

CAMDEN PROFILE PUBLIC HEALTH INTELLIGENCE

Smoking prevalence and smoking cessation services in Camden

First edition
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About this profile

PURPOSE

This public health intelligence profile describes patterns in smoking prevalence and smoking cessation efforts in Camden.

This profile will support and inform:

- strategic decision-making and targeting initiatives within the Stop Smoking Service in Camden
- commissioners of smoking services, including Camden Clinical Commissioning Group
- improvements in processes and outcomes in both GP practices and pharmacies in Camden

Smoking remains the main cause of preventable disease and premature death in the UK. Smoking is strongly associated with some cancers, circulatory disease and respiratory disease. Nationally, smoking accounts for over half of the gap in risk of premature death between social classes; mortality rates from tobacco are two to three times higher among disadvantaged social groups than among the least deprived. Smoking is estimated to cost the NHS in the UK £5.2 billion a year (Tobacco – Health Bill 2009, UK Parliament www.parliament.co.uk).

In Camden smoking is estimated to cost the NHS £6.8 million a year. It is estimated that a further £2.5 million is the cost to businesses through losses in productivity due to smoking (National Institute for Health and Clinical Excellence, Return on Investment tool for Tobacco Control v1.0).

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FURTHER INFORMATION AND FEEDBACK

The main author of this profile is Chloe Johnson (Public Health Information Analyst), with support from Chloe Rousseau (Assistant Public Health Information Officer) and Colin Sumpter (Public Health Information Officer). This profile was reviewed by Mahnaz Shaukat (Head of Health Intelligence) and Dalina Vekinis (Senior Public Health Information Analyst).

We would also like to thank Verena Thompson for her input and assistance with this profile.

For further information, please contact Chloe Johnson.

Email: publichealth.intelligence@islington.gov.uk

Tel: 020 7527 1258

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 & RECOMMENDATIONS

1. The prevalence of smoking in the resident population in Camden is not significantly different to the average in London or England. The prevalence of smoking in the population registered with a GP in Camden is 20%.
2. In Camden, smoking quit rates through NHS services are significantly lower than the average in London at 7 quits per 1,000 general population. This could in part, be explained by variations in smoking prevalence between London boroughs.
3. A significantly higher proportion of people accessing stop smoking services are lost to follow-up in Camden compared to the average in London. This could, in part, explain the significantly lower quit rate in Camden compared to London. A significantly higher proportion of people are lost to follow-up in pharmacy settings compared to GP practice settings in Camden.
4. Analysis shows large differences in smoking prevalence and smoking cessation activities at GP practice level across Camden. The Stop Smoking Service (SSS) may wish to use this information to target those practices with a high smoking prevalence who are not achieving a high level of smoking quits.
5. In order to address health inequalities and improve quit rates, smoking cessation efforts should also target groups where analysis has shown smoking is more prevalent and/or where quit rates are low in Camden:
 - a) Young people aged 16-34
 - b) Men in general and particularly younger men
 - c) Ethnic groups such as White Irish and White and Black Caribbean, among whom smoking is more prevalent
 - d) People from the most deprived areas in Camden, particularly those who have never worked or are long term unemployed
 - e) People with long term conditions, especially those with chronic obstructive pulmonary disease (COPD) and mental health problems
6. Improving the levels of recording of current smoking status (every 15 months) at GP practices would allow for more accurate prevalence data as well as more precise risk modelling results, more opportunities for brief interventions and more referrals into stop smoking services.
7. Focussed efforts to improve recording of carbon monoxide (CO) testing information should be made to achieve required reporting levels.

KEY MESSAGES

Recording of smoking status at Camden GP Practices

- Just under half of the population (46%) registered in Camden have a current smoking status (recorded within the last 15 months), with large variation by GP Practice. Up-to-date recording of smoking status enables accurate use of risk models, such as QRisk2.
- Up-to-date smoking status recording also facilitates discussion with patients regarding interventions for smoking cessation. Of the 100,000 adults without a current smoking status 39,800 (22%) had previously been recorded as smokers, meaning opportunities for referrals into stop smoking services are potentially being missed.
- Those aged between 16 and 19 years of age, men in general and people from minority ethnic groups are less likely to have their smoking status recorded. This may in part, be explained by less engagement with GP Practices.

Smoking prevalence among Camden's population

- According to direct estimates, 17% of adults aged 18 years and over who are resident in Camden smoke. This is not significantly different to the prevalence in London or England. The prevalence of smoking in the population registered with a GP in Camden is 20%.
- In Camden, 5% of mothers are smoking at time of delivery (139 mothers in 2011/12) compared to 6% in London. However, this is significantly lower than the England average (13%).
- Smoking prevalence in the GP registered population varies significantly by GP Practice (from 11% to 31%). Variation could in part be explained by demographic differences between practices, such as ethnicity and level of deprivation.
- Variations in the prevalence of smoking were found in the following demographic groups:
 - Men are significantly more likely to smoke than women (25% vs. 17%). Prevalence is highest in the 45-59 age-group and reduces significantly in those aged 60 and over for both men and women. Note that it is difficult to draw conclusions about generational differences between age groups since older smokers are more likely to have died than non-smokers of the same age.
 - Analysis of smoking status by broad ethnic group shows that prevalence ranges from 8% in the Chinese population to 22% in the White population. People from White and Other/Mixed ethnic backgrounds are significantly more likely to smoke than the general population in Camden and those from Asian, Black or Chinese ethnic groups are significantly less likely to smoke.
 - A more detailed breakdown of ethnic group shows that the prevalence of smoking in some groups is masked by broader categorisation. For example, smoking in the Black Caribbean population is significantly higher than the general population. Prevalence ranges from 8% in the Chinese population to 32% in the mixed White and Black Caribbean population.
 - There is a positive correlation between smoking prevalence and level of deprivation; people living in the more deprived areas in Camden (26%) are significantly more like to smoke than those living in the least deprived areas (18%).
 - Smoking prevalence is significantly higher in those with serious mental illness, chronic obstructive pulmonary disease (COPD), depression, liver disease and myocardial infraction (heart attack). Despite smoking cessation being the most effective intervention to control and manage COPD, 44% of the people (1,128 people) with this condition still smoke.

Stop Smoking Service data

- The quit rate in Camden is significantly lower than London at 7 per 1,000 general population and ranks 22nd out of 31 London Boroughs. Differences in quit rates per general population between London Boroughs could in part be explained by variation in smoking prevalence.
- Camden's Stop Smoking Service helped 1,368 people to successfully quit smoking in 2011/12, equivalent to a quit rate of 21 per 1,000 smoking adult population registered with a GP in Camden.
- A significantly higher proportion of people accessing services in Camden are lost to follow-up (38%) than in London (28%). This could in part explain the significantly lower quit rate in Camden compared to London.

Key messages (cont)

- A significantly higher proportion of people accessing services in pharmacies are lost to follow-up compared to those accessing services within GP practices.
- Almost a third of people accessing Camden's Stop Smoking Services are resident outside of Camden; residing mainly in Islington, Brent, Westminster and Haringey.
- Variations in the success of people attempting to quit smoking were found in the following demographic groups:
 - For men, the chances of success in quitting increase with age; those aged 60 and above are more likely to successfully quit smoking than men in younger age groups.
 - For women, the chances of success are highest in those aged between 35 and 59 years; quit rates are significantly higher than men in these age groups.
 - Quit rates in the White Irish population are one of the highest, this is positive given this is the second most prevalent smoking ethnic group in Camden. Quit rates are also higher in the White and Black African and the White and Black Caribbean population, although numbers are small and therefore rates are not significantly different. Quit rates are lowest in Other Asian, Other Black and Other White ethnic groups.
 - In terms of service level demand, the highest number of users residing in Camden are from the most deprived areas of borough. Those living in the most deprived areas of the borough have significantly higher quit rates compared to those living in the least deprived areas.
 - Ward-level analysis indicates that quit rates are significantly lower than the average in some wards: (Camden Town with Primrose Hill, Highgate and Frognal and Fitzjohns).
 - The proportion of people successfully quitting was significantly higher in those who were retired compared to the general population. Quit rates for those who had never worked or who were long term unemployed were significantly lower than the average in Camden.
- CO testing to verify successful smoking cessation was used in 73% of cases. No significant differences between settings were found.
- Pharmacotherapy to assist patients in quitting was used in the majority of quit attempts (93%), with Nicotine Replacement Therapy (NRT) being the most used (83%). A significantly higher proportion of people successfully quit smoking were prescribed Champix compared to the average. The success of quit attempts with Champix were also significantly higher than quits with NRT only.

SMOKING STATUS RECORDING

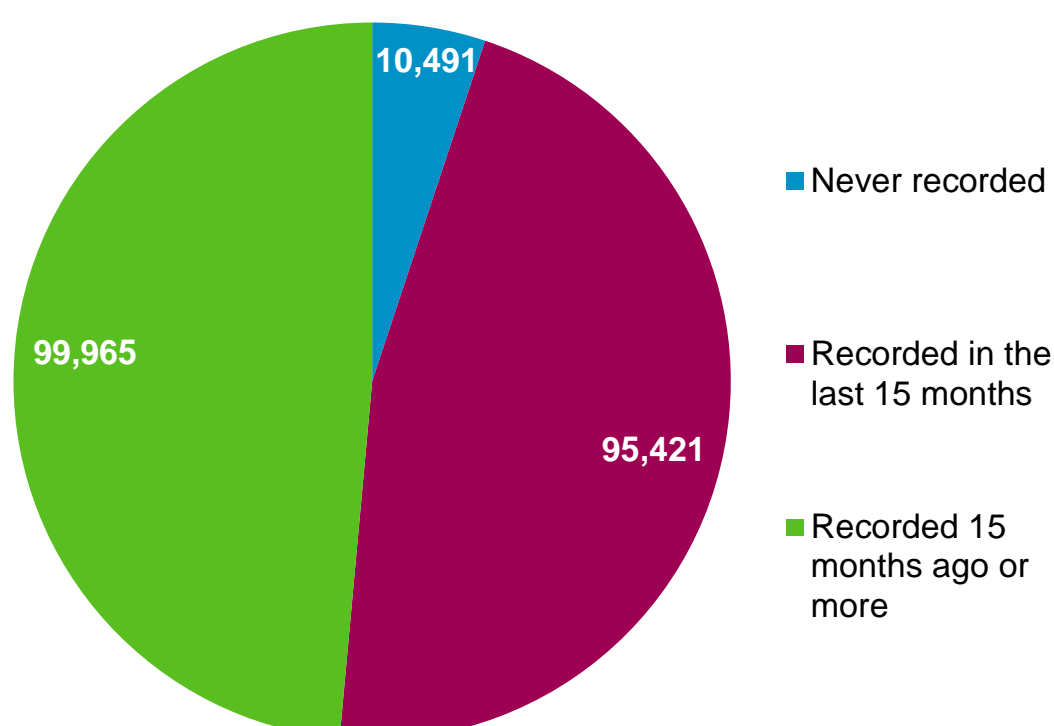
Using statistics from Camden's GP PH dataset, this section details how well smoking status is recorded in primary care in Camden.

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How well is smoking status recorded in Camden?

- 95% of the adult population (aged 16+) registered with a GP in Camden have had their smoking status recorded at some point.
- Of those with a smoking status recorded, 49% had been recorded with the past 15 months (not shown).
- 22,214 smokers (56% of all smokers) had not had their smoking status recorded within the last 15 months.

Recording of smoking status in GP practices

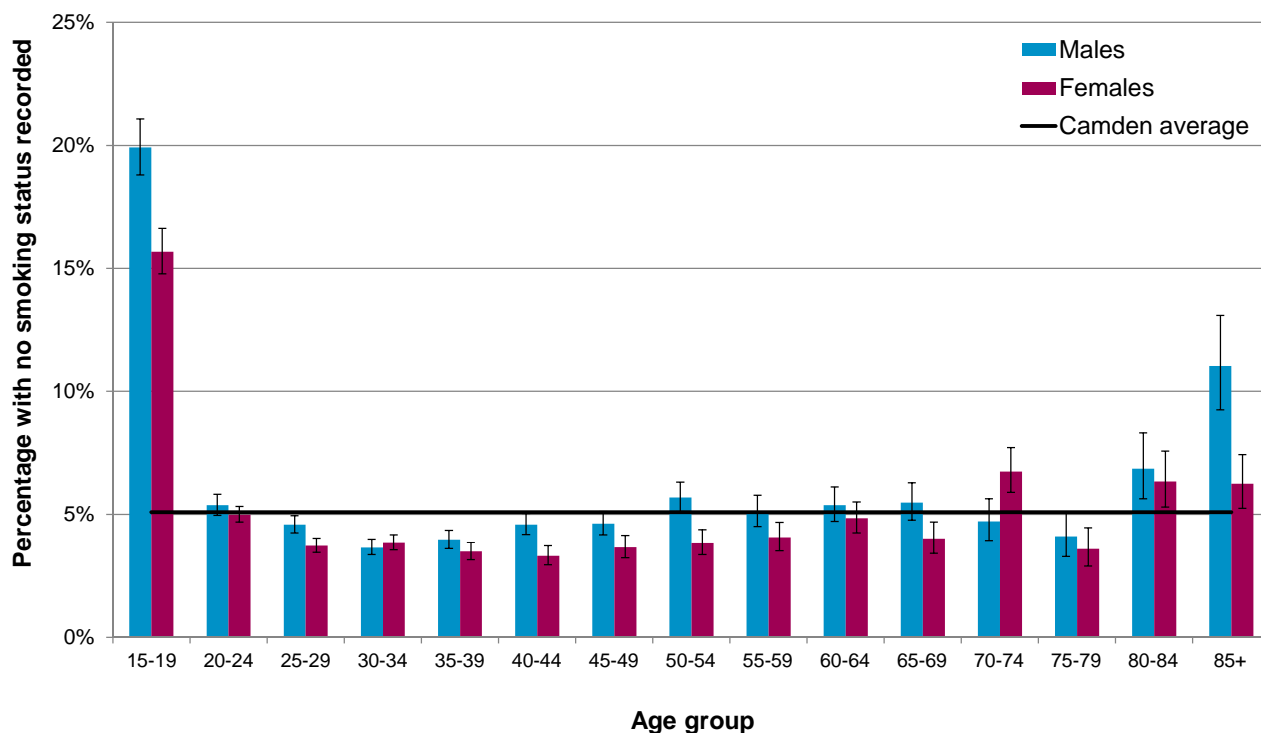


Source: Camden GP dataset, 2012.

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Smoking status recording by age and sex

Percentage of patients where smoking status was not recorded, by age group, Camden (age 16+)



Source: Camden GP dataset, 2012.

- Men are more likely to not have their smoking status recorded compared to women. Overall, 5.3% of men had no smoking status recorded compared to 4.8% of women and this varies significantly by age-group.

Within most five-year age bands, men are more likely than women to not have their smoking status recorded.

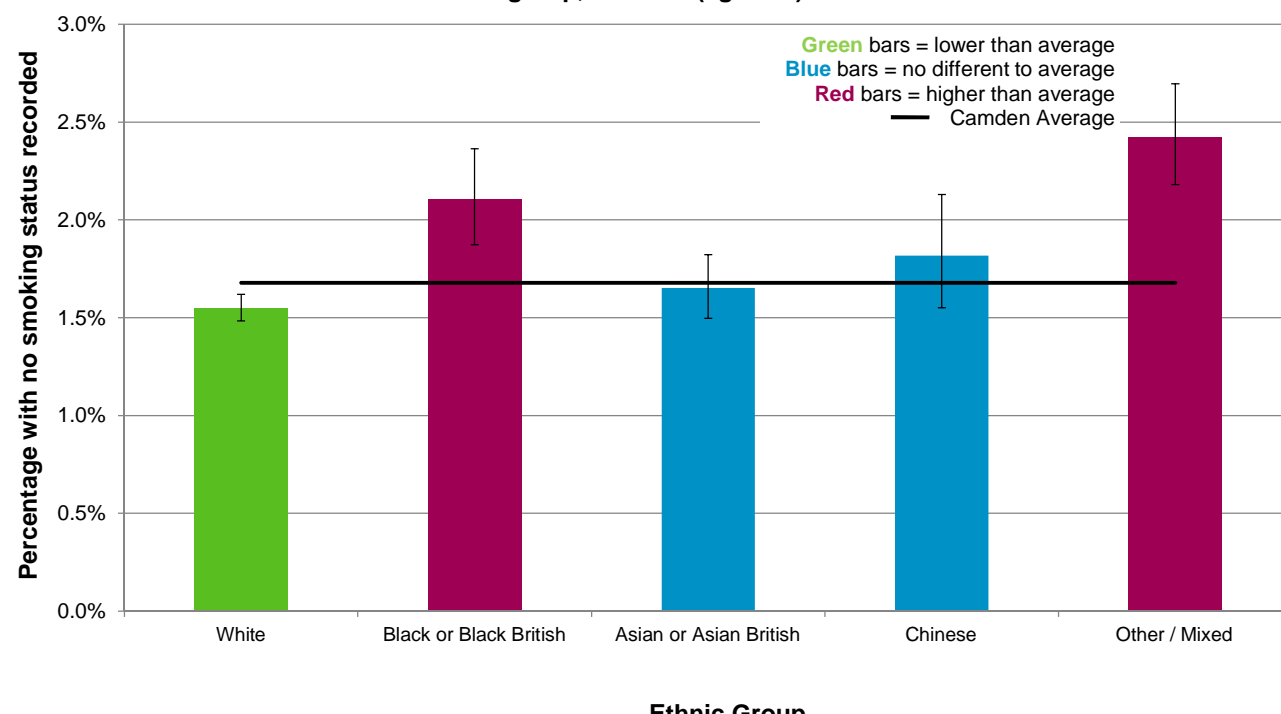
Males and females aged 15-19 are significantly more likely to not have their smoking status recorded than any other age group.

Possible reasons for variation between age and sex could be that women are more likely to visit their GP than men and younger people may have less need for primary care visits than other age groups.

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Smoking status recording by ethnic group

Percentage of patients where smoking status was not recorded, by broad ethnic group, Camden (age 16+)

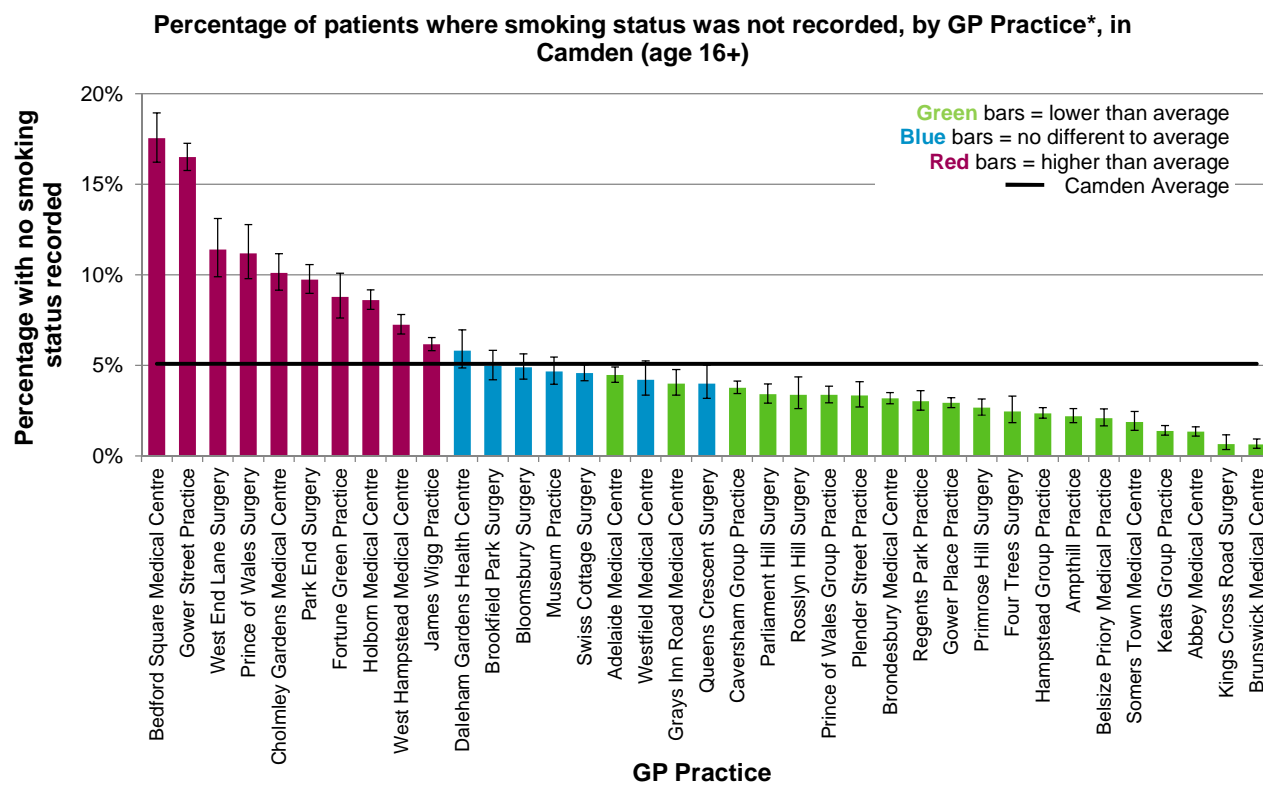


Source: Camden GP dataset, 2012. Note: Excludes 53,894 patients where ethnic group was not stated or not recorded

- Of the 10,491 people without a smoking status recorded, 68% of these had no record of their ethnic group, making it difficult to look at variation of lack of smoking status record between ethnic groups.

