

# CAMDEN PROFILE PUBLIC HEALTH INTELLIGENCE

## Smoking in Camden Stop Smoking Services

March 2016



# About this profile

## Purpose

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

- service delivery and decision-making within the Stop Smoking Service (SSS)
- 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 the Camden Open Data

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

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## Further information and feedback

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**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.**

# Recommendations and key messages

## Overview & recommendations

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).
2. There was a decrease in the number of quit attempts made this year (2,141) from last year (2,759). Camden has a quit rate of 751 per 100,000 registered smokers who have completed a 4 week quit, which is above the London average and an improvement from 2012/13. Over half (64%) of service users successfully quit, a steady increase from 2010/11 (38%).
3. There have been notable improvements in reducing the attempts that were lost to follow up (LTFU), down from 29% in 2013/14 to 17% in 2014/15.

## Key messages

### Smoking prevalence among Camden's registered population

- 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. Those between the ages of 16-19 are less likely to have their smoking status recorded than other age groups.
- Data from these GP surgeries shows that around a fifth (19%) of Camden's registered population aged 16 and over currently smoke. This equates to approximately 39,800 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 11% to 30%). 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 17% of women.
- 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 likely to smoke than those living in the least deprived areas (14%).
- Camden has a higher proportion of women smoking in pregnancy than London, but lower than England as a whole. Just under 6% (134) of pregnant women are smoking at the time of delivery.

## Key messages

### Stop smoking service data

- There were 2,141 quit attempts in 2014/15 resulting in 1,362 quits, an small decrease (not statistically significant) from 2012/13 (1,436 quits). Camden achieved the eighth highest quit rate among London boroughs with 751 quits per 100,000 residents aged 16+. This is an improvement from 2012/13 when it was ranked 25<sup>th</sup>.
- Quit attempts resulting in success rose from 51% to 64% from 2013/14 to 2014/15. In the same period the proportion lost to follow up reduced from 29% to 17%.
- The largest number of quit attempts were made through pharmacies (37%) and around a quarter of attempts through GP practices.
- No geographical data was available therefore it was not possible to include any deprivation analysis.

### Service Equity

- Taking different smoking prevalence into account, men and women are equally well represented in the service. Similarly the users of the service have a similar ethnic profile to the smoking population of Camden although there are slightly more users of the service from Black and Asian groups than the smoking population of Camden.
- Younger age groups are under-represented. Although 48% of smokers are aged under 34, only 30% of service users are in the same age group. This difference is more pronounced for women than men. There may be many reasons for this difference, but it can be used to inform future service planning.
- Analysis of service users by sexuality, disability or long term conditions was not possible due to data recording methodology.
- Pharmacotherapy to assist patients in quitting was used in the majority of quit attempts, with nicotine replacement therapy the most used.

### Recording

- Recording of sexuality, disability and long term conditions remains poor due in part to data recording methodology.

### Frequent Users

- The majority of users (88%) made only one attempt. Second attempts were more likely to be successful than first attempts however more than half of those who used the service for a second time had recorded a successful quit attempt on their first use indicating that they had relapsed.

# 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)

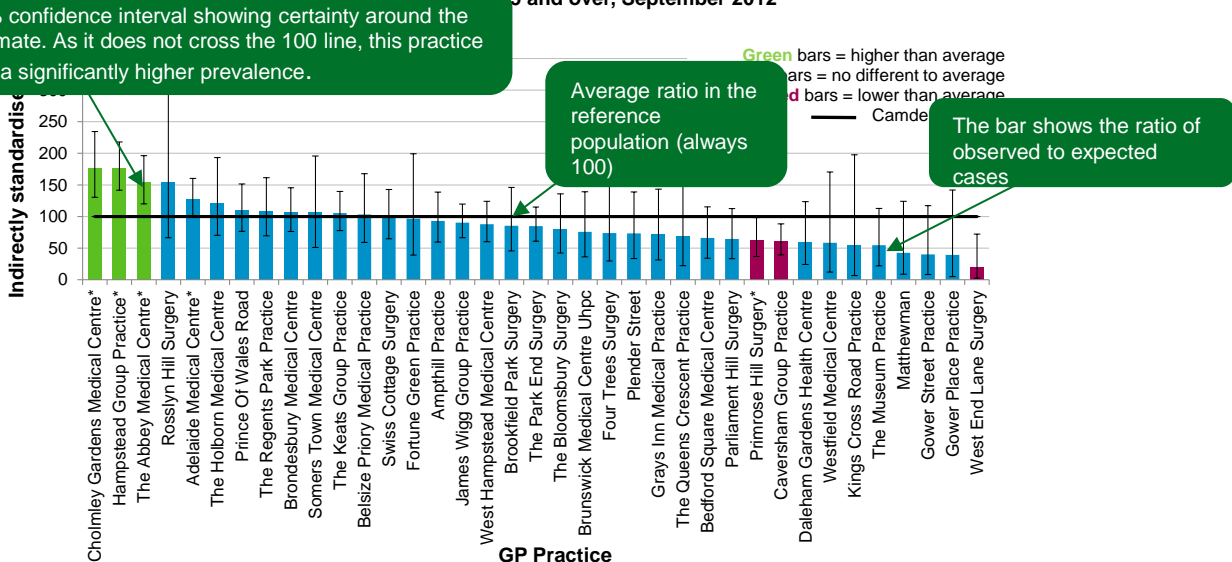
### Why is it used?

- 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 (ie. 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 2012, 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](mailto:publichealth.intelligence@islington.gov.uk)

# Understanding the data: data sources

## Estimates of smoking among young people

1. The “Drug use, Smoking and Drinking among Young People in England” survey collects data on smoking experiences among a sample of secondary school children aged between 11 and 15 years. The survey is conducted annually, however the sample may not be representative of the population at Camden local authority level. National prevalence estimates have been applied to the local Camden population estimates to obtain an estimate of the number of young people aged 11-15 who smoke regularly in Camden. In reality, because of the high level of deprivation in Camden, the national smoking prevalence among young people is likely to underestimate local smoking prevalence in Camden. Further information on this survey can be found at: <http://www.hscic.gov.uk/Article/1685>

## 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 use survey data of a wider population to provide an estimate of smoking prevalence of a target population. 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=128119> .

## Population denominators

In calculating rates, the registered population was used as of September 2012. The practice list sizes were obtained from the Camden GP dataset.

## Stop Smoking Service data

Camden’s Stop Smoking Service 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 for NHS Camden, as it is one of the Public Health Outcomes Framework targets on which the overall performance of the Local Authority is assessed. Data are returned quarterly to the HSCIC. The data in this report correspond to the return submitted by NHS Camden to the HSCIC in July 2015, for the financial year 2014/15. 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, NHS Camden also collect data on sexual orientation, disability, COPD diagnosis and engagement with mental health services.

A person may access the Stop Smoking Service more than once over the course of a year. Therefore, there is a difference between the number of times the service was accessed and the number of people accessing the service. Where analysis is undertaken on personal attributes (e.g. age / postcode), then the information recorded on the record of their most recent episode was used.

## SMOKING PREVALENCE

This section details the burden of smoking in Camden.

## Smoking Prevalence Estimates for Camden

- We have a number of 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).
  - **Local data** recorded at GP surgeries (GP PH dataset 2012) 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.
- Estimated numbers of smokers are calculated by applying the prevalence to the most relevant population. Registered populations are calculated using the relevant GP PH dataset (2012). Resident population for 2011 comes from the Census 2011.
- Estimates of smoking prevalence in Camden vary between different sources with current best estimates of 17% (Integrated Household Survey, 2014) and 19% (PH GP Dataset, 2012).

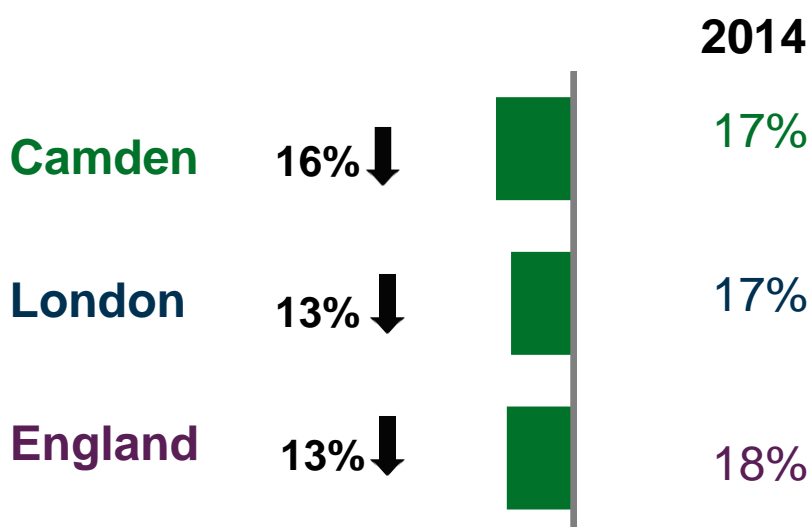


## DIRECT ESTIMATES OF SMOKING

This section details the direct estimates made 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.

## Prevalence of Smoking among persons aged 18 years and over

Percentage change in rate over 4 years 2010 to 2014



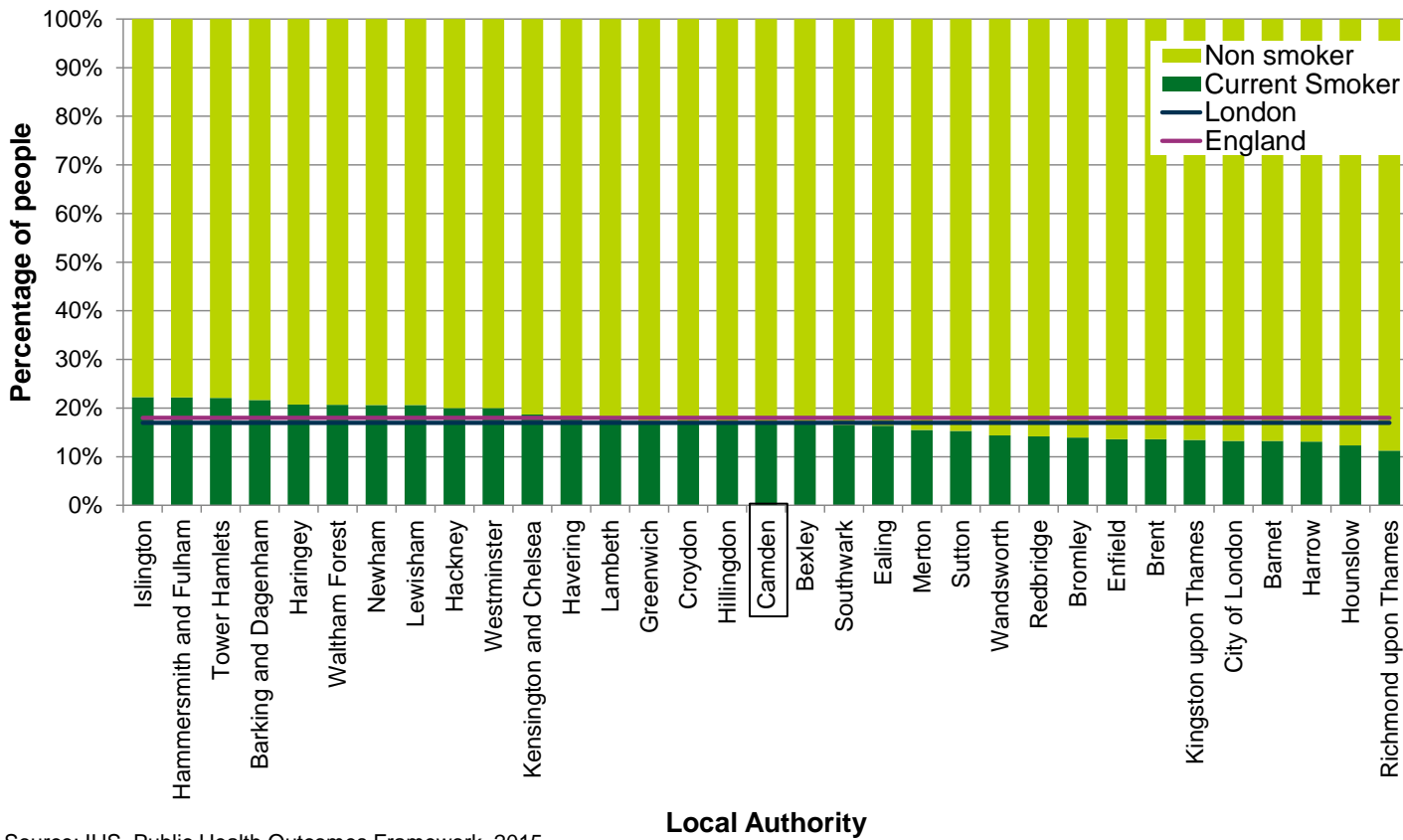
- In 2014 Camden had the **17<sup>th</sup> highest** prevalence of smoking in London.
- Camden showed a decrease (-16%) in the prevalence of smoking between 2010 (**20%**) and 2014 (**17%**). This was in line with decreases for London and England.

**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

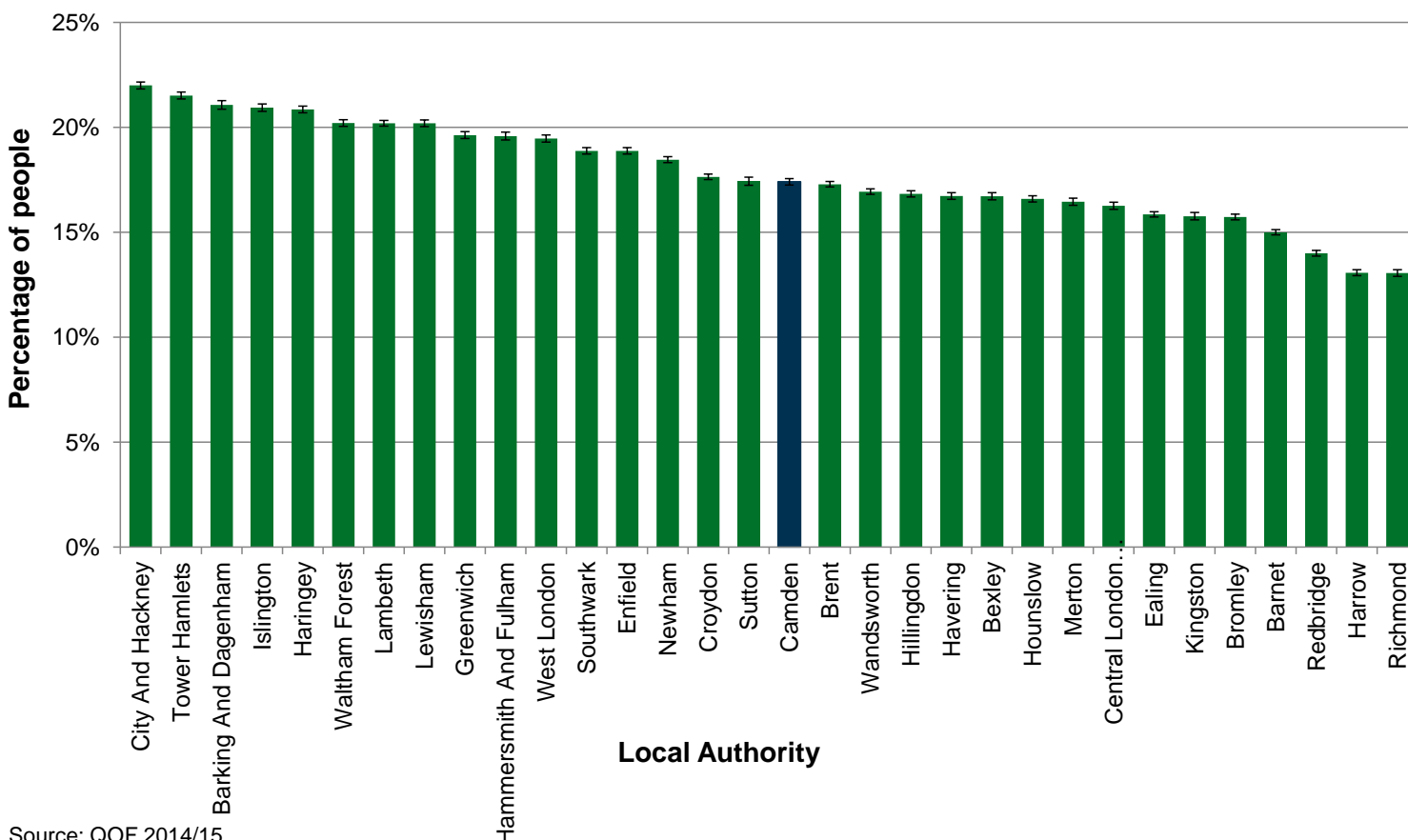


Direct estimates indicate that approximately 32,500 (17%) adults in Camden are smokers.

Source: IHS, Public Health Outcomes Framework, 2015

# Direct Estimate (QOF) – London Boroughs

Smoking prevalence among people aged 15 and over, GP registered population, by London Local Authority, 2014/15



Smoking prevalence estimates for people registered with a GP indicate that approximately 40,000 people aged 15+ are smokers in Camden

Source: QOF 2014/15

## SMOKING PREVALENCE IN CAMDEN

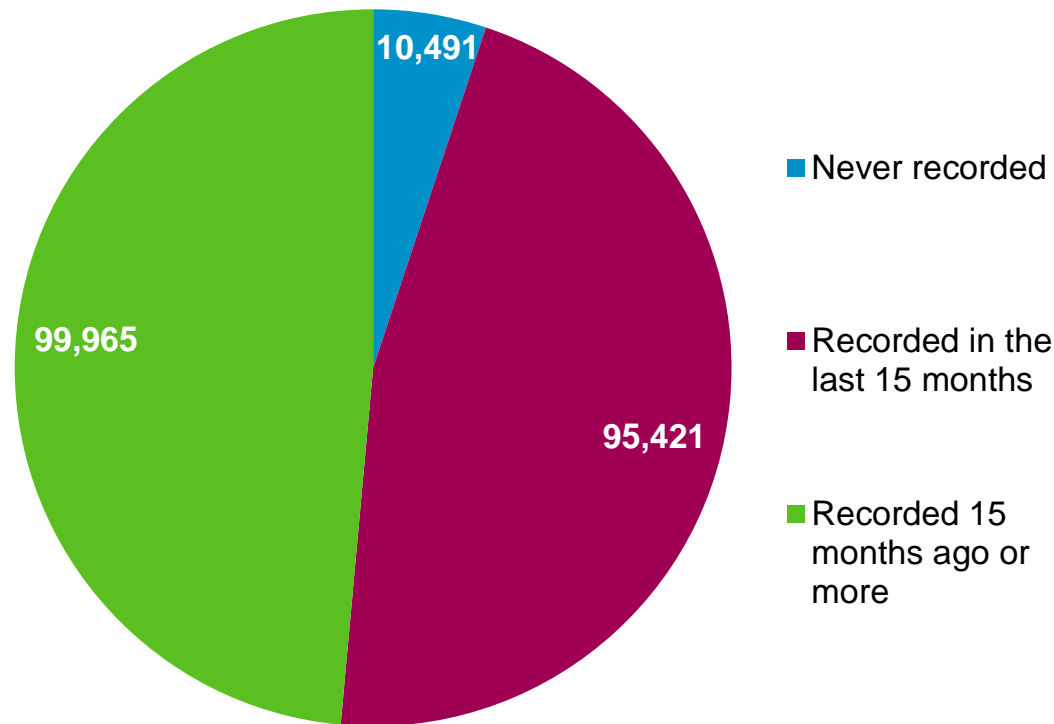
This section details the burden of smoking in Camden as recorded by GP practices. The data is taken from Camden's GP public health dataset (2012) and details the burden amongst the registered population

## RECORDING OF SMOKING STATUS

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

# How well is smoking status recorded in Camden?

## Recording of smoking status in GP practices

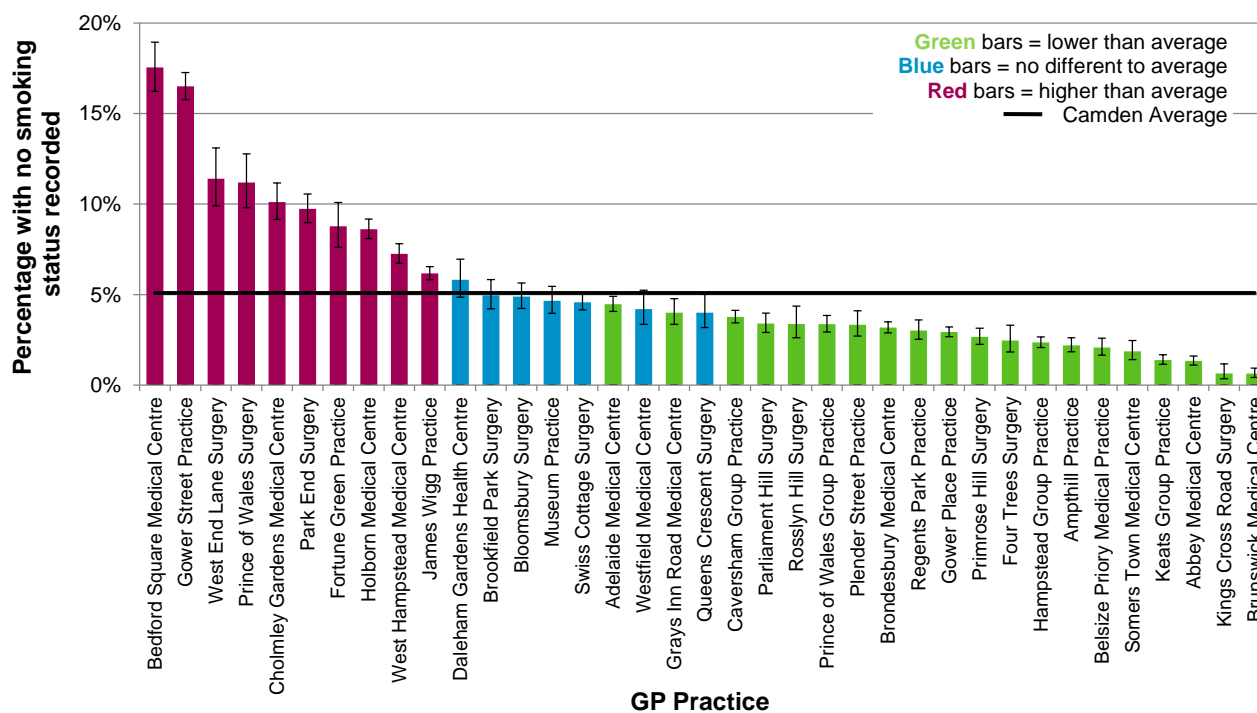


Source: Camden PH GP Dataset, Sep 2012

- 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.

