HSC Public Health Agency

Northern Ireland Tobacco Control Annual report

2015-2016

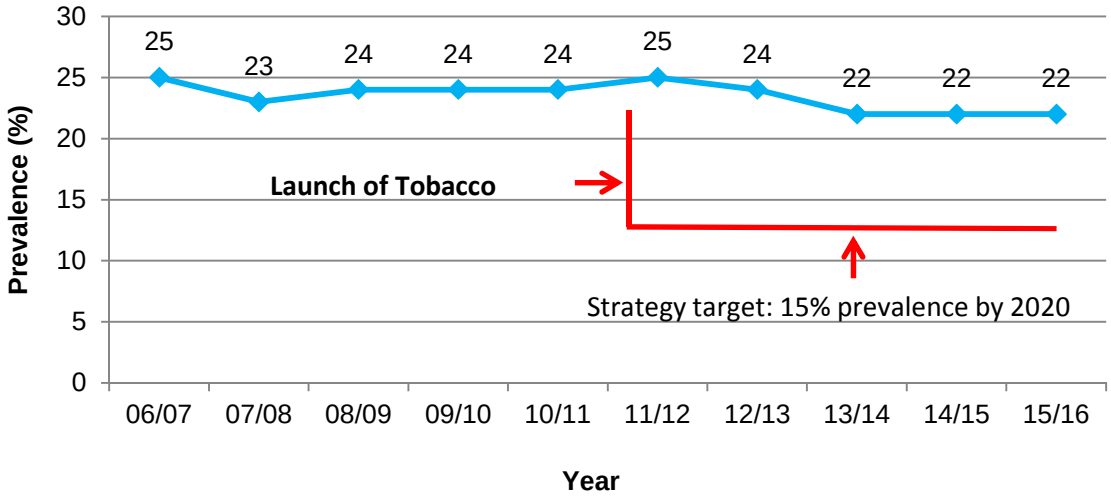
Improving your health and wellbeing

Contents

1 Background

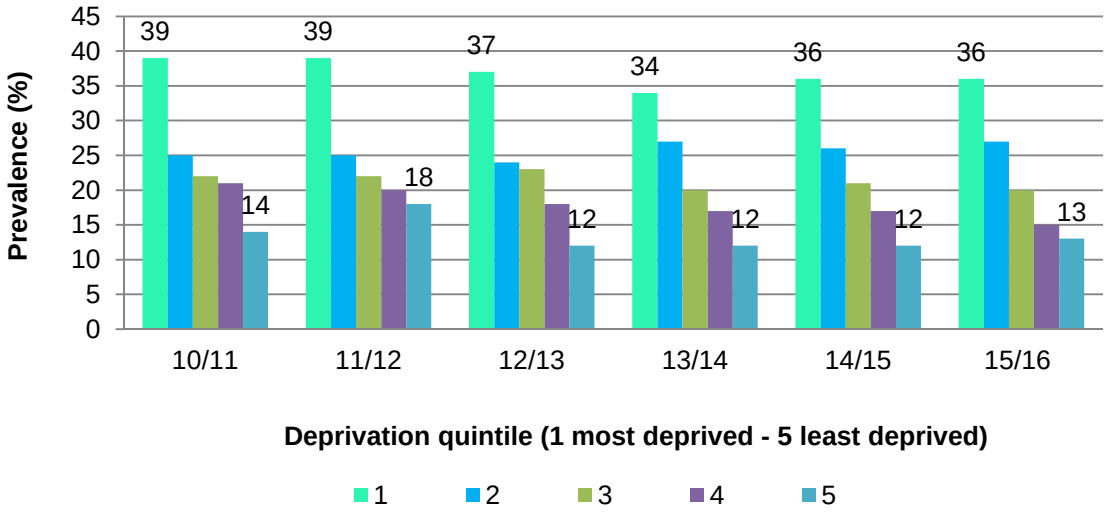
It is estimated that there are approximately 322,613 people aged 16 and over who smoke regularly in Northern Ireland, equating to a smoking prevalence of 22% (25% among males and 20% among females).[1] While Figure 1.1 highlights that the prevalence of smoking has remained at an all-time low level of 22% over the previous three years, a significant decline is required to reach the NI Ten year Tobacco Control Strategy target of 15%.[2,3]

Figure 1.1: Prevalence of smoking in Northern Ireland 2006/07 to 2015/16.



Smoking prevalence varies considerably with deprivation with three times as many smokers living within the most deprived areas of Northern Ireland (36%) compared to the least deprived areas (13%) (Figure 1.2).[4]

Figure 1.2: Smoking prevalence by deprivation quintile 2011/12 to 2015/16.



The impact smoking has on the health and wellbeing of our population remains a key concern for public health and tobacco control. Smoking continues to be the single

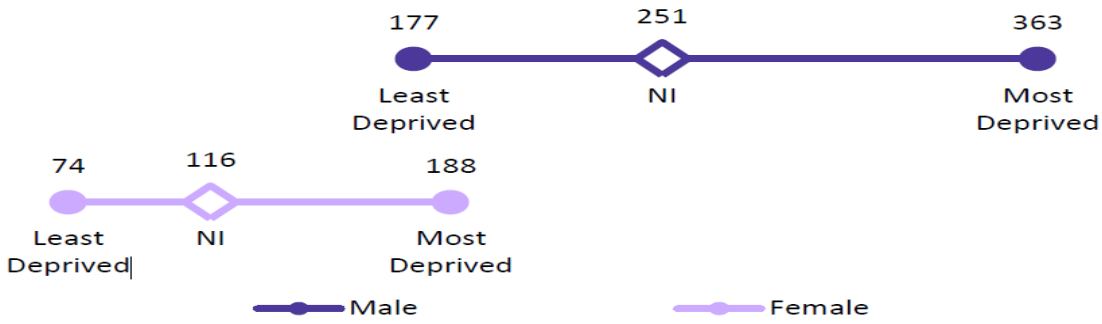
greatest cause of preventable illness and premature death in Northern Ireland today. In 2012/13, approximately 17,000 hospital admissions were estimated to be attributable to smoking.[5] Of these, the most common smoking-related hospital admissions were due to Chronic Obstructive Lung Disease (26.7%) followed by Ischaemic Heart Disease (21.1%). A third of admissions attributable to smoking were due to cancer, of which the majority were Lung Cancer related (17.6%).[5]

Each year between 2,200 and 2,400 deaths are attributable to smoking, equating to approximately 6 deaths per day, and in 2015 smoking accounted for almost one in six of all deaths within NI (15%).[6] Moreover, research has shown a smoker's life span is shortened by about five minutes for each cigarette smoked and on average those killed by smoking have lost 10-15 years of life.[7] In the seven year period 2006-2012 Lung Cancer was the most common cause of death attributable to smoking within NI.[8]

The NI standardised death rate due to smoking related causes was 164 per 100,000 population in the period 2010-14.[9] Smoking, however remains a major contributor to health inequalities between different population groups. In 2010-14, the standardised death rates from smoking related causes among those living in the most deprived areas was over twice that of those living in least deprived areas (255 vs 111 deaths per 100,000 population).[9]

Furthermore, previous years data (2008-12) illustrated in Figure 1.3 highlights that the inequality divide is strongly evident across genders with the standardised death rate due to smoking related causes among males being more than twice that of females (251 vs 116 deaths per 100,000 population).[10] Males living in the most deprived areas where almost twice as likely to die from a smoking related illness compared to females in the most deprived areas (363 vs 188).[10]

Figure 1.3: Standardised death rate (2008-2012) from smoking related illnesses by gender and deprivation.[10i]



[i] Figure 1.3 reproduced from Department of Health.NI Health and Social Care inequalities monitoring system (HSCIMS) regional 2014. Available at : https://www.health-ni.gov.uk/publications/ni-health-and-social-care-inequalities-monitoring-system-hscims-regional-2014

As well as being a health issue, smoking has an economic impact on the health service and wider society. It is estimated that hospital costs alone associated with treating illnesses directly caused by smoking are in the region of £164 million a year, while the total estimated cost to the NI economy is around £450 million per year.[11,12]

Harder to quantify is the human cost of smoking such as the pain and suffering caused by illnesses directly caused by smoking, and the loss of life. Furthermore, the harm caused by tobacco smoke also extends to non-smokers through exposure to second-hand smoke, with children and unborn babies being particularly vulnerable.[3]

2 Northern Ireland Tobacco Control Strategy 2012-2020

In February 2012, the Department of Health, Social Services and Public Safety for Northern Ireland (DHSSPSNI), now called the Department of Health, launched the Ten Year Tobacco Control Strategy for Northern Ireland.[3] The overall aim of the strategy is to create a tobacco free society by encouraging fewer people to start smoking; encouraging more smokers to quit and offering greater protection from tobacco-related harm.

The Public Health Agency (PHA) lead on the implementation of the ten year tobacco control strategy for Northern Ireland. To facilitate this role the PHA have set up a multi-sectorial strategy implementation group (TSISG) which oversees, coordinates and reports on the implementation of the tobacco strategy via five main work streams: Research & Information; Protection & Enforcement; Services & Brief Intervention; Communication & Education and; Policy & Legislation.

Core to the strategy implementation process is the use of the MPOWER package developed by the World Health Organisation (WHO): Framework Convention on Tobacco Control.[13] The WHO package has been specifically developed to '*assist in the country-level implementation of effective interventions to reduce the demand for tobacco'*.

There are six main components of the MPOWER package:

Monitor tobacco use;
Protect people from tobacco smoke;
Offer help to stop smoking;
Warn about the dangers of smoking;
Enforce bans on tobacco advertising and promotion;
Raise taxes on tobacco products.

While the tobacco control strategy for NI has an overall aim of creating a tobacco free society, the strategy identifies a number of priority groups within the overall smoking population; routine and manual workers, pregnant smokers and children and young people (aged 11-16 years old).[3] Moreover, the strategy has set specific targets for reducing prevalence within these key priority groups by 2020:

- Routine and manual workers who smoke: target, 20% (previous prevalence: 31% at strategy onset);[3]
- Pregnant women who smoke: target, 9% (previous prevalence: 15% at strategy onset);[3]
- 11-16 years who smoke; target, 3% (previous prevalence: 8% at strategy onset)[3]

This PHA tobacco control report outlines a number of the regional programmes and services implemented by the Public Health Agency in 2015/16 and the associated impact of these strategies in tackling tobacco in Northern Ireland in regard to the Protect, Offer, Warn and Enforce elements of the MPOWER model.

3 Public Information Campaigns (MPower model: WARN and OFFER)

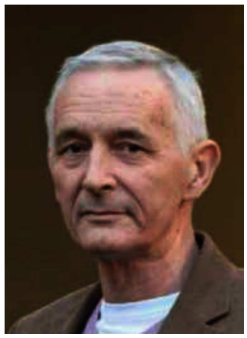
A review conducted by the US National Cancer Institute concluded that well-funded campaigns can reduce smoking prevalence, with the extent of reductions highly related to levels of media expenditure.[14] Owing to the breadth of this evidence, the National Institute for Health and Care Excellence (NICE) recommends the use of mass media campaigns aimed at the general population as part of tobacco control measures.[15]

The most recent NICE guidance has indicated that regional and national smoking public education and communications should use both 'why' and 'how to' quit messages that are non-judgmental, empathetic and respectful.

3.1 Public Health Agency anti-tobacco mass media campaigns

In 2015/16 the PHA launched a new anti-tobacco public information campaign (PIC) aimed at encouraging smokers to quit, based on the 2-strand approach using 'Why?' and 'How?' messages in line with NICE guidance.[15] Testing of previous smoking campaign concepts with smokers in Northern Ireland indicated that relaying the health effects of smoking is likely to be more effective when combined with an emotive message regarding family and loved ones.

The PHA campaign was initially launched in January 2016 and aired throughout the months of January to March 2016. The television advertisements 'I wish I was an actor' and 'I'm a 1', which ran as part of the campaign, were developed by the Health Service Executive (HSE) in the Republic of Ireland for their 'QUIT' campaign in 2014.



The advertisements feature Gerry Collins. Gerry was one of three people who featured in the HSE's original QUIT campaign, telling his story of recovery from smoking-related throat cancer. In 2013, Gerry was diagnosed with terminal lung cancer. Gerry informed the HSE of his diagnosis and as a result a new phase of the QUIT campaign was developed. As part of the campaign a series of adverts were produced focusing on Gerry appealing to smokers to quit before it's too late.

When the first advertisement 'I wish I was an actor' was launched by the HSE in 2014, Gerry said there were three reasons why he decided to feature in the new phase of the campaign. "Firstly it was for myself; a positive thing for me to invest my energy in when dealing with my cancer. Secondly, I thought it would be good for my family, creating something powerful and meaningful for my kids to look back on. And finally, if even one person stops smoking because of what we've done, then it will all be worth it for me." Sadly Gerry passed away before the last two sets of adverts 'Family' and 'Gratitude' were broadcast.

As a result of the campaign, the HSE estimated that in 2014 over 100,000 people in Ireland made quit attempts, thanks to Gerry Collins. In Ireland the overall number of smokers reduced by 1.5% in 2014, the largest decrease seen in many years.[16]

The HSE and Gerry Collins family kindly gave the PHA permission to use the 2014 QUIT campaign television adverts in NI. The first phase of the PHA campaign work which ran from January – March 2016 comprised television, video on demand, radio, outdoor and digital advertising.

In line with NICE guidance, the advertising campaign features two key messages depicting why and how to quit. The 'Why quit' message: **1 in every 2 smokers will die of a tobacco related disease.** This was designed to motivate smokers to make a quit attempt and to raise awareness of the serious impact that smoking has not only on the smoker themselves but also their family, friends and loved ones. This message was relayed through TV, radio, video on demand, digital (facebook and youtube) and outdoor advertising.

