CASE STUDY:
Stop smoking services
Equity Audit

July 2007

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Public Health – Lambeth PCT
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| **1. Executive summary page - Lambeth PCT – Equity Audit of Stop Smoking Services (SSS)** |
| Aims and Objectives | Aim:  
• To perform a Health Equity Audit of Stop Smoking Services in Lambeth with the purpose of understanding the equity issues and informing planning & performance of these services.  
Objectives:  
• To measure inequalities in service utilisation and effectiveness  
• To identify how much of the inequalities are inequitable  
• To establish a baseline for equity monitoring  
• To model how much improving equity in utilisation and effectiveness could contribute to reach the quit smoking target  
• To identify strategic and service provision changes to reduce the inequity in service utilisation and effectiveness  
• To advocate for these changes to be integrated into the Stop Smoking Business Plan  
• To monitor changes and audit again a year later |
| Contact | Marie-Noelle Vieu and Hiten Dodhia, Lambeth PCT; Marie.vieu@lambethpct.nhs.uk |
| HEA cycle and time period | Agreeing partners, frameworks and profiling | February –June 05  
Identify strategic changes (literature review and modelling) | July- November 05  
Dissemination of findings and proposed strategic changes | December 05- March 06  
Agreeing actions | April 06  
Implementing actions | July 06  
Re- audit | August - December 07 |
| Summary of audit and its impact | Impact specific to smoking cessation:  
• Provided a baseline for equity monitoring of service provision.  
• Brought equity perspective into local planning of health services and highlighted the need for equity based local targets  
• Raised awareness of the potentially conflicting agenda between reaching short term target (4 week quitters) and reducing health inequality.  
• Increased interest of service providers in addressing the needs of ethnic minorities at high risk  
• Triggered pilot interventions aimed at facilitating access and increasing support to quitters especially in deprived area (pilot of community based self help group started in Coldharbour ward)  
• Raised awareness of the benefit of an integrated approach under the tobacco control strategy umbrella  
• Triggered the need for a review of the model of smoking cessation services  
Broader impact:  
• Increased the demand for equity audit in the PCT (for exercise on referral, for hypertension management)  
• Highlighted the roles of the various stakeholders in developing equity based planning and clarified the roles and skills required by Public Health to implement HEA  
• Provided a better understanding of the strengths and weaknesses of local planning process  
• Data from the equity profile were used for the Health Care Commission Review of Tobacco Control for Lambeth.  
• Proposed strategic changes were used for the design of the Tobacco Control Strategy for Lambeth & development of the local areas agreement stretch target on tobacco control |
| Further Information | A detailed report of the equity profile was produced including the methodology of measurement of the disparities in service provision, a review of the factors contributing to inequity and suggested interventions to reduce inequity.  
A paper for the senior management team was prepared which focused on key strategic changes  
A detailed modelling of the stop smoking services was carried out based on national and local literature. The conceptual framework and the findings of the equity profile were reported into the Lambeth PCT Public Health Annual Report 04/05 (available on www.lambethpct.nhs.uk) |
2. Details of the Audit

Health Equity Audit (HEA) was adopted by Lambeth Primary Care Trust to promote fairness in health and health care. HEA is a process for health services planning with a focus on the disparities of health needs in relation to service provision. It involves assessing how much of these disparities are avoidable and unfair, with the purpose of identifying interventions to reduce these inequities by setting clear targets, informing the commissioning of services and resource allocation.

Smoking is the single most important and avoidable contributor to long term illness and premature death in Lambeth. The socio-economic and cultural diversity of the Lambeth population represents a challenge for the provision of fair health services. The PCT wanted to ensure that the provision of stop smoking cessation services was contributing to the reduction in adult health inequality in the Borough by providing equitable access and equal opportunity of quitting smoking independently of age, gender, ethnicity and deprivation. Stop smoking services have been implemented since 2000 with the objective of reducing smoking prevalence through primary and secondary prevention.

A public health manager developed the HEA approach. The core team consisted of a manager, an analyst, the stop smoking team co-ordinator, and public health consultant. Modelling was commissioned to the academic department of general practice at Kings.

