

## Public Health Intelligence Profile

# Smoking in Camden

## Stop Smoking Services

December 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 Camden Open Data site

<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.**

# Overview and key messages

## Overview

1. Overall smoking prevalence in Camden has fallen over the last four years, as it has across London and England. It is estimated that around a fifth of the Camden population still smoke (approximately 40,000 people aged 15 and over).
2. There was a decrease in the number of quit attempts made this year (1,640) from last year (2,141). Since 2010/11 there has been a lower volume of users, but a higher proportion of those using the service to quit successfully. Over half (61%) of service users are now successful, 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 18% in 2015/16.
4. The SSS is doing well to reach groups with the highest smoking prevalence, such as residents in deprived areas, but could still do more to reach other specific high smoking groups, particularly younger male smokers (aged 16 to 34).

## Key messages

### Smoking prevalence among Camden's registered population

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

## Key messages

### Stop smoking service data

- There were 1,640 quit attempts in 2015/16 resulting in 1,001 quits, a small decrease (not statistically significant) from 2014/15 (1,362 quits).
- Camden's registered population average quit rate was 22 quits per 1,000 registered smokers aged 16+ in 2015/16.
- Quit attempts resulting in success decreased from 64% to 61% from 2014/15 to 2015/16. In the same period, the proportion lost to follow up increased from 17% to 18%.
- The largest proportion of quits were made through GP practices (40%) and just under a third were made through community settings (28%) and pharmacies (27%).

### Service Equity

- A larger proportion of men accessed the service than women, which is line with the overall prevalence of smoking between men and women. Similarly, a large proportion of service users are White (71%) which is reflective of the percentage of Camden registered smokers who are White (67%).
- Younger age groups are under-represented. Although 44% of smokers are aged under 34, only 26% of service users are in the same age group. 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 made up 10% and three or more made up 2%.

# Understanding the data

## 95% confidence intervals (95% CI)

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

## Indirectly standardised prevalence ratios (IDSR)

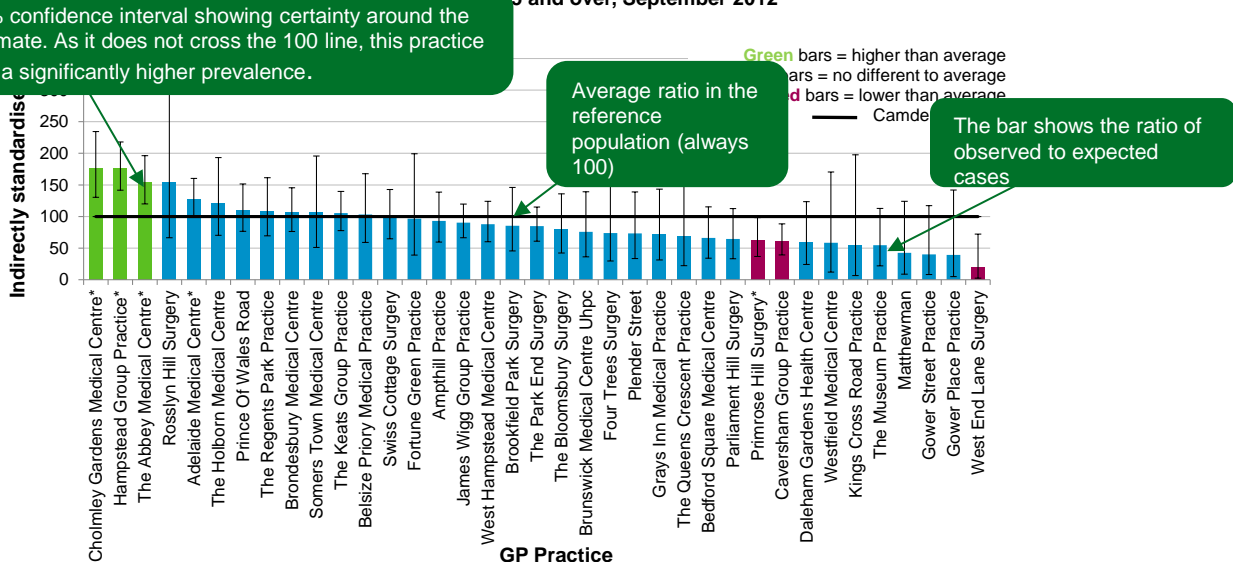
### Why is it used?

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

### Interpreting the values

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

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



Source: Camden's GP PH dataset, 2012  
Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded

\* Practice is associated with one or more care homes

# Understanding the data: how to use these analyses

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

## – It is the variation that is important

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

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

## – Reaching 100% achievement

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

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

## – Populations not individuals

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

## – Beware of small numbers

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

## – Queries

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

[publichealth.intelligence@islington.gov.uk](mailto:publichealth.intelligence@islington.gov.uk)

# Understanding the data: data sources

## 1). Smoking prevalence – direct vs. indirect estimates

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

## 2). Estimates of smoking among young people

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

## 3). Population denominators

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

## 4). 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 2016, for the financial year 2015/16. 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.

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## Smoking Prevalence Estimates for Camden

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

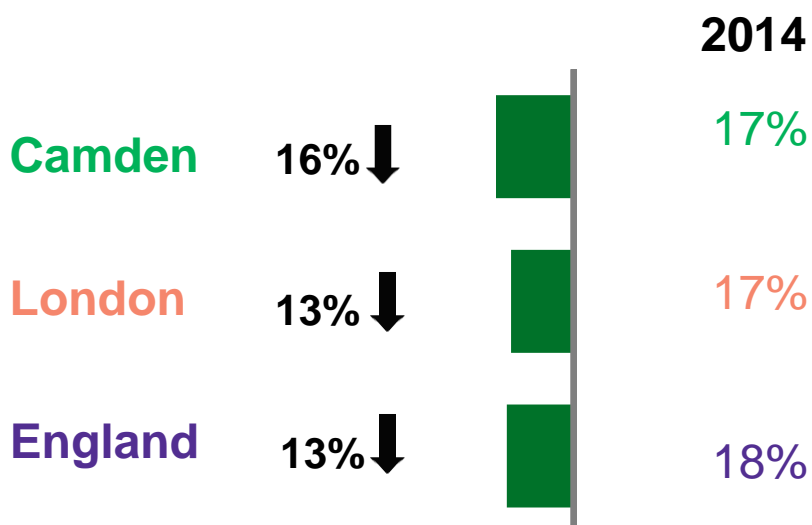


## Direct estimates of smoking

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

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

Percentage change in rate over 4 years 2010 to 2014



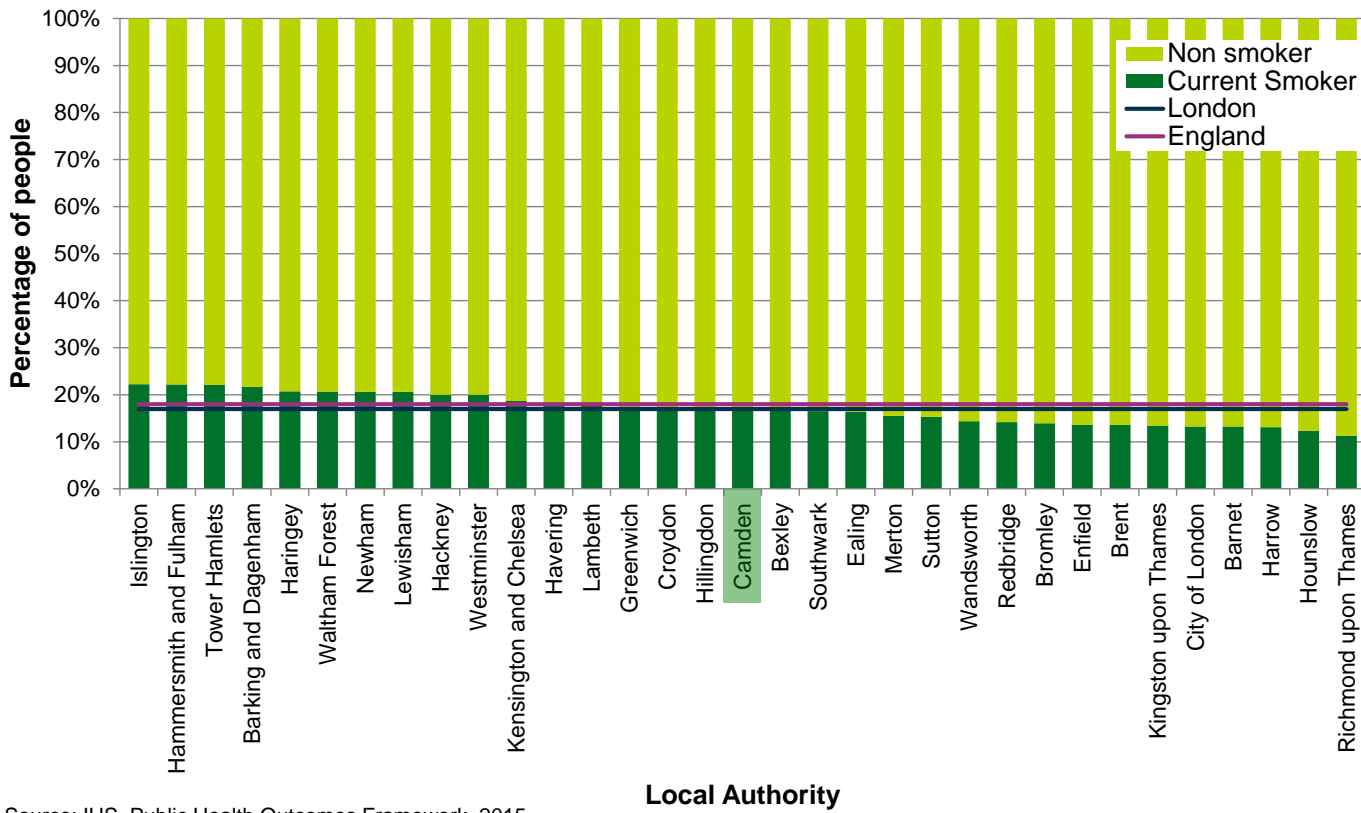
- In 2014, Camden had the **17<sup>th</sup> highest** prevalence of smoking in London with 17%.
- Camden showed a decrease (-16%) in the rate of smoking between 2010 and 2014. This was in line with decreases for London and England.

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

**Source:** Public Health Outcomes Framework, 2015

# Direct Estimate (IHS) – London Boroughs

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



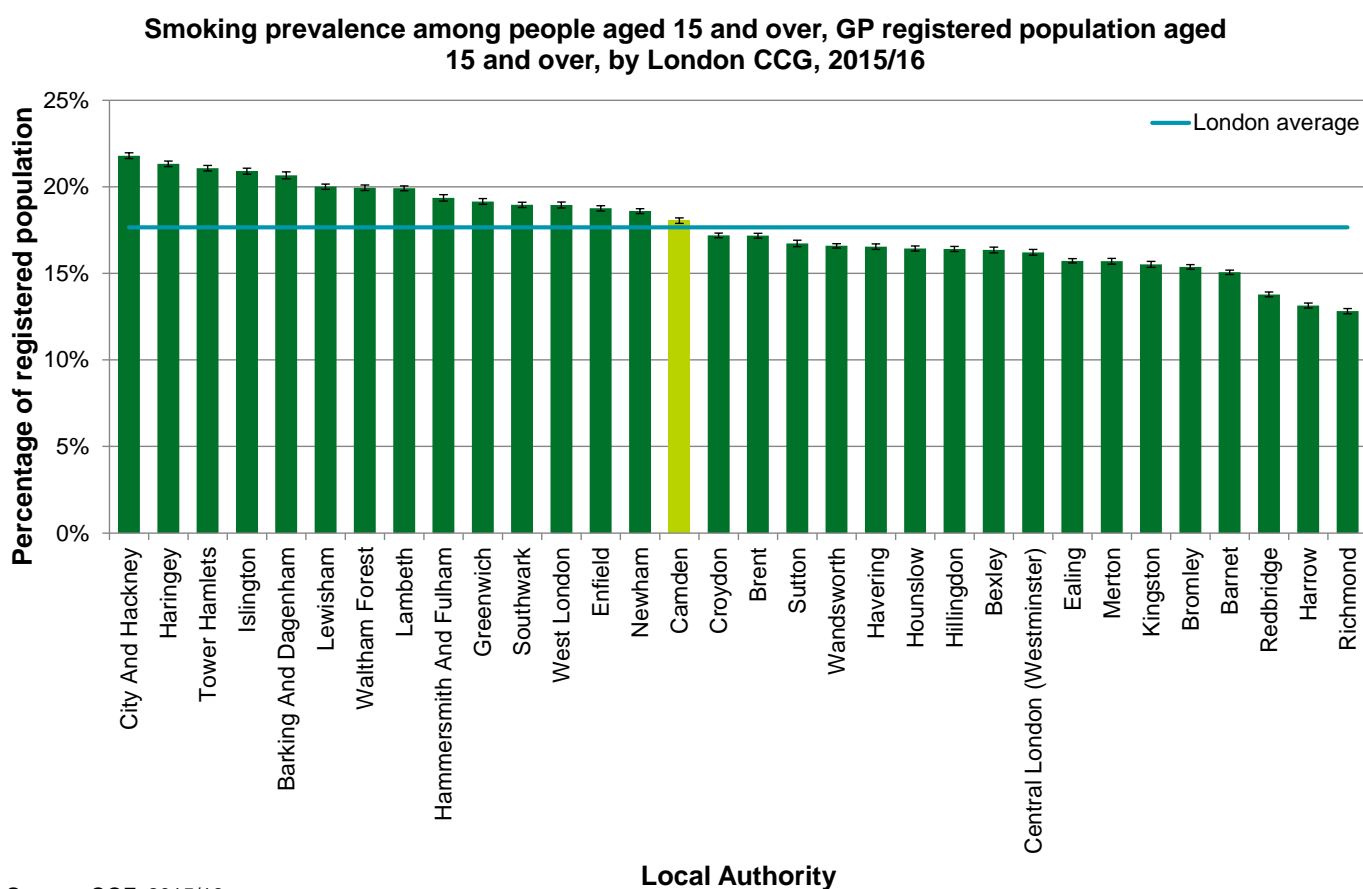
Source: IHS, Public Health Outcomes Framework, 2015

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

## Local recorded data

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

## Recorded data (QOF) – London Boroughs



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

## SMOKING PREVALENCE IN CAMDEN

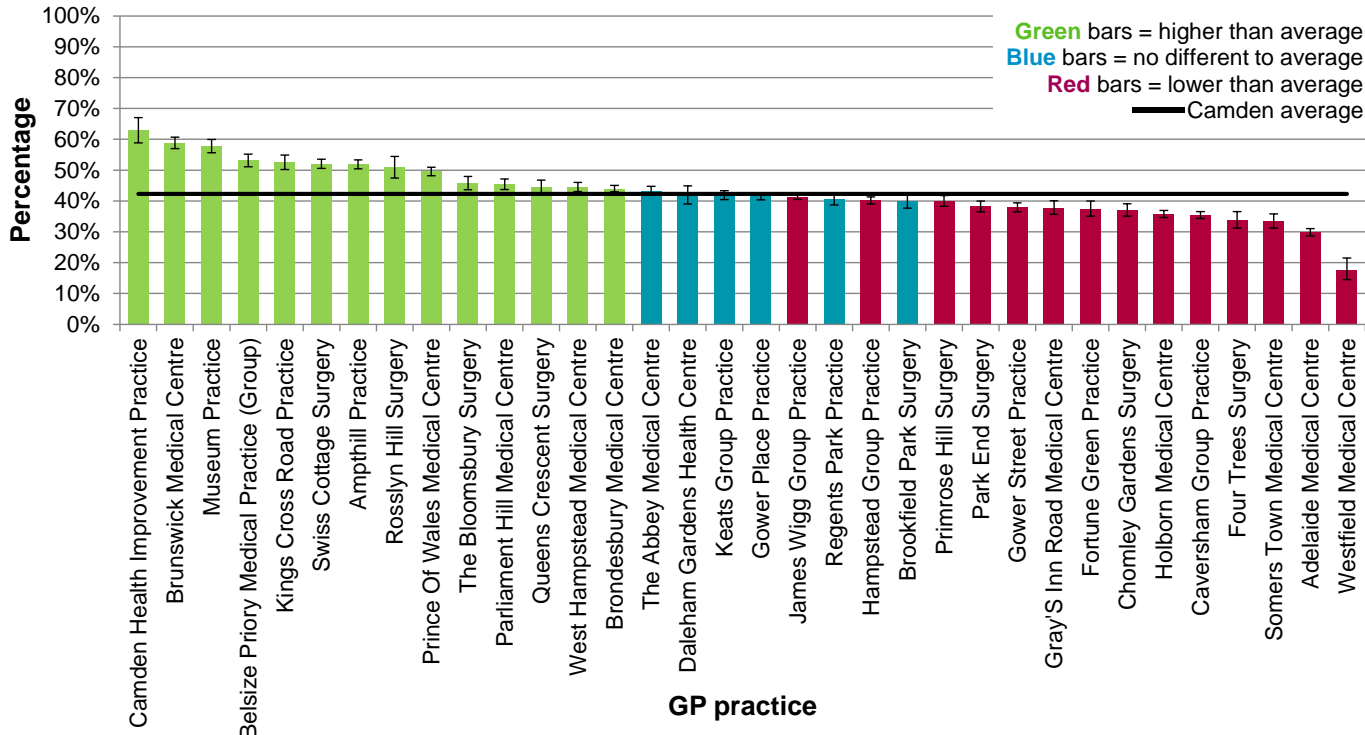
This section details the burden of smoking in Camden as recorded by GP practices. The data is taken from Camden's GP public health dataset (2015) and details the burden amongst the registered population.

## Recording of smoking status

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

# Recent smoking record

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

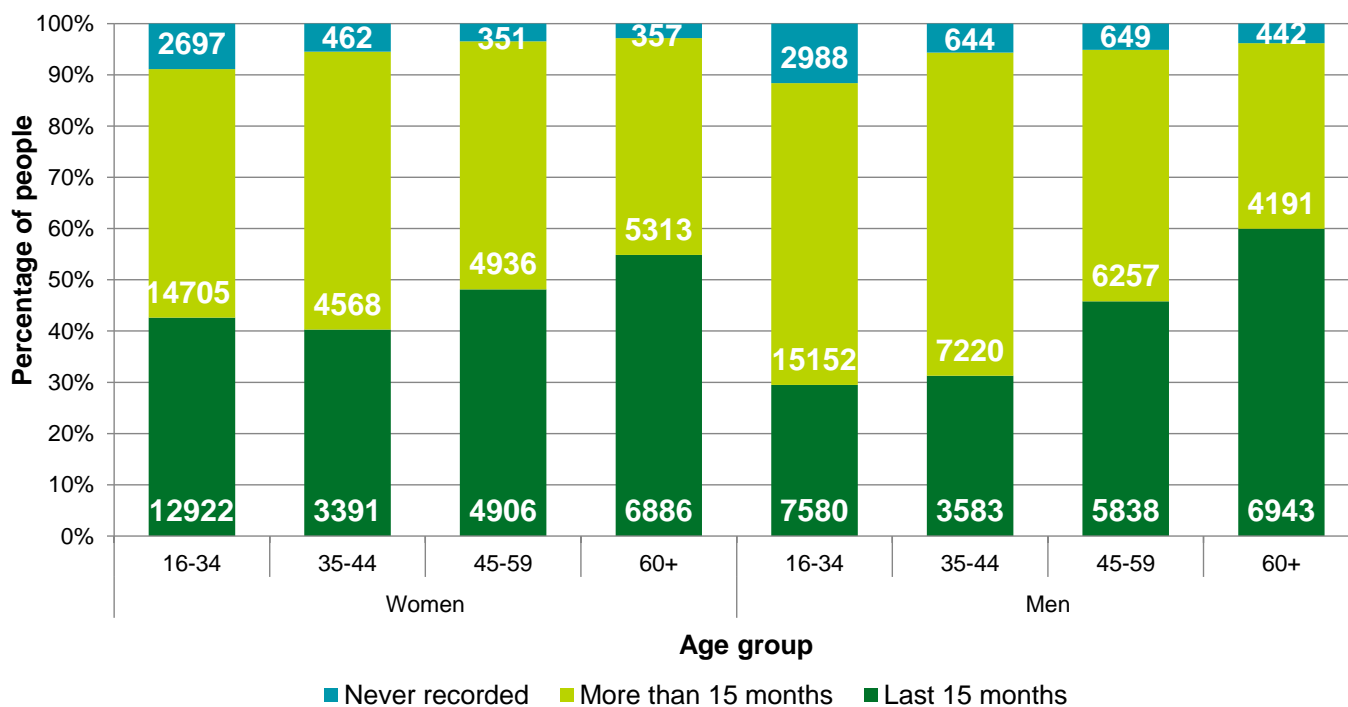


Note: The numerator excludes people with unknown smoking status. The denominator excludes non-smokers aged 25 and over who don't have a long term condition  
 Source: Camden's GP PH Dataset, 2015.

