



West Sussex smoking cessation health equity audit 2013/14

Report drafted by Directorate of Public Health, Health and Social Care Commissioning.

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1 About the health equity audit

1.1 Aims of the audit

The purpose of this report is to provide local stop smoking services, commissioners and decision makers with information about how equitable the distributions of resources for stop smoking services were delivered relative to the health needs of the population. The Health Development Agency (2005) defines a Health Equity Audit (HEA) as follows:

“HEA is a process for identifying how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority action to provide services relative to need. The overall aim is not to distribute resources equally but, rather, relative to health need. This process assists the planning and decision-making processes of organisations. It determines whether the distribution of health outcomes, healthcare or the determinants of health are inequitable or unrelated to need, and action is then taken to remedy and monitor progress. The purpose is for health and other services to help narrow health inequalities by taking positive decisions on investment, service planning, commissioning and delivery that narrow inequalities.”

The HEA for smoking cessation services will specifically undertake to identify patterns and trends in the numbers of people who accessed the service by district, age, gender, ethnicity and occupation against the smoking prevalence as we understand it to be in West Sussex. The audit will also highlight the outcomes of the service to determine patterns and trends in service delivery methods, accessibility and support provided against age, occupation, area of deprivation and ethnicity.

1.2 Data considerations

Awarding the contract for provision of the specialist stop smoking service to a new provider in April 2014 had implications for access to historical data collected by the previous provider. The ability to use it as a live database was lost shortly after transition to the new provider. This has resulted in some of the data that would be useful for this audit not being available and in-depth analysis impossible. Specifically data was not available at record level, only in summarised format at a higher level.

Data quality is further undermined by incomplete data monitoring forms. Particular areas of concern are the unknown or unrecorded status for occupational status (18.2% or 1162 cases unknown) and lost to follow up rates. Overall lost to follow rate was 28.6% (1823 cases). Lost to follow up rate for pregnant patients was 39.4% (61 of 155 cases). Data on lost to follow up includes the status outcome ‘unknown’, therefore it is difficult to know if a lost to follow up is genuine as a result of an advisor being unable to contact the client after repeated attempts to determine their status.

Smoking cessation numbers in West Sussex are, on the whole, small. When analysed at district or locality level, the small numbers mean that variations will tend to have little statistical significance. So, caution is needed when comparing variances between localities. However, the lack of statistical significance may have little bearing to the significance of the findings of this report to the running of the service.

2. The West Sussex picture

2.1 Summary

- 6395 persons accessed the smoking cessation service
- more females accessed the service than males; 51.6% female (3297) and 48.4% male (3098)
- access rate against the smoking population is 4.44%; female – 4.53%, male – 4.34% (see Table 1). The variation when broken down to gender and age groups ranges between 3.13% for males aged 18-34 and 5.61% for females aged 35-44 (see Table 4)
- 3111 cases recorded as successful self-reported four week quitters; 1558 males and 1553 females
- overall quit rate was 48.6%; male – 50.3%, female – 47.1%
- range of quit rates by gender and age groups was within 20% of the gender average except in females aged 60+ where the rate was 85% below the female average (see Chart 5)
- access by ethnicity was the highest amongst white smokers at 4.5% (Table 1)
- quit rates by ethnicity ranged between 16.7% and 49.4%, with more ethnic whites successfully quitting (Table 1)¹
- access rate by smokers from more deprived areas (areas falling within the bottom 3 deciles of the IMD) was 4.88% compared to 4.33% from people living in less deprived areas (see Chart 2)
- quit rates were better in the cohort from the less deprived areas (49.39%) than the cohort from the more deprived areas (46.05%) (see Chart 6)
- 155 pregnant women accessed the service and a total of 53 (34.2%) successfully quit; this is below the national average of 47%. 39.4% (61 cases) were lost to follow-up
- the access rate for pregnant women for 2013-14 was about 20%, the national average was 26%²

2.2 Local smoking profile

Smoking is the leading cause of premature morbidity and mortality accounting for more than 100,000 deaths every year in England. This is higher than all other causes of preventable deaths combined. In West Sussex approximately 1400 people die a year from the effects of smoking.

In 2012/13, the smoking rate in West Sussex in those aged over 18 years was 19.1%, slightly below the national average of 19.5% (Office of National Statistics, Integrated Household Survey 2013). The overall prevalence for West Sussex hides the considerable variation between areas across the county, with rates in some wards as high as 34%. Smoking prevalence in routine and manual workers is about 30%.

In 2012/13, the estimated cost of smoking to society in West Sussex was £196.8 million per annum. This includes lost output from early death, time lost in smoking breaks, NHS care, sick days, passive smoking, domestic fires and smoking litter.

¹ with such a large white population in West Sussex, the small numbers linked to ethnic minority groups can produce unreliable results which need to be handled with caution

² Smoking At Time Of Delivery (SATOD) 2013-14 data was used to estimate the prevalence of smokers among pregnant women for West Sussex and the national average was calculated using SATOD 2013/14 and HSCIC stop smoking services England 2013/14 data sources.

Using modelled prevalence estimates for whole population, middle layer super output areas (MSOA), sex and ethnicity, the number of smokers in the adult population of West Sussex for 2013 was estimated to be about 144,130³. Table 2 analyses smoking prevalence by gender and ethnicity.

Using 2013-14 Smoking At Time Of Delivery (SATOD) data, the HSCIC estimated the national prevalence of smoking during pregnancy to be 12%. Using SATOD and local smoking cessation service data, West Sussex's prevalence is estimated to be approximately 9.3% (782 smokers in 8408 maternities).

2.3 About West Sussex

In 2013, 806,900 people lived in West Sussex. On the whole, the population is predominantly white (88.9%); both at county level and also within districts. White non-British are the second largest group (4.8%) followed by Asian at 3.5%. The north of the county is more culturally diverse. The borough of Crawley has the largest percentage (13%) of Asian ethnicity ([West Sussex Life 2013](#)).

2.4 Local smoking cessation services up to March 2014

Stop smoking services are well established in the UK and have a significant impact on helping smokers to stop. The primary role of stop smoking services is to deliver a high quality evidence based stop smoking intervention to the local population ([NCSCT Service and delivery guidance 2014](#)). Until the end of March 2014 the specialist stop smoking service was delivered by an NHS Community Trust, supplemented by a number of local GPs and Pharmacies to deliver services.

In 2013/14 residents could access stop smoking clinics in approximately 28 community clinics, 93 GP surgeries and 68 pharmacies. The GP surgery clinics were available for those registered at that practice and who elected to have an appointment with an advisor. Community pharmacy smoking cessation services were available for any resident of West Sussex on a walk in basis. The specialist service offered group sessions, individual drop in sessions as well as clinics that provide timed appointments. Appendix A includes maps of location and type of clinics available in West Sussex during this period.

The model commissioned in West Sussex was an abrupt cessation model after which a person will smoke 'not one puff' on a cigarette. The support offered by stop smoking services involved a combination of behavioural support and licenced pharmacotherapy. Evidence suggests residents accessing stop smoking services using this model would be four times more likely to stop smoking than trying to stop on their own.

In addition to providing stop smoking advice to the general population the specialist service were contracted to address smoking cessation in hard to reach groups. Other responsibilities included training in brief intervention and smoking cessation to support GPs and pharmacies. They were also responsible for collating and monitoring data and reporting smoking cessation activity to the Department of Health on behalf of all the smoking cessation services.

³ Based on the GP registered population of adults over 18 (approx. 755,000) (March 2014)

Targeted hard to reach groups serviced by the specialist service in 2013/14

- Residents in deprived wards
- Routine and manual workers
- Minority ethnic groups
- Young people (under 25)
- Mental health service users in the community
- Pregnant smokers and their partners

Table 1 – West Sussex – access to service and quitters by ethnicity

	Ethnic Group 1	Ethnic Group 2	Patients	Quitters	Access Rate	Quit Rate
Male	White		2,922	1,501	4.38%	51.37%
	BME		112	34	2.42%	30.36%
		Mixed	18	6	1.62%	33.33%
		Asian	64	21	2.64%	32.81%
		Black	26	7	4.24%	26.92%
		Other	4	0	0.81%	0.00%
		Not stated		64	23	
	Total		3,098	1,558	4.34%	50.29%
Female	White		3,188	1,518	4.62%	47.62%
	BME		40	14	1.06%	35.00%
		Mixed	12	2	1.12%	16.67%
		Asian	16	7	0.81%	43.75%
		Black	10	4	2.48%	40.00%
		Other	2	1	0.63%	50.00%
		Not stated		69	21	
	Total		3,297	1,553	4.53%	47.10%
Persons	White		6,110	3,019	4.50%	49.41%
	BME		152	48	1.81%	31.58%
		Mixed	30	8	1.38%	26.67%
		Asian	80	28	1.82%	35.00%
		Black	36	11	3.54%	30.56%
		Other	6	1	0.74%	16.67%
		Not stated		133	44	
	Total		6,395	3,111	4.44%	48.65%