A localised strapline for Northern Ireland was tagged to the end-frame of the television adverts with a 'How to quit' call to action message. This message directed smokers towards local pharmacy stop smoking services and the PHA website for further information on quitting smoking. The call to action was: **You can quit. We can help. Visit your local pharmacy or want2stop.info**. This 'How to quit' message was also relayed through radio and outdoor advertising.

3.1.1 Campaign evaluation: methods and analysis

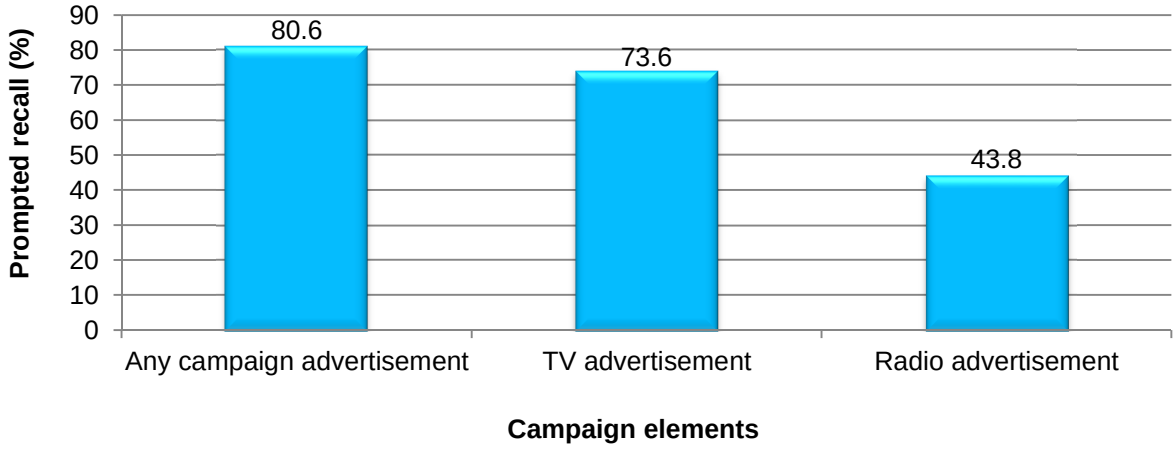
A cross sectional face to face survey of 187 smokers (weighted sample) was conducted prior to the campaign launch (December 2015) followed by a post campaign survey with a further 329 smokers (weighted sample, April 2016).

3.1.2 Results

Prompted recall

All respondents were shown the television advert 'I wish I was an actor', played the radio advert 'You can quit' and asked if they had seen or heard any of the advertisements. Overall 80.6% of smokers recalled at least one of the advertisements, with 73.6% having seen the TV advertisement and 43.8% having heard the radio advertisement (Figure 3.1).

Figure 3.1: Overall prompted recall of TV and Radio advertisements % (n=329).



Resultant action

All smokers who recalled having seen or heard any one of the campaign advertisements were asked if they had done anything to change their smoking behaviour as a result of the advert (see Table 3.1.1). Overall, 32.1% of smokers had changed their smoking behaviour as a result of the campaign with 15.1% trying to quit. Of those smokers exposed to the TV advert, 32.6% changed their smoking behaviour, and 35.4% of those smokers exposed to the radio advert changed their smoking behaviour (results not shown).

Table 3.1.1: Action taken by smokers who saw the campaign (multiple response).

	All smokers (n=265)	Smokers who have children under the age of 16 in household (n=86)^	Smokers who did not have a child under the age of 16 in household (n=179)^	ABC1 smokers (n=75)^	C2DE smokers (n=190)^
Overall change in behaviour	**32.1%**	**44.2%**	**26.3%**	**30.7%**	**32.6%**
Tried to quit	15.1%	25.6%	10.1%	13.3%	15.8%
Looked for support/ordered a quit kit	2.3%	2.3%	2.2%	4.0%	1.6%
Tried e-cigarettes	11.7%	12.8%	11.2%	6.7%	13.7%
Modified smoking behaviour*	21.5%	27.9%	18.4%	20.0%	22.1%
Did nothing	67.9%	55.8%	73.7%	69.3%	67.4%

*modified smoking behaviour includes tried to reduce amount they smoked, stopped smoking in front of the children, changed to lower tar brand**

**Changed to a lower tar brand is not a quitting method recommended by health professionals

^ Small sample numbers

3.2 No Smoking Day campaign

No Smoking Day (NSD) falls on the second Wednesday in March each year, with 9th March 2016 being the 33rd annual No Smoking Day within the UK. A national campaign organised by British Heart Foundation with input from an array of organisations including the Public Health Agency is implemented each year with an overall goal of encouraging and supporting smokers to use NSD as the day they start to stop smoking, and to support them throughout their quit journey.

The key objectives of NSD 2016 were:

- to increase awareness of NSD with smokers and the general public;
- to increase participation of NSD with smokers;
- to inspire stakeholders to create individual campaigns for NSD 2016;
- to increase awareness of local stop smoking services and help available.

British Heart Foundation commissioned a national NSD survey of adults across the UK to assess the impact of the 2016 NSD campaign on the public and on smokers. Overall, awareness of NSD was higher among smokers (26.1%) than the general adult population (17.1%), see Table 3.2.1. However, over the 4 year period from 2013 to 2016 the level of awareness of NSD has observed a steady decline among the general public (40% in 2013 to 17.1% in 2016) and smokers (52% in 2013 to 26.1% in 2016). Of all adult smokers within the UK, 5.3% made a quit attempt due to the 2016 NSD campaign, a figure which is lower than the proportion of smokers making a quit attempt in previous campaigns (Table 3.2.1).[17]

Table 3.2.1: Impact of No Smoking Day campaign 2013-2016.

	2013	2014	2015	2016
% adults aware of NSD	40%	33%	21%	17.1%
% smokers aware of NSD	52%	47%	32%	26.1%
Number of ADULT smokers	10,000,000	10,000,000	9,518,000	9,783,132
% of ALL smokers who made a quit attempt	10.4%	8.5%	7.3%	5.3%

4 Educational and campaign support materials (MPower: WARN and OFFER)

The PHA offers a variety of educational and campaign support materials to provide information on the dangers of smoking. In addition, these resources provide advice and tips on how to quit and direct smokers to services that provide pharmacotherapy and counselling support.

4.1 The Quit Kit

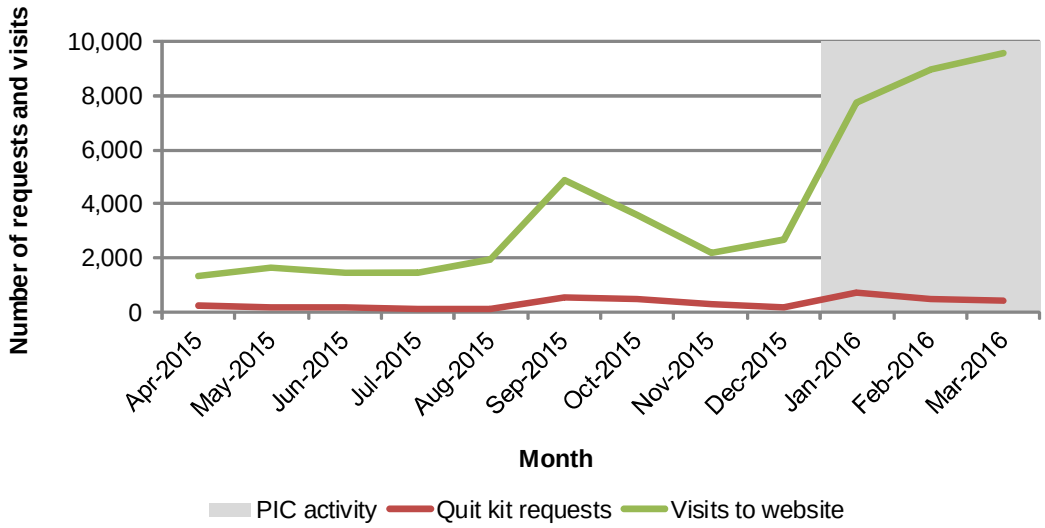
A new and improved Quit Kit was launched in 2016. The Quit Kit is a postal pack support initiative aimed at smokers who wish to quit smoking, especially those who would prefer a self-help approach rather than use conventional support. It is available to residents of Northern Ireland and can be ordered from the PHA want2stop website (www.want2stop.info). Quit kit registration flyers are also available from GP surgeries, pharmacies, health and social care premises, libraries and council premises.

The Quit Kit was promoted through digital advertising during September 2015 to March 2016 and through the wrapped (self-dispersing) bus shelters in Belfast and Derry during the month of February.

In 2015/16, 4,070 people requested a quit kit, with the majority of requests (n=1,661) taking place during the mass media campaign months of January – March 2016, A further 1,758 quit kits were dispatched via the wrapped bus shelters.

Figure 4.1 details the number of quit kit requests and visits to the want2stop website per month during April 2015 to March 2016.

Figure 4.1: Monthly quit kit requests and visits to website 2015/16.



4.2 Want2Stop website: www.want2stop.info

The want2stop website is a one stop repository providing information and advice on topics such as:

- Effects of smoking on your appearance and health
- Health benefits or stopping smoking
- Dangers of second hand smoke such as ‘smoking and pregnancy’
- Cessation aids such as NRT and prescription medications to help support an attempt to quit
- The workplace 28 day stop smoking challenge
- E-cigarettes
- Current anti-tobacco public information campaign

Smokers can also access a directory of stop smoking services to find support services in their local area, download a guide to stopping smoking and quit plan, listen to and watch videos of inspiring real life stories about quitting, and order a Quit Kit.

The website is advertised through the PHA corporate website, the public information campaign and the PHA Facebook page. In 2015/16, the website received 47,519 visits of which 37,331 were unique visits. As can be seen in Figure 4.1(Page 13), and similar to the number of Quit Kit requests per month, visits to the website were also highest during the months the public information campaign was advertised.

4.3 Other education resources

The PHA produces a selection of educational resources to aid smokers in making a quit attempt. These are available through GP surgeries, pharmacies, and the PHA website www.publichealth.hscni.net. Figure 4.2 shows the variety of leaflets/flyers produced by the PHA in 2015/16 to aid and advise smokers.

Figure 4.2: Examples of new educational resources for smokers.

The PHA has also distributed smoke free signs to all primary schools in Northern Ireland. These signs which are to be displayed at the school gates are used to encourage parents and guardians to refrain from smoking and help protect their children from the harmful effects of passive smoking. This initiative aims to encourage adults not to smoke near school gates in order to:

- Create a positive 'smoke free' image for the school and its pupils;
- Support the 'No Smoking' messages that pupils are taught in lessons;
- Reduce smoking-related litter around school premises;
- Empower parents to speak up about smoke around their children;
- Reduce the amount of smoking the children are exposed to, thus 'de-normalising' smoking.

4.4 Regional childhood tobacco prevention programme

In order to inform and educate children about smoking, the PHA commissions a bespoke programme called SmokeBusters. The programme has been developed by Cancer Focus to be delivered by primary school teachers and is specifically tailored for primary school children in Year 6 and Year 7 (9-11year olds). It is free to join and teachers who enrol their class receive a resource pack throughout the school year to help them integrate the topic of smoking into class lessons.

The programme aims to:

- encourage children to reject the smoking habit by increasing their defences against pressure to experiment with cigarettes;
- provide a means of conveying information to children about the harmful consequences of smoking;
- promote 'fun' ways of involving children in activities to promote a smoke free environment in their schools, homes and communities.

In total, 578 primary schools in NI registered to participate in the SmokeBusters Programme for the 2015/16 school year (70% of all primary schools in NI), equating to 36,320 children in Year 6 and Year 7 (80% of all Year 6 and Year 7 children in NI). Of the 578 schools enrolled in the programme, 21% (n=119) where in areas of social deprivation.

5 Brief intervention (MPower: OFFER)

The main purpose of a brief intervention is to trigger a quit attempt and signpost the individual to a support service. It is an approach that can be used with all smokers regardless of their quitting intentions and is therefore a key tool for health professionals and community workers who may encounter smokers as part of their routine work. Brief intervention is based on the ASK, ADVISE and ACT scenario outlined in Figure 5.1 below.

Figure 5.1: Very brief advice flow chart.

Figure 5.1: Reproduced from Local stop smoking services, service delivery guidance 2014. NCSCT, Public Health England [18]

Each year, the five health trusts within NI are commissioned by the PHA to deliver brief intervention training for a range of health professionals and community workers. Overall, 4,527 individuals received brief intervention training in 2015/16, a figure which exceeded the annual training target of 2,080. At least half (1,040) of the annual training target should be composed of individuals from defined priority groups including GP's, specialist nurses, practice nurses, midwives, health visitors and looked after children's home staff, however in 2015/16 only 655 of these individuals undertook brief intervention training.

6 Specialist Stop Smoking Services (MPower: OFFER)

Evidence shows that the most effective mechanism to help smokers quit is a combination of pharmacotherapy and behavioural interventions.[19] In line with this evidence, the Public Health Agency commission specialist Stop Smoking Services as recommended by the National Institute for Health and Care Excellence.[19]

These services are designed specifically for those smokers who are motivated, ready to quit and prepared to set a quit date. Smokers can access services in a range of local settings including GP practices, pharmacies, hospitals and community/voluntary settings across Northern Ireland. Services are provided by specialist practitioners who have received specific training for this role. The services offer intensive treatment, over the course of 6-12 weeks, with structured support being available for at least four weeks after the clients quit date. To date, the provision of specialist Stop Smoking Services in NI has supported over 240,000 people to stop smoking since 2001/02, and over 50% of these clients remain quit at 4 weeks.

Specialist Stop Smoking Services in NI are monitored centrally using a web based monitoring system. Each service provider is required to input details of each individual client they register within the Stop Smoking Services.[ii]

This regional system allows the PHA to monitor access and effectiveness of services at a regional and sub-regional level while also allowing individual service providers to self-monitor their service uptake and impact.