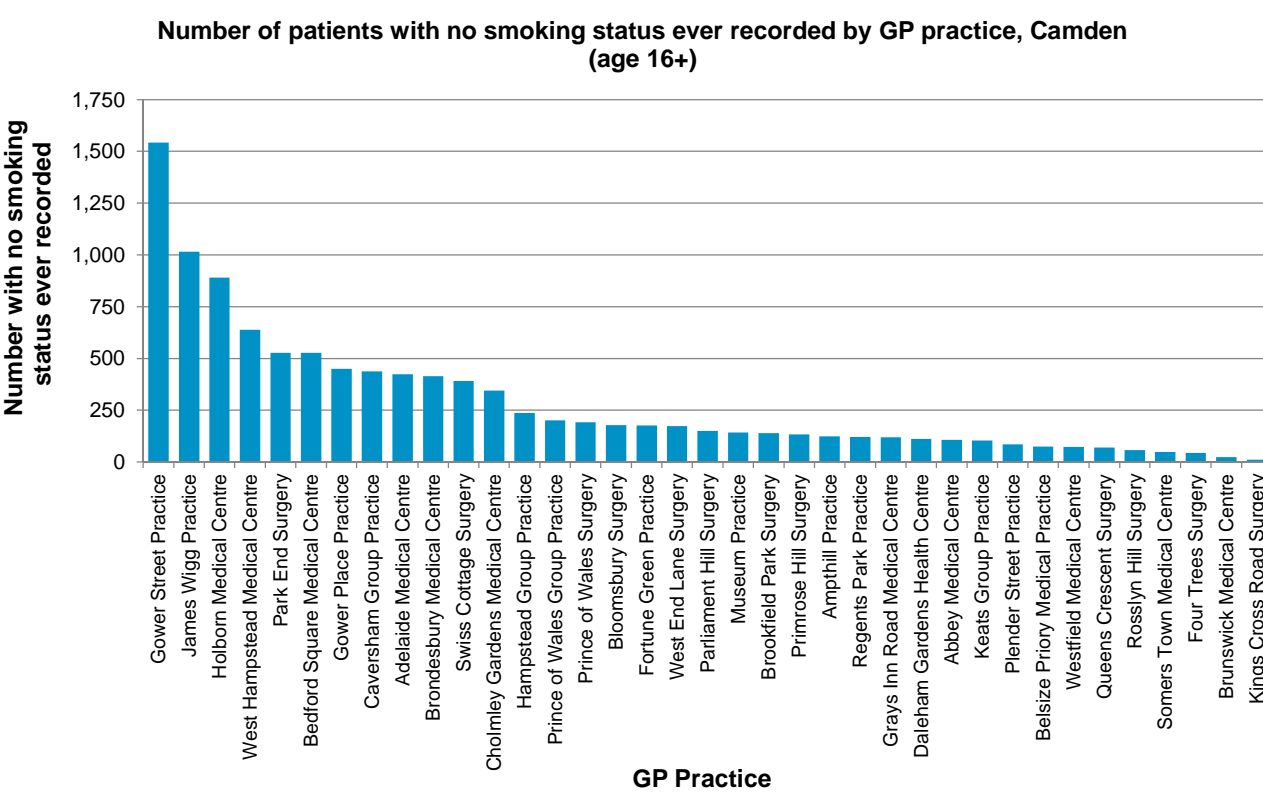
- Where ethnic group was recorded, significant but small differences were observed. People from minority ethnic groups were more likely not to have their smoking status recorded than those within white ethnic groups.

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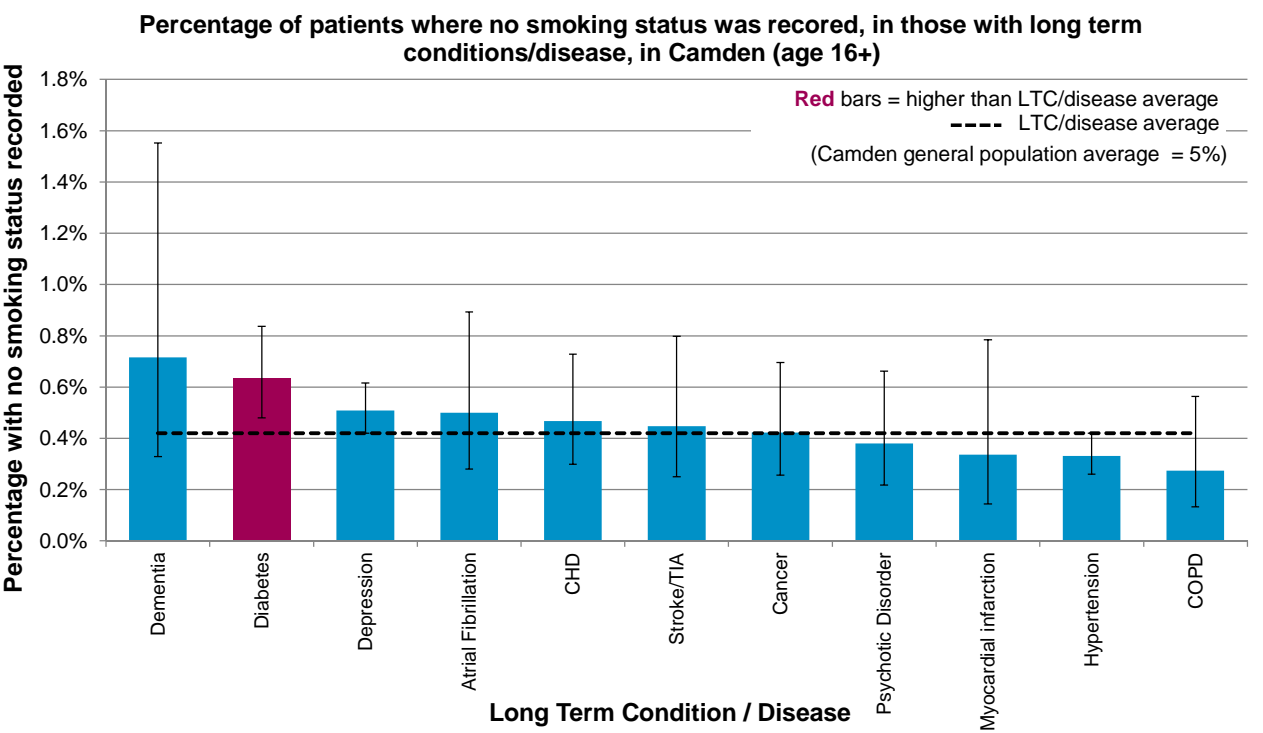
Source: Camden GP dataset, 2012. * Excludes two practices not consenting to data extraction

- The percentage of patients without a smoking status recorded ranges from 0.6% to 17.5% across GP Practices in Camden.
- Ten practices in Camden had a significantly higher proportion of patients where smoking status was not recorded compared to the average in Camden.
- Possible reasons for variation between GP Practices could be the age structure of the registered population (i.e. younger populations). Ethnic group and level of deprivation of registered patients could also influence the recording of smoking status.



Source: Camden GP dataset, 2012. * Excludes two practices not consenting to data extraction

- There are 10,491 adults with no smoking status ever recorded registered with a GP in Camden.
- The numbers range from 10 in Kings Cross Road Surgery to 1,543 in Gower Street Practice. This is not necessarily reflective of practice list size; Gower Street Practice for example have a significantly higher percentage of adults with a smoking status not ever recorded (16.5%) compared to the average in Camden (5%).



Source: Camden GP dataset, 2012. Note: Patients diagnosed with asthma and osteoporosis were not available at the time of production & patients with dementia and learning disabilities have been excluded due to disclosure numbers. CHD: Coronary heart disease, COPD: Chronic obstructive pulmonary disease, TIA: Transient ischemic attack

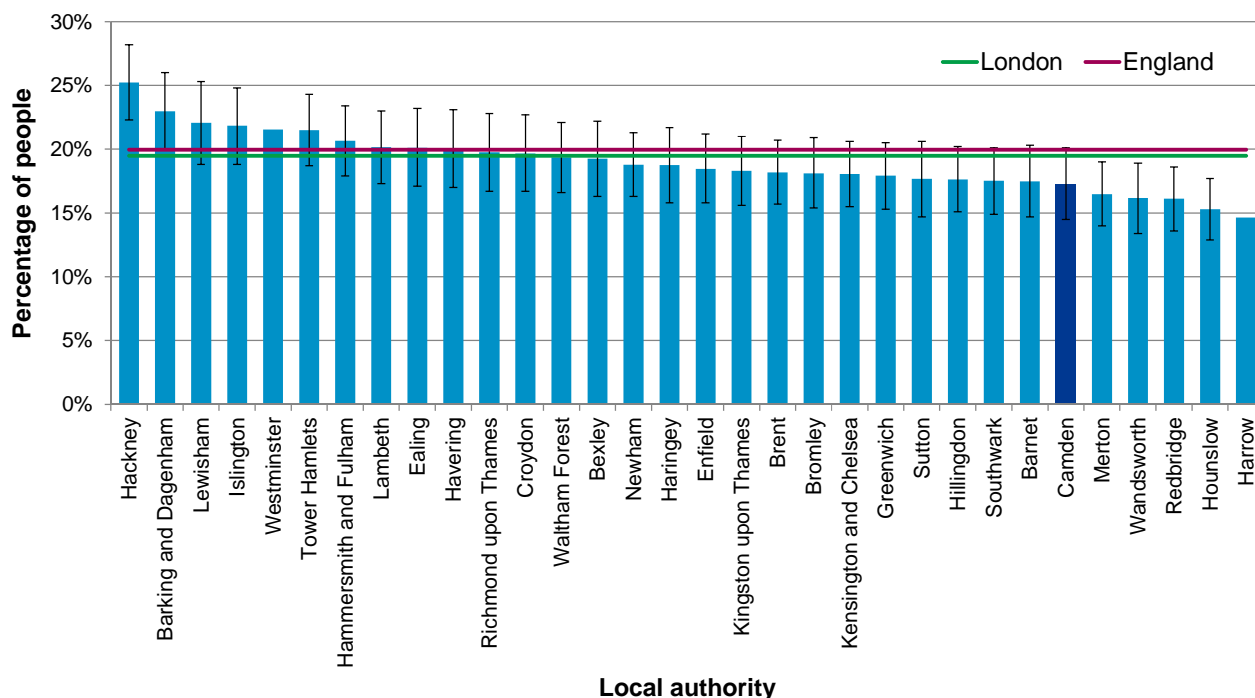
- The proportion of people with a LTC / disease diagnosis have a significantly lower proportion of people with no smoking status ever recorded (0.4%) than the general population (5%).
- The percentage of people with no smoking status recorded ranged from 0.7% in people with dementia to 0.3% in people with COPD.
- People with diabetes had a significantly higher proportion of people (49 people) with no smoking status ever recorded than the average for those with a LTC/diagnosed disease in Camden.

LOCAL SMOKING PREVALENCE

Using statistics from Camden’s GP PH dataset, this section presents detailed demographic break-downs of the prevalence of smoking at a local level.

Direct estimates of smoking prevalence among residents aged 18+, by Local Authority, 2012

Smoking prevalence among adults (18+), by local authority, London, 2012

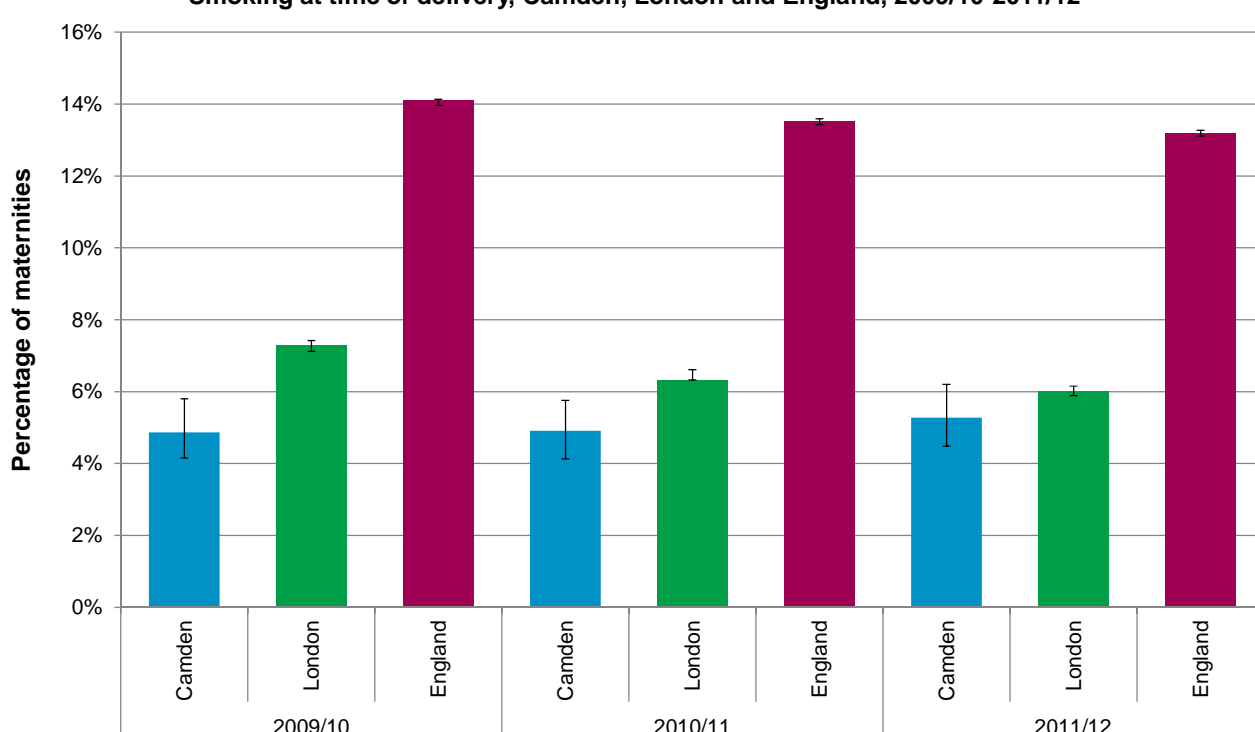


Note: Direct estimates make use of survey data from a sample population to estimate smoking prevalence across the wider population. Updated quarterly by the London Health Observatory. Source: LHO, Integrated Household Survey 2013

- According to direct estimates, the prevalence of smoking in Camden is 17%.
- Prevalence in Camden is not significantly different to the average in London (19.5%) or England (20%).

Smoking in pregnancy

Smoking at time of delivery, Camden, London and England, 2009/10-2011/12

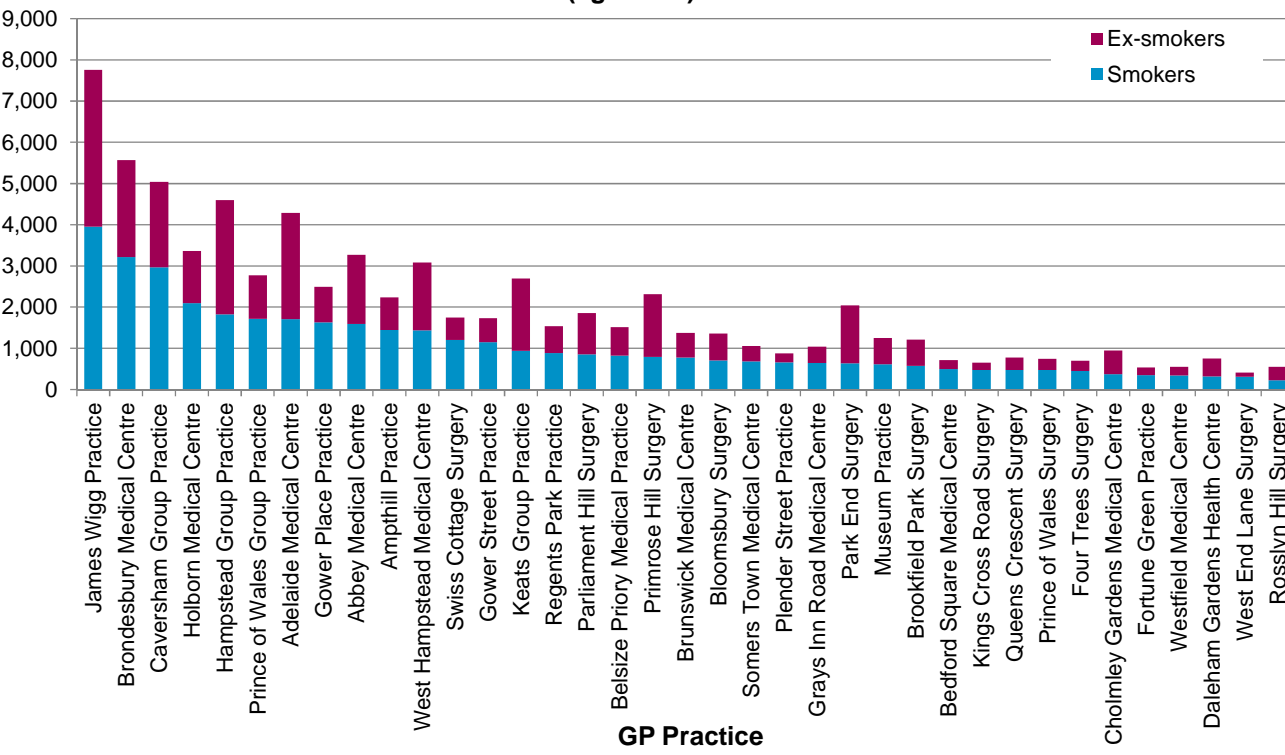


Source: The Health and Social Care Information Centre, Lifestyle Statistics / Omnibus

- Of the 2,633 maternities in Camden in 2011/12, 139 women were smoking at the time of delivery (5%).
- Since 2009/10 the percentage of women smoking during pregnancy has not changed significantly in Camden.
- The prevalence of smoking in pregnancy is significantly lower in Camden than in England (and was not significantly different to London in the year 2011/12).