Table 2 – West Sussex smoking profile by gender and ethnicity⁴

Ethnicity	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Male								
White	66,689	5,161	12,595	9,610	7,665	11,192	11,858	8,608
Mixed	1,109	80	133	100	292	157	174	173
Asian	2,422	86	165	114	1,297	188	291	281
Black	613	28	53	46	300	51	61	74
Other	492	46	59	50	142	53	65	77
Total	71,325	5,401	13,005	9,920	9,696	11,641	12,449	9,213
Female								
White	69,032	5,344	13,439	10,180	7,722	11,443	11,958	8,946
Mixed	1,072	79	136	94	266	161	179	157
Asian	1,983	65	189	158	696	245	311	319
Black	403	15	26	28	199	38	51	46
Other	315	26	30	28	98	38	46	49
Total	72,805	5,529	13,820	10,488	8,981	11,925	12,545	9,517
Persons								
White	135,721	10,505	26,034	19,790	15,387	22,635	23,816	17,554
Mixed	2,181	159	269	194	558	318	353	330
Asian	4,405	151	354	272	1,993	433	602	600
Black	1,016	43	79	74	499	89	112	120
Other	807	72	89	78	240	91	111	126
Total	144,130	10,930	26,825	20,408	18,677	23,566	24,994	18,730

3. Access to smoking cessation service

Key points

- Local access rates are down compared to 2012/13; more than the national average
- Lowest access rate was in the Horsham district with the highest in Chichester
- Lowest rates of access are from the 18-34 and 60+ age groups
- Overall women access the service more than men except in the Arun and Mid Sussex districts. Women in the 35-44 and 45-59 age groups have higher access rates
- Men from BME groups have higher access rates than women from BME groups
- Overall access rates of smokers from more deprived areas are higher across West Sussex with the exception of Crawley and Worthing
- Access by routine and manual workers is highest with intermediate workers accessing the service the least

In 2013-14, 6395 smokers in West Sussex accessed the smoking cessation service and set an agreed quit date. This ranged from 351 smokers in Horsham to 1488 in Arun (Table 3). This means 4.44% of

⁴ Modelled from Sources: General Lifestyle Survey (2010), NHS Stop Smoking Service Monitoring Guidance (2011/12), ONS Population Estimates by ethnic Groups (2009), ONS- Neighbourhood Statistics, Information on Healthy Lifestyle Behaviours Model Based Estimates (2003-5).

the smoking population in West Sussex accessed stop smoking services. The access rate is low when considering the recommendation in the NCSCT Local Stop Smoking Services: Services and delivery guidance 2014 which suggests it is best practice, in a given year, to aim to treat at least 5% of the local population of smokers. To meet this requirement West Sussex should have had 7,206 smokers access the service.

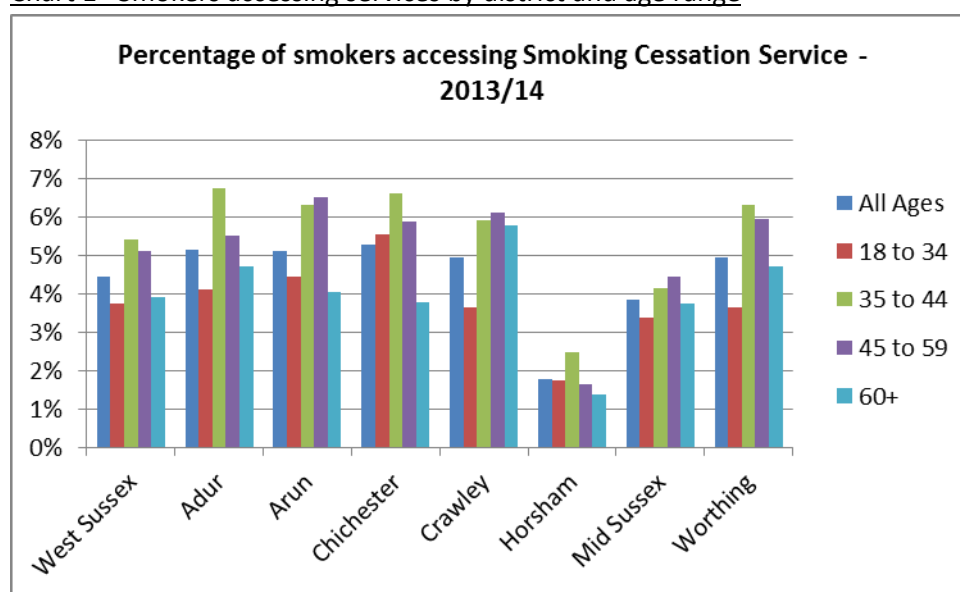
When smoking prevalence is taken into consideration at the district level, Horsham had the lowest number of their smoking population (1.77%) access the service and Chichester the highest (5.29%) (Table 3). Generally, across all districts, the age ranges of 18-34 and 60+ had lower access rates.

Public Health England released national figures for April 2013 to March 2014 and reported a decline in people setting a quit date, for the second consecutive year - it is down by 19% on 2012/13 ([Statistics on NHS Stop Smoking Services in England from April 2013 to March 2014](#)). A number of reasons were cited by PHE for the decline including emerging popularity of e-cigarettes as a quitting aid, nationwide reorganisation of these services in 2013 and reduced publicity (unpublished PHE position statement). In West Sussex we saw a 23% decline in access rates to the service compared to the previous year.

Table 3 - Smokers accessing smoking cessation service by gender and district

	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Male	3,098	288	772	427	513	171	440	496
Female	3,297	362	716	519	567	180	390	571
Persons	6,395	650	1,488	946	1,080	351	830	1,067
Male %	48.4%	44.3%	51.9%	45.1%	47.5%	48.7%	53.0%	46.5%
Female %	51.6%	55.7%	48.1%	54.9%	52.5%	51.3%	47.0%	53.5%
Access Rate (persons)	4.44%	5.17%	5.13%	5.29%	4.96%	1.77%	3.87%	4.94%

Chart 1 –Smokers accessing services by district and age range



3.1 Access by gender and age range

As shown in Table 3 more female smokers access the smoking cessation service than male smokers (51.6% females and 48.4% males). In the context of the smoking population, there is a slightly higher rate of access to the service by women (4.53% of smoking women compared to 4.34% of smoking men) across the county. However, Arun and Mid Sussex did have higher access rates for men than women.

In all age ranges, female rates of access are higher than those for men except for 60+ where the reverse is observed. The highest rate of access is by females in the 35-44 age group, followed by 45-59 years of age.

Table 4 – Percentage of smokers accessing smoking cessation service – gender & age range

	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Male								
All Ages	4.34%	4.64%	5.46%	4.90%	4.66%	1.74%	4.09%	4.65%
18 to 34	3.13%	2.68%	4.33%	4.34%	3.01%	1.22%	2.95%	2.95%
35 to 44	5.28%	6.28%	6.42%	5.36%	5.65%	2.56%	4.85%	5.83%
45 to 59	5.00%	4.88%	6.82%	5.70%	5.57%	1.77%	4.61%	5.50%
60+	4.71%	5.59%	5.06%	4.59%	6.79%	1.53%	4.66%	5.39%
Female								
All Ages	4.53%	5.67%	4.81%	5.67%	5.27%	1.80%	3.64%	5.22%
18 to 34	4.40%	5.55%	4.56%	6.78%	4.25%	2.26%	3.80%	4.30%
35 to 44	5.61%	7.31%	6.26%	7.97%	6.23%	2.38%	3.44%	6.88%
45 to 59	5.26%	6.20%	6.20%	6.05%	6.75%	1.54%	4.26%	6.45%
60+	3.28%	4.03%	3.25%	3.12%	5.01%	1.23%	2.99%	4.18%

3.2 Access by ethnicity

Across West Sussex, access rates of non-whites are lower. White women have a higher access rate than men. However, in all other ethnicities, the reverse is observed with more men making use of the services. At district level, the rate of black smokers accessing the service is higher than the other BME groups in four of the seven districts. However, as highlighted in section 1.2, when using small numbers in statistics this increases the likelihood of spikes and troughs. Exceptionally high rates like 18.87% of Black males in Arun and 9.3% of Asian males in Adur accessing smoking cessation services could possibly relate to very few actual numbers and so need to be investigated more thoroughly before conclusions can be drawn.

The breakdown of the nationality for those classed as “white” is not available from the data and, although the numbers are not large in West Sussex, there are areas of the county where significant populations of non-British white people live. For many of these people smoking is the cultural norm (e.g. Polish and Romanian). Table 5 analyses the data by ethnicity and gender.

