HSC Public Health Agency

Northern Ireland Tobacco Control Annual report

2016-2017

Improving your health and wellbeing

Contents

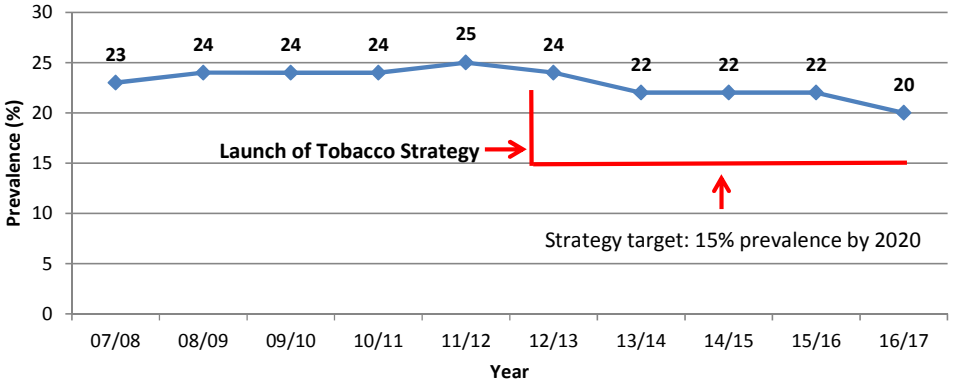
1 Background

In Northern Ireland it is estimated that approximately 294,827 people aged 16 and over currently smoke. This equates to a smoking prevalence of 20% (20% among males and 19% among females).[1]

Produced by: Health Intelligence, PHA

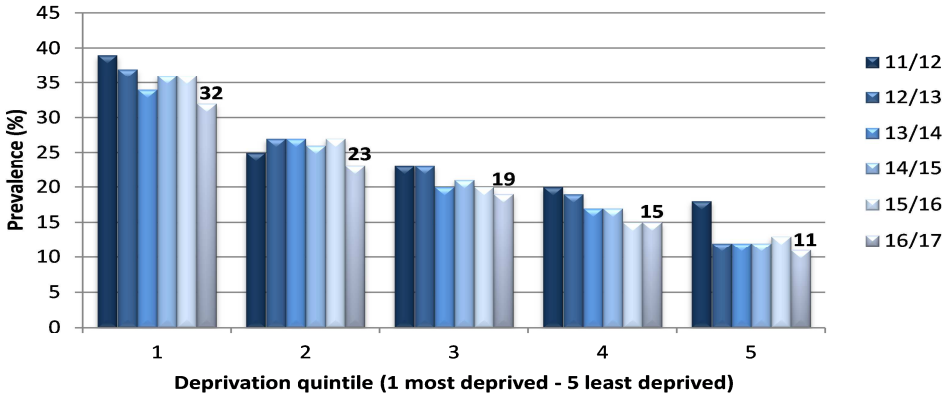
In 2016/17, the prevalence of smoking saw a 2% decline from that of 22% in 2015/16 (Figure 1.1). Although the prevalence of smoking remains at an all-time low level of 20%-22% observed over the last four years, it remains above the 2020 target of 15% identified within the Ten-Year Tobacco Control Strategy for NI.[2,3]

Figure 1.1: Prevalence of smoking in Northern Ireland 2007/08 to 2016/17

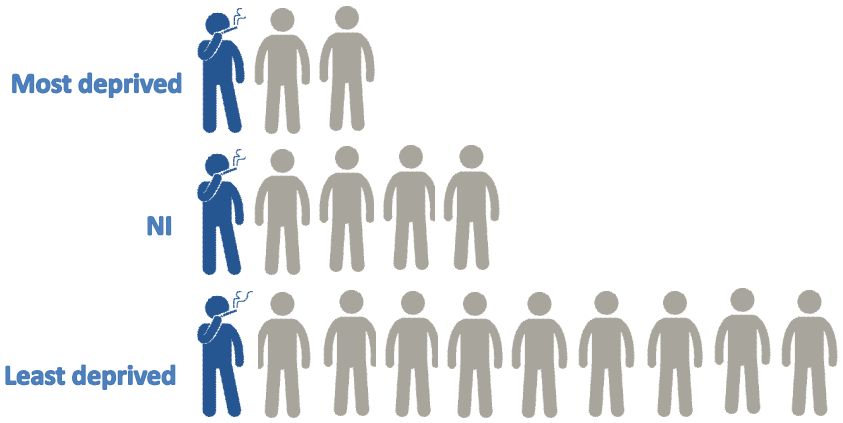


Smoking and the impact it has on the health and wellbeing of our society remains a key issue for public health and tobacco control. The impact and extent of smoking is further exacerbated by inequality divides within our society with smoking prevalence being much higher within the most deprived areas of Northern Ireland (Figure 1.2).[2]

Figure 1.2: Smoking prevalence by deprivation quintile 2011/12 to 2016/17



In 2016/17 smoking prevalence ranged from one in ten people within the least deprived areas to one in three people within the most deprived areas.



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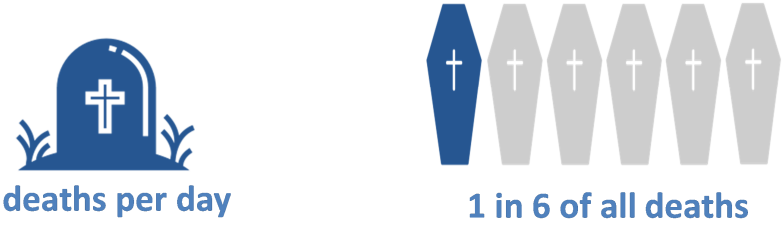
Smoking remains the single greatest cause of preventable illness and premature death in Northern Ireland. Smoking is a major risk factor for cancers, strokes, coronary heart disease and other diseases of the circulatory system.[3]

Each year it is estimated that between 2,200 and 2,400 deaths can be attributed to smoking.[4] In 2015, it was estimated that 2,417 deaths were due to smoking,[5] accounting for one in six of all deaths within Northern Ireland, equating to approximately 7 deaths per day.

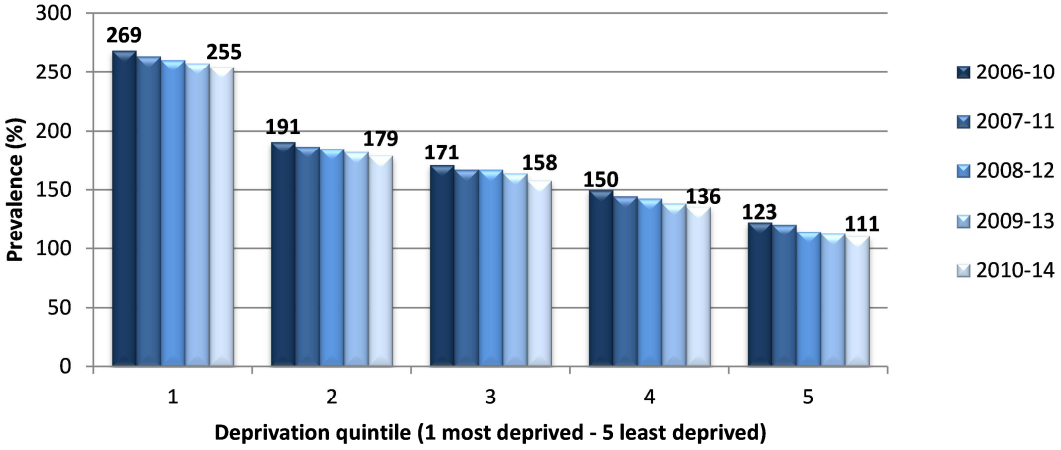


Produced by: Health Intelligence, PHA

The NI standardised death rate due to smoking related causes was 164 per 100,000 population during the five year period of 2010-2014. Smoking continues to be one of the major contributors to health inequalities in NI. The inequality divides of smoking are evident in the standardised death rates by deprivation area with those living in the most deprived areas being over twice as likely to die from a smoking related cause than those living in the least deprived areas (255 vs 111 deaths per 100,000 population).[6]

Figure 1.3 highlights that the inequality divides of smoking related deaths between areas of deprivation has remained consistent over time. However, it also highlights that the standardised death rate due to smoking related causes has been gradually reducing over time across all areas of deprivation.[6]

Figure 1.3: Standardised death rate from smoking related causes by deprivation 2006-10 to 2010-14



Smoking is not only a health issue; it also has a high economic impact on the health service and wider society. The hospital costs associated with treating illnesses attributable to smoking are estimated to be in the region of £164 million per year.[7,8]

Harder to quantify is the human cost relating to the large numbers of people dying or suffering from debilitating illnesses directly caused by smoking, and the loss of life itself. In addition, the harm caused by tobacco smoke also extends to non-smokers through exposure to second-hand smoke, with unborn babies and children being exceptionally vulnerable.[3]

E-cigarettes

Vaping is often perceived to have a role in helping smokers to reduce or to stop their use of tobacco, and therefore seen as an alternative to smoking tobacco. It is estimated that 88,000 adults in Northern Ireland regularly use e-cigarettes which equates to 6%. A recent NI survey highlighted that the top three reasons for using e-cigarettes are:

- To reduce the number of cigarettes smoked;
- To quit smoking completely;
- Price compared to tobacco products.[5]

It is important to note that even though e-cigarettes are less harmful than smoking cigarettes, as they do not contain many of the harmful chemicals that are found in tobacco, they do however contain numerous other chemicals. Also, as e-cigarettes are a relatively new product very little is known about the long-term health effects of e-cigarette use.[5]

A recent NI study highlighted that a fifth of pupils aged 11-16 reported having ever used an e-cigarette (20%). At the time of the study 7% of boys and 4% of girls reported having used an e-cigarette in the last week.[9]

1 in 5 young people aged 11-16 have ever used an e-cigarette

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2 Northern Ireland Tobacco Control Strategy 2012-2020

In February 2012, the Department of Health, Social Services and Public Safety for Northern Ireland (DHSSPSNI), now called the Department of Health, launched the Ten Year Tobacco Control Strategy for Northern Ireland.[3] The strategies overall aim is to create a tobacco free society by encouraging fewer people to start smoking; encouraging more smokers to quit and offering greater protection from tobacco-related harm.

The Public Health Agency (PHA) lead on the implementation of the ten year tobacco control strategy for Northern Ireland. To facilitate this role the PHA have set up a multi-sectorial strategy implementation group (TSISG) which oversees, coordinates and reports on the implementation of the tobacco strategy via five main work streams: Research & Information; Protection & Enforcement; Services & Brief Intervention; Communication & Education and; Policy & Legislation.

Core to the strategy implementation process is the use of the MPOWER package developed by the World Health Organisation (WHO): Framework Convention on Tobacco Control.[10] The WHO package has been specifically developed to '*assist in the country-level implementation of effective interventions to reduce the demand for tobacco'*.

There are six main components of the MPOWER package:

Monitor tobacco use;
Protect people from tobacco smoke;
Offer help to stop smoking;
Warn about the dangers of smoking;
Enforce bans on tobacco advertising and promotion;
Raise taxes on tobacco products.

While the Tobacco Control Strategy for NI has an overall aim of creating a tobacco free society, the strategy identifies a number of priority groups within the overall smoking population; children and young people (aged 11-16); disadvantaged people who smoke (routine and manual workers); and pregnant women, and their partners, who smoke.[3] Furthermore, the strategy has set specific targets for reducing prevalence within these key priority groups by 2020:

- 11-16 years who smoke; target, 3% (previous prevalence: 8% at strategy onset);[3]
- Routine and manual workers who smoke: target, 20% (previous prevalence: 31% at strategy onset);[3]
- Pregnant women who smoke: target, 9% (previous prevalence: 15% at strategy onset).[3]

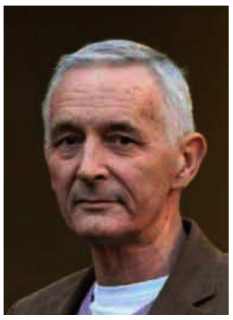
This PHA tobacco control report outlines a number of the regional programmes and services implemented by the Public Health Agency in 2016/17 and the associated impact of these strategies in tackling tobacco in Northern Ireland in regard to the Protect, Offer, Warn and Enforce elements of the MPOWER model.

3 Public Information Campaigns (MPower model: WARN and OFFER)

A review carried out by the US National Cancer Institute concluded that well-funded campaigns can reduce smoking prevalence, with the extent of reductions highly related to levels of media expenditure.[11] Given the extent of this evidence, the National Institute for Health and Care Excellence (NICE) recommends the use of mass media campaigns aimed at the general population as part of tobacco control measures.[12]

The most recent NICE guidance has indicated that regional and national smoking public education and communications should use both 'why' and 'how to' quit messages that are non-judgmental, empathetic and respectful.

3.1 Public Health Agency anti-tobacco mass media campaigns



2016/17 saw the continuation of the PHA's anti-tobacco information campaign (PIC) utilising the series of adverts featuring Gerry Collins. The campaign was initially launched in January 2016.

The second phase of the PHA campaign ran from September – October 2016, and from January – March 2017. Media advertising comprised of television, sky, radio, video on demand, press, outdoor and digital. The January – March 2017 wave of the campaign saw the introduction of the 'Gratitude' TV advert.

The advertising campaign featured two key messages depicting 'Why' and 'How to quit', in line with NICE guidance.[12] The 'Why' message: **I in every 2 smokers will die of a tobacco related disease** was designed to motivate smokers to make a quit attempt and to raise awareness of the serious impact that smoking has not only on the smoker themselves but also their family, friends and loved ones.

The 'How to quit' message: **You can quit. We can help. Visit your local pharmacy or want2stop.info** was a call to action message directing smokers towards local pharmacy stop smoking services and to the PHA website for further information on quitting smoking.

3.1.1 Campaign evaluation: methods and analysis

The September - October wave of the campaign was evaluated through an omnibus survey. The sample concentrated on smokers and a small number of recent ex-smokers. The survey achieved interviews with a total sample of 335 smokers (weighted sample). Following the January – March 2017 wave of the campaign a cross sectional face to face survey was carried out. The sample concentrated on

adults aged 16 and over whom either smoked or had quit smoking within the last 12 months. The survey achieved interviews with a total sample of 906 adults (598 smokers and 307 ex-smokers, weighted sample).

3.1.2 Results of January – March 2017 wave of the campaign

Prompted recall

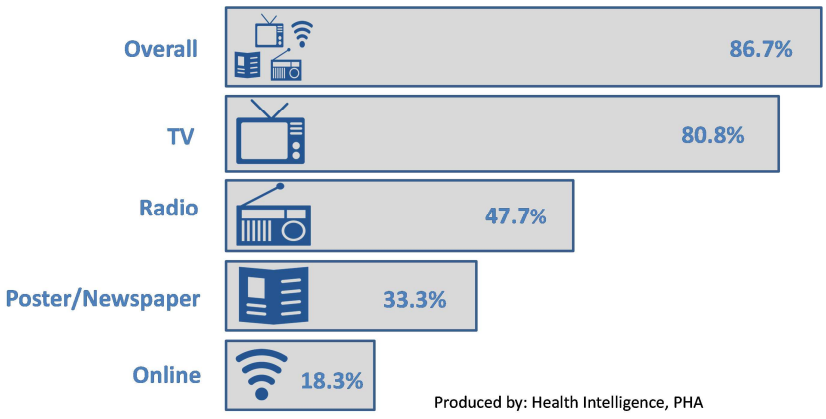
All respondents were shown the various elements of the campaign advertising and asked if they had seen or heard any of the advertisements. Overall, there was a high level of recall of the campaign advertising across all sample groups. Ex-smokers had an extremely high level of recall (90.7%), with smokers also having a high level of recall (84.6%).

Table 3.1.1: Overall prompted recall of campaign advertisements % (n)

	All respondents (Sample = 906 weighted)	Smokers (Sample = 598 weighted)	Ex-smokers (Sample = 307weighted)
Overall Campaign Awareness	86.7% (785)	84.6% (506)	90.7% (279)
Any TV advert featuring Gerry Collins	80.8% (732)	78.4% (469)	85.4% (263)
I wish I was an Actor' TV advert	79.8% (723)	77.0% (460)	85.4% (263)
Radio advert	47.7% (432)	45.7% (273)	51.7% (159)
Poster/Newspaper Advert	33.3% (301)	32.8% (193)	35.1% (108)
Online advertising	18.3% (166)	16.8% (101)	21.2% (65)

Overall, 86.7% of respondents recalled at least one of the campaign advertisements. Respondents had higher levels of recall of the TV adverts compared to other elements, with online advertising having the lowest level of recall.

Figure 3.1.1: Overall prompted recall of campaign advertisements %



Resultant action

Of those smokers who had been exposed to the campaign, when asked if as a result of seeing or hearing any of the campaign advertising if they had done anything to change their smoking behaviour, almost a third had tried to change their smoking behaviour (32.6%). Of these smokers, the majority had tried to reduce the amount that they smoked (Table 3.1.2).