Number of smokers and ex-smokers by GP practice

Number of people recorded as smokers & ex-smokers, by GP Practice*, in Camden (aged 16+)

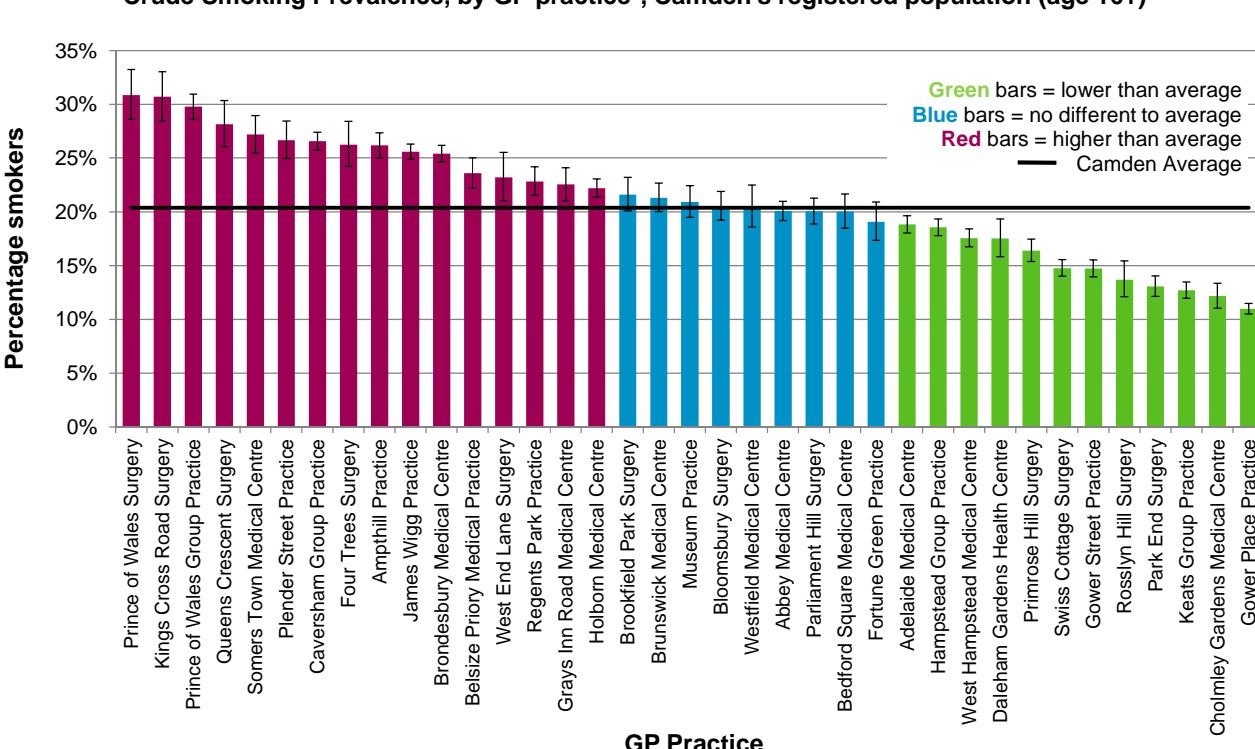


Source: Camden GP dataset, 2012. * Excludes two practices not consenting to data extraction

- There are 39,816 people registered with a GP in Camden recorded as smokers. This ranges from 223 at Rosslyn Hill Surgery to 3,951 at James Wigg Practice.
- There are 35,591 ex-smokers registered in Camden. This ranges from 99 at West End Lane Surgery to 3,811 at James Wigg Practice.
- James Wigg Practice has the highest number of smokers and ex-smokers at a total of 7,762 compared to the lowest of 411 at West End Lane Practice.
- Variation in the numbers observed by GP practice reflects the size of the registered population.

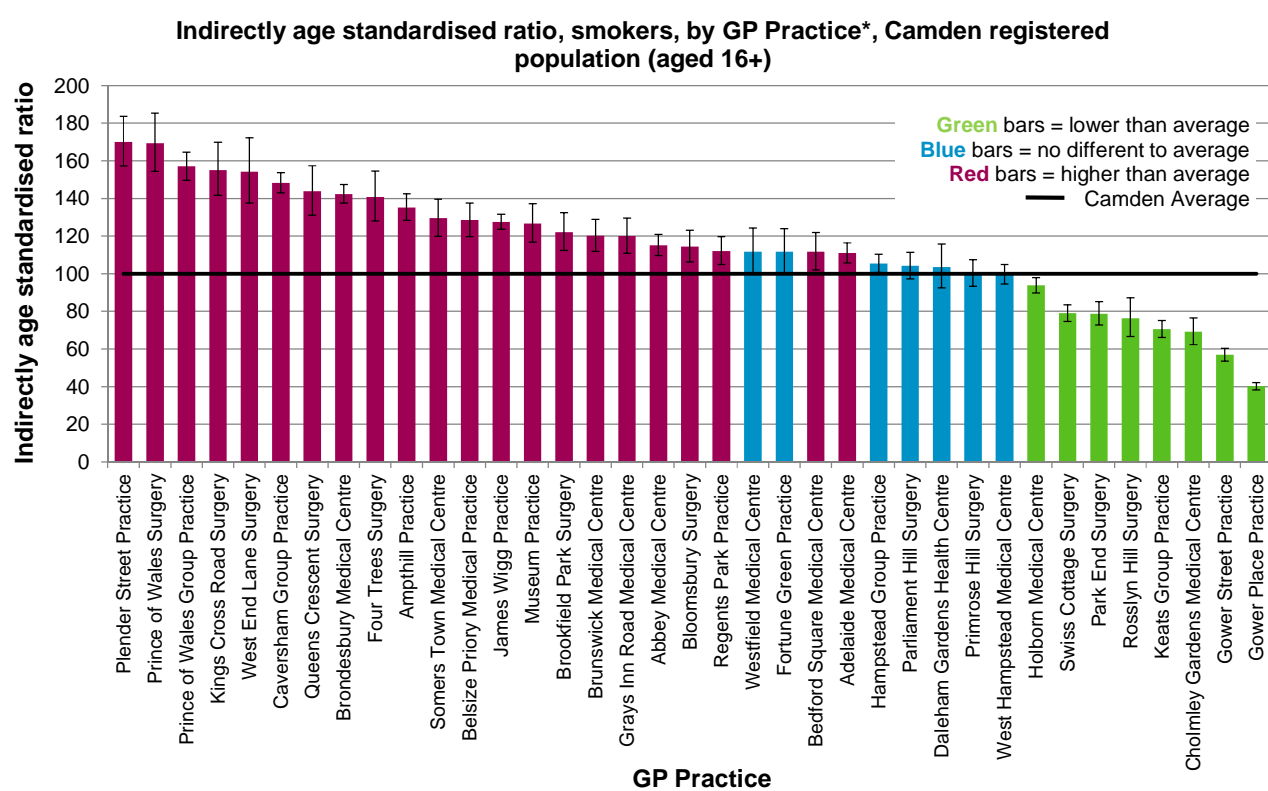
Crude smoking prevalence by GP practice

Crude Smoking Prevalence, by GP practice*, Camden's registered population (age 16+)



Source: Camden GP dataset, 2012. * Excludes two practices not consenting to data extraction

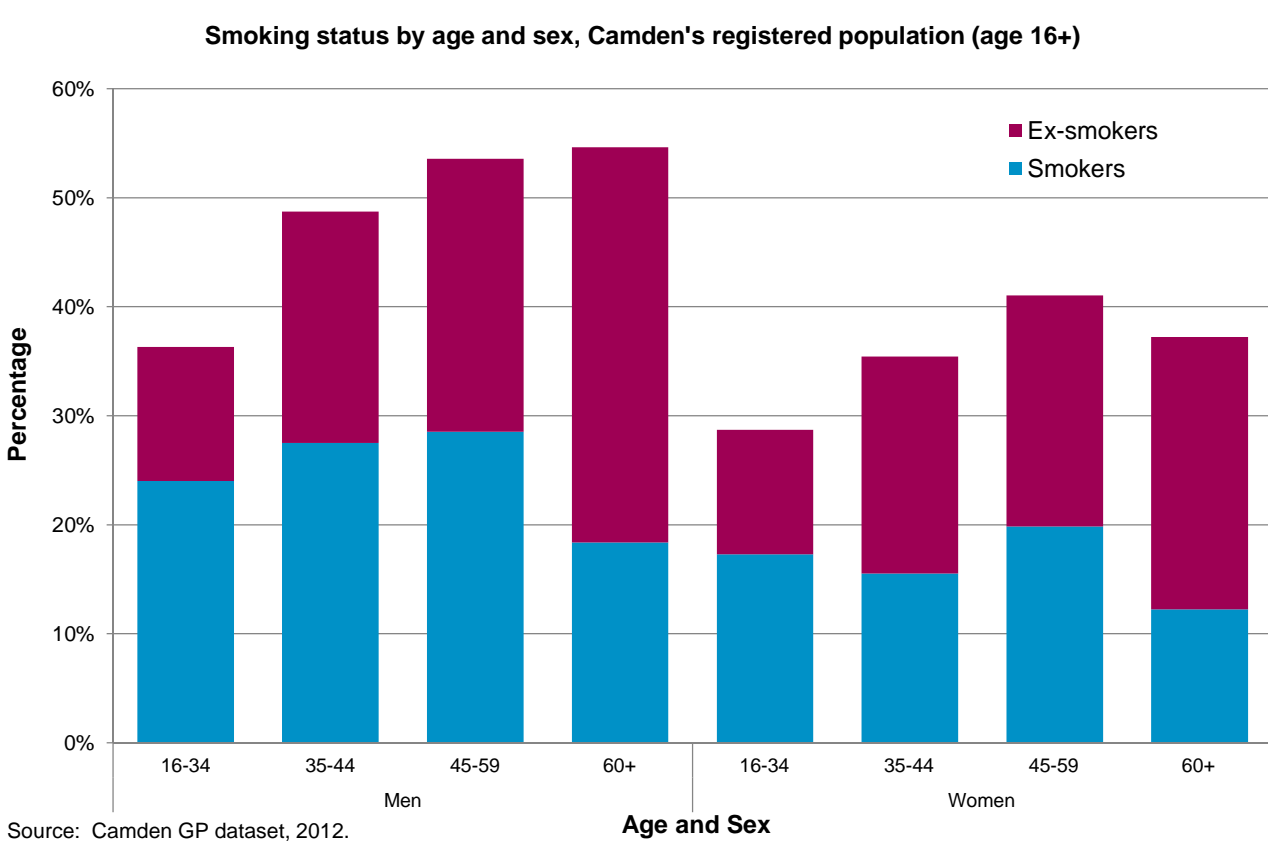
- Where a smoking status has been recorded, prevalence among Camden's registered population is 20%.
- Prevalence ranged from 31% at Prince of Wales Surgery to 11% at Gower Place Practice.
- Sixteen practices were significantly higher than the average for Camden, twelve were significantly lower.
- Possible reasons for variation between GP practices could be the age structure of the registered population. Ethnic group and level of deprivation of registered patients could also influence the prevalence of smoking.



Source: Camden GP dataset, 2012. * Excludes two practices not consenting to data extraction

- Standardisation of smoking prevalence by GP practice results in twenty-two practices being significantly higher than the average and eight practices significantly lower.
- Prevalence is highest at Plender Street Practice; almost 70% higher than the average.
- Prevalence was lowest at Gower Place Practice; 60% lower than the average.
- Data has been age-standardised therefore, differences in variation between GP practices is not due to the age structure of the registered population.

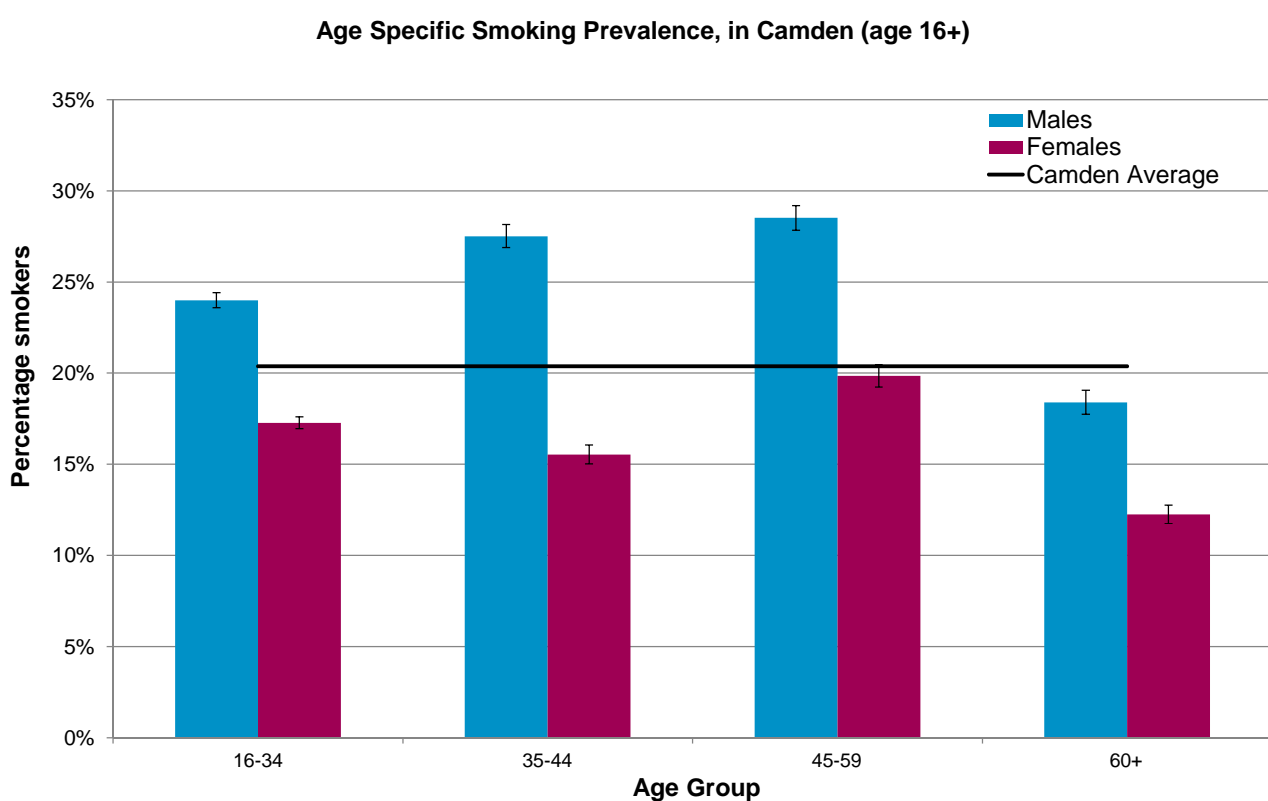
17



Source: Camden GP dataset, 2012.

- There is a significantly higher proportion of ex-smokers in the older age groups, especially men aged 60 years and over.

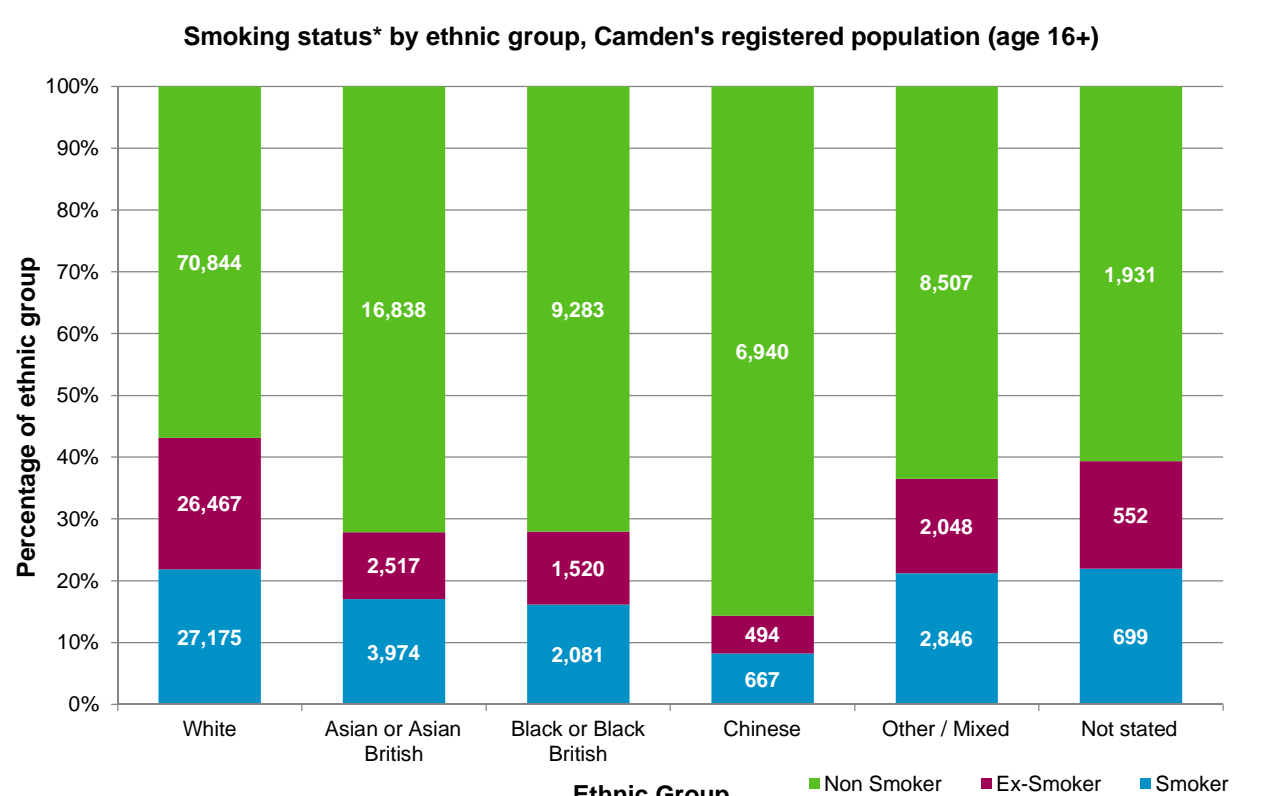
18



Source: Camden GP dataset, 2012.

- Significantly more men than women smoke (24.8% vs. 16.6%).
- Smoking prevalence varies significantly between age group in both men and women.
- Prevalence is highest in the 45-59 age group for both men and women.
- Prevalence significantly reduces in both sexes over the age of 60.

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Source: Camden GP dataset, 2012.

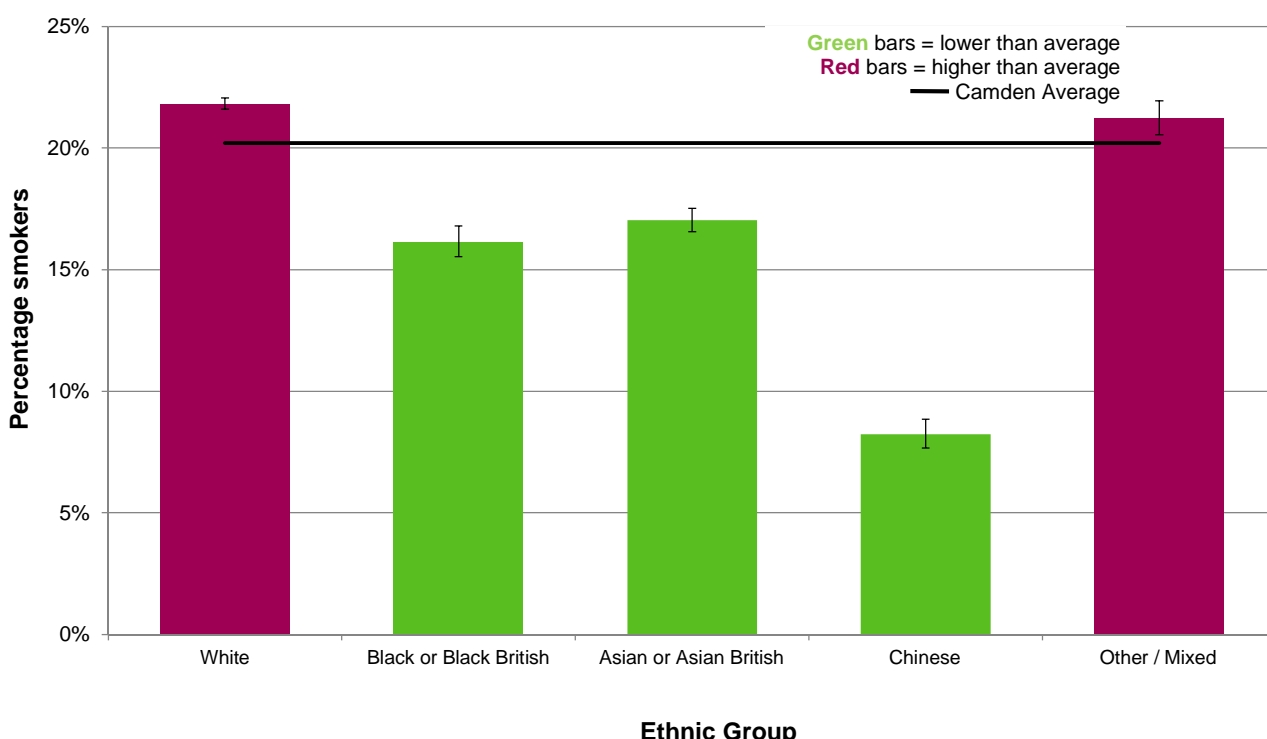
* Where a status was recorded (5% of the population aged 16+ registered in Camden did not have their ethnic group recorded).

- Where ethnicity has been recorded*, people in White and Other/Mixed ethnic groups have the highest proportion of people recorded as smokers.
- The percentage of ex-smokers is highest in the White population (22%) and lowest in the Chinese population (6%).
- People of Chinese ethnic origin have the highest proportion of non-smokers (86%) compared to White which has the lowest (57%).

