

Public Health Intelligence Profile

Smoking in Camden

December 2016



About this profile

Purpose

This public health intelligence profile describes trends and patterns in smoking prevalence. This profile will support and inform:

- commissioners of smoking services, including Camden Clinical Commissioning Group (CCG)
- improvements in processes and outcomes at an individual general practice level

This profile can be found on the Health page of Camden Open Data site

<https://opendata.camden.gov.uk>

Contents

1.	Smoking Prevalence	7
1.1	Smoking prevalence estimates for Camden	8
1.2	Direct estimates of smoking	9
1.3	Local recorded data	13
1.4	Recording of smoking status (GP PH Dataset, 2015)	16
1.5	Smoking prevalence in Camden (GP PH Dataset, 2015)	21
1.6	Smoking in pregnancy	33
1.7	Smoking in children aged 15 years	37

Further information and feedback

This profile was created by Gabrielle Emanuel (Assistant Public Health Information Officer) and reviewed by Samantha Warnakula (Public Health Intelligence and Information Analyst).

For further information, please contact Gabrielle Emanuel.

Email: publichealth.intelligence@Islington.gov.uk

Tel: 020 7527 1120

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Overview and key messages

Overview

1. Overall smoking prevalence in Camden has fallen over the last four years, as it has across London and England. It is estimated that around a fifth of the Camden population still smoke (approximately 40,000 people aged 15 and over).

Key messages

Smoking prevalence among Camden's registered population

- Just under half (42%) of the registered population in Camden have a current smoking status (recorded within the last 15 months, excluding non-smokers aged 25 and over who don't have a long term condition), with large variation by GP practice. Those below the age of 45 are less likely to have their smoking status recorded than other age groups.
- Data from these GP surgeries shows that a fifth (20%) of Camden's registered population aged 16 and over currently smoke. This equates to approximately 38,200 current smokers aged 16+. Direct estimates of smoking prevalence in Camden from the Integrated Household Survey suggest a lower prevalence than the GP Practice data of around 17%.
- Smoking prevalence in the GP registered population varies significantly by GP practice (from 8% to 69%). Variation could in part be explained by demographic differences between practices, such as ethnicity, age and level of deprivation.
- Men are more likely to be current or ex-smokers than women; 25% of men currently smoke compared to 16% of women.
- Camden has a lower proportion of women smoking in pregnancy than London and England. Just under 4% (93) of pregnant women are smoking at the time of delivery.

Understanding the data

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

Indirectly standardised prevalence ratios (IDSR)

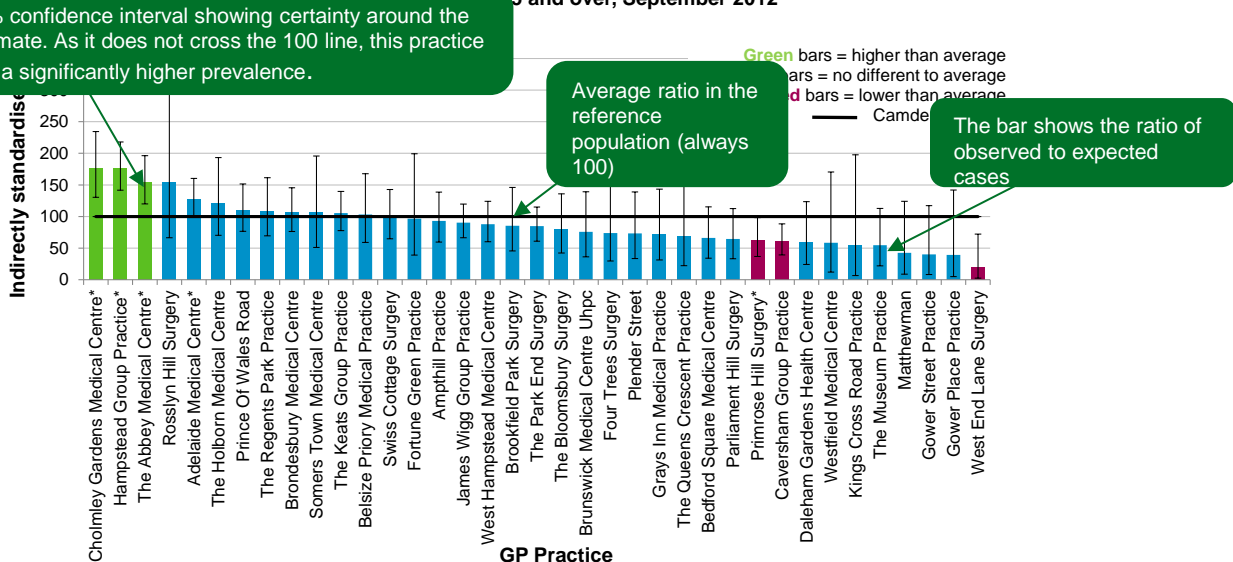
Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Camden average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Camden average is always 100. If the IDSR is over 100, it means that the practice had a higher than expected prevalence of the condition compared to Camden (and this was not due to the practice having an older population, for example). If the IDSR is less than 100, it means the practice had a lower than expected prevalence.
- The size of the IDSR tells how different a practice is from Camden. For example, an IDSR of 150 for a practice show that prevalence is 50% higher than the Camden average. Conversely, an IDSR of 60 indicates that the practice was 40% lower than the Camden average.

Indirectly age standardised ratio of dementia prevalence by GP practice, Camden's 65 and over, September 2012



Source: Camden's GP PH dataset, 2012
 Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded
 * Practice is associated with one or more care homes

Understanding the data: how to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

– It is the variation that is important

In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

– Reaching 100% achievement

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different GP practices, not an expectation of 100% achievement.

Ideally, there would be benchmarking against the achievements in Camden with other deprived London boroughs (i.e. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and an Camden position, but these data are not currently available.

– Populations not individuals

Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists in September 2015, whether they attend the practice regularly or not, or never at all.

– Beware of small numbers

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

– Queries

If after review of the data, any reader of this profile think there are other problems with the data or conclusions drawn, we will investigate and will amend publications as appropriate:

publichealth.intelligence@islington.gov.uk

Understanding the data: data sources

1). Smoking prevalence – direct vs. indirect estimates

The smoking prevalence data provided in this profile comes from direct estimates. Direct estimates make use of survey data from a sample target population to estimate smoking prevalence across the wider target population. These carry the same risks as any estimates produced and therefore confidence intervals are provided. Indirect (synthetic) estimates involve adjustment of prevalence data from known, non-random samples of a population to estimate population prevalence. This means that they are not recommended to be used for monitoring the effectiveness of stop smoking interventions.

2). Estimates of smoking among young people

The Tobacco Control Plan set out the Government's aim to reduce the prevalence of smoking among adults and children and included a national ambition to reduce rates of regular smoking among 15 year olds in England to 12% or less by the end of 2015. The What About YOUth? (WAY) survey was therefore established to collect robust local authority (LA) level data on a range of health behaviours amongst 15 year olds. It is a home postal survey and was designed to produce smoking prevalence rates at LA level as such estimates are not available elsewhere. Estimates of smoking among young people in this profile are based on data obtained from WAY. Further information on smoking prevalence from the WAY survey can be found here: <http://www.hscic.gov.uk/catalogue/PUB17984>

3). Population denominators

In calculating rates, the registered population was used as of September 2015. The practice list sizes were obtained from the Camden GP dataset.

SMOKING PREVALENCE

This section details the burden of smoking in Camden.

7

Smoking Prevalence Estimates for Camden

- We have different sources that can be used to estimate smoking prevalence in Camden:
 - **Direct estimates** make use of survey data from a sample population to estimate smoking prevalence across the wider population (Integrated Household Survey 2013/14). They have been calculated by applying the observed prevalence of smoking from a sample population from the Integrated Household Survey (2013/14) to either the resident or GP registered population, obtained from the Census 2011 and Camden's GP PH dataset (2015), respectively.
 - **Local recorded data** at GP surgeries (GP PH dataset 2015 and QOF 2015/16) allows us to calculate the smoking prevalence amongst the registered population. The registered population is all users of Camden GP surgeries and may include some residents of other boroughs, and excludes individuals who are not registered.
- Estimates of smoking prevalence in Camden vary between different sources with current best estimates of **17%** (Integrated Household Survey, 2014) and **20%** (PH GP Dataset, 2015).

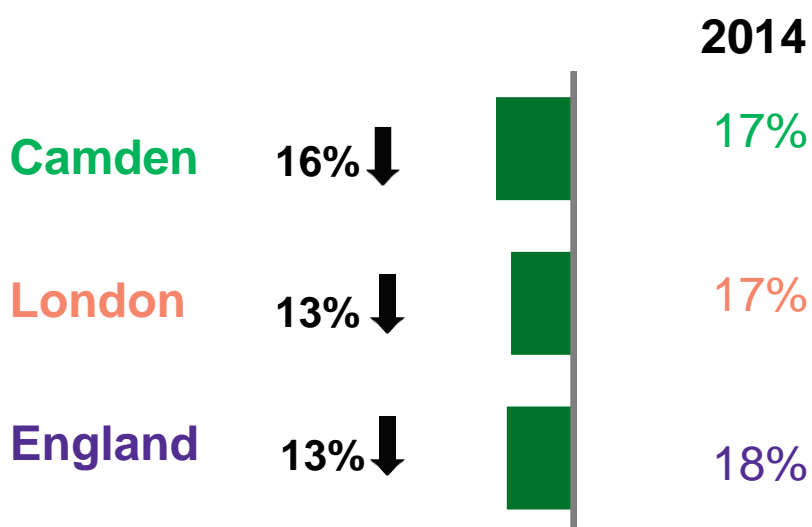
Direct estimates of smoking

This section details direct estimates of smoking prevalence. These estimates allow us to look at trends over a longer period of time than our local data and allow comparison with other boroughs, London and England.

