



Llywodraeth Cymru
Welsh Government

BACKGROUND, DOCUMENT

NHS smoking cessation services: quality report

This report covers the general principles and processes leading up to the production of our statistics.

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What are these statistics?

Smokers making a quit attempt statistics show, by Welsh Local Health Board (LHB) of residency, from quarter 1 (April to June) 2014/15:

- the number of Welsh resident smokers treated by smoking cessation services
- the estimated number of Welsh resident smokers
- the percentage of Welsh resident smokers who made a quit attempt via smoking cessation services

In addition, the statistics show, by Welsh LHB of residency, the number of Welsh resident smokers treated by each of the individual smoking cessation services.

The statistics are shown by each individual quarter and also by cumulative quarters within a financial year (April to March).

Smokers who are carbon monoxide (CO) validated as successfully quitting statistics show, by Welsh LHB of residency, from quarter 1 (April to June) 2014/15 to quarter 4 (January to March) 2019/20:

- the number and percentage of Welsh resident treated smokers who were CO-validated as successfully quitting (by using a carbon monoxide monitor) at 4 weeks post quit date
- by Welsh LHB of residency, the number of Welsh resident treated smokers who were CO-validated as successfully quitting at 4 weeks post quit date by each of the individual smoking cessation services

The statistics are shown by each individual quarter and also by cumulative quarters within a financial year (April to March). Due to the COVID-19 transmission risk associated with the procedure, CO validation will no longer be carried out. This means statistics related to CO validation will no longer be

published.

Definitions

A 'smoker'

This is defined as someone aged 16 or over who smokes a tobacco product at least once a week. A smoked tobacco product is any product that contains tobacco and produces smoke. This includes cigarettes (hand-rolled or tailor made), cigars and pipes (including shisha, hookah, narghile and hubble-bubble pipes). It does not include any nicotine containing products which do not contain tobacco such as electronic cigarettes.

Smoking cessation service

This is a service which provides evidence-based behavioural support and advice to smokers who are motivated to attempt to stop smoking. This includes the dedicated specialist national Help Me Quit service (formally known as Stop Smoking Wales), Level 3 smoking cessation services delivered by community pharmacies and any 'in-house' services which are available in hospitals and GP surgeries in Wales.

Integral components of a smoking cessation service

- Provide behavioural support
- NHS supported service
- They have dedicated time to deliver group and / or 1:1 support which:
 - provides a series of planned/scheduled sessions in which a target quit date is set and support provided throughout the quit attempt through

- multi-session, structured behavioural support
- is provided in conjunction with an offer of pharmacotherapy
- provides a follow-up of the client at one month post quit date, is CO-validated, with outcomes recorded

Brief interventions, as described below, are not classified as a smoking cessation service and are excluded from the data.

Brief interventions

This is simple opportunistic advice and encouragement to stop smoking provided to a patient, which usually lasts for around 5 to 10 minutes, and is provided by a wide range of health professionals. This includes an assessment of a patient's current commitment to attempt to quit, provision of information about the availability of pharmacotherapy and behavioural support, and referral to a more intensive support from a smoking cessation service.

Treated smoker

A treated smoker is a smoker who undergoes at least one treatment session with support from a stop smoking advisor as part of their quit attempt. A smoker does not have to complete the full smoking cessation programme to become a treated smoker.

A 'quit attempt'

This is where a smoker makes a firm commitment to give up smoking on a certain date. The actual quit date is the date on which a smoker plans to stop smoking altogether with support from a stop smoking advisor as part of a smoking cessation service assisted quit attempt. Quit attempts through

community pharmacy and hospital services are always set during the first stop smoking session. For the Help Me Quit service (formally Stop Smoking Wales), quit attempts are set during the second stop smoking session.

CO-validated quitter

A smoker is counted as a 'CO-validated' quitter if:

- they have not smoked even a single puff on a cigarette in the past 2 weeks
- their expired-air CO, assessed during a follow up visit to the smoking cessation services 4 weeks after the designated quit date, is found to be less than 10ppm when tested using a carbon monoxide monitor

The CO-validated test can take place up to 3 days before or a maximum of 14 days after the 4 week post quit date has been reached to cover any difficulties in arranging a suitable date for the test to take place.

Estimated number of Welsh resident smokers

Smoking cessation data prior to 2017/18

The estimates have been calculated by applying the observed Welsh Health Survey smoking rates for adults to the mid year population estimates for people aged 16 and over for each Welsh LHB of residency.