Table 3.1.2 Action taken by smokers who were exposed to the campaign (multiple response)

Multiple response , prompted	Smokers (Sample = 506 weighted)
Yes, tried to quit	4.7% (24)
Yes, tried to reduce the amount that I smoked	26.1% (132)
yes, stopped smoking in front of the children	1.7% (9)
Yes, changed to lower tar brand	1.1% (6)
Yes, tried e-cigarettes	2% (10)
No	67.4% (341)

When ex-smokers who had been exposed to the campaign were asked if as a result of seeing or hearing any of the campaign advertisements if this advertising had encouraged them to quit, helped them to stay quit, made it more difficult for them to stay quit, or had no effect, the majority (46%) stated that it had helped them to stay quit (Table 3.1.3).

Table 3.1.3 Action taken by smokers who were exposed to the campaign (multiple response)

Prompted	Ex-smokers (Sample = 279 weighted)
Encouraged me to quit	22.6% (63)
Helped me to stay quit	46.0% (128)
Made it more difficult for me to stay quit	2.2% (6)
No effect	20.4% (57)
Don't know	8.8% (24)

3.2 No Smoking Day campaign

No Smoking Day (NSD) falls on the second Wednesday in March each year, with 8th March 2017 being the 34rd annual No Smoking Day within the UK. In previous years, British Heart Foundation organised an annual national campaign with input from an array of organisations including the Public Health Agency (PHA). Following the end of British Heart Foundation's contract, the NI NSD committee led by PHA and Cancer Focus NI decided that NSD 2017 would continue in NI. The 2017 campaign was funded by the PHA.

The March 2017 NSD campaign was focused on youth with an overall goal:-

- To help reduce the number of children that may start smoking and increase awareness among the children of the negative effects of smoking through running a poster competition for schools across NI.
- To reduce the number of young people starting smoking and supporting those who do smoke to stop by promoting NSD on youth focused social media channels and providing a tailored mobile resource unit to visit Further Education Colleges (FEC's)

The key objectives of NSD 2017 were:

- To develop a photo based poster competition for schools.
- To promote NSD to young people using social media channels.
- To promote NSD and smoking cessation services to young people targeting FECs via a tailored mobile unit.
- To provide an initiative that will help to reduce the number of children that may start smoking / prevents the onset of smoking.
- To develop a competition website and web accessories.
- To provide all SmokeBusters registered schools and all schools registering for the competition with a 'Big Cig'.
- Evaluate No Smoking Day events across NI.

Results

Results were amalgamated from evaluation returned to PHA after No Smoking Day. It is important to note that some events were joint events were PHA, Cancer Focus and Trust staff were in attendance.[13]

Engagement:

	Smokers	Non-Smokers	E-cig Users
Belfast Trust	290	96	90
Healthy Living Centres	993	859	86
Northern Trust	90	210	50
South Eastern Trust	25	14	10
Voluntary	4	3	-
TOTAL	**1402**	**1182**	**236**

Awareness of No Smoking Day:

	Yes	No	Total
Healthy Living Centres	480 (27%)	1282	1762
Northern Trust	20 (40%)	30	50
TOTAL	**500 (28%)**	**1312**	**1812**

How many smokers took action as a result of NSD:

Belfast Trust	198 (68.3%)
South Eastern Trust	18 (72%)
TOTAL	**216 (68.6%)**

How many smokers were referred on to smoking cessation services:

	Smokers
Belfast Trust	49 (16.9%)
Healthy Living Centres	463 (46.6%)
Northern Trust	20 (22.2%)
South Eastern Trust	18 (72%)
Voluntary	0
TOTAL	**550 (39.2%)**

4 Educational and campaign support materials (MPower: WARN and OFFER)

While the mass media campaign aims to motivate smokers to quit, a further aim is to encourage people who wish to quit to utilise a method most suited to the individual. The PHA offers a variety of educational and campaign support materials to provide information on the dangers of smoking. In addition, these resources provide advice and tips on how to quit and signpost smokers to support services that provide pharmacotherapy and counselling support.

4.1 The Quit Kit

A new and improved Quit Kit was launched in 2016. The Quit Kit is a postal pack support initiative aimed at smokers who wish to quit smoking, especially those who would prefer a self-help approach (going 'cold turkey') rather than use conventional support. It is available to residents of Northern Ireland who wish to quit smoking or stay quit and can be ordered from the PHA want2stop website (www.want2stop.info). The Quit kit can also be ordered via Quit Kit registration flyers which are available from GP surgeries, pharmacies, health and social care premises, libraries and council premises.

The Quit Kit was promoted through digital advertising in 2016/17 during June 2016, August 2016 to October 2016 and from December 2016 to March 2017. In 2016/17, there were 3,573 requests for a quit kit, with the majority of requests (72.2%, n=2580) being made during the months the anti-smoking public information campaign (PIC) took place.

4.2 Want2Stop website: www.want2stop.info

The want2stop website is a one stop repository providing information and advice on tips on how to quit and topics such as:

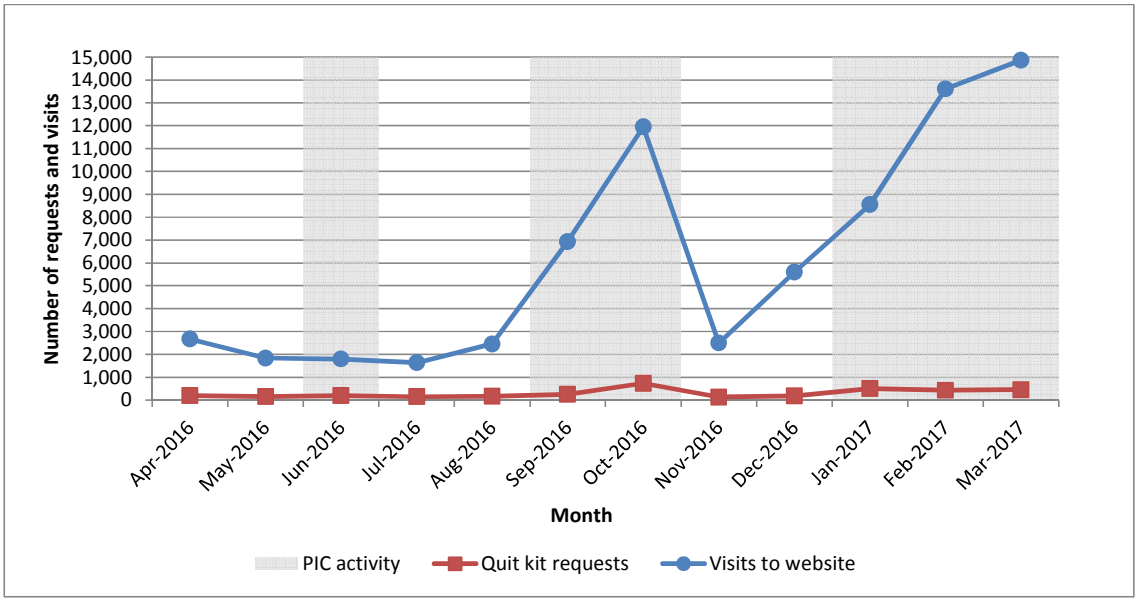
- Health benefits of stopping smoking
- Cessation aids such as NRT patches, gum, tablets, sprays and inhalers to help support a quit attempt
- Current anti-tobacco public information campaign
- Effects of smoking on your appearance and health
- Dangers of second hand smoke such as 'smoking and pregnancy'
- The workplace 28 day stop smoking challenge
- E-cigarettes

The website not only signposts the general public to self-help and advice, but smokers can also access a directory of PHA commissioned stop smoking services to find support services in their local area; download a guide to stopping smoking and quit plan; order a quit kit and; listen to and watch video testimonials of inspiring real life stories about how quitting changed their lives for the better.

The website is advertised through the PHA corporate website, the public information campaign and the PHA Facebook page. In 2016/17, the website received 74,403 visits. Akin to the uptake pattern of Quit Kit requests, the majority of visits to the website were also highest during the months the public information campaign was advertised (77.6%, n=57,706).

Figure 4.1 details the number of quit kit requests, visits to the want2stop website and public information campaign activity during 2016/17.

Figure 4.1: Monthly website hits, Quit Kit uptake and public information campaign activity from April 2016 to March 2017



4.3 Other education resources

The PHA produces a selection of educational resources to aid smokers in making a quit attempt. These are available through GP surgeries, pharmacies, and the PHA website www.publichealth.hscni.net. Figure 4.2 shows the variety of leaflets/flyers produced by the PHA to aid and advise smokers.

Figure 4.2: Examples of new educational resources for smokers.

The PHA has also distributed smoke free signs to all primary schools in Northern Ireland. These signs which are to be displayed at the school gates are used to encourage parents and guardians to refrain from smoking and help protect their children from the harmful effects of passive smoking. This initiative aims to encourage adults not to smoke near school gates in order to:

- Create a positive 'smoke free' image for the school and its pupils;
- Support the 'No Smoking' messages that pupils are taught in lessons;
- Reduce smoking-related litter around school premises;
- Empower parents to speak up about smoke around their children;
- Reduce the amount of smoking the children are exposed to, thus 'de-normalising' smoking.

4.4 Regional childhood tobacco prevention programme

The PHA commissions a bespoke programme called SmokeBusters in order to inform and educate children about smoking. The programme was developed by Cancer Focus to be delivered by primary school teachers and is specifically tailored for primary school children in Year 6 and Year 7 (9-11 year olds).

The programme is free to join and teachers who enrol their class receive a resource pack within the school year to help them integrate the topic of smoking into class lessons. Cancer Focus has since revised the programme and primary schools now also have the option for Cancer Focus to come into the school to deliver specific modules of the programme to their pupils.

The programme aims to:

- encourage children to reject the smoking habit by increasing their defences against pressure to experiment with cigarettes;
- provide a means of conveying information to children about the harmful consequences of smoking;
- promote 'fun' ways of involving children in activities to promote a smoke free environment in their schools, homes and communities.

Overall, in the 2016/17 school year, 601 primary schools within NI registered to participate in the SmokeBusters Programme (71.6% of all primary schools in NI), of these 130 schools where within the top 20% areas of social deprivation, equating to 99.2% of all schools within the 20% most deprived SOA's. Of the 601 schools registered in the programme, 257 (42.7%) opted for the Cancer Focus led modules. Of the 130 schools registered that where within the top 20% most deprived SOA's, 44.6% (n=58) opted for the Cancer Focus led modules.

5 Brief intervention (MPower: OFFER)

Brief Intervention is a key tool for health professionals and community workers who may encounter smokers as part of their routine work, and is an approach that can be used with all smokers regardless of their quitting intentions. The main purpose of a brief intervention is to trigger a quit attempt and signpost the individual to a stop smoking support service. Brief Intervention is based on the ASK, ADVISE and ACT scenario outlined in Figure 5.1 below.

Figure 5.1: Very brief advice flow chart

Figure 5.1: Reproduced from Local stop smoking services, service delivery guidance 2014. NCSCT, Public Health England [18]

Every year, the PHA commissions the five health trust within NI to deliver brief intervention training for a range of health professionals and community workers. In 2016/17, the PHA supported 2,265 individuals to receive this brief intervention training, a figure which surpassed the annual training target of 2,080 individuals.

Training is highly recommended for a range of professionals who are considered to be in regular contact with smokers or those priority groups as identified within the Ten Year Tobacco Strategy[3] which include GP's, specialist nurses, practice nurses, midwives, health visitors and looked after children's home staff. At least half (1,040) of the annual target should be composed of these professionals. However, in 2016/17 only 367 of these recommended professionals undertook brief intervention training.

6 Specialist Stop Smoking Services (MPower: OFFER)

Evidence shows that combined pharmacotherapy and behavioural interventions are the most effective mechanism to assist smokers to quit.[14] In line with this evidence, the Public Health Agency commission specialist Stop Smoking Services as recommended by the National Institute for Health and Care Excellence.[15]

These specialist services are specifically designed for those smokers who are motivated, ready to quit and prepared to set a quit date. Services are offered throughout Northern Ireland in a range of local settings including GP practices, pharmacies, hospitals and community/voluntary settings, and are provided by specialist practitioners who have received specific training for this role. The services offer intensive treatment, over the course of 6-12 weeks, with structured support being available for at least four weeks after the clients quit date. To date, the provision of specialist Stop Smoking Services in NI has supported over 255,000 people to stop smoking since 2001/02, and over 50% of these clients remain quit at 4 weeks.

In Northern Ireland, specialist Stop Smoking Services are monitored centrally using a web based monitoring system. Each service provider is required to input details of each individual client they register within the Stop Smoking Services.[i]

This regional system allows the PHA to monitor access and effectiveness of services at a regional and sub-regional level. Also, individual service providers can self-monitor their own service uptake and impact.

This section of the report provides an analysis of service uptake and 4 week quitting activity in 2016/17; and service uptake, 4 and 52 week quitting activity in 2015/16, using data collected from the monitoring system. Data was downloaded on 17th July 2017. All data is correct as of this date unless otherwise specified.

6.1 Service availability and accessibility

Provider type

Overall, 609 PHA stop smoking services operated in 2016/17, a decrease of 5% in service provision from 2015/16 (n=640) (please refer to Table 6.1.1). These services were composed of 75 GP providers, 455 pharmacies, 64 community providers and 15 hospital providers. As in previous years, the greatest proportion of services was delivered by pharmacy providers (75%), followed by GP's (12%), community providers (11%) and hospitals (3%).

As in previous years, the number of GP providers continues to fall, however 2016/17 saw the biggest drop in numbers (26%) in any one year period. Unlike previous years where the number of pharmacy providers saw a continuous rise year on year

[i] Only those clients who are motivated to quit and ready to set a quit date may be registered with the Stop Smoking Services. Clients may not be unique and may use the service twice in any financial year

during the period 2011/12 to 2015/16, there was a 2% decrease in 2016/17 from the number of pharmacy providers in 2015/16 (n=467).

Table 6.1.1: Total number of service providers by provider type 2014/15 – 2016/17.

Provider Type	Number of service providers 2016/17 (n,%)	Number of service providers 2015/16 (n,%)	Number of service providers 2014/15 (n,%)
Pharmacy	455 (75%)	467 (73%)	461 (70%)
GP	75 (12%)	101 (16%)	113 (17%)
Hospital sites	15 (3%)	15 (2%)	10 (2%)
Community^	64 (11%)	61 (10%)	74 (11%)
Total	**609**	**640**	**658**
^ includes schools and workplaces.			

Service provision and accessibility

Overall, 86% of pharmacies and 22% of GP practices in Northern Ireland were registered to deliver the PHA Stop Smoking Service during 2016/17. Further analysis of both pharmacy and GP based services showed that there was variation in the proportion delivering these services across Local Commissioning Group (LCG) areas.

Table 6.1.2 shows the proportion of pharmacies delivering this service ranged from between 74% in Belfast LCG area and 92% in the South Eastern LCG area. The Western LCG area had the smallest proportion of local GP practices (11%) delivering the service compared to 41% in the Northern LCG area.

Table 6.1.2: Proportion of all Pharmacy and GP practices in NI delivering PHA Stop Smoking Services within each LCG area 2016/17.

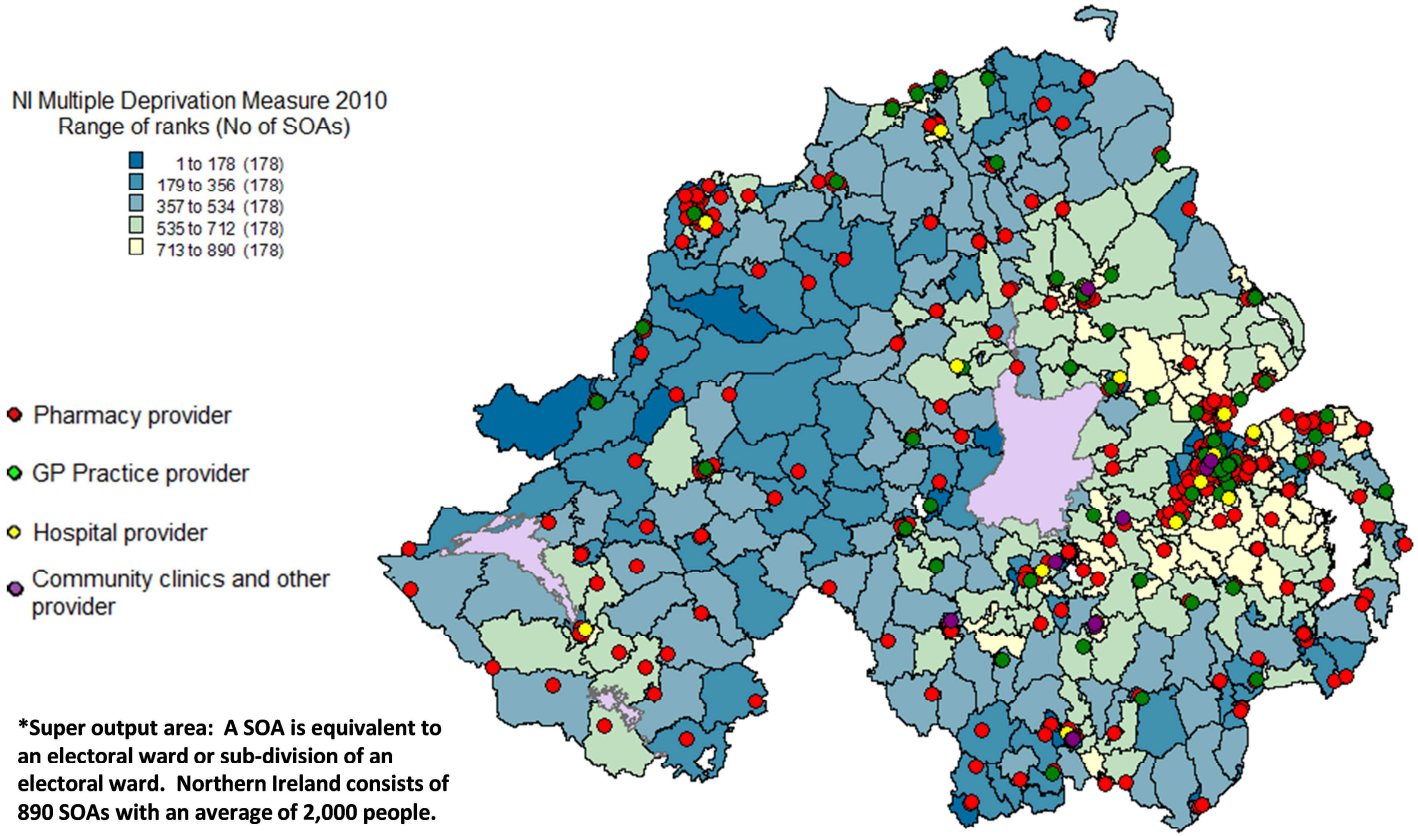
LCG area	Proportion of Pharmacies delivering Stop Smoking Services (%)	Proportion of GPs delivering Stop Smoking Services (%)
Belfast	74	18
Northern	90	41
South Eastern	92	18
Southern	87	18
Western	90	11
Northern Ireland	**86**	**22**

Distribution of service providers

Figures 6.1.1 and 6.1.2 (overleaf) show the geographical distribution of service providers across NI by deprivation quintile and population density respectively (see Appendix 1 for information on deprivation assessment methodology). The darkest background colour is indicative of highest deprivation level or greatest population density and the lightest background colour represents the least deprivation level or lowest population density respectively.