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

# Smoking record – Age and Gender

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

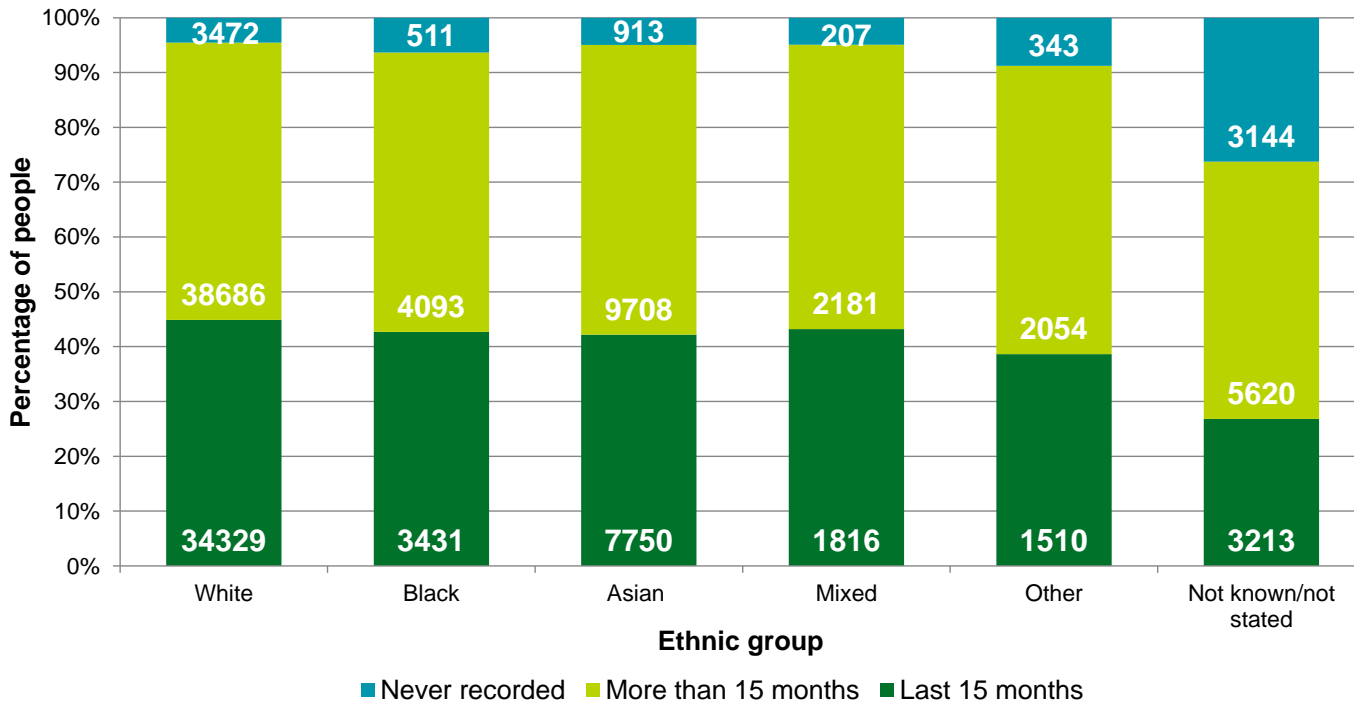


Note: The denominator excludes non-smokers aged 25 and over who don't have a long term condition  
 Source: Camden's GP PH Dataset, 2015

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

# Smoking Record – Ethnicity

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



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

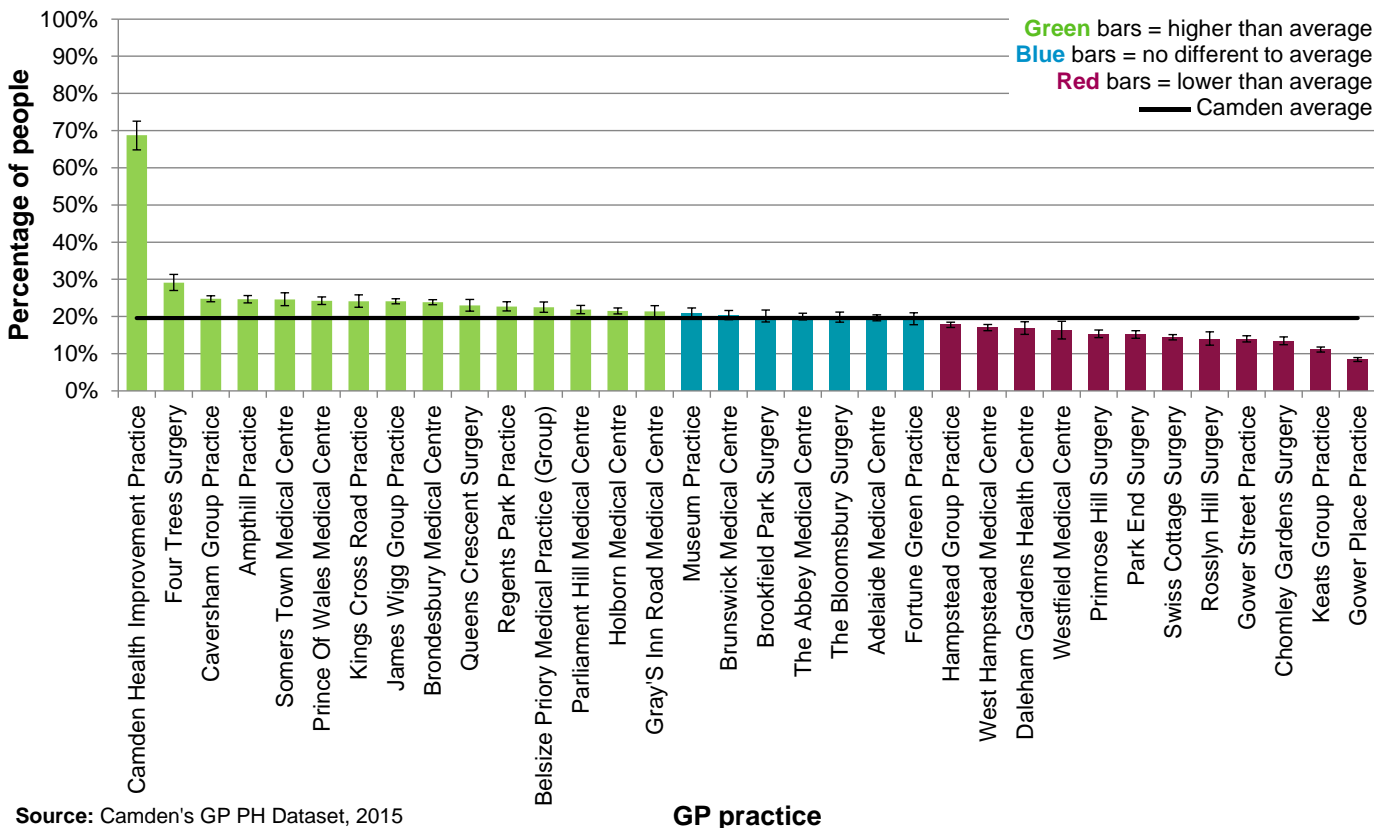
**Note:** The denominator excludes non-smokers aged 25 and over who don't have a long term condition  
**Source:** Camden's GP PH Dataset, 2015

# Smoking prevalence

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

## Smoking prevalence – GP Practices

Crude prevalence of smoking by General Practice, Camden's registered population aged 16+, September 2015

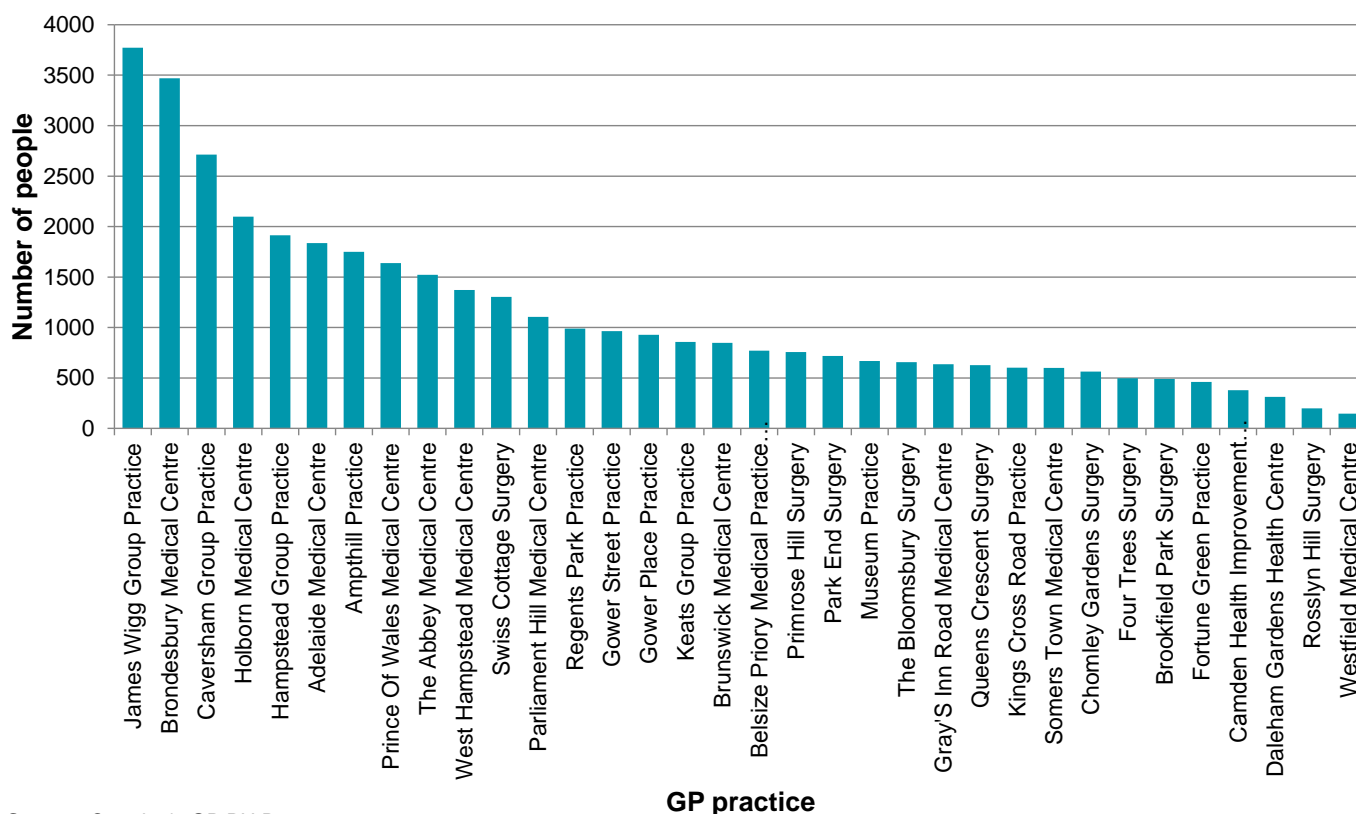


Source: Camden's GP PH Dataset, 2015

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

# Number of smokers – GP Practices

Number of smokers, by General Practice, Camden's registered population aged 16+, September 2015

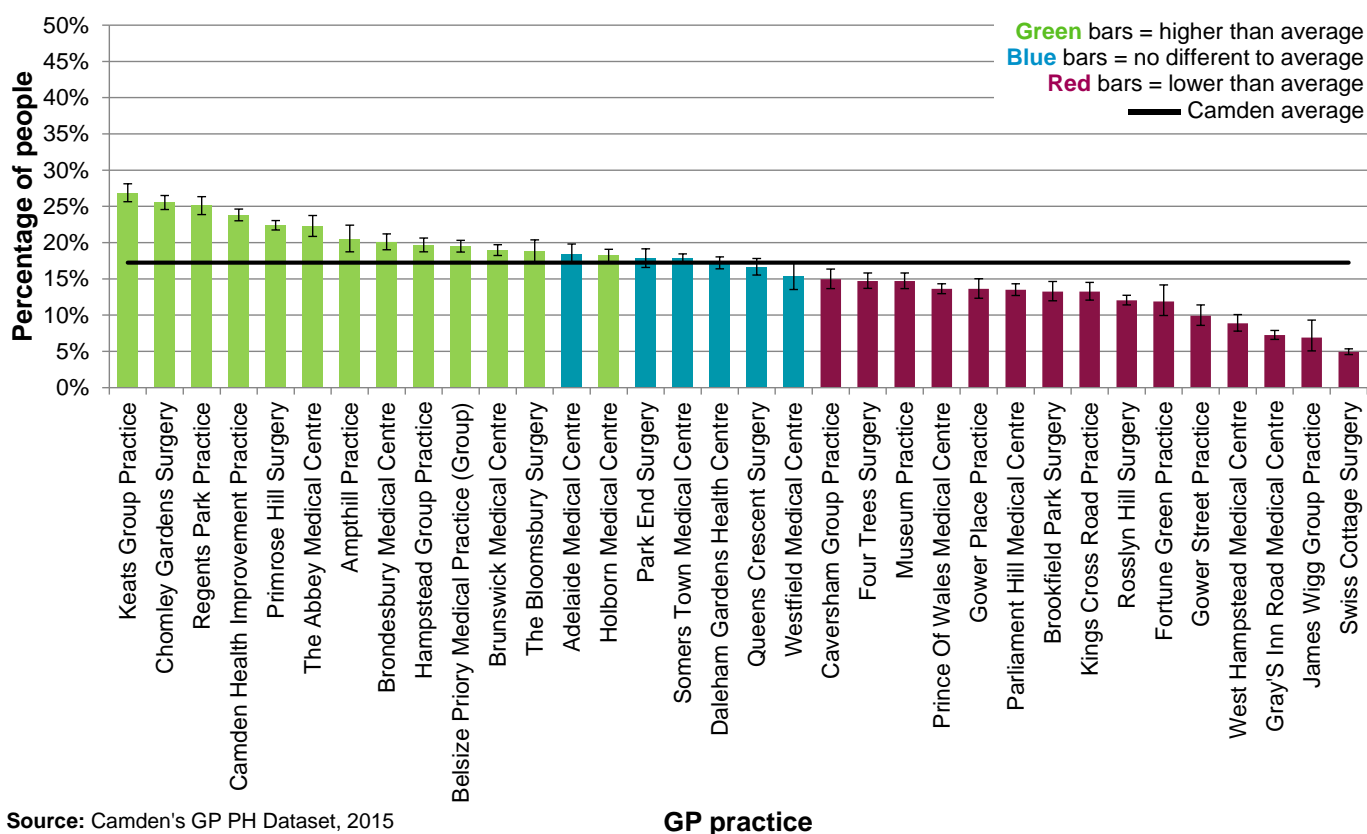


Source: Camden's GP PH Dataset, 2015

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

# Ex-smoking prevalence – GP Practices

Crude prevalence of ex-smoking, by General Practice, Camden's registered population aged 16+, September 2015



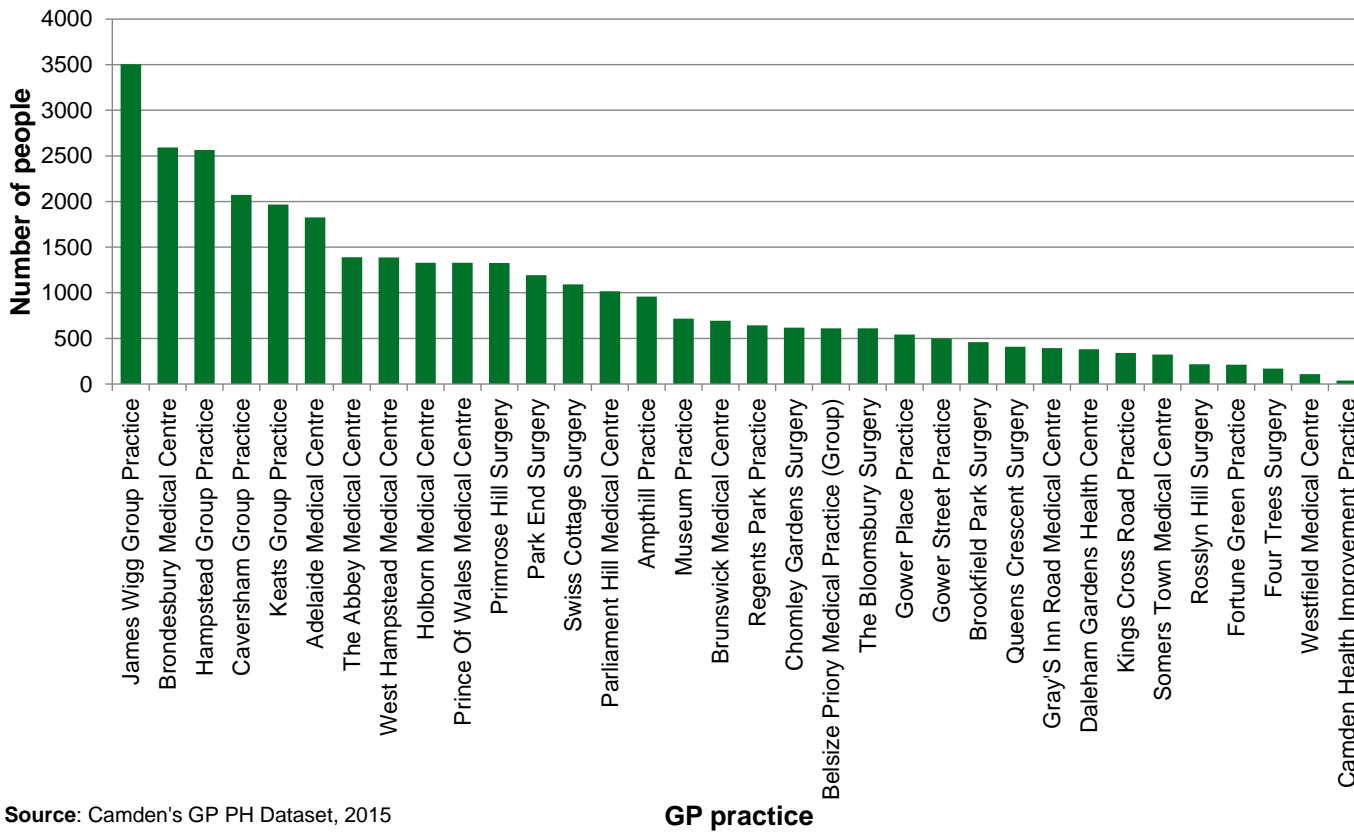
Source: Camden's GP PH Dataset, 2015

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



# Number of ex-smokers – GP Practices

Number of ex-smokers, by General Practice, Camden's registered population aged 16+, September 2015