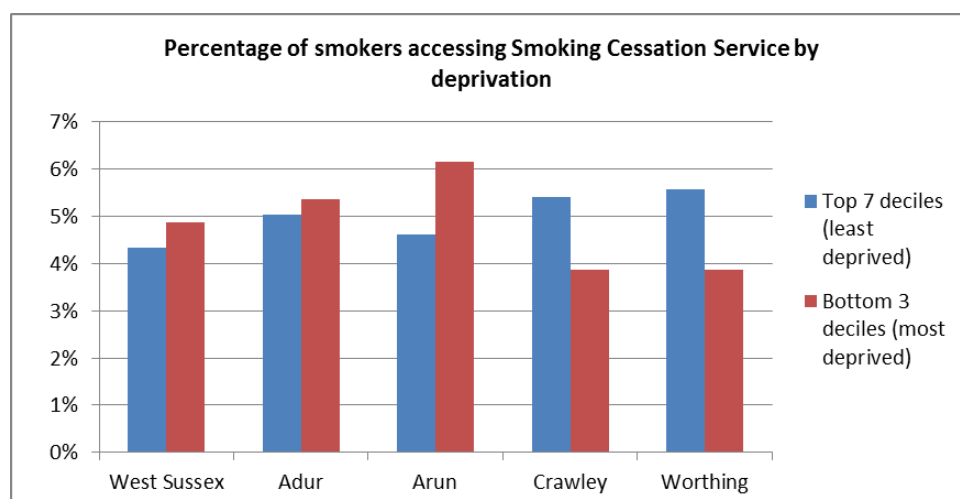
Table 5 – Percentage of smokers accessing smoking cessation service – ethnicity & gender⁵

Ethnicity	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Male								
White	4.38%	5.27%	5.95%	4.39%	5.64%	1.46%	3.59%	5.43%
Mixed	1.62%	1.25%	1.50%	1.00%	2.74%	0.00%	0.57%	2.89%
Asian	2.64%	9.30%	4.85%	0.88%	2.78%	1.60%	2.06%	0.71%
Black	4.24%	3.57%	18.87%	0.00%	2.33%	3.92%	4.92%	4.05%
Other	0.81%	0.00%	3.39%	0.00%	0.00%	1.89%	0.00%	1.30%
Female								
White	4.62%	6.51%	5.31%	5.02%	6.80%	1.51%	3.17%	6.11%
Mixed	1.12%	2.53%	2.21%	0.00%	1.50%	0.62%	0.00%	1.27%
Asian	0.81%	3.08%	0.00%	0.63%	0.72%	1.22%	0.32%	1.25%
Black	2.48%	0.00%	0.00%	0.00%	2.51%	0.00%	1.96%	8.70%
Other	0.63%	3.85%	0.00%	0.00%	0.00%	0.00%	2.17%	0.00%
Persons								
White	4.50%	5.90%	5.62%	4.71%	6.22%	1.48%	3.38%	5.78%
Mixed	1.38%	1.89%	1.86%	0.52%	2.15%	0.31%	0.28%	2.12%
Asian	1.82%	6.62%	2.26%	0.74%	2.06%	1.39%	1.16%	1.00%
Black	3.54%	2.33%	12.66%	0.00%	2.40%	2.25%	3.57%	5.83%
Other	0.74%	1.39%	2.25%	0.00%	0.00%	1.10%	0.90%	0.79%

3.3 Access by deprivation

Due to data constraints and for the purposes of this analysis, deprived areas are drawn from Local Neighbourhood Improvement Area (LNIA) wards which fell into the most deprived 3 deciles of the national IMD table. The districts of Chichester, Horsham and Mid Sussex have no such wards and hence do not feature in the comparison at district level. Overall access rates of smokers from more deprived areas are higher than those from less deprived areas across West Sussex. At district level, the reversed is observed in Crawley and Worthing (Chart 2).

Chart 2

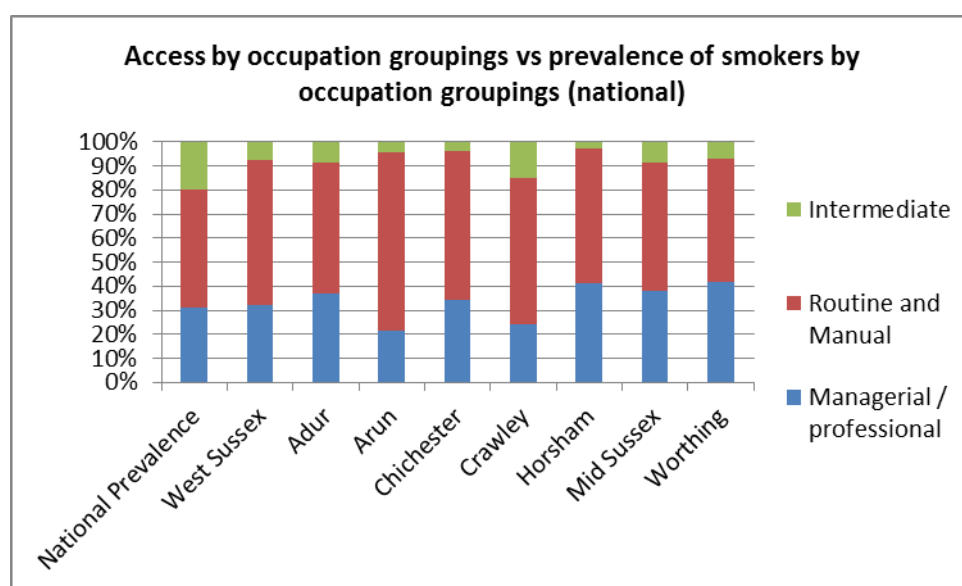


⁵ Caution must be taken interpreting the rates of ethnic groups besides Whites (all areas) and Asians (Crawley), as the populations of these groups are small in West Sussex.

3.4 Access by occupation

Assuming that the prevalence of smokers within each of the occupation groupings nationally is applicable to West Sussex (both as a county and to the districts) and access is equal, the proportion of working population smokers accessing smoking cessation services by the 'Routine and Manual' cohort exceeds the access by other occupation groups in all districts. Access to services by the 'Intermediate' group is lower across the board when compared against the assumptions made for the national percentages (Chart 3). However, this would require further investigation to draw any conclusions. There are a high proportion of unknown/unrecorded occupations of about 18% (12%-24% range at district level) which may be an influencing factor.

Chart 3⁶



3.5 Access by pregnant women

In 2013-14, 155 pregnant women set a quit date with the smoking cessation service. West Sussex's access rate of about 20% is lower than the national rate of 26%.

⁶ Source of 'National Prevalence': General Life-style Survey, ONS/HSCIC

4. Outcomes

Key points

- West Sussex quit rates are 4.4% below the national average
- Female over 60s quit rates are exceptionally low as are the 18-34 age group
- The CO verification rate is well below the recommended rate for stop smoking services
- Least deprived areas have better quit rates than the most deprived areas
- No significant variation in quit rates across occupations but across the districts the intermediate cohort shows the greatest variation

4.1 Quit rate

The overall self-reported quit rate for West Sussex is 48.6%; with district level rates ranging from 43.1% to 52.2% (Table 6). Compared to the national quit rates for this period West Sussex is 4.4% below the average (51%). In addition, the [Russell Standard](#) considers a successful service to be one achieving above 40% for 4 week quits, with a self-reported 4 week success rate above 50%.

The national trend of quit rates in different age groups shows that the success rates of those giving up smoking increased with age from 39% for those aged under 18, to 58% of those aged 60 and over ([HSCIC stop smoking service statistics for England 2013/14](#)).

In West Sussex the age-band analysis shows a wide variation and a different trend to the national picture; notably over 60s achieving lower quit rates (Chart 4). Whilst it is expected that quit rates would be lower in the 18-34 age groups, particularly when taking into account the national trend, there is some significance in the negative quit rates that require further investigation (Table 7 & Chart 5).

Table 6 –Quit Rates – West Sussex and district comparison

	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Male Quitters	1,558	138	416	210	230	88	220	260
Female Quitters	1,553	142	361	248	274	85	192	254
Quitters - overall	3,111	280	777	458	504	173	412	514
Quit Rate - male	50.29%	47.92%	53.89%	49.18%	44.83%	51.46%	50.00%	52.42%
Quit Rate - female	47.10%	39.23%	50.42%	47.78%	48.32%	47.22%	49.23%	44.48%
Quit Rate - overall	48.65%	43.08%	52.22%	48.41%	46.67%	49.29%	49.64%	48.17%

Table 7 – West Sussex - difference of quit rate (by age band & gender) and overall quit rate (by gender) – expressed as % of latter (negative % = worse than gender average)

	Male - 18 to 34	Male - 35 to 44	Male - 45 to 59	Male - 60+	Female - 18 to 34	Female - 35 to 44	Female - 45 to 59	Female - 60+
West Sussex	-10.26%	15.76%	-6.40%	10.17%	-13.84%	14.08%	6.67%	-85.28%