9

Prevalence of smoking among persons aged 18 years and over

Percentage change in rate over 4 years 2010 to 2014



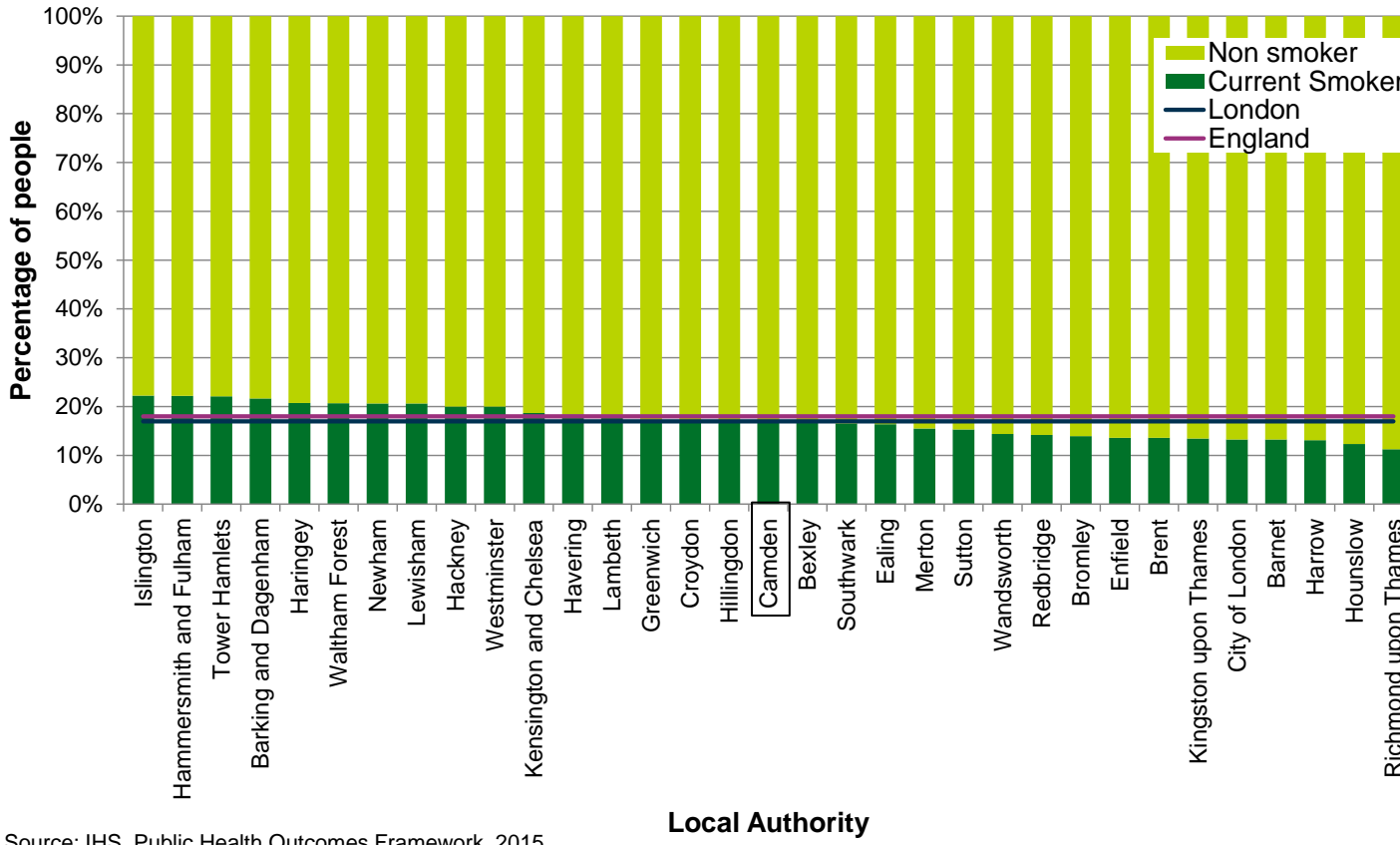
- In 2014, Camden had the **17th highest** prevalence of smoking in London with 17%.
- Camden showed a decrease (-16%) in the rate of smoking between 2010 and 2014. This was in line with decreases for London and England.

Note: Figures on the bars are percentage change in rate from 2010 to 2014.

Source: Public Health Outcomes Framework, 2015

Direct Estimate (IHS) – London Boroughs

Prevalence of smoking among persons aged 18 years and over by local authority, resident population, London, 2014



- Direct estimates indicate that approximately 32,500 (17%) adults in Camden are smokers.

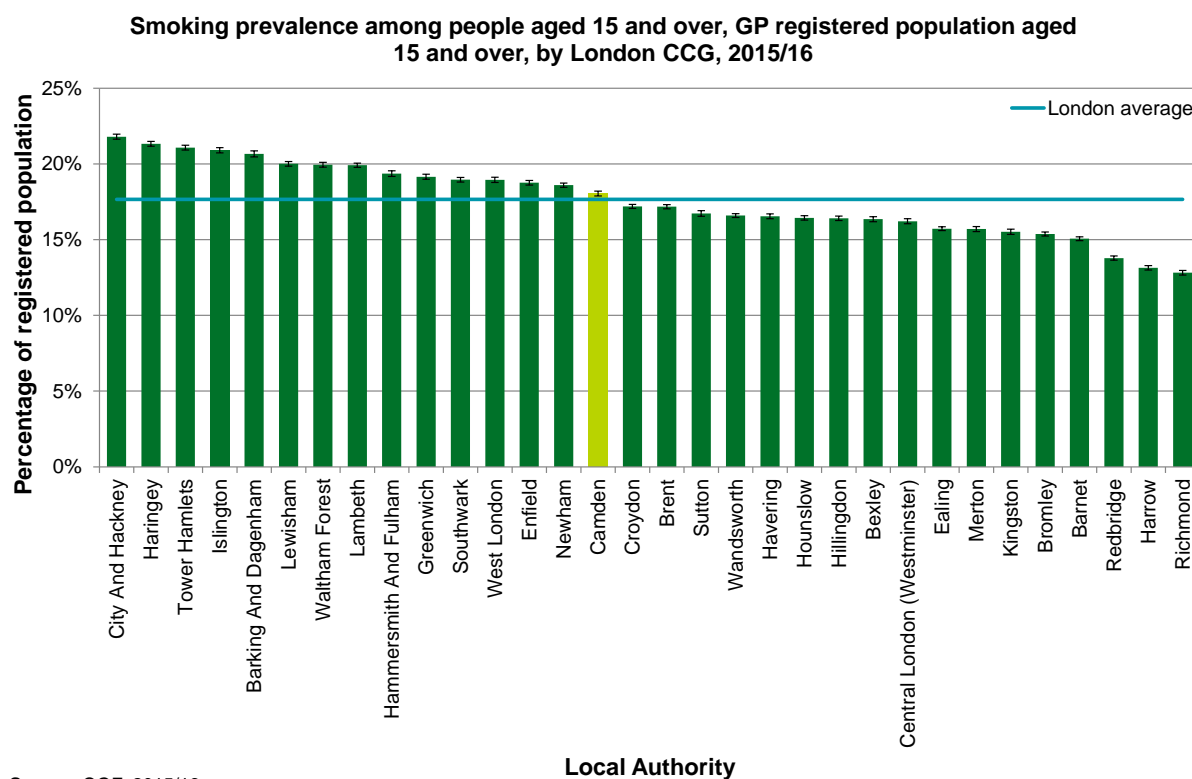
Source: IHS, Public Health Outcomes Framework, 2015

Local recorded data

This section details smoking prevalence amongst the registered population. The registered population is all users of Camden GP surgeries and may include some residents of other boroughs, and excludes individuals who are not registered.

13

Recorded data (QOF) – London Boroughs



- Smoking prevalence estimates for people registered with a GP indicate that approximately 40,000 people aged 15+ are smokers in Camden.
- The smoking prevalence in Camden is 18%. This is different to the prevalence of 20% estimated by the GP dataset. This is due to differences in time frame, age group and numerator (this estimate is for the financial year 2015/16, includes people aged 15+ and includes current smokers with a record of offer of support and treatment within the preceding 12 months).

Smoking prevalence in Camden

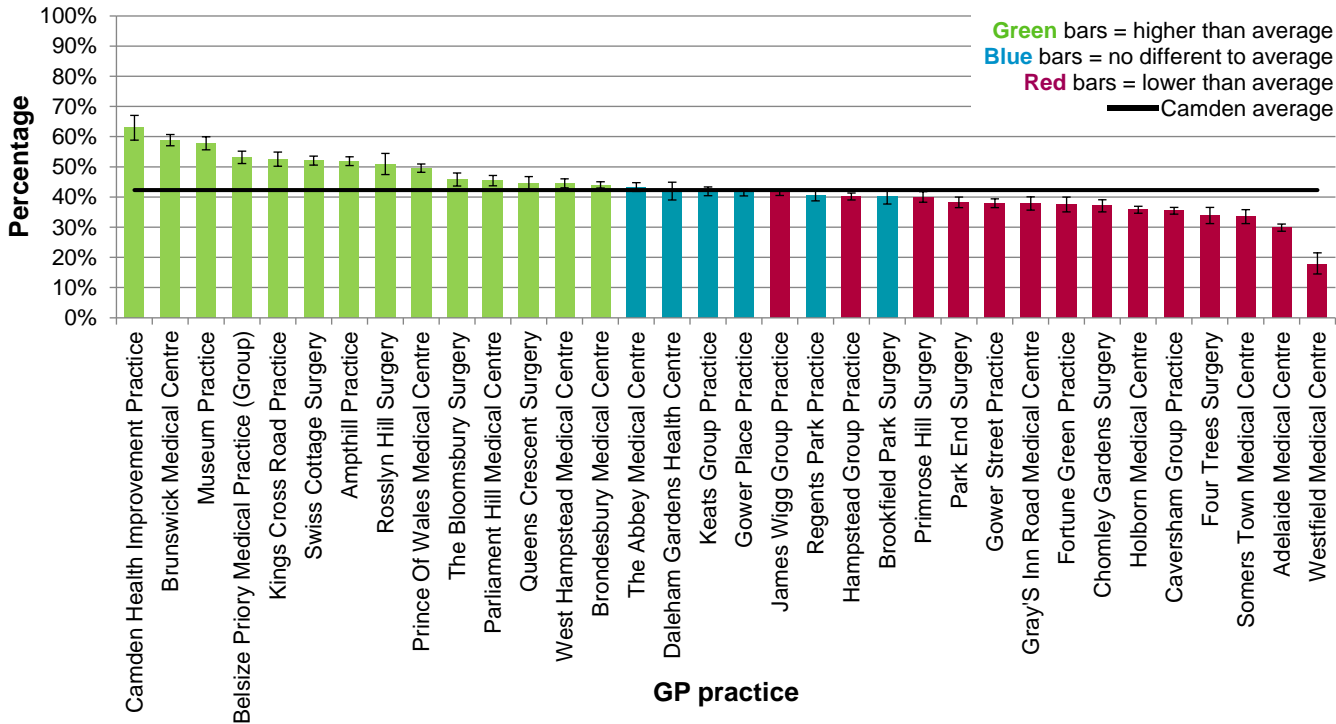
This section details the burden of smoking in Camden as recorded by GP practices. The data is taken from Camden's GP public health dataset (2015) and details the burden amongst the registered population.

