

Ashton, Leigh and Wigan Stop Smoking Service Annual Report Themed by Intervention Setting Financial Year 2012 / 2013

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Bridgewater Healthcare at the heart of your community

Contents

		Page
1.0	Introduction	2
2.0	National and Regional Picture	3
3.0	Ashton, Leigh and Wigan Overall3.1 Performance3.2 Accessing the service2.3 Quality	6 6 7 8
4.0	 Intervention Setting 4.1 Stop Smoking Service Hospital Pregnancy 4.2 Primary Care 4.3 Pharmacy 4.4 Prison 4.5 Other 	10 11 16 18 19 21
5.0	Summary	23

1.0 Introduction

Smoking is one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease. Reducing smoking prevalence across the borough is therefore a key priority.

The white paper on tobacco, smoking kills, describes smoking as 'the united kingdom's single greatest cause of preventable illness and early death'. It costs the NHS up to 2.7 billion per year whilst more than 120,000 deaths per year are attributable to smoking.

Wigan suffers from considerable health inequalities and this has an effect on both the morbidity and mortality of the people of the borough, presenting challenges for the provision of healthcare services. This can also be seen as an opportunity as it is a variable we can change, and in such, supporting people to quit smoking, can have a dramatic effect on the health on the individual and the population of the borough. Smoking cessation is the single most cost effective lifesaving intervention provided by the NHS. The most effective way of stopping smoking is provided by NHS Stop Smoking Services. Quitting with support from NHS Stop Smoking Service is up to four times more likely to result in prolonged abstinence from smoking than quitting without any assistance.

Smoking prevalence within the borough is above the national average of 20% with an estimated 22.8% of the boroughs population currently smoking. This is a reduction on last year's figure of 24.9%, however despite the welcome fall in smoking prevalence it remains the main cause of early death in the Borough. It is known that in more deprived areas and in certain populations such as mental health and routine and manual workers, smoking prevalence is considerably higher than the borough average. This supports the need for a targeted approach to smoking cessation within the borough.

Data from the Stop Smoking Service has been analysed to look at demographics of the people accessing the service and those who have successfully quit. The data period for this report is financial year 1st April 2012 to 31st March 2013.

The stop smoking data within this report was analysed to ascertain whether the service covers all of the 7 social identities equitably. The seven social identities are: Gender, Ethnicity, Faith, Sexuality, Disability, Transgender and Age. In addition to this information on deprivation, socioeconomic classification and pregnant women accessing services was also analysed.

Information on faith, sexual orientation and transgender were not included in this report because this data is not currently captured by the Stop Smoking Service. Information on faith and sexuality will be collected by the specialist stop smoking service from July 2014.

National Stop Smoking Service

During 2012 / 2013, 724,247 people set a quit date through NHS Stop Smoking Services. This is an 11 per cent decrease (92,197) from 2011/12 when 816,444 people set a quit date. This is the first time since 2008/09 that there has been a decline in the number of people setting a quit date, although numbers are still just over three times as high than 2002/03 when 234,858 people set a quit date.

At the 4 week follow-up 373,872 people had successfully quit (based on self-report), this is a 7 per cent decrease (27,083) on the number reported in 2011/12 when 400,955 people successfully quit. Again this is the first time since 2008/09 that there has been a decline in the number of people successfully quitting, but numbers are just over three times as high than 2002/03 when 124,082 people successfully quit.

Just over half (52 per cent) of those setting a quit date in 2012/13 successfully quit. This is around 3 percentage points higher than the 49 per cent success rate seen in 2009/10 to 2011/12.¹

North West Regional Data

During 2012/2013 across the North West 122,404 people set a quit date with 58,713 successfully quitting after 4 weeks, a total of 48% success rate.

Wigan Profile

Smoking rates within the Wigan borough are higher than both the national and regional average. In addition to this, smoking attributable deaths and smoking attributable hospital admissions are also higher in the Borough than in the North West and England². It is therefore, of no surprise, that smoking contributes to reduced life expectancy and reduced disability free life expectancy within the Borough³.