Smoking cessation data from 2017/18

The National Survey for Wales has replaced the Welsh Health Survey as the source of data on health-related lifestyle among adults. Therefore, for smoking

cessation data from 2017/18, the estimated number of Welsh resident smokers have been calculated by applying the observed National Survey for Wales smoking rates for adults to the mid year population estimates for people aged 16 and over for each Welsh LHB of residency. Where possible, the percentage of smokers is based on 2 years of data combined to increase sample size and improve precision, however this was not possible during the period when the National Survey was being adapted due to the coronavirus pandemic.

Due to the timing of availability of results, estimates of the number of adult smokers are for one year before the smoking cessation data – for example, the estimated number of smokers used for 2021/22 smoking cessation data is based on the estimated survey smoking rates for 2020-21 and the mid-year population estimates for 2020.

Smoking cessation data from 2021/22 onwards

In 2020-21, the National Survey was adapted due to the coronavirus pandemic (with telephone interviews replacing face-to-face interviews). Therefore, the results for smoking from the 2020-21 survey onwards should not be compared with results from previous editions of the National Survey for Wales – this topic can be sensitive to such changes. The smoking estimates reported under the amended survey were lower than previous estimates, however it is likely that this is the result of the change to the survey. The lower estimates of Welsh resident smokers will result in an apparent higher proportion of smokers making a quit attempt from 2021/22 which may not reflect a real improvement in performance.

Information is reported by all seven Welsh LHBs on patients who are resident in the LHBs.

From 1 October 2019 Stop Smoking Wales was rebranded as Help Me Quit. As a result the individual smoking cessation services that are included from quarter

3 2019/20 are:

- Help Me Quit - community
- Help Me Quit – pharmacy level 3
- Help Me Quit - hospital services
- Help Me Quit for baby
- In house GP based service

Prior to quarter 3 2019/20, the individual smoking cessation services were:

- Stop Smoking Wales
- Level 3 pharmacy based services
- In house hospital based services
- In house GP based services
- Specialist maternity service (reported separately from quarter 1 2018/19)

Users and uses

An understanding of trends in smoking cessation rates and volumes of work undertaken in smoking cessation services is crucial for those involved in planning and decision making at both the national and local level.

We believe the key uses of these statistics are:

- ministers and their advisors
- Assembly members and Members Research Service in the National Assembly for Wales
- Officials within the Health and Social Services Group at Welsh Government
- NHS Wales
- local authorities
- students, academics and universities

- other areas of Welsh Government
- other government departments
- third sector organisations
- media
- individual citizens

The statistics are used in a variety of ways. Some examples of these include:

- advice to ministers and briefing on the latest performance across Wales against the NHS Delivery Framework targets
- to assess, manage and monitor NHS Wales performance against targets
- to inform service improvement projects for areas of focus and opportunities for quality improvement
- to make decisions regarding future investment in smoking cessation services
- by NHS Local Health Boards, to benchmark themselves against other local health boards
- to help determine the service the public may receive from NHS Wales

If you are a user and do not feel that the above list adequately covers you please let us know by contacting us via hss.performance@gov.wales.

Strengths and limitations of data

Strengths

- The information is processed and published on a quarterly basis (on StatsWales and in a headline on the Welsh Government website) in an ordered manner for ease of access and use.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. Information is provided by LHB and by individual smoking cessation service (where applicable). Both figures

and percentages are published.

- The data enables users to assess the impact that smoking cessation services have on the health of the people in Wales.

Limitations

- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately. We encourage users to link with this Quality Report / headline to gain more background.
- There is no mapped data.
- Because of the devolved administrations and differing policy and legislation, there is less scope for direct UK comparisons.
- The quarterly headline data has limited commentary.
- Some locally funded smoking cessation services are not captured by the four services for which Welsh LHBs provide data.
- The estimated number of Welsh resident smokers is based on survey estimates which can vary over time due to changes in the survey. This has implications for estimates of the proportion of smokers making a quit attempt as this could vary because the smoking estimates vary rather than because of any real change.

Data processing cycle

Data collection

The Tobacco Policy Branch within the Welsh Government receives a completed smoking cessation form from each of the LHBs each quarter. Standards relating to the form have been reviewed and passed by the Welsh Information Standards Board (WISB) and the Data Standards Change Notice (DSCN) Group.

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Go to <https://www.gov.wales/nhs-smoking-cessation-services-quality-report-html> for the latest version.

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Validation and verification

The Delivery & Performance Division within the Welsh Government, on behalf of the Tobacco Policy Branch, upload the data received on a quarterly basis. The data processing system used ensures that data is not missing from the returns. Further validation and verification checks are then done on a quarterly basis, including, for example, checking trends in the data and any significant drops in performance against the NHS Delivery Framework targets. Any abnormalities in the data are noted and these are then raised with the LHBs, thus enabling LHBs to check, correct or comment on their data and to provide contextual information where relevant.