This section of the report provides an analysis of service uptake and 4 week quitting activity in 2015/16; and service uptake, 4 and 52 week quitting activity in 2014/15, using data collected from the monitoring system. Data was downloaded on 15th July 2016. All data is correct as of this date unless otherwise specified.

6.1 Service availability and accessibility

Provider type

A total of 640 PHA stop smoking services operated in 2015/16, a decrease of 3% in service provision from 2014/15 (n=658) (please refer to Table 6.1.1). These services comprised of 101 GP providers, 464 pharmacies, 63 community providers and 12 hospital providers. Consistent with previous years, the highest proportions of services were delivered by pharmacy providers (73%), followed by GP's (16%), community providers (10%) and hospitals (2%).

As in previous years, the number of pharmacy providers continues to rise, while the number of GPs continues to fall. There was a noticeable decrease of 15% in the number of community providers since 2014/15.

[ii] Only those clients who are motivated to quit and ready to set a quit date may be registered with the Stop Smoking Services. Clients may not be unique and may use the service twice in any financial year

Table 6.1.1: Total number of service providers by provider type 2013/14 – 2015/16.

Provider Type	Number of service providers 2015/16 (n,%)	Number of service providers 2014/15 (n,%)	Number of service providers 2013/14 (n,%)
Pharmacy	464 (73%)	461 (70%)	456 (69%)
GP	101 (16%)	113 (17%)	123 (18%)
Hospital sites	12 (2%)	10 (2%)	10 (2%)
Community^	63 (9.8%)	74 (11%)	76 (11%)
Total	**640**	**658**	**665**
^ includes schools and workplaces.			

Service provision and accessibility

Overall 87% of pharmacies and 29% of GP practices in Northern Ireland were registered to deliver the PHA stop smoking service during 2015/16. By Local Commissioning Group (LCG) area, the proportion of pharmacies delivering these services ranged from between 79% in Belfast LCG and 94% in the Western LCG area.

Further analysis of GP based services showed that there was variation in the proportion of GP based services delivering Stop Smoking Services by LCG area. Table 6.1.2 shows that a small proportion of local GP practices in the Belfast, Western and Southern LCG areas were delivering the service (21%, 23% and 23% respectively) compared to the Northern LCG area, where almost half of the local GP practices delivered stop smoking services (49%).

Table 6.1.2: Proportion of all Pharmacy and GP practices in NI delivering PHA Stop Smoking Services within each LCG area 2015/16.

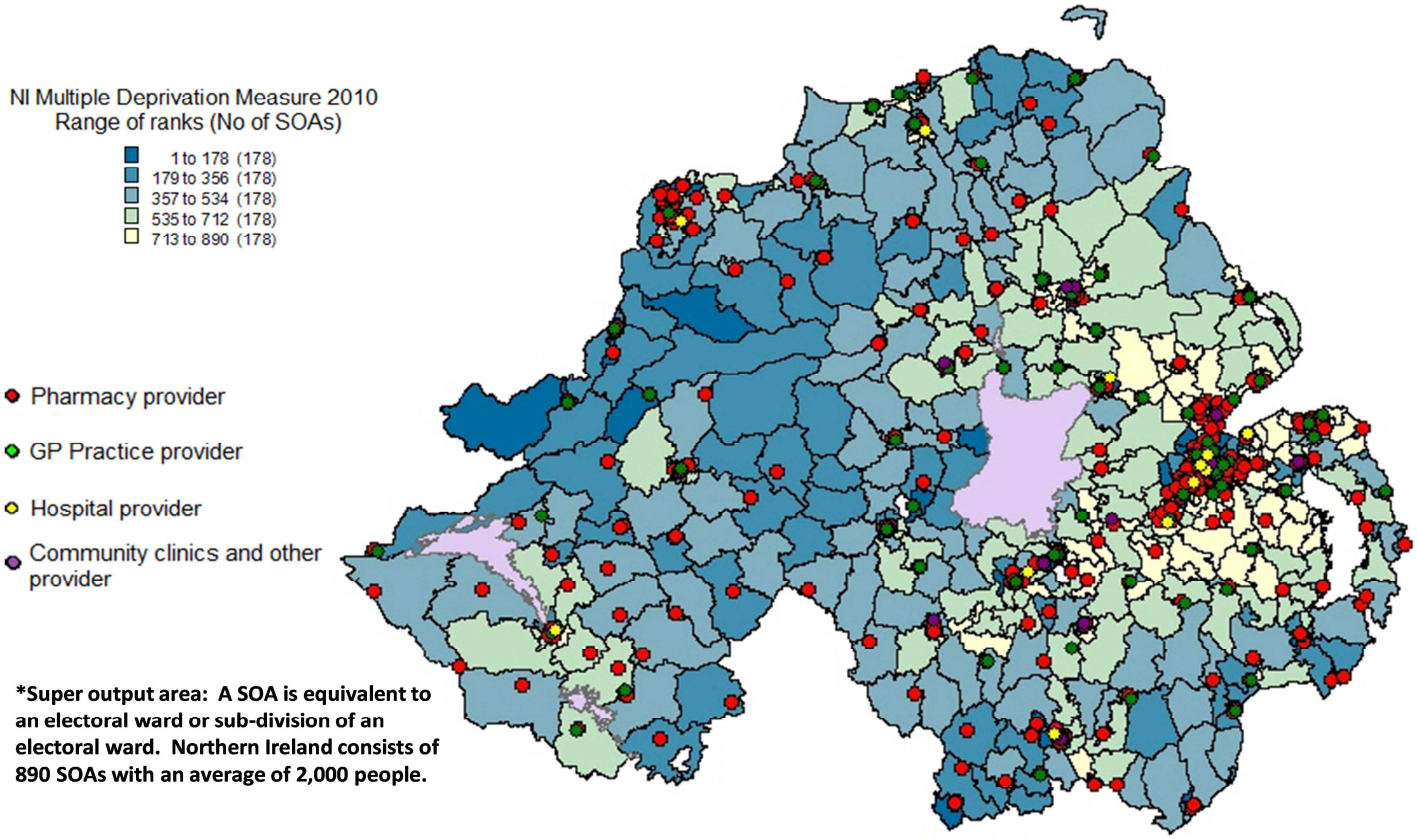
LCG area	Proportion of Pharmacies delivering Stop Smoking Services (%)	Proportion of GPs delivering Stop Smoking Services (%)
Belfast	79	21
Northern	89	49
South Eastern	90	29
Southern	87	23
Western	94	23
Northern Ireland	**87**	**29**

Distribution of service providers

Figures 6.1.1 and 6.1.2 (overleaf) show the geographical distribution of service providers across NI by deprivation quintile and population density respectively (see Appendix 1 for information on deprivation assessment methodology). The darkest background colour is indicative of highest deprivation level or greatest population density and the lightest background colour represents the least deprivation level or lowest population density respectively.

Figure 6.1.1 and 6.1.2 illustrate that the greatest concentration of service providers were located in the most deprived areas or areas with highest population density. More detailed maps on the distribution of the various service providers within individual LCG areas are shown in the 2015/16 Stop Smoking Services mapping supplement.

Figure 6.1.1: Location and type of Stop Smoking Service provider by Super Output Area (SOA)* derived multiple deprivation measure 2015/16.



- Produced by Health Intelligence 2016
- Source: Stop Smoking Services Database 2015/16
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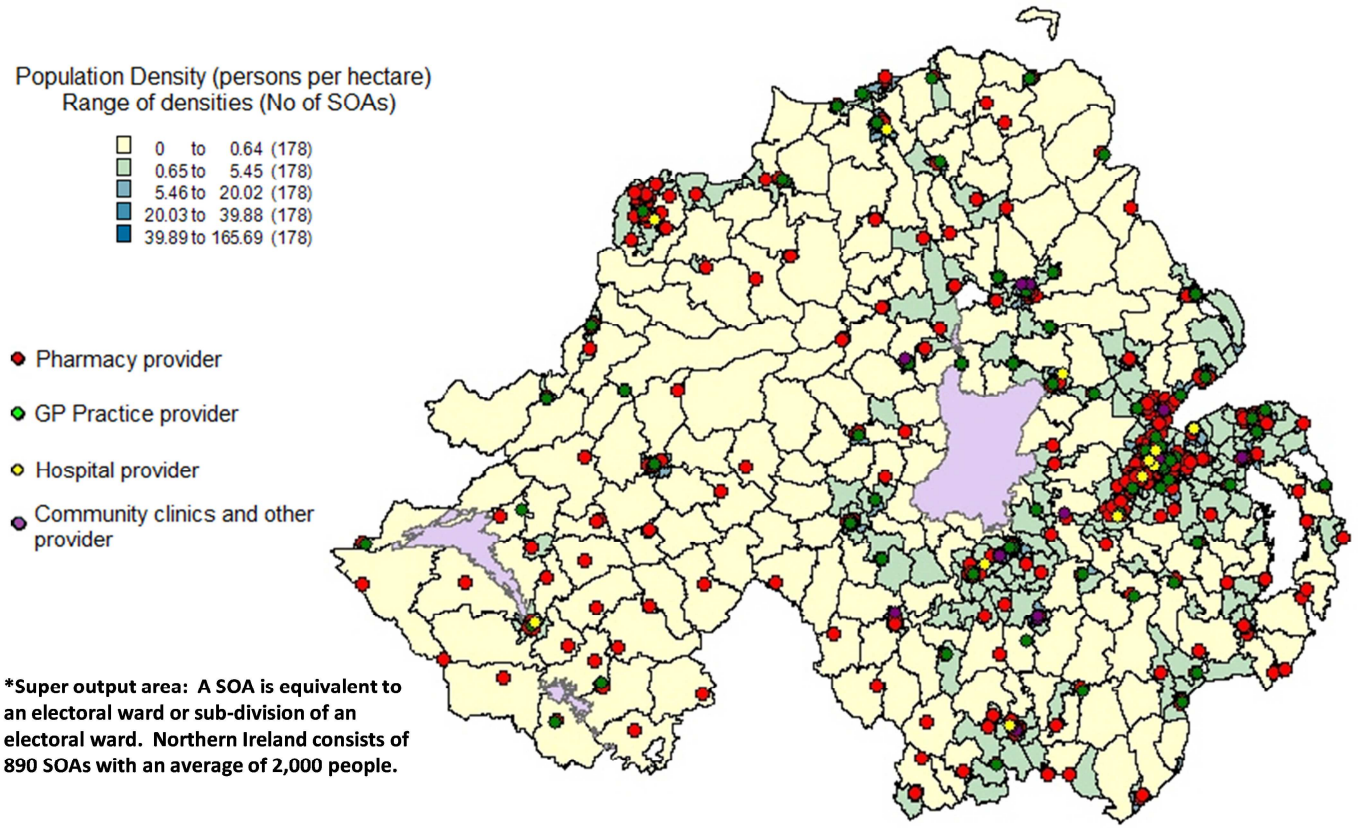
Figure 6.1.2: Location and type of Stop Smoking Service provider by Super Output Area (SOA)* derived population density 2015/16.



***Super output area: A SOA is equivalent to an electoral ward or sub-division of an electoral ward. Northern Ireland consists of 890 SOAs with an average of 2,000 people.**

- Produced by Health Intelligence 2016
- Source: Stop Smoking Services Database 2015/16
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Service uptake and reach

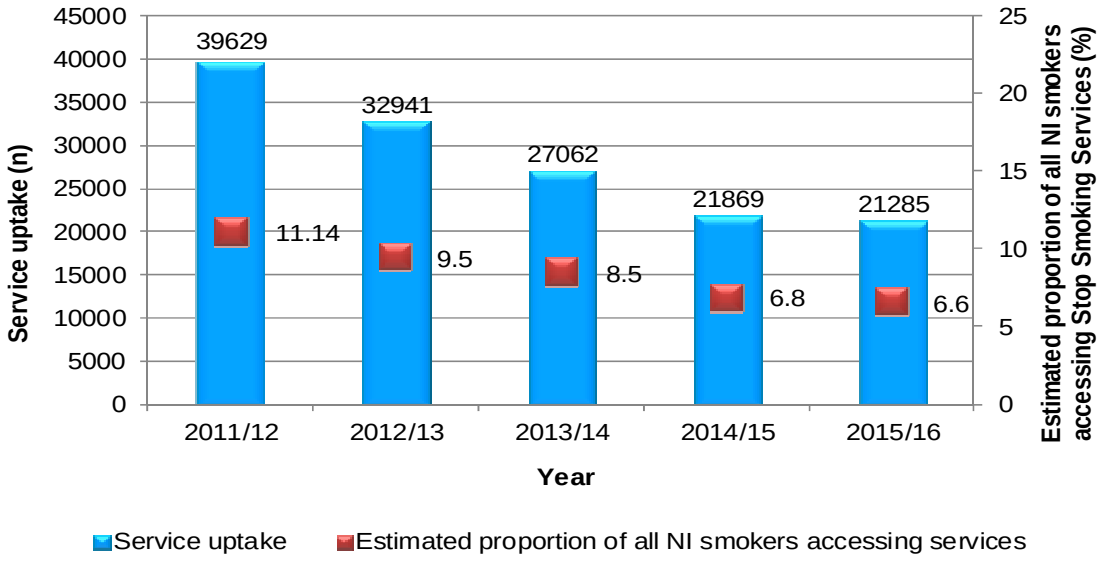
Overall, the PHA stop smoking services were delivered to 21,285 persons in 2015/16, equating to 6.6% of the total smoking population in NI and exceeding the 5% reach called for within the ten year tobacco control strategy for Northern Ireland. This servcie use compares favourably to England with only Scotland having a greater reach (6.9%) (Table 6.2.1).

