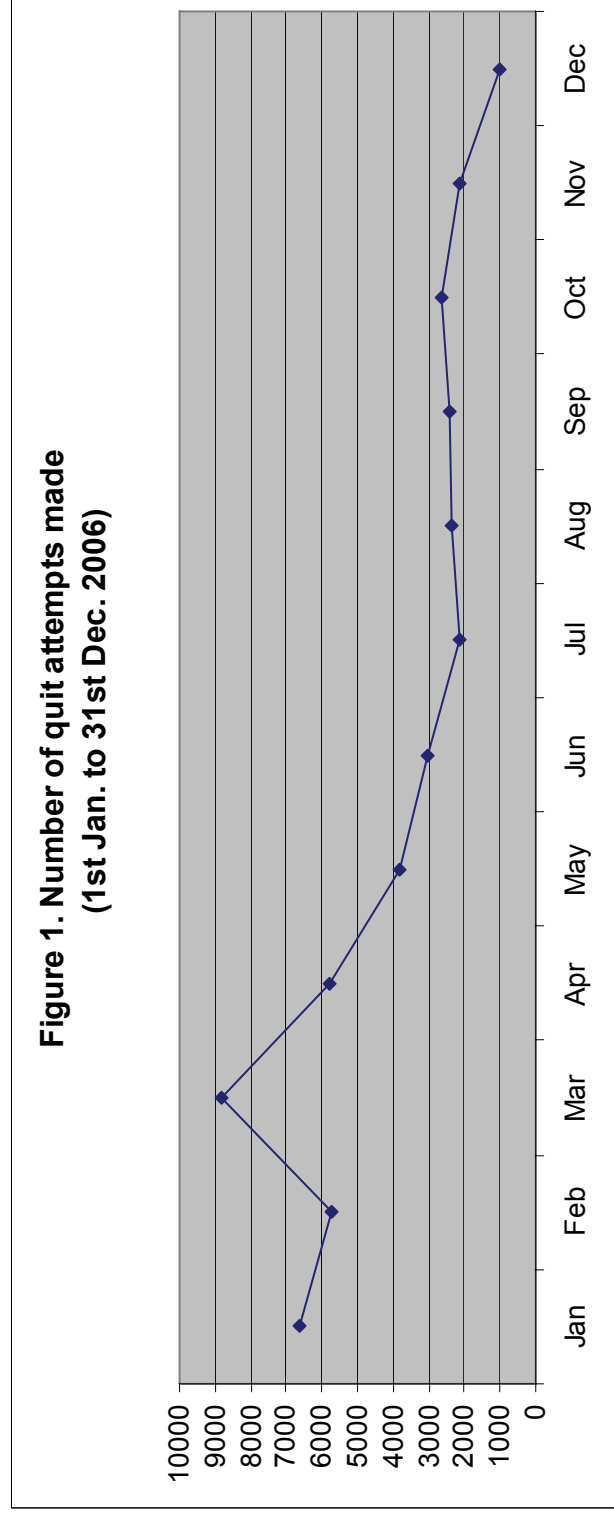


Table 2. Quit rates, self-reported, at 1 month, by NHS board area (based on 1st January to 31st December 2006 quit dates)

	Quit at 1 month (self-reported – not smoked in last 2 weeks)		Smoking at 1 month (self-reported – had smoked in last 2 weeks)		Lost to follow-up/smoking status unknown*	
	Number	%	Number	%	Number	%
England ¹		51%		26%		23%
NHS board						
Argyll & Clyde	421	69%	135	22%	58	9%
Ayrshire & Arran ²	105	8%	87	7%	1,108	85%
Borders	785	46%	377	22%	547	32%
Dumfries & Galloway	507	38%	330	24%	513	38%
Fife	1,148	46%	673	27%	673	27%
Forth Valley ³	940	51%	172	9%	720	39%
Grampian ⁴	773	9%	1,041	12%	6,660	79%
Greater Glasgow ⁵	5,558	35%	10,474	65%	0	0%
Highland ⁶	106	30%	84	23%	169	47%
Lanarkshire ⁷	3,205	59%	387	7%	1,839	34%
Lothian	1,250	34%	1,055	28%	1,412	38%
Orkney	22	41%	18	33%	14	26%
Shetland	68	36%	43	23%	80	42%
Tayside ⁸	583	28%	508	25%	981	47%
Western Isles	0	0%	0	0%	12	100%
Scotland	15,471	34%	15,384	34%	14,786	32%

Notes

¹ England – based on data for six months April to September 2006.