¹ https://webarchive.nationalarchives.gov.uk/20180328134831tf_/http://digital.nhs.uk/catalogue/PUB12228

²Tobacco Control Profiles for England, www.tobaccoprofiles.info

³ Wigan Borough JSNA

Tobacco Control Profiles	Period	Local value	Eng. value	Eng. worst	England Range	Eng
1 Smoking attributable mortality	2008 - 10	276.3	210.6	371.8		135.
2 Smoking attributable deaths from heart disease	2008 - 10	40.3	30.3	58.4	•	16.
3 Smoking attributable deaths from stroke	2008 - 10	13.3	<mark>9.8</mark>	19.2	•	5.
4 Deaths from lung cancer	2010 - 12	79.4	60.9	112.7	۲	36.
5 Deaths from chronic obstructive pulmonary disease	2010 - 12	61.5	50.1	97.1		26.
6 Lung cancer registrations	2009 - 11	100.2	75.5	144.2	•	42.
7 Oral cancer registrations	2009 - 11	11.1	12.8	21.1		6.
8 Smoking attributable hospital admissions	2010/11	1,797	1,420	2,536		80
9 Cost per capita of smoking attributable hospital admissions	2010/11	43.3	36.9	61.7	0	15.
10 Smoking prevalence - routine & manual	2012	30.2	29.7	44.3	0	14.
11 Smoking Prevalence (IHS)	2012	21.8	19.5	29.8	•	12
12 Smoking status at time of delivery	2012/13	16.8	12.7	30.8	<u> </u>	2



Imparted by Neiler Day Denie Public Health Analysy Joy 2013 And Weitigensis Unit Higgs Council Oneon Copyris, Ad Rights Reserved 2010 Cales Data Smoking prevalence across the borough compares favourably with other local authorities with similar demographics.

Smoking Statistics by ONS Peer*4

		Smoking
Local Authority	% adults	Related deaths
	smoking	(Rate)**
Wigan	21.8	381
Wakefield	24.8	371
Barnsley	23.6	376
Rotherham	22.7	352
Nuneaton &		
Bedworth	19.8	289

*ONS measures used to assess similarity of LAs to produce Peers are age, ethnicity, birthplace, population density, relationship status, household type, accommodation type, household occupancy, qualifications, employment type, access to transport and social care

* *Directly age standardised rate per 100,000 population aged 35 and over

Local Cost of Smoking

Action on Smoking and Health (ASH) estimate that Wigan has a smoking population of 56,951 and each year in Wigan it is estimated that smoking costs society approximately £94 million.

- The estimated output lost from early deaths in Wigan is £28 million
- The estimated cost of lost productivity from smoking breaks in Wigan is £19.8 million
- The total cost to the NHS of smoking in Wigan is £18.4 million
- The estimated cost of lost productivity from smoking-related sick days in Wigan is £17.1 million
- The estimated cost of passive smoking in Wigan is £4.9 million

⁴ PHE Health Profile 2013, http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

- The cost of smoking related fires in homes in Wigan is £3.5 million
- The cost of cleaning smoking materials litter in Wigan is £2.3 million

Each year, smokers in Wigan spend approximately £100.7m on tobacco products.⁵

The figures above are estimates based on national surveys and research. It should be noted that whilst these 'cost of smoking' figures are rough estimates, they do represent a degree of intelligence and knowledge that is difficult to obtain for other 'lifestyle behaviours' and do provide a strong economic argument support the commissioning of policies to reduce tobacco use.

3.0 Ashton Leigh and Wigan

The Stop Smoking Service in the borough is provided by Bridgewater Community Healthcare NHS Trust for people who live or work within the borough. The service currently provides different levels of support depending on the need of the smoker. The design is based upon the hub and spoke model and a network of health professionals provide stop smoking care to enable as many people as possible to stop smoking. The core stop smoking service (hub) is the specialist in the field providing one to one support for complex smokers where there is a high prevalence of health inequalities. In addition, the specialist service also trains and mentors a number of health professionals (spokes), as Level 2 Intermediate advisors, to provide stop smoking care. These include GP practice staff, pharmacies, Health Trainers and other Health professionals such as Health Visitors and School nurses.

