Statistics on NHS Stop Smoking Services, Quarter 3, 2017-18

Data Quality Statement

Published 25 April 2018
Contents

1. Introduction 3
2. Relevance - coverage and content 3
3. Accuracy and reliability 4
4. Timeliness and punctuality 4
5. Coherence and comparability 4
6. Accessibility and clarity 5
7. Confidentiality, transparency and security 5
8. Trade-offs between output quality components 5
9. Assessment of user needs and perceptions 5
10. Performance cost and burden 6
1. Introduction

NHS Stop Smoking Services were first set up in 1999/2000 with the aim of reducing health inequalities and improving health among local populations.

Services were rolled out across England from 2000/2001 and provide free, tailored support to all smokers wishing to stop, offering a combination of recommended stop smoking pharmacotherapies and behavioural support.

The NHS Stop Smoking Services Quarterly Return is used to monitor the delivery of NHS Stop Smoking Services, and NHS Digital are responsible for collecting and publishing data submitted by local authorities (LAs). More detail including a copy of the proforma used to collect the data is available from: http://www.content.digital.nhs.uk/stopsmoking

This report presents statistics from the NHS Stop Smoking Services in England. These are presented at national, regional and local authority level including some time series data for the last 10 years.

The report is published on the NHS Digital website at: http://www.digital.nhs.uk/lifestyles

2. Relevance - coverage and content

Data are collected and reported on a quarterly basis. Data submitted in quarters 1 to 3 is provisional but all data submitted in quarter 4 is final for that financial year.

For each LA aggregated quarterly data are collected for the following:

1. Number of people setting a quit date
2. Number of successful quitters (self-reported)\(^1\).
3. Number of successful quitters (self-reported) where non-smoking status confirmed by CO validation\(^2\).
4. Number of unsuccessful quitters (self-reported).
5. Number not known/lost to follow up.

Additional information is collected on each quitter including demographic data (e.g. gender, age, ethnic category and socio-economic group) and treatment data (e.g. pharmacotherapy, intervention setting and intervention type).

Collecting this information:

- Helps LAs identify which treatment settings, pharmacotherapies and intervention types are consistently getting the best results.
- Helps inform the person making the stop smoking attempt which settings are available to them in that area and the relative success rate of these.

---

\(^1\) A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and is followed up 28 days from their quit date (-3 or +14 days). (Russell Standard).

\(^2\) A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm.
3. **Accuracy and reliability**

**Validation of NHS Stop Smoking Service Data**

NHS Digital is responsible for the collection and validation of the data received from LAs. The validation process can be found in the technical appendices accompanying this publication. Responses from LAs to queries raised following the validation process can be found in Table 5.3C.

**Treatment of Missing Data**

National and regional totals from 2016/17 onwards have not been adjusted to estimate for those LAs who did not provide any data or only provided data for some quarters. Therefore, these totals are underestimates and not directly comparable with previous years. Table 5.3B provides further information on which LAs have not provided data.

Estimated data has been used to calculate national and regional totals in the Q4 reports for 2013/14, 2014/15 and 2015/16 when only Bradford LA did not provide data during this period. Since then several more LAs have stopped providing data and some of these had changed provision such as concentrating on pregnant women making estimation more complex and less accurate.

4. **Timeliness and punctuality**

LAs submit data to NHS Digital within 10 weeks of the end of the monitoring period for Quarters 1, 2 and 3 and have 11 weeks to return Quarter 4 data. LAs that have problems meeting the data submission deadlines for quarters 1 to 3 have an opportunity to revise data up to the deadline for quarter 4 data submission. After that time all data is considered final.

The lag between the end of the quarter and the date of publication is 4 months. This enables the collection of the 4-week quit status to be collected within the 42 day follow up period as well as allowing time for data anomalies to be investigated and explained and the report to be prepared.

5. **Coherence and comparability**

There are no known alternative sources of data on which to compare these results. Comparable data on the number of people setting a quit date and successful quitters, by age, gender, ethnicity and among pregnant women, has been collected and published since the introduction of NHS Stop Smoking Services in 1999/2000. NHS Digital has published these data since 2005; earlier reports are available from the Department of Health.

National and regional totals from 2016/17 onwards have not been adjusted to estimate for those LAs who did not provide any data or only provided data for some quarters. Therefore, these totals are underestimates and not directly comparable with previous years.

- Assists regions in monitoring the performance of their LAs more effectively.
From 2014/15 amendments were made to data requirements on the monitoring return for pharmacotherapy treatment received (part 1F); Intervention setting (part 1H) and financial information on smoking cessation services (part 2A) and this will affect comparisons over time and means these data will not be comparable with previous years.

Financial data may not be returned by LAs on a comparable basis and therefore caution should be exercised when making local level comparisons.

Data on Stop Smoking Services in Scotland can be found at:
http://www.isdscotland.scot.nhs.uk/Health-Topics/Public-Health/Smoking-Cessation.asp

Data on Stop Smoking Services in Wales can be found at:
http://www.stopsmokingwales.com/who-are-stop-smoking-wales-

6. Accessibility and clarity

This report is published on the NHS Digital website (www.digital.nhs.uk/lifestyles) and is available free of charge with accompanying tables (in Excel (.xls) and Comma Separated Values (.csv) format).

7. Confidentiality, transparency and security

This publication is subject to a NHS Digital risk assessment prior to issue. Data have not been suppressed as these data are non-disclosive. The only suppression is applied for accuracy purposes. Specifically, the quit rates\(^3\) are suppressed if the denominator is between 1 and 20 as agreed at NHS Digital’s Disclosure Control Panel on 22 September 2015.

8. Trade-offs between output quality components

People making multiple quit attempts will be counted multiple times. This is a necessary trade-off due to the absence of NHS number in the collection.

9. Assessment of user needs and perceptions

This report was also part of a wider consultation on all NHS Digital publications in 2016 (http://content.digital.nhs.uk/article/7041/Consultation-on-changes-to-HSCIC-Statistics-201617---201819-Now-Closed). There were proposals for changes to this report in sections A10 and C3.

In response to user feedback gathered from this consultation the collection has continued on a quarterly basis, and this report has now been reformatted with extensive written content being replaced by headline results and associated graphics. These presentation techniques are in line with other reports already being produced by NHS Digital which have received positive feedback from users.

\(^3\) Number successfully quitting as a percentage of all quit attempts.
Changes to the monitoring collection form have already taken place as a result of feedback from LAs, as detailed in the Comparability and Coherence section.

NHS Digital is keen to gain a better understanding of the users of this publication and of their needs; feedback is welcome and may be sent via the “Have your say” link within the feedback section on the publication page, or by sending an email to enquiries@nhsdigital.nhs.uk with “Stop Smoking Services” as the subject heading. Information on the Users and Uses of the report are included in the appendices that accompany the main report.

10. Performance cost and burden

The cost incurred by data providers to collect and submit Stop Smoking Services data was assessed in 2016 and was estimated to be £143,000.

NHS Digital costs incurred in the collection and publication of the data were estimated at the same time to be around £22,000.
Information and technology for better health and care

www.digital.nhs.uk
0300 303 5678
enquiries@nhsdigital.nhs.uk
@nhsdigital

This publication may be requested in large print or other formats.

Published by NHS Digital, part of the Government Statistical Service

NHS Digital is the trading name of the Health and Social Care Information Centre.

Copyright © 2018

You may re-use this document/publication (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0.

To view this licence visit
www.nationalarchives.gov.uk/doc/open-government-licence
or write to the Information Policy Team, The National Archives, Kew, Richmond, Surrey, TW9 4DU;
or email: psi@nationalarchives.gsi.gov.uk