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Crude smoking prevalence by ethnic group

Crude Smoking Prevalence, by broad ethnic group, in Camden (age 16+)

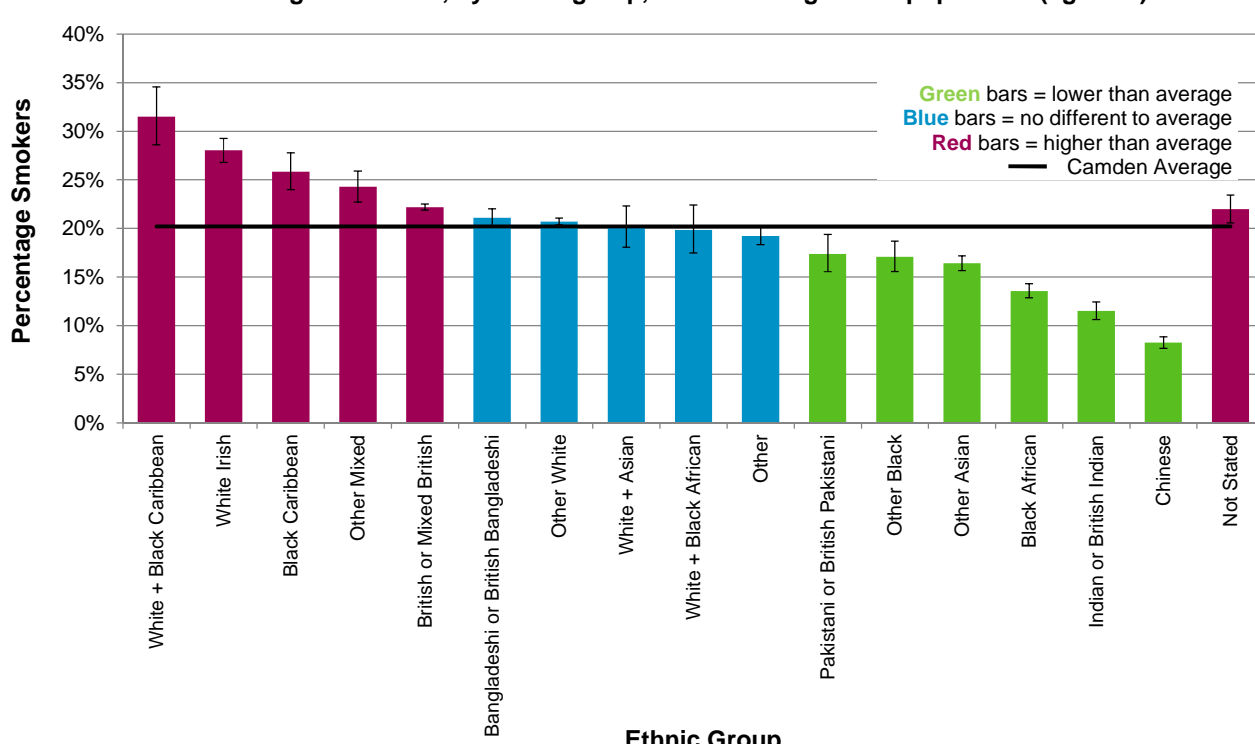


Source: Camden GP dataset, 2012.

- The prevalence of smoking is significantly higher in people within White or Other/Mixed ethnic groups.
- Smoking prevalence of people within Asian, Black or Chinese ethnic groups is significantly lower than the general registered population in Camden.
- Broad ethnic group categories could be distorting variations between ethnic groups within Black and Asian populations.

Crude smoking prevalence by detailed ethnic group

Crude Smoking Prevalence, by ethnic group, Camden's registered population (age 16+)

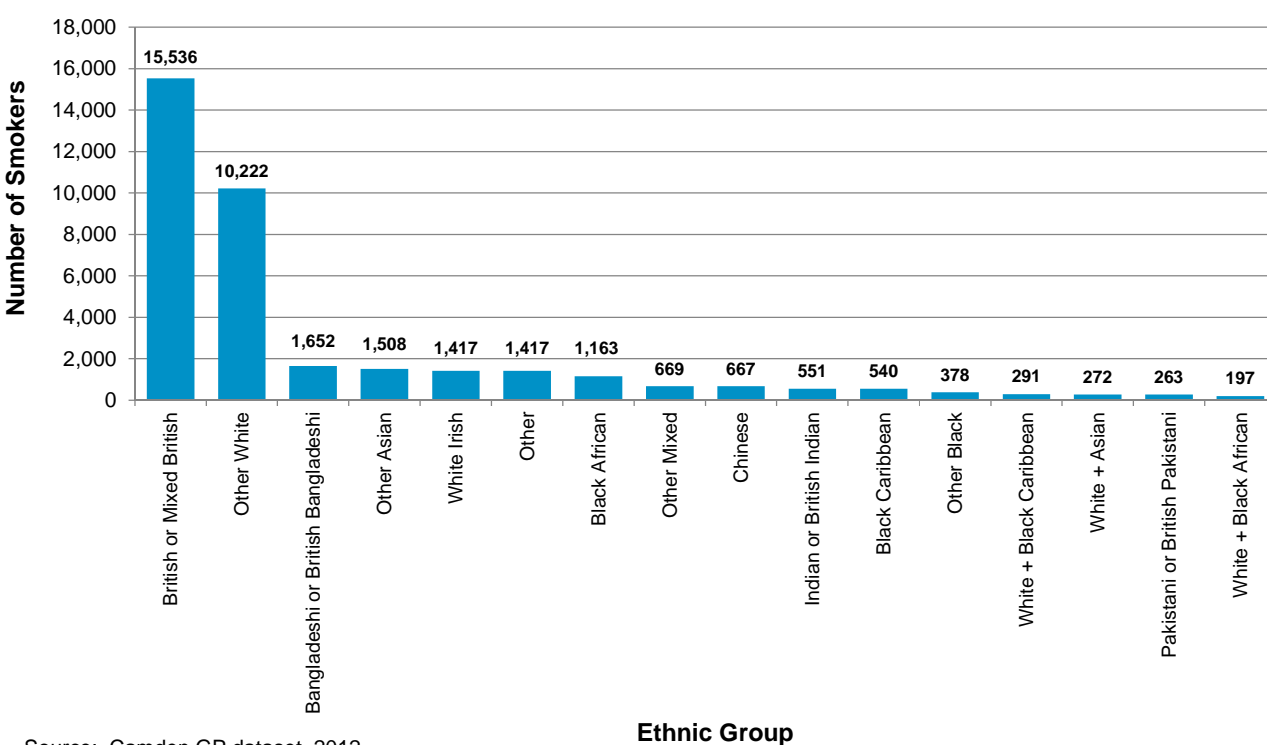


Source: Camden GP dataset, 2012
Note: Prevalence counted for people with a smoking status record.

- Smoking prevalence by detailed ethnic group reveals that the highest percentage of smokers is within the White & Black Caribbean group (32%).
- People within White & Black Caribbean, White Irish, Black Caribbean, Other Mixed and British ethnic groups have a significantly higher proportion of smokers than the general registered population in Camden.
- The prevalence of smoking is significantly lower than the general population within Pakistani, Indian, Black African and Chinese ethnic groups.

Number of smokers by ethnic group

Number of smokers by ethnic group*, Camden's registered population (age 16+)

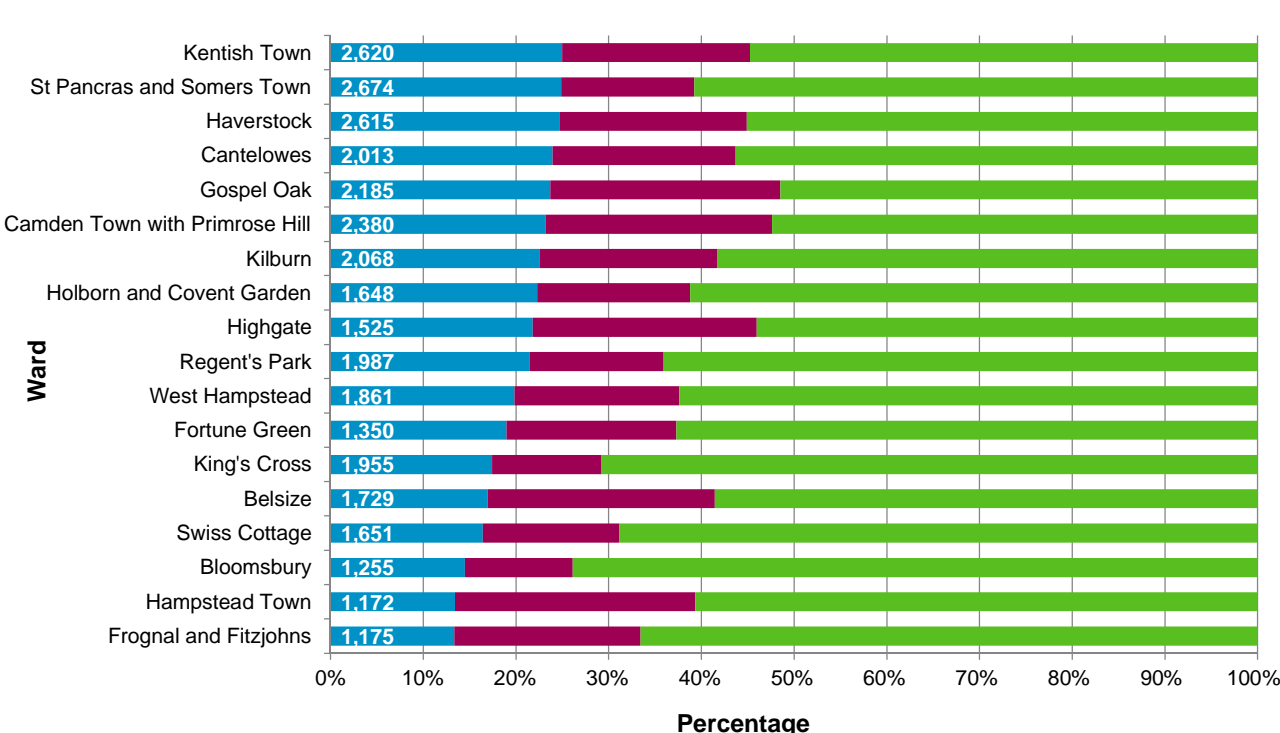


Source: Camden GP dataset, 2012
*Where ethnic group has been recorded

- Of the 36,743 smokers* registered in Camden, 15,536 (42%) are British or Mixed British.
- Although smoking prevalence is significantly higher in White & Black Caribbean, Black Caribbean and Other Mixed ethnic groups, than the general registered population, the number of people smoking in these groups is small compared to some other groups where smoking prevalence was not significantly high.

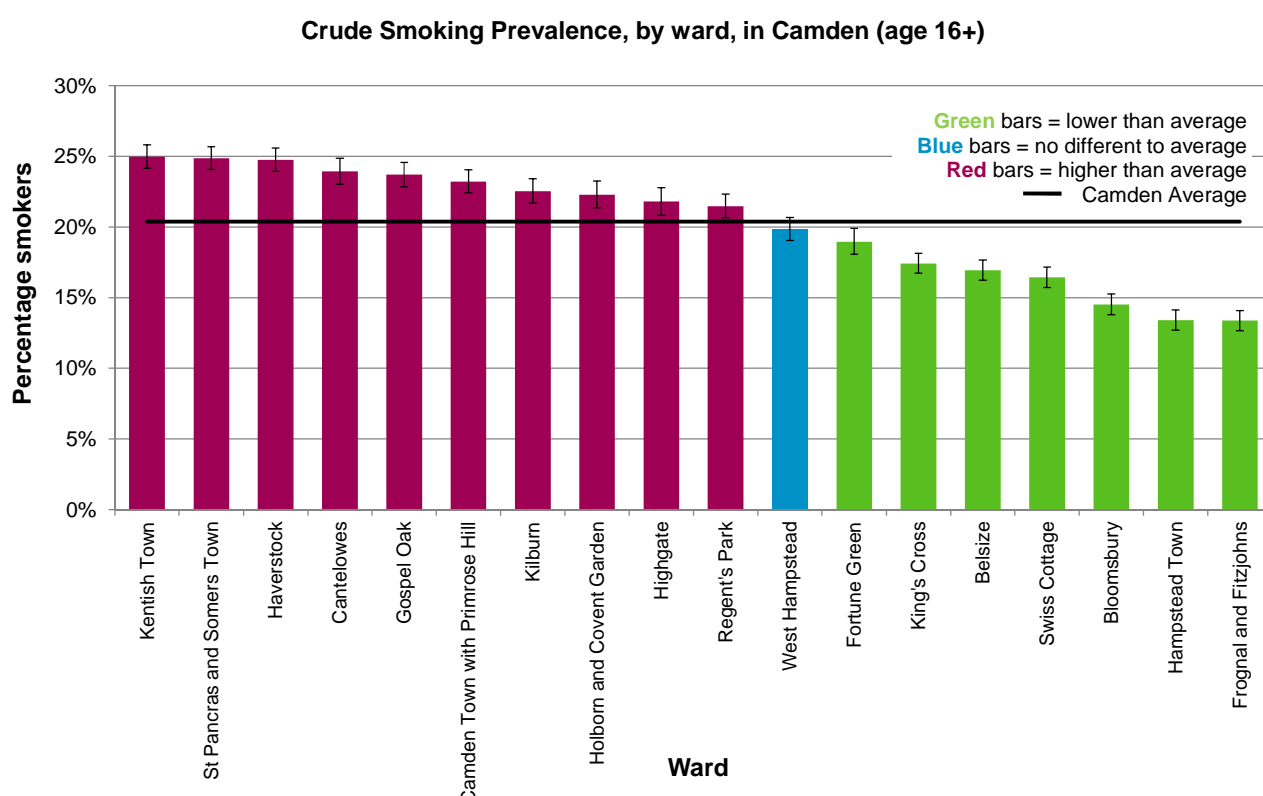
Smoking status by ward

Smoking status by ward, in Camden (age 16+)



Source: Camden GP dataset, 2012.
Note: 28,702 people not residing in Camden have been excluded

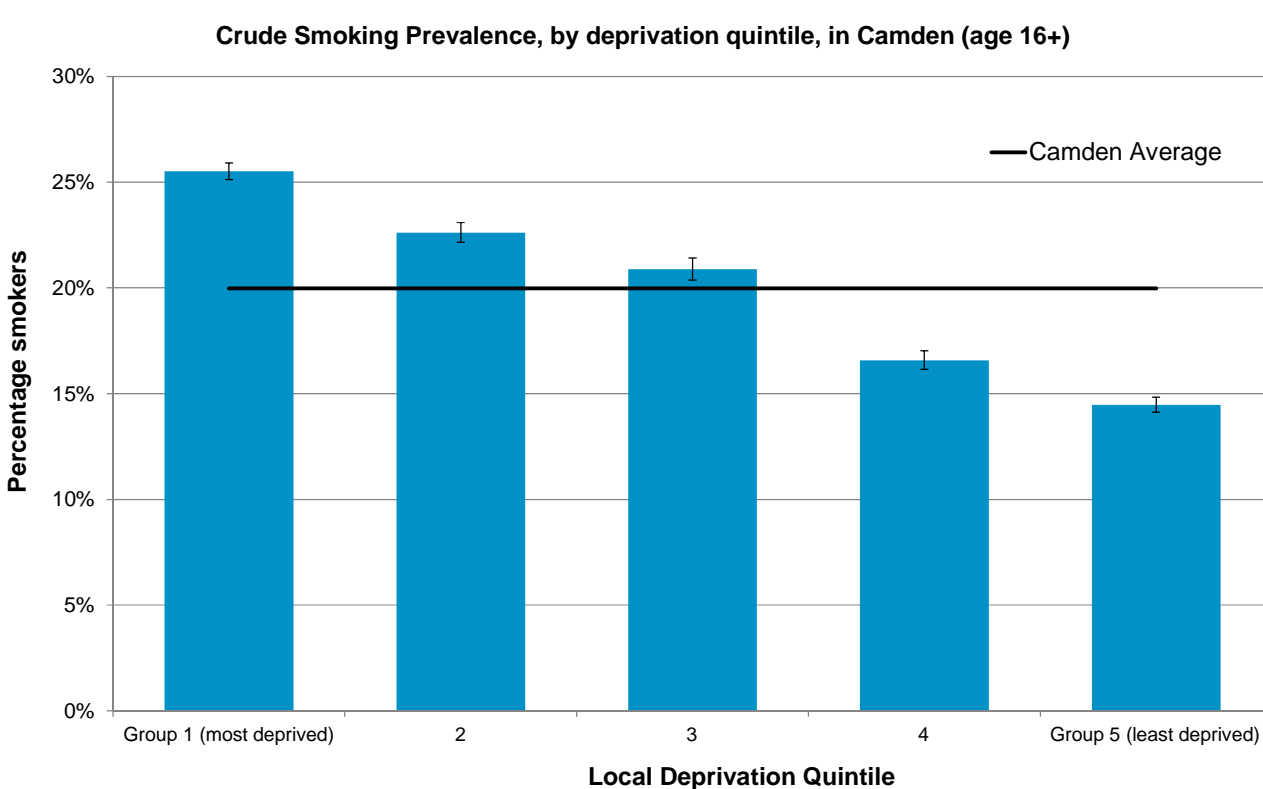
- Of the 39,816 smokers registered with a GP in Camden 33,863 (85%) are resident in the borough of Camden.
- Nearly 50% of the population in Gospel Oak have smoked at one time or another compared to less than 30% in Bloomsbury and Kings Cross.
- The prevalence of current smokers ranges from 13% in Frognal and Fitzjohns to 25% in Kentish Town.



Source: Camden GP dataset, 2012.

- There are significant variations in the prevalence of smoking by ward in Camden.
- The prevalence of smoking is significantly higher than the average in Camden in eight wards. It is significantly lower than average in seven wards.
- Variation between wards could in part be explained by the age structure, the ethnic diversity, or the level of deprivation in the local population.

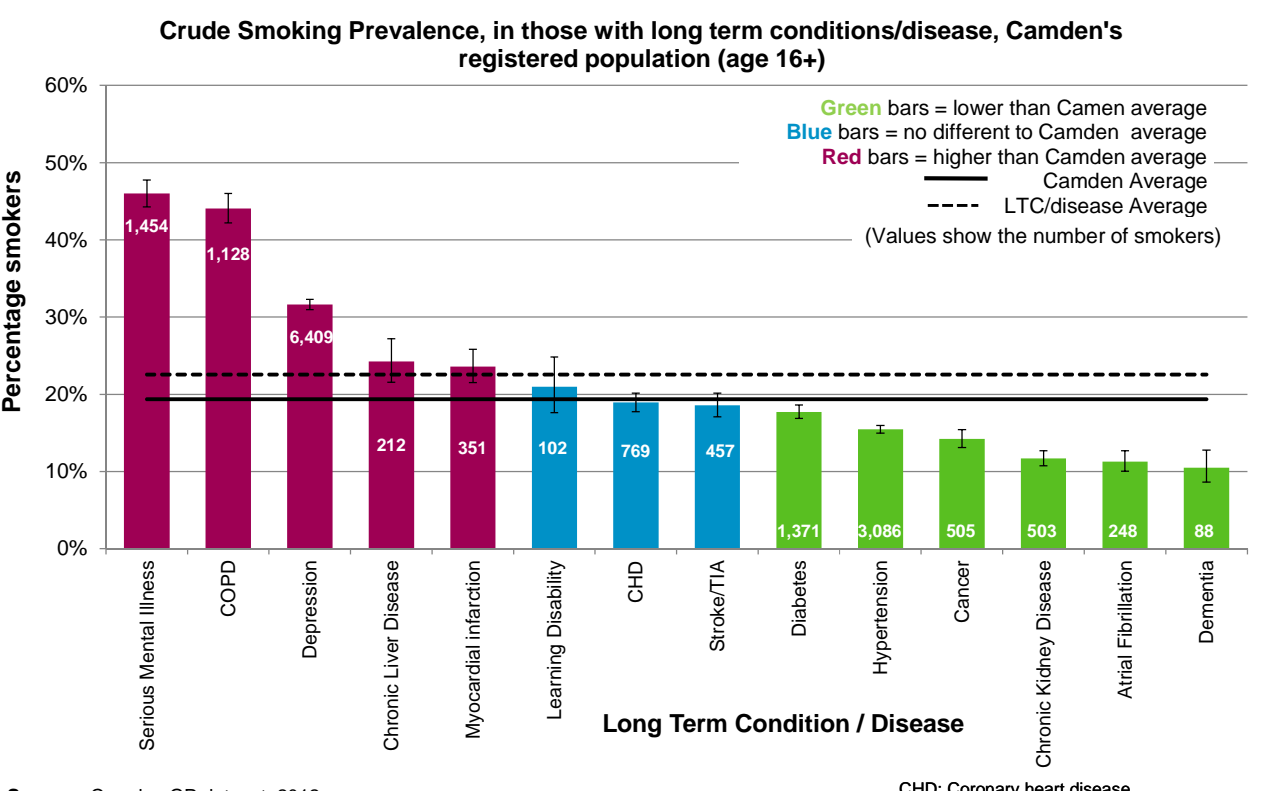
Smoking prevalence by level of deprivation



Source: Camden GP dataset, 2012.
Note: 28,702 people not residing in Camden have been excluded

- Smoking prevalence increases with increasing levels of deprivation.
- People living in the most deprived local quintiles in Camden are significantly more likely to smoke than those living in the least deprived.
- Smoking prevalence ranged from 25% in the most deprived group to 15% in the least deprived group.