3.1 Performance

6628⁶ clients accessed local stop smoking services between April 2012 and March 2013. Of these, 6029 were individual clients. Of the 6628 patients accessing the service, 57% successfully quit for four weeks, 34% relapsed and 9% were lost to follow up (1 record blank).

⁵ ASH Local cost of smoking 2013 update

⁶ Client can access more than once during the year and multiple quit attempts

Results	Attempts
Self Report	2673
Relapsed	2247
C/O validated	1137
Lost to follow up	570
Grand Total	6627

In Total, 3810 of the 6628 quit attempts had stopped smoking for four weeks or more.

Of the 6628 clients, 3151 are male and 3477 are female.

3.2 Accessing the Service⁷

Map demonstrates postcode coverage of Wigan borough clients accessing Bridgewater Stop Smoking Services.



⁷ Excluded from Map are those clients whose postcode is not within Wigan Borough, where the postcode was not complete or new builds.

3.3 Quality

Since Financial Year 2010-11, Stop Smoking Service Performance has shown a year-on-year increase on the average percentage quit rate. Raising from 46% in 2010-11 to 49% in 2011-12 (3% increase) and to 58% in 2012-13, a further percentage increase of 9%. This is a total increase of 12% over the 3 year period.

In addition to this all elements of the stop smoking service, with the exception of primary care, have seen a marked increase in the number of Co Validated four week quits

The tables below breaks down performance by Intervention setting 2010 – 2012.



Core Stop Smoking Service

Level 2 Intermediate Stop Smoking Services

<u>2010/11</u>

	No Setting a	No of four	% Quit rate	Percentage
	Quit Date	week quitters		Co Validated
Community	968	507	52%	20%
Hospital	334	173	52%	8%
Pregnancy	227	100	44%	61%
Primary Care	4194	1735	41%	7%
Pharmacy	1550	631	41%	40%
Prison	400	383	96%	53%
Other	46	12	26%	26%
Total	7719	3541	46%	23%

<u>2011/12</u>

	No Setting a	No of four	% Quit rate	Percentage
	Quit Date	week quitters		Co Validated
Community	634	361	57%	54%
Community				0470
Hospital	302	213	71%	13%
Pregnancy	211	94	45%	65%
Primary Care	4062	1814	45%	7%
Pharmacy	1665	691	42%	66%
Prison	542	457	84%	76%
Other	114	72	61%	75%
Total	7530	3702	49%	35%



4.0 Intervention Setting

There are a number of ways a client can quit smoking and this can be achieved in a variety of settings. There is the specialist stop smoking service, primary care, pharmacy, hospital, prison and other. The most popular method of intervention setting is Primary Care, i.e. client's choosing to stop smoking via their general practitioner. The second most popular setting is the pharmacy service and third being the Specialist Stop Smoking Service, with the most popular intervention type being one to one support.

Intervention Setting	Quit Attempts
Primary Care	3655
Pharmacy	1234
Stop Smoking Service	704
Other: Please State	420
Hospital	312
Prison	303
Grand Total	6628

* Other includes school nursing, health visitors, homeless and vulnerable people teams

4.1 Stop Smoking Service

The stop smoking service has a team of stop smoking specialists who provide one to one sessions, offering positive and practical support, a step by step approach tailored to meet individual needs along with access to Nicotine Replacement Therapies, such as patches and gum, along with Zyban at prescription prices. Sessions are run within local communities across the borough and home visits are also offered. The service also offers specialist support in the following areas

- Pregnancy
- Secondary Care
- Long Term Conditions
- Workplace

During 2012/13, 704 clients set a quit date using the Specialist Stop Smoking Service. Of those, 474 successfully managed to quit smoking for four weeks (this includes both CO validated and self reported quits). This is a 67% quit rate.