² Ayrshire & Arran – majority of records are for pharmacy services. Late receipt of pharmacy quit attempt records resulted in the majority of these having to be noted as 'lost to follow-up' as too late for 1 month follow-up to be undertaken.

³ Forth Valley – excludes data for drop-in services Jan. to Feb. 2006 (recorded on a local database until March 2006).

⁴ Grampian - quit rates are based on end of course follow-up (at 6 weeks) rather than 1 month follow-up. High proportion of cases 'lost to follow-up' is due to non-return of client 1 month follow-up questionnaires.

⁵ Greater Glasgow- quit rates for Glasgow specialist services ranged from: secondary care 33%, pharmacy 34%, pregnancy 36% to intensive group support 42% (the latter CO validated). Clients no longer in service/not contactable were assumed to have relapsed.

⁶ Highland – high % of cases 'lost to follow-up' due to limited admin. resources.

⁷ Lanarkshire - excludes Cumbernauld & Kilsyth locality data for Jan. to March 2006 (data not recorded on national database at this time). This would account for a further 91 successful quits at 1 month.

⁸ Tayside – majority of lost to follow-ups/unknowns are pharmacy clients. For non-pharmacy services the lost to follow-up rate was 31%, whilst for pharmacies it was 67%. The high proportion for the latter was due to late receipt of initial questionnaires from some pharmacies.

* 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'), will include records for which 1 month follow-up data was not recorded or follow-up not undertaken (e.g. as a result of late receipt of initial quit attempt information, or resource shortages).

Table 3. Quit rates, self-reported, at 3 months, by NHS board (based on 1st Jan. to 30th Sep. 2006 quit dates)*

NHS board	Not smoked since 1 month follow-up		Smoked <5 cigarettes		Smoked 5+ cigarettes		Lost to follow up/Unknown		Total quit dates set Jan. to Sep. 06	Quit at 1 month (quit dates set Jan. to Sep. 06)
	Number	%	Number	%	Number	%	Number	%		
Argyll & Clyde	132	24%	16	3%	62	11%	177	32%	559	387
Ayrshire & Arran ¹	34	3%	5	0%	4	0%	38	3%	1,191	81
Borders	252	17%	34	2%	82	5%	320	21%	1,505	688
Dumfries & Galloway	229	20%	23	2%	78	7%	102	9%	1,129	432
Fife	401	19%	74	3%	230	11%	284	13%	2,120	989
Forth Valley ²	284	18%	57	4%	153	10%	327	21%	1,547	821
Grampian ³	-	-	-	-	-	-	-	-	-	-
Greater Glasgow ⁴	2,263	16%	-	-	1,733	12%	1,218	8%	14,532	5,214
Highland ⁵	15	7%	0	0%	3	1%	48	23%	211	66
Lanarkshire ⁶	1,356	30%	82	2%	574	13%	673	15%	4,491	2,685
Lothian ⁷	259	8%	30	1%	49	2%	712	22%	3,177	1,050
Orkney	11	22%	5	10%	4	8%	1	2%	50	21
Shetland	19	12%	3	2%	7	4%	27	17%	158	56
Tayside	250	15%	52	3%	48	3%	111	7%	1,667	461
Western Isles	0	0%	0	0%	0	0%	0	0%	10	0
Scotland	5,505	17%	381	1%	3,027	9%	4,038	12%	32,347	12,951

Notes

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

² Forth Valley – excludes data for drop-in services Jan. to Feb. 2006 (recorded on a local database until March 2006).

³ Grampian – figures not included in the table as 3 month follow-up was attempted with all clients who set a quit date, not just those reporting not smoking at 1 month. Data for all other boards is based on the latter criteria. Inclusion of the Grampian statistics would be misleading and would affect the calculation of the Scotland percentages. Number recorded as quit at 3 months was 643. From Jan. 07 data collected in line with national minimum dataset.