Figure 6.1.1 and 6.1.2 illustrate that the greatest concentration of service providers were located in the most deprived areas or areas with highest population density. More detailed maps on the distribution of the various service providers within individual LCG areas are shown in the 2016/17 Stop Smoking Services mapping supplement.

Figure 6.1.1: Location and type of Stop Smoking Service provider by Super Output Area (SOA)* derived multiple deprivation measure 2016/17



***Super output area: A SOA is equivalent to an electoral ward or sub-division of an electoral ward. Northern Ireland consists of 890 SOAs with an average of 2,000 people.**

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- Source: Stop Smoking Services Database 2016/17
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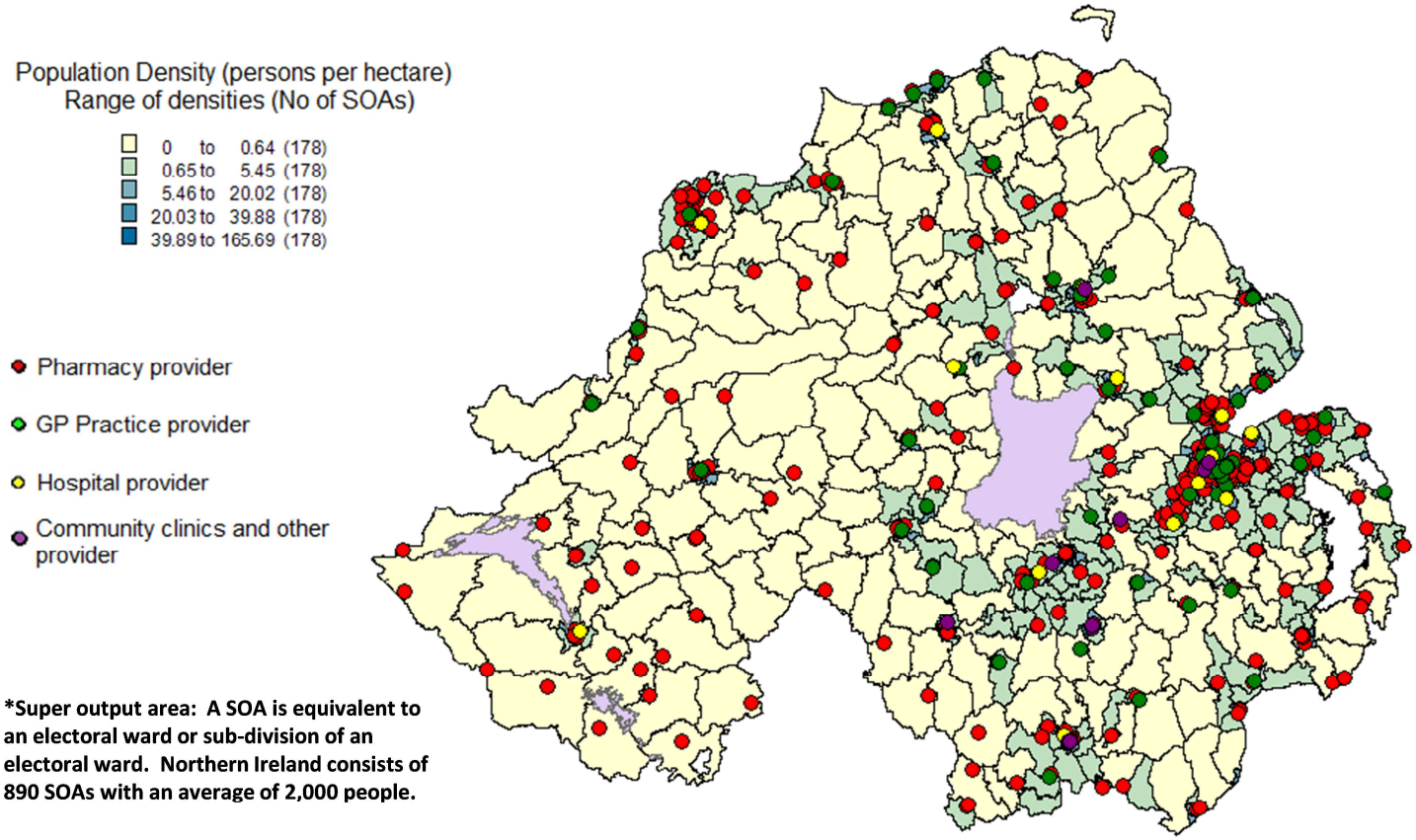
Figure 6.1.2: Location and type of Stop Smoking Service provider by Super Output Area (SOA)* derived population density 2016/17



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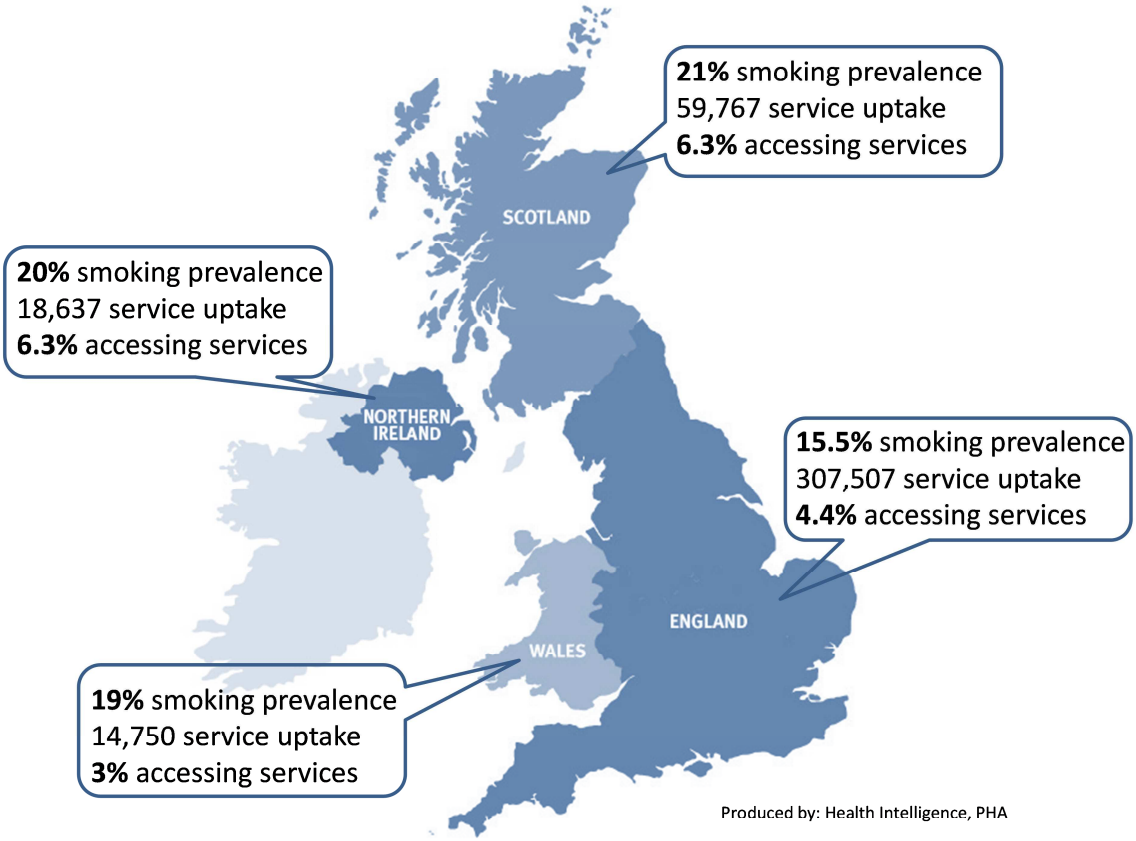
6.2 Service uptake and reach

Overall, the PHA stop smoking services were delivered to 18,637 persons in 2016/17, equating to 6.3% of the total smoking population in NI accessing services. Service reach compares favourably with the rest of the UK, with Northern Ireland and Scotland having the greatest reach of 6.3% compared to England and Wales (3% and 4.4% respectively).[16-21] Furthermore the service reach exceeded the 5% access reach called for within the Tobacco Control Strategy for Northern Ireland.[3]

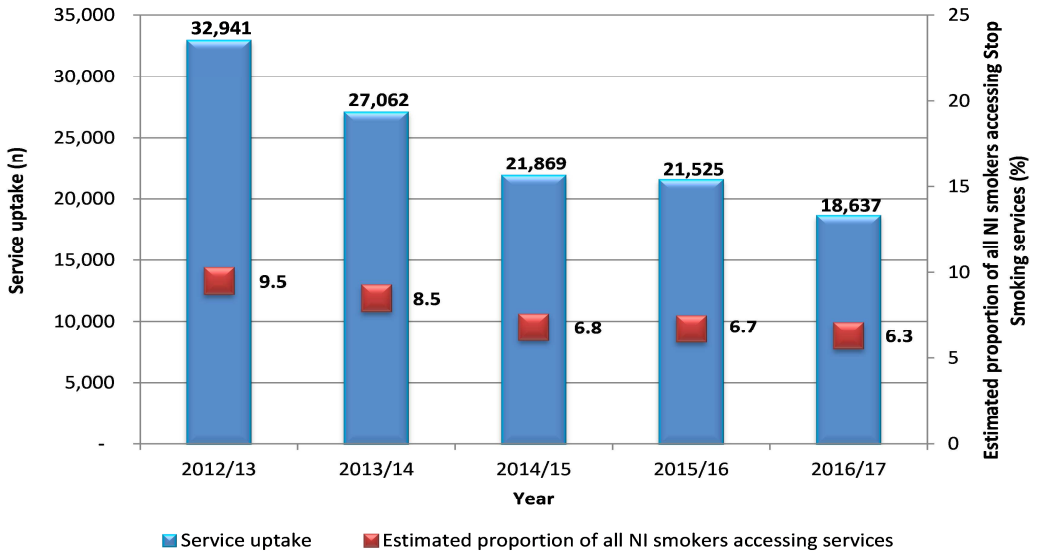
Figure 6.2.1: Stop smoking services uptake and reach by UK regions 2016/17[16-21]



NB: Smoking prevalence for England is based on a population of those aged 18+ , whereas the rest of the UK prevalence rates are based on a population of those aged 16+.

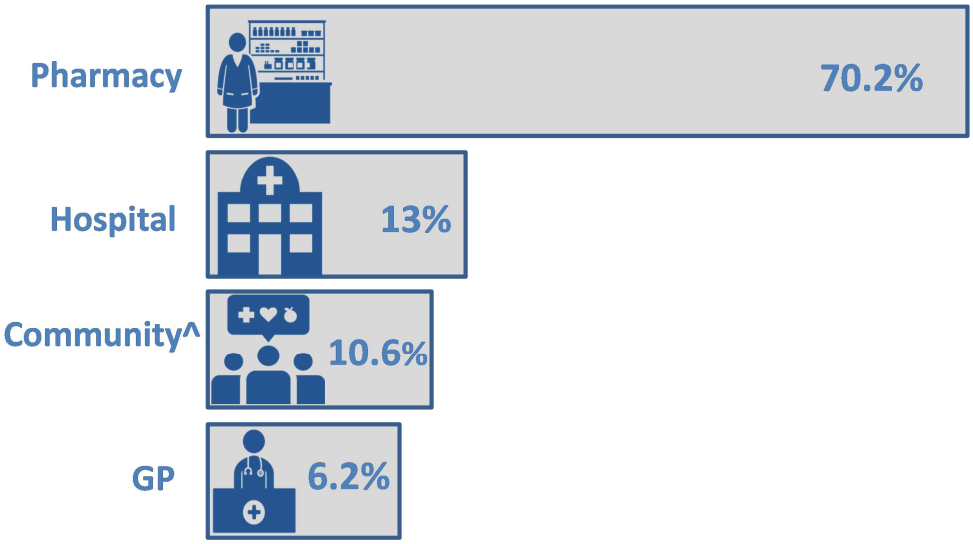
The uptake of Stop Smoking Services in Northern Ireland has seen a steady decline year on year since 2012/13, with a decline of 13.4% observed in 2016/17 from service uptake in 2015/16 (from 21,525 to 18,637) (please refer to Figure 6.2.1). This pattern of decline in service uptake is similar to that observed elsewhere in the UK, with Scotland seeing a 7.8% decline, while England had a higher decline of 19.6% during the same time period. However, Wales observed a 7.3% increase in uptake of services during this time.[16-21]

Figure 6.2.2: Uptake of Stop Smoking Services 2012/13 – 2016/17



Of the 18,637 clients registered in 2016/17, the majority (13,079) were registered with a pharmacy service, 2,425 with a hospital service, 1,981 with community services and 1,152 with a GP service.

Figure 6.2.3: Uptake of Stop Smoking Services by Provider Type



^includes schools and workplaces

Produced by: Health Intelligence, PHA

Key facts on Stop Smoking Service use and reach 2016/17:

Gender

In 2016/17, more females than males accessed PHA Stop Smoking Services, a pattern similar to previous years (Figure 6.2.4).* The number of males and females accessing services continues to decline. However, the proportion of all adult male smokers accessing services in 2016/17 (6.1%) observed an increase from 5.6% in 2015/16. In contrast, the proportion of all adult female smokers accessing services observed a decrease from 7.6% in 2015/16, to 6.8% in 2016/17 (Figure 6.2.4).