Chart 4

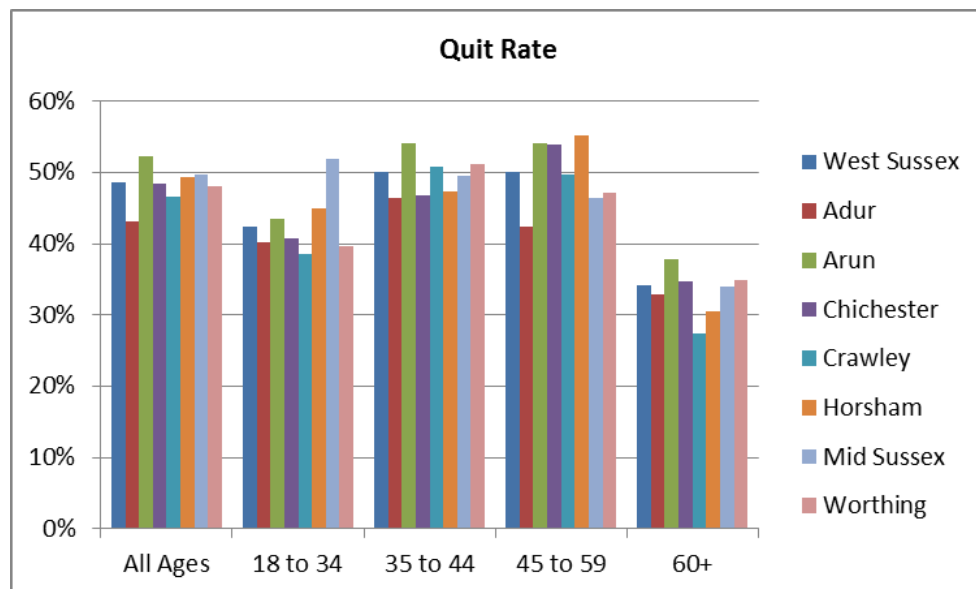
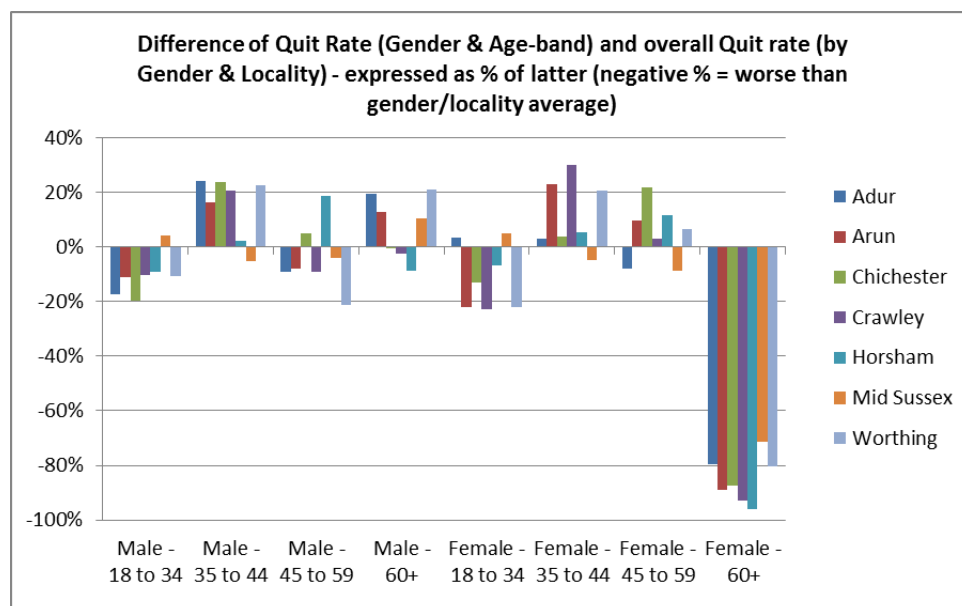


Chart 5



4.2 CO verification of self-reported quits

The overall confirmation rate of self-reported quits using CO verification is 76.3%. There is some variation across the districts; Chichester with the lowest rate of 64.4% and Worthing, the highest, with 82.5% (Table 8). It is recommended that services aim for a minimum CO validation rate of 85% of 4 week quitters ([Local Stop Smoking Services; service and delivery guidance 2014](#)). In the cohort of pregnant women who reported quitting, the CO verification rate is 41.5% (22 of 53 cases verified).

Table 8 - Percentage of self-reported quitters where non-smoking status confirmed by CO verification

	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Male	76.70%	71.74%	78.37%	64.29%	85.65%	72.73%	72.73%	83.85%
Female	75.85%	81.69%	77.56%	64.52%	83.58%	67.06%	69.27%	81.10%
Persons	76.28%	76.79%	77.99%	64.41%	84.52%	69.94%	71.12%	82.49%

4.3 Quit rate - ethnicity

Quit rates by ethnicity are presented in the table below (Table 9). Small numbers in the BME cohorts make any comparison of rates unreliable.

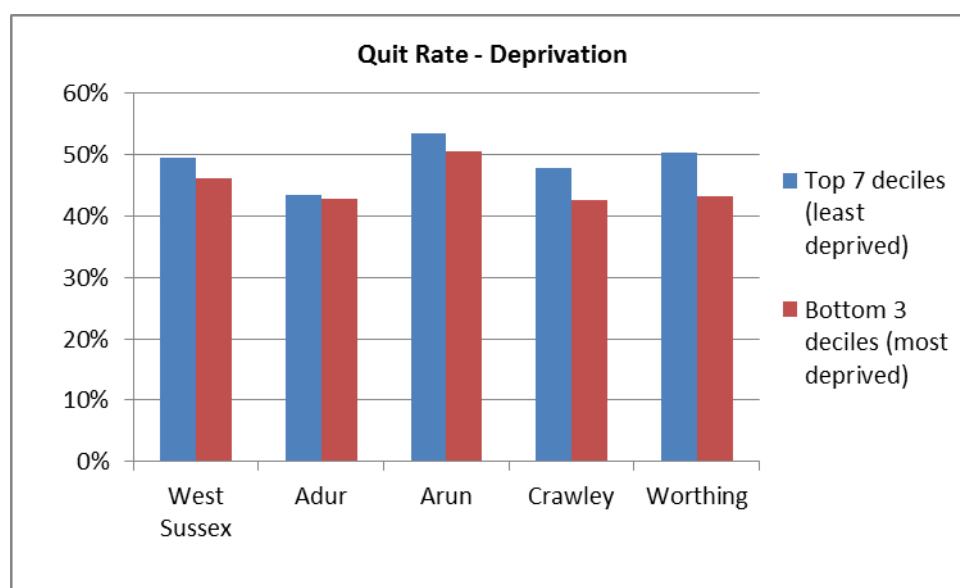
Table 9 – Quit rates by ethnicity

Ethnic Group	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Quitters								
White	3,019	265	773	452	467	170	404	495
Mixed	8	2	1	0	2	0	0	3
Asian	28	5	2	1	14	2	2	2
Black	11	1	1		4	0	2	3
Other	1	1	0			0	0	0
Quit Rates								
White	49.41%	42.74%	52.87%	48.45%	48.80%	50.60%	50.19%	48.82%
Mixed	26.67%	66.67%	20.00%	0.00%	16.67%	0.00%	0.00%	42.86%
Asian	35.00%	50.00%	25.00%	50.00%	34.15%	33.33%	28.57%	33.33%
Black	30.56%	100.00%	10.00%		33.33%	0.00%	50.00%	42.86%
Other	16.67%	100.00%	0.00%			0.00%	0.00%	0.00%

4.4 Quit rate by deprivation

The general trend for West Sussex suggests there are better quit rates in the least deprived areas (Chart 6).

Chart 6



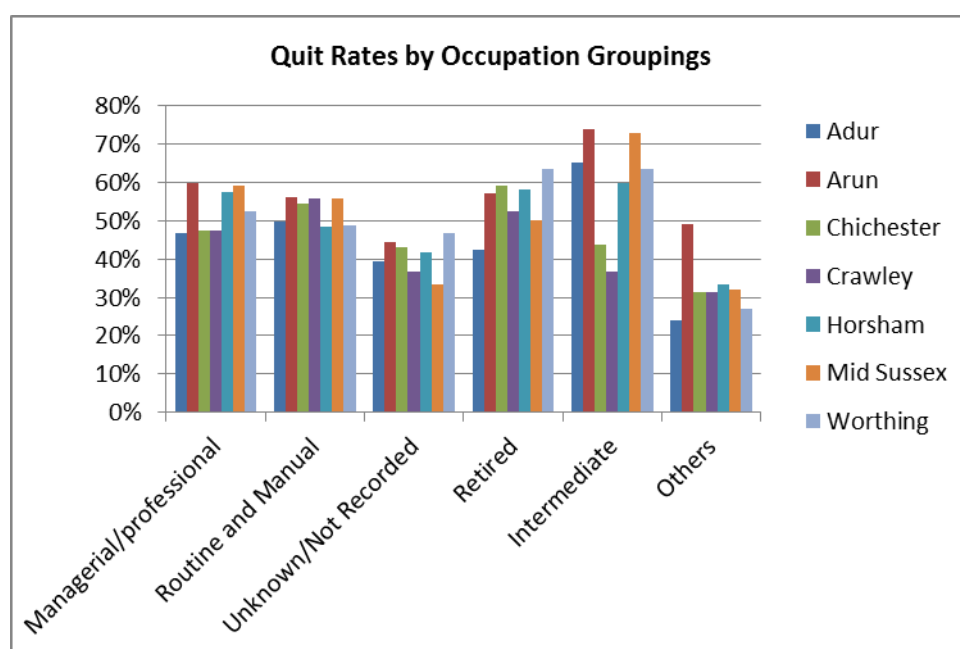
4.5 Quit rate by occupation

Quit rates for the major groups are generally comparable (Table 10). The 'Intermediate' cohort shows the greatest variation across the districts (Chart 7).

Table 10 – Quit Rates by Occupational Groupings

	Managerial / professional	Routine and Manual	Unknown/Not Recorded	Retired	Intermediate	Others
West Sussex	52.96%	53.94%	41.31%	55.39%	55.41%	42.25%

Chart 7



4.6 Quit rate for pregnant women

In 2013-14, 34.2% (53 of 155) of pregnant women accessing the smoking cessation service successfully quit (self-reported). This is below the national average of 47%. There were 61 cases (39.4%) lost to follow-up.

5. Lost to follow up

Highlights

- Compared to the national average lost to follow up rates are higher by 5.6%
- Notably females in the 18-34, 35-44 and 60+ age groups show the highest lost to follow up rates
- Lost to follow up rates in least deprived areas are lower than most deprived

Lost to follow up rates can play an important role in ensuring the provision of complete data for analysis. The lost to follow up rate across West Sussex is 28.6% which is higher than the national average of 23%.