Age Group	Female	Male	Grand Total
Under 18	13	х	16
18-34	239	64	303
35-44	74	59	133
45-59	68	70	138
60+	49	65	114
Grand Total	443	261	704

Method Used for Quit	Totals
Nicotine Replacement Therapy (NRT)	590
Varenicline (Champix)	41
Support Only	32
Unknown	30
Bupropion (Zyban)	7
NRT and Varenicline (Champix)	х
NRT and Bupropion (Zyban)	x
Grand Total	704

Socio Economic Classification	Totals
Never Worked or Unemployed For Over 1 Year	176
Routine and Manual Occupation	165
Retired	74
Intermediate Occupation	63
Unable to code	55
Managerial and Professional Occupations	52
Sick/Disabled and Unable To Return To Work	48
Home Carers (unpaid)	37
Full Time Student	33
Prison	Х
Grand Total	704

Ethnicity	Totals
White British	656
Not Stated	29
Any Other White Background	13
Asian or Asian British Pakistani	X
Any Other Black Background	X
Any Other Ethnic Group	X
Black or Black British – Caribbean	X
White Irish	X
Grand Total	704

Hospital

The hospital stop smoking service is provided by the Specialist Stop Smoking service and advice and support is provided on a one to one basis for people who would like to stop smoking and have accessed a hospital based service. In patients can be given stop smoking advice and support by a specialist advisor via a fast track referral system which has been implemented within the hospital. Patients will also be followed up on discharge to help them stay smoke free when they return home.

Out patients can access the service in their local community and these clinics run within venues across the borough and one to one advice and support is given by specialist advisors. Home visits are also offered for patients who are housebound following an operation or illness.

Help for patients who want support with withdrawal management whilst the patient is in hospital is also provided.

During 2012/13, 312 clients (can be the same person making more than one attempt) set a quit date within the hospital setting. Of those, 237 successfully managed to quit (both CO validated and self reported). This is a 76% quit rate.

Age Group	Female	Male	Grand Total
Under 18	Х	0	x
18-34	21	х	26
35-44	16	20	36
45-59	39	54	93
60+	82	74	156
Grand Total	159	153	312

Method Used for Quit	Totals
Nicotine Replacement Therapy (NRT)	295
Varenicline (Champix)	9
Support Only	6
Unknown	x
Grand Total	312

Socio Economic Classifcation	Totals
Retired	113
Unable to code	49
Sick/Disabled and Unable To Return To Work	34
Routine and Manual Occupation	33
Never Worked or Unemployed For Over 1 Year	30
Managerial and Professional Occupations	26
Intermediate Occupation	17
Home Carers (unpaid)	9
Prison	х
Grand Total	312

Ethnicity	Totals
White British	298
Not stated	11
Any Other Ethnic Group	x
Any Other White Background	X
White Irish	X
Grand Total	312

Pregnancy

Babies from deprived backgrounds are more likely to be born to mothers who smoke, and to have much greater exposure to second-hand smoke in childhood. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.

Key facts for England for 2012/13. The percentage of mothers smoking at delivery was 12.7 per cent, lower than 2011/12 (13.2 per cent), 2010/11 (13.5 per cent) and 2009/10 (14.0 per cent).

In line with NICE guidance all pregnant women are co screened at the first maternity booking and if appropriate a referral is made to the stop smoking service for specialist support. The pregnant women are seen at home or in a community setting and are supported throughout pregnancy and up to three months after the birth of the baby. During 2012 / 13, the service took part in the National Pregnancy Incentive scheme which provided vouchers for the pregnant women if they remained smoke free throughout the pregnancy and for three months after.

During 2102/13, 227 women⁸ used Wigan Stop Smoking Service to quit during their pregnancy. 214 clients accessed support via the Specialist Stop Smoking Service and 120 went on to quit at four weeks. 57% of clients setting a quit date went on to quit smoking for four weeks which is above the national average of 47% and 63% of these clients were co validated which is again higher than the national average of 60%.