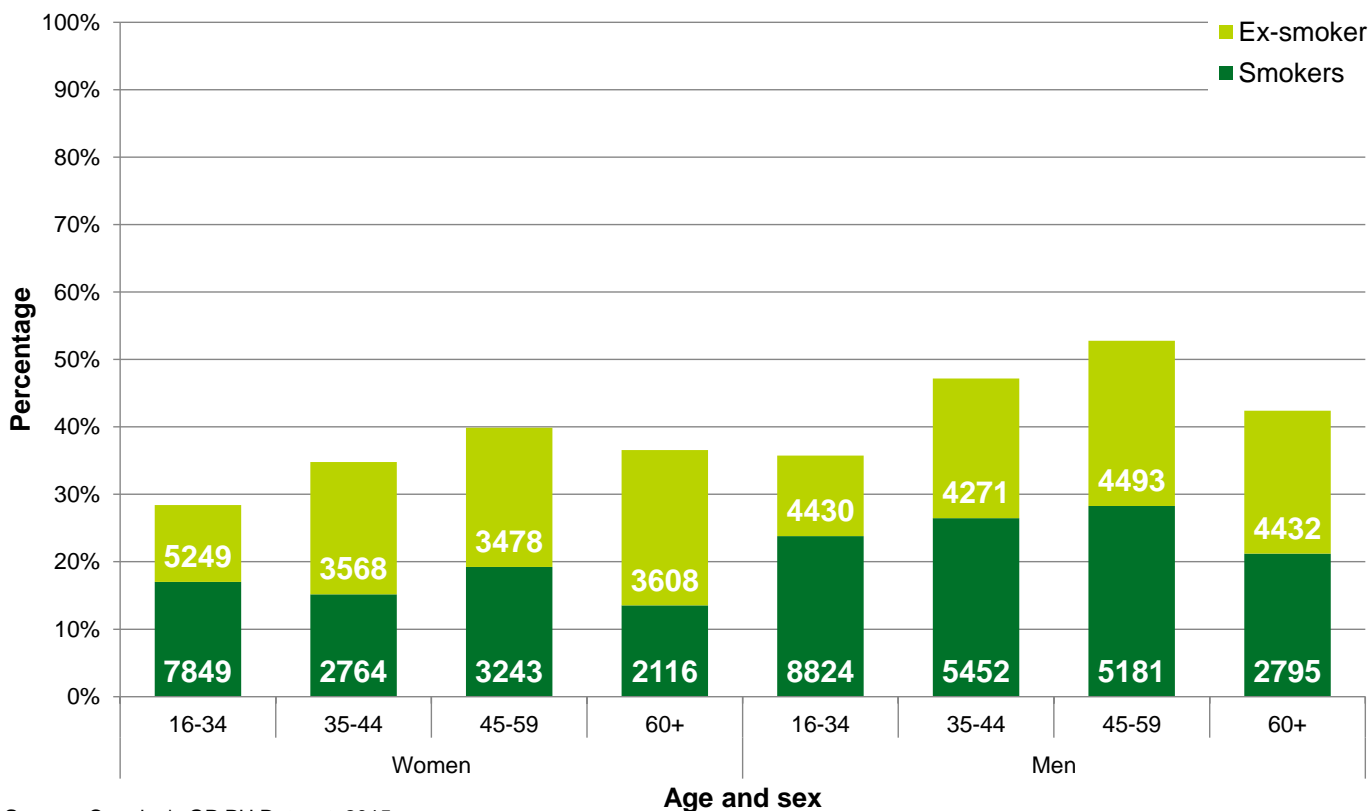


Source: Camden's GP PH Dataset, 2015

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

# Smoking status by age and gender

Percentage of smokers and ex-smokers, by age and sex, Camden's registered population aged 16+, September 2015

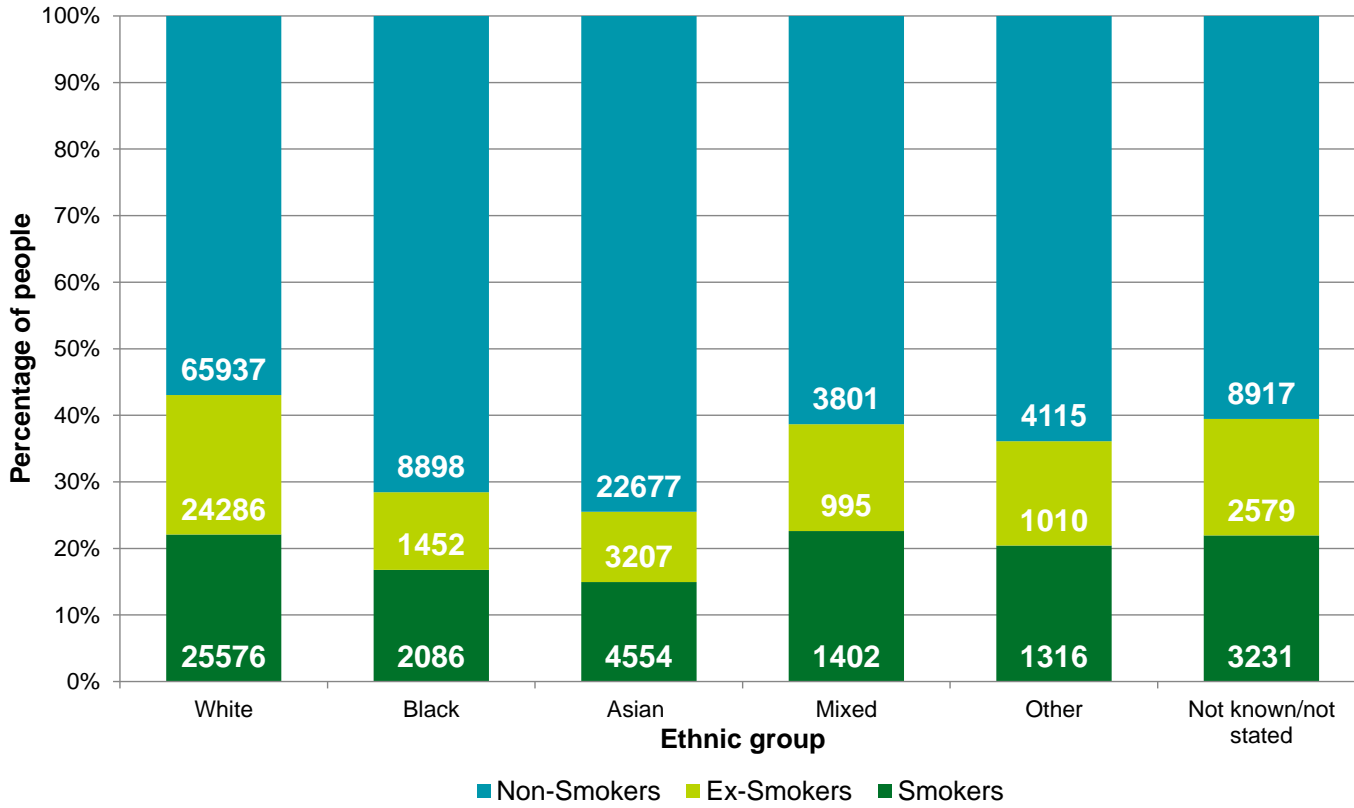


Source: Camden's GP PH Dataset, 2015

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

# Smoking status by ethnicity

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

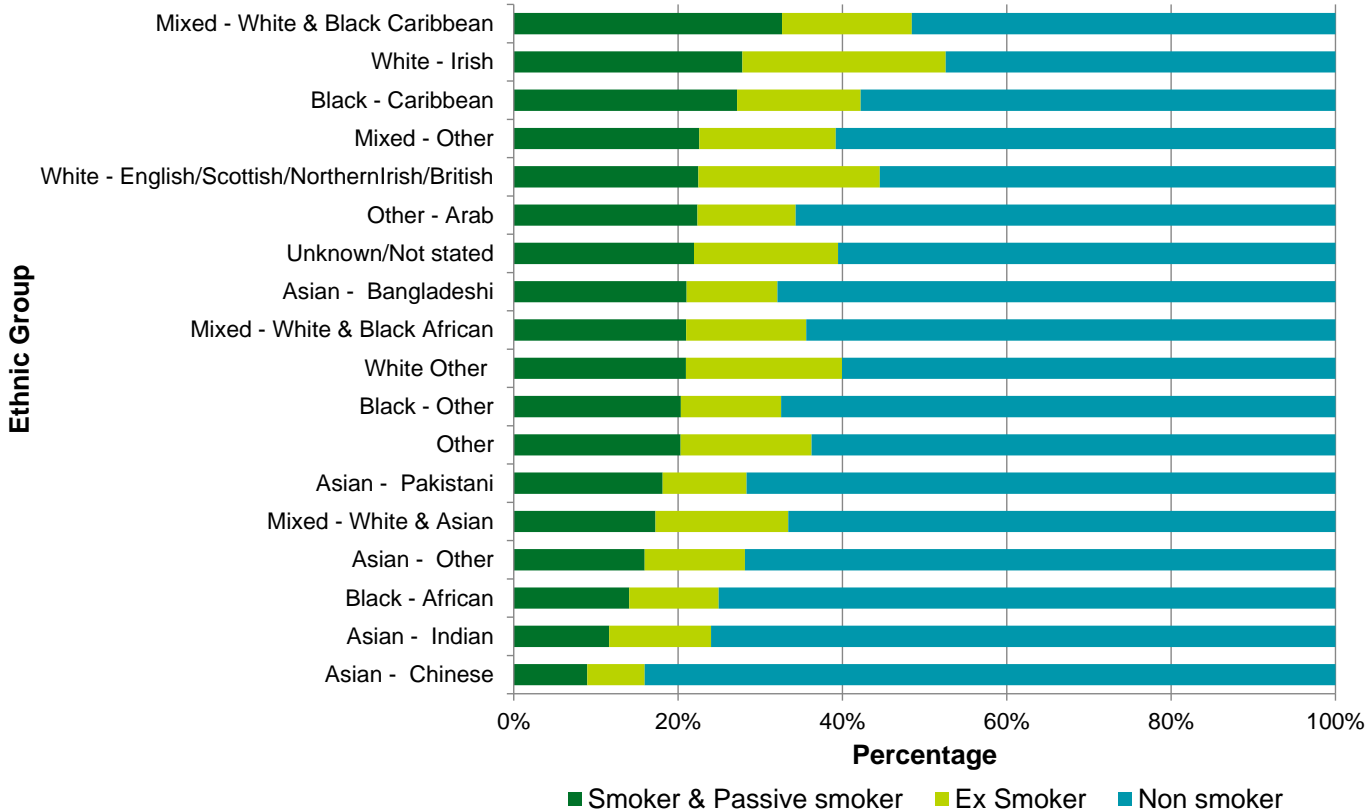


Source: Camden's GP PH Dataset, 2015

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

# Smoking status by detailed ethnic group

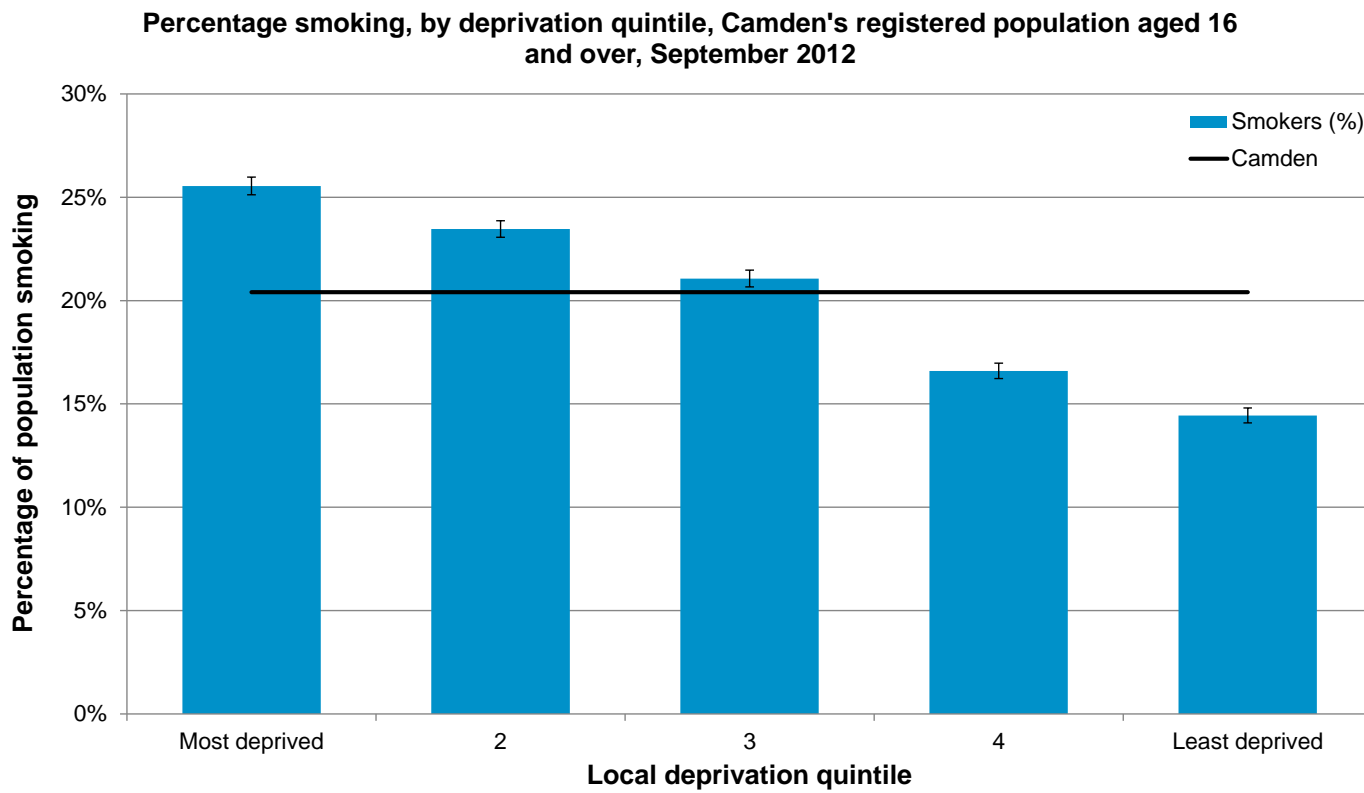
Smoking status by ethnic group, Camden's registered population aged 16+, September 2015



Source: Camden's GP PH Dataset, 2015

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

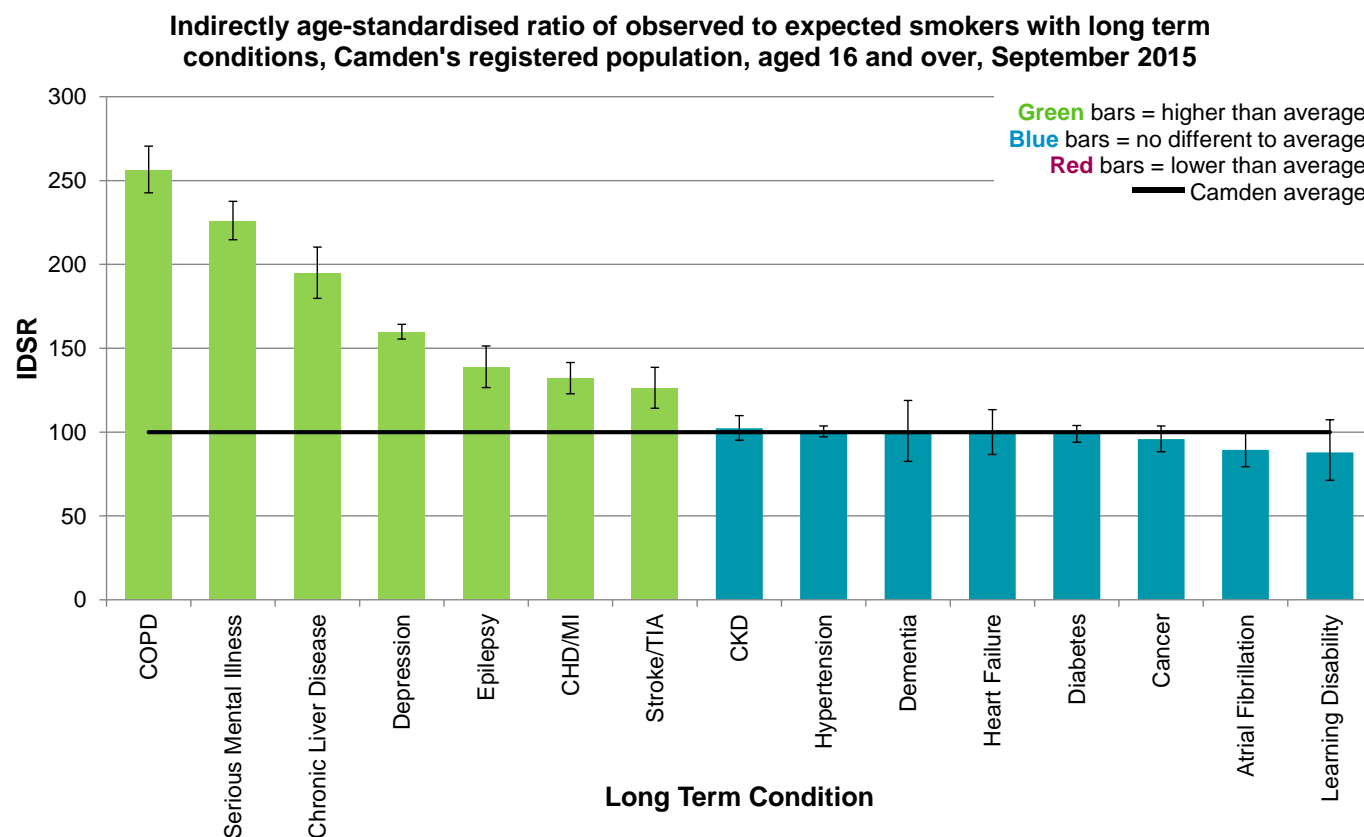
# Smoking status by deprivation



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

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

# Long term conditions and smoking

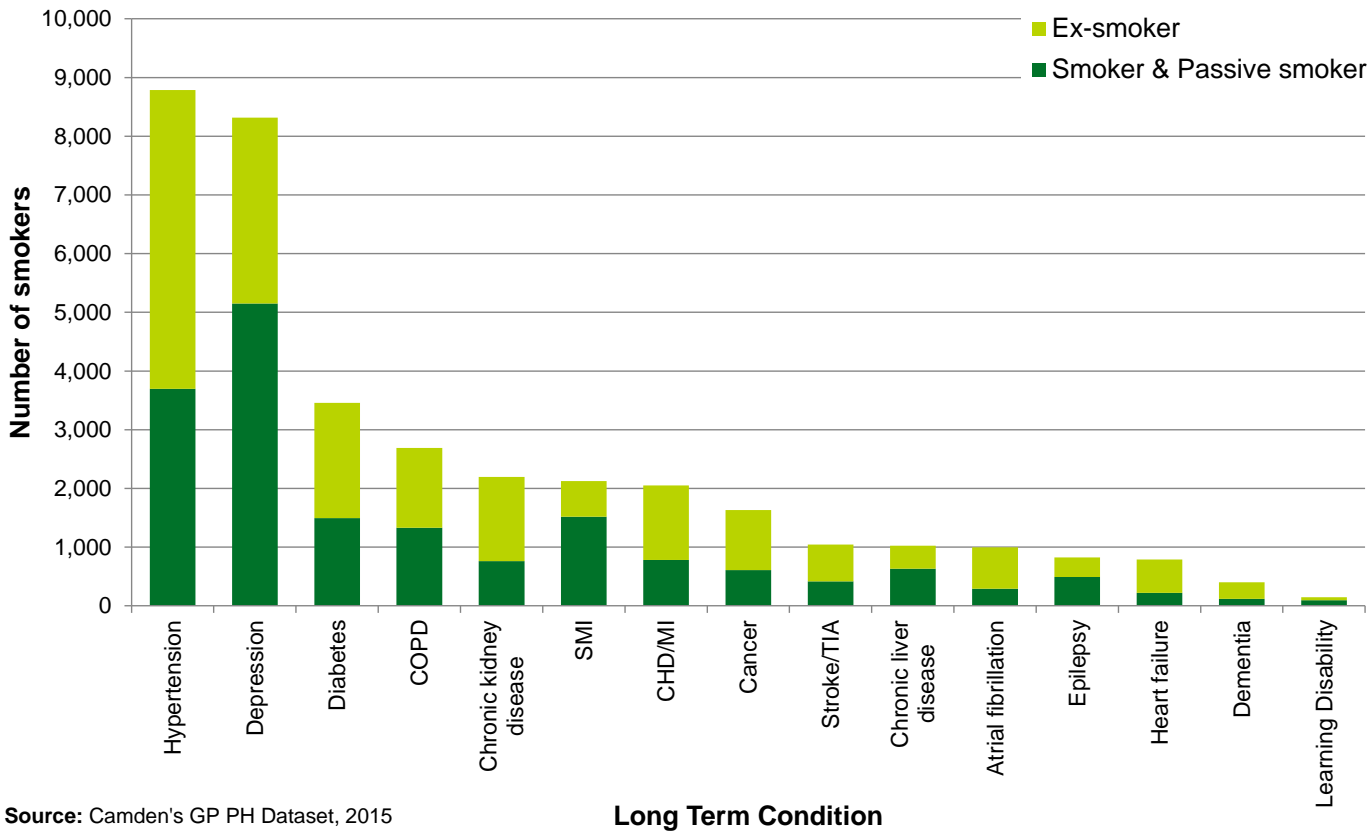


- There are approximately two and a half times more smokers with COPD than compared to the Camden registered population. This figure is adjusted for age.
- There is also increased prevalence of serious mental illness, chronic liver disease, depression, epilepsy, coronary heart disease and stroke in smokers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