Recording of smoking status

This section details the recording of smoking status at GP practices. According to Department of Health guidelines, all registered patients should have an up-to-date smoking record (within the last 15 months), unless they are a non-smoker aged 25 or over without a long term condition.

Recent smoking record

Percentage of people who have been asked their smoking status in the previous 15 months, by GP practice, Camden's registered population aged 16+, September 2015

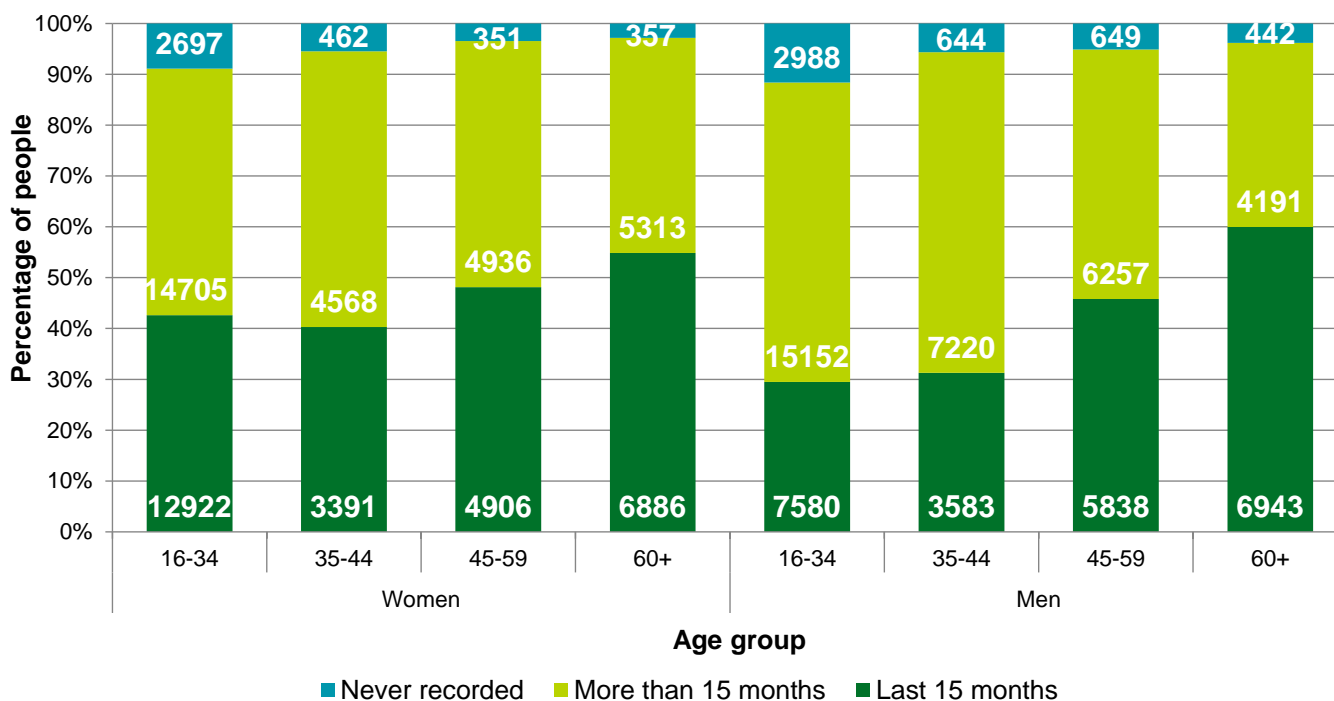


Note: The numerator excludes people with unknown smoking status. The denominator excludes non-smokers aged 25 and over who don't have a long term condition
Source: Camden's GP PH Dataset, 2015.

- Across Camden, 42% of the registered population have a recent smoking record (within the last 15 months).
- Non-smokers aged 25 or over who don't have a long term condition have been excluded from the analysis, as they do not require routine smoking screening checks, as per QOF guidelines.
- There is significant variation in recording across practices; 14 have a lower than average recording of status among their patients and 14 have a higher than average recording.
- The best performing practice has a recent record for 63% of their patients; the lowest has 18%.

Smoking record – Age and Gender

Percentage of people with smoking status recorded, by age, sex, and time since status last recorded, Camden's registered population aged 16+, September 2015

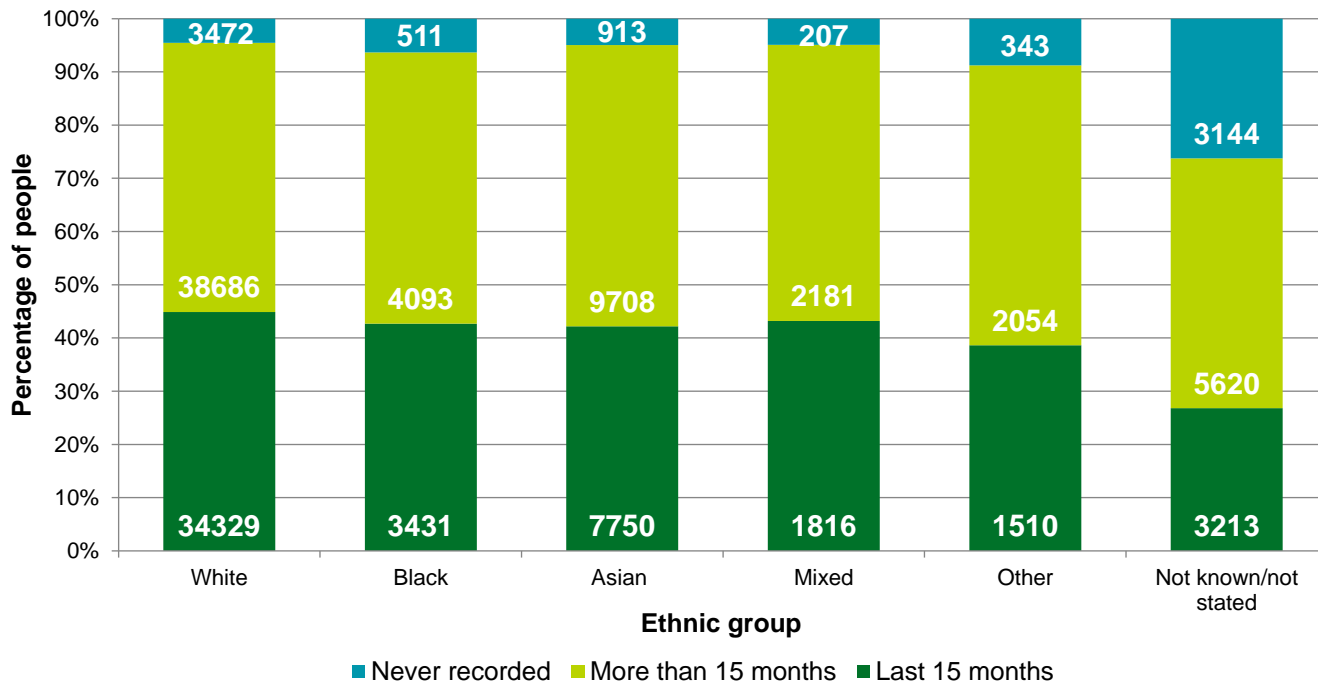


Note: The denominator excludes non-smokers aged 25 and over who don't have a long term condition
Source: Camden's GP PH Dataset, 2015

- As age increases, so does the likelihood of a recent smoking record.
- Older people are more likely to have a recent smoking record. This may be because they visit their GP more often than younger people and may also be due to NHS health checks being targeted at those aged 40 to 74 years.
- Women are more likely than men to have a recent smoking record.
- This pattern of recording does not reflect the pattern of smoking. Those over 60 are less likely to be smokers, but more likely to have a recorded status.