Adur and Crawley recorded the highest lost to follow up rates of 36.2% and 34% respectively (Table 11). The range across localities and age bands vary from 19% to 51%. (Chart 8). Lost to follow up rates are high in the 18-34 (both male and female), 35-44 (female) and, particularly, over 60s (female) age-bands (Chart 9).

Table 11 – Lost to Follow Up Rate

	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Lost to Follow Up Rate	28.60%	36.15%	21.03%	27.59%	33.98%	27.92%	29.04%	29.99%

Chart 8

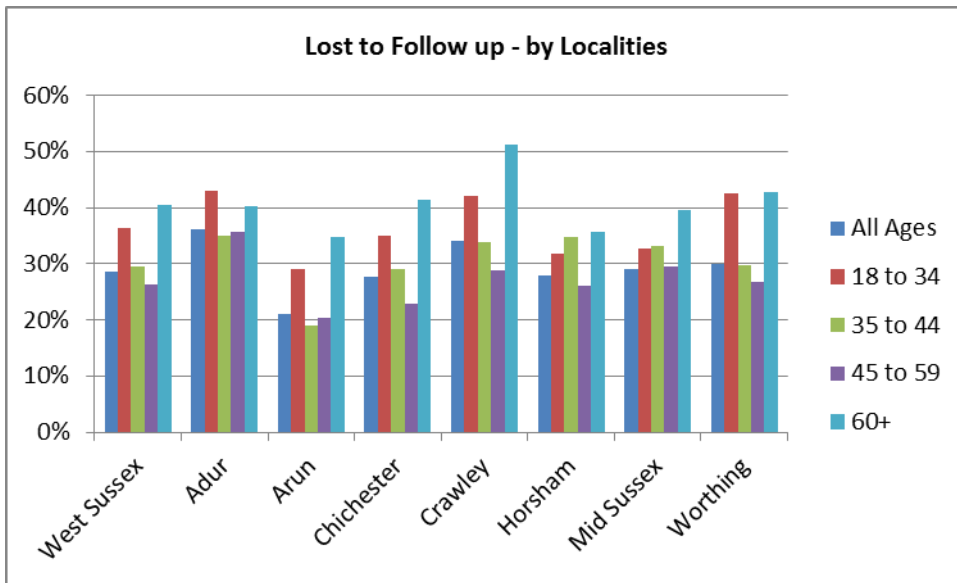
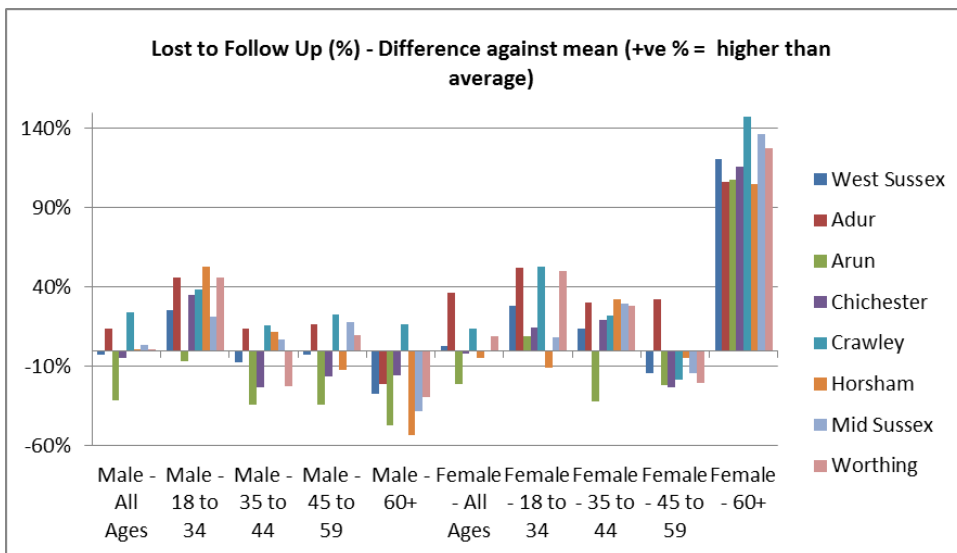


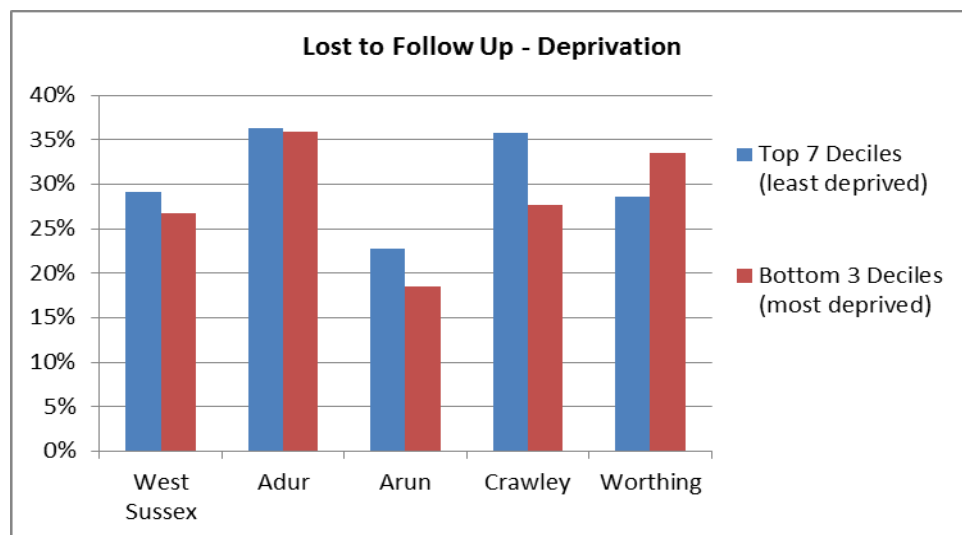
Chart 9



5.1 Lost to follow up - deprivation

Lost to follow up rates are lower for the cohorts in the most deprived wards. This observation is true at county level and, with the exception of Worthing, at district level. (Chart 10)

Chart 10



6. Intervention & Setting

Key points

- NRT is the main pharmacological support provided followed by Champix
- Champix users have the best quit rate
- On average across West Sussex the specialist stop smoking service had the better quit rate

6.1 Pharmacological support

When attempting to stop smoking there are a number of methods that smokers commonly use including: -

- Unassisted
- Using nicotine replacement therapy (NRT) bought over the counter
- Using a stop smoking medicine provided on prescription
- Using a stop smoking service (behavioural support plus access to stop smoking medicines).

The most effective method remains a combination of stop smoking medicine and behavioural support of the type provided by stop smoking services. NICE guidance ([PH10 Smoking Cessation Services](#)) provides recommendations about this being the most cost effective intervention.

The main pharmacological support provided and taken up is NRT (58%). The only other support with significant up-take is Champix (35.7%). The third largest cohort is no pharmacological support. 'Others' (in the following supporting charts) relate to mixed treatment of NRT and Champix, NRT and Zyban or Zyban only (Chart 11). The cohort using Champix has the best quit rate. The high success rate of 'Others' in Horsham should be viewed with caution. It is likely to be due to the effects of small numbers (Chart 12).

Chart 11

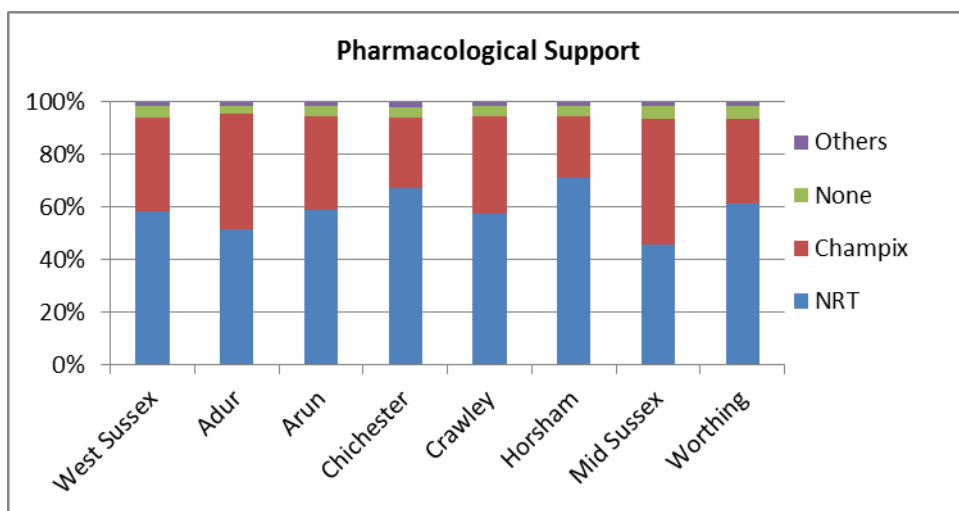
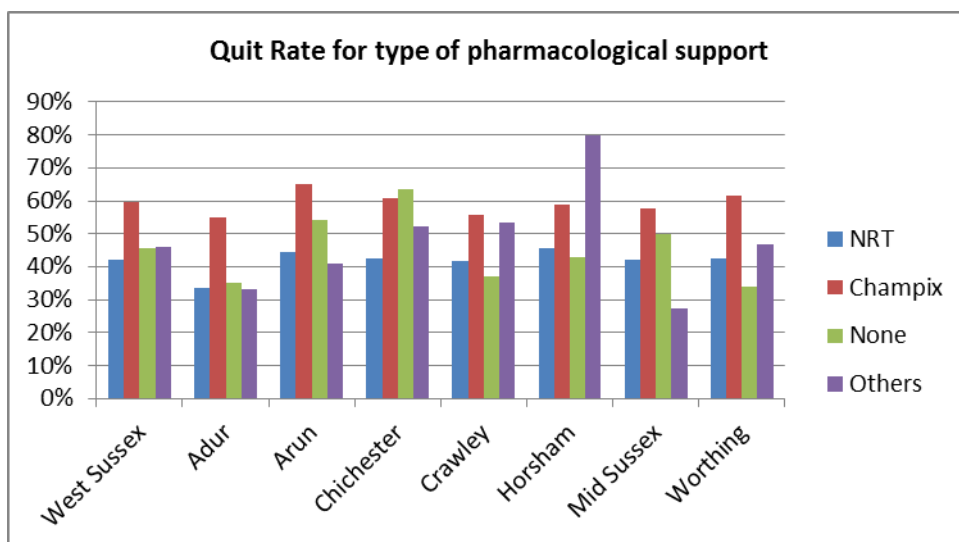