Figure 6.2.4: The gender profile of adult (age 16 +) stop smoking service users.[iii]

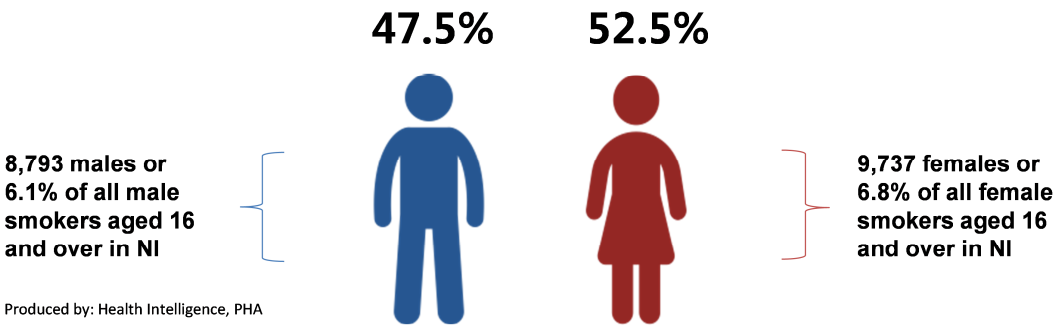
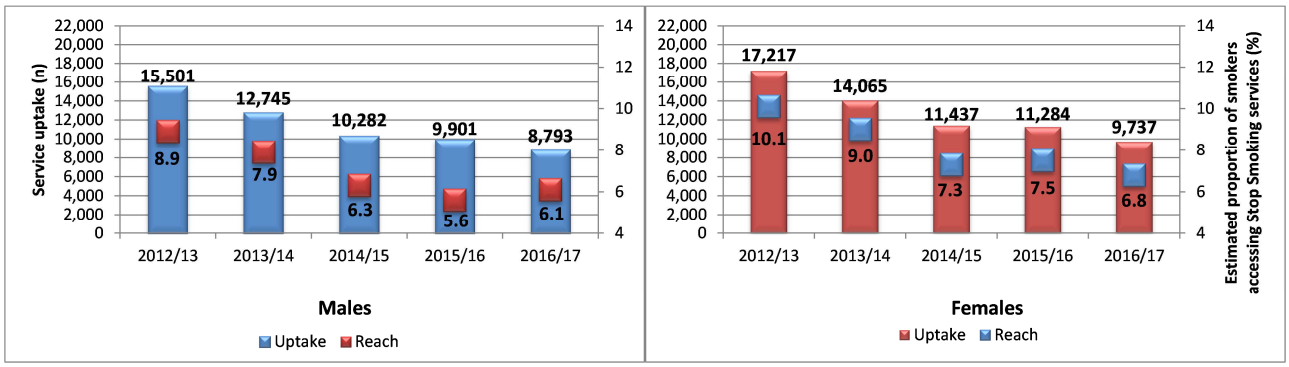


Figure 6.2.5: The uptake and reach of Stop Smoking Services by gender 2012/12 to 2016/17

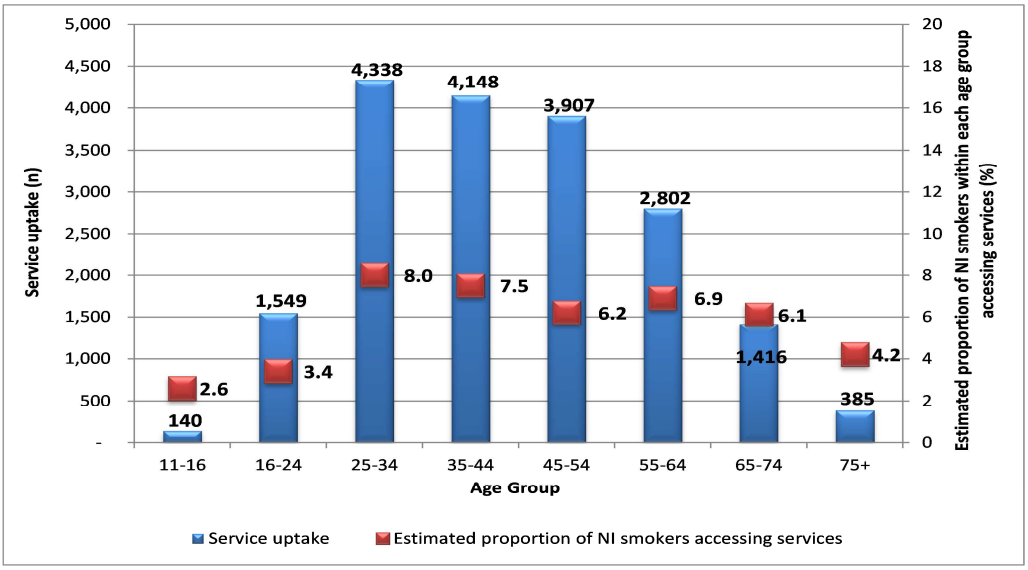


*8 individuals aged 16 or over did not report on gender.

Age groups

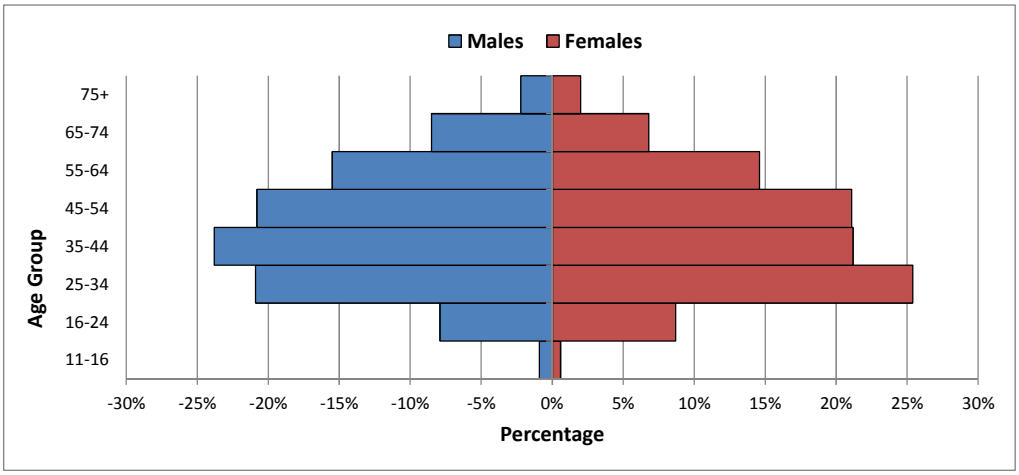
Figure 6.2.6 highlights that the greatest service uptake was by those aged 25-34 (n=4,338), a figure which equates to 8% of all smokers within this age group. The reach of services varied across age-groups, ranging from 2.6% reach of all smokers aged 11-16 to 8% reach of all smokers aged 25-34. For the majority of age-groups, services were accessed by at least five per cent of the smoking population as recommended by NICE guidelines.[15]

Figure 6.2.6: The age profile of adult stop smoking service users



The uptake of services by female smokers was greatest in the 25-34 age-group, whereas uptake by male smokers was greatest in the 35-44 age-group. Overall, smokers (both male and female) aged 25-54 were more likely to access services than other age-groups (Figure 6.2.7).

Figure 6.2.7: Age profile of adult stop smoking service users by Gender 2016/17



Tobacco daily consumption

Of those smokers accessing stop smoking services, the majority (76.7%, n=14,288) stated that they smoked the same amount of cigarettes on weekdays as on weekends. 21.5% (n=4,005) smoked more at the weekend than on weekdays, with 1.8% (n=327) smoking less at the weekend

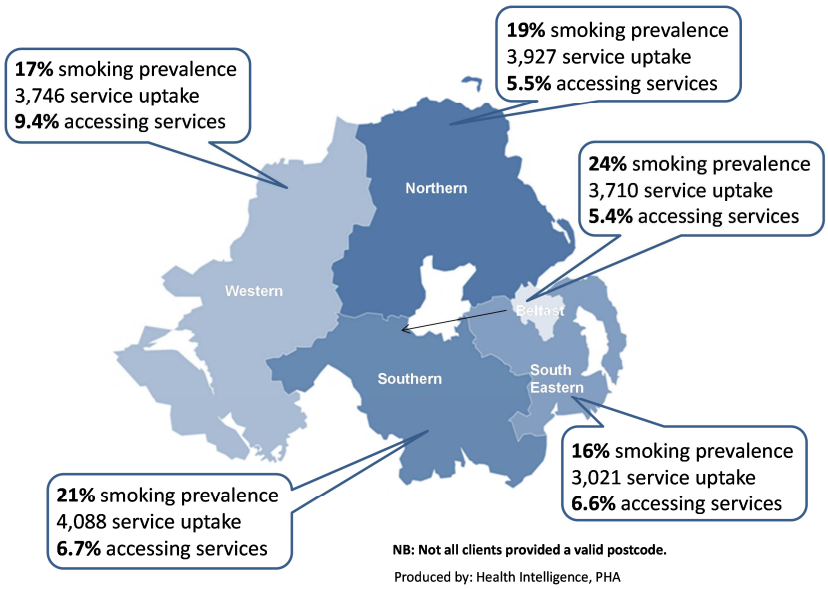
Weekday daily smoking:
2,914 smoked less than 10 cigarettes daily (15.6%)
7,212 smoked 10-19 cigarettes daily (38.7%);
7,622 smoked 20-39 cigarettes daily (40.9%);
864 smoked 40 or more cigarettes daily (4.6%).
25 did not report number of cigarettes smoked

Weekend daily smoking:
2,492 smoked less than 10 cigarettes daily (13.4%)
6,144 smoked 10-19 cigarettes daily (33.0%);
8,692 smoked 20-39 cigarettes daily (46.6%);
1,281 smoked 40 or more cigarettes daily (6.9%).
28 did not report number of cigarettes smoked

Local geography

There was a noticeable difference in the smoking prevalence rate and the reach of smokers accessing services by Local Commissioning Group (LCGs). The smoking prevalence rate ranged from the highest rate of 24% within Belfast LCG to the lowest rate of 16% within South Eastern LCG. The Western LCG had the greatest reach of smokers accessing services at 9.4% compared to Belfast and Northern LCGs with the lowest reach of 5.4% and 5.5% respectively.

Figure 6.2.8: Stop smoking services uptake and reach by Local Commissioning Group 2016/17

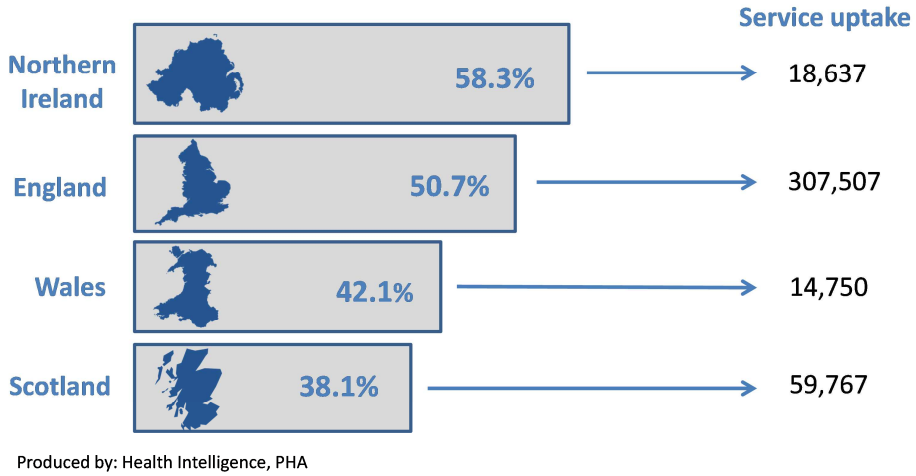


6.3 Service effectiveness

UK comparison of four week quit rates

As in previous years, the 4 week quit rate in NI for 2016/17 (58.3%) has remained at around 58% (58.9% in 2015/16). NI has the highest four week quit rates compared to the remainder of the UK, with Scotland having the lowest quit rate of 38.1% (Figure 6.3.1).

Figure 6.3.1: Four week quit rates and uptake figures within the stop smoking services, by UK region 2016/17[16,18, 21]



Numbers quit at 4 and 52 weeks

Figure 6.3.2 highlights that since 2011/12 there has been a downward trend in both uptake of services and the number of clients successfully quit at 4 weeks and 52 weeks. The number of clients quitting at 4 weeks saw a considerable decline (-14.2%; n=1,801) between 2015/16 and 2016/17 compared to a decline of only 1.5% (n=195) as observed the previous year between 2014/15 and 2015/16.

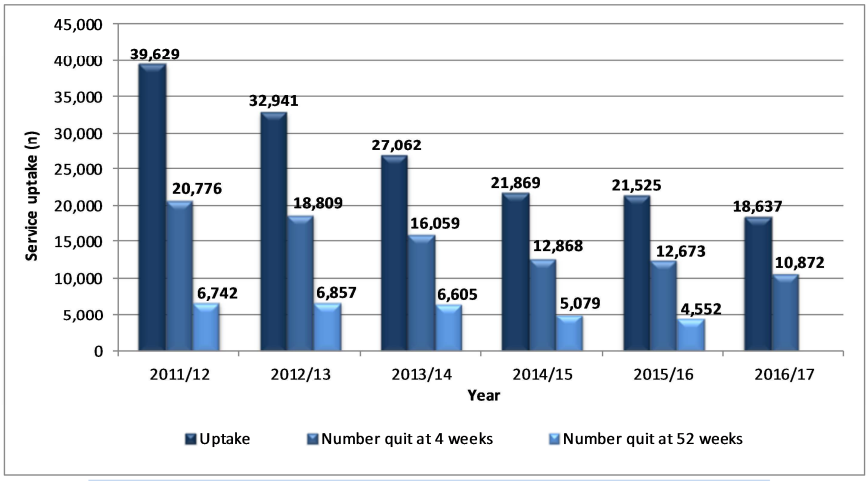
As a result of this decline in both uptake of services and clients quit a four weeks, the NI service framework target has not been achieved which calls for a 4% year on year increase in the number of clients accessing and quitting at four weeks.[22-24]

The number of clients quit at 52 weeks was 10.4% (n=4,552) lower than that observed in 2014/15. However, this reduction in numbers was not as considerable as the decrease in numbers observed between 2013/14 and 2014/15 (-23.1%, n=1,526). As a result of this decrease in numbers, the NI service framework target of a 2% year on year increase in the number of clients quit at 52 weeks was not achieved. [22-24]

Smoking status at 4 and 52 weeks is ascertained through self-report. In addition carbon monoxide monitoring is utilised at the 4 week stage to verify a successful quit attempt. Of all clients quit at 4 weeks, 76% (n=8,257) had a CO^2 monitoring test carried out, of which 98% where confirmed as quit at 4 weeks.

Further information on the numbers of clients quitting at 4 and 52 weeks by LCG area and the reach of quitting are illustrated in Appendix 3.

Figure 6.3.2: Number of clients accessing and quitting at 4 and 52 weeks with the Stop Smoking Services 2011/12 – 2016/17



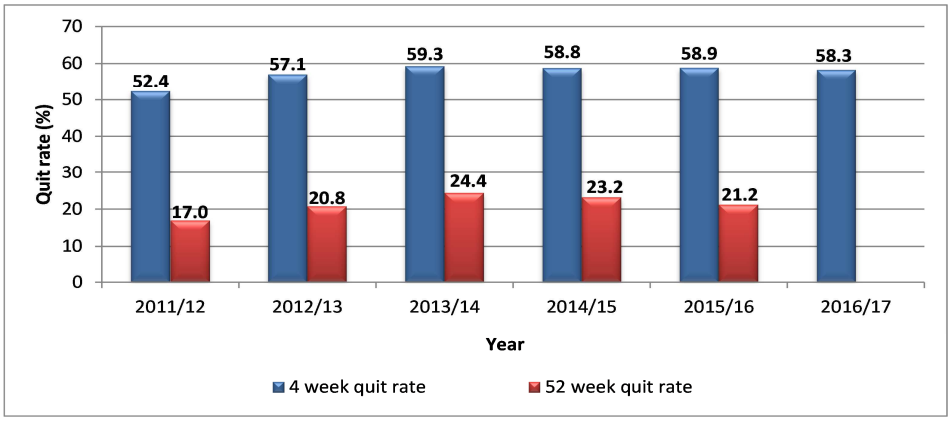
Of the 10,872 clients who had self-reported being quit at 4 weeks in 2016/17 8,257 had a Carbon Monoxide test conducted (76% of all quitters). The test confirmed that 8,127 of the 8,257 were quit at 4 weeks.

Four and 52 week quit rates

Figure 6.3.3 shows that since 2013/14 four week quit rates have remained relatively static between 58 and 59 percent. However, since 2013/14 52 week quits rates observed a gradual decline from 24.4% to 21.2% in 2015/16.

Further information on the 4 and 52 week quit rates per LCG are illustrated in Appendix 2 while location data on quitting activity is shown in the 2016/17 stop smoking services mapping supplement.

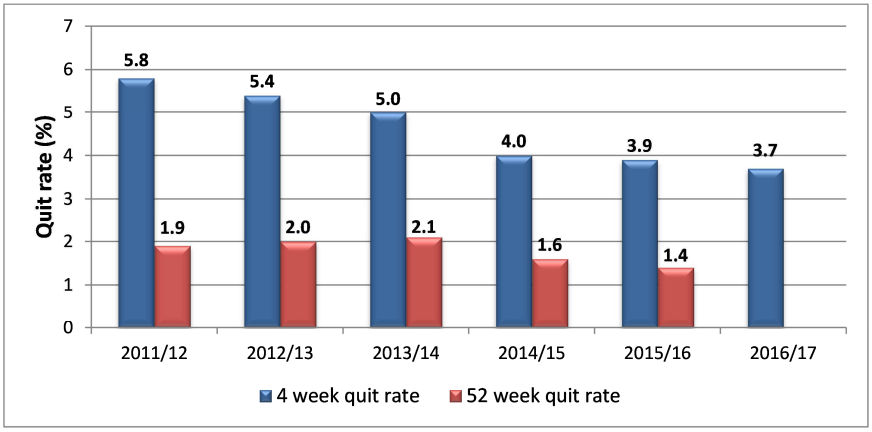
Figure 6.3.3: 4 and 52 week quit rates in the NI Stop Smoking Service 2011/12 – 2016/17



On examination of quit rates based on all smokers within NI, the estimated proportion who quit at 4 weeks with the Stop Smoking Services was 3.7% in 2016/17. From 2011/12 onwards there has been a gradual decrease in 4 week quit rates from an all-time high of 5.8% to 3.7%, a decrease of 2.2 percentage points.

The estimated proportion of all NI smokers who quit at 52 weeks with Stop Smoking Services observed a slight decrease in 2015/16 (1.4%) from 1.6% the previous year. 52 week quit rates saw a gradual increase from 2011/12 to 2013/14, however 2014/15 and 2015/16 observed a slight decrease compared to quit rates the previous year (by --0.5 percentage points in 2014/15 and -0.2 in 2015/16).