Smoking Record – Ethnicity

Percentage of people with smoking status recorded, by ethnicity and time since status last recorded, Camden's registered population aged 16+, September 2015



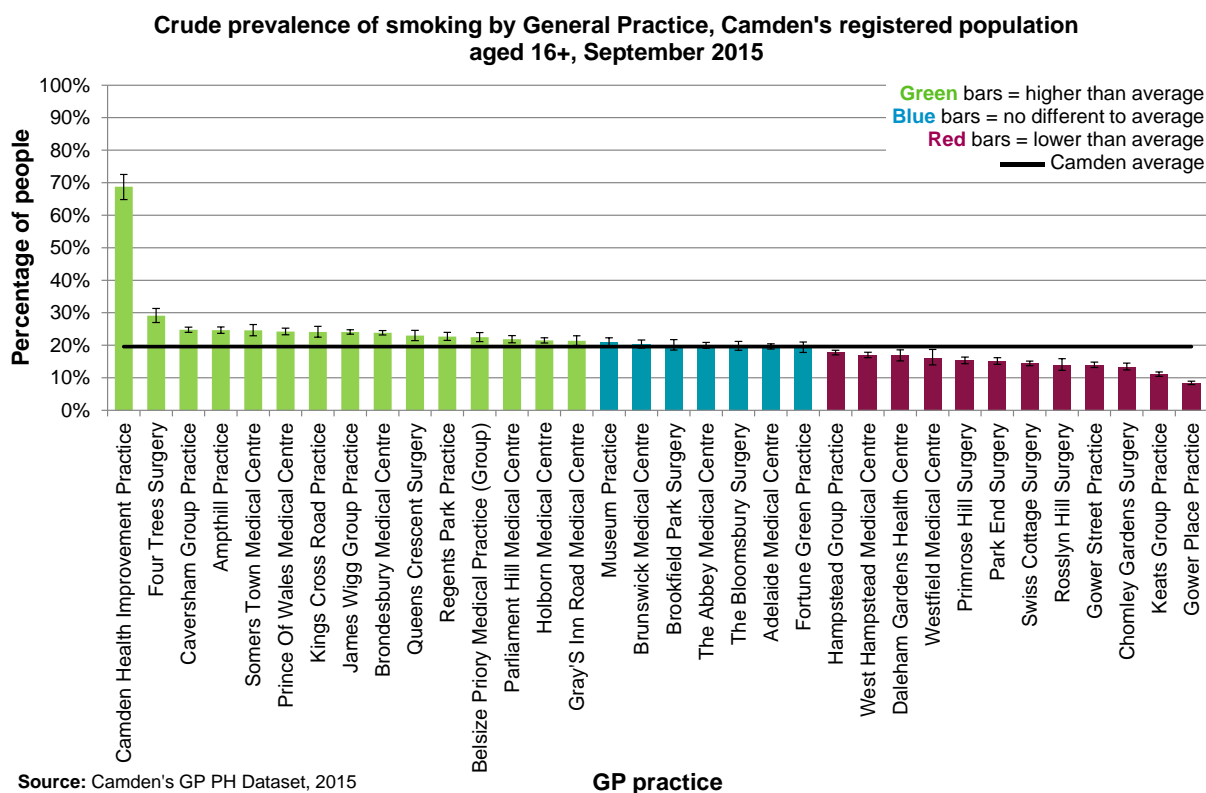
- Patients of known different ethnicities are equally likely to have their smoking status recently recorded.
- Those where ethnicity is not recorded are also more likely to not have their smoking status recorded.

Note: The denominator excludes non-smokers aged 25 and over who don't have a long term condition
Source: Camden's GP PH Dataset, 2015

Smoking prevalence

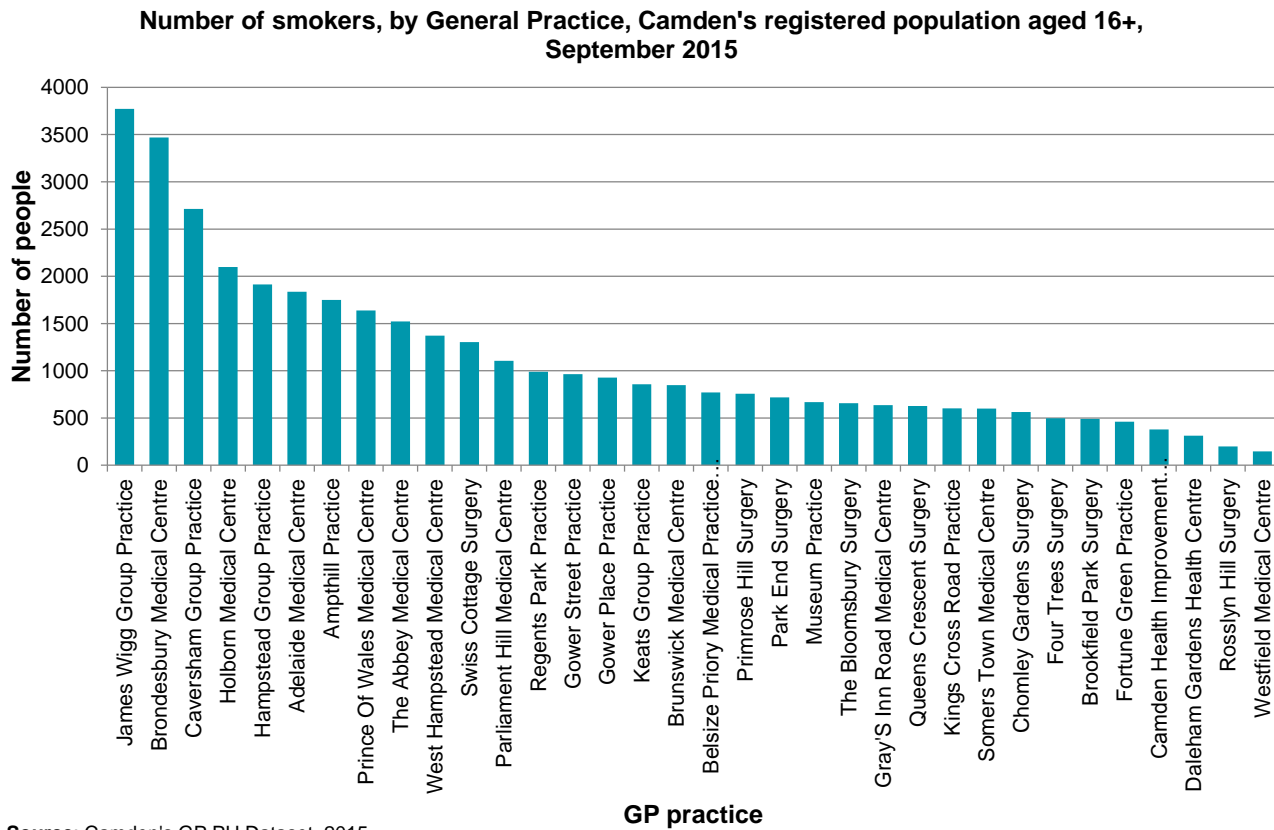
This section details the prevalence of smoking in Camden as shown by locally collected data from GP surgeries (GP PH Dataset, 2015). Smoking is broken down by age, gender, ethnicity, deprivation and other relevant characteristics.

Smoking prevalence – GP Practices



- A fifth of the registered population in Camden smoke (20%).
- Across practices, smoking prevalence ranges from 8% of people to 69%.
- 12 practices have significantly lower than average prevalence and 15 have significantly higher.
- The smoking prevalence of a practice will be determined by multiple factors including population age, ethnicity and deprivation.

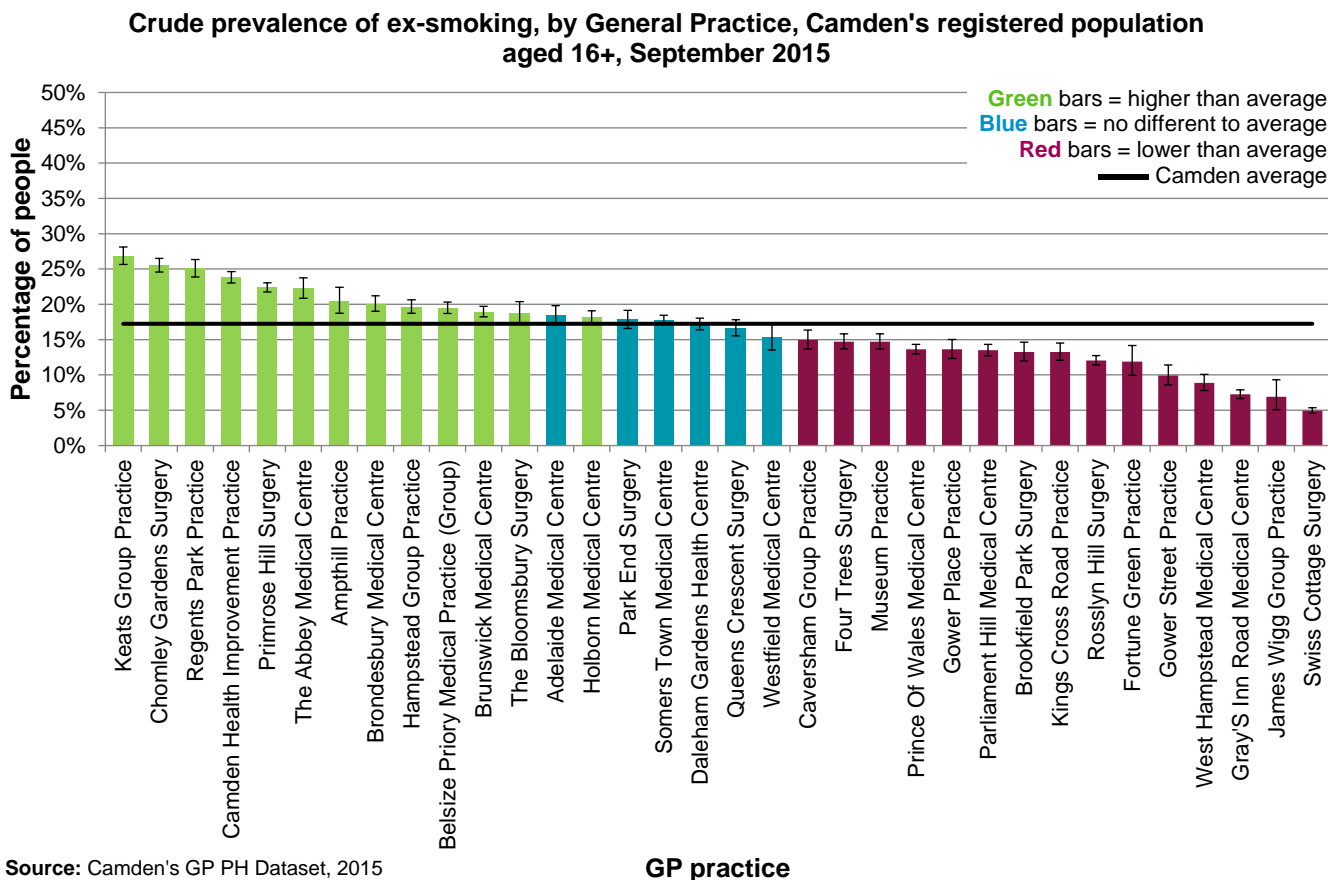
Number of smokers – GP Practices



Source: Camden's GP PH Dataset, 2015

- There are approximately 38,165 smokers aged 16 and over registered at Camden GPs.
- There is wide variation in the total number of smokers across practices from 147 smokers at Westfield Medical Centre to 3,771 at James Wigg Group Practice.
- This is determined by both practice size and prevalence of smoking at each practice.