Chart 12



6.2 Setting and location of intervention

By far, the main setting where the most interventions took place is in primary care; except in Horsham where the main setting is stop smoking service centres (Chart 13). Quit rates of stop smoking service centres are generally higher than any other setting of intervention with the exception of Worthing and Crawley as primary care quit rates were slightly higher (Chart 14).

Chart 13

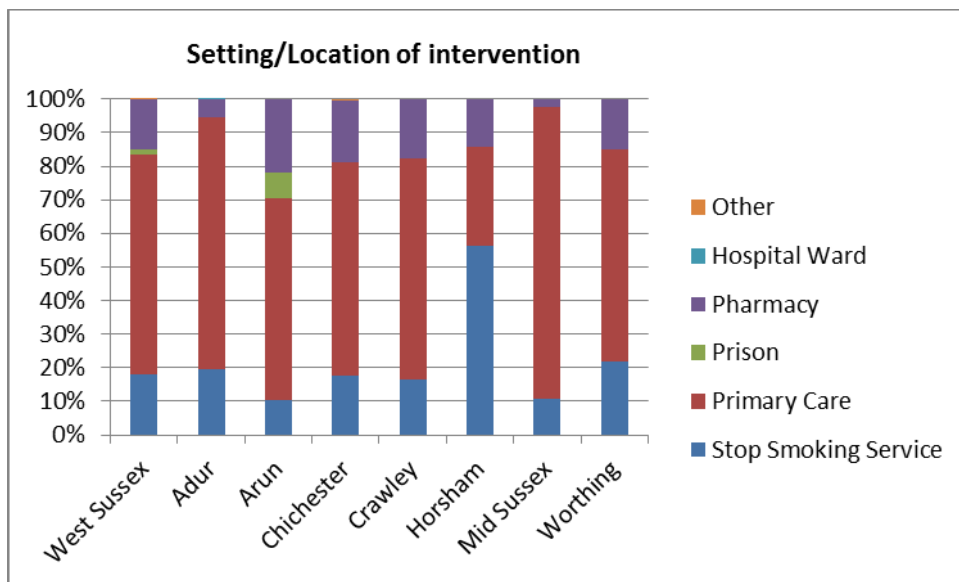
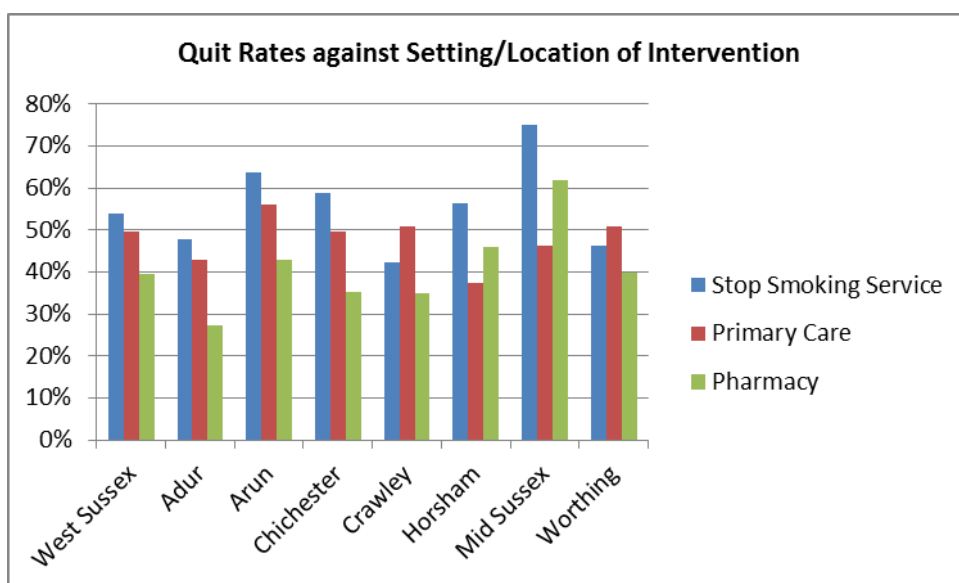


Chart 14



7. Conclusion

Rates of access to stop smoking services vary across the county both geographically and for certain demographic groups, resulting in West Sussex being below the NICE recommended best practice level of 5% of smoking population accessing services. Access rates have been declining since 2011/12.

Whilst the quit rates across West Sussex meet the Russell Standard, they are slightly below the England average figure. The quit rate for pregnant women is well below the national average. Quit rates vary between different groups and in different settings. The stop smoking service has the highest quit rate, with pharmacy the lowest.

Lost to follow up rates appear to be lower in the more deprived areas. The West Sussex lost to follow up rate is higher than the national rate.

8. Next Steps

This report has highlighted several areas which could need further scrutiny. With the change of provider for the smoking cessation service, communication of relevant findings with the new provider will be beneficial. A similar piece of work with the data collected by the new provider after the first year of service will be essential as a comparison to determine if similar inequities still exist. Data for 2014/15 will be available from June 2015 and a healthy equity audit prepared in spring 2015.

9. Recommendations

- 1) The steady decline in access to services since 2011/12 warrants the development of radical approaches to attract West Sussex residents to stop smoking services. This may include in-depth attitude and behavioural research into how residents wish to access stop smoking advice and services for future commissioning and development of targeted social marketing strategies.
- 2) To improve the quality of future HEAs there needs to be an improvement in data completeness and usability in particular that relating to occupation and ethnicity such as capturing better data about the non-white British population.
- 3) The differences in access and quit rates across West Sussex should be investigated to identify opportunities for learning from one area that can be applied to other areas. Specifically the difference in rates for deprived wards.
- 4) A strategy for engaging with smokers between 18 - 34 years and those over 60 years needs to be developed, and needs to be mindful that traditional approaches may not be appropriate.
- 5) Consider the access of men in Arun and Mid Sussex and see what can be learnt from these areas that could be replicated in other parts of West Sussex.
- 6) Investigate reasons for low take up rate for intermediate occupations and if necessary develop a strategy for engaging with those from this cohort.
- 7) Improve our understanding of how the service could meet the needs of smokers from non-white ethnic groups.
- 8) Rate of lost to follow up needs to be improved across the board but with particular focus on areas of deprivation, 18-44 age group, and the high lost to follow up in pregnant women.
- 9) Map all stop smoking service clinic locations and map against access rates to ensure services are meeting the demand and to identify new opportunities. For example, Horsham have the lowest access rates across West Sussex but the highest access to specialist stop smoking services.

10. Glossary

Deprived areas	Local Neighbourhood Improvement Areas which fall within the most deprived 3 deciles of the national Index of Multiple Deprivation (IMD) table
Access rates	The number of smokers accessing the service and setting a quit date as a percentage of the total number of smokers.
Quit rates	The number of smokers who successfully met their target of quitting smoking as planned as a percentage of the total number of smokers who accessed the service and set a quit date.
Self-reported 4 week quitter	A smoker is counted as a 'self-reported 4 week quitter' if he or she is a treated smoker, is assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) and declares they have smoked not a single puff on a cigarette in the past 2 weeks. Quitting is verified either by the smoker self-reporting they have quit or validated through CO verification (Russell Standard).
Lost to Follow Up rate	the number of people who cannot be contacted to confirm the outcome of their attempt to stop smoking as a percentage of the total number of smokers who accessed the service and set a quit date.