# How well is smoking status recorded in GP Practices?

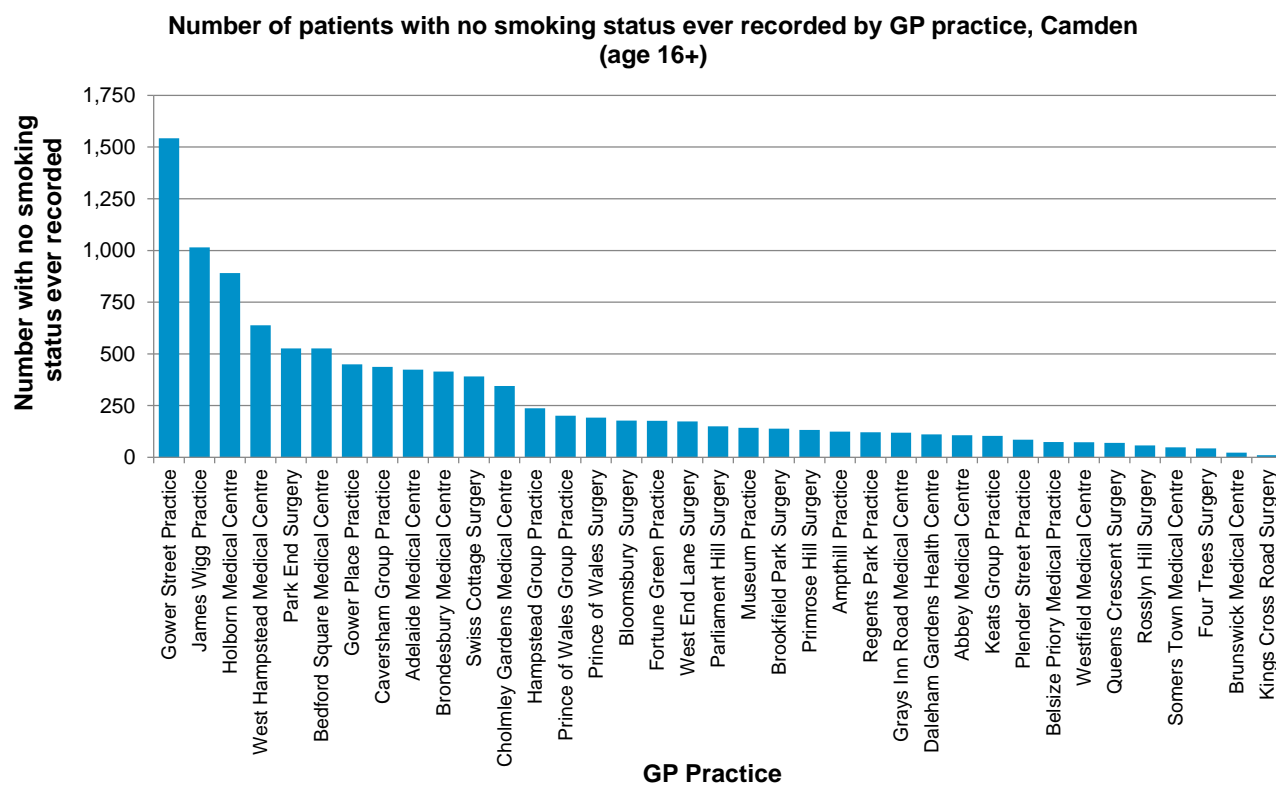
Percentage of patients where smoking status was not recorded, by GP Practice\*, in Camden (age 16+)



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 Camden average.
- Possible reasons for variation between GP Practices could be the age structure of the registered population (i.e. younger populations) and differences in ethnic groups and deprivation could also influence the recording of smoking status.

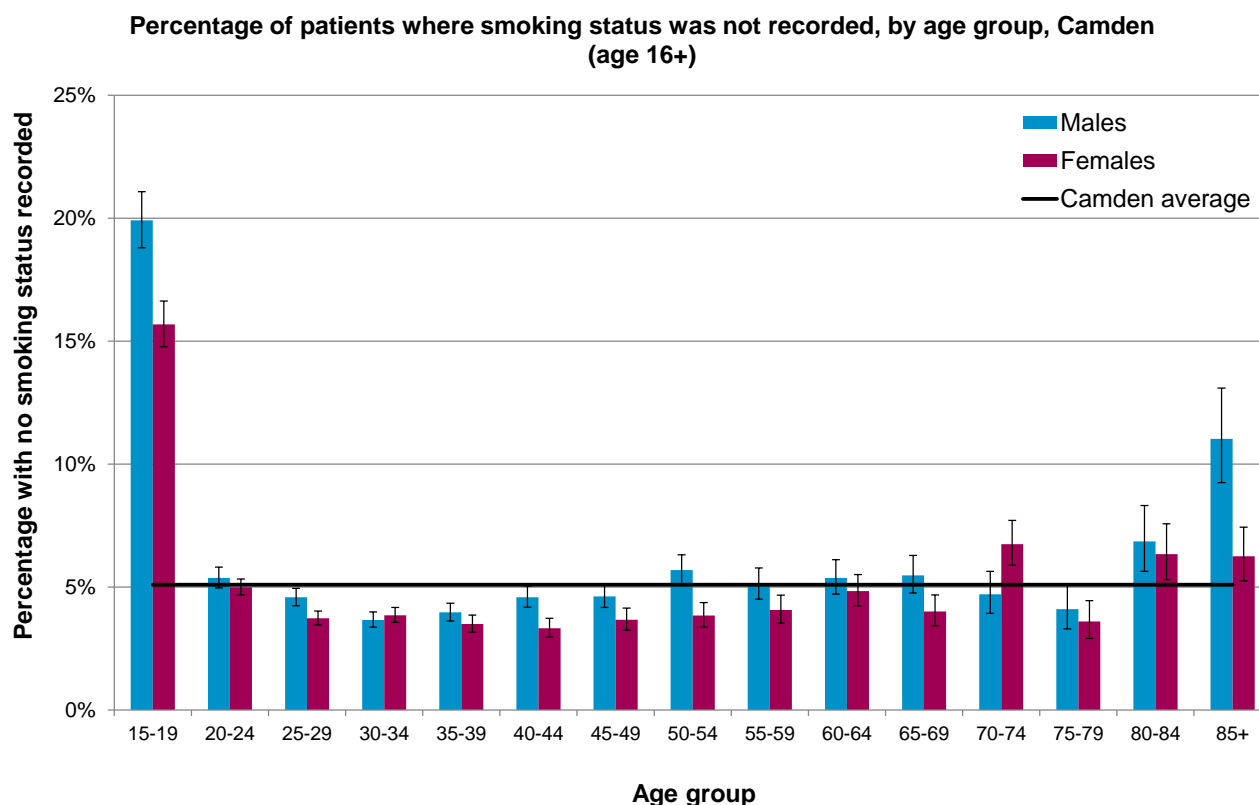
# Number of patients with no smoking status ever recorded by GP practice



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

- There are 10,500 adults with no smoking status ever recorded registered with a GP in Camden.
- The numbers range from 10 in Kings Cross Road Surgery to 1,500 in Gower Street Practice. This is not necessarily reflective of practice list size, other possible explanatory factors include age distribution and student population concentration.

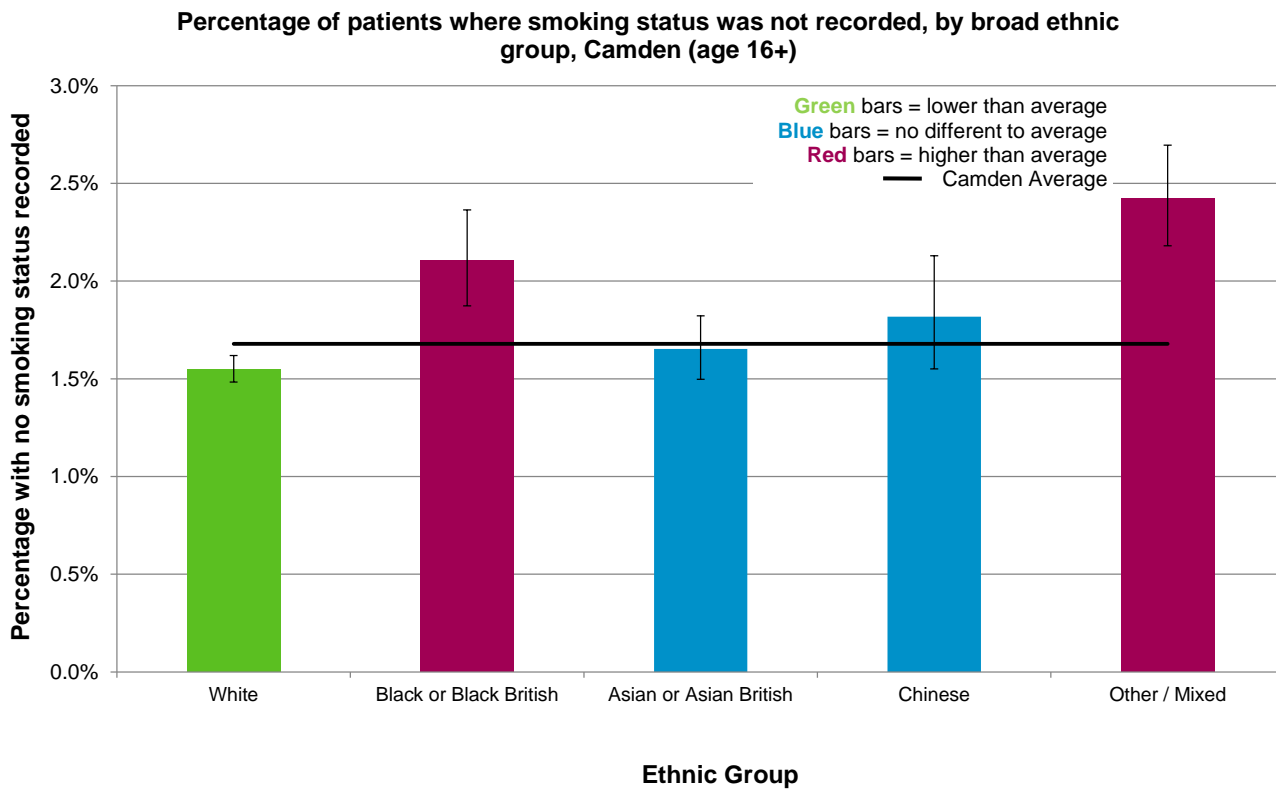
# Smoking status recording by age and sex



Source: Camden GP dataset, 2012.

- Men are less likely to 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.
- Men and women aged 16-19 are significantly less likely to 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 or GPs are less likely to ask smoking status amongst this group.

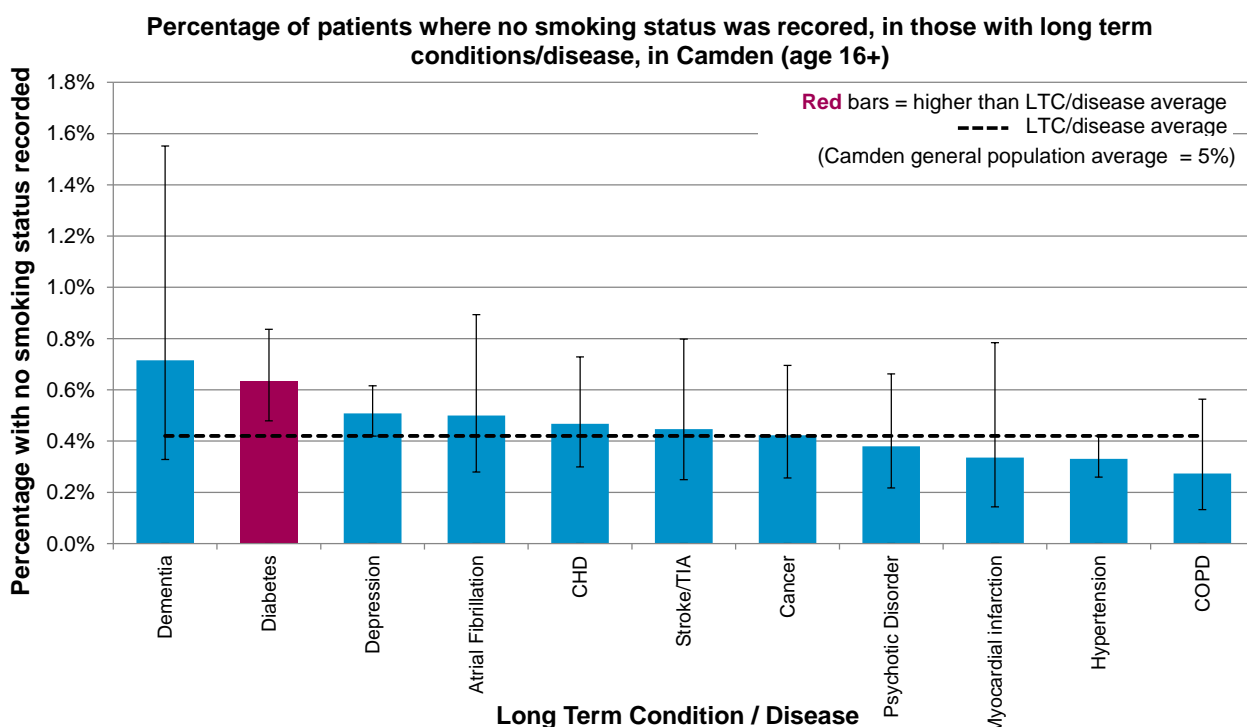
# Smoking status recording by ethnic group



- Of the 10,500 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, people from minority ethnic groups were more likely not to have their smoking status recorded than those within white ethnic groups.

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

# How well is smoking status recorded in those with a long term condition (LTC) in Camden?



- 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.

Source: Camden GP dataset, 2012.

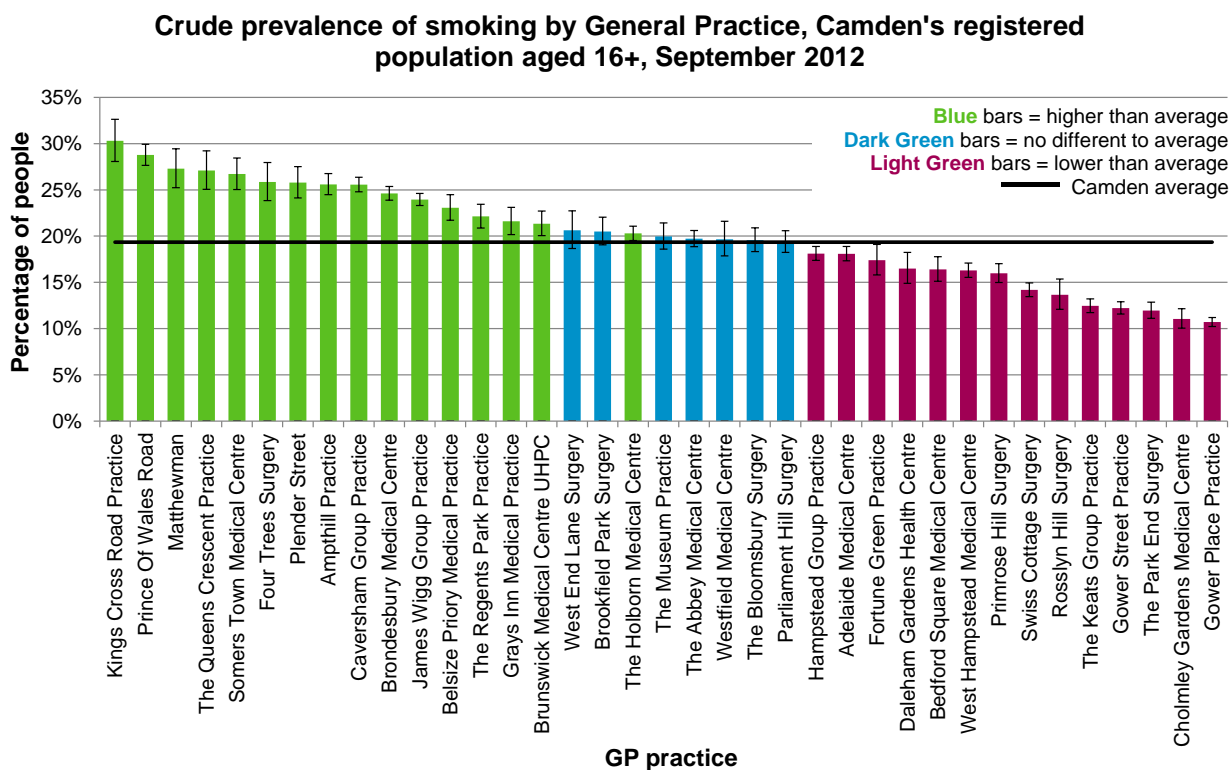
Note: Patients diagnosed with asthma and osteoporosis were not available at the time of production & patients with dementia and learning disabilities have been excluded due to disclosive numbers

CHD: Coronary heart disease  
COPD: Chronic obstructive pulmonary disease  
TIA: Transient ischemic attack

# SMOKING PREVALENCE

This section details the prevalence of smoking in Camden as shown by locally collected data from GP surgeries (GP PH Dataset, 2012). Smoking is broken down by age, gender, ethnicity, deprivation and other relevant characteristics.