Table 6.2.1: Stop smoking services uptake and reach by UK regions 2015/16.[1,20-24]

UK Region	Service uptake (n)	Population size: 16+ (n)	Smoking prevalence (%)	Assumed smoking population (n)	Proportion of smoking population accessing Services (%)
England	382,500	44,381,213	16.9%	7,500,425	5.1%
Northern Ireland	21,285	1,466,421	22%	322,613	6.6%
Scotland	64,736	4,460,738	21%	936,755	6.9%

While the previous number of years have seen a steady decline in the uptake of Stop Smoking Services in the region of 17-19% per year (5,000-6,000 clients), a stabilised effect was noted in 2015/16 with a small decline of only 584 clients (-2.7%) noted (Figure 6.2.1). The pattern of uptake of services over the last year was akin to uptake in Scotland. Scotland observed a 3% (n=66,756) decline between 2014/15 and 2015/16 while a higher decline was observed in England during the same period (15% (n=68,082).

Figure 6.2.1: Uptake of Stop Smoking Services 2011/12 – 2015/16.



Overall of the 21,285 clients registered in 2016/2017, 14,719 clients were registered with pharmacy services, 3,141 with hospital services, 1,986 with community services and 1,439 with GP services.

Key facts on Stop Smoking Service use and reach 2015/16:

Gender

As observed in previous years, the majority of service users were female (Figure 6.2.2). Although the uptake of services by both males and females has seen a gradual decline over the years, the proportion of female smokers accessing stop smoking services has remained consistent to that in the previous year (7.3% in 2014/15 and 7.5% in 2015/16). In contrast, as observed in previous years the proportion of male smokers accessing services has observed a decrease from 6.3% in 2014/15 to 5.6% in 2015/16 (Figure 6.2.3).

Figure 6.2.2: The gender profile of adult (age 16 +) stop smoking service users.[iii]

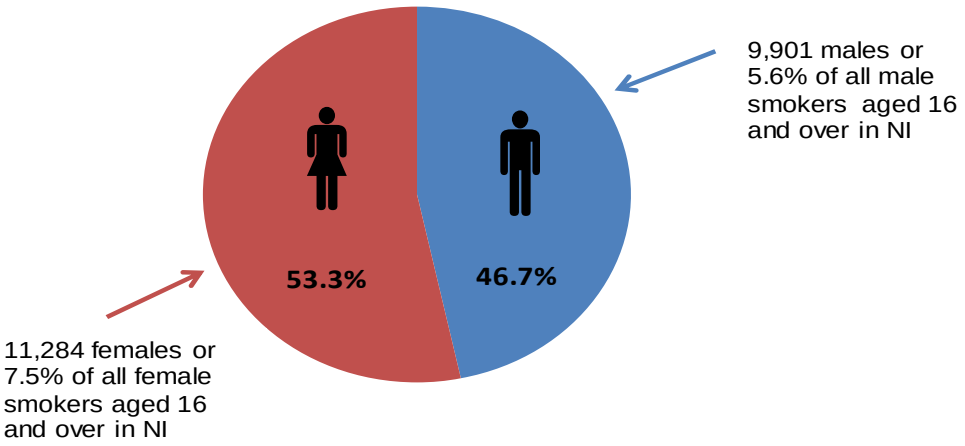
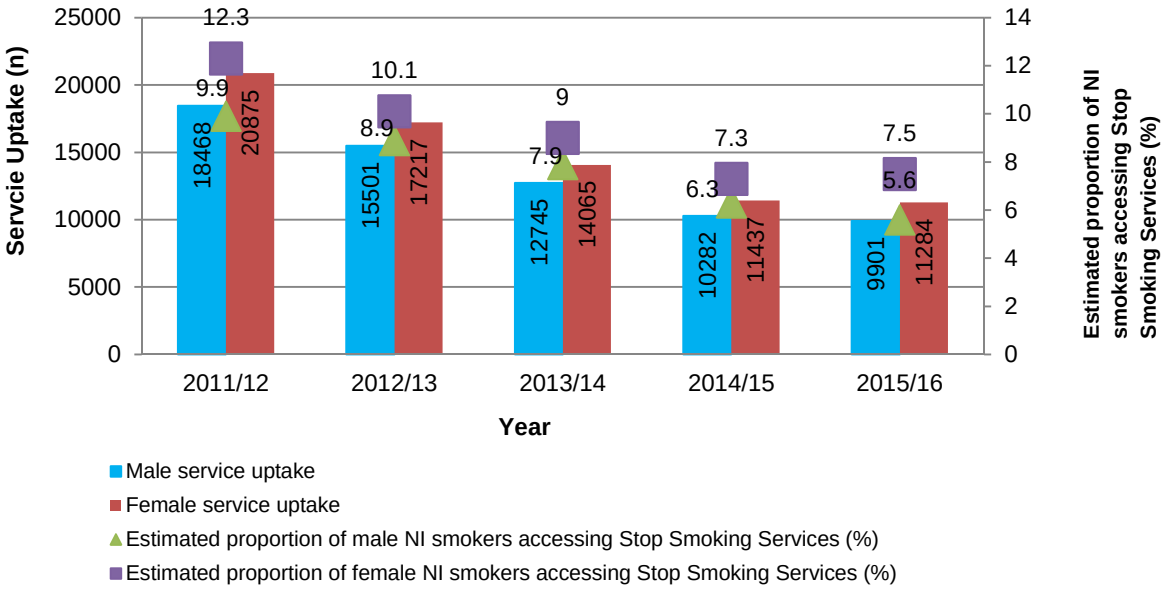


Figure 6.2.3: The uptake and reach of Stop Smoking Services by gender 2011/12 to 2015/16.

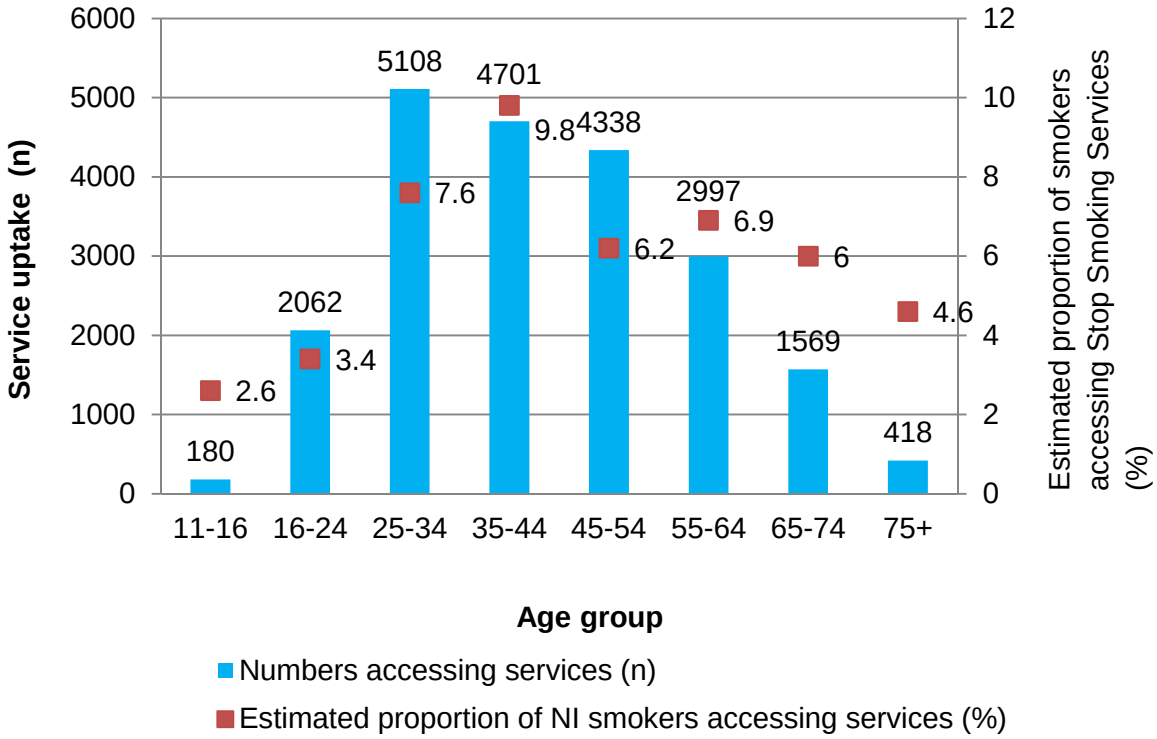


[iii] 8 individuals aged 16 or over did not report on gender.

Age groups

The age profile of those accessing Stop Smoking Services shows that the majority of service users (n=5,108) were aged 25-34, a figure which represented 7.6% of all smokers in this age-group. Reach of services differed across age-groups with services reaching 9.8% of all smokers aged 35-44 compared to 3.4% of smokers within the 16-24 age group.

Figure 6.2.4: The age profile of adult Stop Smoking service users.



Tobacco daily consumption

The majority of smokers (76.4%, n=16,266) accessing the stop smoking services reported smoking the same amount of cigarettes on weekdays as on weekends. 22% (n=4,679) smoked more at the weekends, with only 1.5% (n=322) smoking less at the weekend.

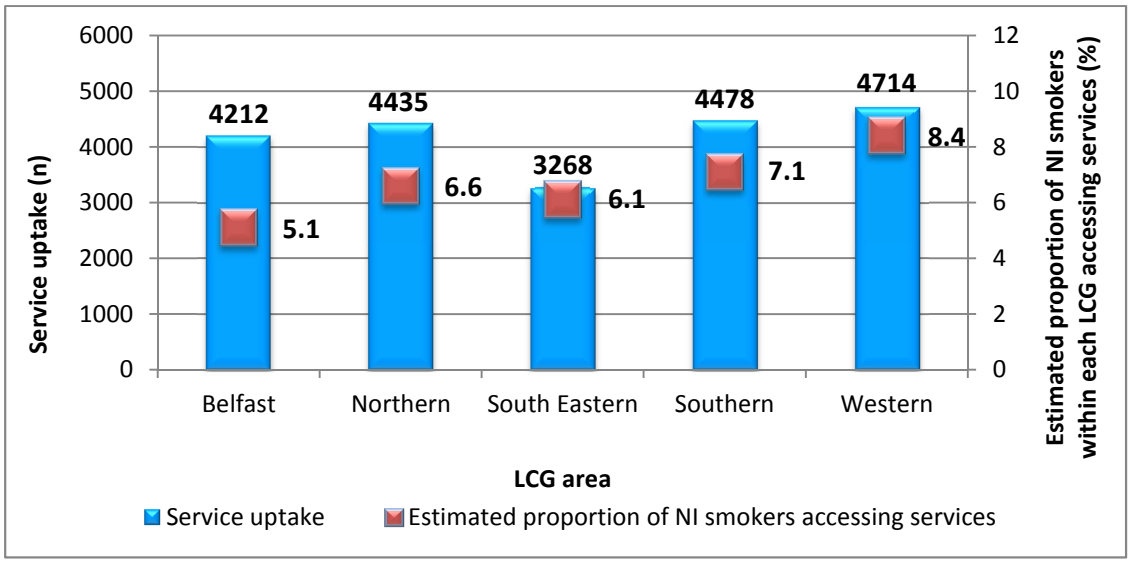
Weekday daily smoking:
3,254 smoked less than 10 cigarettes daily (15.3%)
8,147 smoked 10-19 cigarettes daily (38.3%);
8,785 smoked 20-39 cigarettes daily (41.3%);
1,069 smoked 40 or more cigarettes daily (5.3%).
30 did not report number of cigarettes smoked

Weekend daily smoking:
2,700 smoked less than 10 cigarettes daily (12.7%)
7,017 smoked 10-19 cigarettes daily (33.0%);
9,956 smoked 20-39 cigarettes daily (46.9%);
1,576 smoked 40 or more cigarettes daily (7.4%).
36 did not report number of cigarettes smoked

Local geography

The Western Local Commissioning Group (LCG) area had both the greatest uptake of service users and the greatest reach of smokers within the local LCG(8.4%) in 2015/16. Whereas, the South Eastern LCG had the lowest uptake of smokers, and Belfast LCG having the lowest reach, reaching only 5.1% of smokers within the LCG area.

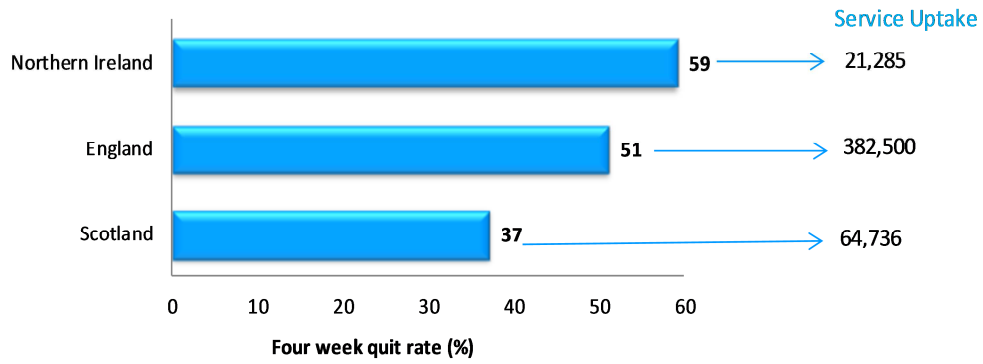
Figure 6.2.4: Uptake and reach of Stop Smoking services by Local Commissioning Group (LCG) area.



6.3 Service effectiveness

The 4 week quit rate in NI for 2015/16 (58.6%) has remained the same as that in 2014/15 (58.8%). NI had the highest quit rate across the UK, followed by England with 51%.