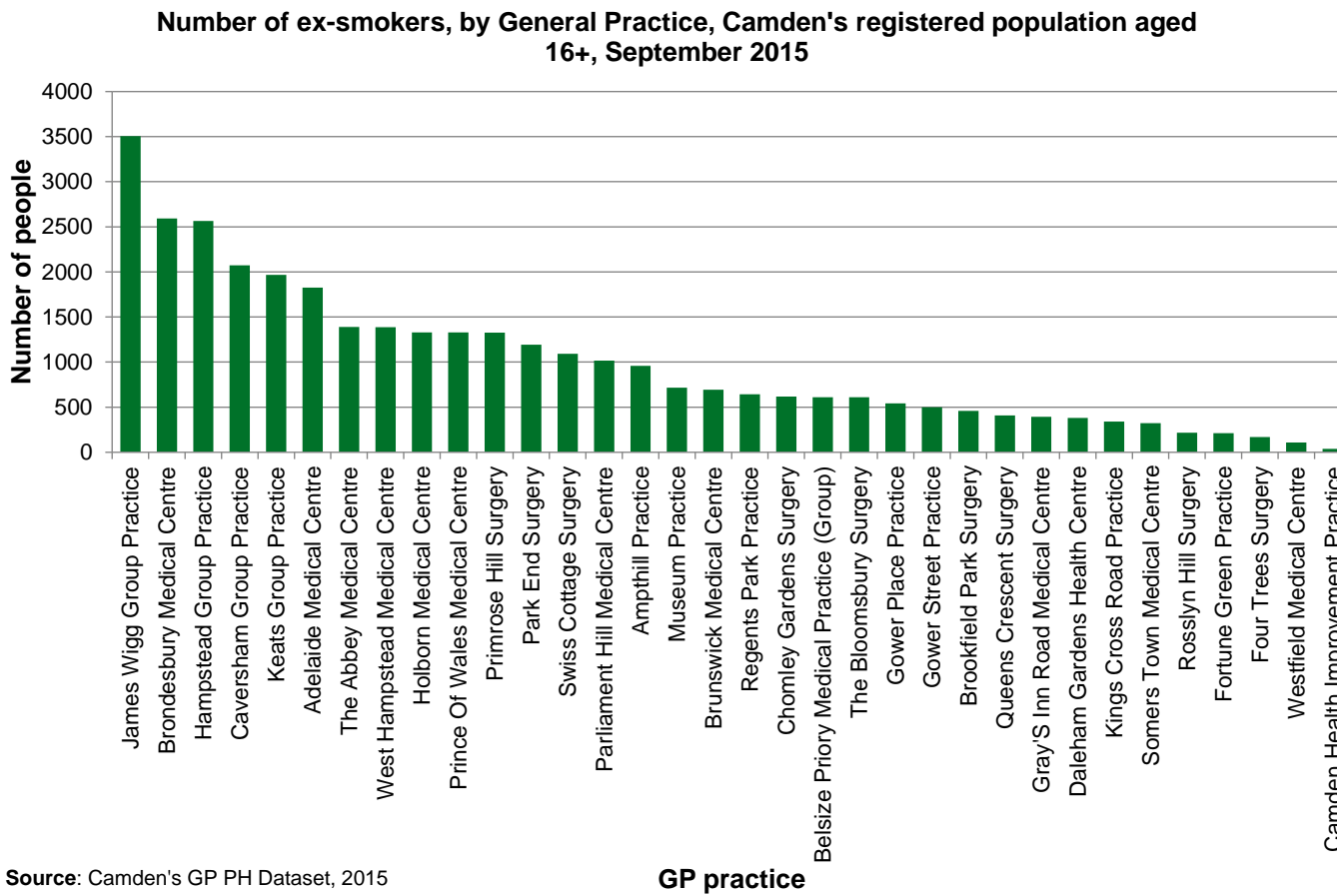
Ex-smoking prevalence – GP Practices



Source: Camden's GP PH Dataset, 2015

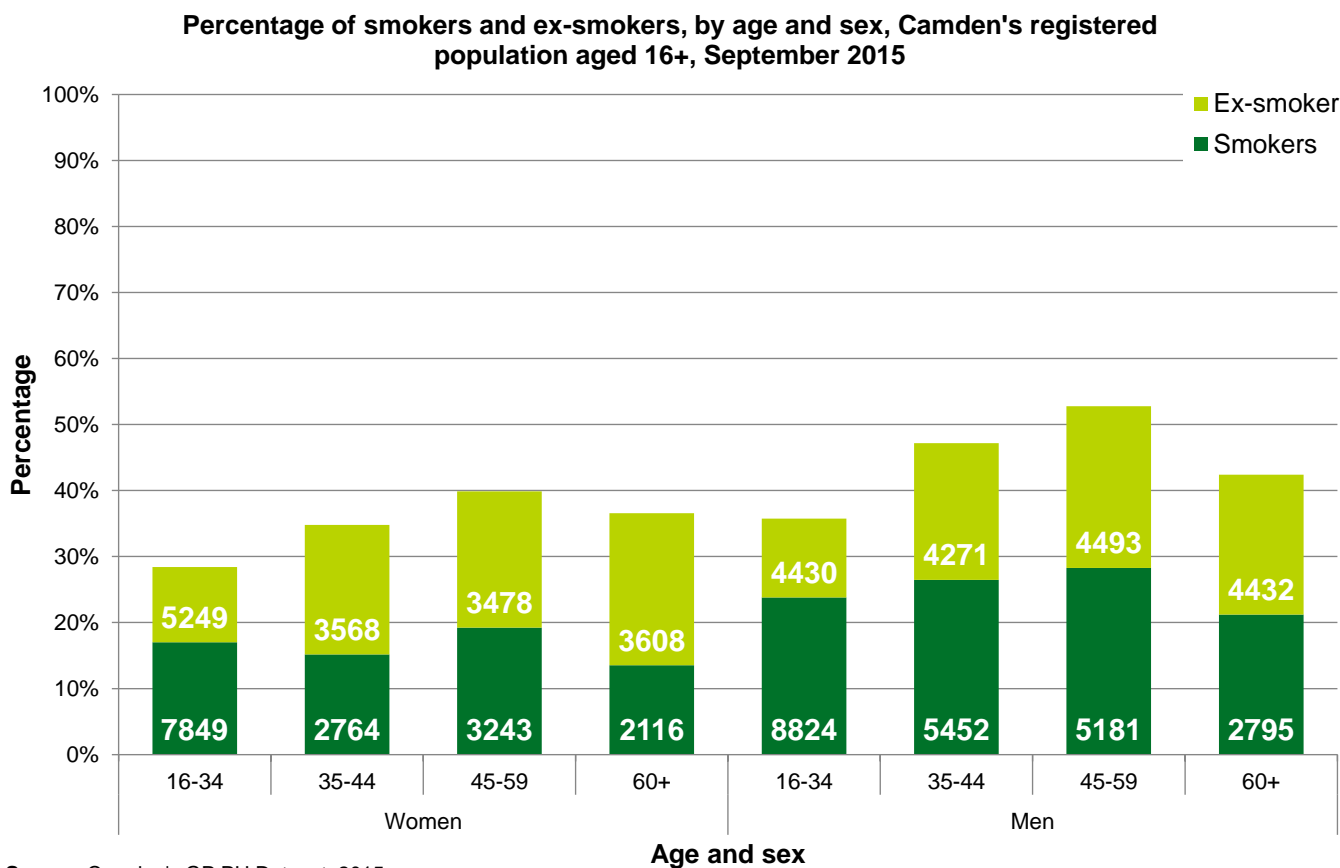
- 17% of Camden registered patients (16+) are ex-smokers.
- Taken together with smokers, this means over a third of registered patients 16+ are 'ever smokers' (37%).
- The variation in ex-smoking between practices is slightly higher than for smoking: 15 practices have lower than the average, 13 have higher.

Number of ex-smokers – GP Practices



- There are 33,529 ex-smokers registered at Camden GPs.
- Taken together with registered smokers, there are 71,694 'ever-smokers' registered in Camden.
- There is wide variation in total number of ex-smokers across practices. This is determined by both practice size and prevalence of smoking/ ex-smokers at each practice.