## Smoking prevalence – GP Practices

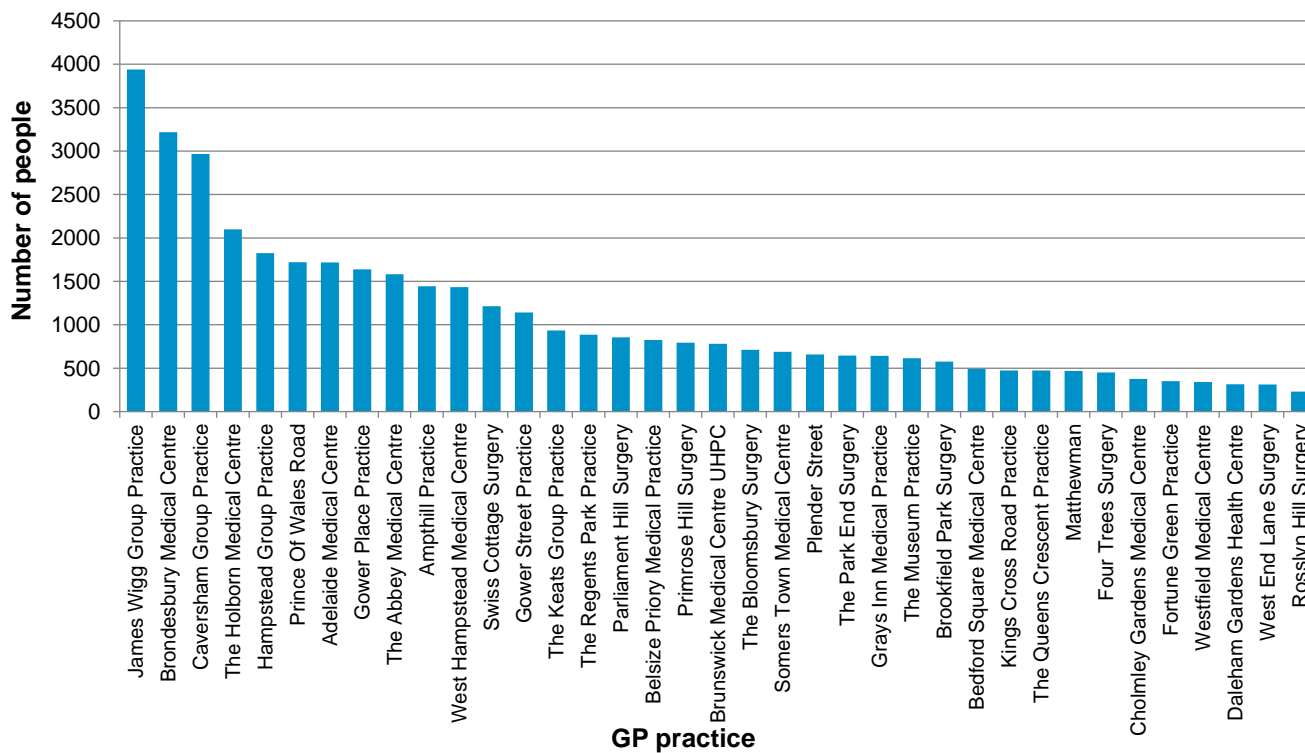


Source: Camden's GP PH Dataset, Sep 2012

- Around a fifth of the registered population in Camden smoke (19%).
- Across practices, smoking prevalence ranges from 11% of people to 30%.
- 14 practices have significantly lower than average prevalence and 16 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

Number of smokers, by General Practice, Camden's registered population aged 16 and over, September 2012

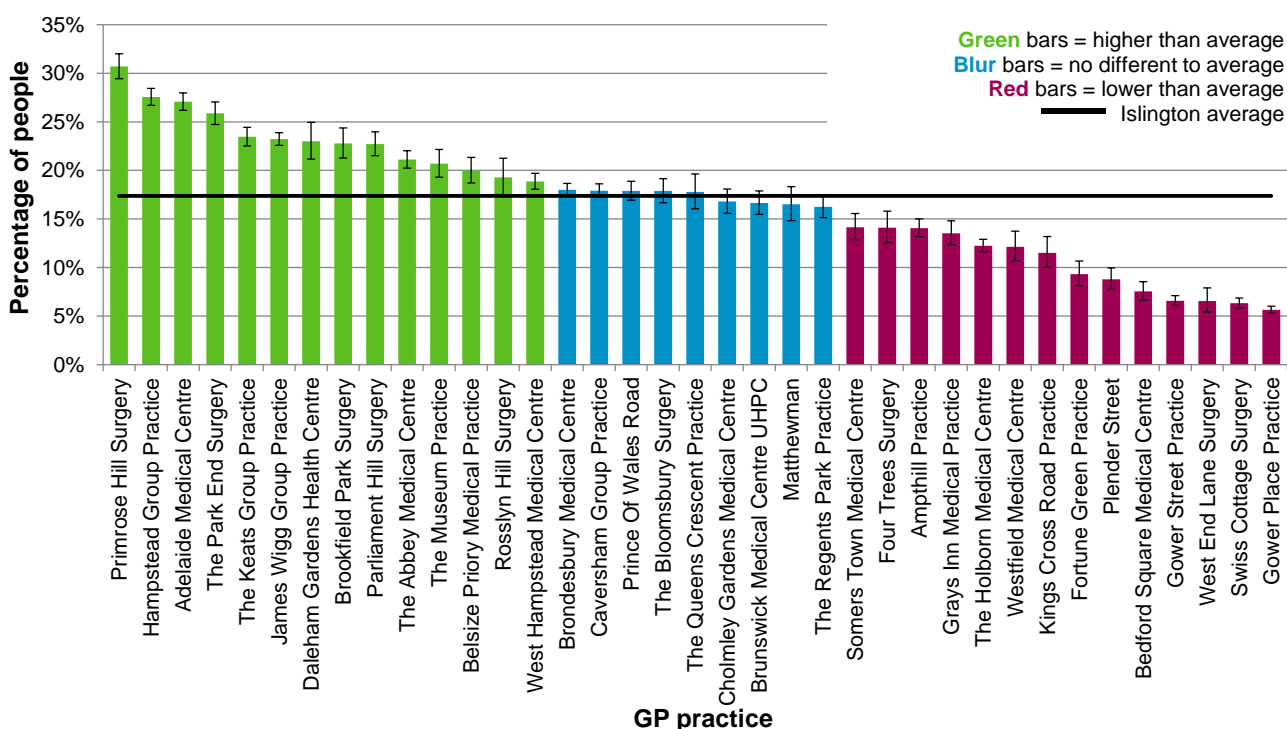


Source: Camden's GP PH Dataset, Sep 2012

- There are approximately 39,800 smokers aged 16 and over registered at Camden GPs.
- There is wide variation in total number of smokers across practices from 230 smokers at Rosslyn Hill Surgery to 3,940 at James Wigg Group Practice.
- This is determined by both practice size and prevalence of smoking at each practice.

# Ex-smoking prevalence – GP Practices

Crude prevalence of ex-smoking by General Practice, Camden's registered population aged 16+, September 2012



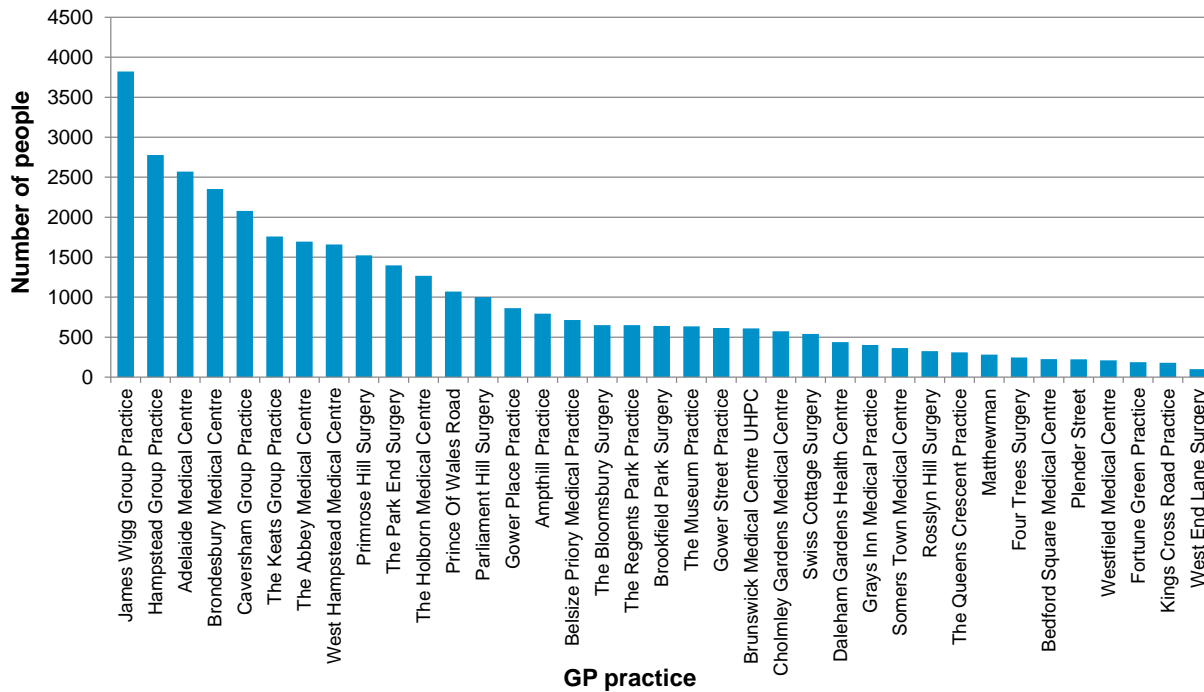
Source: Camden's GP PH Dataset, Sep 2012

- 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: 14 practices have lower than the average, 14 have higher.



# Number of ex-smokers – GP Practices

Number of ex-smokers, by General Practice, Camden's registered population aged 16 and over, September 2012

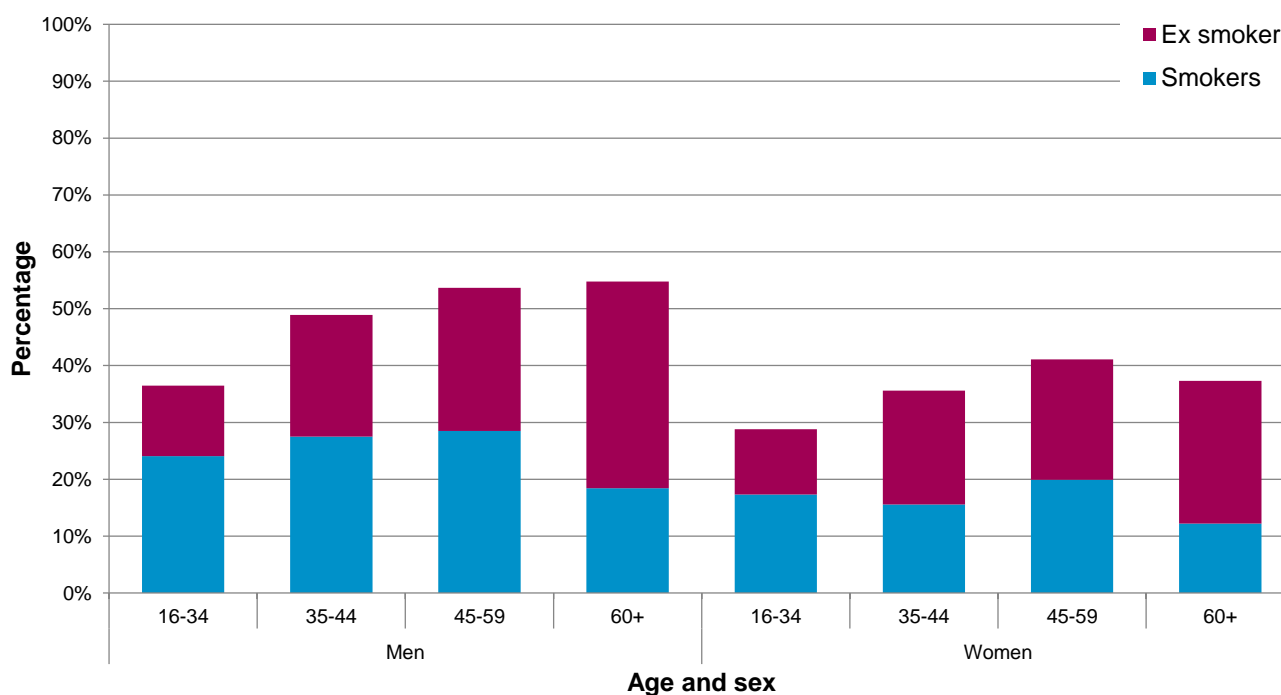


Source: Camden's GP PH Dataset, Sep 2012

- There are 35,756 ex-smokers registered at Camden GPs.
- Taken together with registered smokers there are 75,594 '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

Percentage of smokers and ex smokers, by age and sex, Camden's registered population aged 16 and over, September 2012



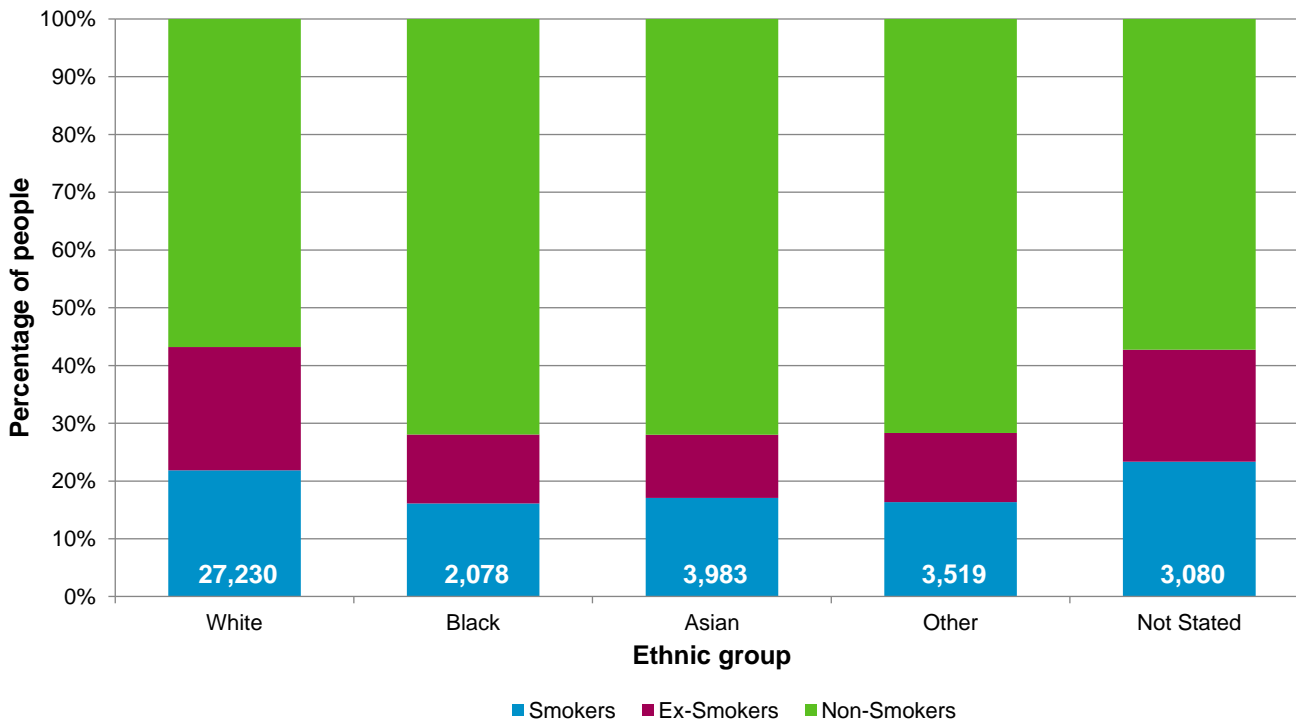
Note: "Smoker" includes passive smokers. Prevalence counted for people with a smoking status recorded. 10,487 people had no recorded smoking status recorded and were excluded.

Source: Camden's GP PH Dataset, Sep 2012

- Men are more likely to be current or ex-smokers than women; 25% of men currently smoke compared to 17% of women.
- 'Ever smoking' increases with age but current smoking prevalence rises with each age group until 60+ when it declines. There is a lower level of smokers in the 60+ group.
- This is likely due to both a rise in ex-smoking and in the early death of smokers.

# Smoking status by ethnicity

Smoking status by ethnic group, Camden's registered population aged 16 and over, September 2012

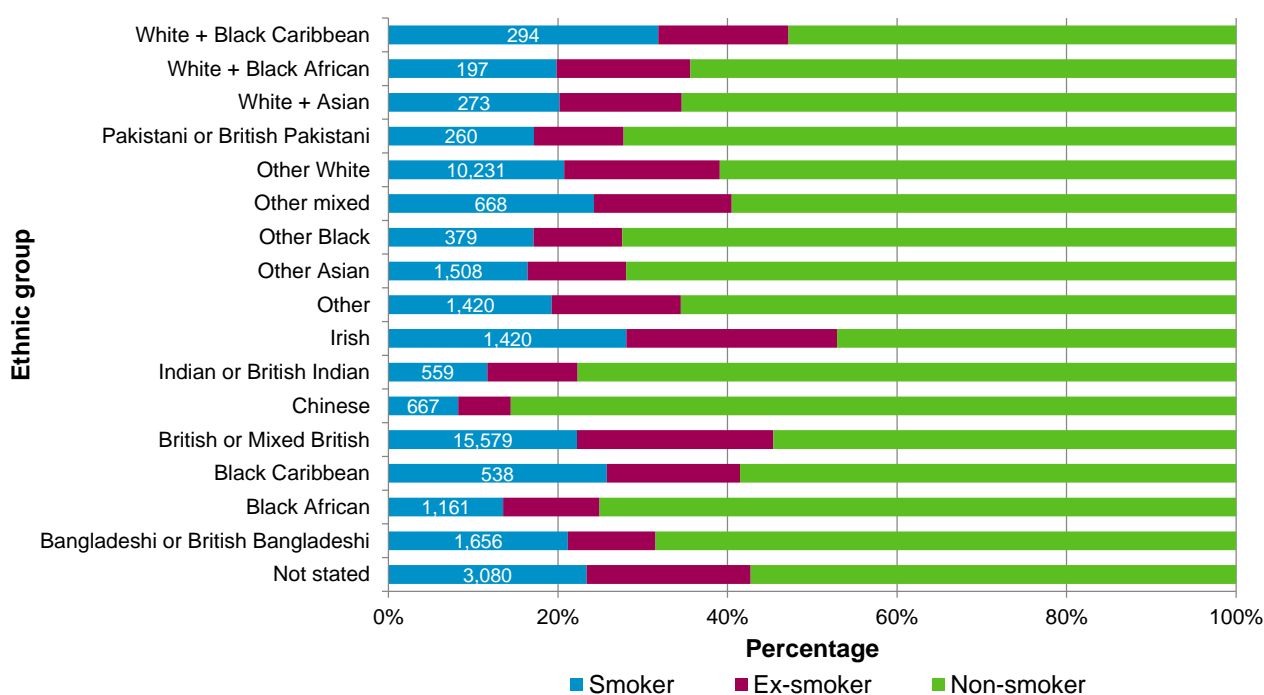


- In Camden, excluding those where ethnicity was not known, White people are the group most likely to smoke (22% are smokers; 21% are ex-smokers).
- Black and Asian people are significantly less likely to smoke or to have smoked with 72% being non smokers in both groups.