Figure 6.3.1: Four week quit rates and uptake figures within the stop smoking services, by UK region 2015/16.[22,24]



Numbers quit at 4 and 52 weeks

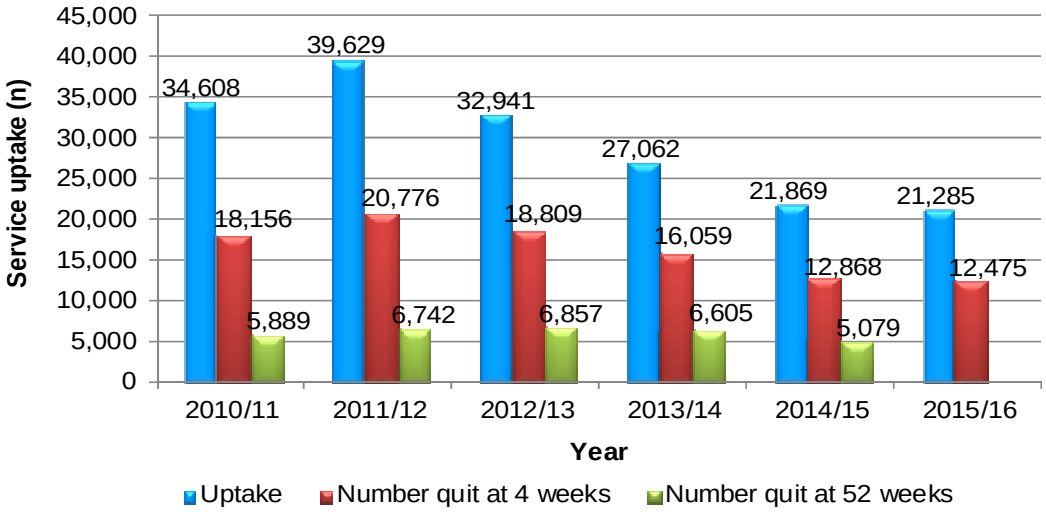
Figure 6.3.2 shows that from 2011/12 – 2014/15 Stop Smoking Services have seen a downward trend in both the uptake of services and the number of clients who have successfully quit at 4 weeks and 52 weeks. However, the number of clients quit at 4 weeks declined by only 393 (-3.1%) between 2014/15 and 2015/16 in comparison to the decline of 3,191 (-19.9%) noted the previous year.

Although the services still reach the recommended 5% of smokers in NI, the decline in the number of clients accessing services has resulted in the NI service frameworks target (which calls for a 4% year on year increase in the number of clients accessing and quitting at four weeks) not being achieved.[25-27].

The number of clients who were quit at 52 weeks saw a considerable reduction between 2014/15 and 2015/16 (n=1,526; -23.1%) compared to 252 (-3.7%) the previous year. As a result of this decrease in numbers, the services have fallen short of the 2% year on year increase in client numbers quit at 52 weeks set within the NI service frameworks.[25-27]

Further information on the numbers of clients quitting at 4 and 52 weeks per LCG area and the reach of quitting are illustrated in Appendix 3.

Figure 6.3.2: Number of clients accessing and quitting at 4 and 52 weeks with the Stop Smoking Services 2010/11 - 2015/16.



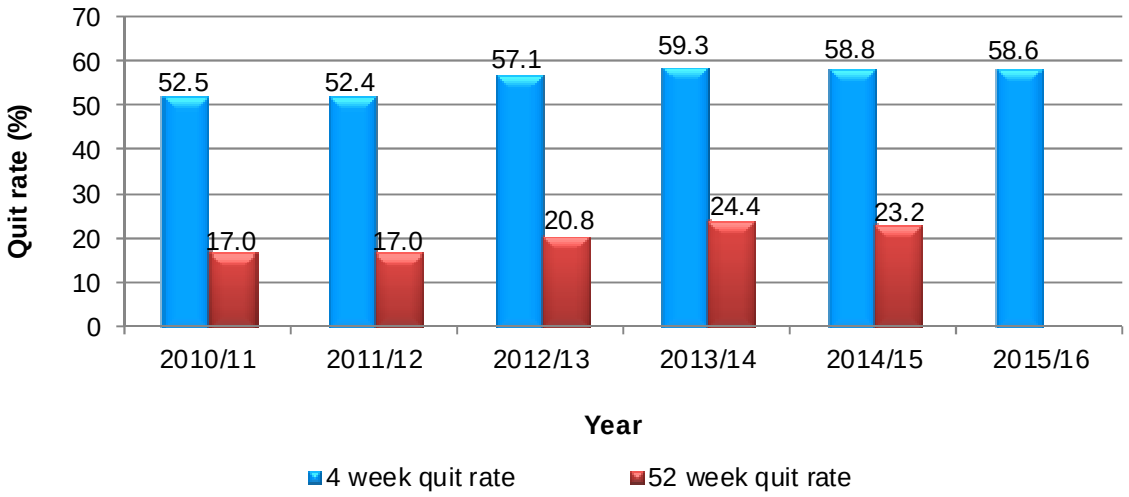
Of the 12,475 clients who had self- reported being quit at 4 weeks in 2015/16 9,426 had a Carbon Monoxide test conducted (75.6% of all quitters). The test confirmed that 9,363 of the 9,426 were quit at 4 weeks.

Four and 52 week quit rates

From 2012/13 to 2015/16 the four week quit rates remained relatively static at around 57-59%, well above the required 45% identified in the Quality Standards for Stop Smoking Services[28]. While, 52 week self-reported quit rates showed a steady rise from 2011/12 to a peak of 24.4% 2013/14, these have been maintained at a high rate (23.2%) in 2014/15 (Figure 6.3.3).

Further information on the 4 and 52 week quit rates per LCG are illustrated in Appendix 2 while location data on quitting activity is shown in the 2015/16 stop smoking services mapping supplement.

Figure 6.3.3: 4 and 52 week quit rates in the NI Stop Smoking Services 2010/11 - 2015/16.



Of all smokers within NI (n=322,613), the estimated proportion who quit at 4 weeks with the Stop Smoking Services was 3.9% in 2015/16 (see Table 6.3.1). This is lower than that observed in previous years and is 1.9 percentage points less than that observed at the peak of service uptake in 2011/12. The proportion of all NI smokers quitting at 52 weeks with Stop Smoking Services has seen a slight decrease of 0.5 percentage points in 2014/15 compared to the previous year.

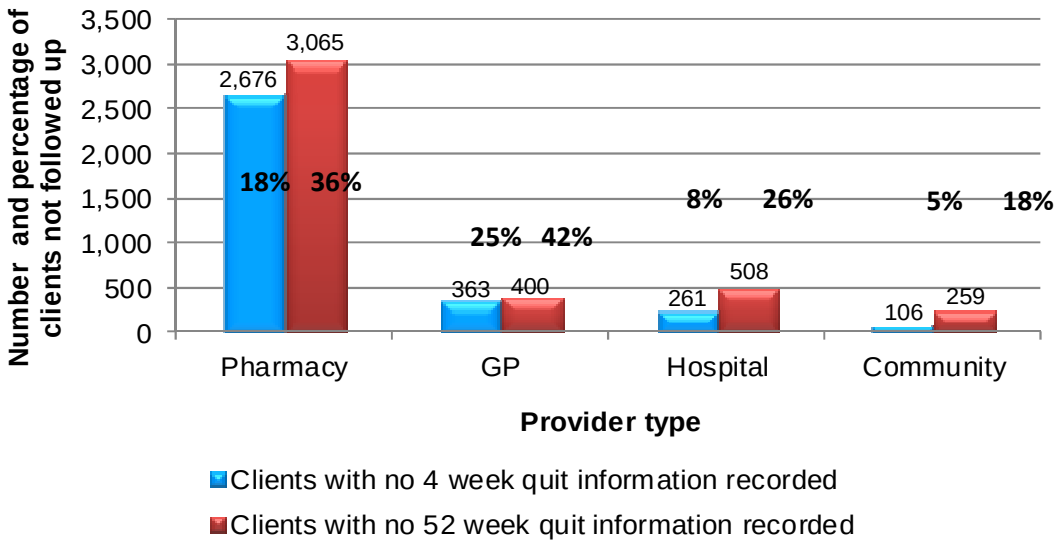
Table 6.3.1: Estimated proportion of all NI smokers quitting at 4 weeks and 52 weeks using the Stop Smoking Services 2011/12 – 2015/16.

	2011/12	2012/13	2013/14	2014/15	2015/16
Estimated proportion of all NI smokers quitting at 4 weeks using the stop smoking services	5.8	5.4	5.0	4.0	3.9
Estimated proportion of all NI smokers quitting at 52 weeks using the stop smoking services	1.9	2.0	2.1	1.6	

Follow up rates

16% of clients (n=3,406) who enrolled in the Stop Smoking Services in 2015/16 did not have any information recorded on the outcomes of their 4 week quit attempt, while 33% of clients (n=4,232) did not have information on their 52 week quit attempt. Figure 6.3.4 highlights that, pharmacy, as the largest provider of services, had the greatest number of clients not followed up at both 4 and 52 weeks, representing 18% and 36% respectively of all pharmacy clients due to be followed up.

Figure 6.3.4: Number and percentage of clients not followed up at 4 and 52 weeks by provider type.



6.4 Service uptake and effectiveness among the priority groups

Routine and manual workers

In 2013/14 the smoking prevalence among routine and manual workers was 30%.[29] In 2015/16, 5,490 service users indicated that they had a routine and manual occupation, equating to 4.9% of all routine and manual smokers in NI (Figure 6.4.1). The uptake and reach of services to routine and manual smokers has been steadily declining since 2011/12. However, the 5% decline observed in 2015/16 (represented by only 238 less clients) is considerably smaller than the decline observed in previous years (between 2013/14 and 2014/15: -18%; 2012/13 and 2013/14: -15% and; 2011/12 and 2012/13: -18%).

Figure 6.4.1: Uptake and estimated access to Stop Smoking Services by routine and manual smokers 2011/12 – 2015/16.[§]

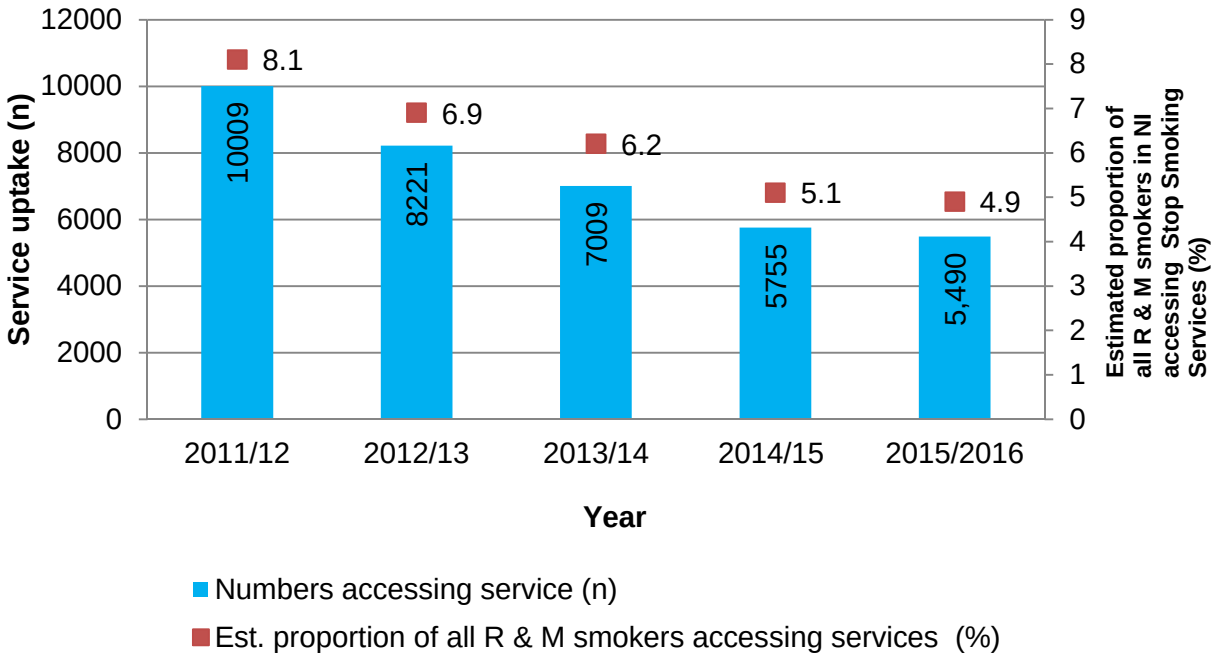


Table 6.4.1 (overleaf) highlights that the four week quit rate among routine and manual smokers, using the stop smoking services was relatively stable over the last four years. The 52 week quit rate among routine and manual workers has fluctuated somewhat over these years but remains high at 25.9%.

Overall the Stop Smoking Services helped 3% of all routine and manual smokers in Northern Ireland to quit smoking at 4 weeks, and 1.3% of all routine and manual smokers to quit at 52 weeks.

[§] Smoking prevalence among Routine and Manual Workers was not available for 2014/15 and 2015/16 so estimation's have been calculated using 2013/14 prevalence data

Table 6.4.1: Uptake and quitting activity of routine and manual smokers who smoke 2011/12 – 2015/16.