Figure 6.3.4: Estimated proportion of all NI smokers quitting at 4 weeks and 52 weeks using the Stop Smoking Services 2011/12 – 2016/17

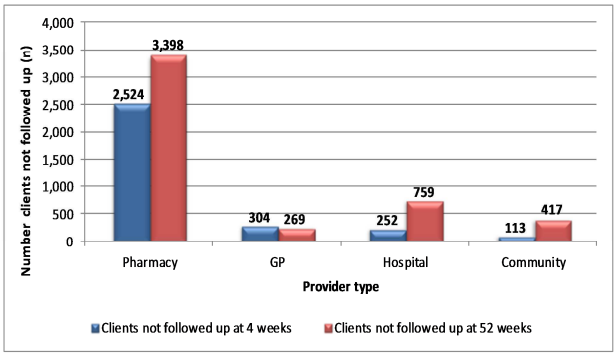


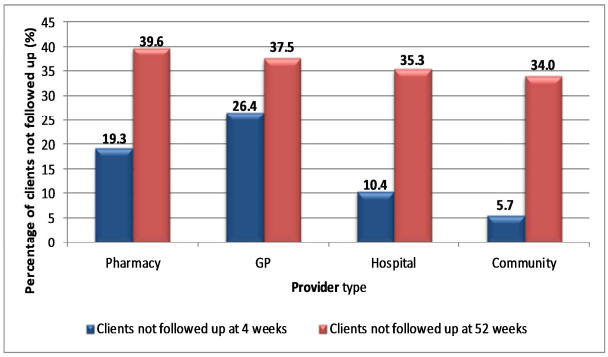
Follow up rates

Of those clients enrolled in the Stop Smoking Services in 2016/17, 17.1% (n=3,193) did not have any information recorded on the outcome of their quit attempt at 4 weeks, this was 1.5 percentage points higher than in the previous year (15.6%). This in turn has an impact on the number of clients who can viably be followed up at 52 weeks. Of those clients who had successfully quit at 4 weeks in 2015/16, 38.2% (n=4,843) did not have any information recorded on the outcome of their quit attempt at 52 weeks.

More in depth examination of results was carried out by Provider Type. Figure 6.3.5 shows that pharmacy as the largest provider of services had therefore the greatest number of clients and those not followed up at 4 and 52 weeks, however, proportionally GPs had the highest percentage of clients not followed up at 4 weeks (26.4%). Pharmacy had the greatest proportion of clients not followed up at 52 weeks (39.6%), followed by GPs with 37.5%.

Figure 6.3.5: Number and percentage of clients not followed up at 4 and 52 weeks by provider type.





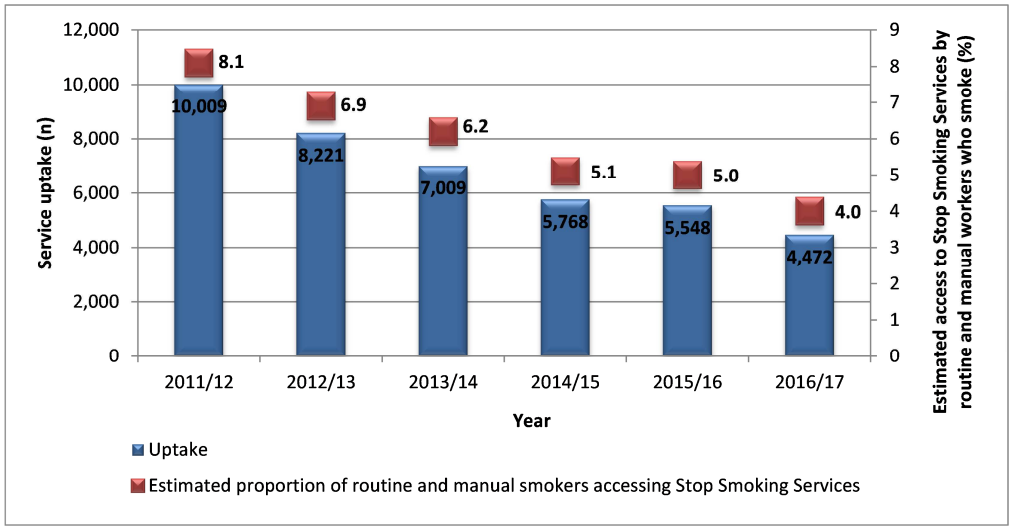
6.4 Service uptake and effectiveness among the priority groups

Routine and manual workers

No information is currently available (2014/15 to present) on the proportion of routine and manual workers within NI who smoke. However, in 2013/14 smoking prevalence was 30% among routine and manual workers.[25]

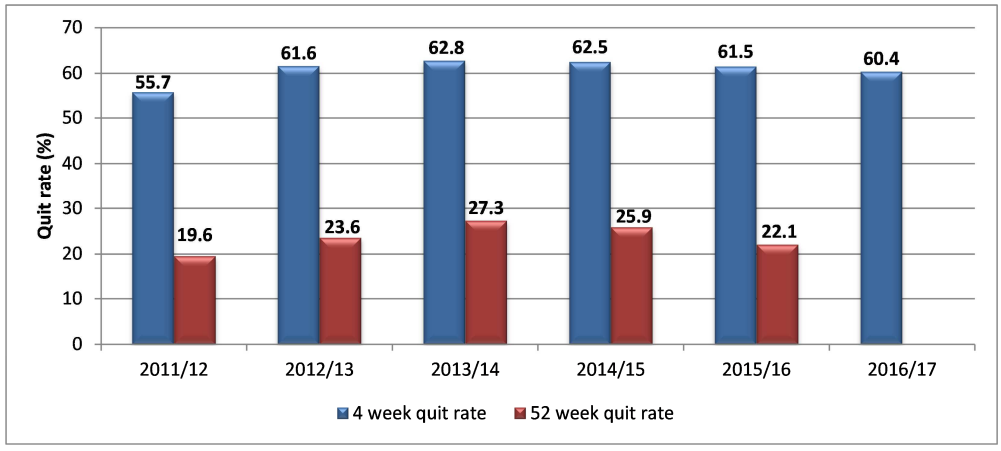
Of all stop smoking services clients in 2016/17, 24% (n=4,472) indicated that they had a routine and manual occupation, which equates to 4% of all routine and manual smokers in NI. As observed in previous years, the uptake and reach of services to routine and manual smokers saw a decline (Figure 6.4.1). 2016/17 saw a decline of 19.4% in uptake of services from that in 2015/16. This decline is the most substantial drop in numbers in any one year since 2011/12.

Figure 6.4.1: Uptake and estimated access to Stop Smoking Services by routine and manual smokers 2011/12 – 2015/16.‡



As illustrated in Figure 6.4.2, the number of routine and manual smokers quit at 4 weeks has remained relatively consistent over the years between 60% and 63%. 2016/17 saw a slight decline of 1.1 percentage points from 61.5% in 2015/16. Akin to the previous year, 52 week quit rates observed a noticeable decline from 25.9% in 2014/15 compared to 22.1% in 2015/16, a decrease of 3.8 percentage points.

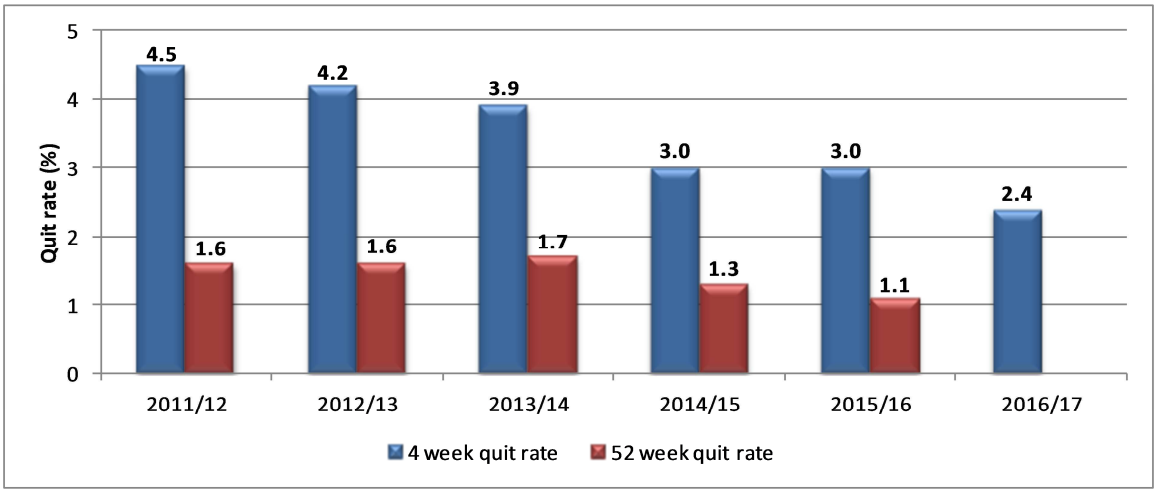
Figure 6.4.2: 4 and 52 week quit rates of routine and manual smokers 2011/12 – 2016/17



Overall, in 2016/17 Stop Smoking Services saw 2,700 routine and manual workers quit at 4 weeks, helping around 2.4% of all routine and manual workers who smoke in NI, and helping 1.1% (n=1,224) to quit at 52 weeks (Figure 6.4.3).

‡ Smoking prevalence among Routine and Manual Workers was not available for 2014/15 , 2015/16 and 2016/17 so estimation's have been calculated using 2013/14 prevalence data

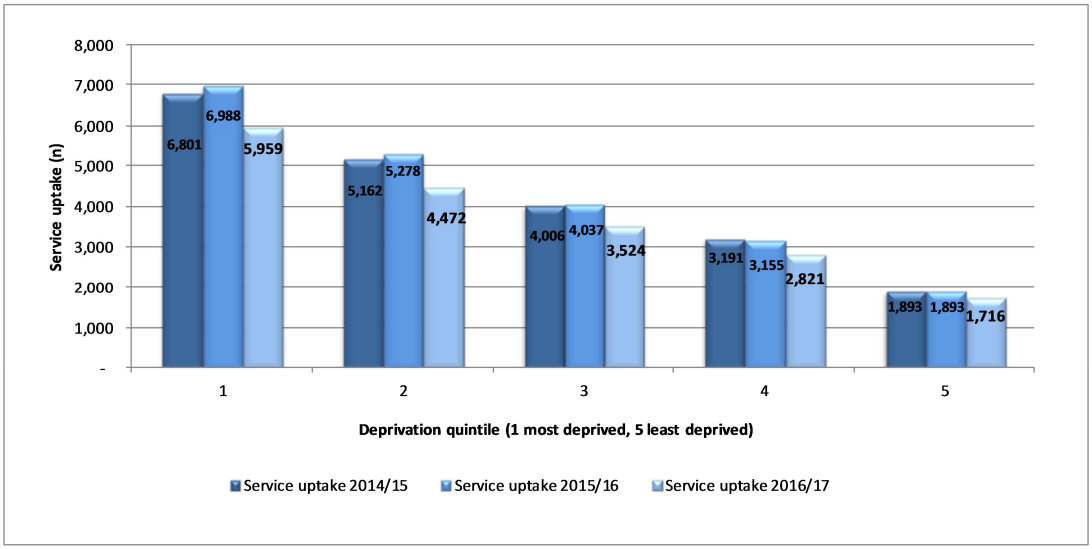
Figure 6.4.3: Estimated proportion of all Routine and Manual smokers quitting at 4 weeks and 52 weeks using the Stop Smoking Services 2011/12 – 2016/17



Deprivation

In 2016/17, the uptake of services observed a substantial decline in absolute numbers from that in the previous year across all deprivation quintiles. The most deprived quintiles (Q1 and Q2) had the greatest decline in numbers (Q1= -1,029 [-14.7%]; Q2= -806, [-15.3%]) compared to a 9.4% decline (n= -177) in the least deprived quintile (Figure 6.4.4).

Figure 6.4.4: Uptake of Stop Smoking Services within each deprivation quintile 2014/15 – 2016/17[§]

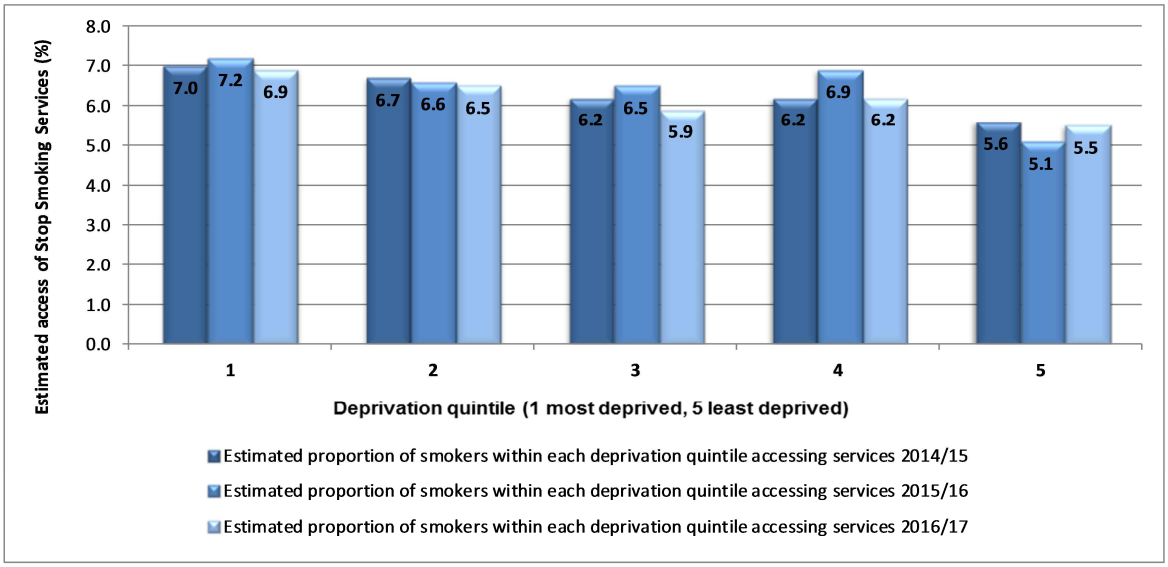


* Not all clients gave a valid postcode

[§] 145 of clients registered in 2016/17, 179 of the clients registered in 2015/16 and 816 of the clients registered in 2014/15 did not provide a valid postcode to allow deprivation analysis.

Figure 6.4.5 illustrates that although the absolute number of clients accessing Stop Smoking Services has declined, the reach of services across all deprivation quintiles has remained relatively consistent from that in previous years, with the most deprived quintile having the greatest reach of smokers accessing services (6.9%). The least deprived quintile observed a slight increase in the proportion of smokers accessing services from that in the previous year, from 5.1% in 2015/16 to 5.5% in 2016/17.

Figure 6.4.5: Estimated access to Stop Smoking Services within each deprivation quintile 2014/15 – 2016/17[§]

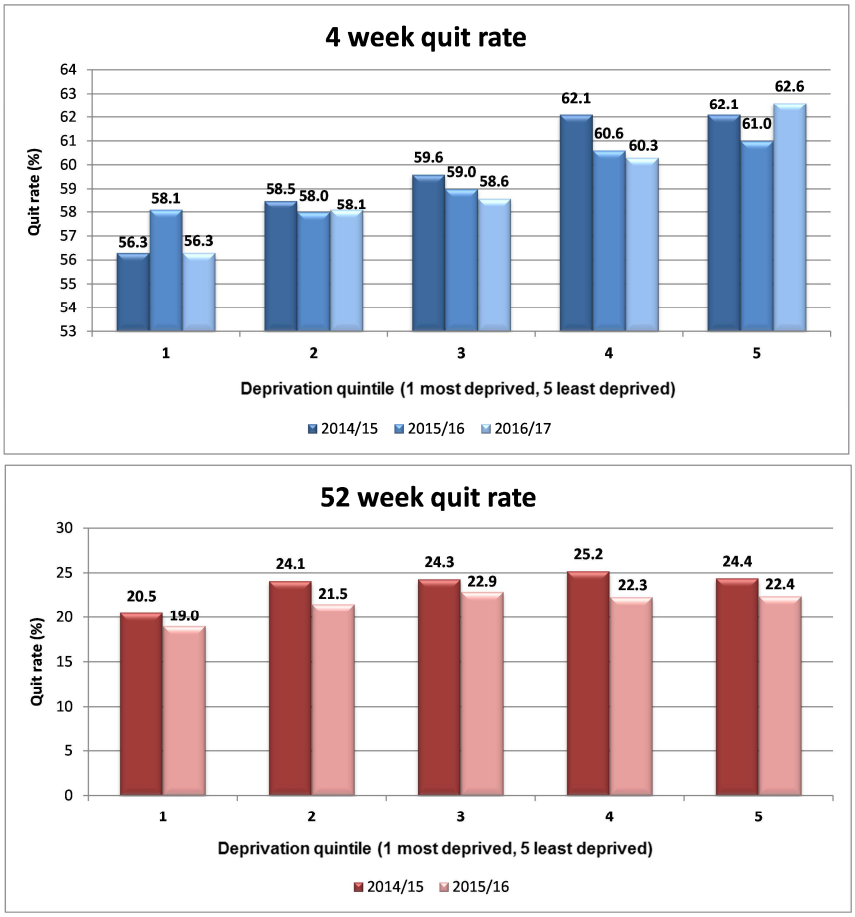


* Not all clients gave a valid postcode

In 2016/17 the greatest proportion of clients quit at 4 weeks were from the least deprived quintiles, with quit rates ranging from 56.3% in the most deprived quintile to 62.6% in the least deprived quintile. Although there has been fluctuation in 4 week quit rates across all quintiles over the last three years, quit rates have been maintained and have not dropped below 56% in any one quintile.