Note: Other includes those of Other/Mixed/Chinese ethnicity; smokers includes passive smokers; 10,487 people with no recorded smoking status were excluded Source: Camden's GP PH Dataset, Sep 2012

# Smoking status by detailed ethnic group

Smoking status by ethnic group, Camden's registered population aged 16 and over, September 2012

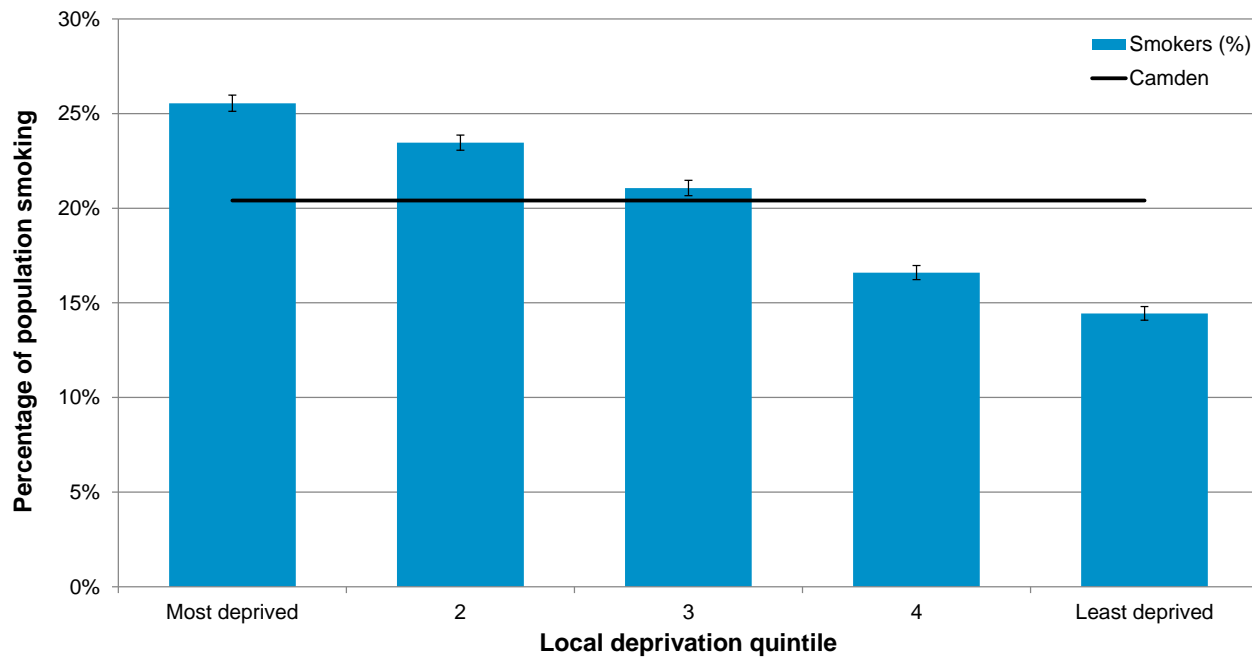


- This graph shows a more detailed breakdown of smoking status by ethnicity.
- The highest smoking prevalence is among the White + Black Caribbean ethnic group (31%), followed by Irish (28%).
- Chinese ethnic and Indian or British Indian groups have the lowest smoking prevalence (8% and 11% respectively).

Notes: Smokers includes passive smokers; 10,487 people with no recorded smoking status were excluded. Source: Camden's GP PH Dataset, Sep 2012

# Smoking status by deprivation

Percentage smoking, by deprivation quintile, Camden's registered population aged 16 and over, September 2012

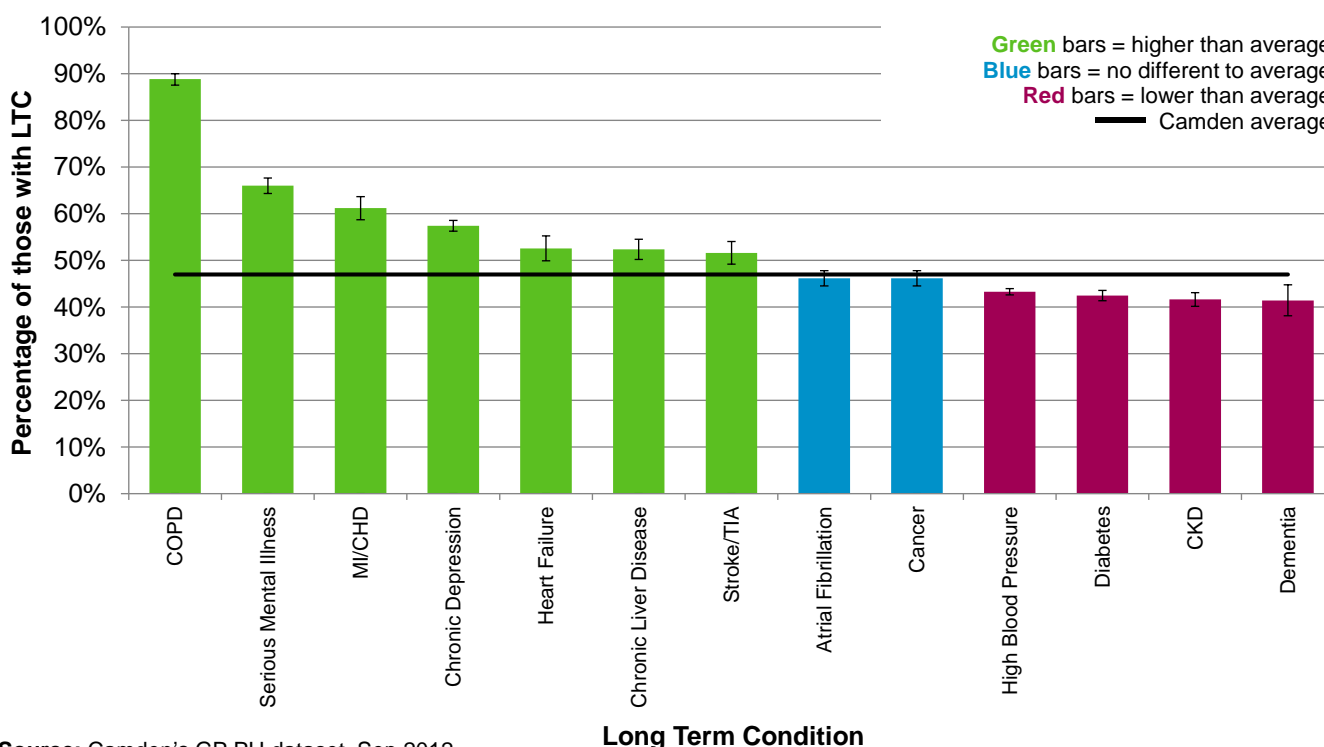


Note: 9,267 with no smoking status recorded were excluded  
Source: Camden's GP PH Dataset, Sep 2012

- There is a well established association between poverty and smoking.
- Smoking prevalence is almost twice as high in the most deprived areas (26%) compared to the least deprived (14%).

# Long term conditions and smoking

Percentage of those diagnosed with a long term condition who have ever been a smoker, Camden's registered population, 16+, September 2012

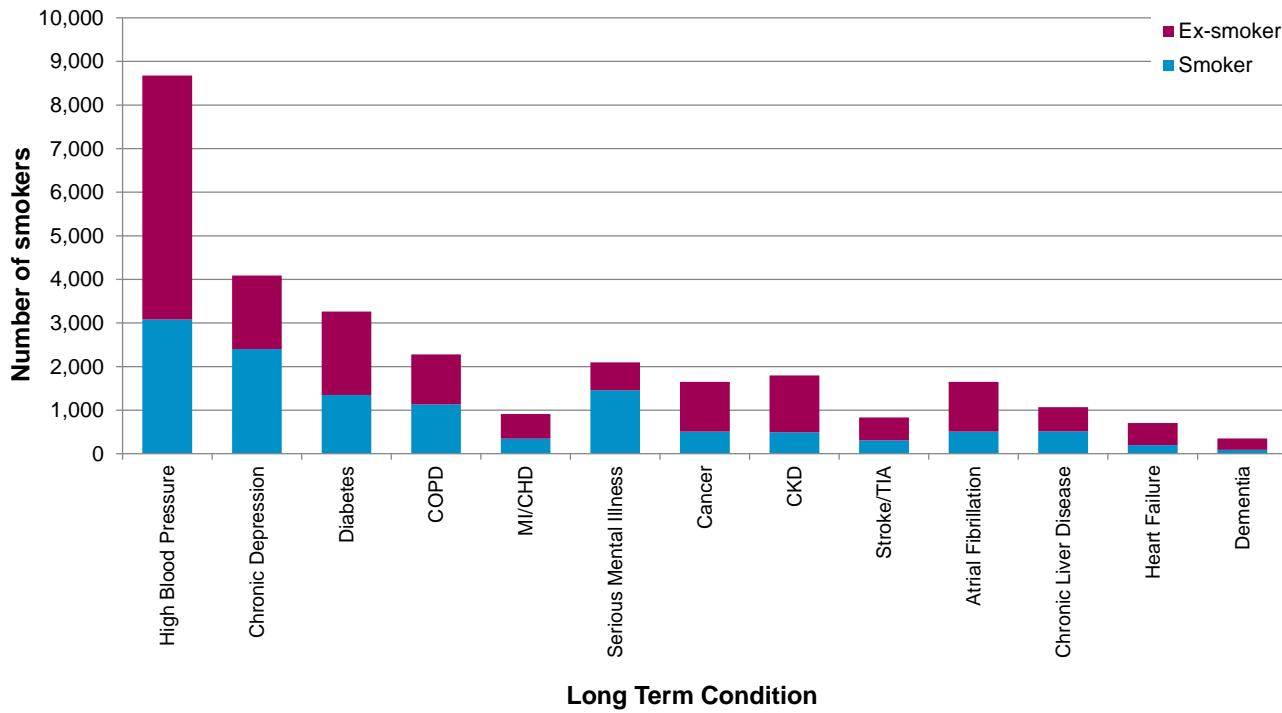


Source: Camden's GP PH dataset, Sep 2012  
Note: People may appear more than once in the chart as they may have more than one long term condition

- Those who have ever smoked are at increased risk of living with a long-term condition compared to 'never smokers'.
- 88% of those with COPD in Camden are current or ex smokers.
- There is also an increased prevalence of serious mental illness, chronic depression, coronary heart disease and a number of other LTCs in ever smokers compared to the general population.
- There was a lower prevalence of ever smokers with high blood pressure, diabetes, CKD and dementia than the Camden average

# Long term conditions and smoking

Number of current and ex-smokers by long term condition, Camden's registered population, 16+, September 2012



Source: Camden's GP PH dataset, Sep 2012

Note: People may appear more than once in the chart as they may have more than one long term condition

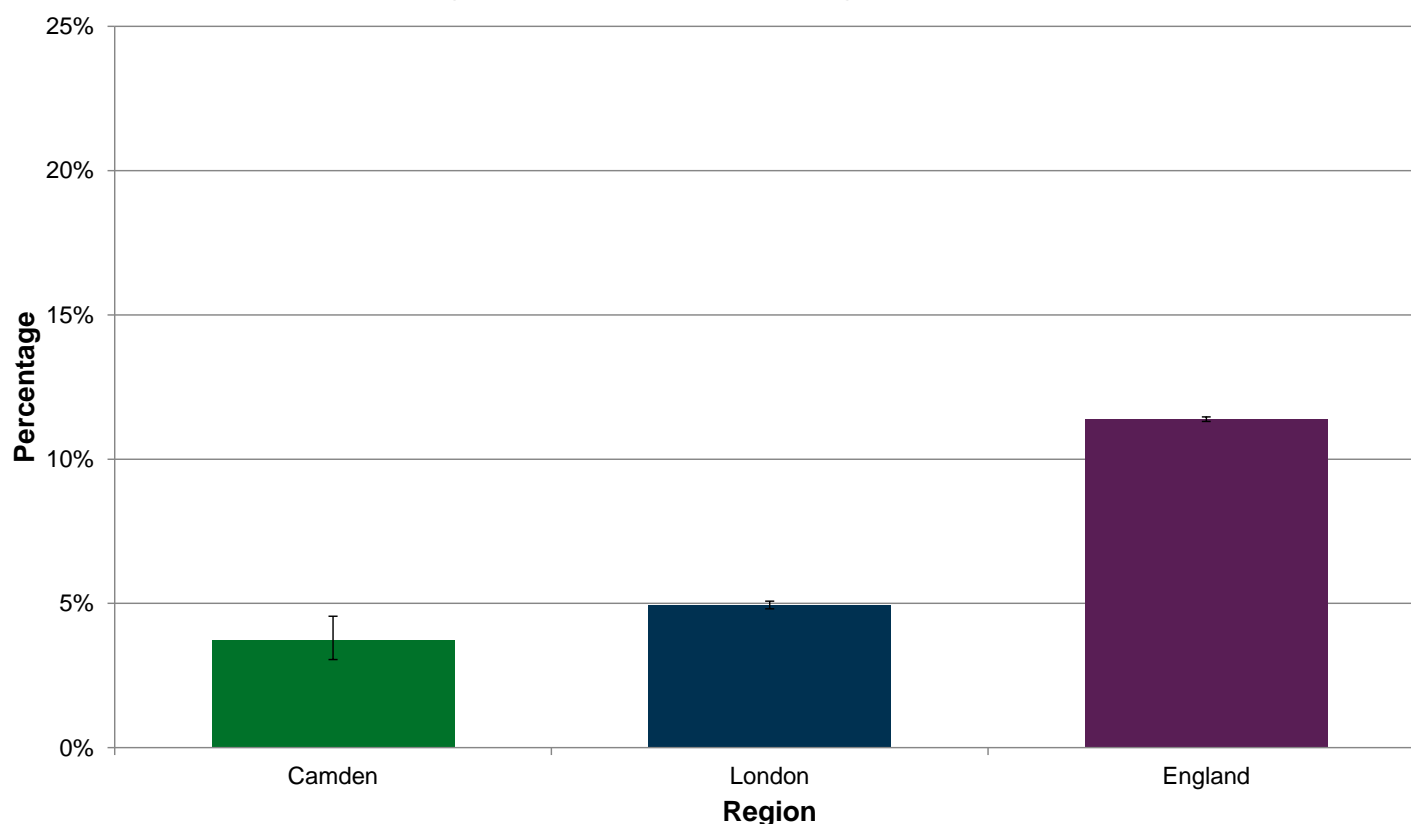
- There are 8,141 people living with at least one long term condition and recorded as a current smoker in Camden.
- The two long term conditions with the most recorded smokers are high blood pressure and chronic depression.
- These people are more likely to be in contact with health services providing 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 the Health & Social Care Information Centre.

## Smoking in pregnancy

Percentage and number of pregnant women smoking at delivery, resident population, all ages, Camden, London and England, 2014/15

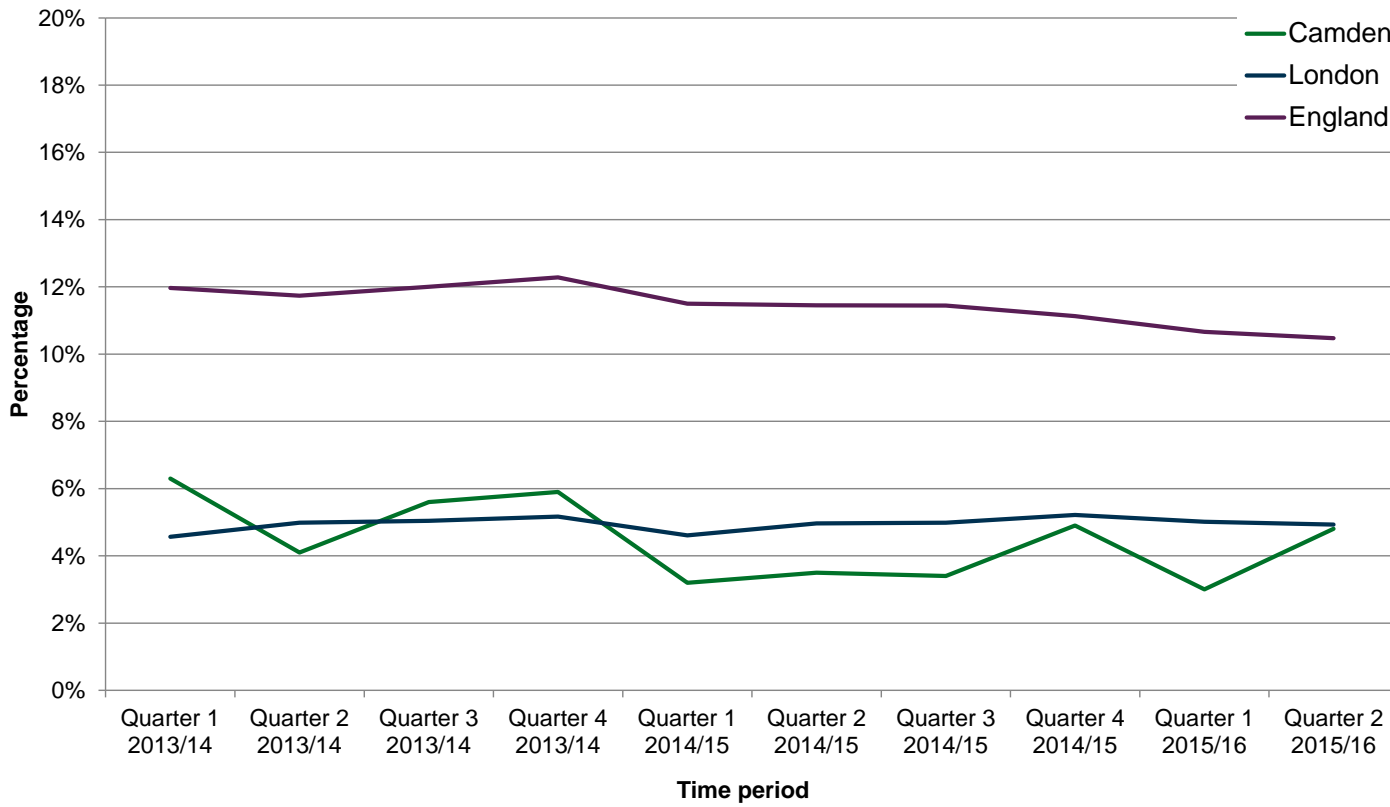


- Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.
- 3.7% of women giving birth (93) were current smokers at the time of delivery compared to under 4.9% across London.

Source: HSCIC, 2016

# Smoking in pregnancy –trend

Percentage and number of pregnant women smoking at delivery, resident population, all ages, Camden, London and England, Quarter 1 2013/14 to Quarter 2 2015/16



- The proportion of mothers smoking at time of delivery has been decreasing in Camden from more than 6% in Q1 2013/14 to less than 5% in Q2 2015/16.
- There has been a similar decline in England in the same period, while the London average has remained around 5%.

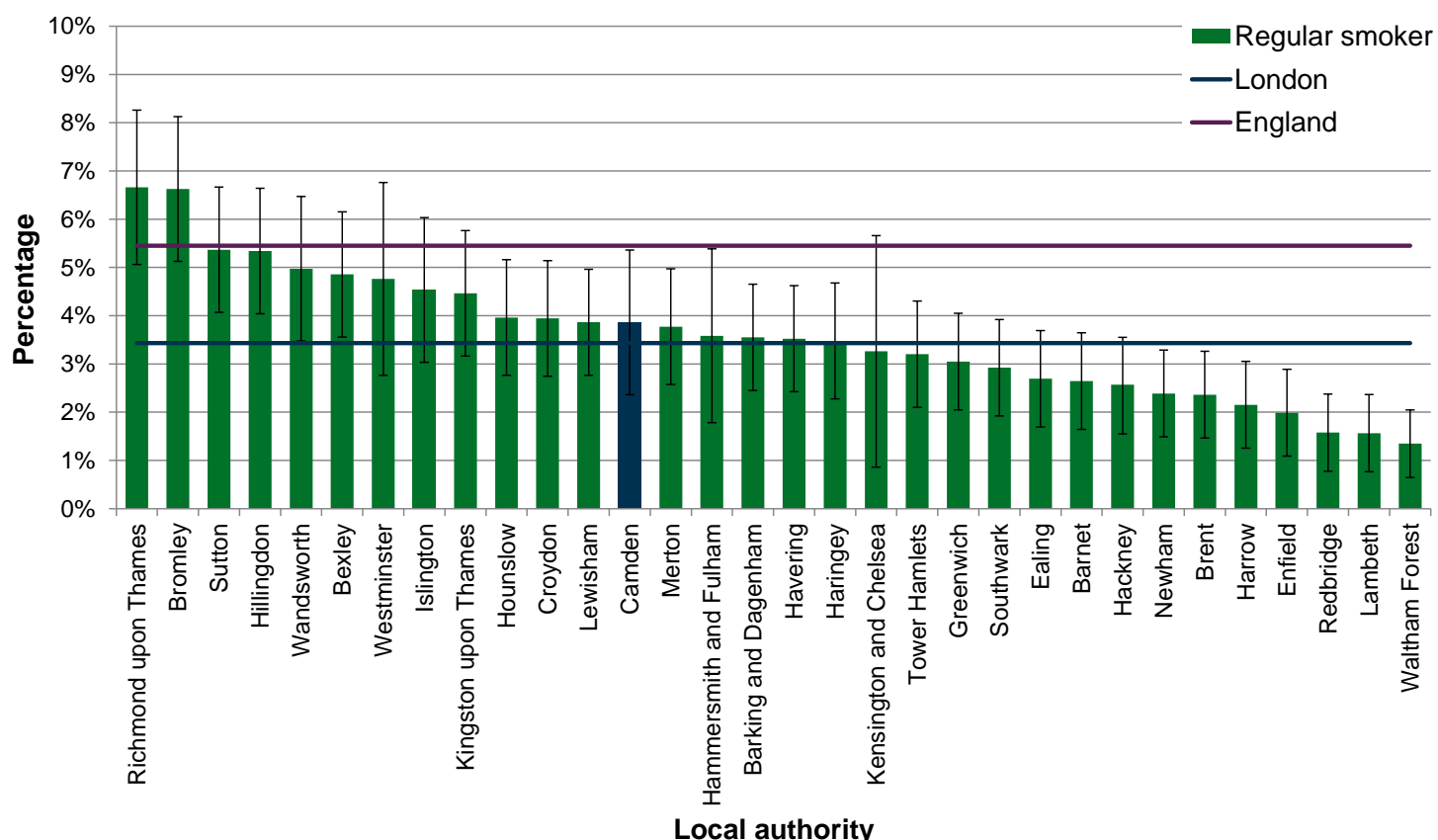
Source: HSCIC, 2016

# SMOKING AMONG CHILDREN

This section details the burden of smoking in Islington 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).