⁸ Individuals. Some women may have attempted to quit on more than one occasion during their pregnancy

4.2 Primary Care

A range of professionals within GP practices can provide stop smoking care alongside their daily job. Patients can make an appointment with their health professional and they will provide stop smoking advice with ongoing support and can provide Nicotine Replacement Therapy at prescription prices.

During 2012/13, 3655 clients (can be the same person making more than one attempt) set 4 week quit dates using primary care. Of those, 2118 successfully managed to quit (both CO validated and self reported).

Age Group	Female	Male	Grand Total
Under 18	15	20	35
18-34	540	394	934
35-44	395	388	783
45-59	569	531	1100
60+	434	369	803
Grand Total	1953	1702	3655

Method Used for Quit	Totals
Nicotine Replacement Therapy (NRT)	2212
Varenicline (Champix)	623
Support Only	473
Unknown	190
Bupropion (Zyban)	129
NRT and Bupropion (Zyban)	14
NRT and Varenicline (Champix)	14
Grand Total	3655

Socio Economic Classification	Totals
Unable to code	1477
Routine and Manual Occupation	710
Retired	418
Never Worked or Unemployed For Over 1 Year	370
Managerial and Professional Occupations	197
Sick/Disabled and Unable To Return To Work	177
Home Carers (unpaid)	145
Intermediate Occupation	102
Full Time Student	52
Prison	7
Grand Total	3655

Ethnicity	Totals
White British	3306
Not stated	206
Any Other White Background	42
White Irish	15
Any Other Ethnic Group	11
Any Other Asian Background	6
Asian or Asian British Indian	Х
Any Other Mixed Background	Х
Black or Black British – African	Х
Mixed White and Black African	Х
White and Asian	Х
Any Other Black Background	Х
Asian or Asian British Bangladeshi	Х
Mixed White and Black Caribbean	Х
Grand Total	3655

4.3 Pharmacy

Local pharmacists are trained in smoking cessation and receive accreditation which allows them to provide stop smoking care within their pharmacy. Under a service level agreement the pharmacist will provide one to one support and will provide follow up support for 12 weeks along with appropriate NRT. People can access this service if they are 12 years of age or older.

During 2012/13, 1234 clients (can be the same person making more than one attempt) set 4 week quit dates using primary care. Of those, 559 successfully managed to quit (both CO validated and self reported).

Age Group	Female	Male	Grand Total
Under 18	23	18	41
18-34	263	148	411
35-44	152	133	285
45-59	172	117	289
60+	109	99	208
Grand Total	719	515	1234

Method Used for Quit	Totals
Nicotine Replacement Therapy (NRT)	1209
Unknown	21
Varenicline (Champix)	Х
NRT and Bupropion (Zyban)	Х
Support Only	Х
Grand Total	1234

Socio Economic Classification	Totals
Unable to code	444
Never Worked or Unemployed For Over	005
1 Year	265
Routine and Manual Occupation	136
Retired	109
Managerial and Professional	400
Occupations	102
Sick/Disabled and Unable To Return To	
Work	52
Intermediate Occupation	47
Full Time Student	46
Home Carers (unpaid)	33
Grand Total	1234

Ethnicity	Totals
White British	1129
Not Stated	84
White Irish	12
Any Other White Background	6
Any Other Asian Background	х
Any Other Ethnic Group	х
Other Ethnic Group – Chinese	х
Grand Total	1234

4.4 Prison

Hindley Youth Offending Institute is an all male, non smoking prison. All young people have to abstain from smoking whilst in prison and are given support to help them quit.

Professionals within Hindley prison are trained to be level 2 intermediate advisors in addition to this there are also two Health Trainers based at the prison who are also level 2 intermediate advisors who also deliver stop smoking interventions and provide ongoing stop smoking care.

During 2012/13, 303 clients (can be the same person making more than one attempt) set 4 week quit dates using primary care. Of those, 287 successfully managed to quit (both CO validated and self reported).