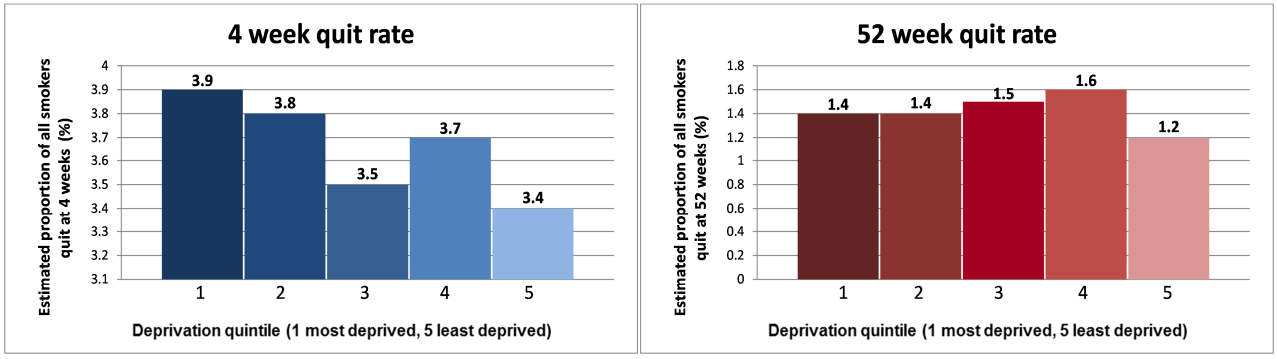
52 week quit rates have observed a slight decline across all quintiles from that in the previous year, with the greatest percentage decrease of 2.9% being observed in the second least deprived quintile compared to the 1.5% decrease within the most deprived quintile. A similar pattern was observed at 52 weeks with the most deprived quintile having the lowest quit rate at 19% compared to the other deprivation quintiles.

Figure 6.4.6: four and 52 week quit rates among smokers by deprivation quintile 2014/15 – 2016/17§



Over the last year, services assisted 3.9% of all smokers living within the most deprived quintile to quit at 4 weeks, and 1.4% to remain quit at 52 weeks (Figure 6.4.7).

Figure 6.4.7: Estimated proportion of all smokers quit at 4 and 52 weeks by deprivation quintile 2016/17§



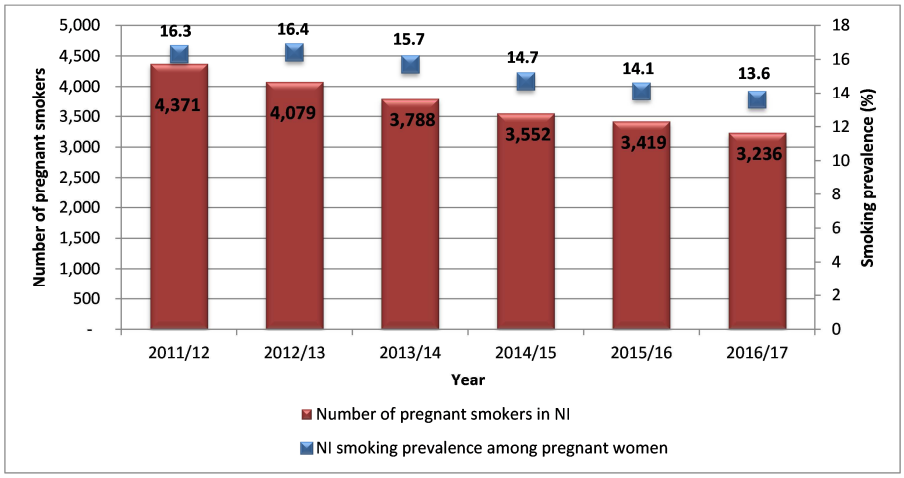
Pregnancy

Within NI hospitals, information on the smoking status of all pregnant women is collected at the initial booking appointment (around 10-14 weeks) as part of routine data collection. This information is recorded directly onto the Northern Ireland Maternity System (NIMATS), which is a regional electronic data capture system.

Figure 6.4.8 highlights that approximately 13.6% (n=23,861) of pregnant women self-reported being a smoker at the time of their first antenatal appointment during 2016/17.[26]

As in previous years the absolute number of pregnant women who smoke has seen a decline from that in the previous year. Furthermore, and of positive note, the number and prevalence of pregnant women who smoke has observed a steady decline over the past four years, with a 5.4% decrease in numbers (n=3,236 from 3,419 in 2015/16) and a 0.5 percentage point decrease in 2016/17 from that in 2015/16 (from 14.1% prevalence in 2015/16 to 13.6%). Please refer to Figure 6.4.8.

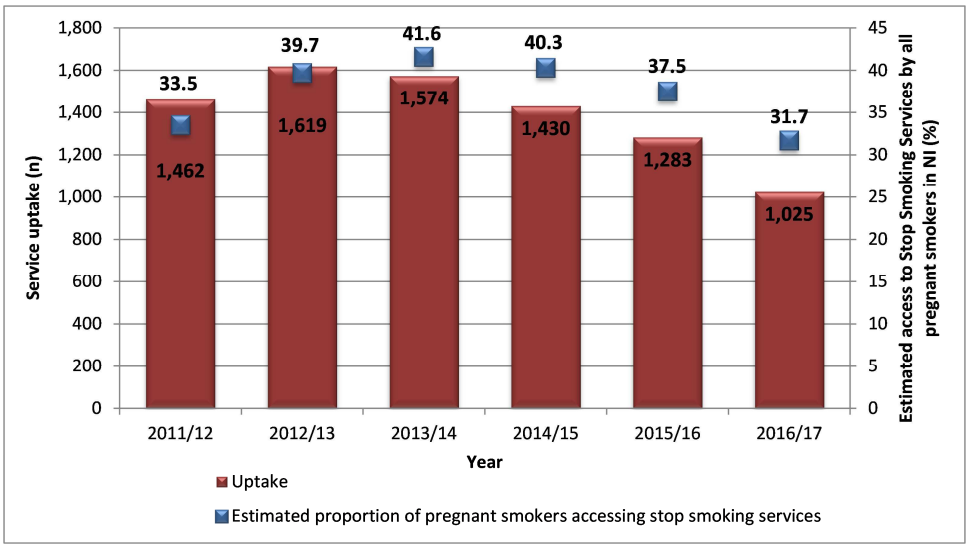
Figure 6.4.8: Prevalence of smoking in pregnancy in NI (numbers and percentage) 2011/12 – 2016/17



1,025 of pregnant women who smoke availed of Stop Smoking Services in 2016/17, which equates to 31.7% of all pregnant smokers. From its peak in 2013/14, there has been a steady decline in the number of pregnant smokers accessing services, with a

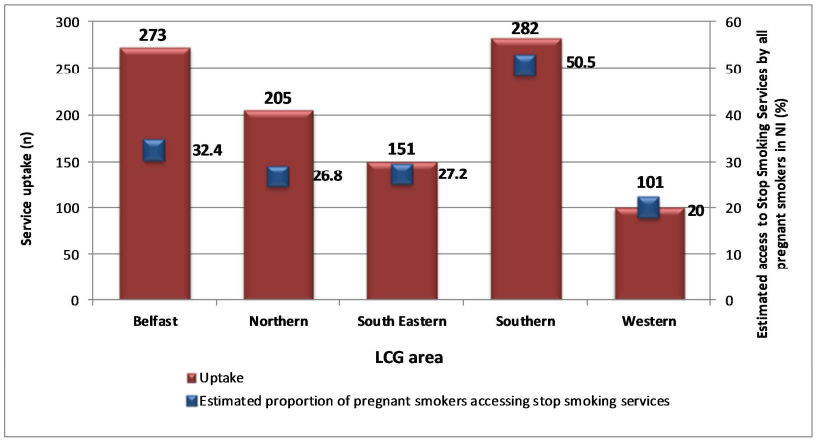
considerable 20.1% drop in uptake in 2016/17 from that in the previous year (n=1,025 and 1,283 respectively). A similar pattern has been observed in the reach of services during the same time period with a 5.8 percentage point decrease in 2016/17 (31.7%) from 37.5% in 2015/16 (Figure 6.4.9).

Figure 6.4.9: Uptake and estimated access to Stop Smoking Services by pregnant smokers 2011/12 – 2016/17



Further analysis of pregnant smokers showed that there was variation in the levels of uptake and reach by LCG area in 2016/17, with the Southern LCG having higher levels of uptake and reach, where half of all pregnant smokers (50.5%) in the area had availed of stop smoking services, compared to 20% in the Western LCG area.

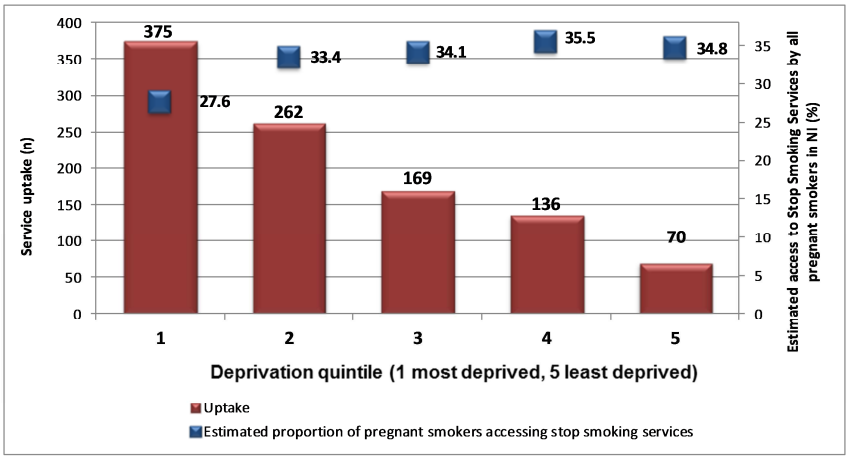
Figure 6.4.10: Uptake and estimated access to Stop Smoking Services by pregnant smokers by LCG area 2016/17



*157 pregnant women did not provide a valid postcode and therefore could not be classified within a LCG area.

There was also variation in the levels of uptake and reach of services by deprivation quintile during 2016/17, with the two least deprived quintiles having higher levels of reach (35.5% and 34.8%), compared to 27.6% reach within the most deprived quintile.

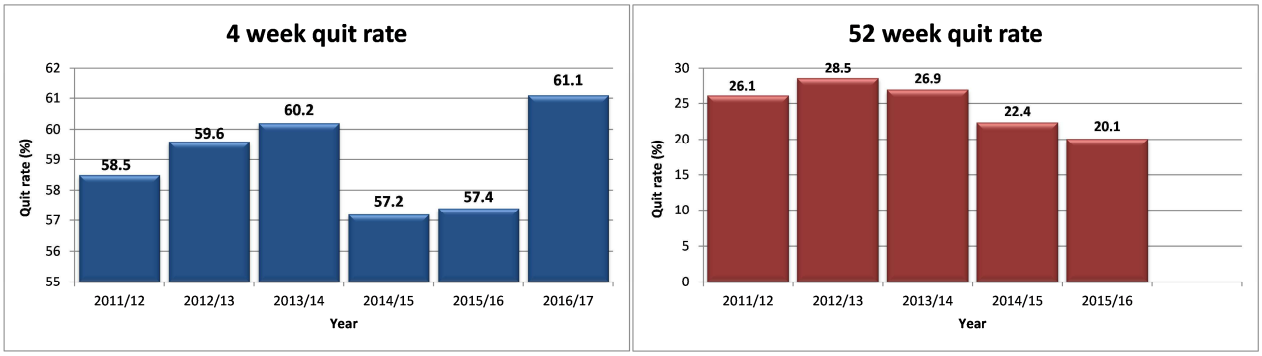
Figure 6.4.11: Uptake and estimated access to Stop Smoking Services by pregnant smokers by Deprivation Quintile 2016/17



*157 pregnant women did not provide a valid postcode and therefore could not be classified within a LCG area.

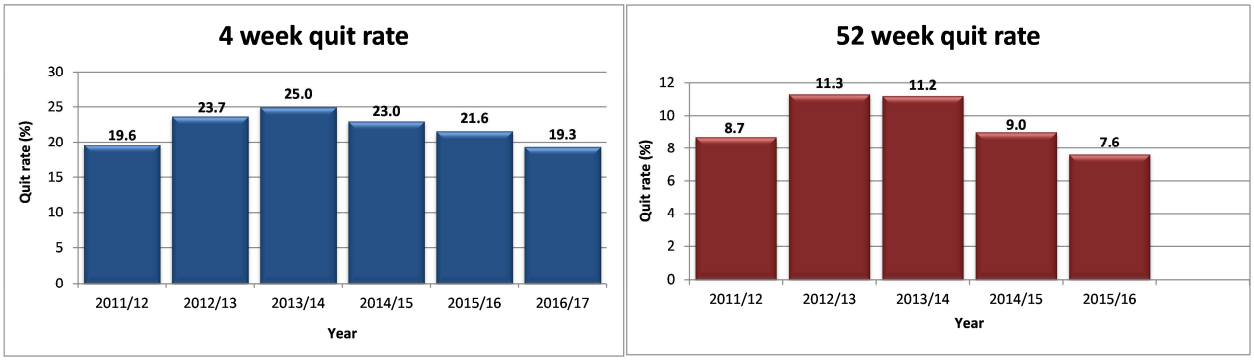
Figure 6.4.13 highlights that stop smoking services have maintained their high level of success at helping pregnant smokers to quit. The proportion of pregnant smokers quit at 4 weeks has remained consistently high (ranging from 57% to 61%) over the time period 2011/12 to 2016/17. In 2016/17 stop smoking services supported 61% of pregnant smokers who accessed services to be successfully quit at 4 weeks and supported 20.1% to remain quit at 52 weeks. There has been a steady decline in 52 week quit rates over the last few years from its peak of 28.5% in 2012/13 to 20.1% in 2016/17. There is a varied range in 4 and 52 week quit rates at LCG level (please refer to Appendix 3).

Figure 6.4.13: Four and 52 week quit rates among pregnant smokers 2011/12 – 2016/17



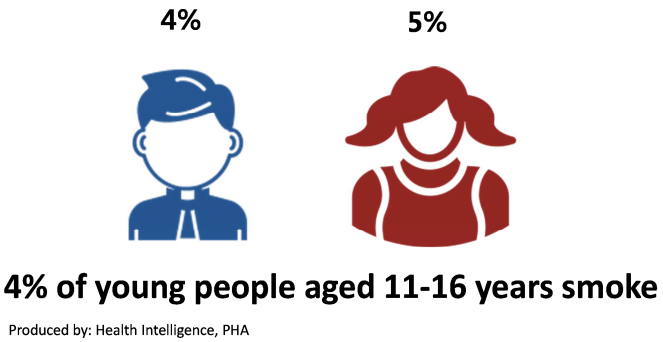
The estimated proportion of all pregnant smokers in NI quit at 4 and 52 weeks continues to decline from that in the previous year. Stop smoking services have assisted 19.3% of all pregnant smokers in NI to quit at 4 weeks and 7.6% to stay quit at 52 weeks.

Figure 6.4.14: Estimated proportion of all pregnant smokers quit at 4 and 52 weeks 2011/12 - 2016/17



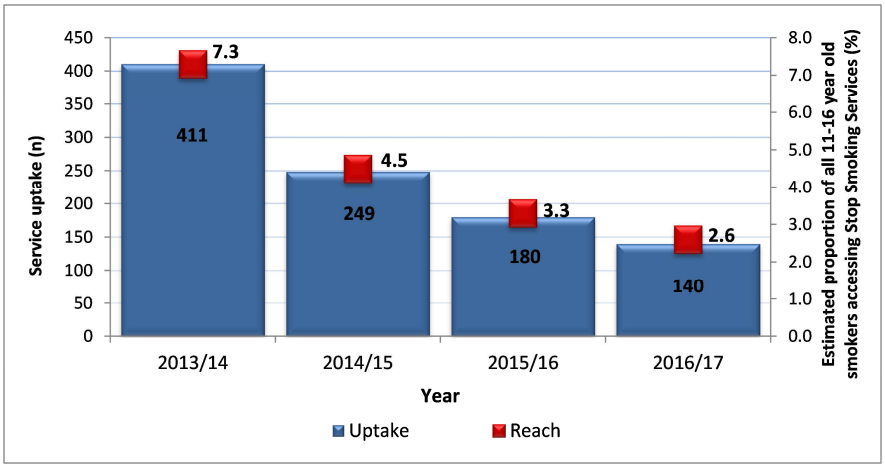
Children and young people

A recent NI survey (2016) reported that 12% of young people aged 11-16 have ever smoked tobacco, of these, over half (55%) reported having smoked at age 13 or under. Of those young people who reported having ever smoked, 9% smoked at least once a week, with 19% smoking every day. Overall, 4% of young people living in NI are current smokers.[9, 27]



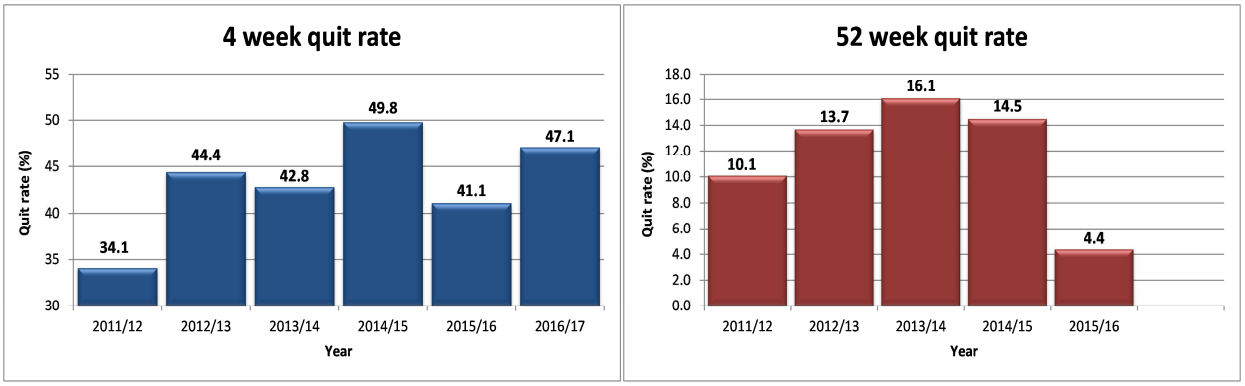
Within NI, it is estimated that 5,420 young people aged 11-16 currently smoke. In 2016/17, 140 young people accessed Stop Smoking Services, which equates to 2.6% of all young people 11-16 years of age who are current smokers. As evident in Figure 6.4.15, both the uptake and reach of services by young people has observed a considerable decline from its peak in 2013/14 from reaching 7.3% of current smokers to 2.6% in 2016/17.