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

# Long term conditions and smoking

Number of current and ex-smokers by long term condition, Camden's registered population aged 16+, September 2015



Source: Camden's GP PH Dataset, 2015

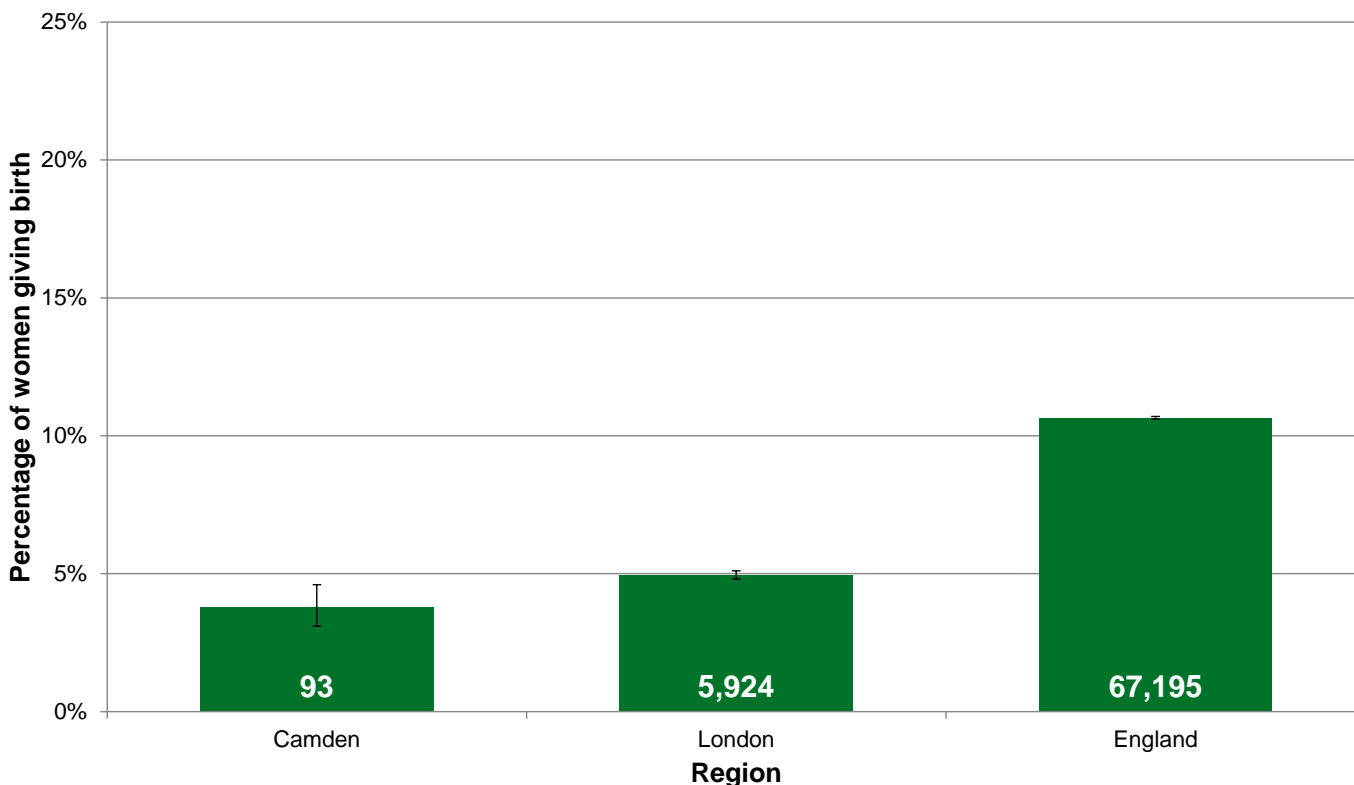
- There are 9,364 people living with at least one long term condition and recorded as a current smoker in Camden (excluding those with a mental health condition - defined as psychoses, schizophrenia and other psychotic disorders).
- The two long term conditions with the most recorded smokers are high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

## Smoking in pregnancy

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

## Smoking in pregnancy

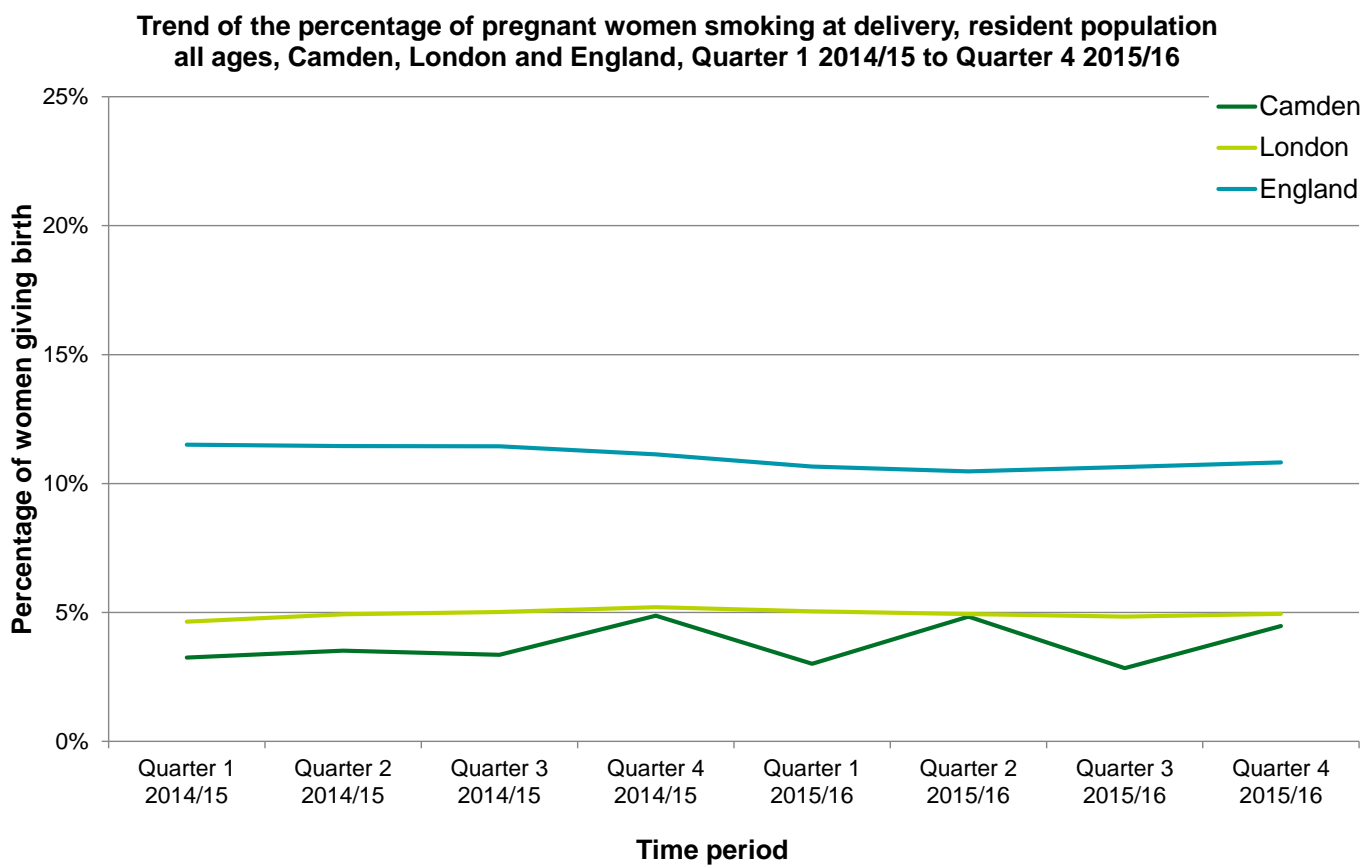
Percentage of pregnant women smoking at delivery, resident population, all ages, Camden, London and England, 2015/16



- Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.
- In Camden, 3.8% of women giving birth (93) were current smokers at the time of delivery compared to 4.9% across London.

Source: NHS Digital, 2016

# Smoking in pregnancy –trend



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

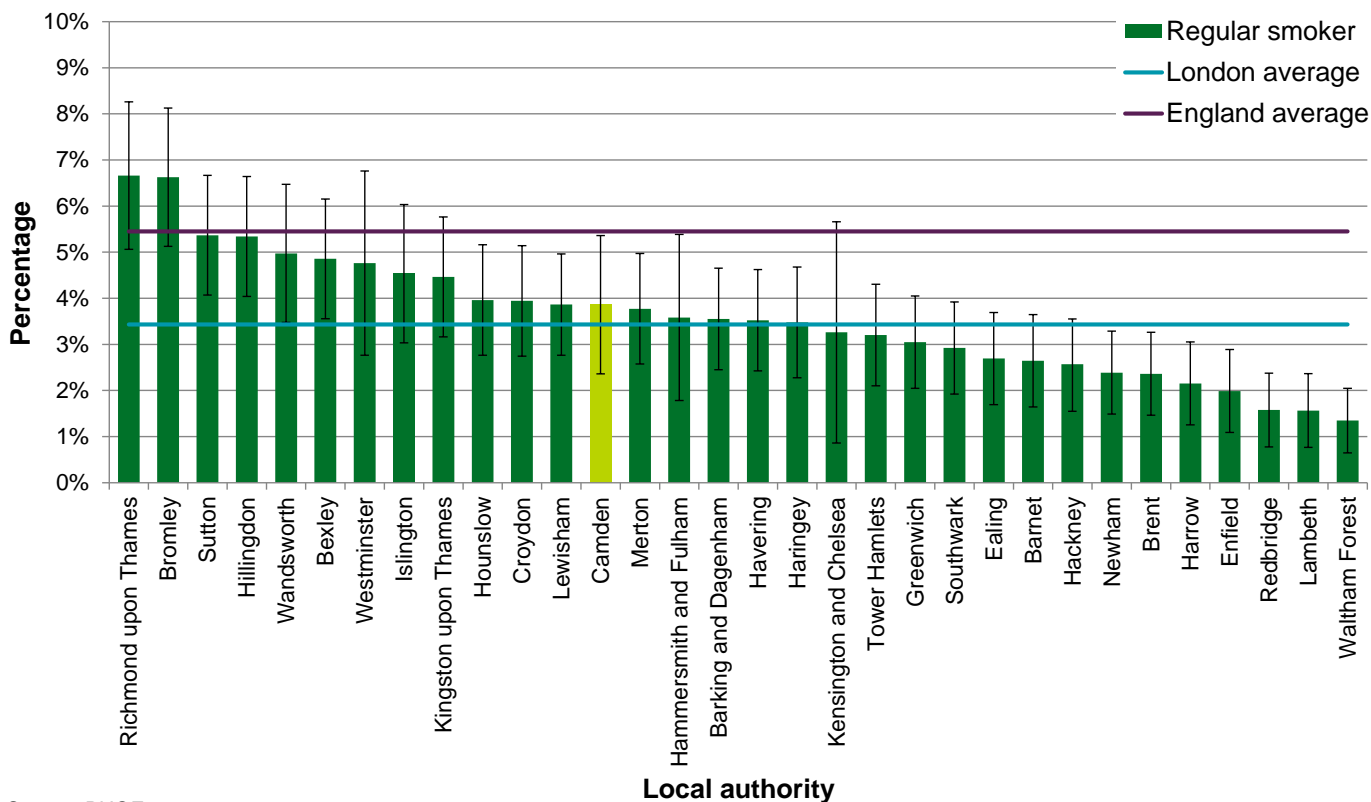
Source: NHS Digital, 2016

## Smoking among children

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

## Prevalence of smoking among children aged 15

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



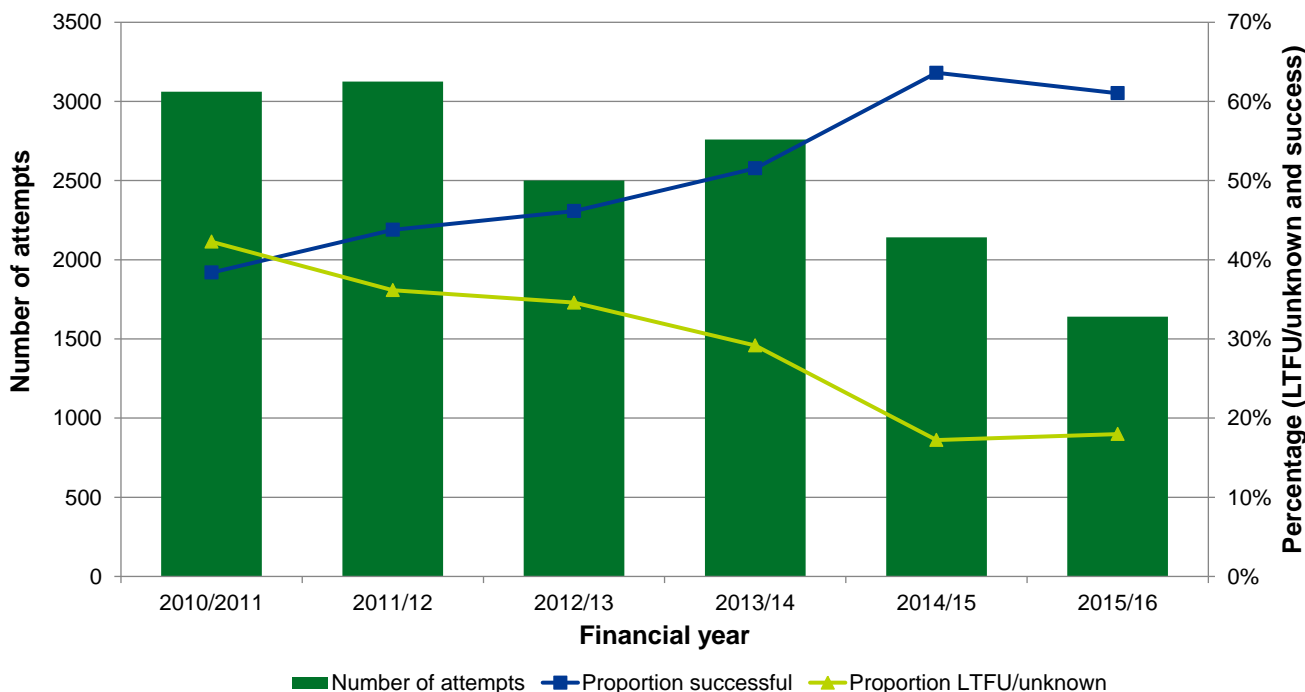
- There are approximately 75 regular smokers in Camden aged 15, based on responses to the WAY survey.
- This equates to a smoking prevalence of 3.9% in this age group, which was not significantly different to London (3.4%), but was significantly lower than England (5.5%).

# 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 2015/16

Trend in attempts, success and loss to follow up, Camden Stop Smoking Service clients aged 16+, 2010/11-2015/16



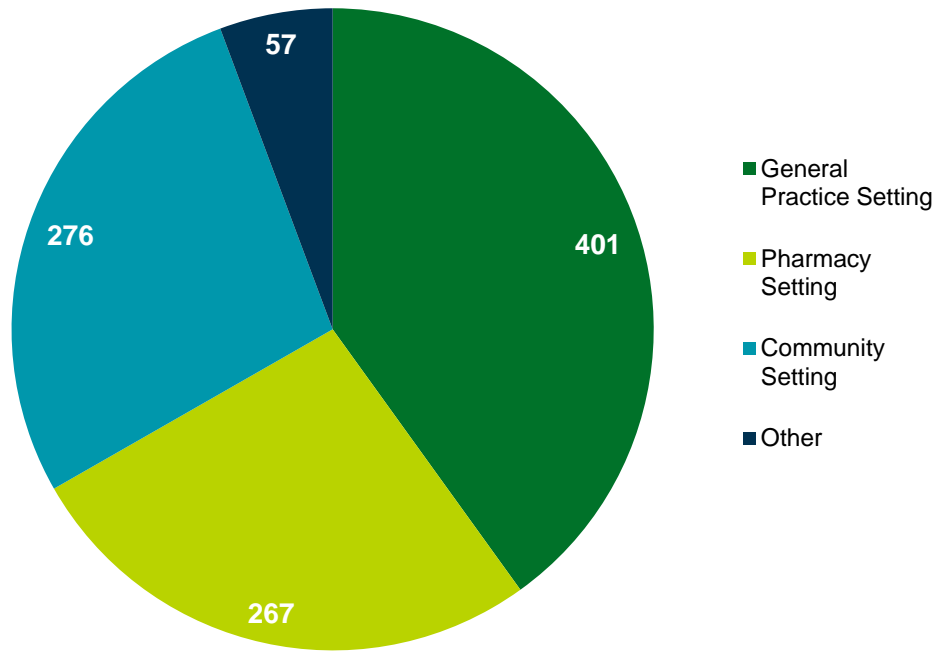
Note: Analysis is on the basis of attempts, not individuals, one individual may contribute more than one attempt  
 Source: Camden Stop Smoking Service 2010/11 to 2015/16

- In 2015/16 there were 1,640 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 (61%) 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 since 2010/11; now down to below 20%.