Appendix A

Figure 1 - West Sussex clinics viewed against population density

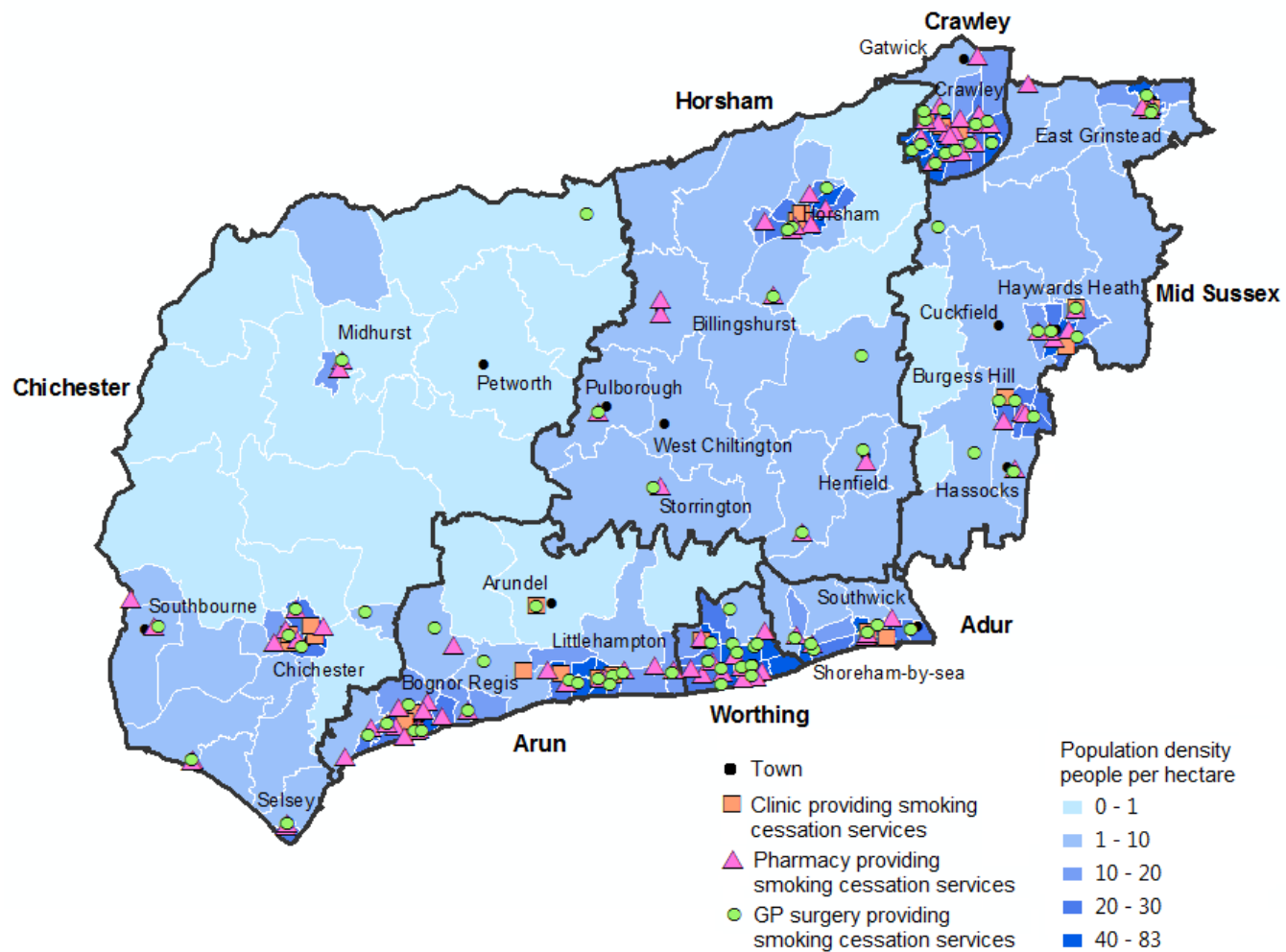


Figure 2 - Clinic locations viewed against IMD

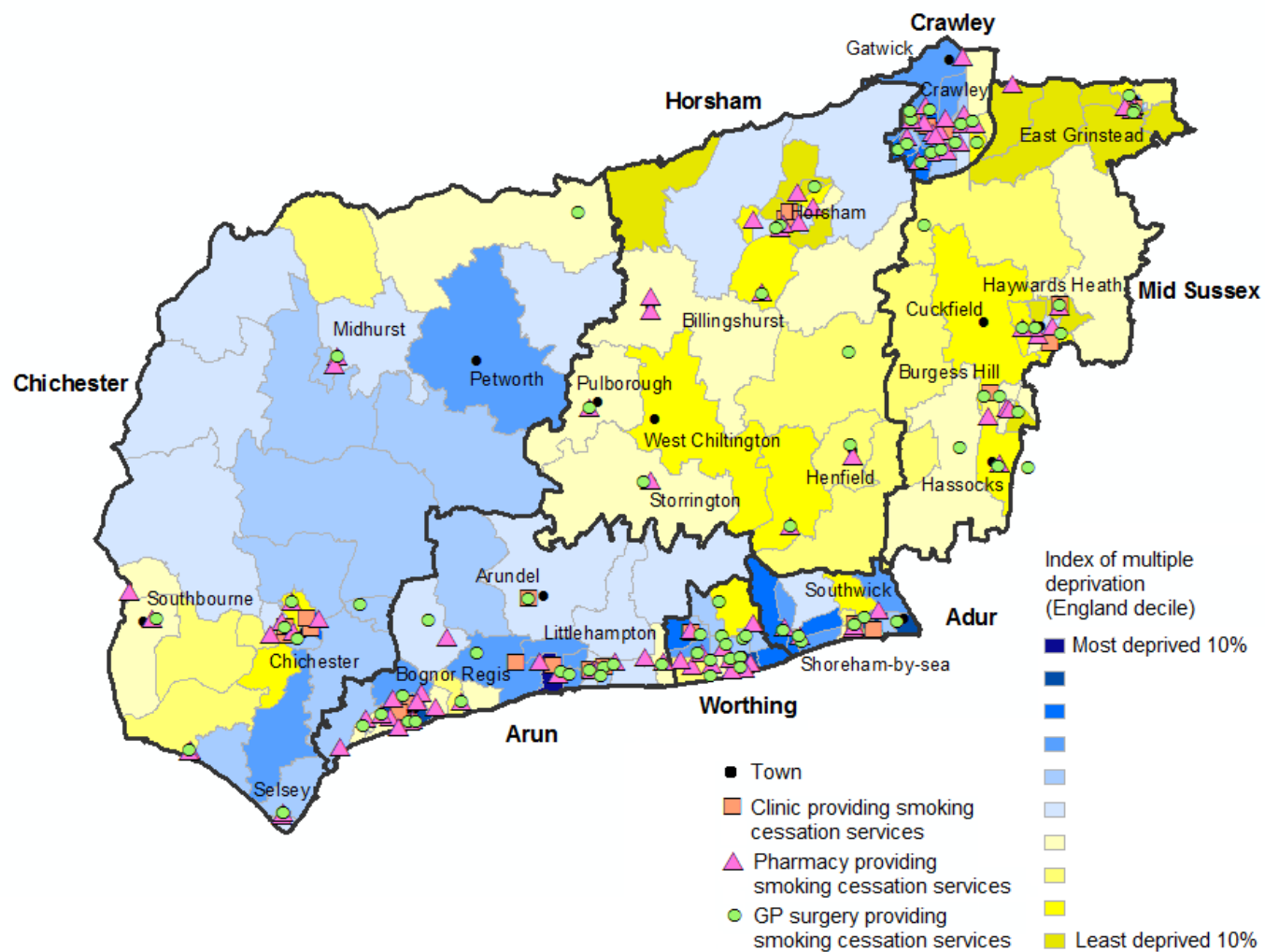


Figure 3 - Horsham and Mid Sussex districts clinics mapped against IMD

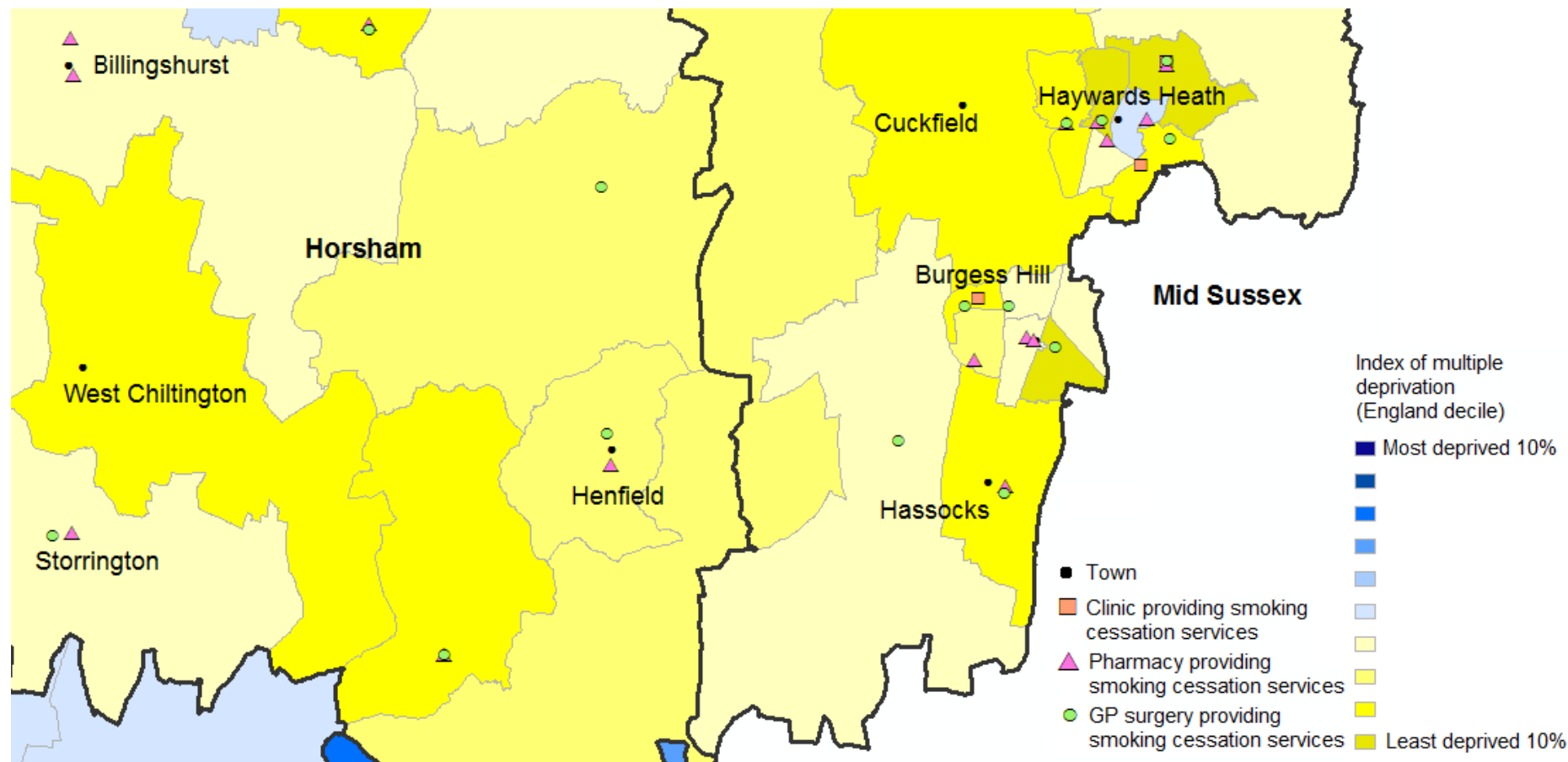