Figure 6.4.15: Uptake and estimated access to Stop Smoking Services by 11-16 year old smokers 2013/14 – 2016/17



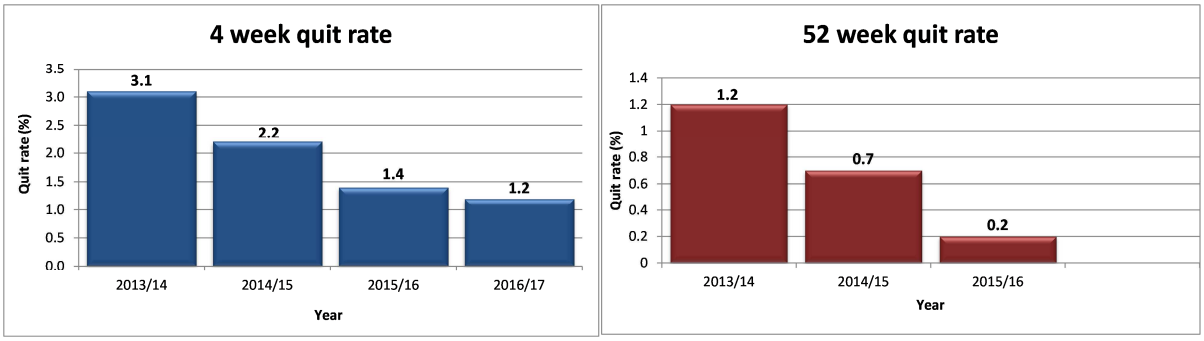
Over the years there has been variation in 4 week quit rates among 11-16 year olds who accessed Stop Smoking Services. Of positive note, 2016/17 observed a 6 percentage point increase from that in 2015/16. However, 52 week quit rates observed a considerable decline of 10.1 from 14.5% in 2014/15 to only 4.4% in 2015/16.

Figure 6.4.16: Four and 52 week quit rates among young people aged 11-16 years 2011/12 – 2016/17



In 2016/17, stop smoking services helped an estimated 1.2% of all young people aged 11-16 who are current smokers to quit at 4 weeks and 0.2% to stay quit at 52 weeks (Figure 6.4.17).

Figure 6.4.17: Estimated proportion of all young people aged 11-16 who are current smokers quit at 4 and 52 weeks 2013/14 - 2016/17



6.5 Quality of services

As evident in Table 6.5.1, and as in the previous year, pharmacy is the service provider who served the greatest number of clients (70.2%, n=13,079) during 2016/17 with GPs having served the lowest number of clients (6.2%, n=1,152). Akin to the previous year, there was variation in four week quit rates by provider type, with hospitals having the highest average four week quit rate (65.9%) compared to GPs who had the lowest average quit rate of 48.1%. As recommended within the quality standards for specialist stop smoking services, each provider type maintained an average four week quit rate of 45% or above.[28]

Table 6.5.1: Number and 4 week quit rates by provider type 2016/17

Provider Type	Average 4 weeks quit rate of provider % (n)*	Number of clients per provider
Pharmacy	57.3% (455)	13,079 (70.2%)
GP	48.1% (75)	1,152 (6.2%)
Hospital sites	65.9% (15)	2,425 (13.0%)
Community^	62.1% (64)	1,981 (10.6%)
Total	**58.3% (609)**	**18,637**
*n=number of providers, ^includes schools and workplaces		

As stated in the Northern Ireland Quality Standards document, all providers should have a four week quit rate of 45-50% and those providers with a quit rate below 35% will be subject to review.[28] As highlighted in Table 6.5.2, GPs had the highest proportion of providers with four week quit rates below 35% in 2016/17.

Table 6.5.2: Average 4 week quit rates and percentage of providers with 4 week quit rates below and above the quality standards recommendations, by provider type 2016/17

Provider Type	Average 4 weeks quit rate of provider % (n)*	4 week quit rate of under 35% %(n)*	4 week quit rate of 35% - 44.9% %(n)*	4 week quit rate of 45% and over %(n)*
Pharmacy	57.3% (455)	10.3% (47)	10.6% (48)	79% (360)
GP	48.1% (75)	32% (24)	12% (9)	56% (42)
Hospital sites	65.9% (15)	6.7% (1)	13.3% (2)	56% (42)
Community^	62.1% (64)	9.4% (6)	3.1% (2)	87.5% (56)
Total	**58.3% (609)**	**12.8% (78)**	**10% (61)**	**77.2% (470)**
*n=number of providers, ^includes schools and workplaces				

Quality improvement programme

A new and on-going quality improvement programme was launched in 2012/13 for the Stop Smoking Services. A self-monitoring tool was developed as part of this programme and displayed on the web-based monitoring system utilised by all service providers. This is a key tool which allows all providers to self-monitor the number of clients who have registered with their service, the number quit at 4 weeks and the 4 week quit rate for their service within both the current and previous year (please refer to Figure 6.5.1).

The Quality Standards were provided to each provider along with guidance to help them improve the overall quit rate and performance of their service.

Figure 6.5.1: Online view of service providers self-monitoring tool.

The Quality Standards for Stop Smoking Services (click link to view) requires that services achieve a quit rate of 45-50% at four weeks. Services who have quit rates of less than 35% will be subject to review by the Public Health Agency / Health and Social Services Board.

Below are shown the figures for your service.

Data downloaded in April 2017 shows the following details for your service last year (1 April 2016 - 31 March 2017):

1 April 2016 - 31 March 2017	
Clients Enrolled	16
Number of Successful Quits	9
4-Week Quit Rate	56%

As of today, your service data from the 1st April 2017 shows the following:

1 April 2017 - Today	
Clients Enrolled	18
Number of Successful Quits	4
4-Week Quit Rate	22%

Given the high number of clients utilising pharmacy services and the high numbers of community pharmacies engaged with the Stop Smoking Services, an enhanced support quality improvement programme was introduced in partnership with the Health and Social Care Board (HSCB) and in collaboration with community pharmacy NI. This quality improvement support service was specifically targeted at pharmacies with quit rates of fewer than 35% given the high proportion of services delivered through this sector. This support mechanism involved a number of stages:

1. *Written notification to all pharmacy providers (prior to implementation of support system) detailing;*
   - *Explanation of new quality improvement support services;*
   - *Timelines for commencement of support service;*
   - *Necessity to ensure all client information is up to date on web based system.*

2. *Written notification to all providers with four week quit rates of 'under 35%' to indicate automatic involvement in support service and*
   - *Access to an online exercise to self-monitor overall service provision against Quality Standards;*
   - *Provision of service update training[**];*
   - *Mid-year quit rate review;*
   - *On-going support letters;*
   - *Opportunity to discuss service delivery with the PHA/HSCB.*

The impact of self-monitoring and quality improvement

Over the last five years, 4 week quit rates have remained reasonably consistent among Pharmacy and GP providers. Whereas, 4 week quit rates among Hospital and Community providers have fluctuated over the years. Overall, in 2016/17 hospital and community providers saw a 1.1 and 1.3 (respectively) percentage point decline in 4 week quit rates compared to 2015/16 (Table 6.5.3).

Table 6.5.3: Average 4 week quit rates by provider type 2012/13 – 2016/17

Provider Type	2012/13 Average 4 week quit rate of provider % (n)*	2013/14 Average 4 week quit rate of provider % (n)*	2014/15 Average 4 week quit rate of provider % (n)*	2015/16 Average 4 week quit rate of provider % (n)*	2016/17 Average 4 week quit rate of provider % (n)*
Pharmacy	56.2% (445)	58.6% (456)	58.2% (459)	57.5% (467)	57.3% (455)
GP	48.6% (130)	49.8% (124)	50.6% (111)	49.4% (101)	48.1% (75)
Hospital sites	68.1% (10)	67.3% (11)	61.9% (12)	67% (15)	65.9% (15)
Community^	65.6% (58)	65.8% (76)	66.3% (73)	63.4% (61)	62.1% (64)
Total	**57.1% (643)**	**59.4% (667)**	**58.8% (655)**	**58.9% (644)**	**58.3% (609)**

*n=number of providers, ^ includes schools and workplaces.

As evident in Table 6.5.4, the overall proportion of service providers achieving a 4 week quit rate below 35% in 2016/17 was akin to that in 2015/16. A decrease was

[**] Providers are required to undertake update training every three years following completion of Specialist training which is required at initial registration of service.

observed in both the proportion of GP and community providers achieving a rate below 35% in 2016/17 from the previous year. However, in contrast, an increase was observed in the proportion of pharmacy providers achieving a rate lower than 35% from that in the previous year. GP services remain to have the greatest proportion of providers with 4 week quit rates below 35%.

Table 6.5.4: Proportion of providers with 4 week quit rates under 35% by provider type 2012/13 – 2016/17.

Provider Type	2012/13 Achieving 4 week quit rate of under 35% (n)*	2013/14 Achieving 4 week quit rate of under 35% (n)*	2014/15 Achieving 4 week quit rate of under 35% (n)*	2015/16 Achieving 4 week quit rate of under 35% (n)*	2016/17 Achieving 4 week quit rate of under 35% (n)*
Pharmacy	7.9% (71)	6.1% (28)	5.9% (27)	8.1% (38)	10.3% (47)
GP	30.8% (41)	26.6% (33)	31.5% (35)	34.7% (35)	32.0% (24)
Hospital sites	10.0% (1)	9.1% (1)	16.7% (2)	6.7% (1)	6.7% (1)
Community^	10.5% (6)	15.8% (12)	11.0% (8)	13.1% (8)	9.4% (6)
Total	**12.9% (83)**	**11.1% (74)**	**11.0% (72)**	**12.7% (82)**	**12.8% (78)**
*n=number of providers, ^ includes schools and workplaces.					

Examining 52 week quit rates per quality standard recommendations

The Quality Standards document states that service providers should maintain a 52 week quit rate of 20%. As highlighted in Table 6.5.5, the average 52 week quit rate in 2015/16 was 23.2%. A diverse range of quit rates was evident across provider types. The majority of providers had attained an average 52 week quit rate above 20%, with only GP services attaining an average quit rate (16.9%) below the required 20%, a pattern observed in previous years (Table 6.5.5).

Overall, less than half of all providers (41.8%) had obtained 52 week quit rates above the required level. Of note and cause for concern is the high proportion of service providers obtaining 52 week quit rates below the required 20% (almost 3 in 5 providers, 58.2%). Quit rates varied considerably by provider type, with community services having the greatest proportion of providers (73.8%) obtaining quit rates below the required level, followed by GP practices at 70.3%. Hospital providers had the highest proportion of providers achieving quit rates at the required level of 20% and above (53.3%). While pharmacy services (the largest provider of Stop Smoking Services in NI) had 46% of providers achieving rates of 20% and above.

Table 6.5.5: Average 52 week quit rates and proportion of providers with 52 week quit rates below and above the quality standards required 20% by provider type 2015/16

Provider Type	Average 52 weeks quit rate of provider % (n)*	52 week quit rate of under 20% %(n)*	52 week quit rate of 20% and over %(n)*
Pharmacy	20.7% (467)	54.0% (252)	46.0% (215)
GP	16.9% (101)	70.3% (71)	29.7% (30)
Hospital sites	25.0% (15)	46.7% (7)	53.3% (8)
Community^	21.8% (61)	73.8% (45)	26.2% (16)
Total	**21.1% (644)**	**58.2% (375)**	**41.8% (269)**
*n=number of providers, ^includes schools and workplaces			

Yearly tracking of 52 week quit rates

Only those clients who have quit at 4 weeks are followed up at 52 weeks. Table 6.5.6 highlights that since 2013/14 the average 52 week quit rate has observed a steady decline, with a 2.1 percentage point's reduction in 2015/16 (21.1%) compared to the previous year (23.2%).

52 week quit rates varied across provider type, and as observed in previous years, GP services achieved the lowest quit rates (16.9%), and remain the only provider achieving average quit rates below the required 20% level. However, GP providers saw a slight increase of 0.8 percentage points in average quit rates in 2015/16 compared to the previous year. In contrast, community services saw the greatest reduction in quit rates with a 7.4 percentage points decline from 29.2% in 2014/15 to 21.8% in 2015/16.

Table 6.5.6: Average 52 week quit rate 2012/13 – 2015/16

Provider Type	2012/13 Average 52 week quit rate of provider % (n)*	2013/14 Average 52 week quit rate of provider % (n)*	2014/15 Average 52 week quit rate of provider % (n)*	2015/16 Average 52 week quit rate of provider % (n)*
Pharmacy	19.3% (444)	22.8% (456)	22.0% (459)	20.7% (467)
GP	16.1% (130)	19.2% (124)	16.1% (111)	16.9% (101)
Hospital sites	34.3% (10)	33.8% (11)	29.3% (12)	25.0% (15)
Community^	24.3% (58)	29.4% (76)	29.2% (73)	21.8% (61)
Total	**20.8% (642)**	**24.4% (667)**	**23.2% (655)**	**21.1% (644)**
*n=number of providers, ^ includes schools and workplaces.				

Table 6.5.7 highlights that there has been a noticeable increase (5.8 percentage points) in the proportion of providers achieving 52 week quit rates below the required 20% level, from 52.4% in 2014/15 to 58.2% in 2015/18. By provider type, the proportion of providers achieving quit rates below the 20% saw an increase, with a considerable increase being observed by both community and hospital providers. In contrast, GP providers demonstrated having improved 52 week quit rates in 2015/16.

Table 6.5.7: Proportion of providers with 52 week quit rates under 20% by provider type 2012/13 – 2015/16

Provider Type	2012/13 Achieving 52 week quit rate of under 20% (n)*	2013/14 Achieving 52 week quit rate of under 20% (n)*	2014/15 Achieving 52 week quit rate of under 20% (n)*	2015/16 Achieving 52 week quit rate of under 20% (n)*
Pharmacy	56% (247)	50.4% (230)	49.5% (227)	54.0% (252)
GP	71% (92)	66.1% (82)	72.1% (80)	70.3% (71)
Hospital sites	50% (5)	36.4% (4)	25.0% (3)	46.7% (7)
Community^	50% (29)	47.4% (36)	45.2% (33)	73.8% (45)
Total	**58% (373)**	**52.8% (352)**	**52.4% (343)**	**58.2% (375)**
*n=number of providers, ^ includes schools and workplaces.				

References

1. Department of Health. Health Survey (NI): First Results 2016/17. Department of Health: Belfast, 2017.

2. Department of Health. Health survey smoking tables HSCNI 2016/17. Department of Health: Belfast, 2017.

3. Department of Health, Social Services and Public Safety. Ten-Year Tobacco Control Strategy for Northern Ireland. DHSSPS: Belfast, 2012.

4. The Northern Ireland Statistics and Research Agency (NISRA). Registrar General Northern Ireland Annual Report 2016. NISRA National Statistics: Belfast, 2016.

5. Department of Health. Your Health Matters: The Annual Report of the Chief Medical Officer for NI. Department of Health: Belfast, 2017.

6. Department of Health. Health Inequalities Regional Report data tables 2016. Department of Health: Belfast, October 2016.

7. Department of Health, Social Services and Public Safety. Making Life Better: A whole system strategic framework 2013-2023. DHSSPSNI: Belfast, 2014.

8. Health intelligence, Public Health Agency (PHA). Tobacco Control Northern Ireland 2015. PHA, 2015.

9. Department of Health. Young Persons Behaviour and Attitudes Survey 2016: Health Modules. Department of Health: Belfast, 2017

10. World Health Organization. Tobacco free initiative. MPOWER measures. Available at: http://www.who.int/tobacco/mpower/en/. Accessed 7th November 2017.