# Service provided

Breakdown of quits, by intervention setting, Camden Stop Smoking Service clients aged 16+, 2015/16

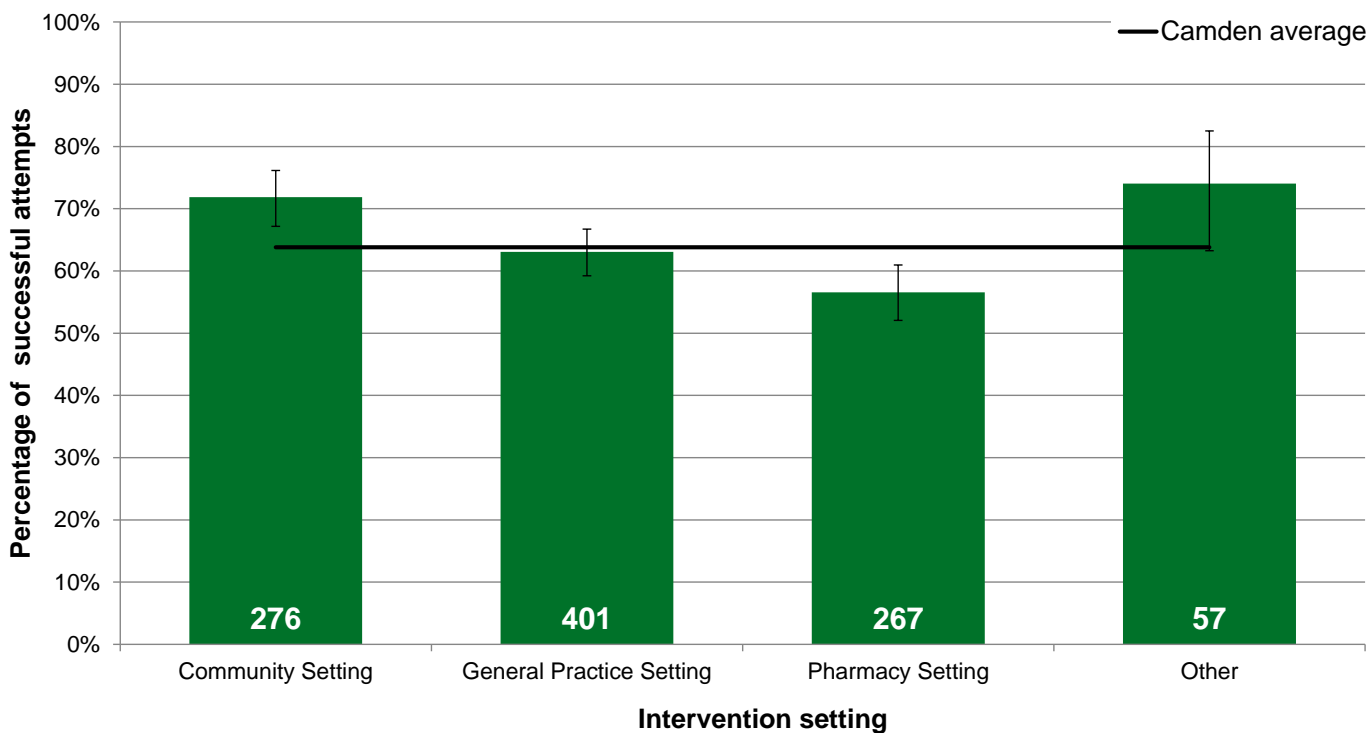


**Note:** Chart represents attempts, one individual may contribute more than one attempt. "Other" includes home visit, hospital, mental health, prison and workplace settings.  
**Source:** Camden Stop Smoking Service, 2015/16

- There were 1,640 quit attempts in Camden in 2015/16, a decrease from 2014/15 (2,141).
- There were 1,001 successful quits.
- 40% of quits were made through practices.
- Just under a third were made through community settings (28%) and pharmacies (27%).
- Less than 10% were made through other settings (5.7%).

# Quits by location

Success of quit attempts, by intervention setting, Camden Stop Smoking Service clients aged 16+, 2015/16

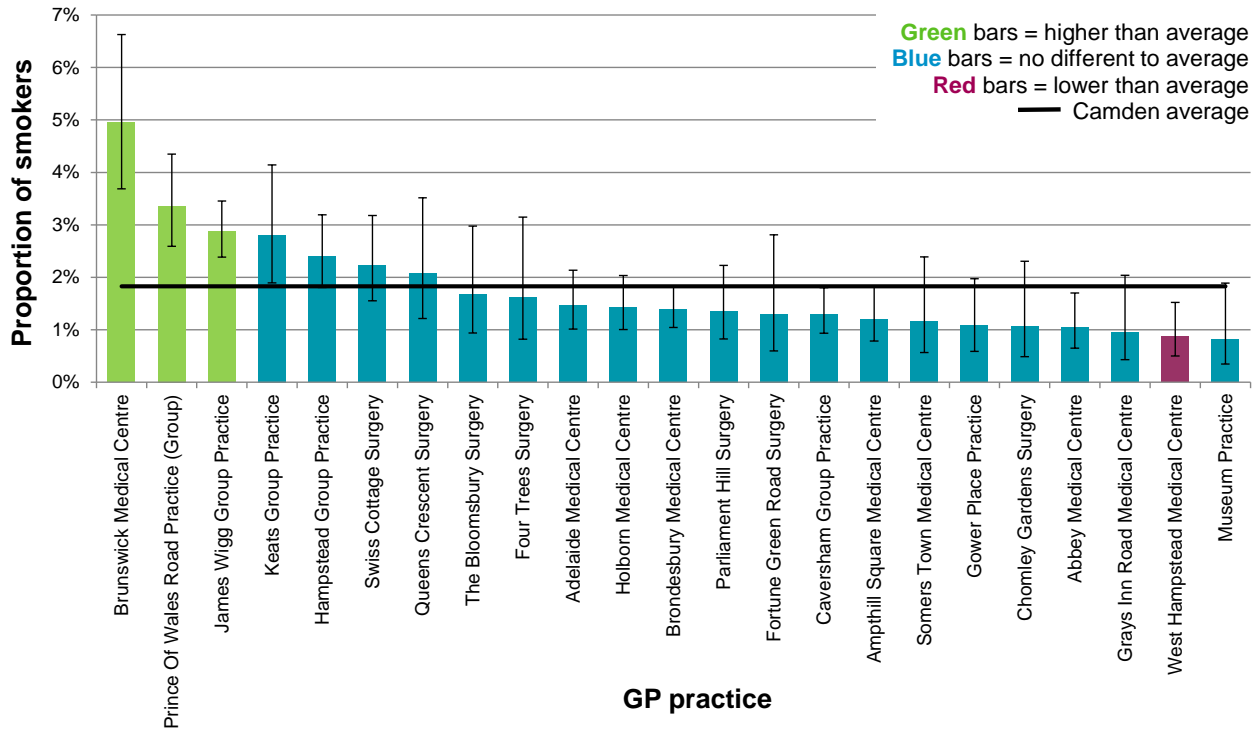


**Note:** Chart represents attempts, one individual may contribute more than one attempt. "Other" includes home visit, hospital, mental health, prison and workplace settings.  
**Source:** Camden Stop Smoking Service, 2015/16

- Whilst the largest number of attempts were made through a GP service (636), approximately two thirds of these were successful (63%). This is not significantly different to Camden average (64%).
- Of the attempts that took place in Other settings (77), 74% of these were successful. This includes home visit, hospital, mental health, prison and workplace settings.
- Differences in the success rates may reflect different user profiles but may also indicate the need for increased training of advisers in some services.

# Quits by GP practice (any intervention setting)

Proportion of smokers who quit (regardless of intervention setting), by GP practice, Camden registered smokers aged 16+, 2015/16



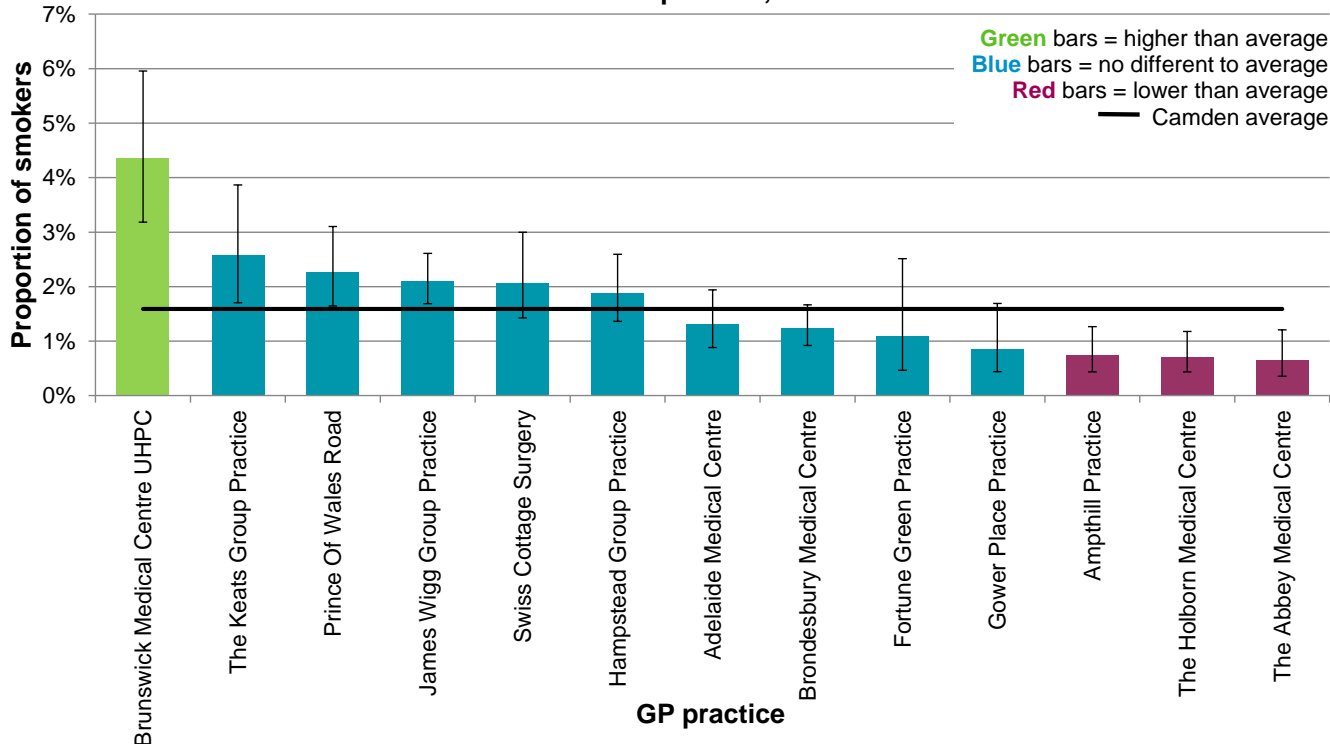
- Across Camden, an average of 1.8% of registered smokers aged 16+ quit per year.
- There were three practices with a significantly higher than average proportion of smokers who quit; the highest proportion was just under 5%.
- Only one practice had a significantly lower than average proportion of smokers who quit.
- **N.B. These rates are indicative of overall quit proportions by GP practice, regardless of intervention setting.**

**Note:** 14 practices were excluded due to disclosive number of small number of quits or due to lack of data. This chart represents attempts, one individual may contribute more than one attempt

**Source:** Camden Stop Smoking Service, 2015/16; Camden GP PH Dataset, 2015 (population denominator)

# Quits made in GP practice setting, by GP practice

Proportion of registered smokers aged 16+ who quit in a GP practice setting, by Camden GP practice, 2015/16

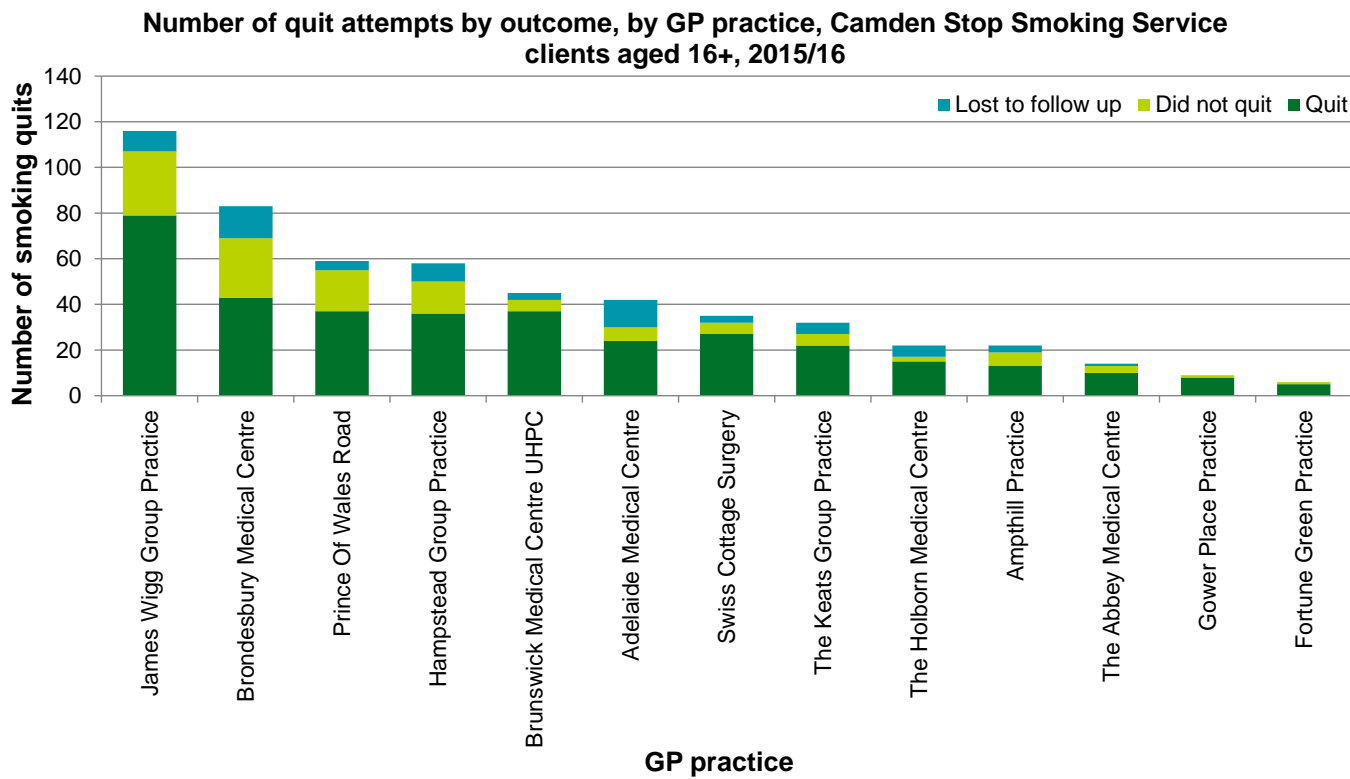


- Across Camden, an average of 1.6% of registered smokers aged 16+ quit smoking in a GP practice setting.
- One practice had a significantly higher than average proportion of smokers who quit in a GP practice setting; the highest proportion was 4.4%.
- Three practices had a significantly lower than average proportion of smokers who quit in a GP practice setting.

**Note:** 21 practices were excluded due to disclosive number of small number of quits or due to lack of data. This chart represents attempts, one individual may contribute more than one attempt

**Source:** Camden Stop Smoking Service, 2015/16; Camden GP PH Dataset, 2015 (population denominator)

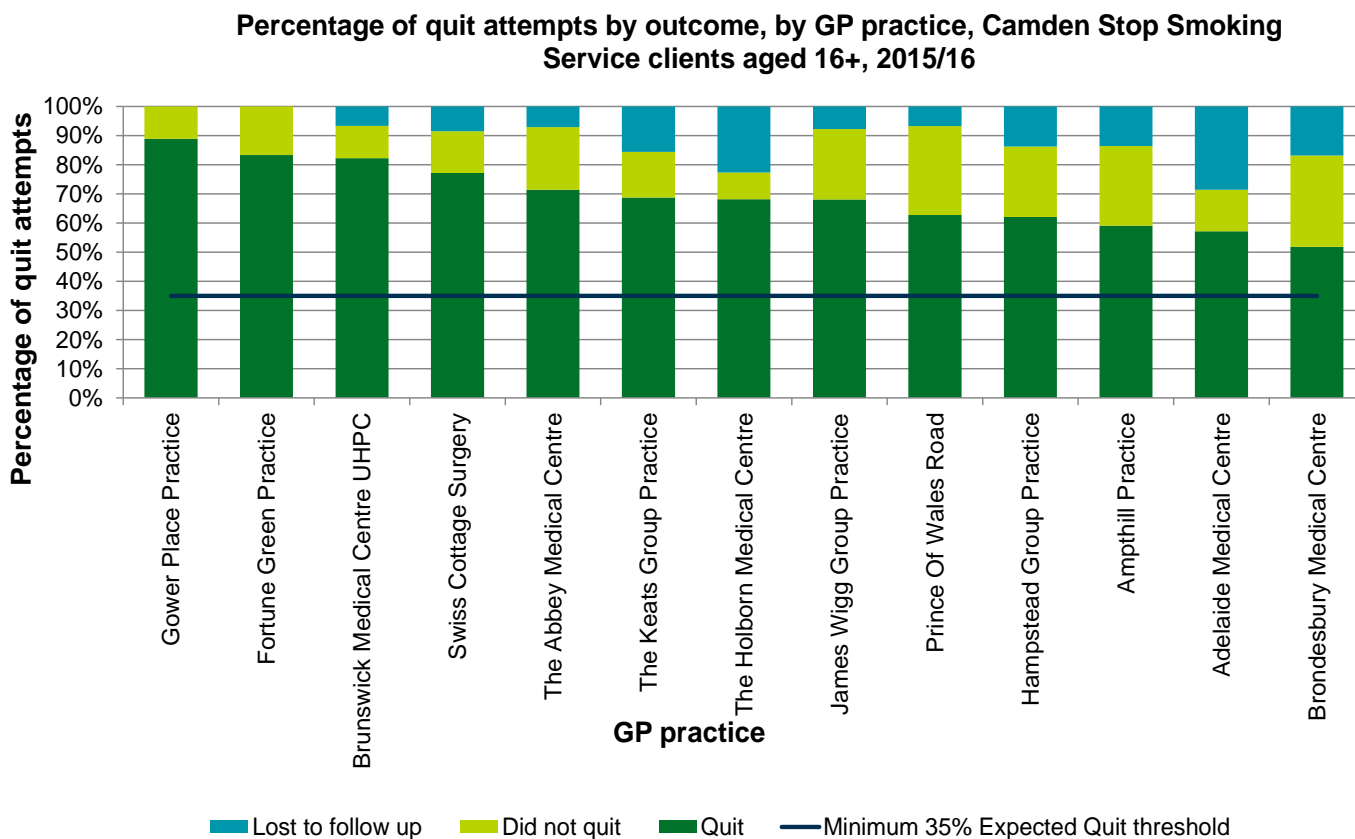
# Number of quits by GP practice



- The number of quits made by smokers aged 16+ in a GP practice setting ranged from 1 to 79.
- James Wigg Group Practice reported the largest number of attempts (116).
- 21 practices reported less than five quits and were excluded from the chart.