Figure 4 - Chichester district clinics mapped against IMD

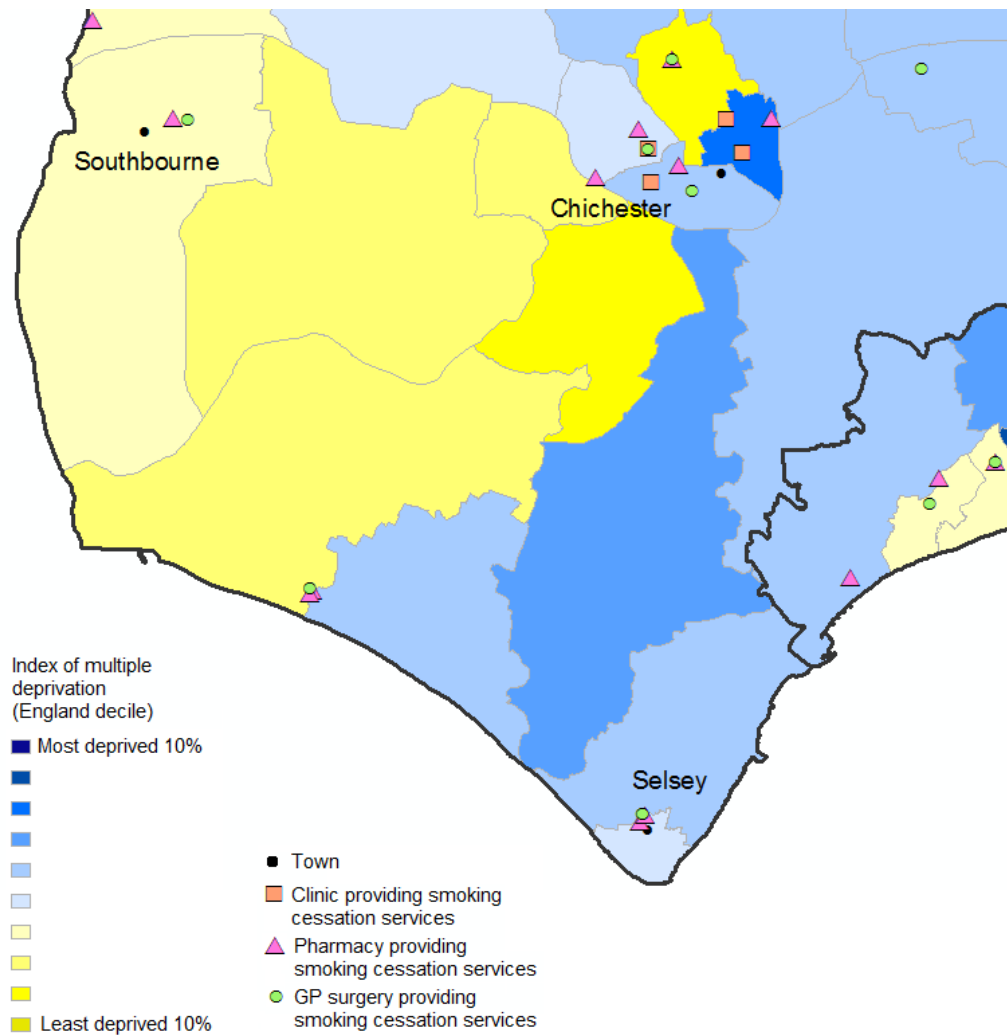


Figure 5 - Crawley and Horsham district clinics mapped against IMD

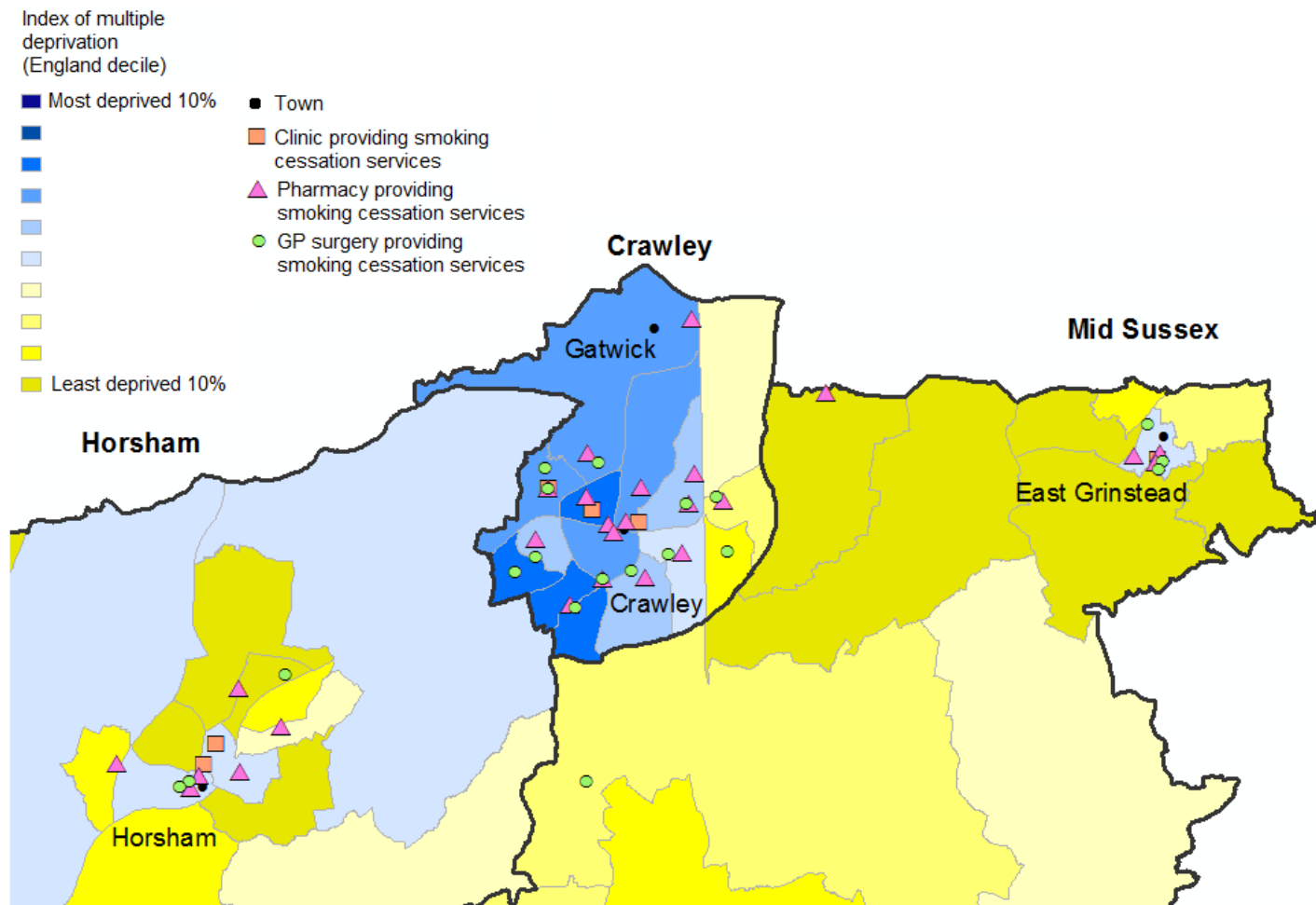


Figure 6 - Adur, Arun and Worthing district clinics mapped against IMD