11. National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Available at: http://dccps.nci.nih.gov/TCRB/monographs/19/m19_complete.pdf

12. National Institute for Health and Clinical Excellence. 2008.Stop Smoking Services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. Available at: http://www.nice.org.uk/nicemedia/pdf/PH010guidance.pdf . Accessed 7th November 2017.

13. Cancer Focus and Public Health Agency. Youth focussed smoking reduction and awareness campaign. March 2017 – Report: No Smoking Day Evaluation 2017. Cancer Focus and Public Health Agency unpublished.

14. National Centre for Smoking Cessation and Training. Local Stop Smoking Services: Service and delivery guidance 2014. Public Health England: 2014.

15. National Institute of Health and Care Excellence (NICE). Smoking cessation services. Issued: February 2008 last modified: November 2013. NICE public health guidance 10. NICE: 2013.

16. NHS Digital. Statistics on NHS Stop Smoking Services: England 2017. NHS Digital: England, August 2017.

17. NHS Digital. Statistics on Smoking: England: 2017. NHS Digital: England, 15th June 2017.

18. NHS National Services Scotland. NHS Smoking Cessation Service: Scotland 2016/17. NHS: National Statistics Scotland: Scotland, 24th October 2017.

19. The Scottish Government. The Scottish Health Survey 2016 edition: Volume 1 Main Report. The Scottish Government: Edinburgh, October 2017.

20. Welsh Government. National Survey for Wales 2016-17: Population Health – Lifestyle. Statistics for Wales: Cardiff, 29th June 2017.

21. Welsh Government. NHS Smoking Cessation Services in Wales. Health & Social Services Group: Cardiff, May 2017.

22. Department of Health, Social Services and Public Safety. 2009. Service Framework for Cardiovascular Health and Wellbeing. DHSSPS: Belfast, 2009.

23. Department of Health, Social Services and Public Safety. 2009. Service Framework for Respiratory Health and Wellbeing. DHSSPS: Belfast 2009.

24. Department of Health, Social Services and Public Safety. 2011. Service Framework for Cancer Prevention, treatment and Care. DHSSPS: Belfast, 2011.

25. Department of Health, Social Services and Public Safety. 2014. Health Survey NI: First Results 2013/14. DHSSPS: Belfast, 2015

26. Health intelligence, Public Health Agency (PHA). Northern Ireland Maternity System (NIMATS) smoking in pregnancy analysis. PHA unpublished data, 2017.

27. Northern Ireland Statistics and Research Agency (NISRA). 2017. Young Persons Behaviour and Attitudes Survey bulletin, 2016. NISRA: Belfast, 2017.

28. Public Health Agency/Health and Social Care Board. 2011. Quality Standards for the Delivery of Specialist Stop Smoking Services in Northern Ireland. September 2011. Belfast: PHA, HSCB.

References for Icons

1. Man smoking icon by Gan Khoon Lay.
2. Human icon by Gan Khoon Lay.
3. Grave icon by Iconic.
4. Coffin icon by Nook Fulloption.
5. Hospital icon by Iconsphere.
6. Pharmacy icon by Gan Khoon Lay.
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22. Digital icon by Zlatko Najdenovski.
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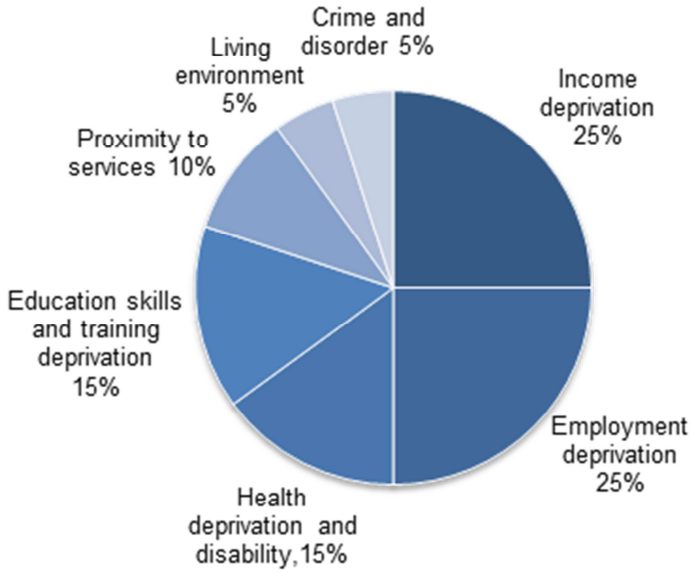
Appendix 1:

Deprivation assessment methodology

Deprivation level is assessed in Northern Ireland by the use of the Northern Ireland Multiple Deprivation Measure (NIMDM) 2010.[††] This measure examines 7 areas of deprivation which are given individual weights to produce an overall combined measure of deprivation. The composition and attributed weighting of each domain is summarised in Figure 1 below.

Figure 1: Composition and attributed weighting of each domain of the Northern Ireland Multiple Deprivation Measure 2010



Source: Northern Ireland Statistics and Research Agency, Northern Ireland Multiple Deprivation Measure 2010, NISRA, Belfast, 2010.

These deprivation measures have been developed using a range of indicators and are designed to identify small area concentrations of deprivation which are statistically robust at the small area level. The small geographical area used for the NIMDM is the super output area (SOA). Northern Ireland consists of 890 SOA areas, each with an average population of 2,000 people.

[††] Department of Finance and Personnel. NISRA: Northern Ireland Multiple Deprivation Measure 2010. NISRA: Belfast 2010.

Appendix 2:

Figure 2: Uptake and reach of services and 4 week quitting activity by local commissioning group (LCG) 2016/17

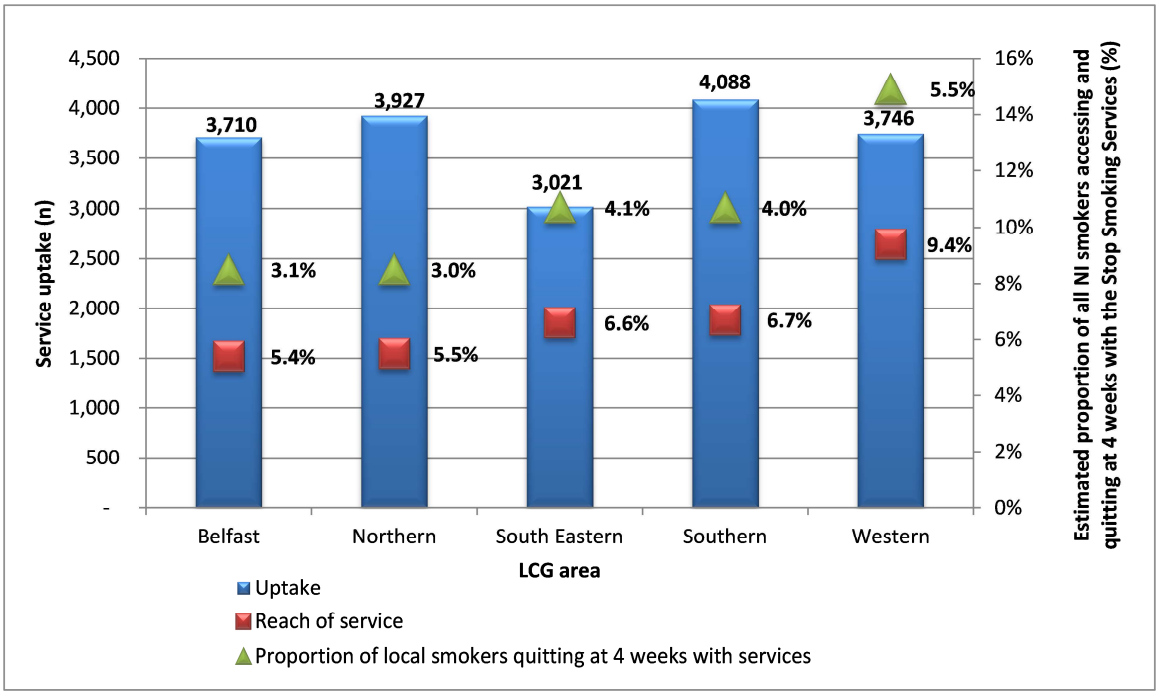


Table 1: Uptake, number quit at 4 weeks and 4 week quit rate by LCG area 2016/17

LCG area	Uptake (n)	Quit at 4 weeks (n)	Quit rate at 4 weeks (%)
Belfast	3,710	2,111	56.9
Northern	3,927	2,129	54.2
South Eastern	3,021	1,871	61.9
Southern	4,088	2,460	60.2
Western	3,746	2,218	59.2
NI	**18,637**	**10,872**	**58.3**

Figure 3: Uptake and reach of services and 4/52 week quitting activity by local commissioning group (LCG) 2015/16

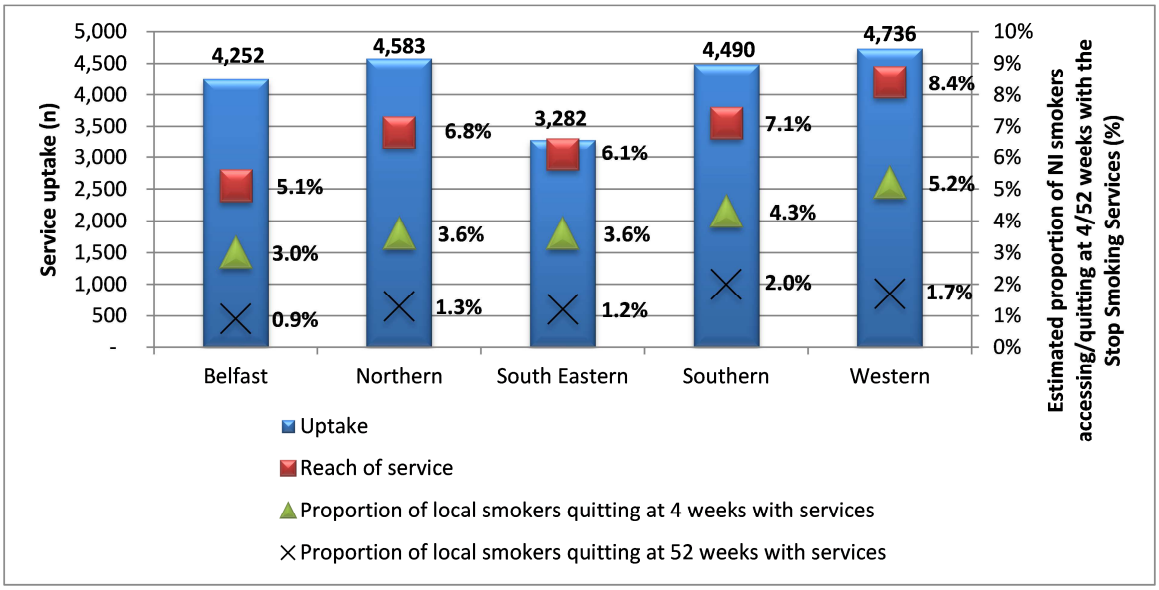


Table 2: Uptake, number quit at 4/52 weeks and 4/52 week quit rate by LCG area 2015/16

LCG area	Uptake (n)	Quit at 4 weeks (n)	Quit rate at 4 weeks (%)	Quit at 52 weeks (n)	Quit rate at 52 weeks (%)
Belfast	4,252	2,513	59.1%	771	18.1%
Northern	4,586	2,455	53.5%	878	19.1%
South Eastern	3,282	1,908	58.1%	657	20.0%
Southern	4,490	2,749	61.2%	1,245	27.7%
Western	4,736	2,940	62.1%	964	20.4%
NI	**21,525**	**12,673**	**58.9%**	**4,552**	**21.1%**

Appendix 3:

Table 1: Uptake, estimated access and quitting activity of routine and manual workers who smoke using the Stop Smoking Services by LCG.

		NI	Belfast	Northern	South Eastern	Southern	Western
2016/17	Service uptake (n)	4,472	729	1,011	616	1,262	826
	Estimated access (%)*	4.0	3.4	3.4	3.3	5.4	4.3
	Number quit at 4 weeks (n)	2,700	457	569	376	777	507
	4 week quit rate (%)**	60.4	62.7	56.3	61.0	61.6	61.4
	4 week quitting reach (%)***	2.4	2.2	1.9	2.0	3.3	2.6
2015/16	Service uptake (n)	5,548	919	1,155	643	1,507	1,288
	Estimated access (%)*	4.9	4.3	3.9	3.4	6.4	6.7
	Number quit at 4 weeks (n)	3,411	563	642	383	974	827
	4 week quit rate (%)**	61.5	61.3	55.6	59.6	64.6	64.2
	4 week quitting reach (%)***	3.0	2.7	2.2	2.0	4.2	4.3
	Number quit at 52 weeks (n)	1,224	158	224	125	454	258
	52 week rate (%)**	22.1	17.2	19.4	19.4	30.1	20.0
	52 week quitting reach (%)***	1.1	0.7	0.8	0.7	1.9	1.3

*Estimated access refers to the estimated proportion of routine and manual workers who smoke accessing services and is calculated using service uptake as the numerator and number of routine and manual workers who smoke (based on 2011 census data on occupational status and NIHS 2013/14 smoking prevalence of 30%) as the denominator.

** 4 and 52 week quit rate are based on all those who set a quit date.

***4 and 52 week quitting reach (%) refers to the percentage of all routine and manual workers who smoke in the given geography that quit at 4 or 52 weeks using the Stop Smoking services.

Table 2: Uptake, estimated access and quitting activity of pregnant smokers using the Stop Smoking Services by LCG.

		NI	Belfast	Northern	South Eastern	Southern	Western
2016/17	Service uptake (n)	1,025	273	205	151	282	101
	Estimated access (%)*	31.7	32.4	26.8	27.2	50.5	20.0
	Number quit at 4 weeks (n)	626	149	101	109	208	51
	4 week quit rate (%)**	61.1	54.6	49.3	72.2	73.8	50.5
	4 week quitting reach (%)***	19.3	17.7	13.2	19.6	37.3	10.1
2015/16	Service uptake (n)	1,283	236	404	151	304	174
	Estimated access (%)*	37.5	27.4	49.0	28.2	46.2	32.8
	Number quit at 4 weeks (n)	737	110	185	97	222	110
	4 week quit rate (%)**	57.4	46.6	45.8	64.2	73.0	63.2
	4 week quitting reach (%)***	21.6	12.8	22.5	18.1	33,7	20.7
	Number quit at 52 weeks (n)	258	34	48	33	93	43
	52 week rate (%)**	20.1	14.4	11.9	21.9	30.6	24.7
	52 week quitting reach (%)***	7.6	4.0	5.8	6.2	14.1	8.1

*Estimated access refers to the estimated proportion of pregnant smokers accessing services and is calculated using service uptake as the numerator and number of pregnant smokers in Northern Ireland taken from Northern Ireland Maternity Service data 2016/17 and 2015/16 as the denominator.

** 4 and 52 week quit rate are based on all those who set a quit date.

***4 and 52 week quitting reach (%) refers to the percentage of all pregnant smokers in the given geography that quit at 4 or 52 weeks using the Stop Smoking services.

Table 3: Uptake, estimated access and quitting activity of children and young people (11-16 year olds) who smoke using the Stop Smoking Services by LCG.

		NI	Belfast	Northern	South Eastern	Southern	Western
2016/17	Service uptake (n)	140	43	19	40	22	14
	Estimated access (%)*	2.6	2,7	1.4	3.1	1.9	1.5
	Number quit at 4 weeks (n)	66	25	5	23	8	4
	4 week quit rate (%)**	47.1	58.1	26.3	57.5	36.4	28.6
	4 week quitting reach (%)***	1.2	1.6	0.4	1.8	0.7	0.4
2015/16	Service uptake (n)	180	51	25	54	29	20
	Estimated access (%)*	3.3	3.2	1.8	4.2	2.5	2.1
	Number quit at 4 weeks (n)	74	20	12	22	12	7
	4 week quit rate (%)**	41.1	39.2	48.0	40.7	41.4	35.0
	4 week quitting reach (%)***	1.4	1.2	0.9	1.7	1.0	0.7
	Number quit at 52 weeks (n)	8	1	0	1	4	2
	52 week rate (%)**	4.4	2.0	0	1.9	13.8	10.0
	52 week quitting reach (%)***	0.2	0.1	0	0.1	0.3	0.2

*Estimated access refers to the estimated proportion of 11-16 year old current smokers accessing services and is calculated using service uptake as the numerator and number of 11-16 year old current smokers as the denominator. Denominator for 2016/17 data is calculated from 2016 mid-year population estimates and 2016 Young person's behaviour and attitude survey data. Denominator for 2015/16 based on 2015 mid-year population estimates and Young person's behaviour and attitude survey data 2016.

** 4 and 52 week quit rate are based on all those who set a quit date.

***4 and 52 week quitting reach (%) refers to the percentage of all children and young people aged 11-16 who are current smokers in the given geography that quit at 4 or 52 weeks using the Stop Smoking services.

Appendix 4:

Table 1: Total uptake by service providers by trust 2016/17

	NI	Belfast	Northern	South Eastern	Southern	Western
Pharmacy	13,079	2,577	2,842	2,097	2,431	3,059
GP	1,152	226	472	196	140	115
Hospital sites	2,425	504	487	318	507	545
Community^	1,981	403	126	410	1010	27
TOTAL	**18,637**	**3,710**	**3,927**	**3,021**	**4,088**	**3,746**

^ ^includes schools and workplaces.

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