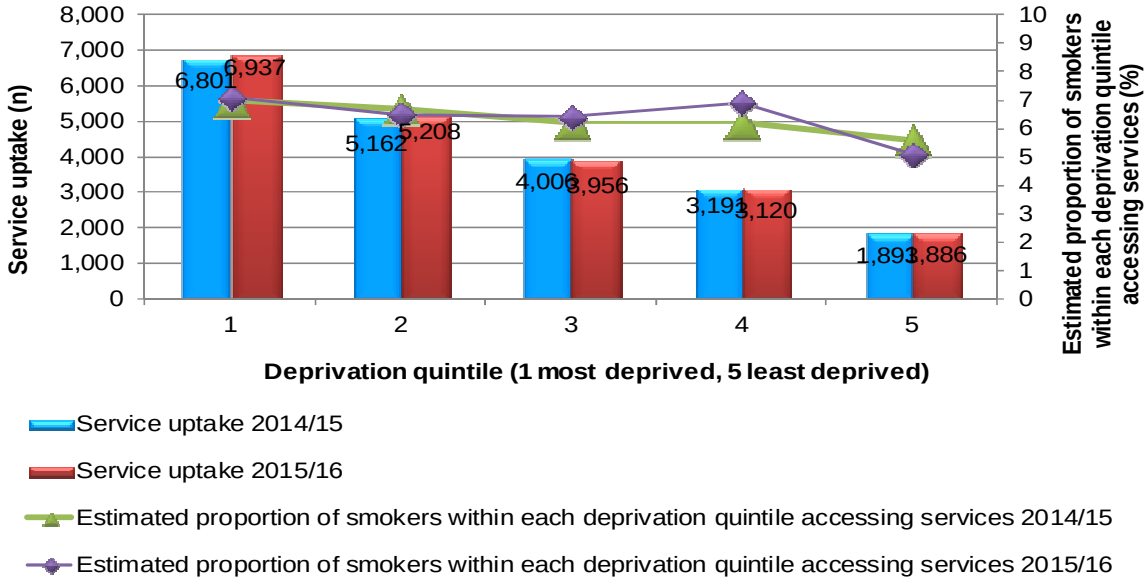
	2011/12	2012/13	2013/14	2014/15	2015/16
Service uptake (n)	10,009	8,221	7,009	5,768	5,490
4 week quit rate (%)	55.7	61.6	62.8	62.5	61.2
52 week quit rate (%)	19.6	23.6	27.3	25.9	
Estimated proportion of all routine and manual workers who smoke in NI quitting at 4 weeks using the stop smoking services	4.5	4.2	3.9	3	3
Estimated proportion of all routine and manual workers who smoke in NI quitting at 52 weeks using the stop smoking services	1.6	1.6	1.7	1.3	

Deprivation

As well as examining the uptake and quit rates of routine and manual workers who smoke, the PHA also examines the uptake and effectiveness of services by deprivation quintile. In 2015/16, the uptake of services by smokers living in the most deprived quintile has observed a 2 percentage point rise or an increase of 136 smokers from the previous year, whereas there was minimal change in the numbers of smokers living in the least deprived quintile accessing services (from 1,893 in 2014/15 to 1,886 in 2015/16).

Figure 6.4.2 (overleaf) highlights that there was a small increase in the number of smokers within the two most deprived areas accessing services, a necessary factor in addressing health inequalities. The reach of services has been maintained within the most deprived quintile since the previous year (7.1% in 2015/16 and 7% in 2014/15).

Figure 6.4.2: Uptake and estimated access to Stop Smoking Services within each deprivation quintile 2014/15 – 2015/16.[**]



The four week quit rate ranged from 58% and 61% across the deprivation quintiles with the lowest rate of 58% being observed within the least deprived quintiles. A similar but more pronounced pattern was observed at 52 weeks with the the most deprived area having the lowest quit rate at 21% compared to 24% to 25% throughout the other deprivation quintiles.

In 2015/16, services aided 4.1% of all smokers in the most deprived quintile to quit at 4 weeks and 1.4% to remain quit at 52 weeks (Table 6.4.2).

Table 6.4.2: Four week and 52 week quit rates among smokers by deprivation quintile (%).

	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
4 week quit rate 2015/16	57.8	58.0	58.5	60.3	60.7
4 week quit rate 2014/15	56.3	58.5	59.6	62.1	62.1
52 week quit rate (based on all clients) 2014/15	20.5	24.1	24.3	25.2	24.4
52 week quit rate (based on all clients) 2013/14	21.7	24.3	24.9	27.0	23.0
Estimated proportion of all smokers in NI quitting at 4 weeks using the stop smoking services (2015/16)	4.1	3.8	3.7	4.1	3.1
Estimated proportion of all smokers in NI quitting at 52 weeks using the stop smoking services (2014/15)	1.4	1.6	1.5	1.6	1.4

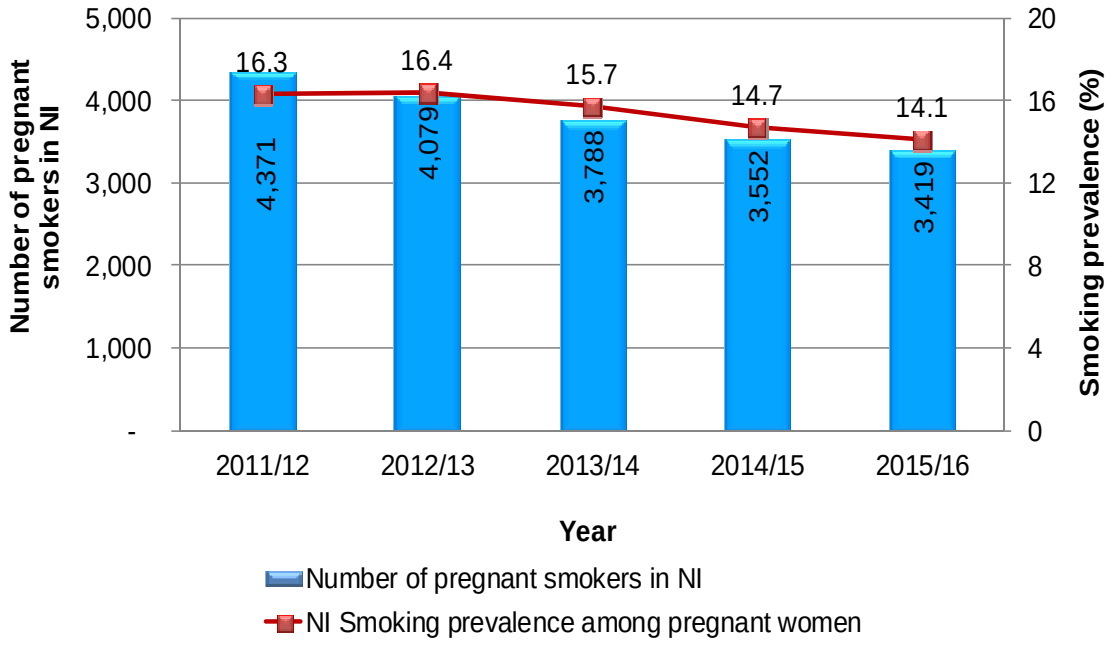
[**] 178 of the clients registered in 2015/16 and 816 of the clients registered in 2014/15 did not provide a valid postcode to allow deprivation analysis.

Pregnancy

Information on the smoking status of all pregnant women in Northern Ireland is collected at the initial booking appointment (around 10-14 weeks), as part of routine data collection within NI hospitals. This information is recorded directly onto the Northern Ireland Maternity System (NIMATS), a regional electronic data capture system.

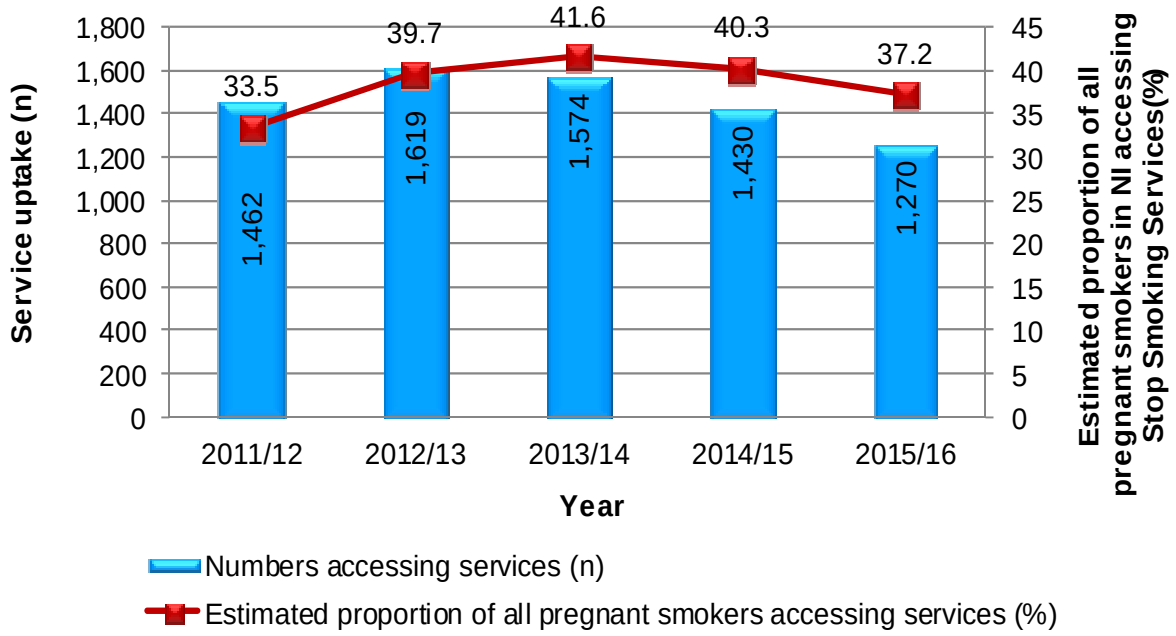
In 2015/16, approximately 14.1% (n=3,419) of pregnant women self-reported that they were a smoker at the time of their first antenatal appointment.[30] The number and relative percentage of pregnant smokers in NI has seen a gradual decline over the last three years. Although the absolute number of pregnancies during 2015/16 observed a rise in 2015/16 (n=24,216) from 24,186 in 2014/15, both the number and relative percentage of pregnant smokers has fallen (Figure 6.4.3).

Figure 6.4.3: Prevalence of smoking in pregnancy in NI (numbers and percentage) 2011/12 – 2015/16.



In 2015/16, 1,270 of mothers who smoked availed of Stop Smoking Services, equating to 37.2% of all pregnant smokers. Figure 6.4.4 (overleaf) highlights that the uptake of services by pregnant smokers has been decreasing over the last three years since its peak in 2012/13. Accordingly the reach of servcies has also fallen during this time from 41.6% in 2013/14 to 37.2% in 2015/16.

Figure 6.4.4: Uptake and estimated access to Stop Smoking Services by pregnant smokers 2011/12 – 2015/16.



The number of pregnant smokers availing of services is highly variable by LCG with the Northern LCG area having higher levels of uptake and reach (n=394 and 47.8% respectively) compared to the South Eastern LCG area (n=149 and 27.8% respectively) (Appendix 3).

The support offered to pregnant women who smoke is key to assisting these women to quit smoking. Table 6.4.3 highlights that services have high levels of success in helping over half (57.3%) of those pregnant women registered with the service to quit at 4 weeks and 22% (22.4%) to stay quit at 52 weeks. However, there is high variation in quit rates at LCG level (please refer to Appendix 3).Overall, stop smoking services have helped 21.3% of all pregnant smokers in NI to quit at 4 weeks and 9% to stay quit at 52 weeks (Table 6.4.3).

Table 6.4.3: Uptake and quitting activity of pregnant smokers 2011/12 – 2015/16.

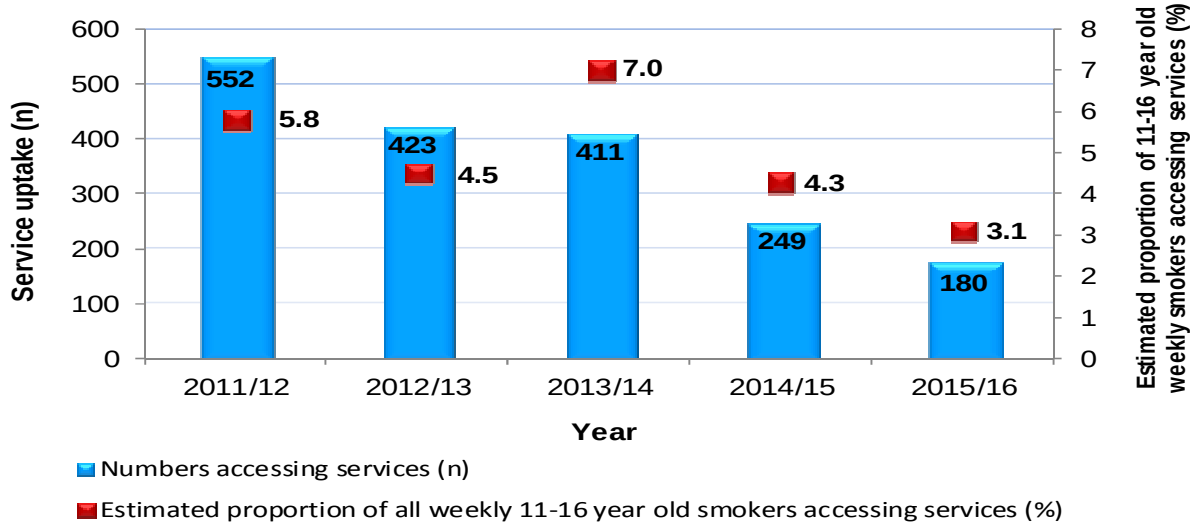
	2011/12	2012/13	2013/14	2014/15	2015/16
Service uptake	1,462	1,619	1,574	1,430	1,270
4 week quit rate	58.5	59.6	60.2	57.2	57.3
52 week quit rate	26.1	28.5	26.9	22.4	
Estimated proportion of all pregnant smokers in NI quitting at 4 weeks using the stop smoking services (%)	19.6	23.7	25	23	21.3
Estimated proportion of all pregnant smokers in NI quitting at 52 weeks using the stop smoking services (%)	8.7	11.3	11.2	9.0	

Children and young people

Survey evidence shows that 13.4% of young people aged 11-16 in NI reported having ever smoked, with 5% of 11-16 year olds currently smoking, and 4.2% smoking at least once a week.[31] This is a key public health issue given those who try their first cigarette in childhood are at greatest risk of becoming a daily smoker by the age of 18.[32]

It is estimated that 6,828 young people aged 11-16 within NI currently smoke. In 2015/16,180 young people aged 11-16 availed of Stop Smoking Services, equating to 2.6% of all young people aged 11-16 who smoke. Figure 6.4.5 shows that 180 young people aged 11-16 availed of the service, a figure 27.7% lower than that observed in the previous year (n=249).