Smoking prevalence by long term condition



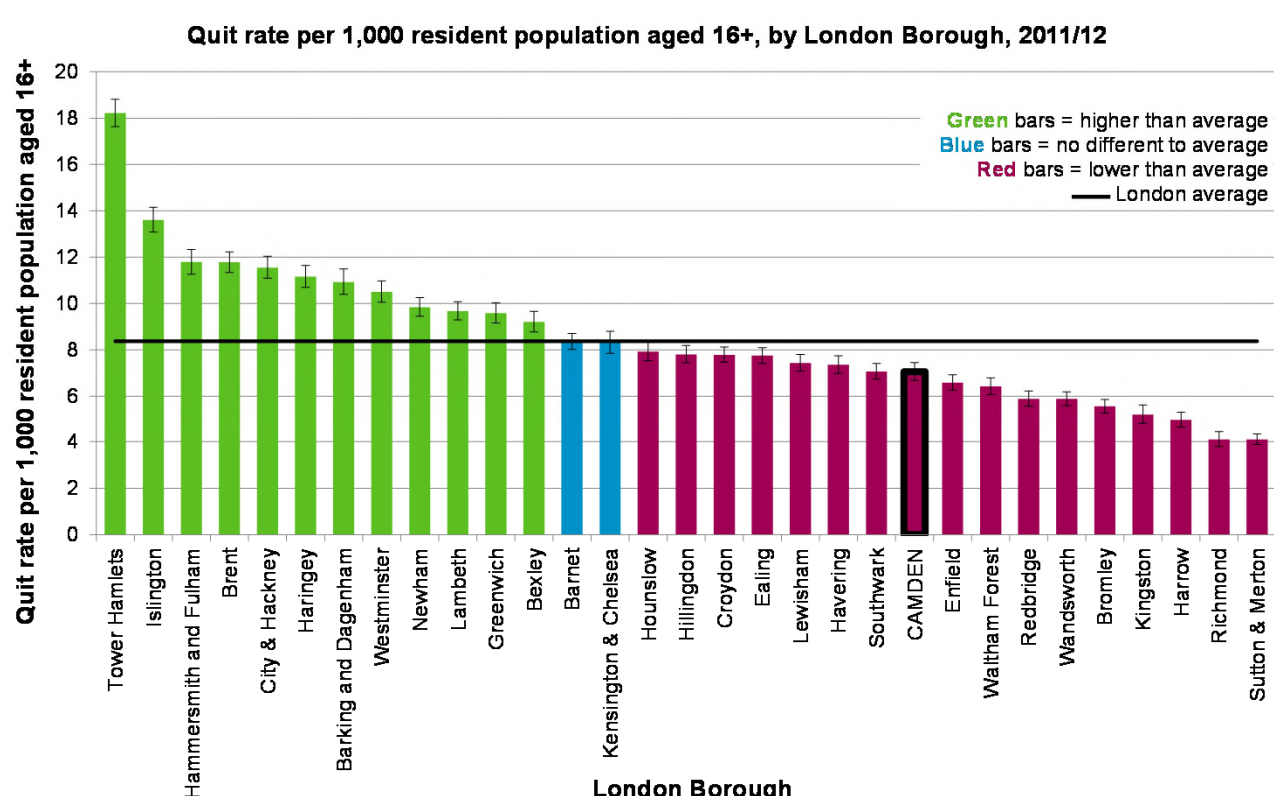
Source: Camden GP dataset, 2012.
Note: Patients diagnosed with asthma and osteoporosis were not available at the time of production
CHD: Coronary heart disease
COPD: Chronic obstructive pulmonary disease
TIA: Transient ischemic attack

- Smoking prevalence is significantly higher than the general population in those with serious mental illness, COPD, depression, liver disease and myocardial infarction (heart attack).
- There are 1,128 people with COPD still smoking in Camden. Given that stopping smoking is the key intervention to control this condition, these people should be offered smoking cessation advice and support to quit.
- Similarly, those with other conditions, particularly those where smoking prevalence is significantly higher, should also be offered advice and support to quit smoking.

STOP SMOKING SERVICE DATA

This section provides analysis of data collected by Camden's Stop Smoking Service (SSS). It compares Camden to the rest of London, as well as providing a more detailed demographic breakdown of local service users.

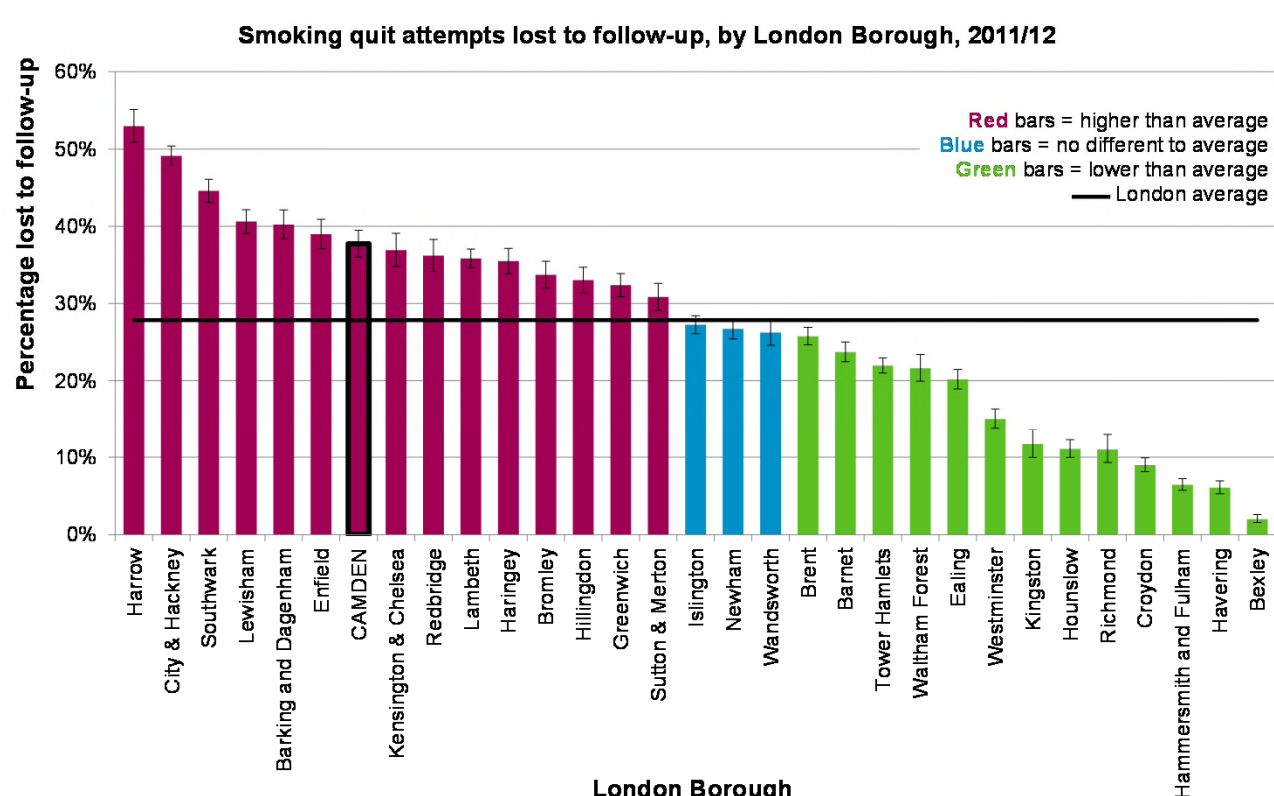
Smoking quit rates in London Boroughs



Note: Figures may not correspond to the Camden rates because of differences in the calculation of denominators; Source: NHS IC, 2012

- The number of successful smoking quits per 1,000 resident population through NHS services in Camden is significantly lower than the London average.
- Variation in quit rates per general resident population could in part be explained by variation in smoking prevalence.

Smoking quit attempts lost to follow-up in London Boroughs

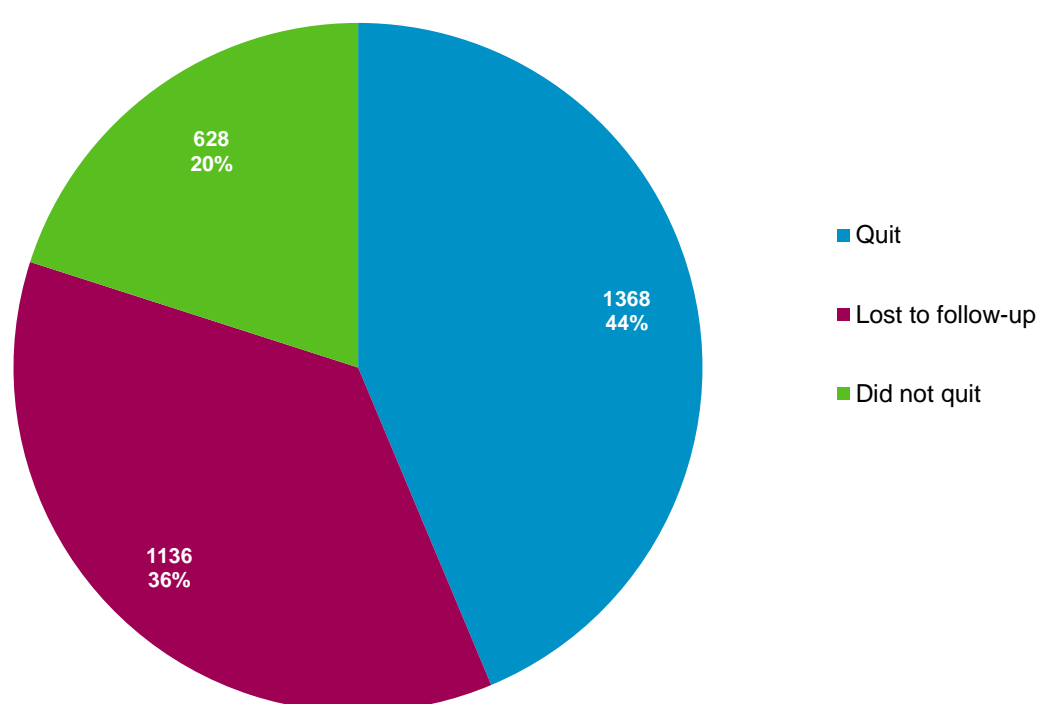


Note: Figures may not correspond to the Camden rates because of differences in the calculation of denominators; Source: NHS IC, 2012

- The percentage of people accessing stop smoking services in Camden who are lost to follow-up is significantly higher than in London.
- 38% of people were lost to follow-up in Camden during 2011/12 compared to an average of 28% in London.

Number of people accessing services by outcome

Number of people accessing Camden SSS by outcome, 2011/12

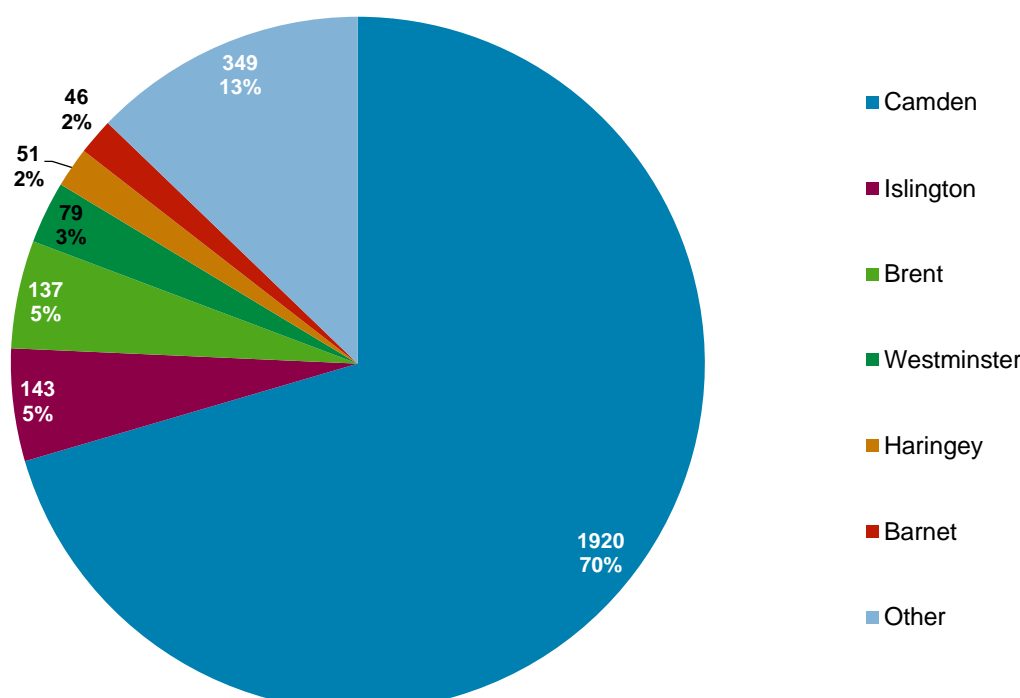


Source: Camden Stop Smoking Service 2012

- Of the 3,132 people who accessed Camden SSS 1,368 (44%) successfully quit smoking at four weeks.
- A large proportion of people (36%) were lost to follow-up.
- 628 people (20%) did not manage to successfully quit within four weeks.

Borough of residence of people who attempt to quit smoking in Camden

Breakdown of Camden Stop Smoking Service users, by borough of residence, 2011/12

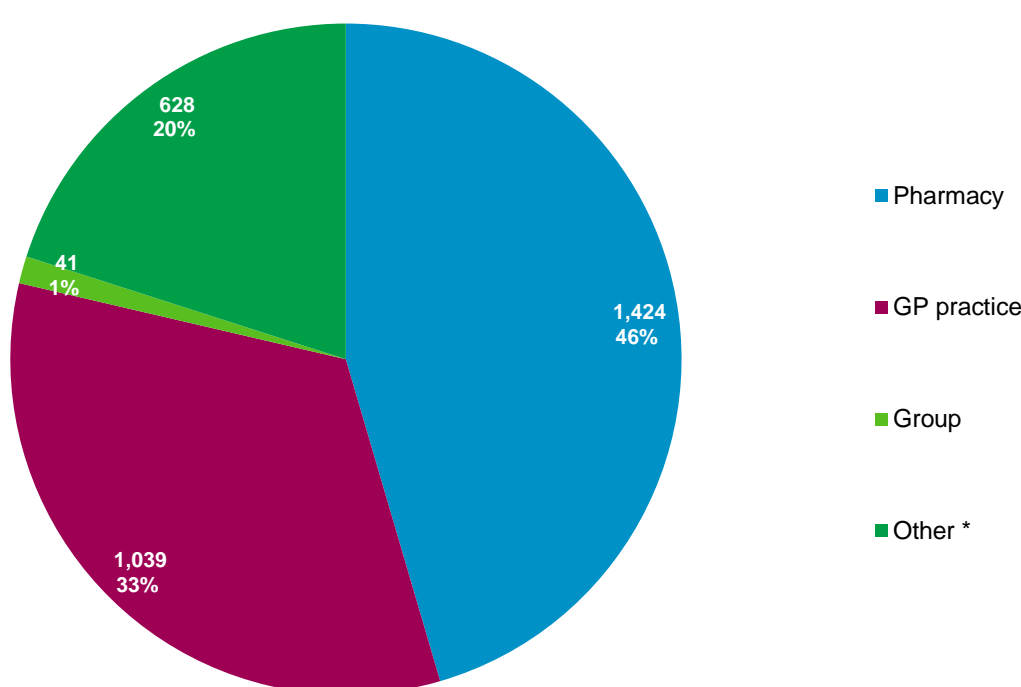


Source: Camden Stop Smoking Service, 2012

- 70% of people accessing stop smoking services in Camden were also resident in the borough.
- The nearby boroughs of Islington, Brent, Westminster, Haringey and Barnet make up the majority of the 30% of people accessing services living outside of Camden.

Where are people accessing stop smoking services?

Percentage of quit attempts, by type of service, Camden, 2011/12



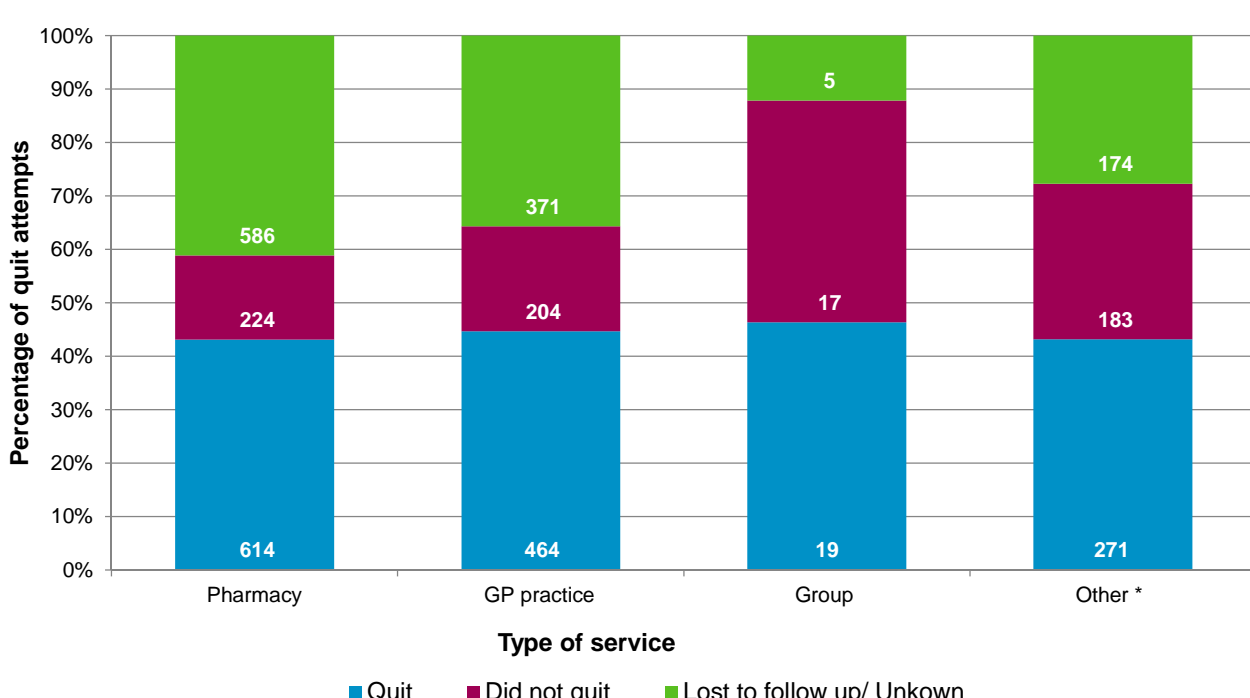
Note: Other includes Home visits, Hospital wards and other Stop Smoking Service settings
Source: Camden Stop Smoking Service, 2012

- The majority of people (46%) accessing stop smoking services in Camden do so via pharmacies.
- 33% of people access SSS through their local GP practice.
- A small number of people (41) access services in groups.
- 20% of people using stop smoking services do so through other routes including home visits and hospital based services.

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Which services are more effective?