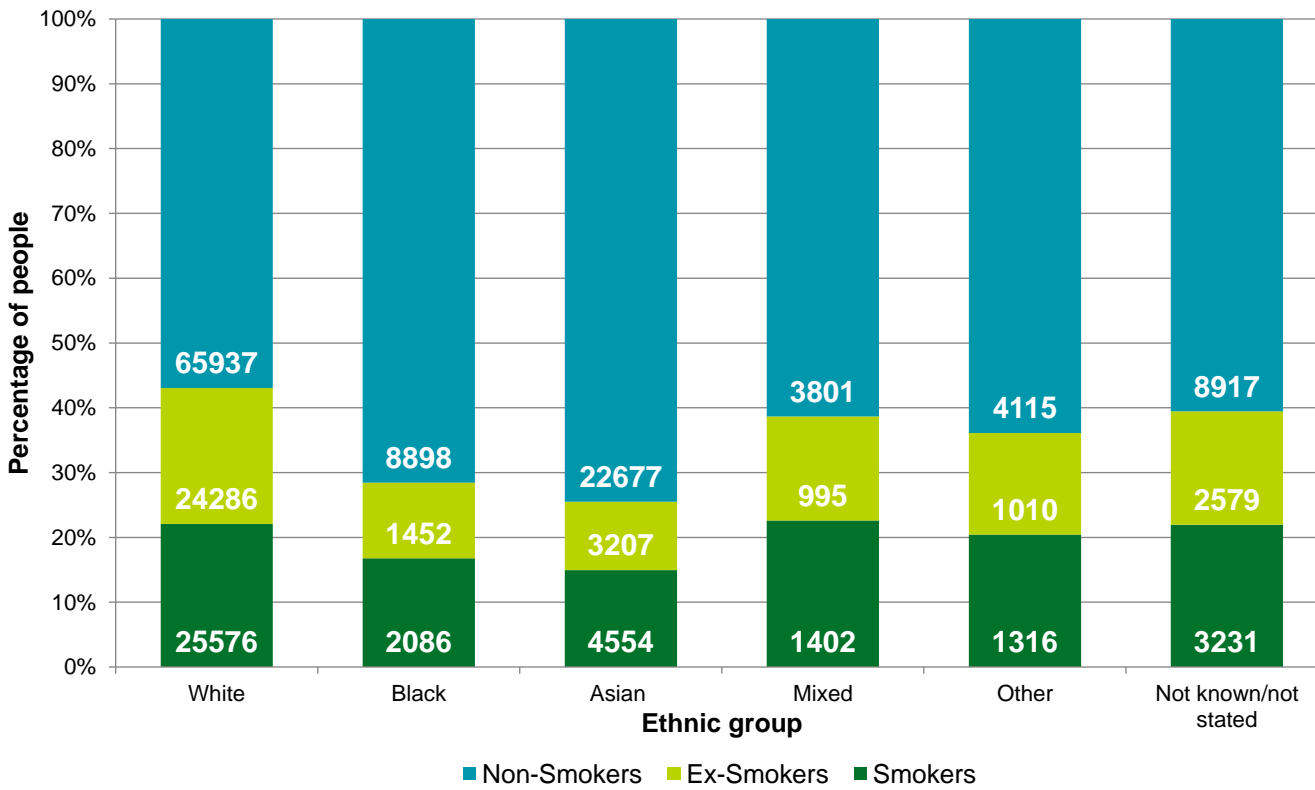
Smoking status by age and gender



- Men are more likely to be current or ex-smokers than women; 25% of men currently smoke compared to 16% of women.
- The proportion of "ever-smokers" within each age group increases until 59 years; however at age 60+ years, the proportion of current smokers decreases. This is likely due to both a rise in smoking cessation and premature mortality within smokers.

Smoking status by ethnicity

Smoking status by ethnic group, Camden's registered population aged 16+, September 2015

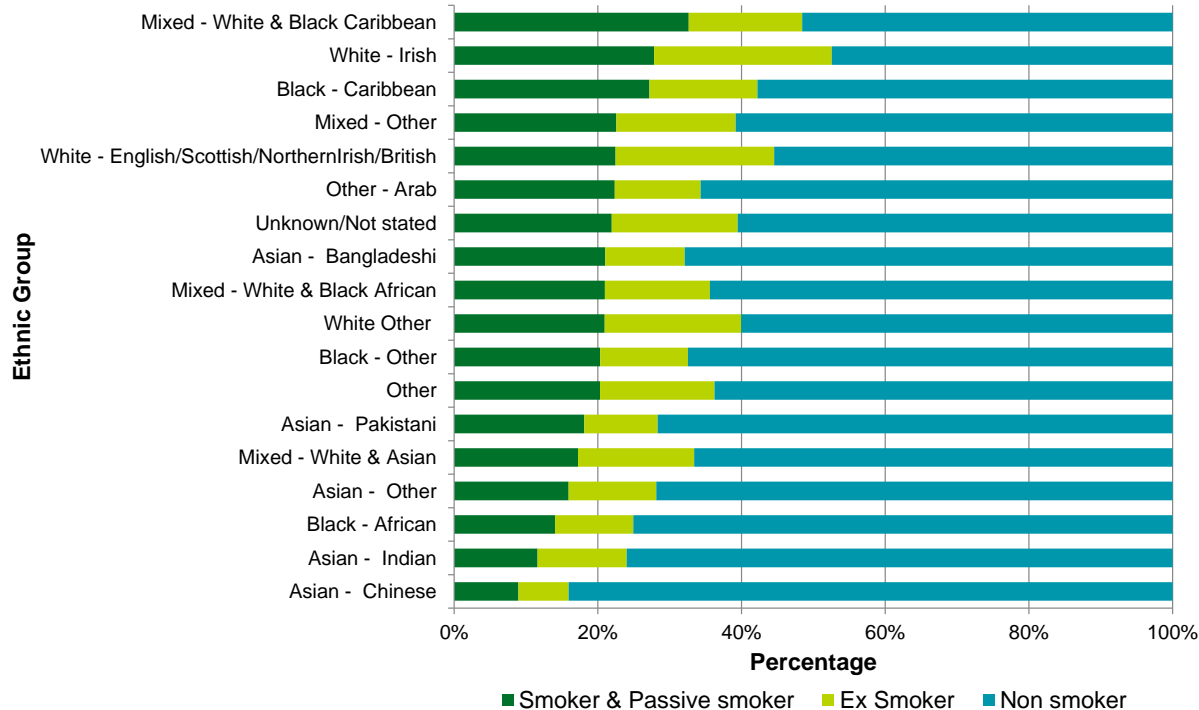


Source: Camden's GP PH Dataset, 2015

- In Camden, excluding those where ethnicity was not known, White people are the group most likely to smoke (22% are smokers; 21% are ex-smokers).
- Black and Asian people are significantly less likely to smoke or to have smoked with 72% and 75% being non smokers respectively.

Smoking status by detailed ethnic group

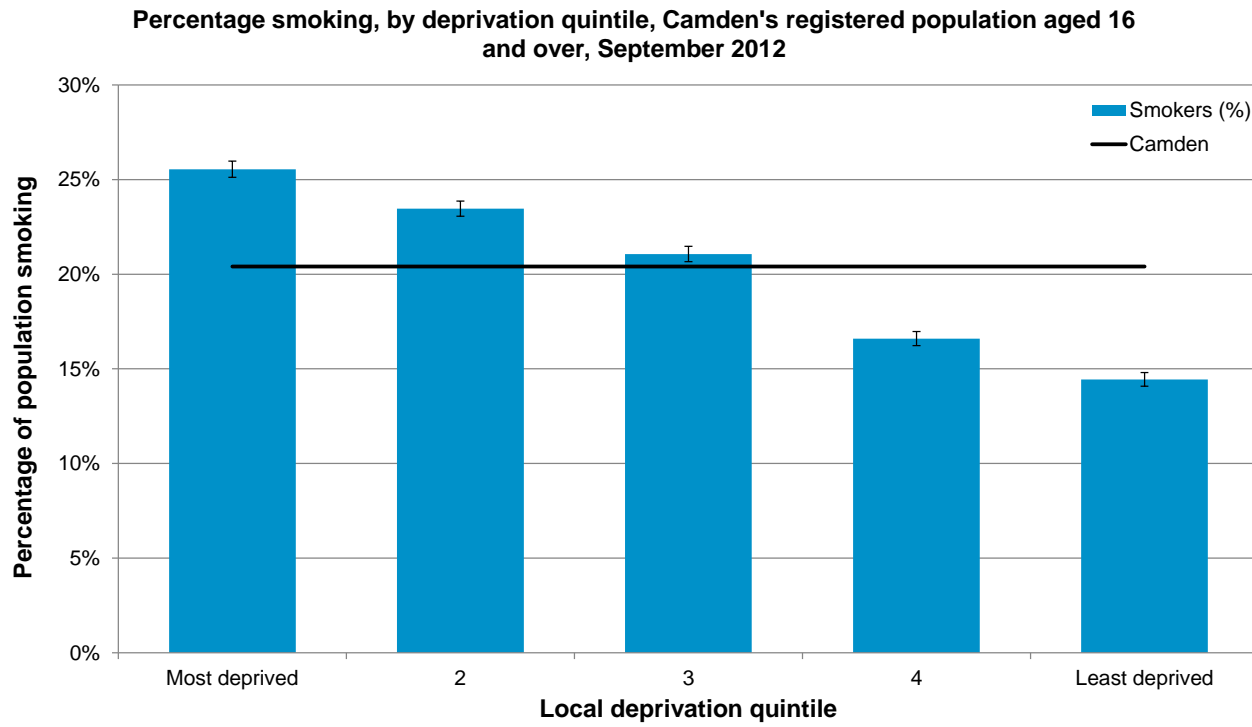
Smoking status by ethnic group, Camden's registered population aged 16+, September 2015



Source: Camden's GP PH Dataset, 2015

- This graph shows a more detailed breakdown of smoking status by ethnicity.
- The highest smoking prevalence is among the Mixed White + Black Caribbean ethnic group (312 (33%)), followed by White Irish (1,287 (28%)).
- Chinese and Indian ethnic groups have the lowest smoking prevalence (683 (9%) and 515 (12%) respectively).