Figure 6.4.5: Uptake and estimated access to Stop Smoking Services by 11-16 year old smokers 2011/12 – 2015/16.[††]



4 week quit rates among young people aged 11-16 who availed of Stop Smoking Services observed a 9.2 percentage point decline in 2015/16 from the previous year (69 less clients). Overall, in 2015/16 services have only aided around 1.3% of all young people aged 11-16 who are weekly smokers to quit at 4 weeks and 0.6% to stay quit at 52 weeks (refer to Table 6.4.4, overleaf).

[††] The higher reach of 7% in 2013/14 is related to a declining prevalence of weekly smoking in this age group (6.6% in 2010 to 3.8% in 2013) rather than the Stop Smoking Services reaching more smokers.

Table 6.4.4: Uptake and quitting activity of children and young people (11-16 years old).

	2011/12	2012/13	2013/14	2014/15	2015/16
Service uptake	552	423	411	249	180
4 week quit rate	34.1	44.4	42.8	49.8	40.6
52 week quit rate	10.1	13.7	16.1	14.5	
Estimated proportion of all 11-16 year old weekly smokers in NI quitting at 4 weeks using the stop smoking services (%)	2.0	2.0	3.0	2.1	1.3
Estimated proportion of all 11-16 year old weekly smokers in NI quitting at 52 weeks using the stop smoking services (%)	0.6	0.6	1.1	0.6	

At LCG level, discrepancies are evident in relation to uptake, service reach and quit rates of young people aged 11-16 who are using stop smoking services. Further information on quitting activity by LCG is available in Appendix 3.

6.5 Quality of services

Table 6.5.1 shows that by provider type, pharmacy served the majority of clients (69.2%, n=14,719) with GPs serving the least number of clients (6.8%, n=1,439). As evident in Table 6.5.1, there was a varied range of four week quit rates across provider types, with hospitals having the highest average quit rate (67.2%) compared to GPs who had the lowest four week quit rate (48.8%). However, each provider type maintained an average four week quit rate of 45% or above as recommended within the quality standards for specialist stop smoking services.[28]

Table 6.5.1: Number and 4 week quit rates of providers 2015/16.

Provider Type	Average 4 week quit rate of provider % (n)*	Number of clients per provider
Pharmacy	57.2% (464)	14,719 (69.2%)
GP	48.8% (101)	1,439 (6.8%)
Hospital sites	67.2% (12)	3,141 (14.8%)
Community^	62.4% (63)	1,986 (9.3%)
Total	**58.6% (640)**	**21,285**

*n = number of providers, ^includes schools and w orkplaces.

The Northern Ireland Quality Standards document states that all providers should have a four week quit rate of 45-50% and those with a quit rate of below 35% will be subject to review.[28] As shown in Table 6.5.2, GPs had the highest proportion of four week quit rates of 35% or under.

Table 6.5.2: Average 4 week quit rates and percentage of providers with 4 week quit rates below and above the quality standards recommendations, by provider type 2015/16.

Provider Type	Average 4 week quit rate of provider % (n)*	4 week quit rate of under 35% %(n)*	4 week quit rate of 35% - 44.9% %(n)*	4 week quit rate of 45% and over %(n)*
Pharmacy	57.2% (464)	9.7% (45)	11.2% (52)	79.1% (367)
GP	48.8% (101)	35.6% (36)	14.9% (15)	49.5% (50)
Hospital sites	67.2% (12)	8.3% (1)	8.3% (1)	83.3% (10)
Community^	62.4% (63)	14.3% (9)	14.3% (9)	77.8% (49)
Total	**58.6% (640)**	**14.2% (91)**	**11.4% (73)**	**74.4% (476)**

*n = number of providers, ^includes schools and w orkplaces.

Quality improvement programme

In 2012/13, a new on-going quality improvement programme was launched for the Stop Smoking Services. As part of this programme a self-monitoring tool was developed and displayed on the web based monitoring system utilised by all service providers. This tool (see Figure 6.5.1) allows all providers to self-monitor the number of clients registered with their service, the number of clients quit at 4 weeks and the 4 week quit rate of their service in the current and previous year.

Each provider was also provided with online access to Quality Standards and guidance to help improve the quit rate/overall performance of their service.

Figure 6.5.1: Online view of service providers self-monitoring tool.

The **Quality Standards for Stop Smoking Services** (click link to view) requires that services achieve a quit rate of 45-50% at four weeks. Services who have quit rates of less than 35% will be subject to review by the Public Health Agency / Health and Social Services Board.

Below are shown the figures for your service.

Data downloaded in July 2016 shows the following details for your service last year (1 April 2015 - 31 March 2016):

1 April 2015 - 31 March 2016	
Clients Enrolled	56
Number of Successful Quits	37
4-Week Quit Rate	66%

As of today, your service data from the 1st April 2016 shows the following:

1 April 2016 - Today	
Clients Enrolled	15
Number of Successful Quits	7
4-Week Quit Rate	46%

Given the high number of clients utilising pharmacy services and the high numbers of community pharmacies engaged with the Stop Smoking Services, an enhanced support quality improvement programme was introduced in partnership with the Health and Social Care Board (HSCB) and in collaboration with community pharmacy NI.

This quality improvement support service was specifically targeted at pharmacies with quit rates of under 35% given the high proportion of services delivered through this sector. This support mechanism involved a number of stages:

1. *Written notification to all pharmacy providers (prior to implementation of support system) detailing;*
   - *Explanation of new quality improvement support services;*
   - *Timelines for commencement of support service;*
   - *Necessity to ensure all client information is up to date on web based system.*

2. *Written notification to all providers with four week quit rates of 'under 35%' to indicate automatic involvement in support service and*
   - *Access to an online exercise to self-monitor overall service provision against Quality Standards;*
   - *Provision of service update training[‡‡];*
   - *Mid-year quit rate review;*
   - *On-going support letters;*
   - *Opportunity to discuss service delivery with the PHA/HSCB.*

The impact of self-monitoring and quality improvement

As shown in Table 6.5.3 the average 4 week quit rates have remained relatively stable across GP and pharmacy providers over the past three years While a 5.3 percentage point rise was observed in hospitals in 2015/16 (67.2%) from the previous year (61.9% in 2014/15), this may be an artefact of the small number of hospital providers in this group. In contrast, community services showed an approximate 4 percentage point decline from the previous year.

Table 6.5.3: Average 4 week quit rates by provider type 2013/14 – 2015/16.

Provider Type	2011/12 Average 4 week quit rate of provider % (n)*	2012/13 Average 4 week quit rate of provider % (n)*	2013/14 Average 4 week quit rate of provider % (n)*	2014/15 Average 4 week quit rate of provider % (n)*	2015/16 Average 4 week quit rate of provider % (n)*
Pharmacy	49.9% (418)	56.2% (445)	58.6% (456)	58.2% (459)	57.2% (464)
GP	48.8% (132)	48.6% (130)	49.8% (124)	50.6% (111)	48.8% (101)
Hospital sites	67.5% (13)	68.1% (10)	67.3% (11)	61.9% (12)	67.2% (12)
Community^	65.4% (44)	65.6% (58)	65.8% (76)	66.6% (73)	62.4% (63)
Total	**51.8% (607)**	**57.1% (643)**	**59.4% (667)**	**58.8% (655)**	**58.6% (640)**

*n = number of providers, ^includes schools and workplaces.

In 2015/16, the proportion of service providers achieving a 4 week quit rate below 35% was higher compared to previous years (14% in 2015/16 compared to 11% in 2014/15 and 2013/14),Table 6.5.4. This increase was also observed across the majority of provider types. As in previous years, GP services had the highest proportion of providers with 4 week quit rates lower than 35% (see Table 6.5.4).

[‡‡] Providers are required to undertake update training every three years following completion of Specialist training which is required at initial registration of service.

Table 6.5.4: Proportion of providers with 4 week quit rates under 35% by provider type 2013/14 – 2015/16.

Provider Type	2011/12 Achieving 4 week quit rate of under 35% (n)*	2012/13 Achieving 4 week quit rate of under 35% (n)*	2013/14 Achieving 4 week quit rate of under 35% (n)*	2014/15 Achieving 4 week quit rate of under 35% (n)*	2015/16 Achieving 4 week quit rate of under 35% (n)*
Pharmacy	17.0% (71)	7.9% (35)	6.1% (28)	5.9% (27)	9.7% (45)
GP	28.8% (38)	30.8% (41)	26.6% (33)	31.5% (35)	35.6% (36)
Hospital sites	15.4% (2)	10.0% (1)	9.1% (1)	16.7% (2)	8.3% (1)
Community^	15.9% (7)	10.5% (6)	15.8% (12)	11% (8)	14.3% (9)
Total	**19.4% (118)**	**12.9% (83)**	**11.1% (74)**	**11% (72)**	**14.2% (91)**

*n = number of providers, ^includes schools and workplaces.

** The numbers in the table above may differ from those in QI programme due to time of data download.

Examining 52 week quit rates per quality standard recommendations

The Quality Standards document states that service providers should maintain a 52 week quit rate of 20%. Table 6.5.5 shows that 52 week quit rates varied across provider type with GP services falling below this requirement (16.1%) while pharmacy, hospital and community services attained an average quit rate above the required 20% level.

A large proportion of providers (52.4%) had a 52 week quit rate below the required level of 20% (Table 6.5.5). A matter for concern is that over two thirds (72.1%) of GP practices delivering specialist Stop Smoking Services had 52 week quit rates below the required 20% level. Pharmacy and community services also had a high proportion of providers with almost half achieving a quit rate below the required level (49.5% and 45.2% respectively).

Table 6.5.5: Average 52 week quit rates and proportion of providers with 52 week quit rates below and above the quality standards required 20% by provider type 2014/15.

Provider Type	Average 52 week quit rate of provider % (n)*	Achieving 52 week quit rate of under 20%, % (n)*	Achieving 52 week quit rate of 20% or above % (n)*
Pharmacy	22% (459)	49.5% (227)	50.5% (232)
GP	16.1% (111)	72.1% (80)	27.9% (31)
Hospital sites	29.3% (12)	25% (3)	75% (9)
Community^	29.2% (73)	45.2% (33)	54.8% (40)
Total	**23.2% (655)**	**52.4% (343)**	**47.6% (312)**

*n = number of providers, ^includes schools and w orkplaces.

Yearly tracking of 52 week quit rates

Clients are only followed up at 52 weeks if they quit at 4 weeks. The 52 week quit rates fluctuate by provider type, with GP services achieving the lowest quit rates over the 4 year period 2011/12 to 2014/15 (Table 6.5.6). In 2014/15, the proportion of GP services with 52 week quit rates below the recommended 20% increased by 6 percentage points, a finding not observed in other provider types. (Table 6.5.7).

Table 6.5.6: Average 52 week quit rate 2011/12 – 2014/15.

Provider Type	2011/12 Average 52 week quit rate % (n)*	2012/13 Average 52 week quit rate % (n)*	2013/14 Average 52 week quit rate % (n)*	2014/15 Average 52 week quit rate % (n)*
Pharmacy	14.8% (423)	19.3% (444)	22.8% (456)	22% (459)
GP	15% (131)	16.1% (130)	19.2% (124)	16.1% (111)
Hospital sites	26.3% (13)	34.3% (10)	33.8% (11)	29.3% (12)
Community^	24.1% (48)	24.3% (58)	29.4% (76)	29.2% (73)
Total	**17.0% (615)**	**20.8% (642)**	**24.4% (667)**	**23.2% (655)**

*n = number of providers, ^includes schools and workplaces.

Table 6.5.7: Proportion of providers with 52 week quit rates under 20% by provider type 2011/12 – 2014/15.

Provider Type	2011/12 Achieving 52 week quit rate of under 20% (n)*	2012/13 Achieving 52 week quit rate of under 20% (n)*	2013/14 Achieving 52 week quit rate of under 20% (n)*	2014/15 Achieving 52 week quit rate of under 20% (n)*
Pharmacy	70% (297)	56% (247)	50.4% (230)	49.5% (227)
GP	76% (99)	71% (92)	66.1% (82)	72.1% (80)
Hospital sites	31% (4)	50% (5)	36.4% (4)	25% (3)
Community^	60.4% (29)	50% (29)	47.4% (36)	45.2% (33)
Total	**70% (429)**	**58% (373)**	**52.8% (352)**	**52.4% (343)**

*n = number of providers, ^includes schools and workplaces.

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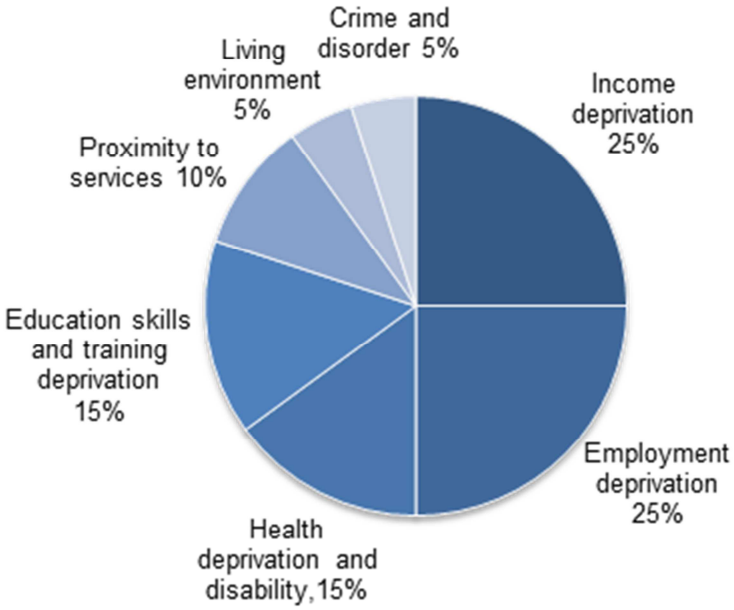
Appendix 1:

Deprivation assessment methodology

Deprivation level is assessed in Northern Ireland by the use of the Northern Ireland Multiple Deprivation Measure (NIMDM) 2010.[§§] This measure examines 7 areas of deprivation which are given individual weights to produce an overall combined measure of deprivation. The composition and attributed weighting of each domain is summarised in Figure 1 below.