## Prevalence of smoking among children aged 15

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



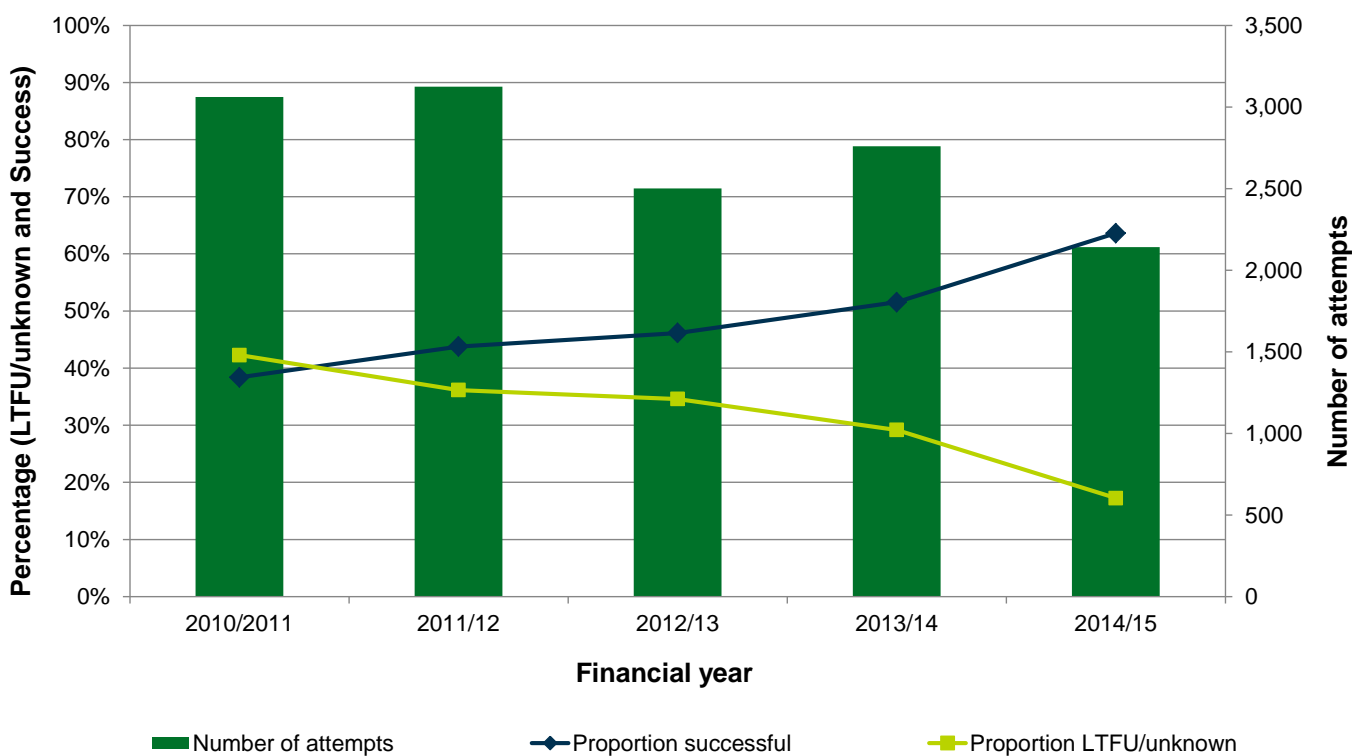
- Based on these estimates there are approximately 75 regular smokers in Camden aged 15.
- The Camden smoking prevalence (3.9%) was not significantly different to London (3.4%), but was significantly lower than England (5.5%).

# STOP SMOKING SERVICE

This section provides analysis of data collected by the Camden Stop Smoking Service (SSS). It looks at Provider specific quit rates and the demographic breakdown of service users.

## Outcome trend 2010/11 to 2014/15

Trend in attempts, success and loss to follow up, Camden Stop Smoking Service, 2010/11-2014/15



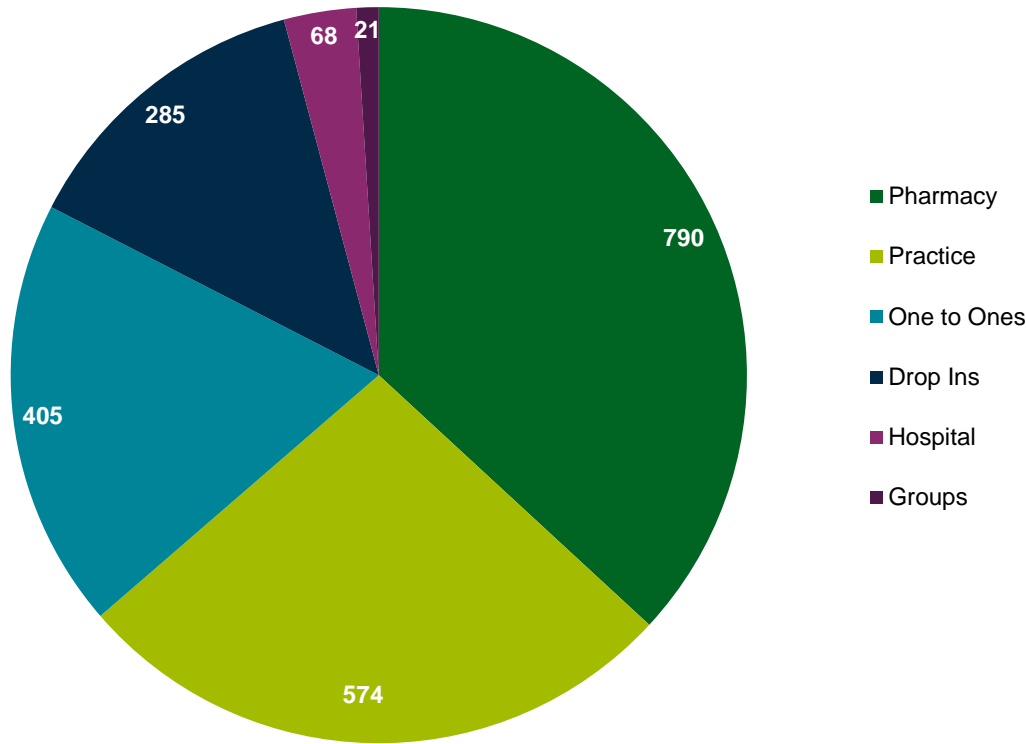
- In 2014/15 there were 2,141 attempts among stop smoking service clients in Camden.
- Since 2010/11 there has been a lower volume of SSS users, but a higher proportion of those using the service that successfully quit.
- Over half (64%) of service users are now successful, a steady increase from 2010/11 (38%).
- There is a consistent and significant reduction in the proportion of users that have been lost to follow up (LTFU) or where the outcome is unknown; now down to below 20%.

Note: Analysis is on the basis of attempts, not individuals, one individual may contribute more than one attempt.  
Source: Stop Smoking Service Data, Camden, 2010/11 to 2014/15



# Location of attempts

Breakdown of quit attempts, by setting of the attempts, Camden's registered population aged 16+, 2014/15

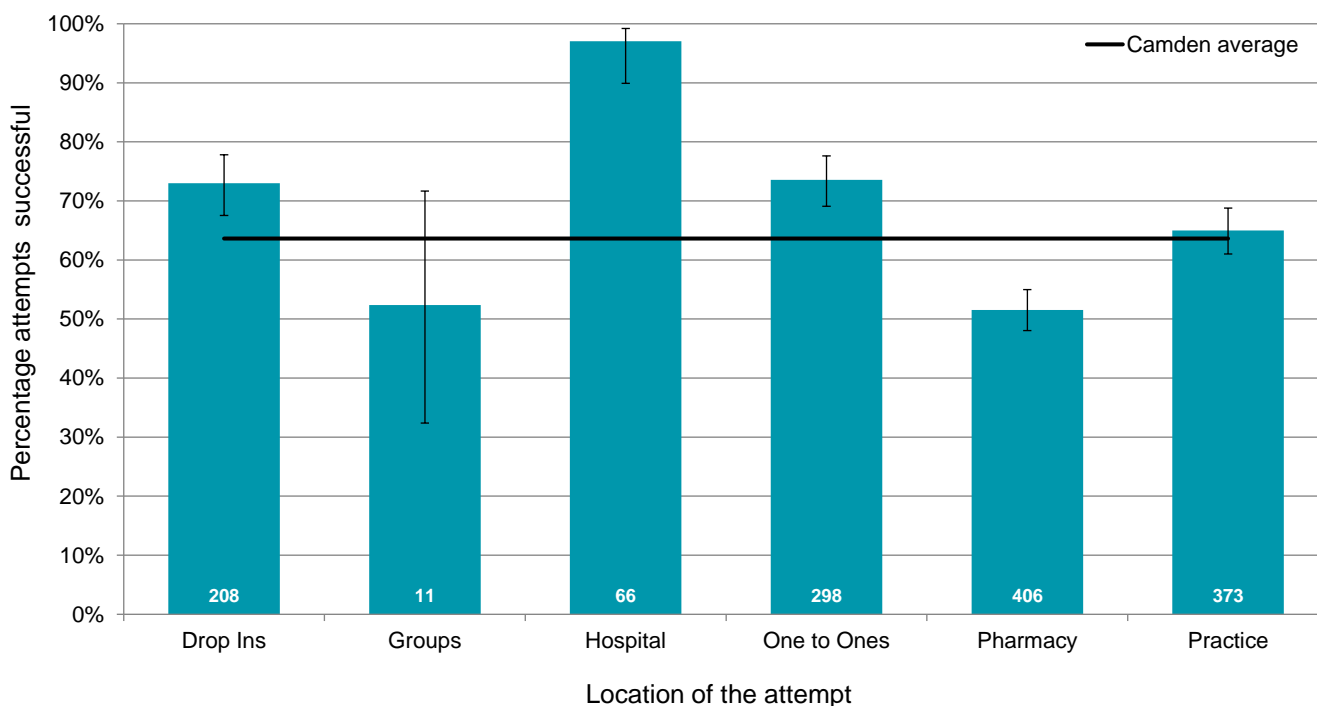


- There were 2,141 quit attempts in Camden in 2014/15, a decrease from 2013/14.
- 37% of quit attempts were made through pharmacies.
- About a quarter were made through GP practices (27%) and 19% through community stop smoking service (One to Ones).

Note: Chart represents attempts, one individual may contribute more than one attempt  
Source: Camden Stop Smoking Service, 2015

# Quits by location

Success of quit attempts, by setting of the attempts, Camden's registered population aged 16+, 2014/15

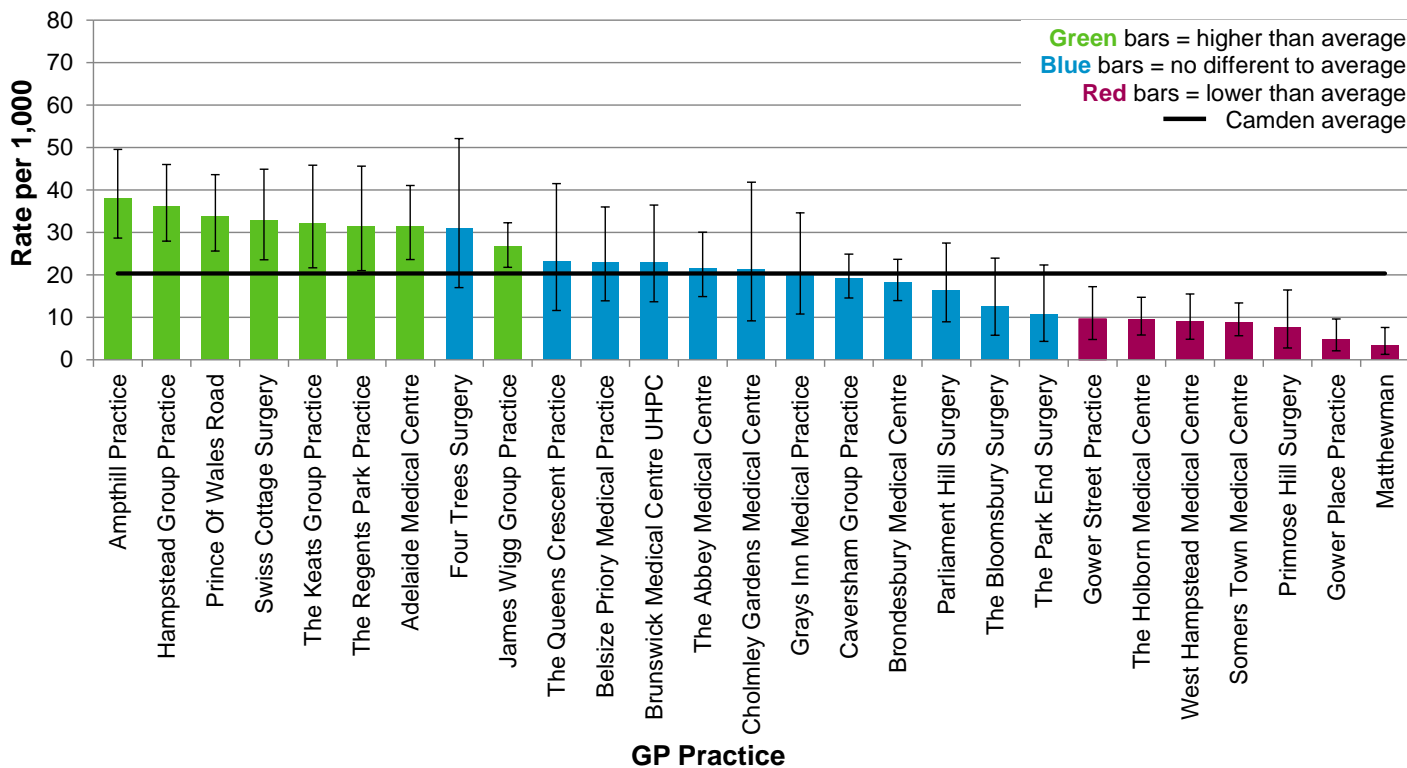


- Whilst the largest number of attempts were made through a pharmacy setting, approximately half of these attempts were successful (52%), this is significantly below the Camden average (64%).
- Differences in the success rates may reflect different user profiles but may also indicate the need for increased training for advisers in some settings.

Note: Chart represents attempts, one individual may contribute more than one attempt  
Source: Camden Stop Smoking Service, 2015

# Quit rates by GP practice

Quit rate per 1,000 registered smokers aged 16+, by GP practice, Camden, 2014/15



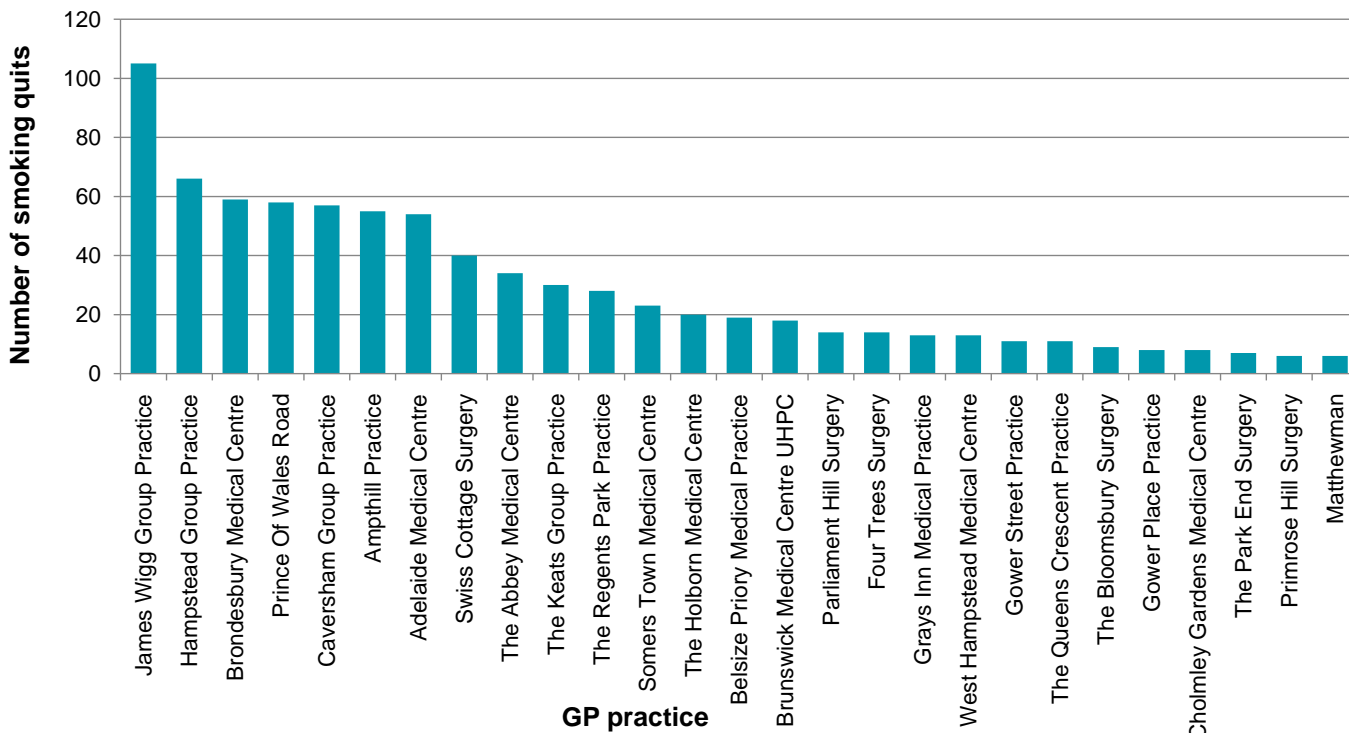
- The Camden average is 20 quits per 1,000 registered smokers aged 16+ per year.
- Eight practices had significantly higher than average quit rates, the highest had a rate of 38 quits per 1000 registered smokers.
- Seven practices had significantly lower than average quit rates.

**Note:** Fortune Green, Westfield Medical Centre, King's Cross Rd Practice, Brookfield Park Surgery, The Museum Practice, Daleham Gardens Health Centre and Rosslyn Hill Surgery have been excluded due to disclosive nature of small number of quits. This chart represents attempts, one individual may contribute more than one attempt.