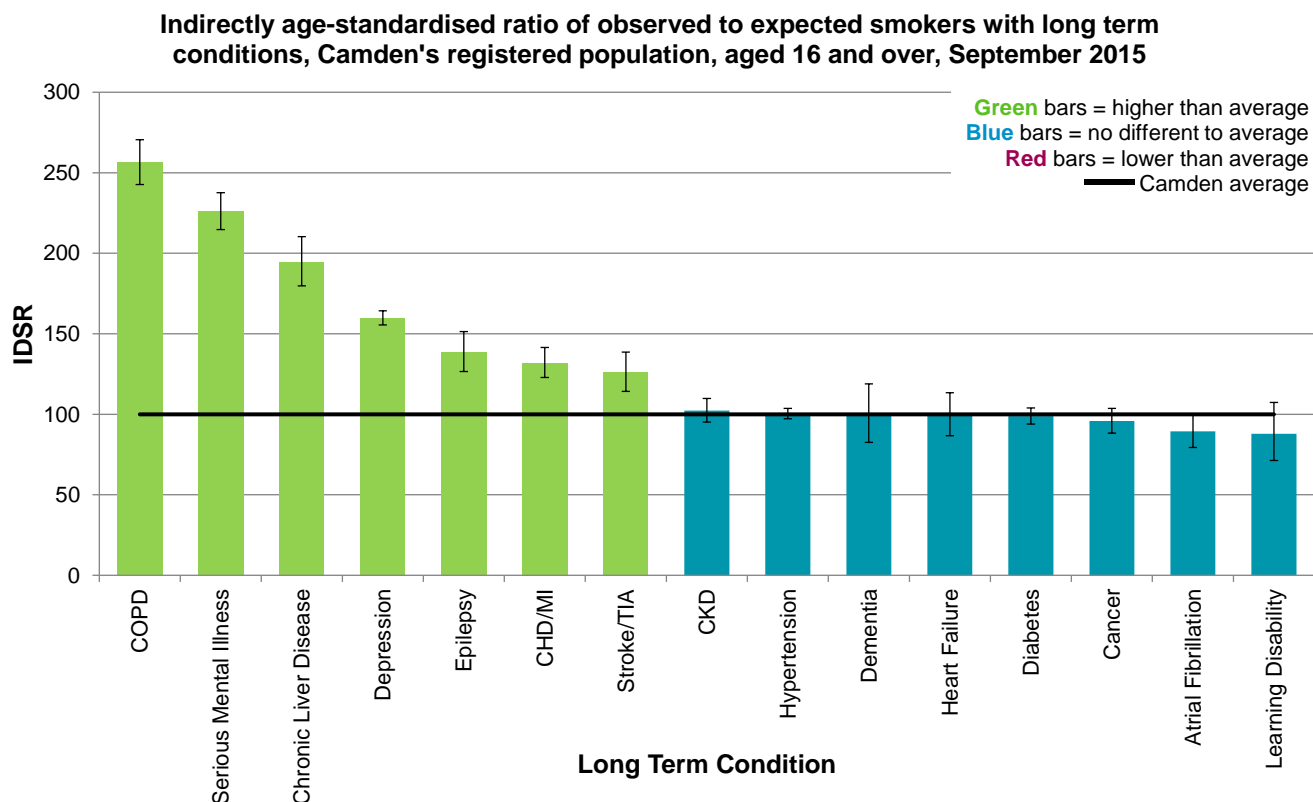
Smoking status by deprivation



Note: 9,267 with no smoking status recorded were excluded
Source: Camden's GP PH Dataset, Sep 2012

- There is a well established association between poverty and smoking.
- Previous analysis has shown that smoking prevalence is almost twice as high in Camden's most deprived areas (26%) compared to the least deprived (14%).

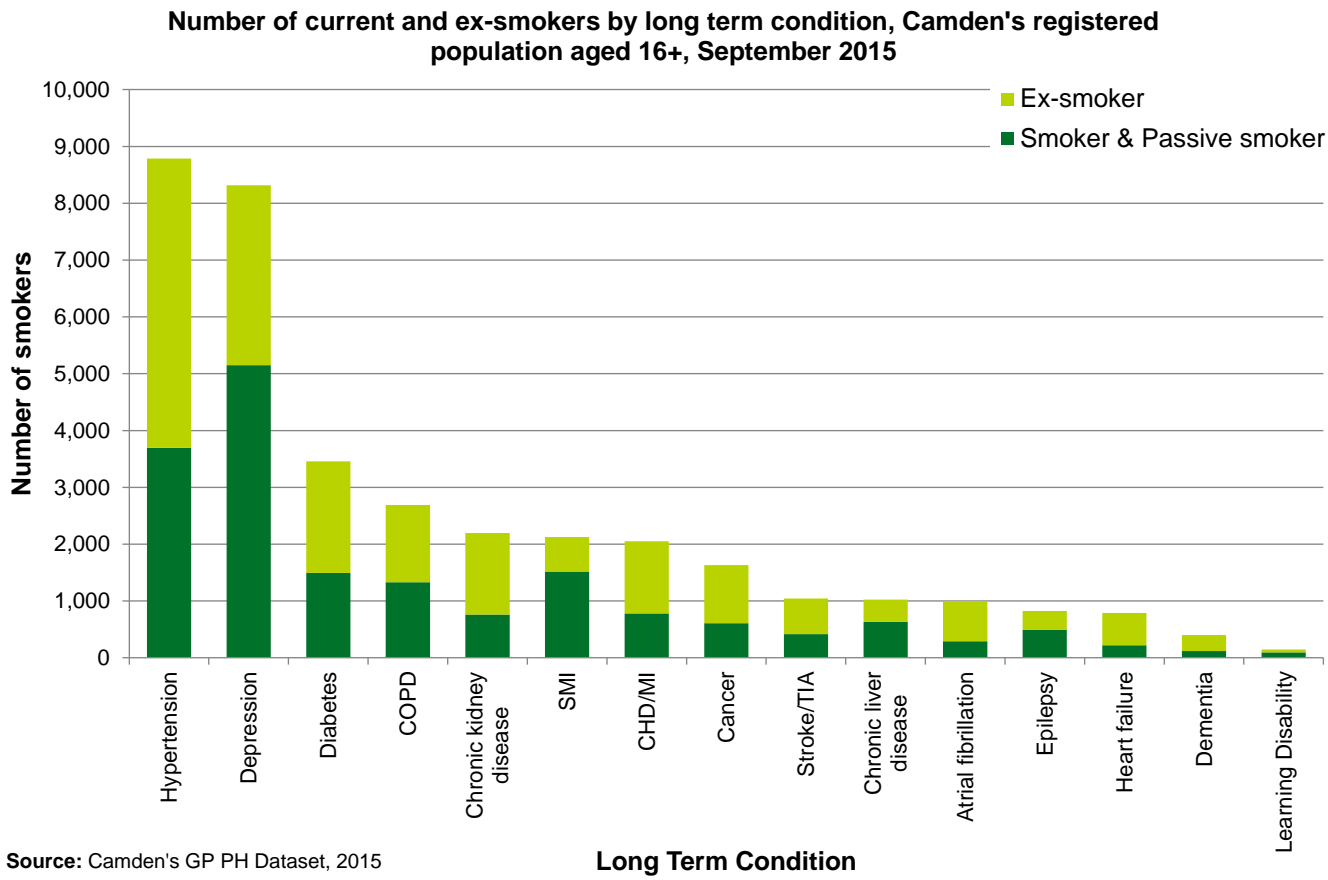
Long term conditions and smoking



Note: People may appear more than once in the chart as they may have more than one long term condition
Source: Camden's GP PH dataset, 2015

- There are approximately two and a half times more smokers with COPD than compared to the Camden registered population. This figure is adjusted for age.
- There is also increased prevalence of serious mental illness, chronic liver disease, depression, epilepsy, coronary heart disease and stroke in smokers compared to the registered population.

Long term conditions and smoking



- There are 9,364 people living with at least one long term condition and recorded as a current smoker in Camden (excluding those with a mental health condition - defined as psychoses, schizophrenia and other psychotic disorders).
- The two long term conditions with the most recorded smokers are high blood pressure and chronic depression.
- These people are likely to be in contact with health services providing opportunities for smoking advice and quit support to be offered.

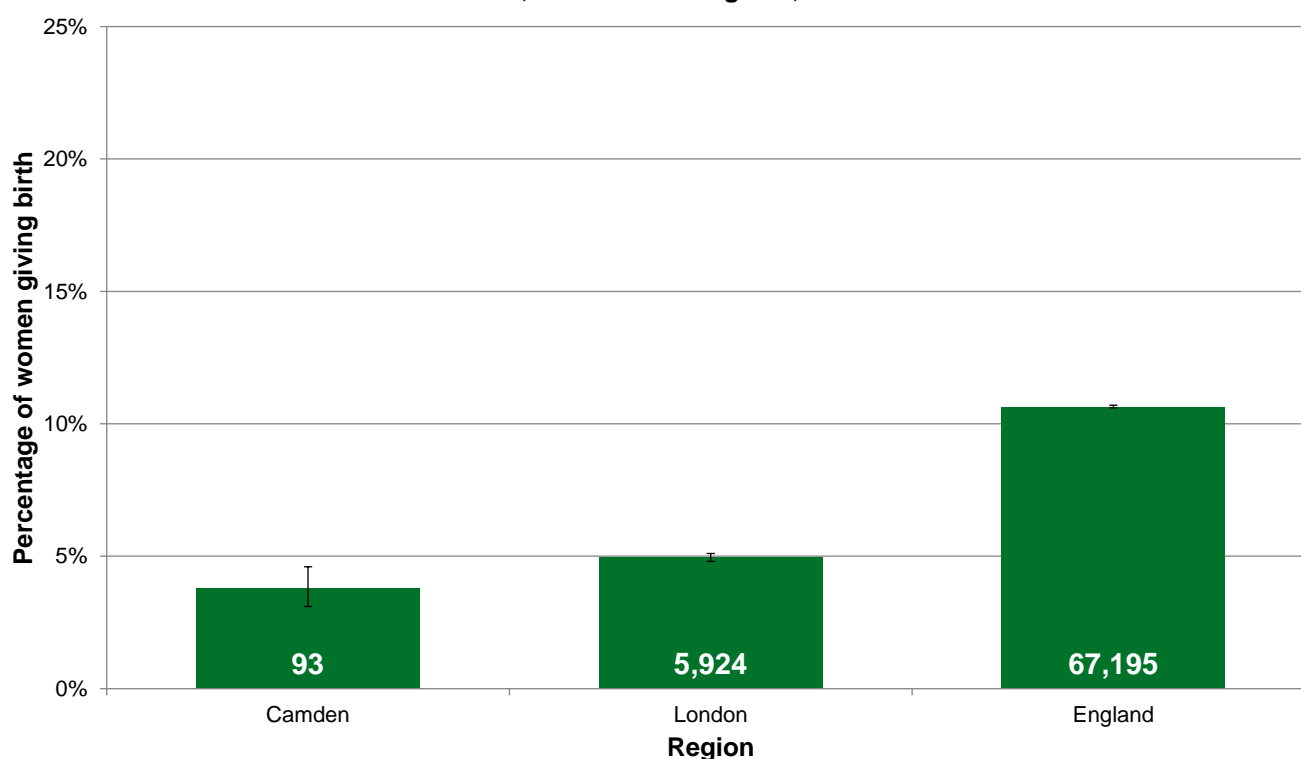
Smoking in pregnancy

This section details the number and percentage of expectant mothers in Camden that are smoking at the time of delivery (SATOD). Comparisons with other areas and trends over time are provided. Data comes from NHS Digital (formerly the Health & Social Care Information Centre).