Percentage of quit attempts, by type of service, Camden, 2011/12



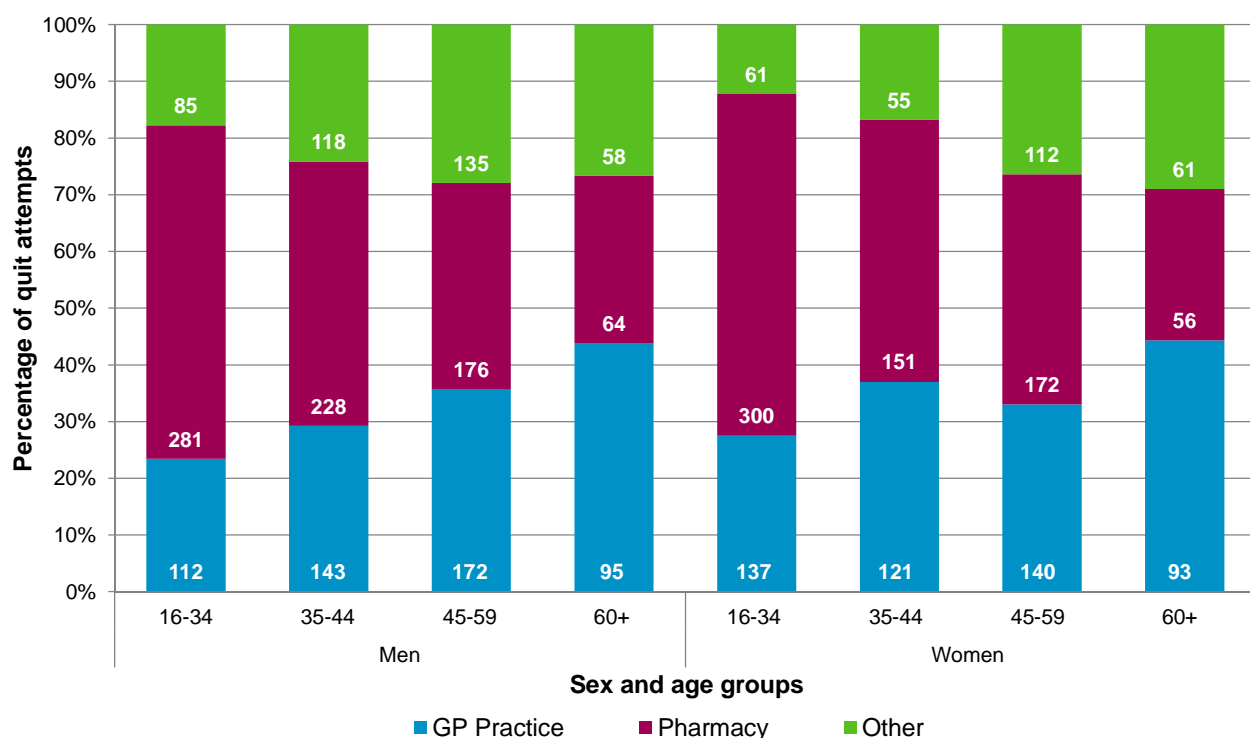
Note: Other includes Home visits, Hospital wards and other Stop Smoking Service settings
Source: Camden Stop Smoking Service, 2012

- Overall, 44% of people accessing SSS in Camden successfully quit.
- The percentage of those quitting smoking ranges from 46% of those accessing the service in group settings to 43% in both pharmacy and other settings.
- No one setting has significantly higher quit rates than another in Camden.
- Overall 36% of people who access services are lost to follow-up. This ranges from 41% in pharmacy settings to 12% in group sessions.

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Choice of service provider by age and sex

Percentage of quit attempts, by age, sex and location of the attempt, 2011/12



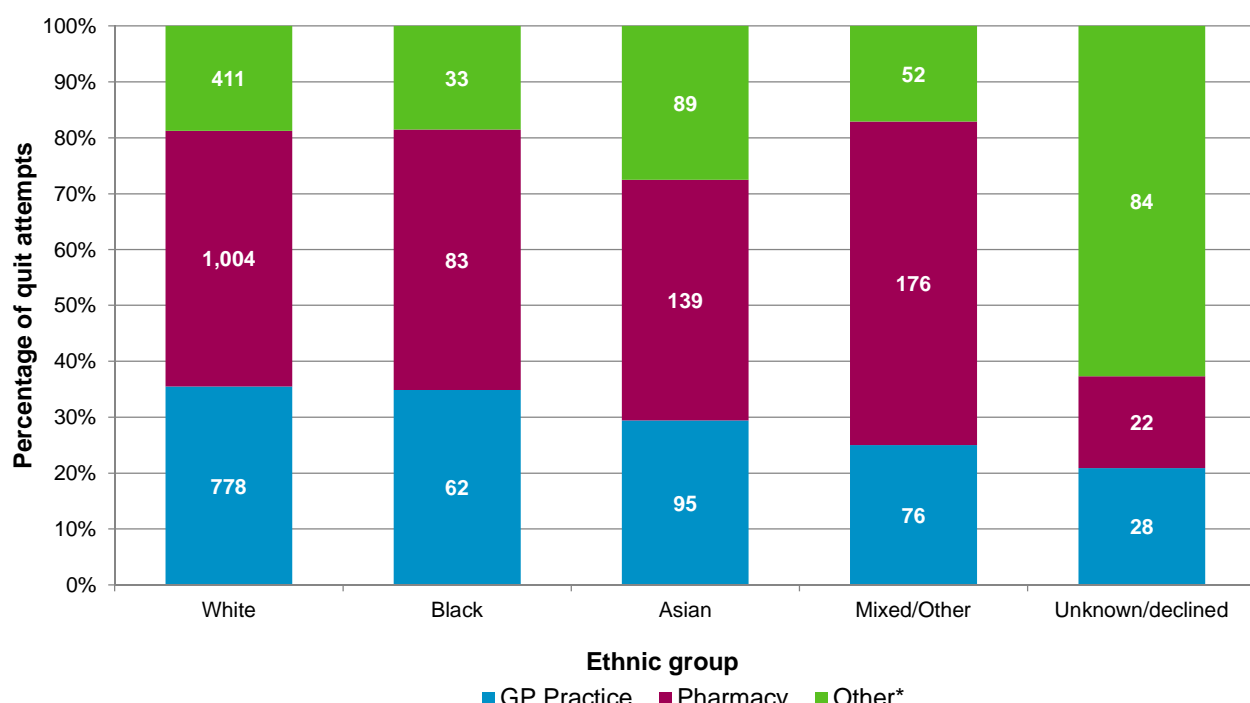
Note: Other includes Hospital settings and other Stop Smoking settings; Source: Camden Stop Smoking Service, 2012

- Significantly more younger people access stop smoking services in pharmacy settings.
- A greater proportion of those aged 60 years and over access services in GP practices.
- Older people rather than younger people are more likely to access services through other routes such as hospital services.

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Choice of service provider by ethnic group

Percentage of quit attempts, by ethnicity of the user and location of the attempt, 2011/12

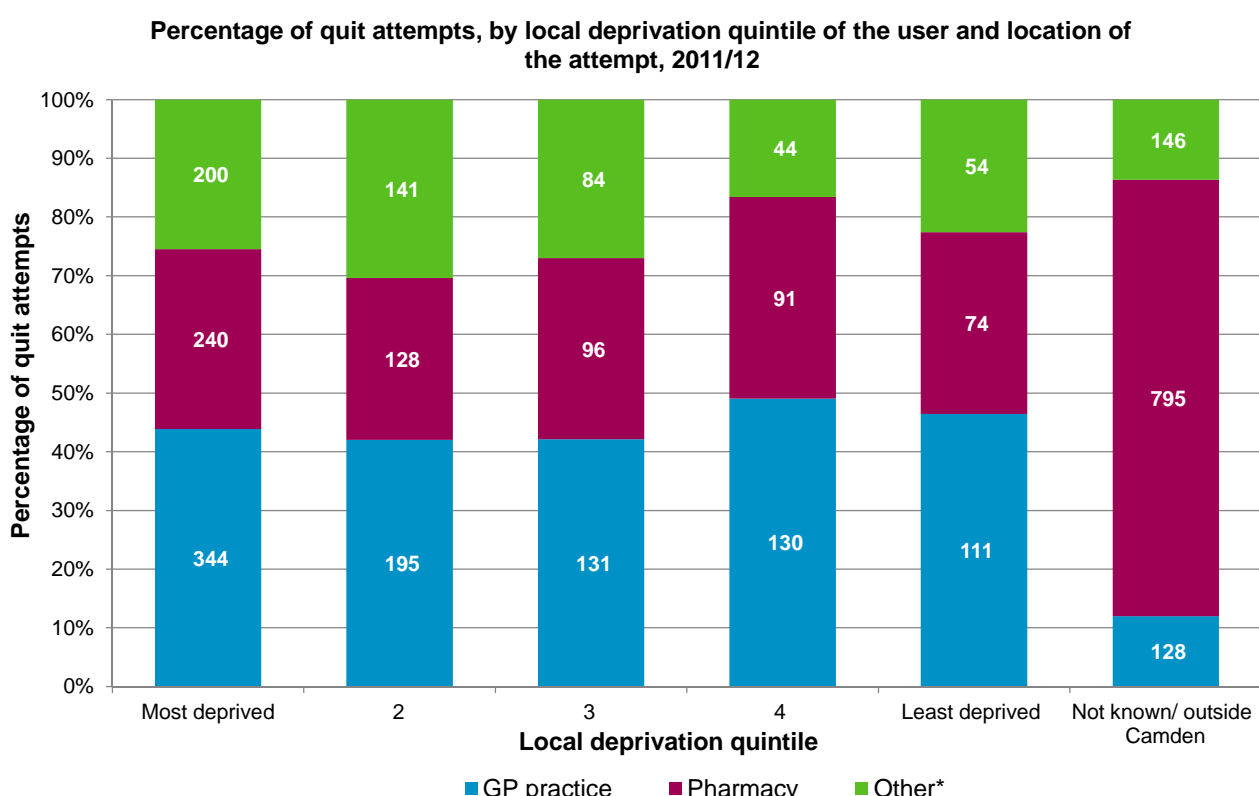


Note: Other includes drop-ins, groups, hospitals and other one-to-one Stop Smoking Service settings; Source: Camden Stop Smoking Service, 2012

- Where ethnic group was known, all groups used pharmacy settings the most. This ranged from 58% in Mixed/Other groups to 43% in Asian groups.
- The recording of ethnic group appears to be poor in 'other' settings which includes drop-ins, groups, hospital services and other one-to-one stop smoking service settings.

36

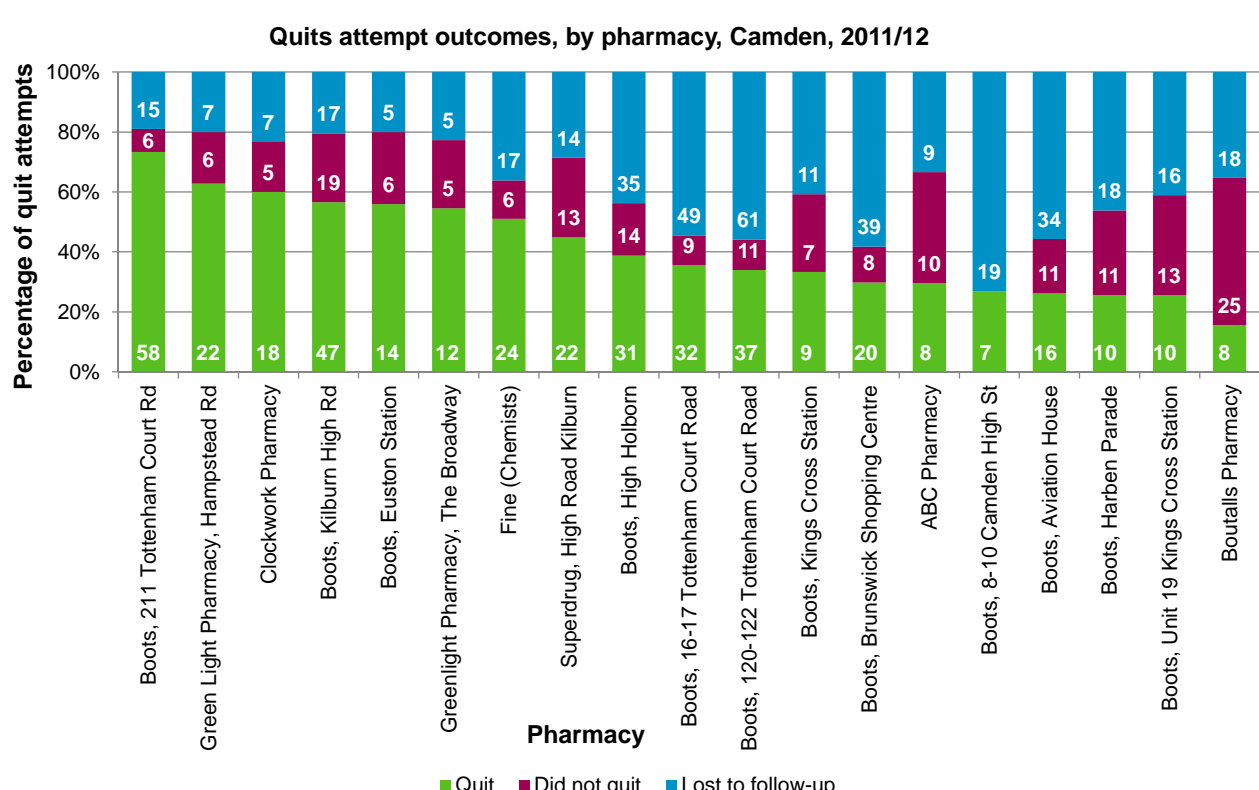
Choice of service provider by deprivation level



* Other includes: Group, Drop Ins, Hospital and other One-to-One Stop Smoking Service ; Source: Camden Stop Smoking Service, 2012

37

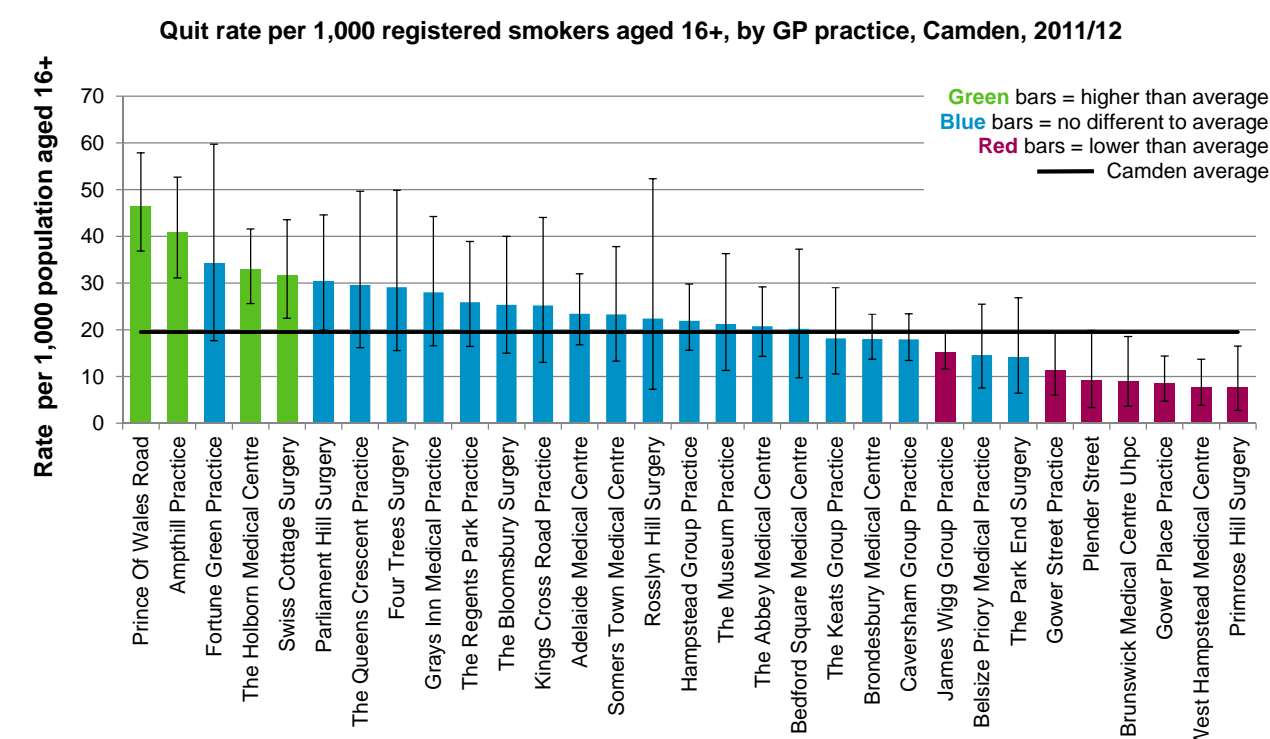
Quit outcomes by pharmacy



Note: 25 pharmacies excluded due to disclosive numbers or data quality concerns; Source: Camden Stop Smoking Service, 2012

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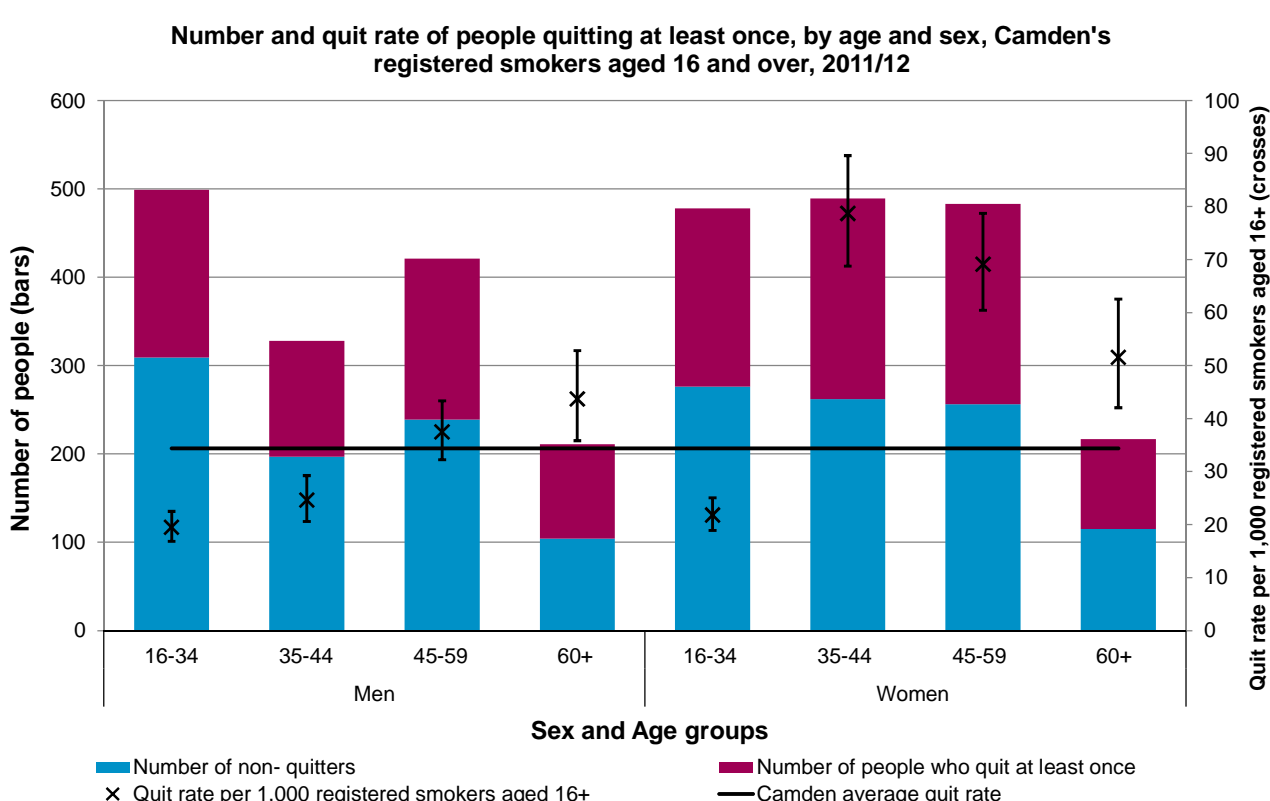
Quits by GP practice in Camden



Note: 5 practices are excluded due to disclosive numbers. 550 successful quitter's GP practice was not recorded or was outside of Camden, these have been excluded. Data relates to all successful quits whether these were through the GP Practice or other SSS settings. Source: Camden Stop Smoking Service, 2012; Camden GP PH dataset, 2012 (population denominator)

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Outcome of quit attempt by age and sex



Source: Camden Stop Smoking Service, 2012; Camden GP PH dataset, 2012 (population denominator)