**Source:** Camden Stop Smoking Service, 2014/15

# Number of quits by GP practice

Number of quits, by GP practice, Camden, aged 16+, 2014/15



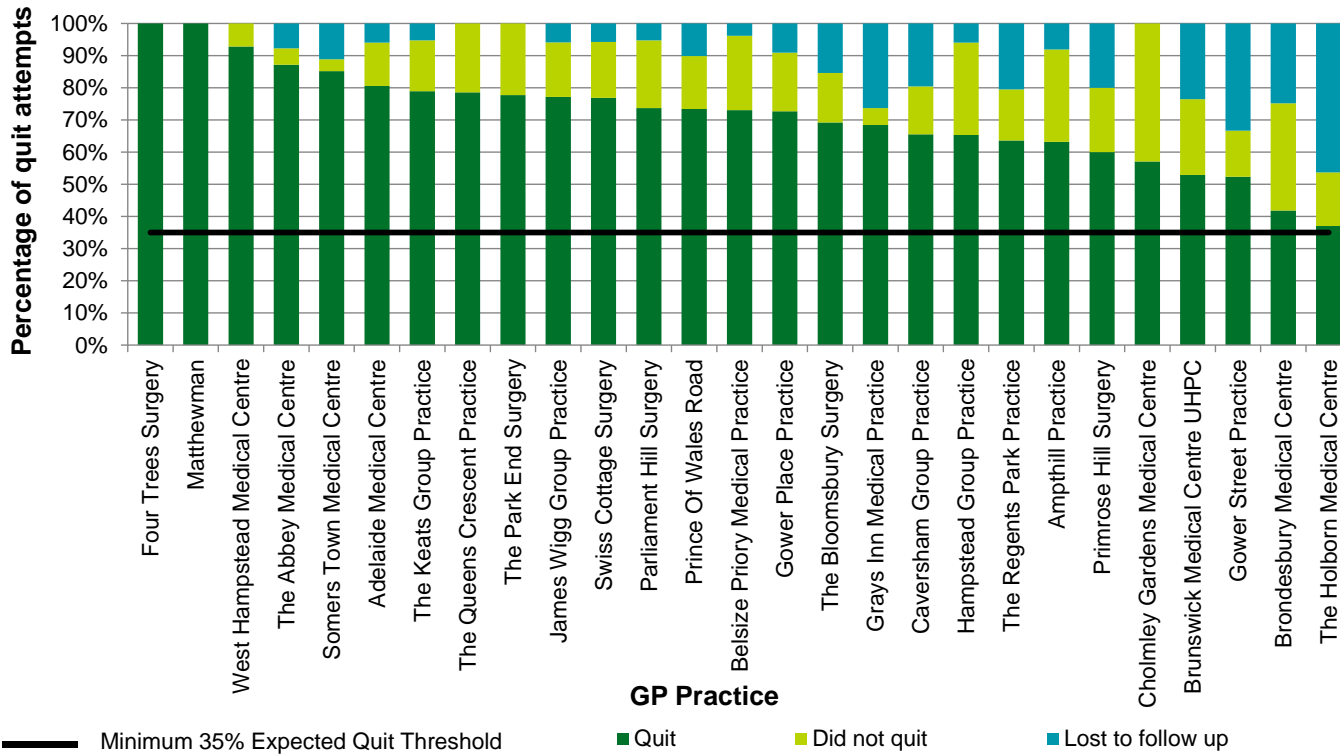
- There was variation in the total number of quits by practice with the highest number of quits at James Wigg Group Practice (105 quits) and the lowest at Primrose Hill Surgery and Matthewman (6 quits).
- Seven practices reported less than 5 quits and are excluded from the chart.

**Note:** Fortune Green, Westfield Medical Centre, King's Cross Rd Practice, Brookfield Park Surgery, The Museum Practice, Daleham Gardens Health Centre and Rosslyn Hill Surgery have been excluded due to disclosive nature of small number of quits. This chart represents attempts, one individual may contribute more than one attempt.

**Source:** Camden Stop Smoking Service, 2014/15

# Outcomes by GP Practice

Outcome of quit attempts, by GP practice, Camden, aged 16+, 2014/15

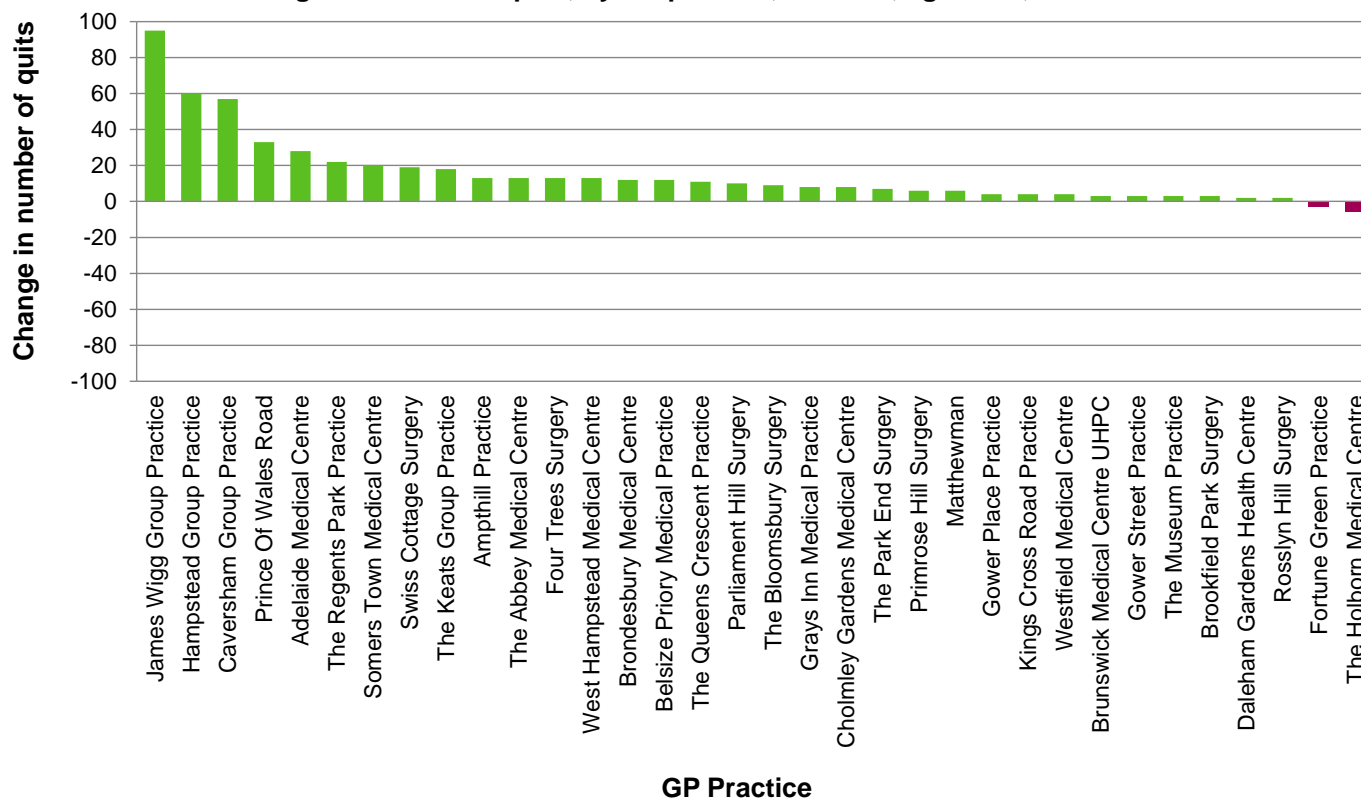


- At Four Trees Surgery and Matthewman Practice 100% of attempts ended in success at 4 weeks. This is based on small numbers of quit attempts and so should be interpreted with caution.
- No practices were below the Department of Health minimum expected quit threshold (35%).
- The lowest was The Holborn Medical Practice where 37% of attempts ended in success at 4 weeks.

**Note:** Fortune Green, Westfield Medical Centre, King's Cross Rd Practice, Brookfield Park Surgery, The Museum Practice, Daleham Gardens Health Centre and Rossllyn Hill Surgery have been excluded due to disclosive nature of small number of quits. This chart represents attempts, one individual may contribute more than one attempt.  
**Source:** Camden Stop Smoking Service, 2014/15

# Change in number of quits by GP practice

Change in number of quits, by GP practice, Camden, aged 16+, 2013/14 to 2014/15

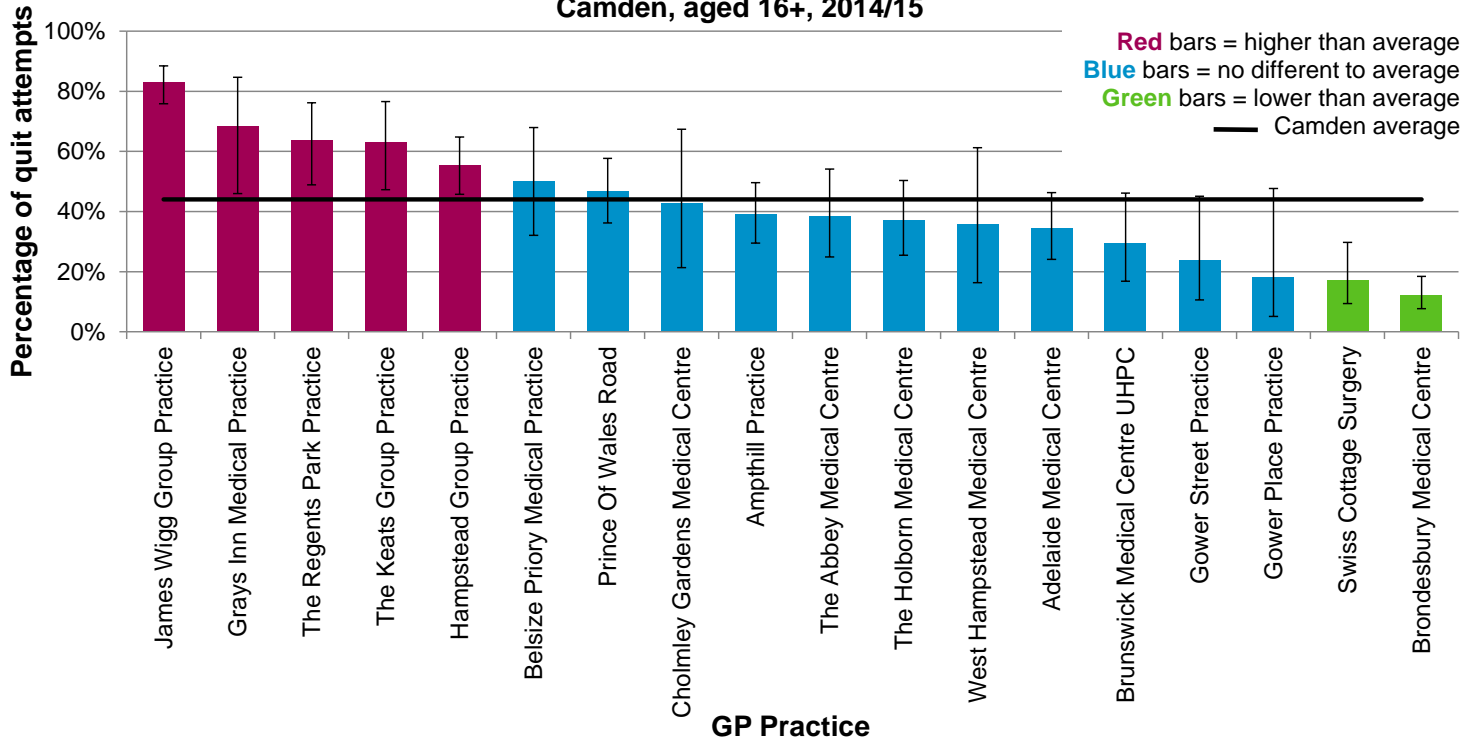


- Compared to 2013/14 there were 512 more quits in 2014/15.
- Most practices saw little change in the absolute number quitting or making attempts.

**Note:** This chart represents attempts, one individual may contribute more than one attempt  
**Source:** Camden Stop Smoking Service, 2013/14 & 2014/15

# Attempts outside of practice

Percentage of attempts that did not take place at the practice, by registered practice, Camden, aged 16+, 2014/15



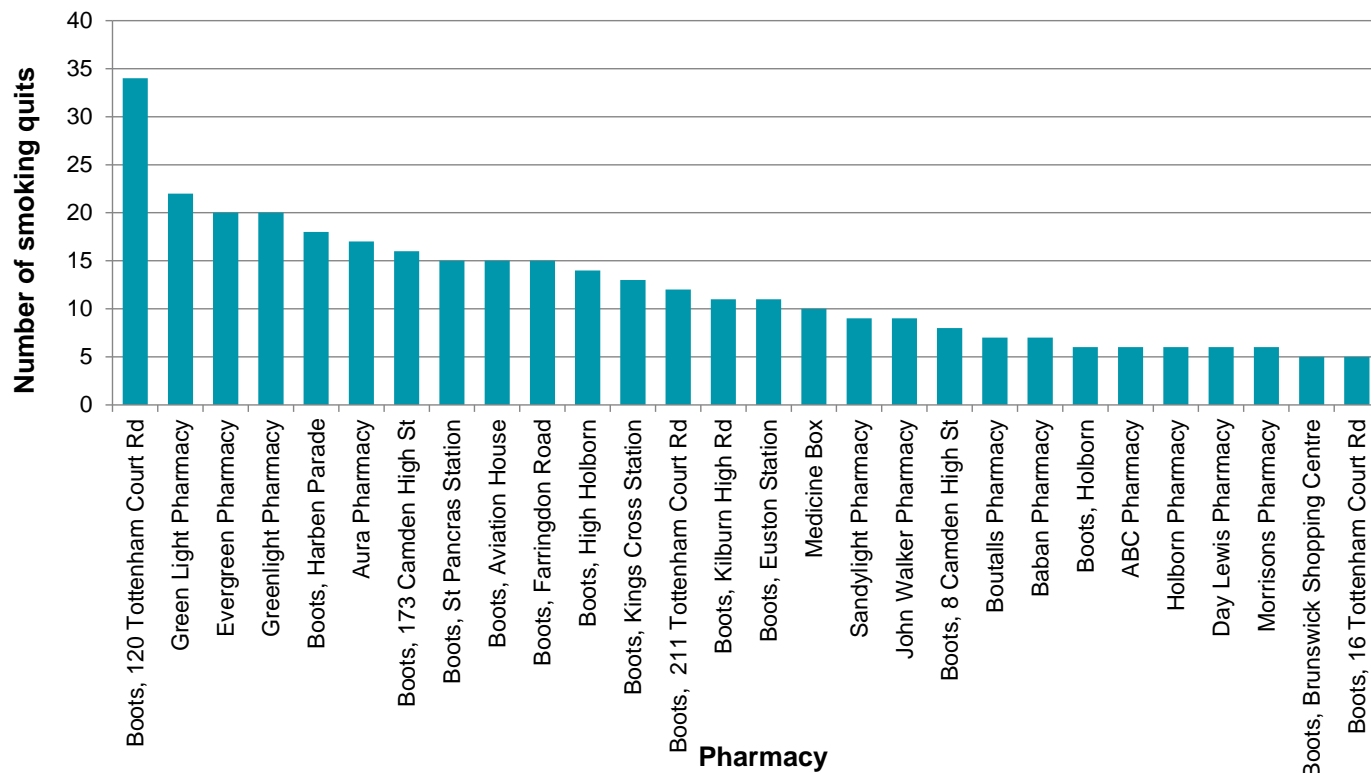
Across Camden 44% of attempts were made outside of the practices at which the smoker was registered.

There is large variation in where smokers choose to make attempts.

**Notes:** The Bloomsbury Surgery, The Park End Surgery, The Queens Crescent Practice, Parliament Hill Surgery, Fortune Green Practice, Four Trees Surgery, Somers Town Medical Centre, Caversham Group Practice, Bedford Square Medical Centre, Plender Street, Kings Cross Road Practice, The Museum Practice, Primrose Hill Surgery, Brookfield Park Surgery, Camden Health Improvement Practice (Chip), Westfield Medical Centre, Matthewman, Rosslyn Hill Surgery, West End Lane Surgery, Daleham Gardens Health Centre, St Philips Medical Centre have been excluded due to disclosive nature of small number of quit attempts overall or inside or outside of the practice. This chart represents attempts, one individual may contribute more than one attempt **Source:** Camden Stop Smoking Service, 2014/15

# Number of quits by pharmacy

Number of quits by pharmacy, Camden, aged 16+, 2014/15



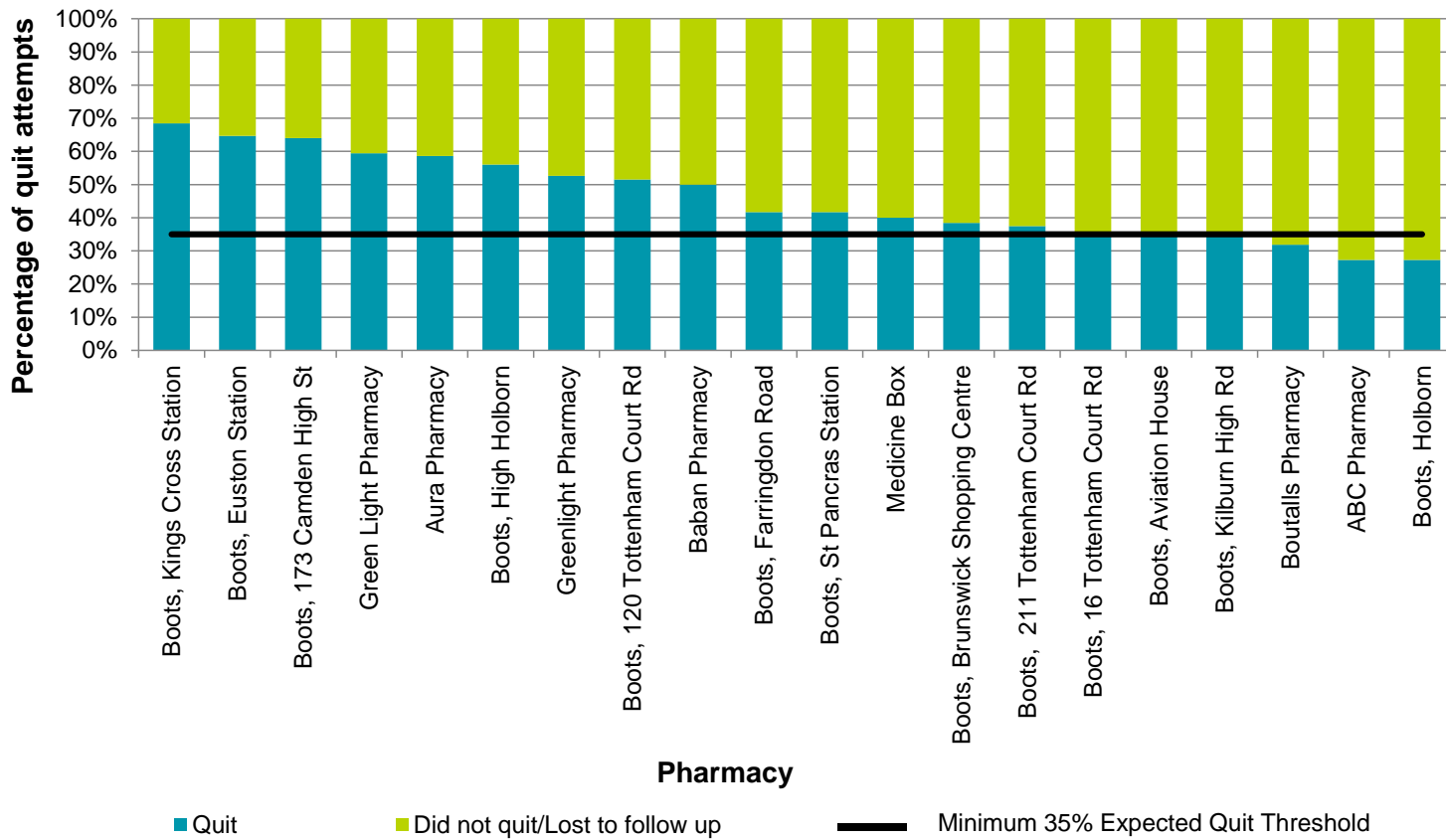
There were 367 quits in 39 pharmacies in 2014/15.

There are 27 pharmacies reporting less than 5 quits (excluded from the chart).