**Note:** 21 practices were excluded due to disclosive number of small number of quits or due to lack of data. This chart represents attempts, one individual may contribute more than one attempt  
**Source:** Camden Stop Smoking Service, 2015/16

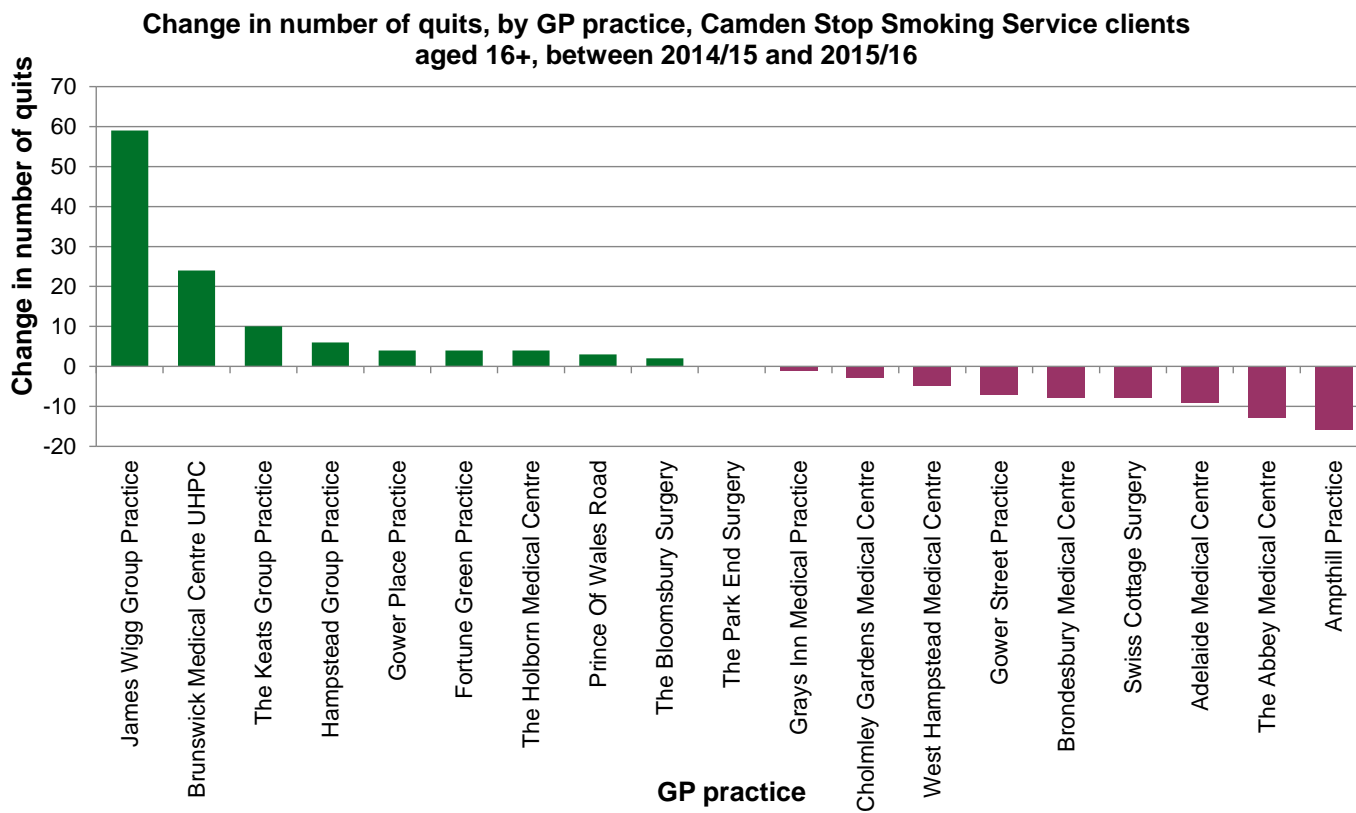
# Outcomes by GP Practice



- For quits made in a GP setting, all practices met or exceeded the minimum expected quit threshold of 35%.
- The highest proportion of successful quits was 89%, while the lowest was 52%.
- It should be noted, however, that the number of quits varied substantially across practices (see previous slide); proportions for practices with smaller quit counts should be interpreted with caution.

**Note:** 21 practices were excluded due to disclosive nature of small number of quits or due to lack of data. This chart represents attempts, one individual may contribute more than one attempt.  
**Source:** Camden Stop Smoking Service, 2015/16

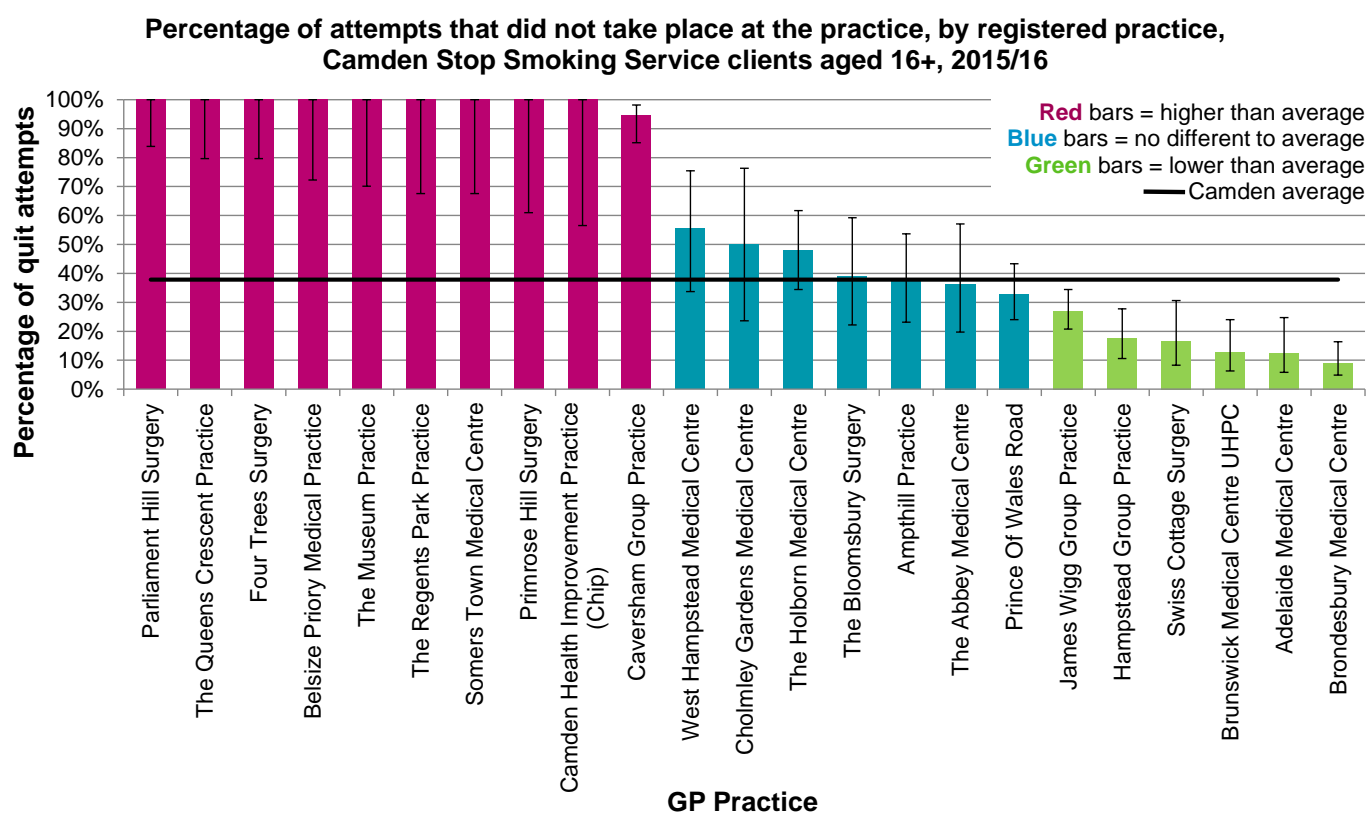
# Change in number of quits by GP practice



- The majority of practices (58%) saw an increase in the number of quits in a GP practice setting, between 2014/15 and 2015/16.
- The largest increase was 59 quits, while the greatest decrease was 16 quits.

**Note:** 15 practices have been excluded due to lack of data. This chart represents attempts, one individual may contribute more than one attempt. Red bars represent a decrease in the number of quits  
**Source:** Camden Stop Smoking Service, 2015/16

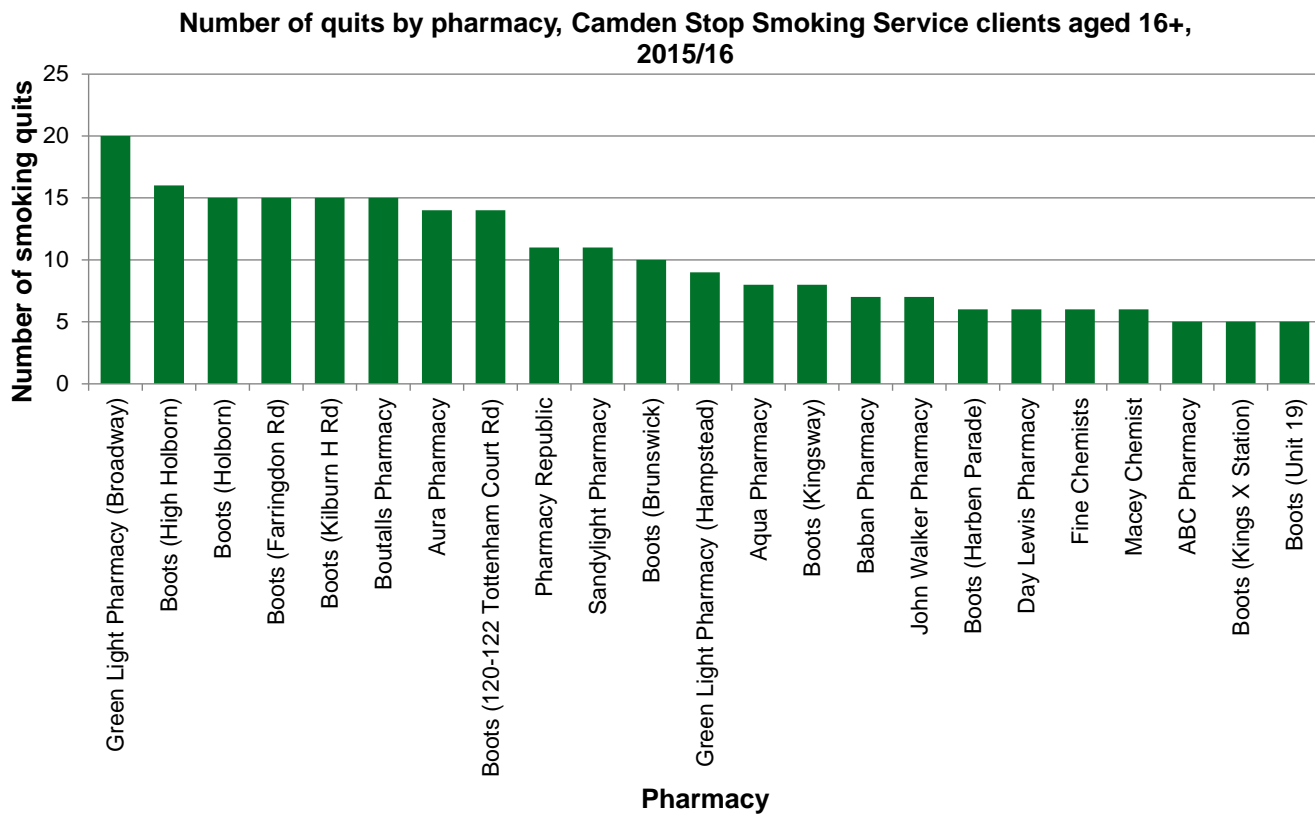
# Attempts outside of practice



- Across Camden, 38% of attempts were made outside of the practices at which the smoker was registered.
- There is a large variation in where smokers choose to make attempts.

**Note:** 16 General Practices were excluded due to disclosive nature of small number of quit attempts outside of the practice. This chart represents attempts, one individual may contribute more than one attempt  
**Source:** Camden Stop Smoking Service 2010/11 to 2015/16

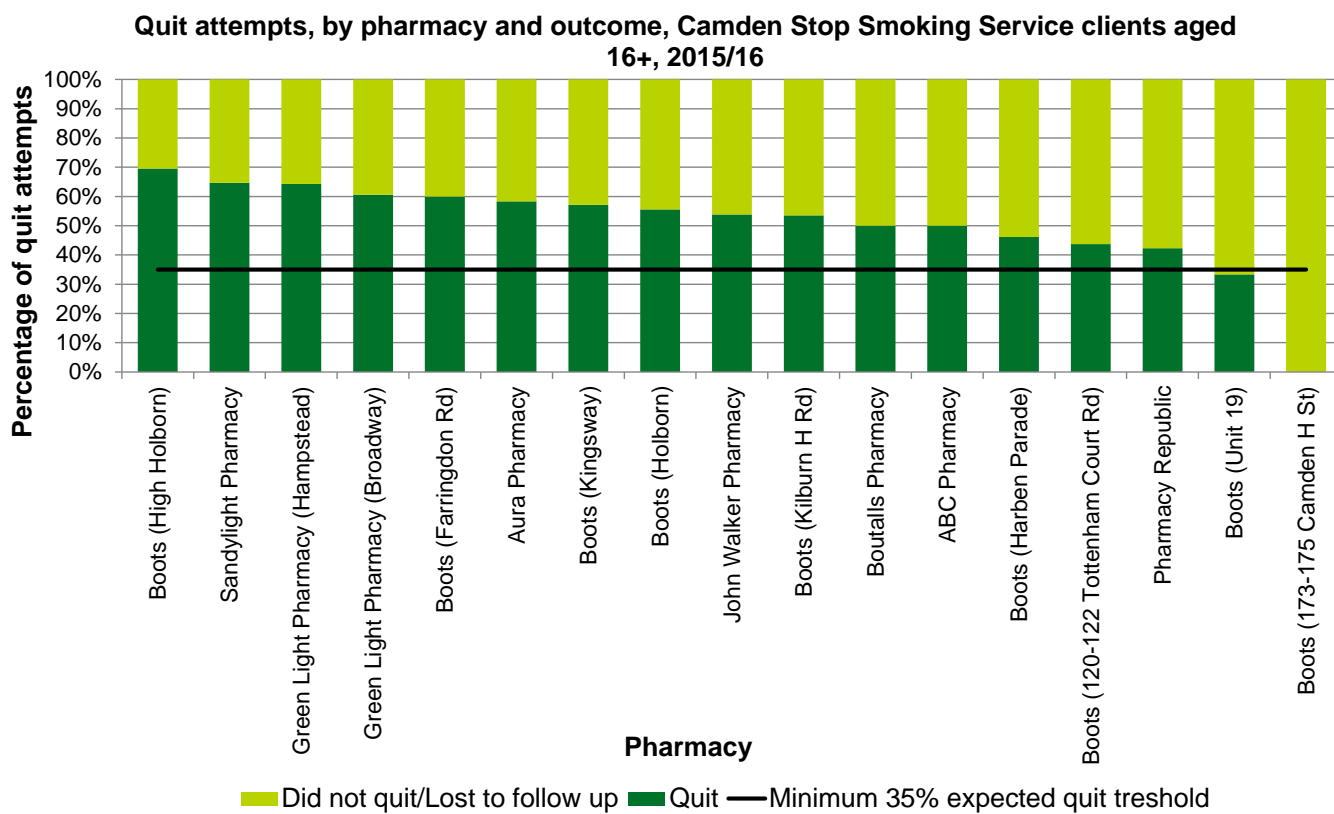
# Number of quits by pharmacy



- There were 267 quits in 44 pharmacies in 2015/16.
- 21 pharmacies reported less than 5 quits (excluded from chart).

**Note:** Chart represents attempts made by individuals, one individual may contribute more than one attempt. 21 pharmacies were excluded due to disclosive nature of small number of quits  
**Source:** Camden Stop Smoking Service, 2015/16

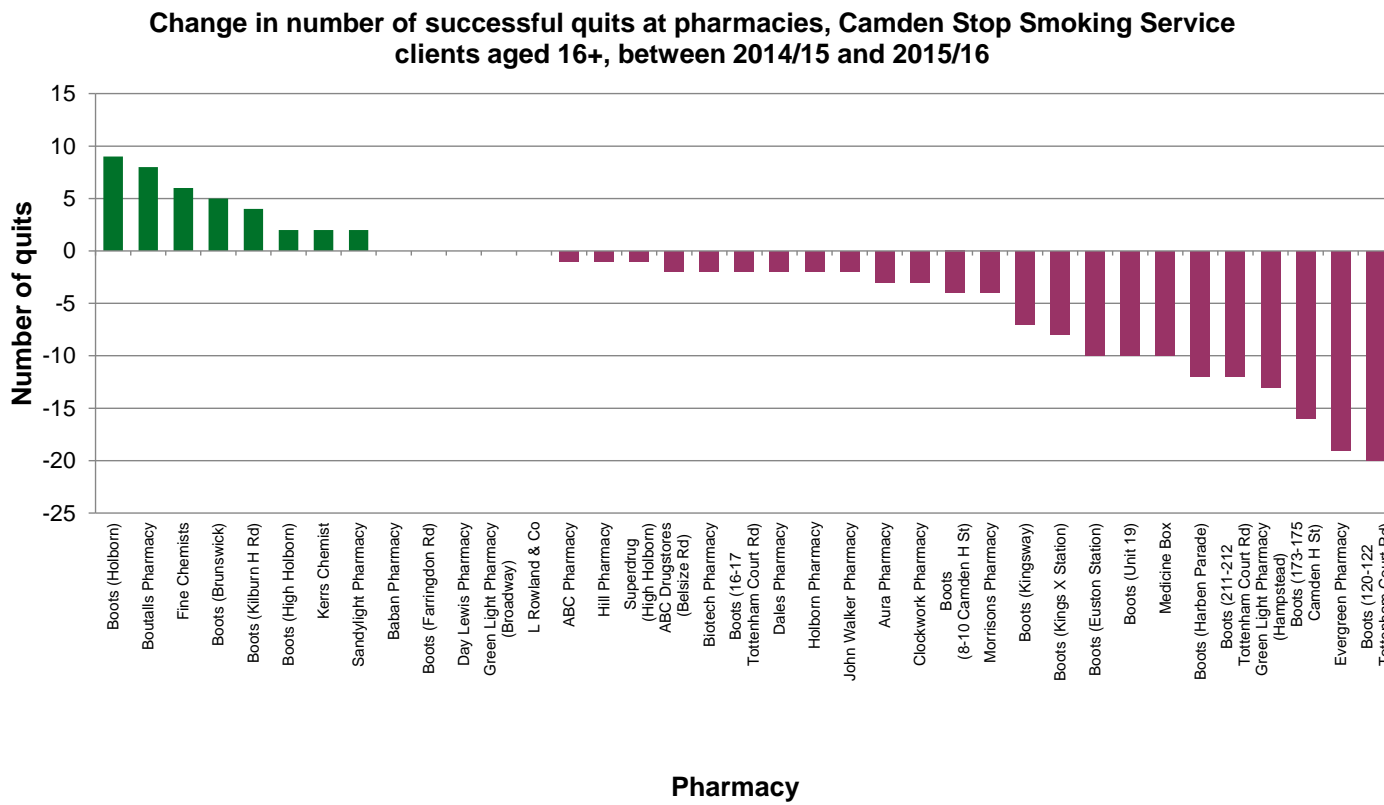
# Attempt outcomes by pharmacy



- The proportion of attempts that ended in a quit varied by pharmacy.
- Two pharmacies had a quit rate below the Department of Health expected quit threshold (35%).