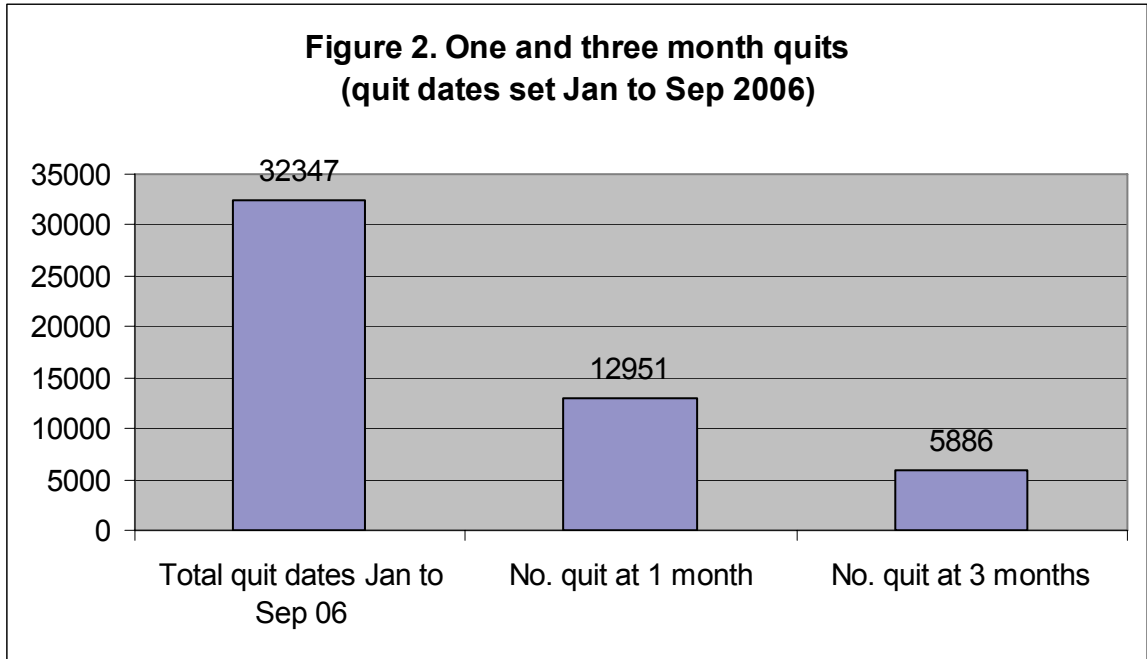
⁴ Greater Glasgow – numbers recorded as 'smoked 5 + cigarettes since 1 month follow-up' will include 'smoked < 5 cigarettes' as results are combined.

⁵ Highland – high % of cases 'lost to follow-up' due to limited admin. resources.

⁶ Lanarkshire - excludes Cumbernauld & Kilsyth locality data for Jan. to March (data not recorded on national database at this time). This would account for a further 46 successful quits at 3 months.

⁷ Lothian – high % of cases 'lost to follow-up'/unknown due to late submission/recording of initial quit attempt and associated 1 month follow-up. Generally initial quit/1 month follow-up is recorded locally and 3/12 month follow-ups recorded by central admin. staff.

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



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

Appendix 1.

The minimum dataset (revised version)