**Note:** Chart represents attempts, one individual may contribute more than one attempt. 27 pharmacies were not included due to disclosive nature of small number of quits. **Source:** Camden Stop Smoking Service, 2014/15

# Attempt outcomes by pharmacy

Outcome of quit attempts, by pharmacy and outcome, Camden, aged 16+, 2014/15

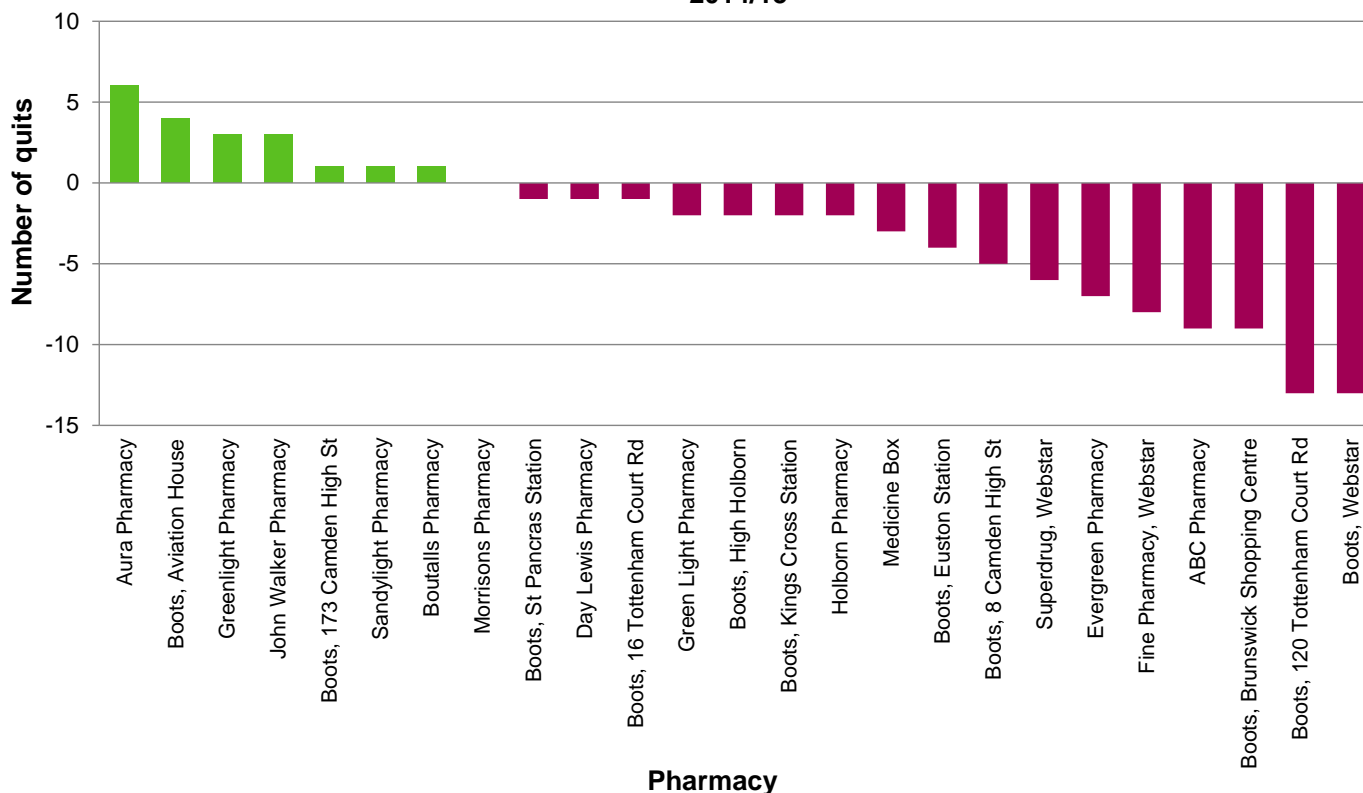


- The proportion of attempts that ended in a quit varied by pharmacy.
- Three pharmacies had a quit rate below the Department of Health expected quit range.

**Note:** Chart represents attempts, one individual may contribute more than one attempt. 35 pharmacies were not included due to disclosive nature of small number of attempts; **Source:** Camden Stop Smoking Service, 2014/15

# Change in number of quits by pharmacy

Change in number of successful quits at pharmacies, Camden, aged 16+, 2013/14 to 2014/15



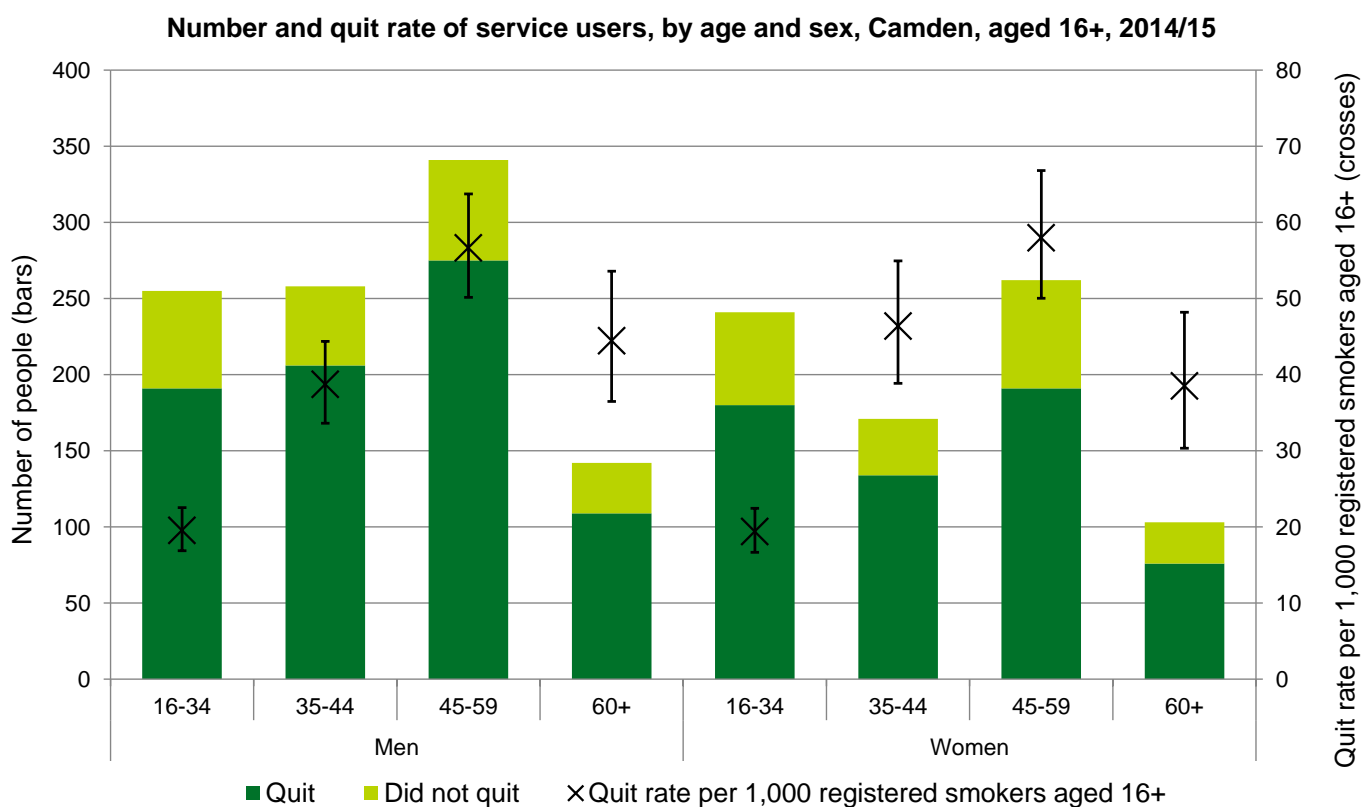
- In 2014/15 there were less attempts in pharmacies (790) than the previous year (1121).
- The proportion of attempts that were successful increased from 44% in 2013/14 to 51% in 2014/15.

**Note:** 26 pharmacies were not included due to disclosive nature of small number of attempts; **Source:** Camden Stop Smoking Service, 2014/15

## USERS OF THE SERVICE

In this section the demographics of the users of the service are presented. Breakdowns of age, gender, ethnicity, location, deprivation and long-term conditions are provided.

## Service users and quit rates by age and sex

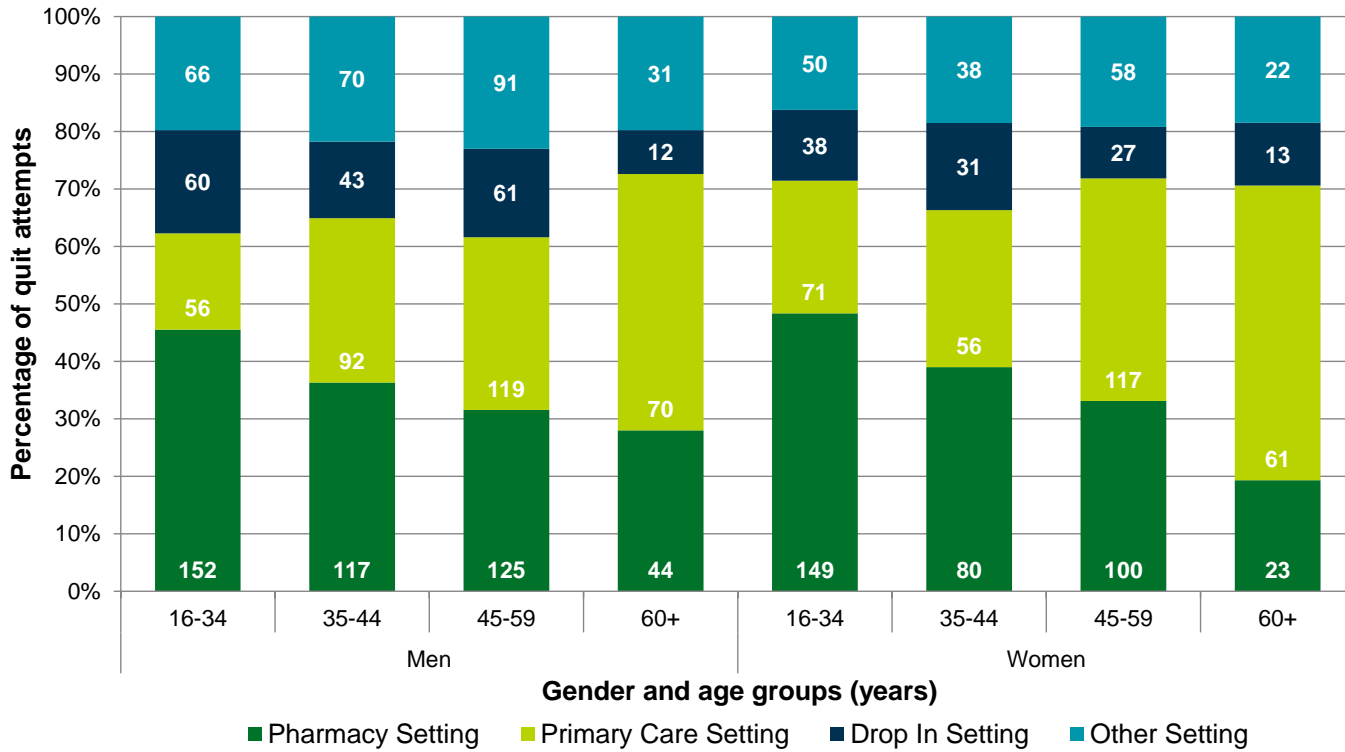


- A larger proportion of men (56%) accessed the service than women which is in line with the overall prevalence of smoking between men and women.
- Men were more successful in their attempts to quit (57%) than women (43%).
- People in the 16-34 age group are statistically less successful in their attempts to quit.

**Note:** Attempts from users aged under 16 have been excluded. Attempts from users where the outcome was unknown have not been shown.  
**Source:** Camden Stop Smoking Service, 2014/15; Camden GP PH dataset, 2012 (population denominator)

# Attempt setting by age and sex

Percentage of quit attempts, by gender and age of the user and setting, Camden, aged 16+, 2014/15

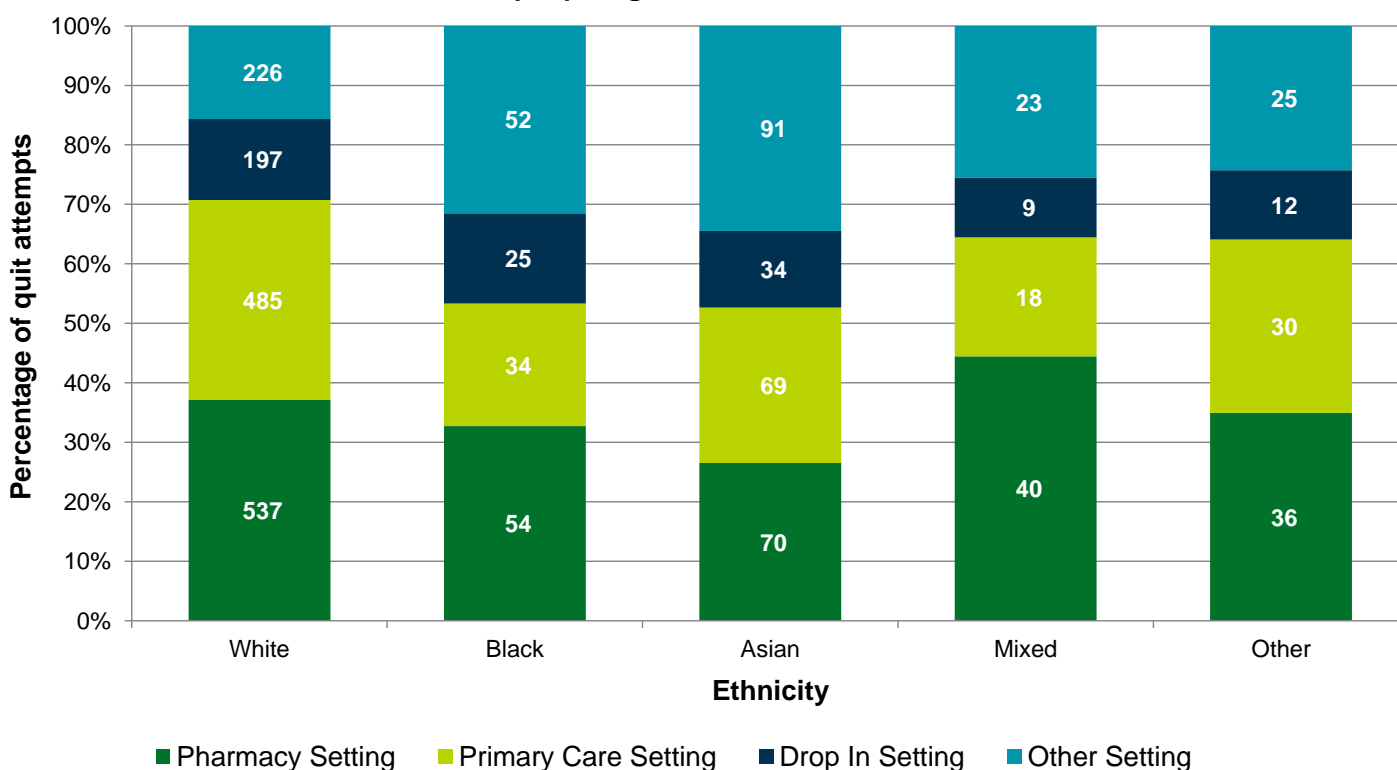


- Women were slightly more likely to choose primary care, or pharmacy (70%) for their quit attempts than men (64%).
- Taking age into account, men and women show a slight preference for primary care settings as they get older whilst a decreased preference for pharmacy for their quit attempts as they age.

Note: Chart represents attempts, one individual may contribute more than one attempt  
 Source: Camden Stop Smoking Service, 2014/15

# Attempt setting by ethnicity

Percentage of quit attempts, by ethnicity of the user and type of service, Camden, people aged 16+, 2014/15

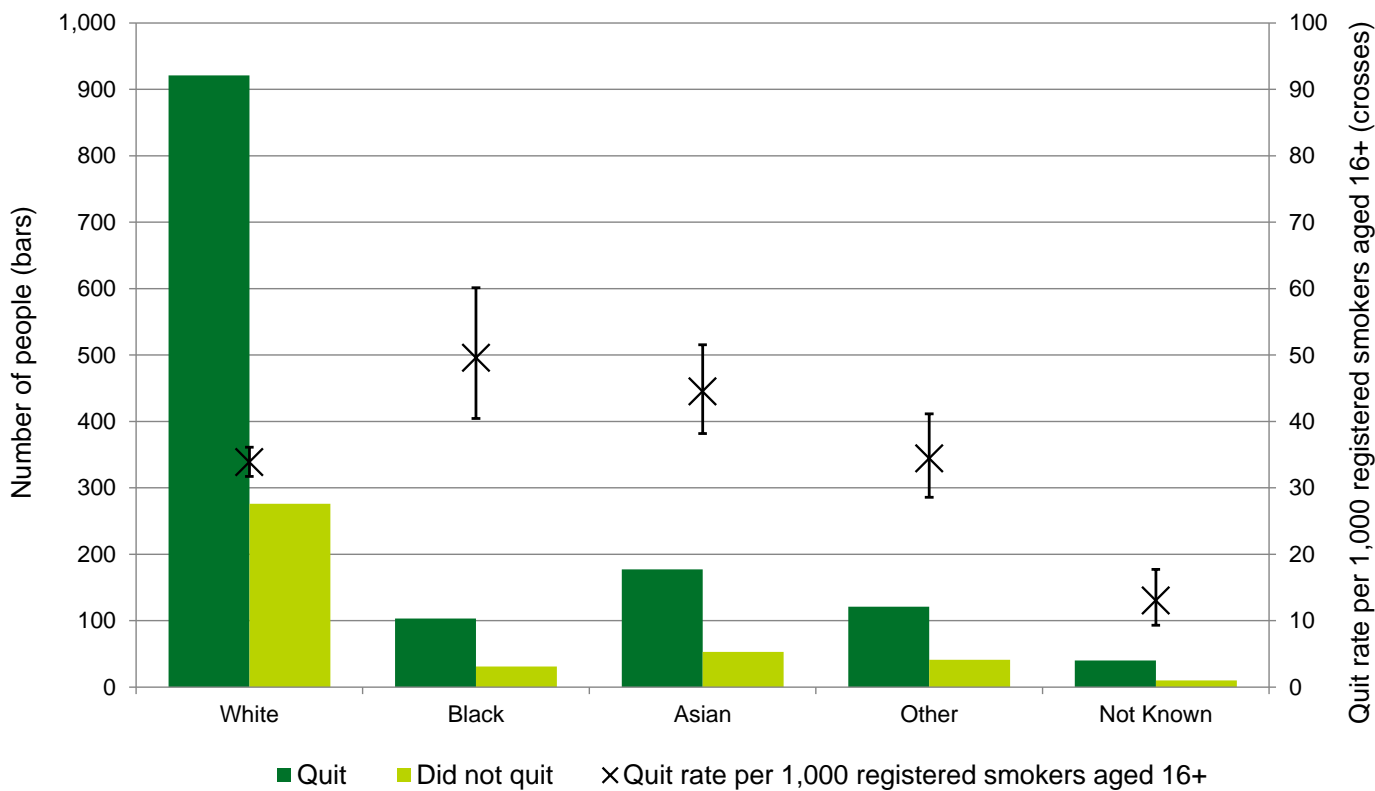


- Overall there was little variation in preferred setting by ethnicity.