Age Group	Male	Grand Total
Under 18	181	181
18-34	116	116
45-59	Х	x
60+	Х	x
Grand Total	303	303

Method Used for Quit	Totals
Support Only	284
Unknown	12
Nicotine Replacement Therapy (NRT)	7
Grand Total	303

Ethnicity	Totals
White British	256
Not stated	11
Mixed White and Black Caribbean	9
Mixed White and Black African	X
Any Other Mixed Background	X
White and Asian	X
Black or Black British – Caribbean	X
Black or Black British – African	X
Asian or Asian British Pakistani	X
Any Other Black Background	X
Any Other Ethnic Group	X
Any Other Asian background	X
Any Other White Background	X
Asian or Asian British Indian	X
Grand Total	303

Socio economic classification not appropriate with quitters within the prison setting.

Disclosure suppression applied for figures of 5 and less.

4.5 Other

A range of professionals such as health trainers, health visitors, school nurses, homeless and vulnerable persons team and looked after children have also attended the level 2 training courses to become Intermediate stop smoking advisors. These staff incorporate stop smoking care within their daily job role giving ongoing stop smoking advice and support. These staff are trained and supported by the specialist service to deliver stop smoking care and to report activity.

During 2012/13, 420 clients (can be the same person making more than one attempt) set 4 week quit dates using primary care. Of those, 135 successfully managed to quit (both CO validated and self reported).

Age Group	Female	Male	Grand Total
Under 18	42	44	86
18-34	61	58	119
35-44	31	39	70
45-59	44	52	96
60+	25	24	49
Grand Total	203	217	420

Method Used for Quit	Totals
Nicotine Replacement Therapy (NRT)	386
Support Only	17
Bupropion (Zyban)	x
Unknown	x
NRT and Bupropion (Zyban)	x
Varenicline (Champix)	x
NRT and Varenicline (Champix)	x
Grand Total	420

Socio Economic Classification	Totals
Routine and Manual Occupation	95
Full Time Student	76
Never Worked or Unemployed For Over 1 Year	72
Unable to code	60
Retired	38
Sick/Disabled and Unable To Return To	
Work	28
Intermediate Occupation	25
Managerial and Professional Occupations	14
Home Carers (unpaid)	12
Grand Total	420

Ethnicity	Totals
White British	394
Not Stated	8
Any Other Asian Background	х
Any Other Ethnic Group	х
Any Other White Background	х
Any Other Mixed Background	х
Asian or Asian British Indian	х
Asian or Asian British Pakistani	х
Black or Black British – African	х
Mixed White and Black African	х
Mixed White and Black Caribbean	х
White and Asian	Х
White Irish	Х
Grand Total	420

5.0 Conclusion

Overall, the Stop Smoking Service has seen an increase in the number of four week quitters, percentage quit rate and co validation rate, with the exception of those interventions carried out within the primary care setting. 58% of clients setting a quit date with the stop smoking service went on to quit at four weeks, which is higher than the national average of 52%.

The report demonstrates that the service is broadly equitable in terms of clients with different gender, and age accessing the services. However, it is difficult to draw conclusions regarding access to services by clients of different disability, faith or sexuality because the data was not sufficient to enable thorough analysis by these social identities.

The service has also seen positive results with clients accessing the service from routine and manual working groups, areas of high deprivation and pregnant women. Routine and Manual clients have good access to the service and have good quit rates, and therefore targeting these groups has been successful. Furthermore, access to the services by those from the most deprived areas is also very good. Quit rates for those from the most deprived areas whilst similar to those of clients overall, were lower than those in the most affluent areas. Pregnant women also have good quit rates compared to other women and have a high rate of Co validation.

To further build on this work, the service aims to further reduce smoking prevalence across the borough to bring in line with the national average. Stop smoking activity will be targeted to those groups where there are higher health inequalities such as areas of high deprivation, mental health and routine and manual workers. The service will also be developed so that activity around harm reduction such as smoke free homes, clients who have cut down, E cigarette usage will be captured and reported upon. In addition to four week quit rates, clients through the specialist stop smoking service will be followed up at 12 weeks and 12 months to demonstrate the long term impact of stop smoking interventions. The service will also move towards further increasing the number of co validated quits.