40

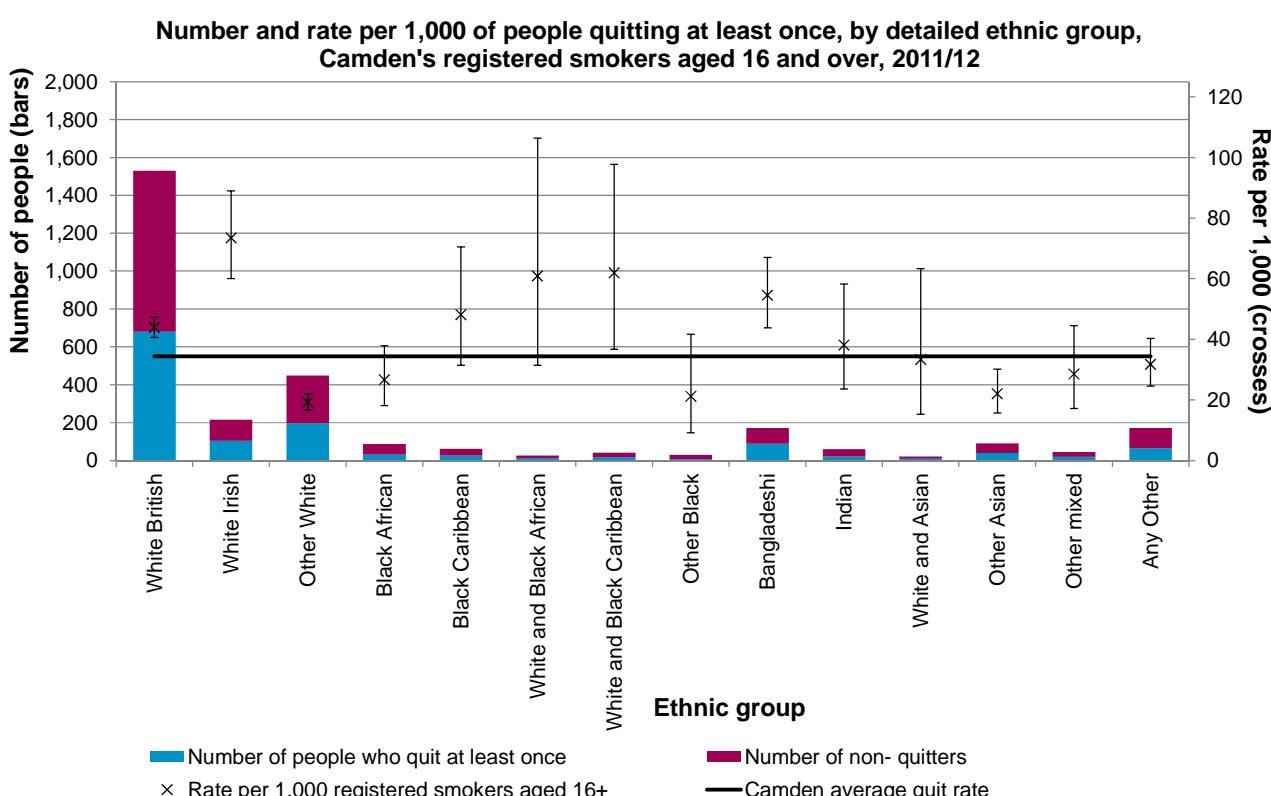
- The majority of people in local deprivation quintiles four and five (the least deprived groups living in Camden) accessed services via a GP practice (although these differences are not significant between deprivation groups).
- A much larger proportion of people living outside of the borough of Camden access stop smoking services in pharmacies.

- The percentage of successful quits within pharmacy settings ranged from 73% at Boots, 211 Tottenham Court Rd to 16% at Boutalls Pharmacy.
- The percentage of people lost to follow-up was as high as 73% at Boots, Camden High Street and as low as 0% at Holborn Pharmacy.
- Numbers are very small in some cases (note some pharmacies have been excluded) hence caution is advised when interpreting this information.

- On average there were 20 successful quits through services per 1,000 people registered as a smoker with a GP in Camden.
- Quit rates ranged from 47 per 1,000 smokers at Prince of Wales Surgery to 8 per 1,000 smokers at Primrose Hill Surgery.
- Four practices were significantly higher than the average in Camden, seven were significantly lower.

- For men there is a clear increase in the chance of successfully quitting smoking with age. Those aged 60 and over are most likely to successfully stop smoking with NHS services.
- Quit rates are significantly higher in women compared to men between the ages of 35 and 59.

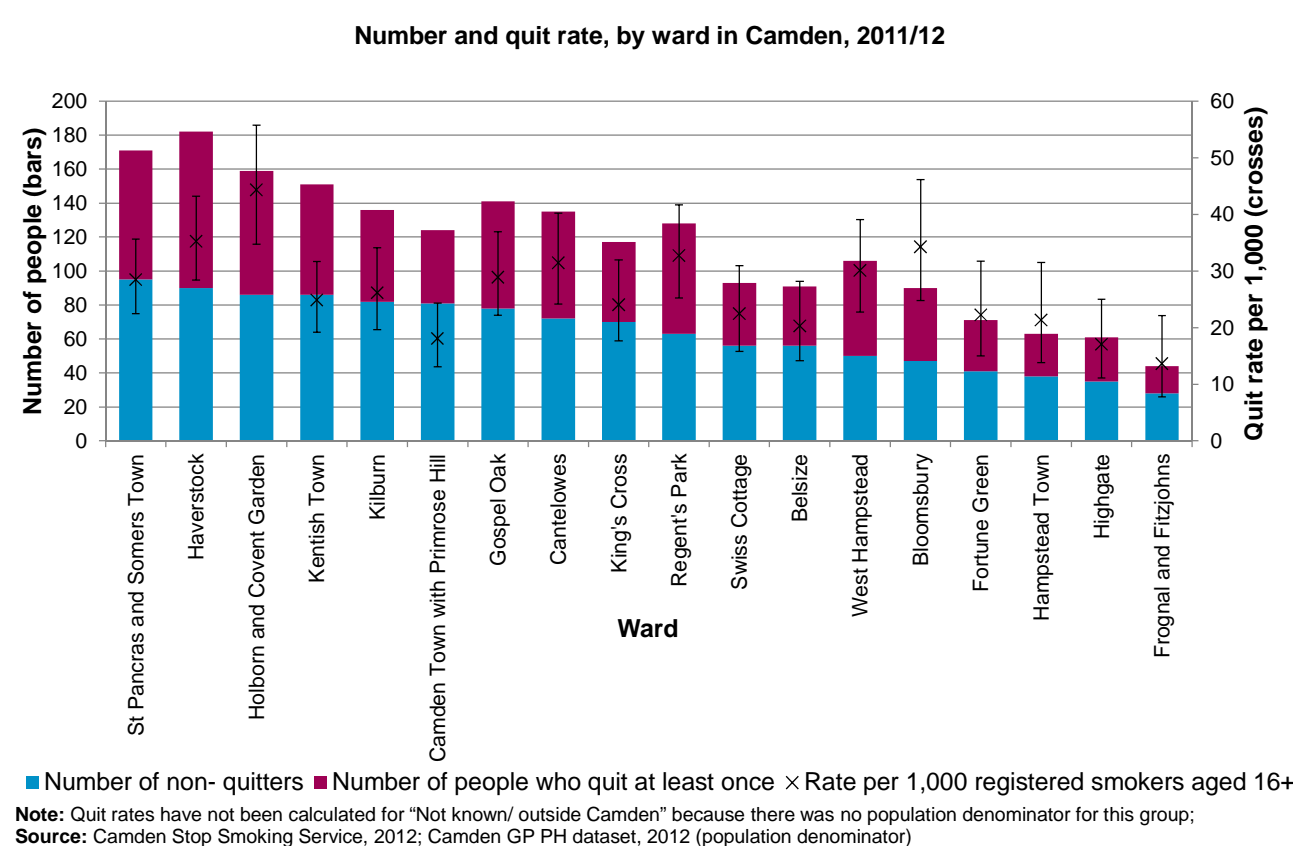
Outcome of quit attempt by detailed ethnic group



Source: Camden Stop Smoking Service, 2012

- One of the highest quit rates is in the White Irish population in Camden, this is positive given this group is the second most prevalent smoking group in Camden. Quit rates in the White Irish population are significantly higher than in the White British population.
- Quit rates appear high in the White and Black African and the White and Black Caribbean populations, although numbers are small meaning 95% confidence intervals in these groups are wide.
- Quit rates are lower than most other ethnic groups among the Other Asian, Other Black and Other White populations.

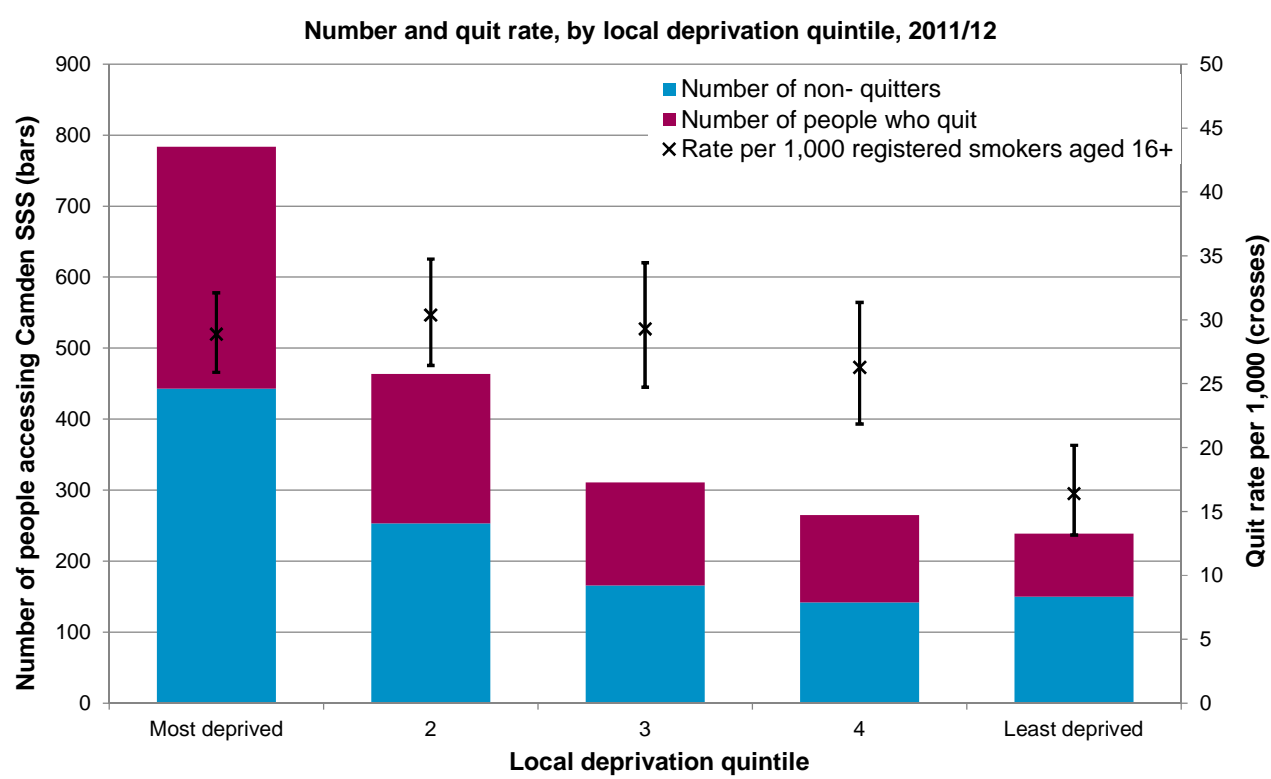
Outcome of quit attempt by ward



Note: Quit rates have not been calculated for "Not known/ outside Camden" because there was no population denominator for this group; Source: Camden Stop Smoking Service, 2012; Camden GP PH dataset, 2012 (population denominator)

- The number of people accessing stop smoking services in 2011/12 who were also resident in Camden varied by ward from 180 in Haverstock to 40 in Frognal and Fitzjohns.
- Quit rates per 1,000 registered smokers were significantly higher than the average in two wards (Haverstock and Holborn & Covent Garden).
- Quit rates were significantly lower than the average in three wards (Camden Town with Primrose Hill, Frognal & Fitzjohns and Highgate).

Outcome of quit attempt by level of deprivation



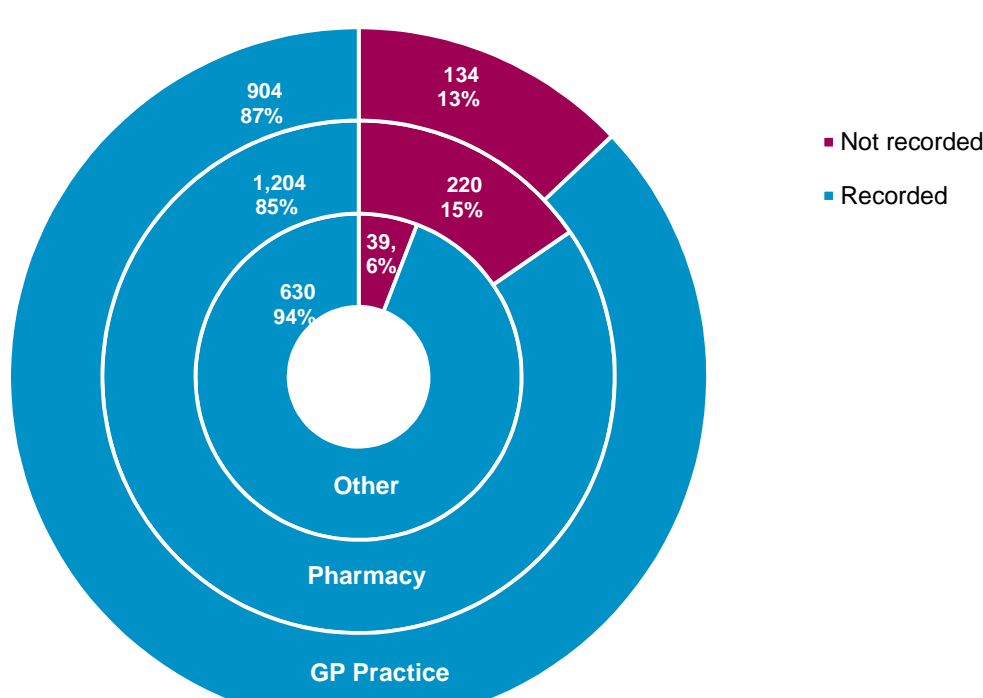
Source: Camden Stop Smoking Service, 2012; Camden GP PH dataset, 2012 (population denominator)

Note: Excludes 459 successful quits where these adults were not resident in Camden

- In terms of numbers of those living in Camden, the highest level of demand comes from those residing in the most deprived areas.
- Those living in the most deprived areas of the borough also have significantly higher quit rates than those living in the least deprived local area.

How well is occupation recorded by services?

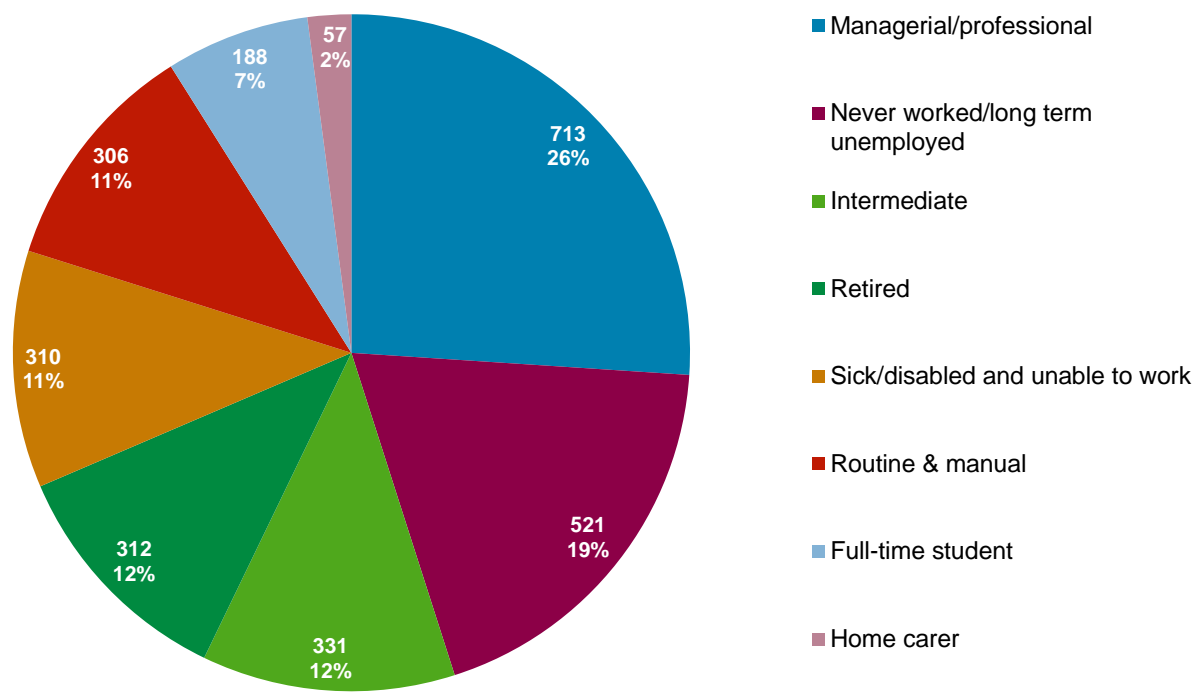
Breakdown of quit attempts, by occupation status recording, 2011/12



Other includes: Drop-ins, groups, one-to-one and hospitals
Source: Camden Stop Smoking Service, 2012

- It is important to record the occupation of those accessing services to ensure we are reaching all socio-economic groups in society and particularly those in routine and manual jobs where smoking prevalence is higher.
- People accessing services in settings other than at GP practices or pharmacies were more likely to have their occupation recorded with only 6% without this information.