Publication and revisions

The statistics published by the Delivery & Performance Division are produced by summarising the information provided by the LHBs.

On a quarterly basis we publish a brief html headline on our website which provides a link to the StatsWales tables and this quality report. The information presented in StatsWales is produced via an automated process.

The data for the latest financial year (12 months - April to March) is published as provisional and may be revised in future updates. This is to enable LHBs to submit revised data as they carry out further validation.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [revisions, errors and postponements arrangements](#).

Disclosure and confidentiality

Following our disclosure risk assessment we believe that the likelihood of identification of an individual patient from the data we publish is very low, without other information about the patient already being known. Therefore small values have not been suppressed.

We adhere to the [statement on confidentiality and data access](#), issued in conformance with the requirements set out in Principle of the Code of Practice for Statistics.

Quality

Delivery & Performance Division adhere to a [quality strategy](#) and this is in line with Principle 4 of the [Code of Practice for Official Statistics](#).

Specifically, the list below details the six dimensions of the European Statistical System and how we adhere to them:

Relevance

The degree to which the statistical product meets user needs for both coverage and content.

The statistics are used as the measure of performance against national targets for NHS Wales and for monitoring LHB performance. They contribute to assessing the impact that smoking cessation services have on the health of the people in Wales. Other interests and uses of this data are outlined above.

We encourage users of the statistics to contact us to let us know how they use

the data. It would not be possible to provide tables to meet all user needs, but the tables published on StatsWales aim to answer common questions.

We consult with key users prior to making changes, and where possible, publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure that statistics remain relevant.

Accuracy

The closeness between an estimated result and an (unknown) true value.

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error and processing error.

This is an established data collection based on 100% data i.e. not a sample.

For most quarters, all LHBs are able to supply data and as such no estimation of the figures is needed. Where estimates are used, because an LHB is unable to supply data for a particular quarter, this is clearly outlined in the data.

We haven't yet investigated non-sampling errors. However, processing errors could occur where clerks in hospitals incorrectly input data into their administrative system and measurement errors could occur from staff in hospitals having different interpretations of definitions. To reduce non-sampling errors, standards and guidance are provided for each data return to try and ensure that LHBs submit information according to the agreed definitions and specification. Standards relating to this data collection have been reviewed and passed by the **Welsh Information Standards Board**. Where non-sampling error affects the data, we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are

limitations.

All of our outputs include information on coverage, timing and geography.

There are quality assurance procedures in place to understand and explain movements in the data and to check that the computer system is calculating the published statistics correctly.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's **revisions, errors and postponements arrangements**.

Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the **Upcoming calendar**. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's **revisions, errors and postponements arrangements**.

We publish data as soon as practical after the end of every quarter and in-line with user needs.

Accessibility and clarity

Accessibility is the ease with which the users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published on a quarterly basis as a headline on our website and on StatsWales in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users of this publication. Simultaneously the headlines are also published on the National Statistics Publication Hub. We also publicise the outputs on [Twitter](#). All outputs are available to download for free.

Detailed data is available at the same time as the headline on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and they adhere to the [Welsh Government's accessibility policy](#). Furthermore, all our headlines are published in Welsh and English. Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the headline or via hss.performance@gov.wales.

Comparability

The degree to which data can be agreed over both time and domain.

Where advanced warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

There is similar information available from other parts of the UK but the data is not exactly comparable due to local definitions and standards in each area, see Coherence below.

Agreed standards and definitions within Wales provide assurance that the data is consistent across all LHBs.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon are similar.

Every quarter the data are collected from the same sources and adhere to the national standard. Where there are changes in definitions or scope, we clearly note this on the headline page and add appropriate caveats to the data.

Other UK countries also measure smoking cessation service performance. However, the outputs differ in different countries because they are designed to help monitor policies that have been developed separately by each government. Further investigation would be needed to establish whether the definitional differences have a significant impact on the comparability of the data.

England

In England, the statistics are published on a quarterly basis by [NHS Digital](#).

Scotland

In Scotland, the statistics are published on an annual basis by [Information Services Division \(ISD\) Scotland](#).

Northern Ireland

In Northern Ireland, the statistics are published on an annual basis by the [Department of Health](#).

Dissemination

All the data is of sufficient quality following the checking outlined above to justify publication. All actual data provided is published on our interactive website [StatsWales](#).

Evaluation

Please send your feedback on the statistics and this quality report to hss.performance@gov.wales.

Produced by: Performance and Delivery Division, Health and Social Services Group, Welsh Government

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For more information refer to our [accessibility statement](#).

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