**Note:** Chart represents attempts, one individual may contribute more than one attempt. 26 pharmacies were excluded due to disclosive nature of small number of attempts  
**Source:** Camden Stop Smoking Service, 2015/16

# Change in number of quits by pharmacy

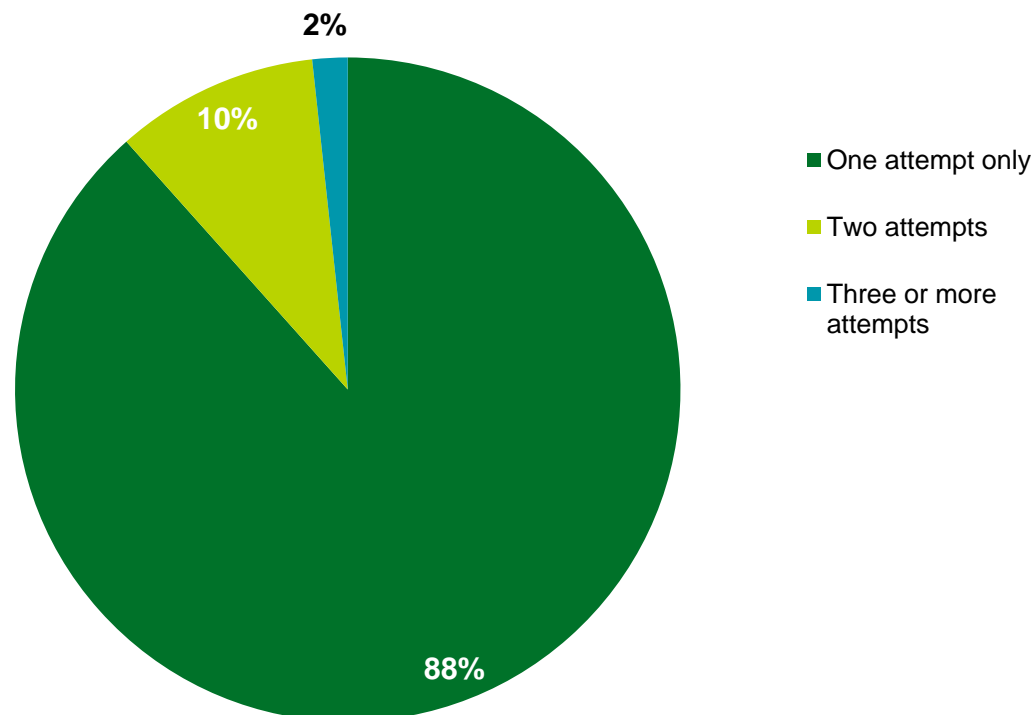


- In 2015/16 there were 128 fewer attempts in pharmacies compared with the previous year.
- Boots Tottenham Court Road saw the largest decrease of 20 quits compared with the previous year.
- Boots in Holborn saw the largest increase of 9 quits compared with the previous year.

**Note:** Chart represents attempts made by individuals, one individual may contribute more than one attempt. 7 pharmacies were excluded due to lack of data in 2014/15. Red bars represent a decrease in number of successful quits.  
**Source:** Camden Stop Smoking Service, 2015/16

# Repeat users by number of attempts

**Breakdown of service users' number of attempts in the year, Camden Stop Smoking Service clients aged 16+, 2015/16**



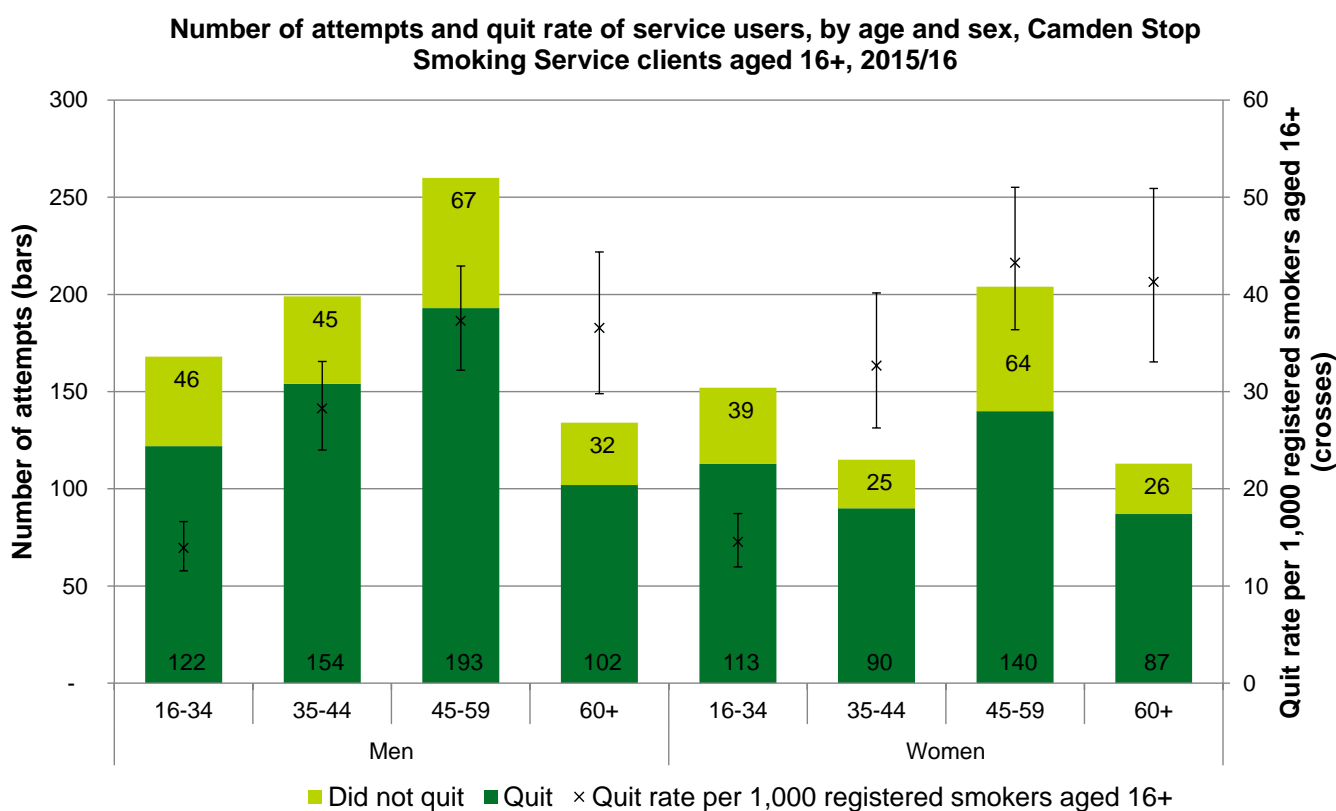
- The majority of users made only one attempt in 2015/16 (88%).
- The maximum number of attempts was three.

**Note:** Analysis is based on number of attempts made by individuals, one individual may contribute more than one attempt  
**Source:** Camden Stop Smoking Service, 2015/16

## Users of the service

In this section the demographics of the users of the Stop Smoking 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



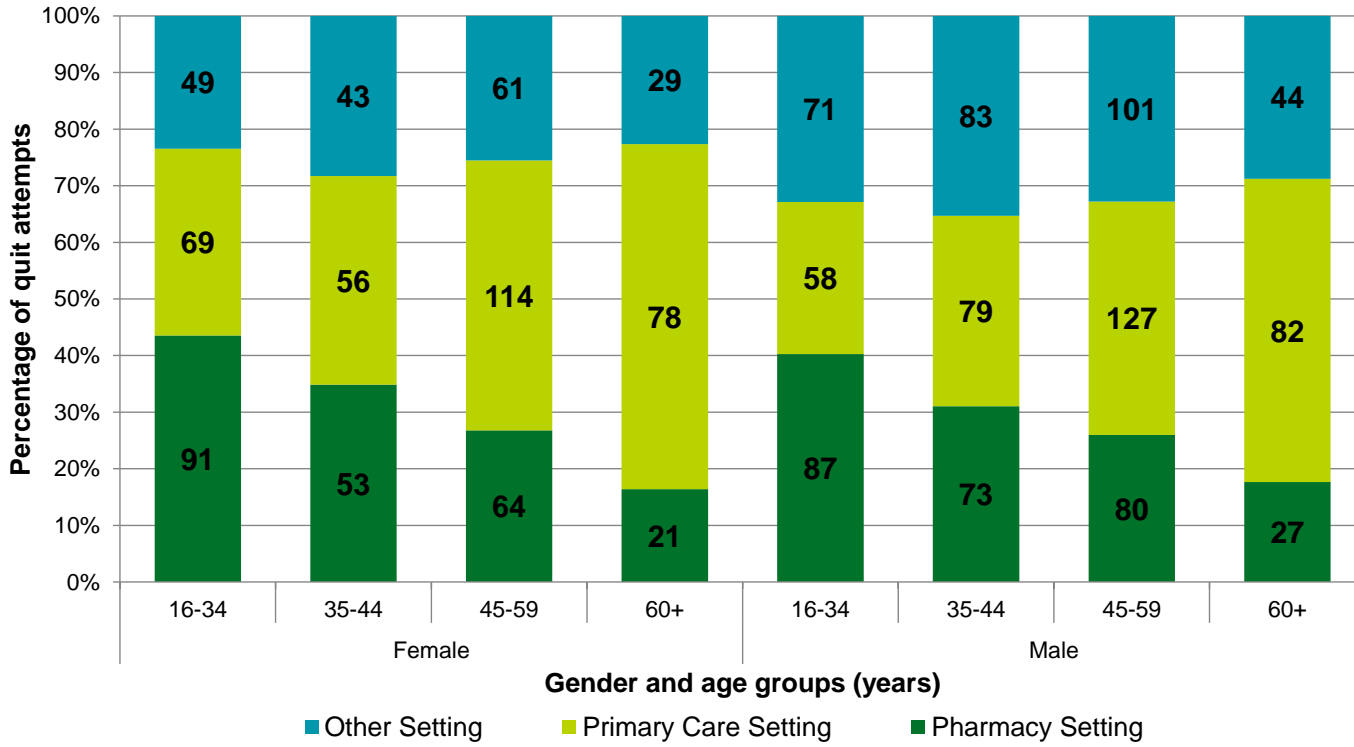
**Note:** Attempts from users aged under 16 have been excluded. This chart represents attempts, one individual may contribute more than one attempt

**Source:** Camden Stop Smoking Service, 2015/16; Camden GP PH Dataset, 2015 (population denominator)

- The average quit rate in Camden was 22 quits per 1,000 registered smokers aged 16+.
- A larger proportion of people accessing the service were men (56%) 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 than older age groups.

# Attempt setting by age and sex

Percentage of quit attempts by gender and age of the user and setting, Camden Stop Smoking Service clients aged 16+, 2015/16

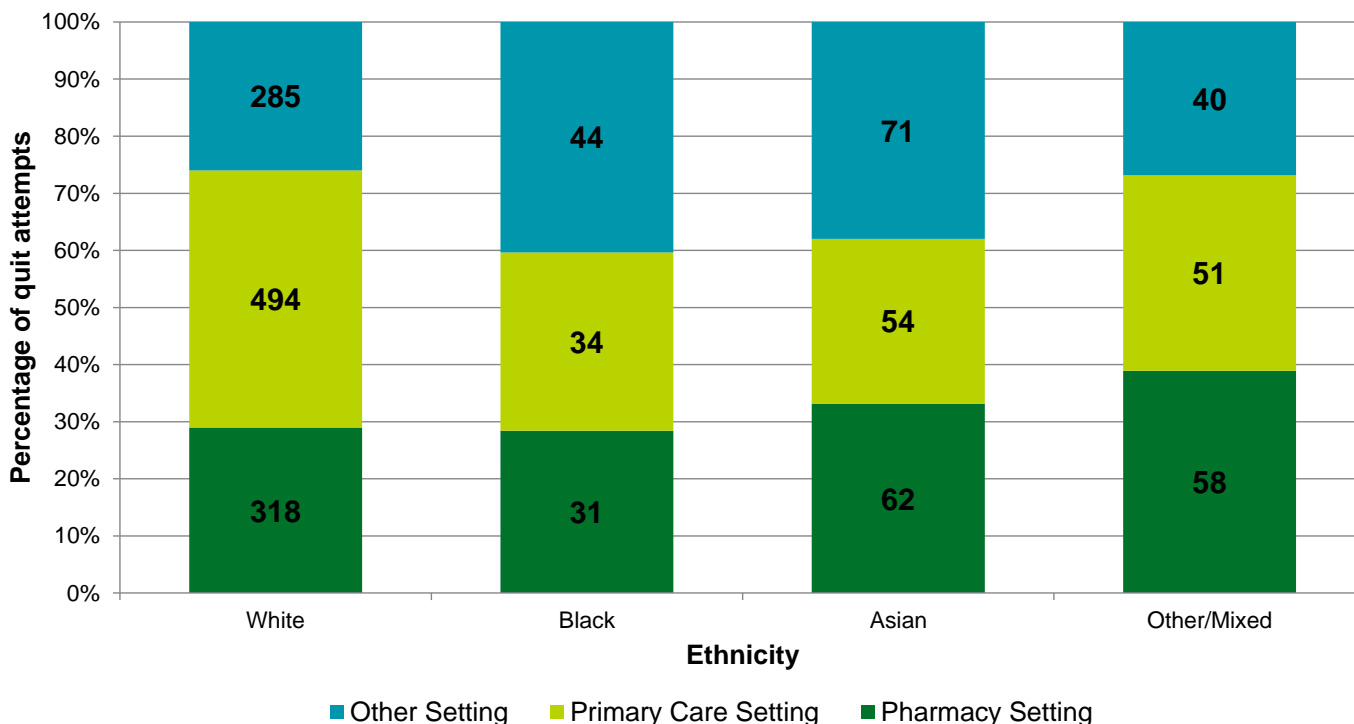


- Women were slightly more likely to choose primary care, or pharmacy (75%) for their quit attempts than men (67%).
- Taking age into account, men and women show a slight preference for primary care settings as they get older whilst a decreased preference for pharmacy for their quit attempts as they age.

Note: Chart represents attempts, one individual may contribute more than one attempt  
 Source: Camden Stop Smoking Service, 2015/16

# Attempt setting by ethnicity

Percentage of quit attempts by ethnicity of the user and type of service, Camden Stop Smoking Service clients aged 16+, 2015/16



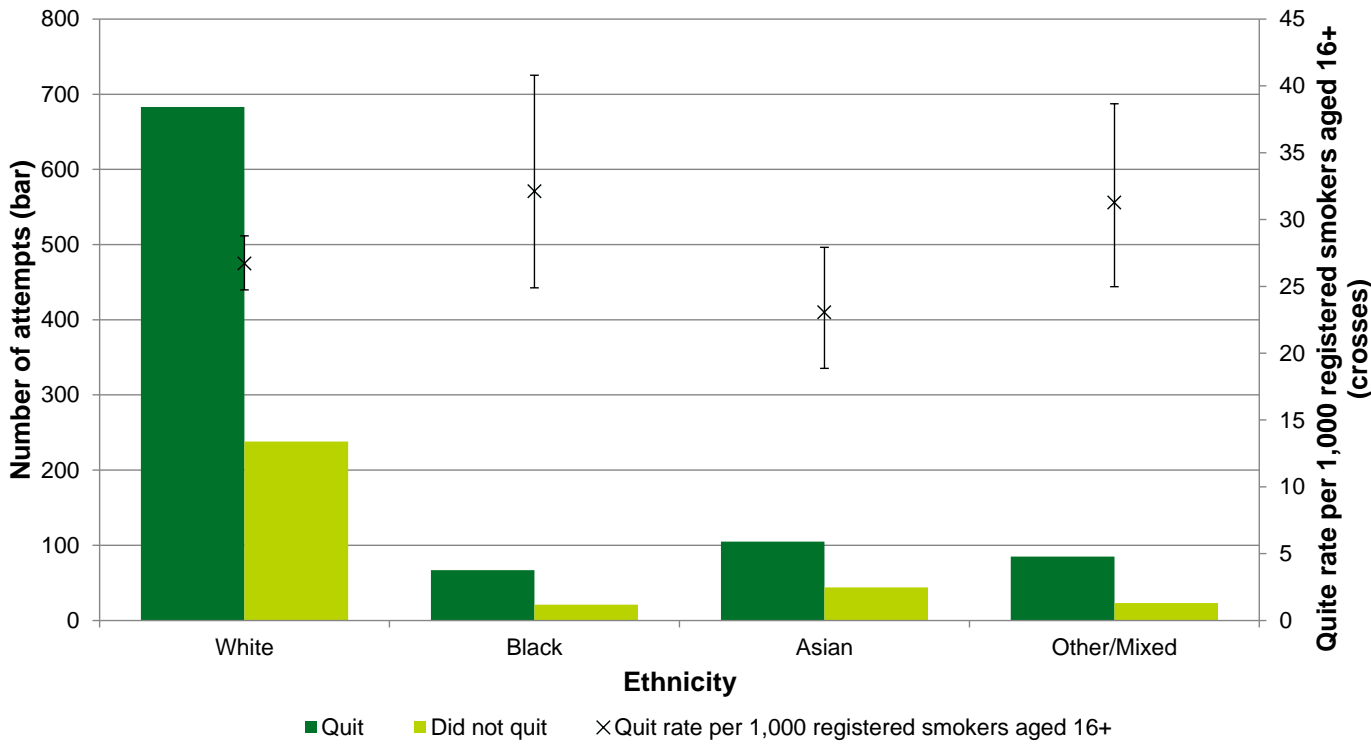
- Overall there was little variation in preferred setting by ethnicity.

Note: 98 attempts where users declined to give their ethnicity or where the ethnicity is unknown have been excluded. Chart represents attempts, one individual may contribute more than one attempt  
 Source: Camden Stop Smoking Service, 2015/16



# Service users and quit rates by ethnicity

Number of attempts and quit rate of service users, by ethnicity, Camden Stop Smoking Service clients aged 16+, 2015-16

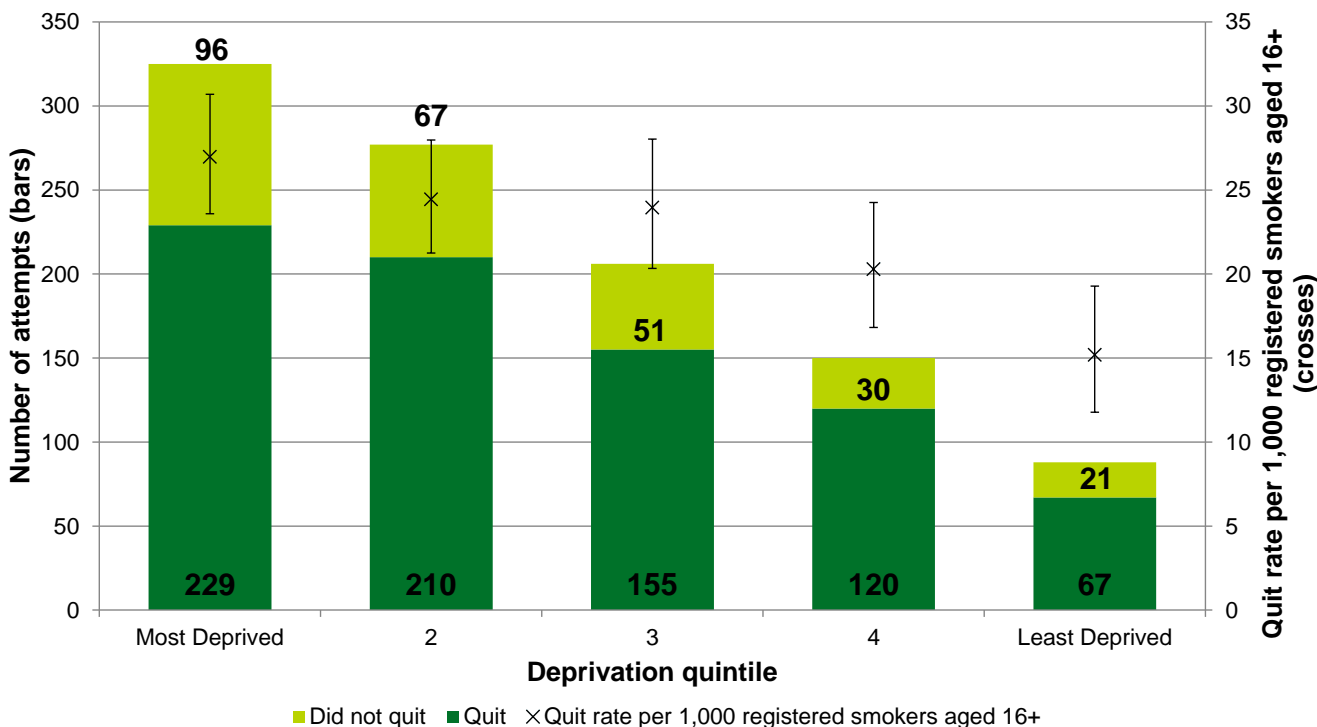


- About 71% of service users are White. This is reflective of the percentage of Camden registered smokers who are White (67%).
- Black service users had the highest quit rate (32 quits per 1000 registered smokers) followed by Other/Mixed users (31 quits per 1000), White users (27 per 1000) and Asian (23 per 1000)
- There were 94 attempts without ethnicity recorded.