Figure 1: Composition and attributed weighting of each domain of the Northern Ireland Multiple Deprivation Measure 2010



Source: Northern Ireland Statistics and Research Agency, Northern Ireland Multiple Deprivation Measure 2010, NISRA, Belfast, 2010.

These deprivation measures have been developed using a range of indicators and are designed to identify small area concentrations of deprivation which are statistically robust at the small area level. The small geographical area used for the NIMDM is the super output area (SOA). Northern Ireland consists of 890 SOA areas, each with an average population of 2,000 people.

[§§] Department of Finance and Personnel. NISRA: Northern Ireland Multiple Deprivation Measure 2010. NISRA: Belfast 2010.

Appendix 2:

Figure 2: Uptake and reach of services and 4 week quitting activity by local commissioning group (LCG) 2015/16.

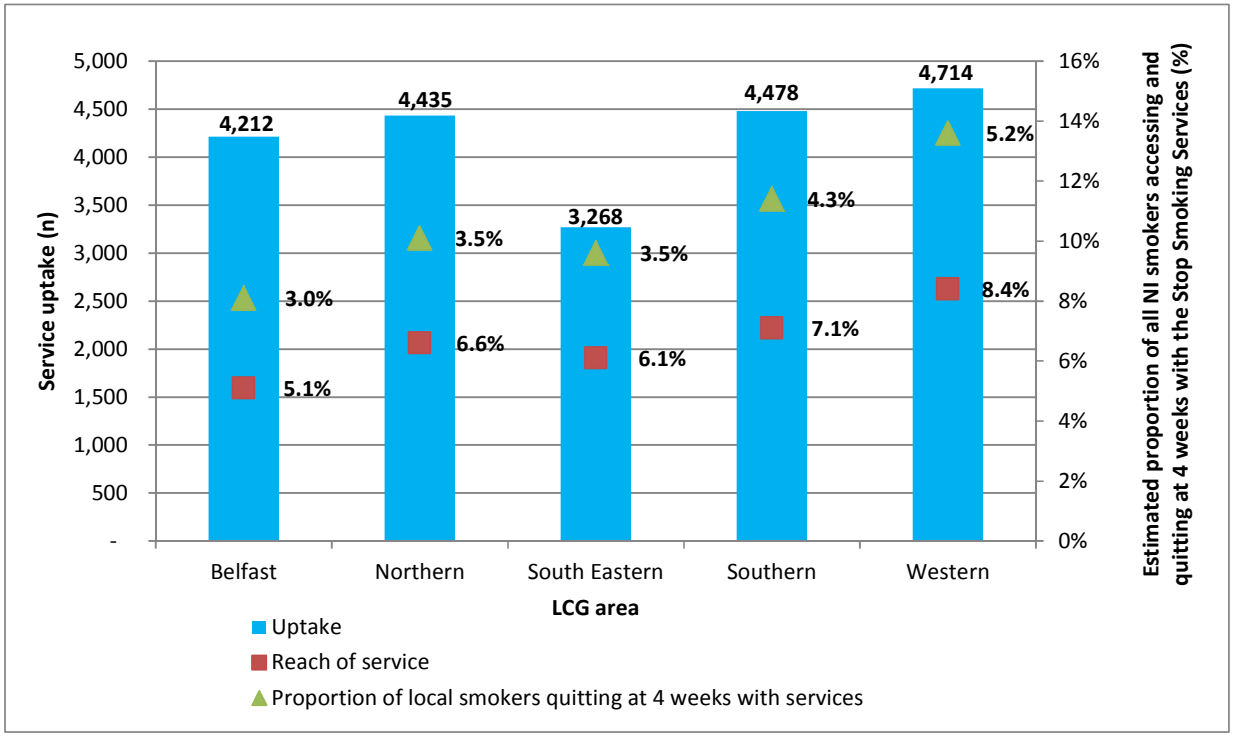


Table 1: Uptake, number quit at 4 weeks and 4 week quit rate by LCG area 2015/16

LCG area	Uptake (n)	Quit at 4 weeks (n)	Quit rate at 4 weeks (%)
Belfast	4,212	2,478	58.8
Northern	4,435	2,372	53.5
South Eastern	3,268	1,885	57.7
Southern	4,478	2,725	60.9
Western	4,714	2,908	61.7
NI	**21,285**	**12,475**	**58.6**

Figure 3: Uptake and reach of services and 4/52 week quitting activity by local commissioning group (LCG) 2014/15

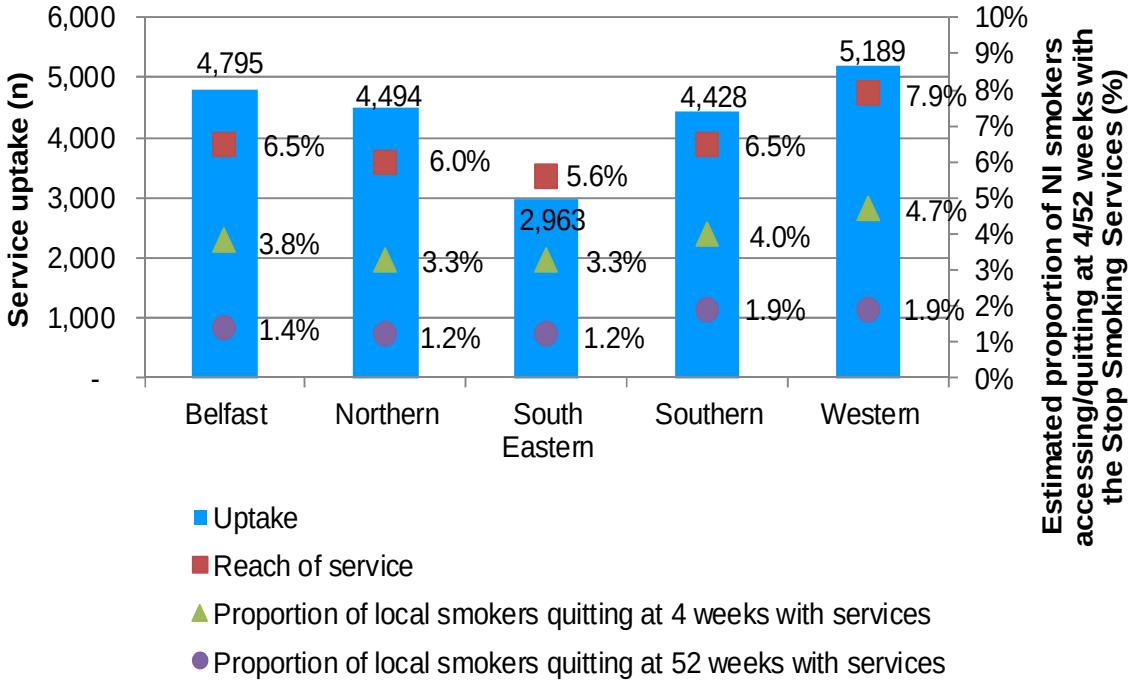


Table 2: Uptake, number quit at 4/52 weeks and 4/52 week quit rate by LCG area 2014/15

LCG area	Uptake (n)	Quit at 4 weeks (n)	Quit rate at 4 weeks (%)	Quit at 52 weeks (n)	Quit rate at 52 weeks (%)
Belfast	4,795	2,823	58.9%	1,018	21.2%
Northern	4,494	2,428	54.0%	894	19.9%
South Eastern	2,963	1,756	59.3%	657	22.2%
Southern	4,428	2,760	62.3%	1,289	29.1%
Western	5,189	3,101	59.8%	1,221	23.5%
NI	**21,869**	**12,868**	**58.8%**	**5,079**	**23.2%**

Appendix 3:

Table 1: Uptake, estimated access and quitting activity of routine and manual workers who smoke using the Stop Smoking Services by LCG.

		NI	Belfast	Northern	South Eastern	Southern	Western
2015/16	Service uptake (n)	5,490	909	1,115	640	1,506	1,284
	Estimated access (%)*	4.9	4.3	3.8	3.4	6.4	6.7
	Number quit at 4 weeks (n)	3,359	555	615	378	967	822
	4 week quit rate (%)**	61.2	61.1	55.2	59.1	64.2	64.0
	4 week quitting reach (%)***	3	2.6	2.1	2	4.1	4.3
2014/15	Service uptake (n)	5,768	854	1,137	660	1,365	1,547
	Estimated access (%)*	5.1	4	3.9	3.5	5.8	8
	Number quit at 4 weeks (n)	3,607	530	660	422	910	955
	4 week quit rate (%)**	62.5	62.1	58.0	64.0	66.7	61.7
	4 week quitting reach (%)***	3.2	2.5	2.2	2.2	3.9	5
	Number quit at 52 weeks (n)	1,491	194	241	170	445	382
	52 week rate (%)**	25.8	22.7	21.2	25.8	32.6	24.7
	52 week quitting reach (%)***	1.3	0.9	0.8	0.9	1.9	2

*Estimated access refers to the estimated proportion of routine and manual workers who smoke accessing services and is calculated using service uptake as the numerator and number of routine and manual workers who smoke (based on 2011 census data on occupational status and NIHS 2013/14 smoking prevalence of 30%) as the denominator.

** 4 and 52 week quit rate are based on all those who set a quit date.

***4 and 52 week quitting reach (%) refers to the percentage of all routine and manual workers who smoke in the given geography that quit at 4 or 52 weeks using the Stop Smoking services.

Table 2: Uptake, estimated access and quitting activity of pregnant smokers using the Stop Smoking Services by LCG.

		NI	Belfast	Northern	South Eastern	Southern	Western
2015/16	Service uptake (n)	1,270	235	394	149	304	174
	Estimated access (%)*	37.2	27.3	47.8	27.8	46.2	32.8
	Number quit at 4 weeks (n)	728	110	178	95	222	110
	4 week quit rate (%)**	57.3	46.8	45.2	63.8	73.0	63.2
	4 week quitting reach (%)***	21.3	12.8	21.6	17.7	33.7	20.7
2014/15	Service uptake (n)	1,430	282	447	135	243	284
	Estimated access (%)*	40.3	30.7	55.7	22.7	38.4	48.1
	Number quit at 4 weeks (n)	818	124	205	84	180	201
	4 week quit rate (%)**	57.2	44	45.9	62.2	74.1	70.8
	4 week quitting reach (%)***	23.0	13.5	25.6	14.1	28.4	34.1
	Number quit at 52 weeks (n)	320	28	78	17	99	86
	52 week rate (%)**	22.4	9.9	17.5	12.6	40.7	30.3
	52 week quitting reach (%)*	9.0	3.0	9.7	2.9	15.6	14.5

*Estimated access refers to the estimated proportion of pregnant smokers accessing services and is calculated using service uptake as the numerator and number of pregnant smokers in Northern Ireland taken from Northern Ireland Maternity Service data 2015/16 as the denominator.

** 4 and 52 week quit rate are based on all those who set a quit date.

***4 and 52 week quitting reach (%) refers to the percentage of all pregnant smokers in the given geography that quit at 4 or 52 weeks using the Stop Smoking services.

Table 3: Uptake, estimated access and quitting activity of children and young people (11-16 year olds) who smoke using the Stop Smoking Services by LCG.

		NI	Belfast	Northern	South Eastern	Southern	Western
2015/16	Service uptake (n)	180	51	25	54	29	20
	Estimated access (%)*	3.1	3.2	1.3	5.5	4.6	2.1
	Number quit at 4 weeks (n)	73	20	12	21	12	7
	4 week quit rate (%)**	40.6	39.2	48.0	38.9	41.4	35.0
	4 week quitting reach (%)***	1.3	1.3	0.6	2.2	1.9	0.7
2014/15	Service uptake (n)	249	85	23	70	32	34
	Estimated access (%)*	4.3	5.3	1.2	7.1	5.0	3.5
	Number quit at 4 weeks (n)	124	47	9	37	15	14
	4 week quit rate (%)**	49.8	55.3	39.1	52.9	46.9	41.2
	4 week quitting reach (%)***	2.1	2.9	0.5	3.8	2.3	1.4
	Number quit at 52 weeks (n)	36	11	6	12	3	3
	52 week rate (%)**	14.5	12.9	26.1	17.1	9.4	8.8
	52 week quitting reach (%)*	0.6	0.7	0.3	1.2	0.5	0.3

*Estimated access refers to the estimated proportion of 11-16 year olds weekly smokers accessing services and is calculated using service uptake as the numerator and number of 11-16 year old weekly smokers as the denominator. Denominator for 2015/16 data is calculated from 2015 mid-year population estimates and 2013 Young person's behaviour and attitude survey data. Denominator for 2014/15 based on 2014 mid-year population estimates and Young person's behaviour and attitude survey data 2013.

** 4 and 52 week quit rate are based on all those who set a quit date.

***4 and 52 week quitting reach (%) refers to the percentage of all children and young people aged 11-16 who smoke weekly in the given geography that quit at 4 or 52 weeks using the Stop Smoking services.

Appendix 4:

Table 1: Total uptake by service providers by trust 2015/16

	NI	Belfast	Northern	South Eastern	Southern	Western
Pharmacy	14,719	3,402	3,014	2,169	2,734	3,400
GP	1,439	258	587	239	177	178
Hospital sites	3,141	522	534	351	570	1,164
Community^	1,986	512	76	412	986.0	0.0
TOTAL	**21,285**	**4,694**	**4,211**	**3,171**	**4,467**	**4,742**

^includes schools and workplaces.