For office use only											
1. Client ID:											
2. Health Board area:		3. Clinic area/type									
Client Information											
4. Full postcode:	5. Date of Birth: __/__/__ and/or Age _____		6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								
7. If female, pregnant? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown		8. Does client receive free prescriptions? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown									
9. Employment status? (please tick one box)											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/Missing <input type="checkbox"/> Other (please specify) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled </td> </tr> </table>				<input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/Missing <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled						
<input type="checkbox"/> In paid employment <input type="checkbox"/> Homemaker/full-time parent or carer <input type="checkbox"/> Retired <input type="checkbox"/> Not known/Missing <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Full-time student <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled										
10. Which of the following best describes the client's ethnic origin? (Ask client to choose one section from A-G, and then tick one box only within that section):											
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> A. White <input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top;"> B. Mixed Background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top;"> C. Asian, Asian Scottish or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (Please specify) _____ </td> <td style="width: 25%; vertical-align: top;"> D. Black, Black Scottish or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____ </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> E. Other Ethnic Background (Please specify) _____ </td> <td colspan="2" style="vertical-align: top;"> F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/> </td> </tr> </table>				A. White <input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please specify) _____	B. Mixed Background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____	C. Asian, Asian Scottish or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (Please specify) _____	D. Black, Black Scottish or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____	E. Other Ethnic Background (Please specify) _____		F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/>	
A. White <input type="checkbox"/> Scottish <input type="checkbox"/> Other British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (Please specify) _____	B. Mixed Background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (Please specify) _____	C. Asian, Asian Scottish or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (Please specify) _____	D. Black, Black Scottish or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (Please specify) _____								
E. Other Ethnic Background (Please specify) _____		F. Not Disclosed <input type="checkbox"/> G. Unknown <input type="checkbox"/>									
Tobacco Use and Quit Attempts											
11. On average, how many cigarettes does the client usually smoke per day?		12. How soon after waking does the client usually smoke their first cigarette?									
<input type="checkbox"/> 10 or less <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Unknown		<input type="checkbox"/> Within 5 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> 31-60 minutes <input type="checkbox"/> After 60 minutes <input type="checkbox"/> Unknown									
13. How easy or difficult would the client find it to go without smoking for a whole day?		14. How many times has the client tried to quit smoking in the past year?									
<input type="checkbox"/> Very Easy <input type="checkbox"/> Fairly Easy <input type="checkbox"/> Fairly Difficult <input type="checkbox"/> Very Difficult <input type="checkbox"/> Unknown		<input type="checkbox"/> No quit attempts <input type="checkbox"/> Once <input type="checkbox"/> 2 or 3 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Unknown									

15. Quit date __/__/__	
1 month follow up (for office use only)	
16. Client Contacted for 1 month follow up?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Client lost to Follow up) <input type="checkbox"/> No (Client did not consent to follow up) <input type="checkbox"/> No (Client Died) <input type="checkbox"/> Unknown Please now complete questions 17-21	
17. Date Follow up carried out:	
_____ dd/mm/yyyy	
18. Smoked in the Last 2 weeks?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (please conduct 3 and 12 month follow up) <input type="checkbox"/> Unknown	
19. CO reading confirms quit?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CO reading not taken	
20. Interventions used in this quit attempt:	
<input type="checkbox"/> Group Support <input type="checkbox"/> One to One sessions <input type="checkbox"/> Pharmacy scheme incl. Support <input type="checkbox"/> Buddy scheme <input type="checkbox"/> Telephone Support <input type="checkbox"/> Couple/family based support <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Unknown	
21. NRT and/or Bupropion used in this quit attempt:	
<input type="checkbox"/> NRT only <input type="checkbox"/> Bupropion <input type="checkbox"/> Both NRT and Bupropion <input type="checkbox"/> Neither <input type="checkbox"/> Unknown	
3 month follow-up (for office use only)	
22. Was the client contacted for 3-month follow-up?	
<input type="checkbox"/> Yes <input type="checkbox"/> No – Client lost to follow-up <input type="checkbox"/> No – Client did not consent to follow up <input type="checkbox"/> No – Client Died <input type="checkbox"/> Unknown	
Please now complete questions 23-26	
23. Date follow up carried out:	
_____ (dd/mm/yyyy)	
24. Has the client smoked at all (even a puff) in the last two weeks?	25. Has the client smoked at all since the one-month follow-up?
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes, less than 5 cigarettes in total <input type="checkbox"/> Yes, more than 5 cigarettes <input type="checkbox"/> Unknown

<p>26. Pharmaceutical Usage:</p> <p> <input type="checkbox"/> NRT only <input type="checkbox"/> Bupropion <input type="checkbox"/> Both NRT and Bupropion <input type="checkbox"/> Neither <input type="checkbox"/> Unknown Number of Weeks: _____ </p>	
12 month follow up (for office use only)	
<p>27. Was the client contacted for 12-month follow-up?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No – Client lost to follow-up <input type="checkbox"/> No – Client did not consent to follow up <input type="checkbox"/> No – Client Died <input type="checkbox"/> Unknown </p> <p>Please now complete questions 28-30</p>	
<p>28. Date follow up carried out:</p> <p>_____ (dd/mm/yyyy)</p>	
<p>29. Has the client smoked at all (even a puff) in the last two weeks?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown </p>	<p>30. Has the client smoked at all since the one-month follow-up?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes, less than 5 cigarettes in total <input type="checkbox"/> Yes, more than 5 cigarettes <input type="checkbox"/> Unknown </p>

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. - Agreement on infection control issues is currently awaited