**Note:** Chart represents attempts, one individual may contribute more than one attempt  
**Source:** Camden Stop Smoking Service, 2015/16

# Service users and quit rates by deprivation

Number of attempts and quit rate of service users, by deprivation quintile, Camden Stop Smoking Service clients aged 16+, 2015/16

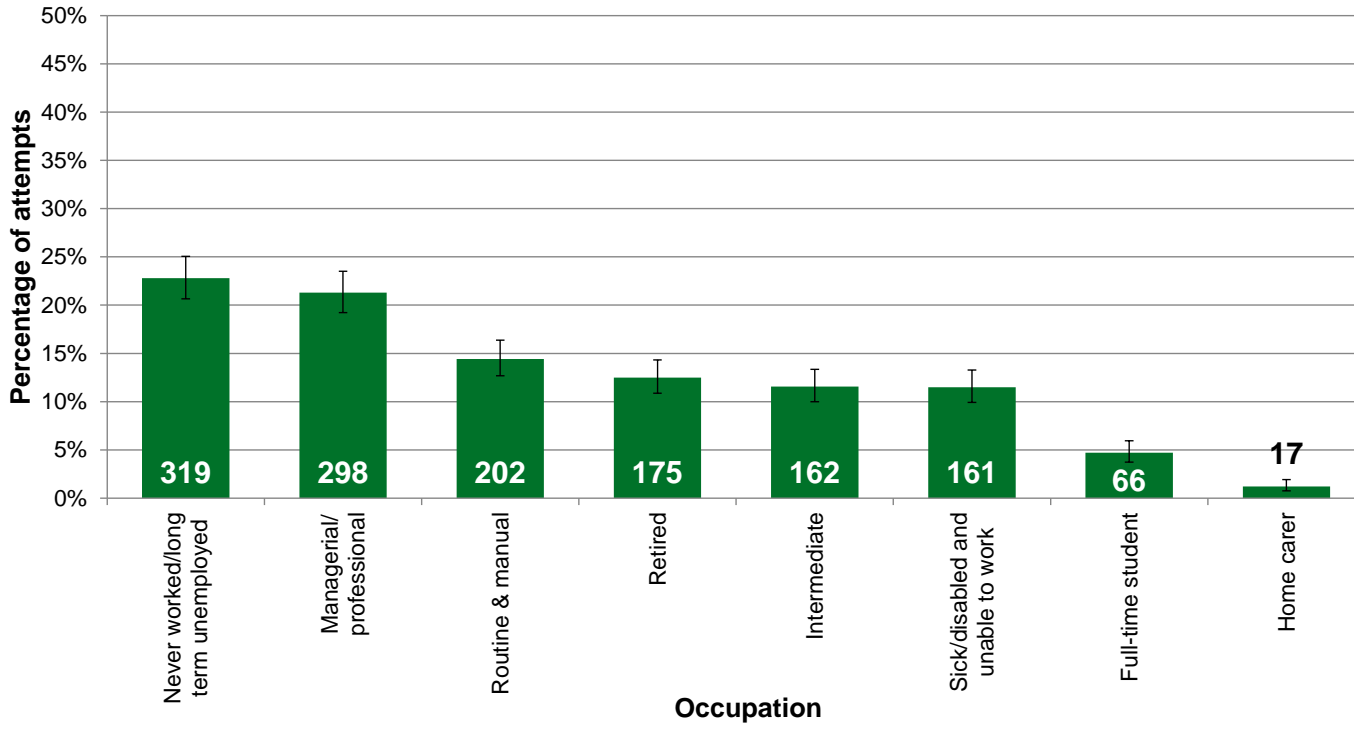


- Many users come from the more deprived areas, where the majority of smokers are found.
- The quit rates per 1,000 registered smokers were significantly different between the least deprived areas and the most deprived.

**Note:** 652 quit attempts from users who either reside outside Camden or without valid LSOAs have been excluded. This chart represents attempts, one individual may contribute more than one attempt  
**Source:** Camden Stop Smoking Service, 2015/16

# Occupation of users

**Breakdown of quit attempts by occupation of service users, Camden Stop Smoking Service clients aged 16+, 2015-16**



- The two largest groups of service users were the 'never worked / long term unemployed' occupational groups (23%) and 'managerial / professional' (21%).
- 166 attempts had 'unable to code' recorded as their occupation.

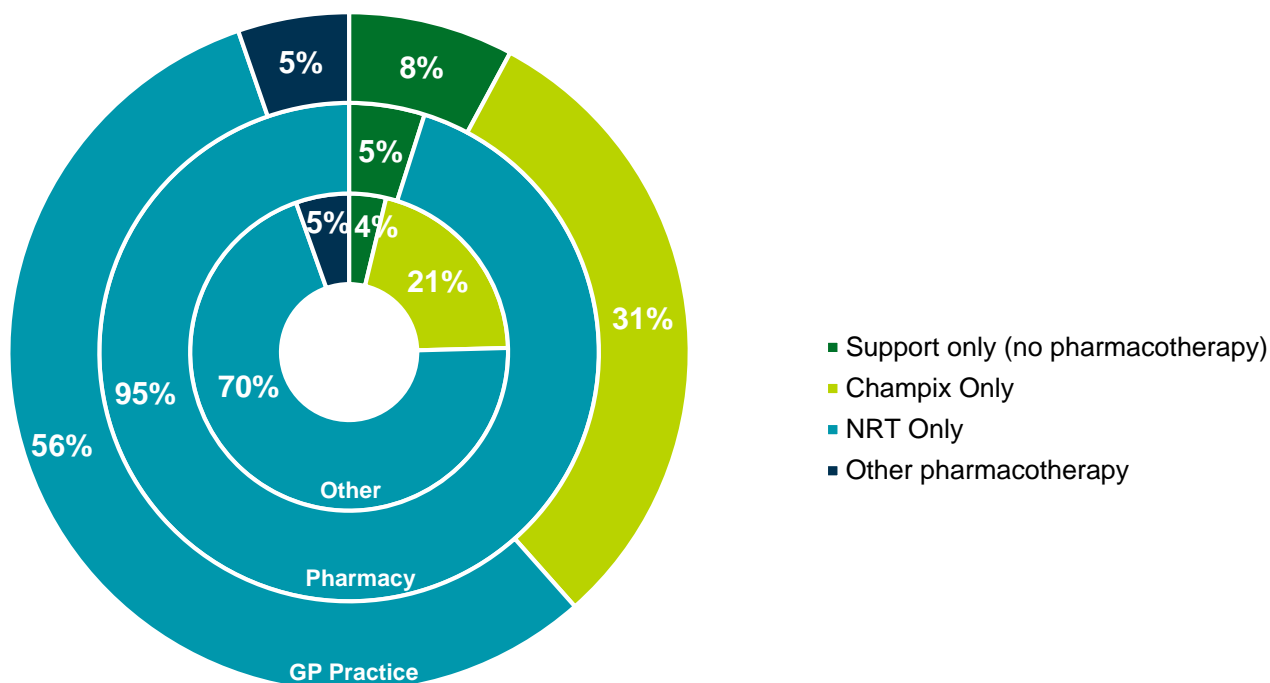
**Note:** Chart represents attempts, one individual may contribute more than one attempt. 166 attempts were excluded from the analysis due to occupation being "unable to code". Those "In prison" were excluded due to disclosive number of attempts  
**Source:** Camden Stop Smoking Service, 2015/16

## 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 intervention setting, Camden Stop Smoking Service clients aged 16+, 2015/16



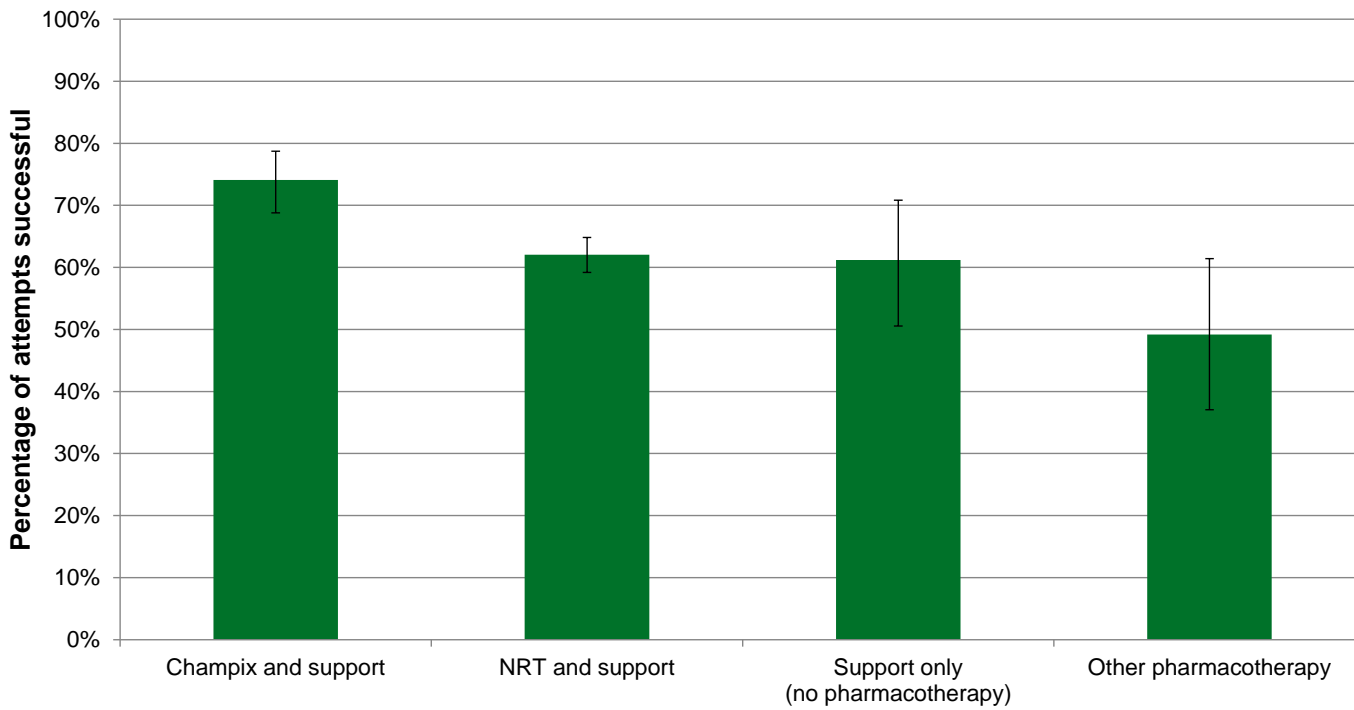
- Monotherapy with NRT is the most widely used medication to support cessation attempts.
- 56% of attempts made in GP practices and 95% of attempts in pharmacies were NRT only.

**Note:** "Other" category includes community, home visit, hospital, mental health, prison and workplace settings. "Other pharmacotherapy" includes Zyban and combinations of NRT and Zyban or Champix. This is based on attempts, one individual may contribute more than one attempt at different location. Data has been excluded from pharmacy setting due to small numbers

**Source:** Camden Stop Smoking Service, 2015/16

# Quits by medication used

Percentage of stop smoking service attempts that were successful by medication type, Camden Stop Smoking Service clients aged 16+, 2015/16



- Quit attempts made with support alone were as likely to succeed as those attempts undertaken in conjunction with NRT or Champix.
- This data should not be taken as evidence for or against NRT / Champix as there may be many differences between the user profiles of these groups which account for this result.
- There were only 30 attempts undertaken using 'Other Pharmacotherapy'

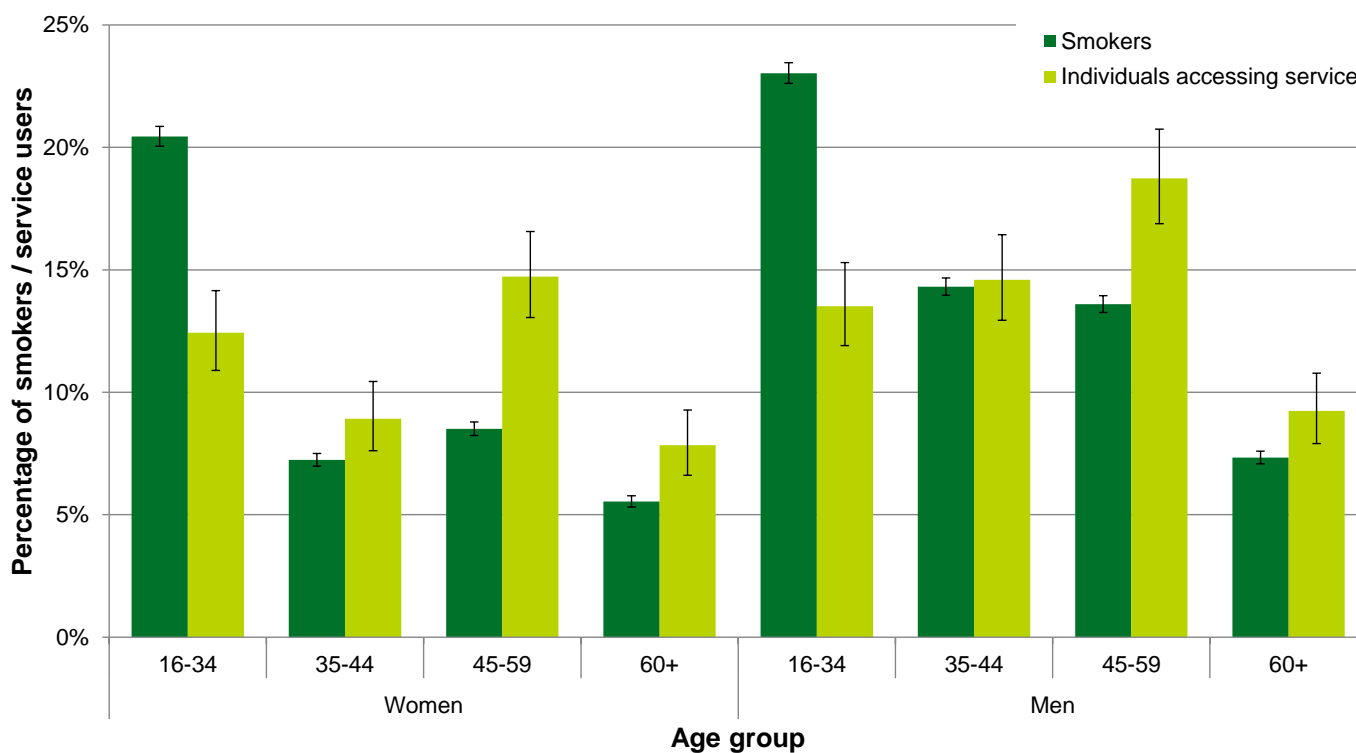
**Note:** "Other pharmacotherapy" includes Zyban and combinations of NRT and Zyban or Champix. Analysis is based on attempts, one individual may contribute more than one attempt at different location.  
**Source:** Camden Stop Smoking Service, 2015/16

## Service equity

The Stop Smoking Service should be equitable, so that it 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 registered smokers compared to individuals accessing Stop Smoking Services aged 16+, Camden, 2015-16

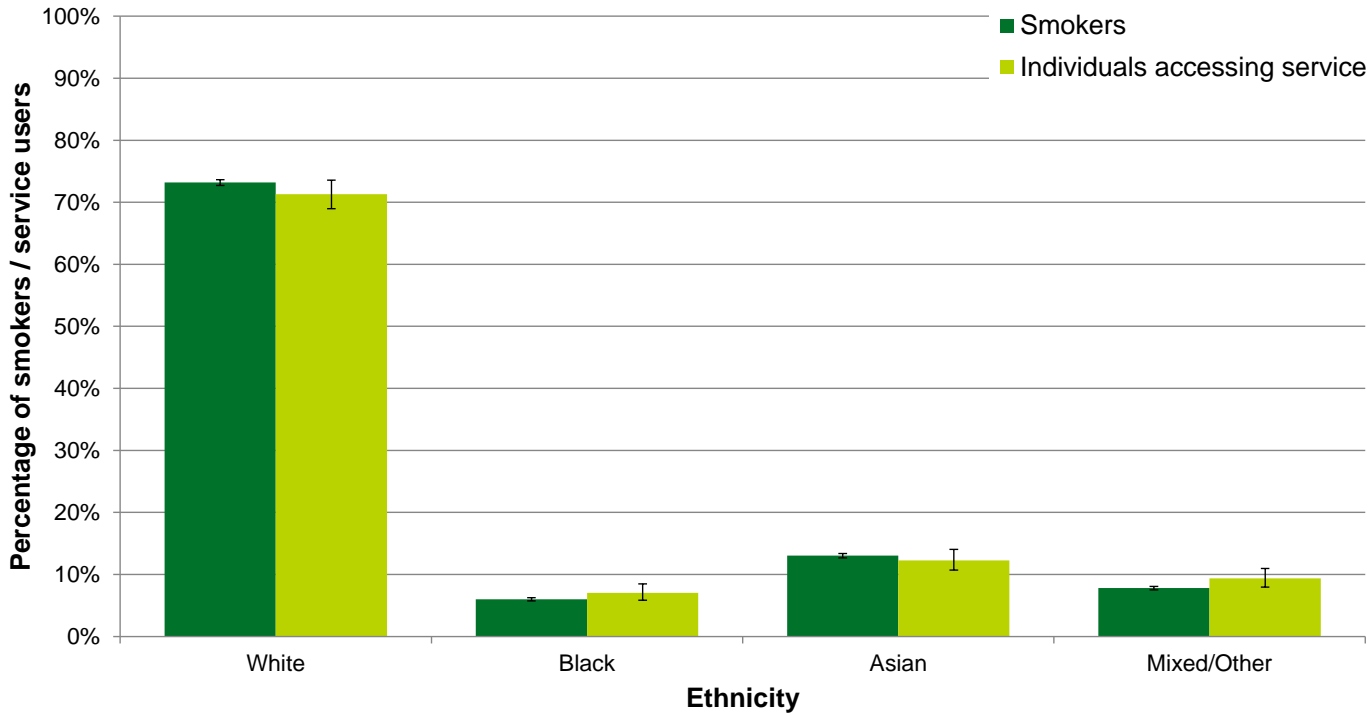


- Comparing the Stop Smoking Service (SSS) user profile to the smoking population profile, younger age groups are under-represented in the service.
- Although 44% of smokers are aged under 35, only 26% of service users are in the same age group. This difference is more pronounced for women than men.
- Please note that the denominator used for smokers is the registered population of smokers; the denominator for individuals accessing the service is the total number of individuals accessing stop smoking services.

Note: Analysis is on the basis of individuals.  
Source: Camden's GP PH Dataset, 2015, Camden Stop Smoking Service, 2015/16

# Service equity: Ethnicity profiles

**Ethnicity of registered smokers compared to individuals accessing Stop Smoking Services aged 16+, Camden, 2015/16**



- 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 Mixed/Other groups than the smoking population of Camden, most likely due to issues with the accuracy of ethnicity recording.

**Note:** Analysis is on the basis of individuals. 94 individuals of unknown ethnicity have been excluded.  
**Source:** Camden's GP PH Dataset, 2015, Camden Stop Smoking Service, 2015/16

## About Public Health Intelligence

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

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

## FURTHER INFORMATION & FEEDBACK

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

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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 contact us with your ideas.**

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