Note: 76 attempts where users declined to give their ethnicity have been excluded. Users under the age of 16 have been excluded. Chart represents attempts, one individual may contribute more than one attempt  
 Source: Camden Stop Smoking Service, 2014/15

# Service users and quit rates by ethnicity

Number and quit rate of service users, by ethnicity, Camden, aged 16+, 2014/15

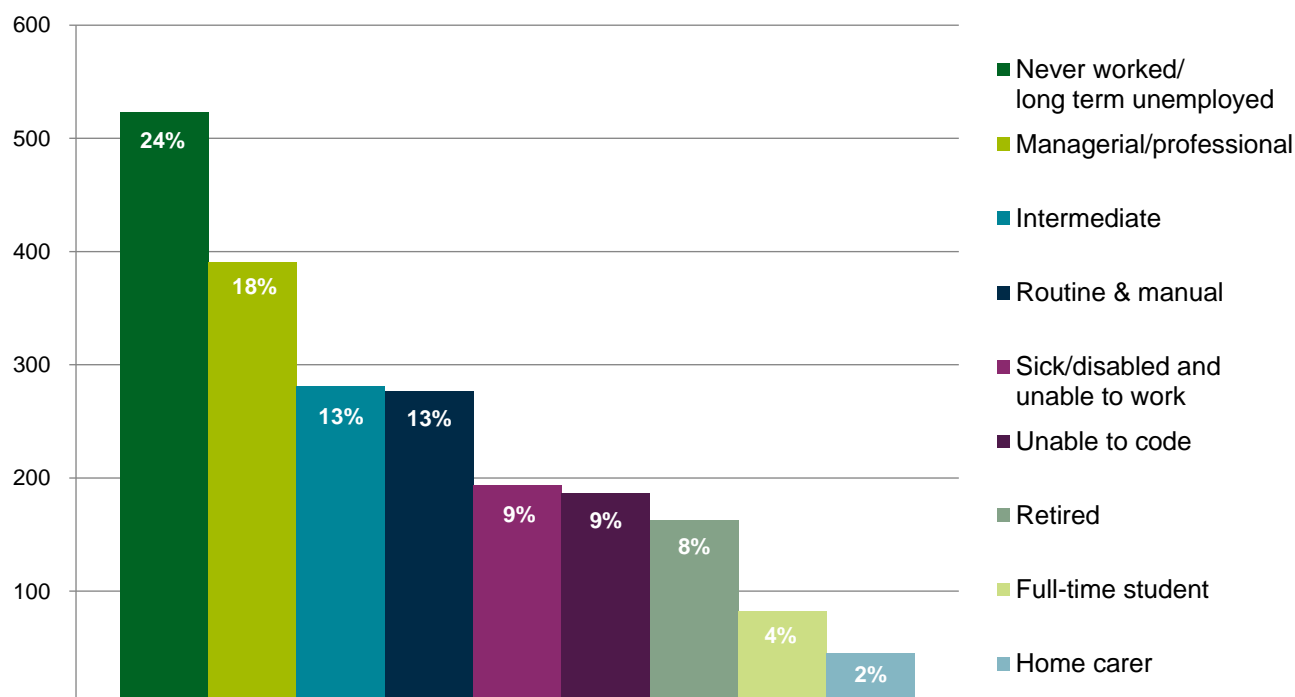


- About 67% of service users are White. This is reflective of the percentage of Camden registered smokers who are White (68%).
- Black service users had the highest quit rate (50 quits per 1000 registered smokers) followed by Asian service users (44 quits per 1000), whilst White service users had significantly lower quit rates (34 quits per 1000).
- 76 attempts had no ethnicity recorded.

Source: Camden Stop Smoking Service, 2014; Camden GP PH dataset, 2012 (population denominator)

# Occupation of users

Breakdown of Camden Stop Smoking Service users, by occupation, Camden, aged 16+, 2014/15



- The two largest groups of service users were the 'never worked / long term unemployed' occupational groups (24%) and 'managerial / professional' (18%).
- 187 attempts had 'unable to code' recorded as their occupation.

Note: Chart represents attempts, one individual may contribute more than one attempt  
 Source: Islington Stop Smoking Service, 2014/15

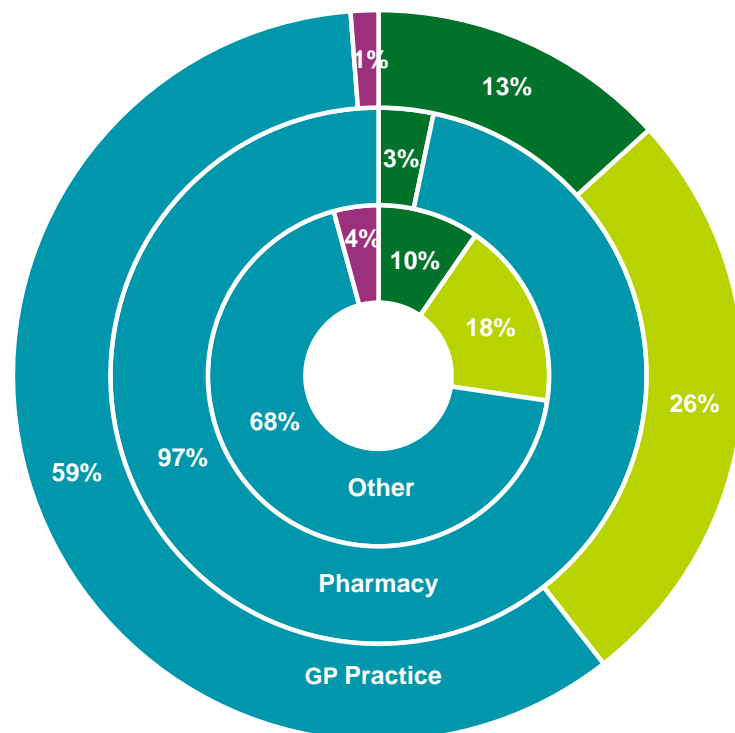


# PHARMACOTHERAPY SUPPORT

In addition to non-pharmaceutical support, some stop smoking attempts may be supported by medication such as nicotine replacement therapy (NRT), Champix (varenicline) or Zyban (bupropion hydrochloride). This section looks at the use of these drugs in Camden’s Stop Smoking Service.

## Medication use by setting

Breakdown of quit attempts, by medication used and setting, 16+ years, Camden, 2014/15



- NRT, individually and in combination with other medicines, is the most widely used medication to support cessation attempts.
- 59% of attempts made in GP practices and 97% of attempts in pharmacies were NRT only
- Champix is not available in Community Pharmacy settings.

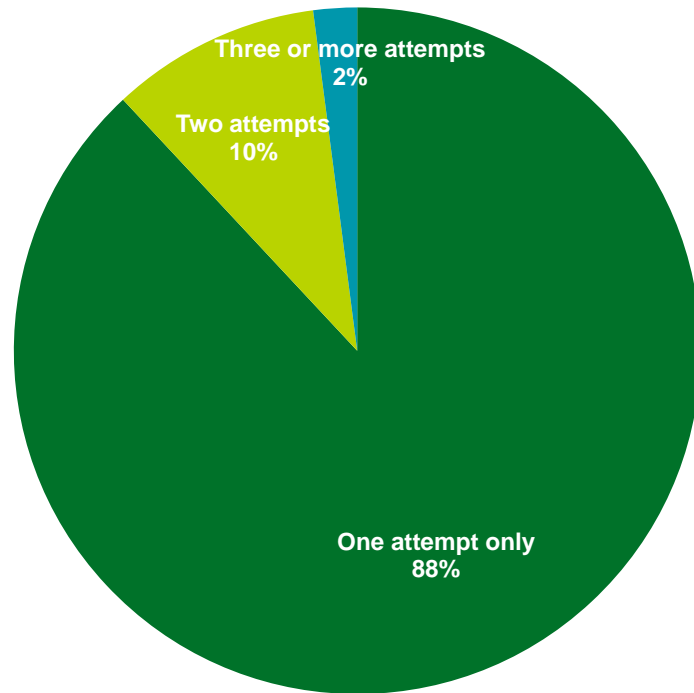
■ Support only (no pharmacotherapy) ■ Champix Only ■ NRT Only ■ Other pharmacotherapy

**Note:** The Other category includes Drop Ins, Hospitals, Groups and One to One settings. Other pharmacotherapy includes Zyban and combinations of NRT and Zyban or Champix. This chart is based on attempts, one individual may contribute more than one attempt at different location. Data has been excluded from the pharmacy setting due to small numbers

**Source:** Camden Stop Smoking Service, 2014/15

# Repeat users by number of attempts

Breakdown of service users' number of attempts in the year, Camden's registered population aged 16+, 2014/15

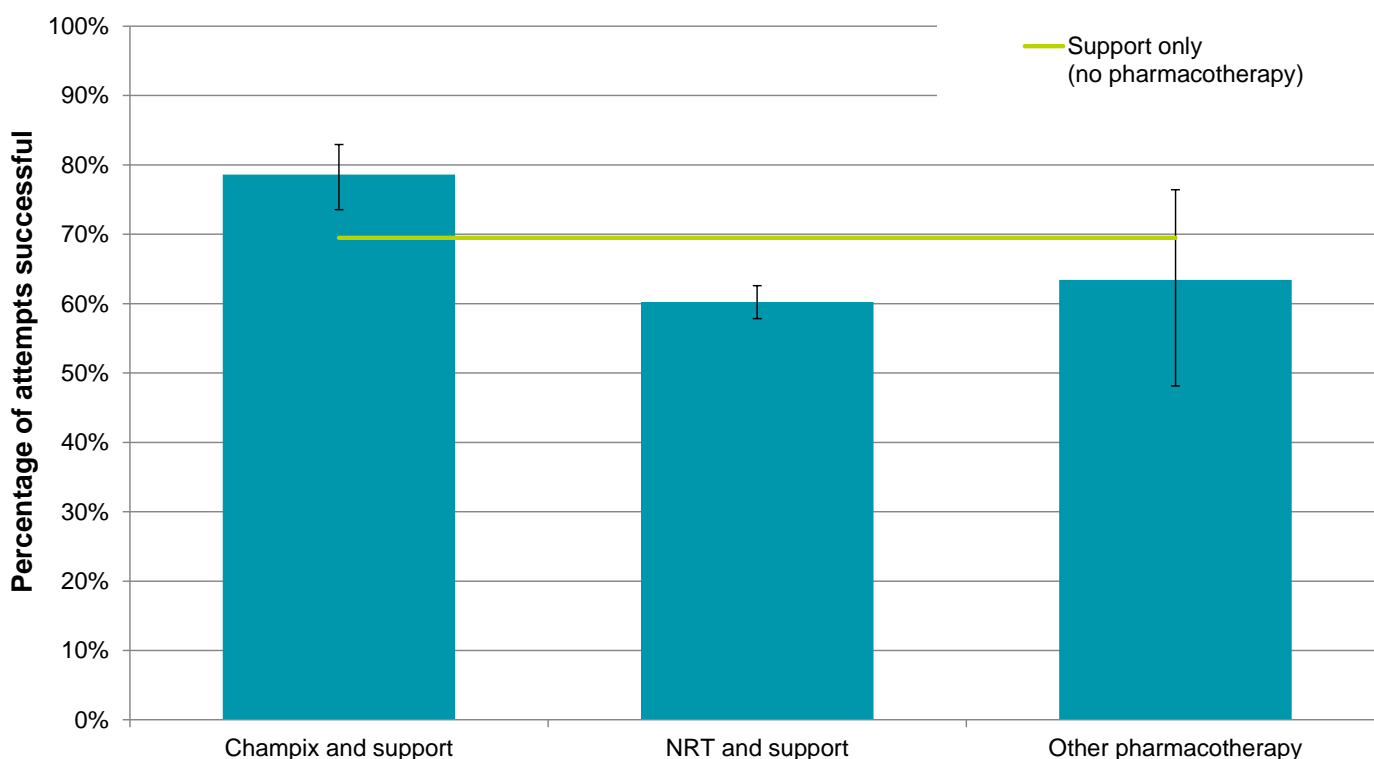


- The large majority of users made only one attempt in the year (88%).
- 105 individual users made more than one attempt.
- The maximum number of attempts was three.

**Note:** Analysis is on the basis of individual users.  
**Source:** Stop Smoking Service Data, Camden 2014/15

# Quits by medication used

Percentage of stop smoking service attempts that were successful by medication type, Camden 16+, 2014/15



- Quit attempts made with support alone were as likely to succeed as those undertaken in conjunction with NRT.
- Quit attempts undertaken with Champix and support were more likely to be successful than those undertaken with support only and NRT and support.
- This data should not be taken as evidence for or against NRT / Champix as there may be many differences in the user profiles in these groups which account for this result.

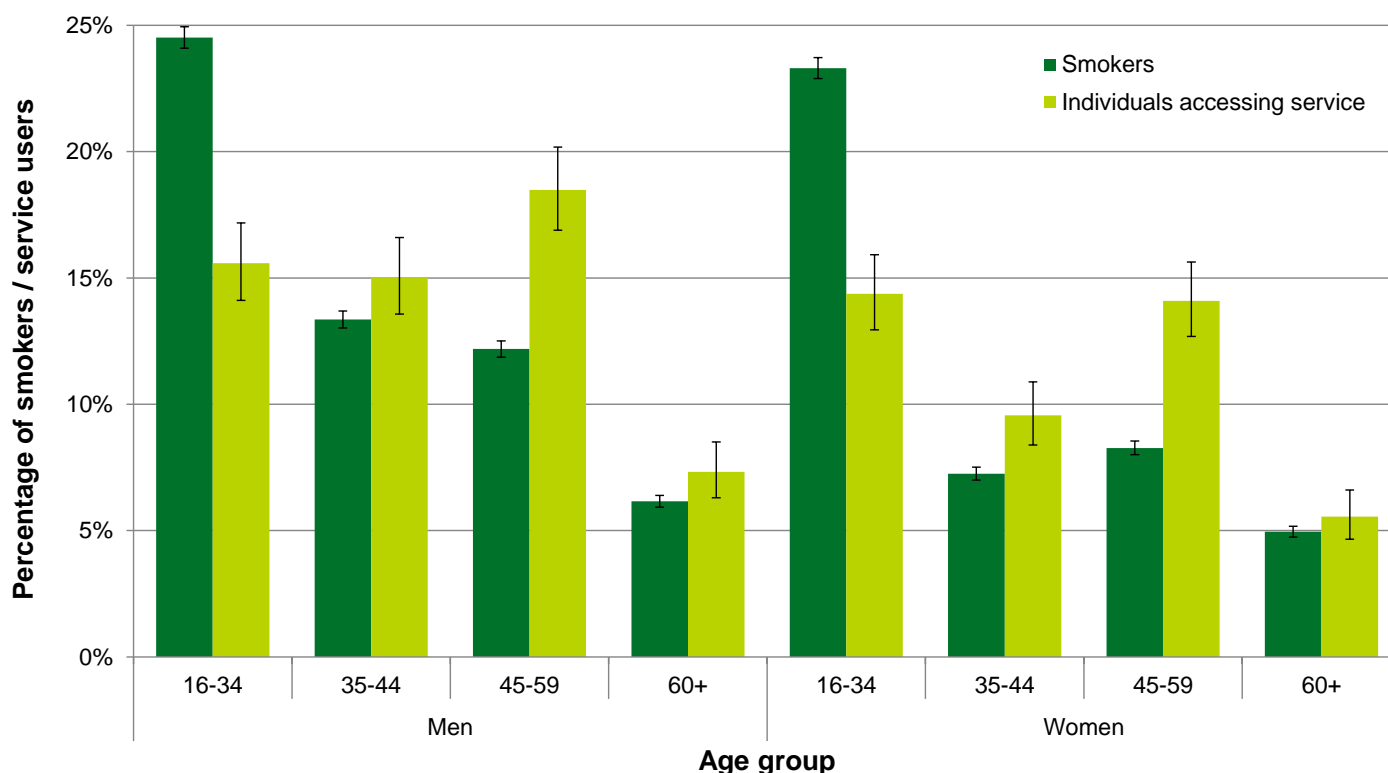
**Note:** Other pharmacotherapy includes Zyban and support, Champix and NRT and NRT and Zyban. Analysis is on the basis of attempts, not individuals, one individual may contribute more than one attempt.  
**Source:** Camden Stop Smoking Service Data 2014/15

## SERVICE EQUITY

The Stop Smoking Service should be equitable, that is available to all who need to use it on the basis of that need. This section compares the service user profile to the profile of smokers in Camden as well as the levels of recording of equity related information by service providers. Analysis of service user by sexuality, disability and long term medical conditions was not possible due to the data recording methodology

## Service equity: Age and sex profiles

Age and gender of smokers compared to individuals accessing stop smoking services, Camden's registered population 16+, 2014/15

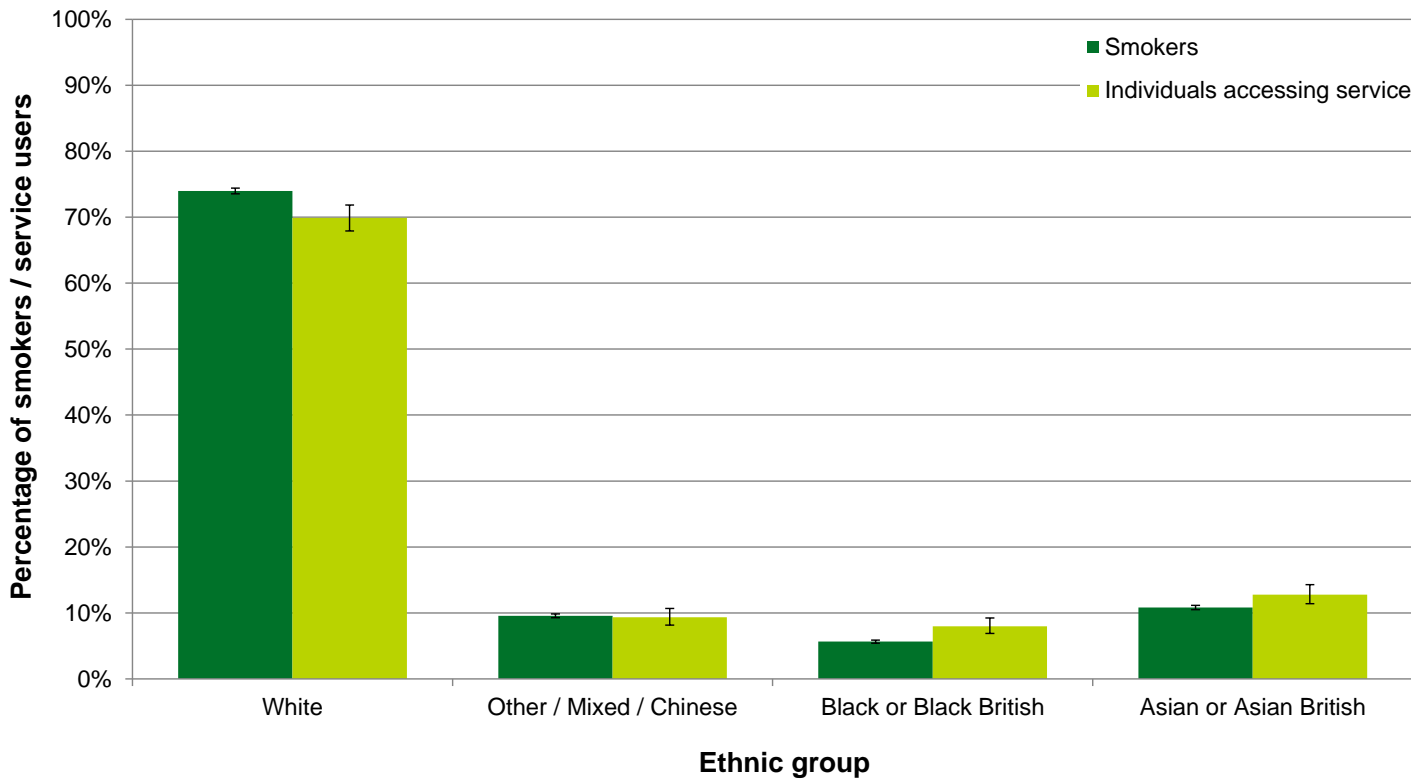


- Comparing the Stop Smoking Service (SSS) user profile to the smoking population profile, younger age groups are under-represented in the service.
- Although 48% of smokers are aged under 35, only 30% of service users are in the same age group. This difference is more pronounced for women than men.

Note: Analysis is on the basis of individuals.  
Source: Camden's GP PH Dataset, September 2012, Stop Smoking Service Data, Camden, 2014/15

# Service equity: Ethnicity profiles

Ethnicity of smokers compared to individuals accessing stop smoking services, Camden's registered population 16+, 2014/15



- The ethnicity profile of the users of the service is broadly representative of the smoking population of Camden.
- There are slightly more users of the service from Black and Asian groups than the smoking population of Camden.

**Note:** Analysis is on the basis of individuals. 76 individuals of unknown ethnicity have been excluded.  
**Source:** Camden's GP PH Dataset, September 2012, Stop Smoking Service Data, Camden, 2014/15

## 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 page 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 John Cannings

**Email:** [publichealth.intelligence@Islington.gov.uk](mailto:publichealth.intelligence@Islington.gov.uk), **Tel:** 020 7527 1245

**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.**

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