33

Smoking in pregnancy

Percentage of pregnant women smoking at delivery, resident population, all ages, Camden, London and England, 2015/16

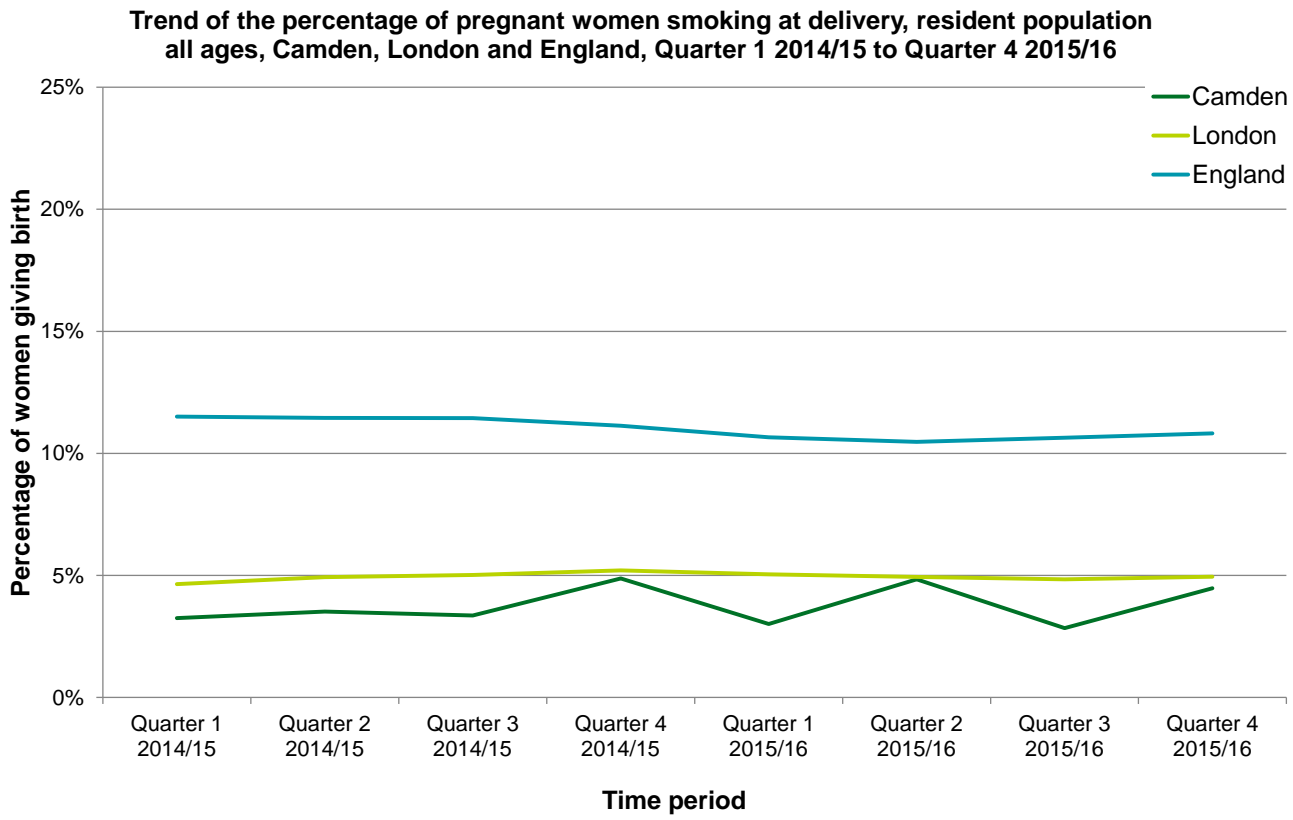


Source: NHS Digital, 2016

- 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.
- In Camden, 3.8% of women giving birth (93) were current smokers at the time of delivery compared to 4.9% across London.

34

Smoking in pregnancy –trend



Source: NHS Digital, 2016

- The proportion of mothers smoking at time of delivery has been fluctuating between 3% and 5% between Q1 2014/15 and Q4 2015/16.
- In England there has been a decline from 12% to 11% in the same period, while the London average has remained around 5%.

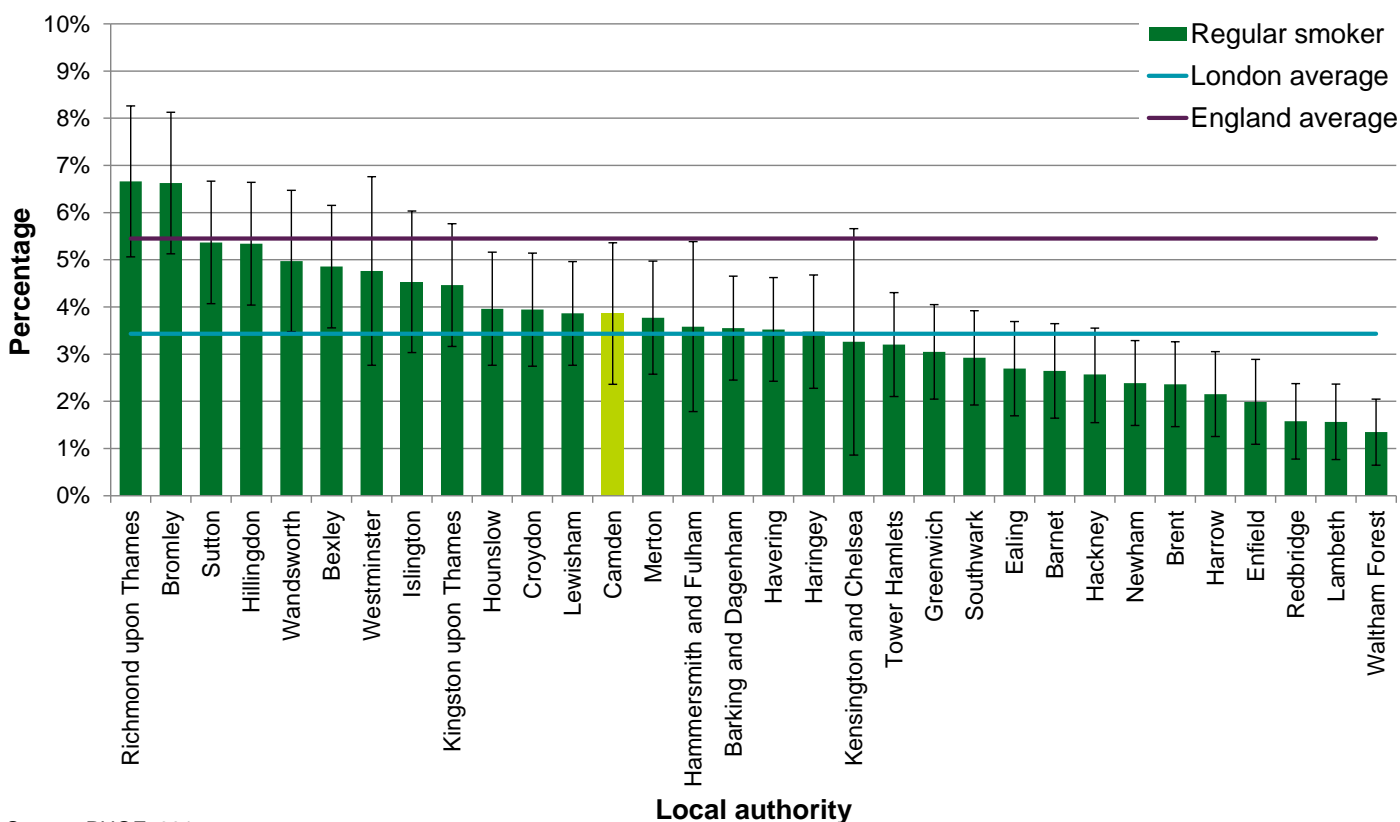
Smoking among children

This section details the burden of smoking in Camden amongst children aged 15 years. These figures are the percentage of 15 year olds who reported that they were regular smokers in the What About YOUth survey (2014/15).

37

Prevalence of smoking among children aged 15

Smoking prevalence at age 15, regular smokers by local authority, resident population, London, 2014/15



- Based on these estimates, there are approximately 75 regular smokers in Camden aged 15.
- The Camden smoking prevalence (3.9%) was not significantly different to London (3.4%), but was significantly lower than England (5.5%).

Source: PHOF, 2015

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

All of our profiles, as well as other data and outputs can be accessed on the Health pages of the Camden Open Data <https://opendata.camden.gov.uk>

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Gabrielle Emanuel.

Email: publichealth.intelligence@Islington.gov.uk, **Tel:** 020 7527 1120

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

© Camden and Islington Public Health Intelligence