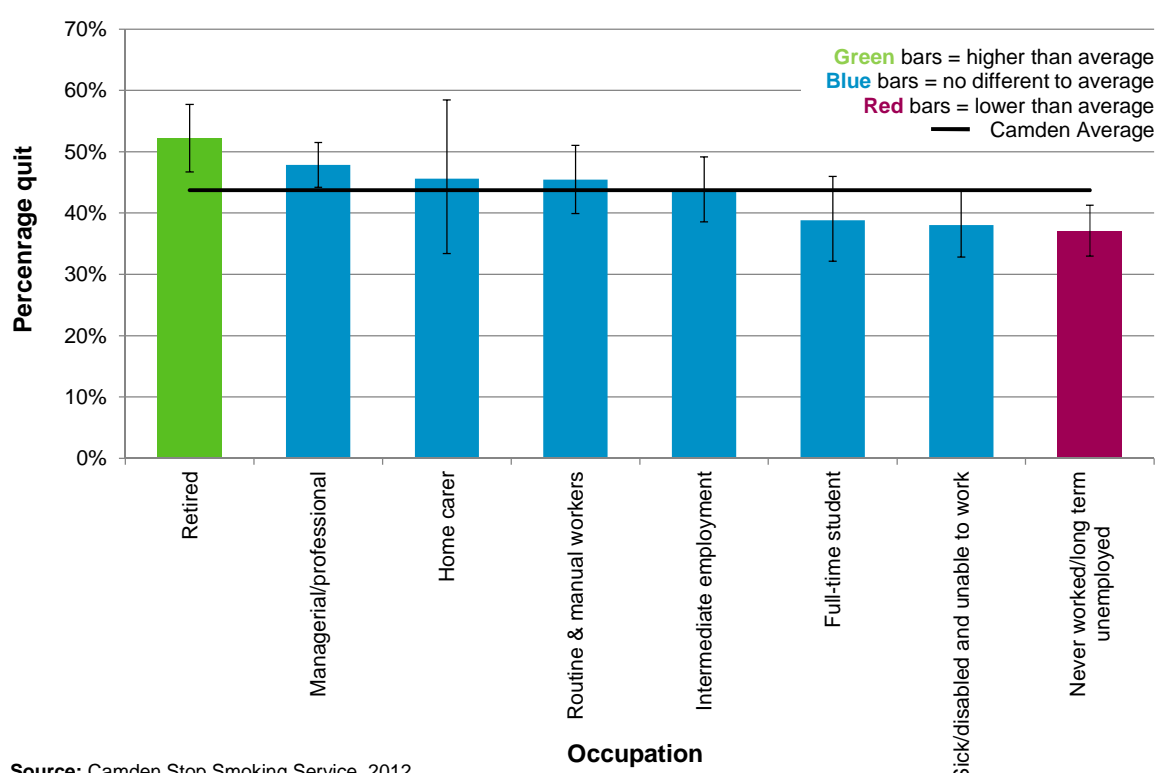
Breakdown of Camden Stop Smoking Service users, by occupation, aged 16 and over, 2011/12



Source: Camden Stop Smoking Service, 2012

- Nearly 40% of service users were in managerial/professional (26%) or intermediate (12%) occupations.
- 30% of people accessing services had never worked or were long term unemployed (19%) or sick/disabled and unable to work (11%)

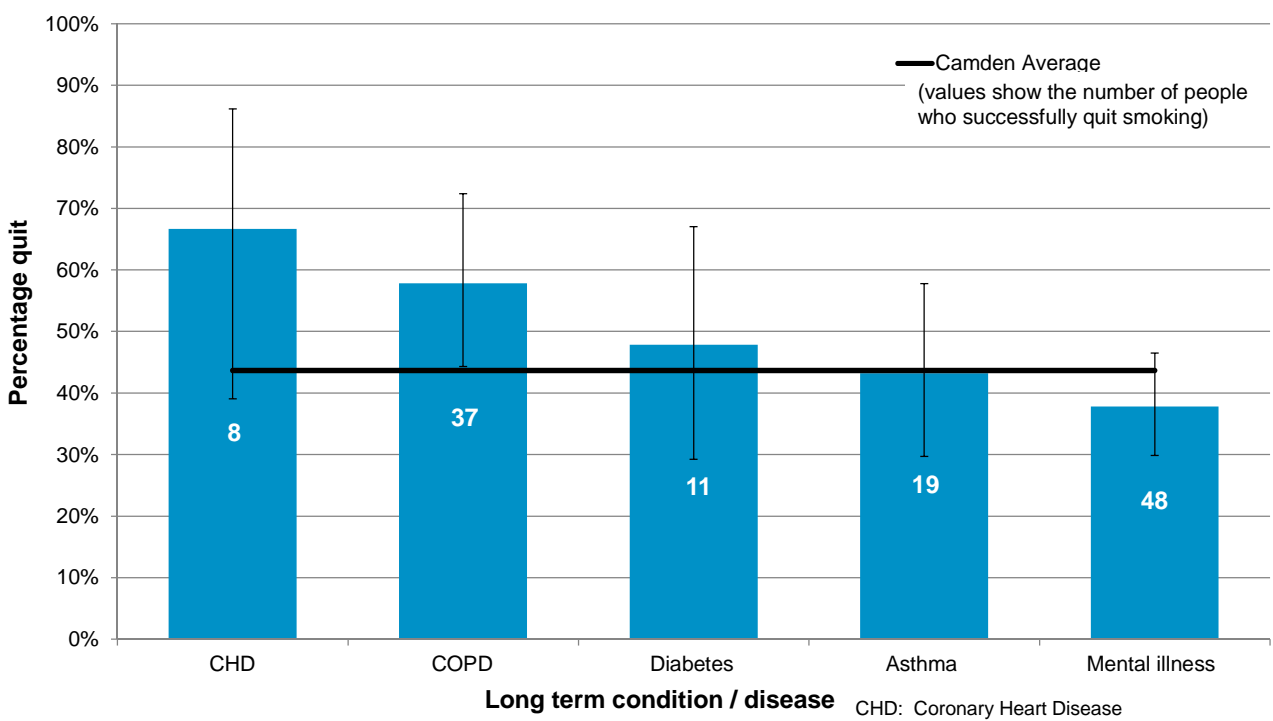
Percentage of Camden Stop Smoking Service quitters, by occupation, 2011/12



Source: Camden Stop Smoking Service, 2012

- Where occupation was recorded, the group most likely to successfully stop smoking were those who were retired. The percentage of people quitting in this group was significantly higher than the average (52% vs. 44%).
- Those who had never worked or were long term unemployed were significantly less likely to quit smoking at 37%.

Percentage of Camden stop smoking quits by long term condition / disease, 2011/12



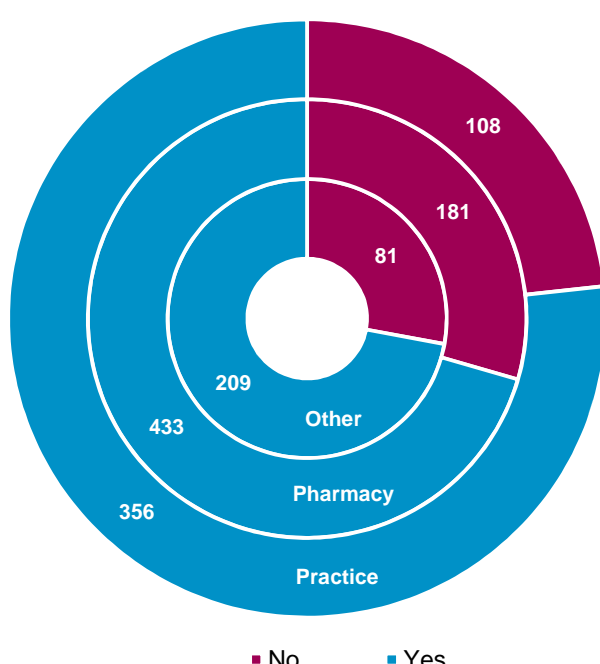
Source: Camden Stop Smoking Service 2012

Note: The percentage of those successfully quitting who have previously had a stroke have been excluded due to small numbers

CHD: Coronary Heart Disease
COPD: Chronic Obstructive Pulmonary Disease

- Those with CHD have the highest success rate and those with mental illness have the lowest (although no significant differences between groups were found).
- The number of people successfully quitting with a long term condition (LTC) or disease recorded are low, making it difficult to draw conclusions about whether those with one LTC are more likely to quit than those with another.
- It is important that those with LTCs are recorded as such by stop smoking services.
- It is also important that those with LTCs are encouraged to stop smoking and are aware of services available to them in Camden.

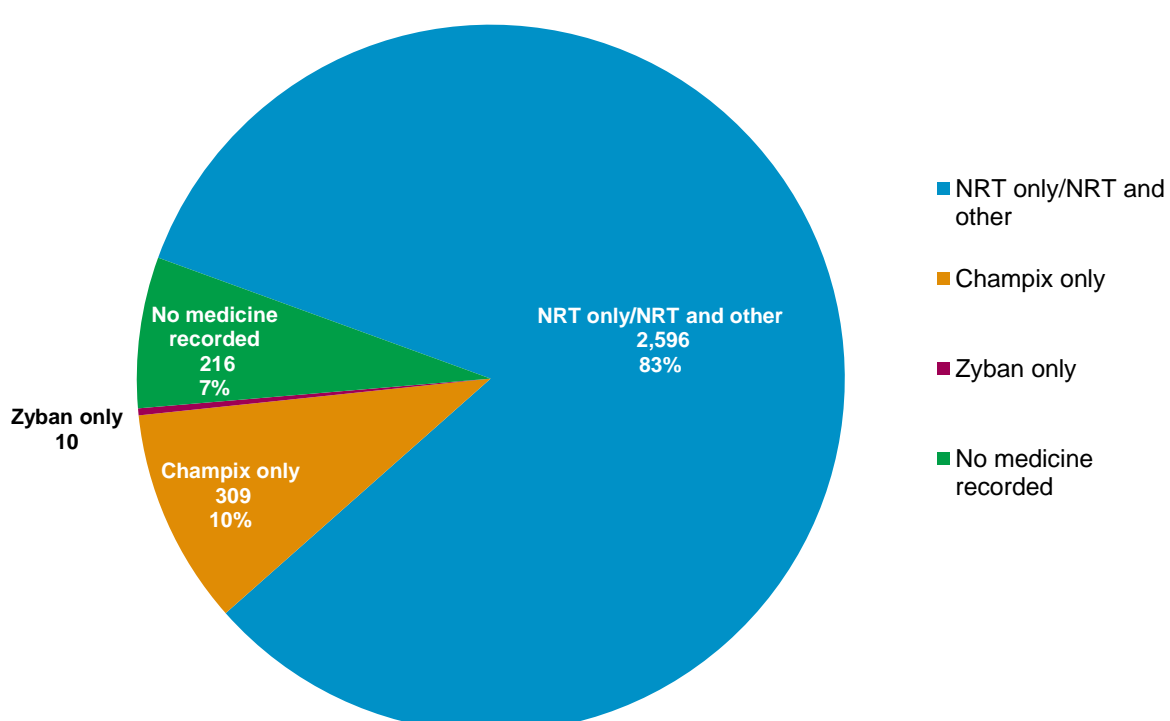
Percentage of quits, by CO recording and location, 2011/12



Note: Other includes Group and other One-to-One settings; Hospital wards and other Stop Smoking Service settings;
Source: Camden Stop Smoking Service, 2012

- CO testing is usually used to verify a smoking quit within NHS stop smoking services.
- On average successful quits within Camden are verified 73% of the time.
- CO verification ranges from 77% in GP practices to 71% in pharmacies, although the difference between the two settings is not significantly different.

Breakdown of quit attempts, by medication used, Camden, 2011/12

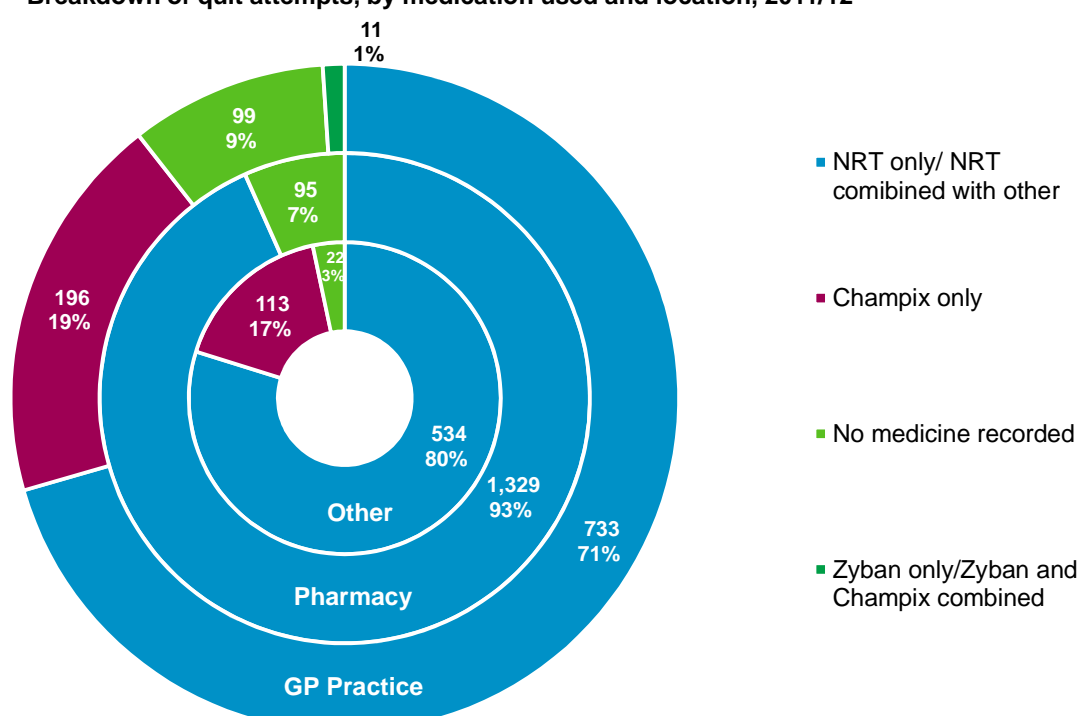


Source: Camden Stop Smoking Service, 2012

- The majority of people accessing stop smoking services in Camden used Nicotine Replacement Therapy (NRT) or NRT in combination with another medication.
- 7% of people attempting to stop smoking had no record of any medication.

Medication for smoking quits by setting

Breakdown of quit attempts, by medication used and location, 2011/12

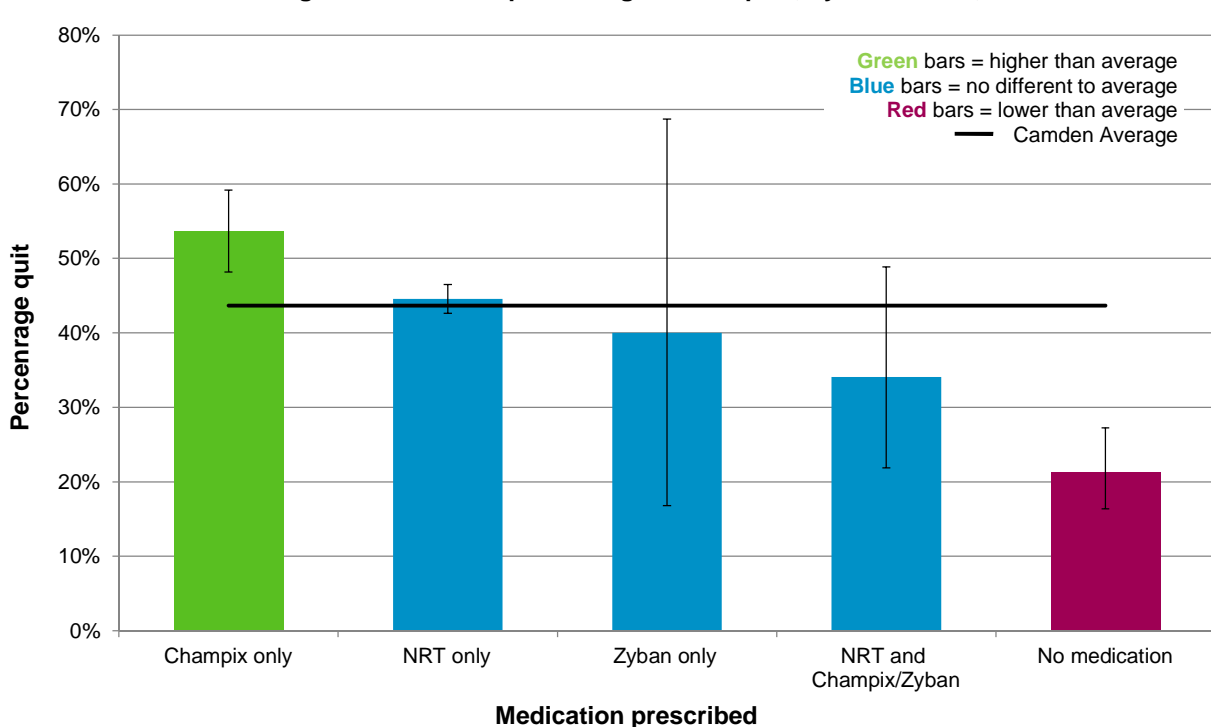


Other includes: Group and other One-to-One settings: Hospital wards, drop ins and other Stop Smoking Service settings; Source: Camden Stop Smoking Service, 2012

- NRT used alone or in combination with other medicines is the most used across all settings.
- GP practices have the highest percentage of people recorded as having no medication.
- Champix is not available in community pharmacy settings.

Which medications are more effective?

Percentage of Camden Stop Smoking Service quits, by medication, 2011/12



Source: Camden Stop Smoking Service, 2012

- The percentage of people successfully quitting smoking is significantly higher than the average where people have been prescribed Champix (54% v. 44%)
- Quits with Champix are significantly higher than NRT only (45%) or no medication (21%).
- The percentage of people successfully quitting is significantly lower where no medication has been prescribed compared to the average. This may in part be explained by a significantly higher proportion of people lost to follow-up compared to the average (60% v. 36% not shown).

Data sources

Smoking prevalence – direct vs. indirect estimates

The smoking prevalence data provided in this profile comes from estimates based on known parameters. Direct estimates are based on sample survey data from the integrated household survey. These carry the same risks as any estimates produced from an inferential statistical method and therefore confidence intervals are provided. Indirect (synthetic) estimates provide an estimate of smoking prevalence based on known socio-demographic data. This means that they are not recommended to be used for monitoring the effectiveness of stop smoking interventions. Data from APHO is available from: <http://www.apho.org.uk/resource/item.aspx?RID=97320>.

Camden GP PH Dataset

- Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden. In calculating rates, the registered population was used as at September 2012 with the exception of West End Lane Surgery and Fortune Green Practice which were extracted in January 2013 and Amptill Practice, The Regent's Park Practice and Kings Cross Road Practice which were extracted in February 2013.
- The dataset includes key information on demographics (including language and ethnicity), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.
- This unique resource means that for the first time in Camden, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels.

Stop Smoking Service data

Camden's Stop Smoking Service (SSS) collects routine data from all of the NHS service providers (including general practice and pharmacies) on those accessing the service and their outcomes, in line with the Department of Health (DH) reporting guidelines. The number of 4-week quits is a key performance target. Data are returned quarterly to the DH. The data in this report relates to the return submitted by the Camden SSS to the DH in June 2012, for the financial year 2011/12. Total numbers are slightly different to those returned to the DH due to some late processing of quit attempts. Data relating to 2011/12 was extracted from Camden's NHS SSS database in March 2013.

DH reporting guidelines stipulate that data should be collected on the patient's sex and age, occupation, ethnic group, postcode, the type of intervention delivered, the type of pharmacological support used, and the treatment outcome. Since April 2008, guidelines have required that service users who have been lost to follow up or who did not achieve a 4-week quit should also be reported alongside those who do achieve a quit at the end of the 4-week intervention period. In addition, to help monitor inequality and inequity in service provision and delivery, Camden SSS also collect data on COPD diagnosis and engagement with mental health services.

Addendum note

This document supersedes the first published in May 2013. Minor changes have been made to page 47 where numbers for COPD and mental illness have changed marginally, this does not affect any of the percentages or key findings reported.

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.

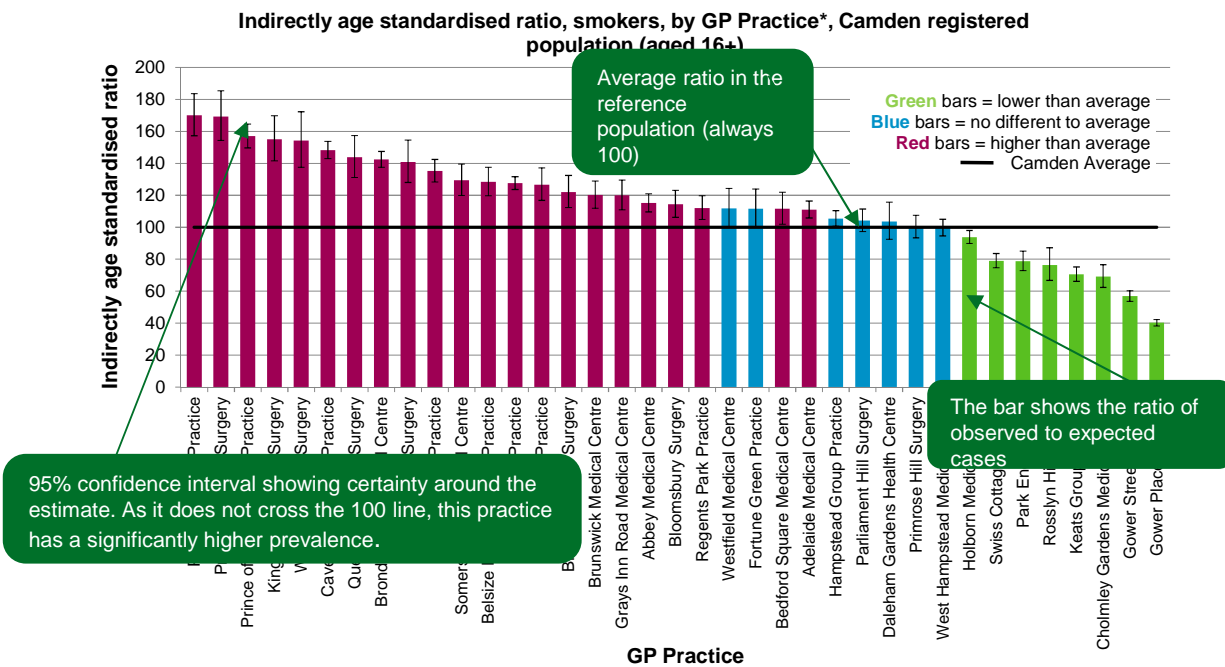
Indirectly standardised prevalence ratios (IDSR)

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.



Source: Camden GP dataset, 2012. * Excludes two practices not consenting to data extraction

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden & Islington's Public Health Intelligence team. For further information, please contact Chloe Johnson.

Email: publichealth.intelligence@islington.gov.uk, Tel: 020 7527 1258

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.