The overall framework was to:

a) Present the concept of equality and equity to PCT directorates to raise awareness.

b) Conduct the equity profiling of stop smoking services at level 2 including a review and understanding of need measurements; deprivation measurement and statistical analysis of the level 2 database. Level 3 services based in the South London and Maudsley, were later included in the profiling.

c) Statistical analysis provided a measurement of disparities but could not explain them. A literature review was conducted to identify current knowledge of factors contributing to disparities in needs and effective behaviour change. Local knowledge of the disparities in the use and effectiveness of services was gathered from service providers through key informant interviews. Local evidence on constraints to behaviour change was gathered in various ways. In Southwark, a borough with similar population profile, the PCT commissioned a qualitative study focus group interviews with “hard to reach smokers”. In Lambeth, members of the stop smoking team conducted focus group interviews with ethnic minority smokers. The Strategic Health Authority also shared with Lambeth PCT their findings from interview with random smokers.

d) King’s College, Department of General Practice, developed an evidence-based model of stop smoking. Local data based on equity profile were used to develop a local based model, which was then compared with the national-based model. This showed:
- two third of quits happen outside of the NHS
- the current model of stop smoking services had no effect on smoking prevalence
- the service had a lower effectiveness than the national average, but was still cost effective
- the data required to monitor the effectiveness of this service were incomplete
- it also provided values on the cost effectiveness for the period 2004/05: £1000/pregnant quitter; £310/quitter (04/05), £ 204/smoker setting a quit date
3. Some key findings

Overall only a small number of smokers living in Lambeth used the smoking cessation services with 4 in 100 smokers having set a quit date between January 2000 and January 2005. The use of the service has been increasing steadily. The proportion of smokers who relapsed has been rising up to 12% in the last 9 months (April 2004-January 2005). The current strategy resulted in equitable use of SSS with a higher proportion of smokers living in deprived wards using the service than in better off wards. However smokers from black minority groups were less likely to set a quit date than white smokers. Findings of the equity profile suggest that the needs of male smokers have not been addressed as well as the need of female smokers with 4 in 100 male smokers setting a quit date compared to 7 in 100 for female smokers.

Stop smoking services in Lambeth has a lower short-term effectiveness than the England average with 34 in 100 smokers with quit date reporting not smoking by 4 weeks compared 61 in 100 nationally. This low effectiveness is partially explained by a high proportion of smokers who did not come back to the service after having decided to stop smoking, especially among young and ethnic minority smokers. It is expected that the contribution of the health service to the cessation rate in the population is higher with the adding impact of level 1 and level 3 SSS.

Disparities in setting a quit date:
- Gender: 2.9% more women smokers than men smokers
- Age: 7.2% more 55-64 y old smokers than 16-24 y old smokers
- Ethnicity: 2.5% more Asian smokers than white smokers;

Disparities in setting a quit date:
- Gender disparity: RR = 1.07
- Age disparity comparing 55-64 years old with 15-24 y old: RR = 1.56
- Ethnicity disparity comparing black with white smokers: RR = 0.62
- Deprivation disparity comparing worst quintile of wards with better off quintile wards: RR=0.71

Findings of the equity profile suggest that a standardized and vertical service provision may not suit the needs of the most vulnerable to smoking in Lambeth: quit rate decreases with increasing ward deprivation level, and 1 in 4 black smokers quit smoking compared to 1 in 3 white British smokers (after controlling for confounding effect of age, gender, addiction and ward deprivation level). The findings of the equity profile suggest that there is a risk for the target-based approach to widen the inequality gap because of the inequitable service outcome.
### Equity profile of utilisation

<table>
<thead>
<tr>
<th>IN PRACTICE</th>
<th>IF EQUITABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 OUT OF 10 USERS ARE MEN</td>
<td>6 OUT OF 10 USERS WOULD BE MEN</td>
</tr>
<tr>
<td>3 OUT OF 100 BLACK SMOKERS ARE USERS</td>
<td>5 OUT OF 100 BLACK SMOKERS WOULD BE USERS</td>
</tr>
<tr>
<td>5 OUT OF 100 DEPRIVED SMOKERS ARE USERS, BUT 3 OUT OF 100 WELL-OFF SMOKERS ARE USERS</td>
<td>AT LEAST 5 OUT OF 100 DEPRIVED SMOKERS</td>
</tr>
</tbody>
</table>

### Equity profile of effectiveness

<table>
<thead>
<tr>
<th>IN PRACTICE</th>
<th>IF EQUITABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 IN 10 USERS QUIT INDEPENDENTLY OF AGE</td>
<td>SAME QUIT RATE FOR MEN AND WOMEN</td>
</tr>
<tr>
<td>2 IN 10 BLACK QUIT BUT 3 IN 10 WHITE</td>
<td>SAME QUIT RATE FOR BOTH WHITE &amp; BLACK SMOKERS</td>
</tr>
<tr>
<td>3 IN 10 DEPRIVED SMOKERS QUIT BUT 4 IN 10 BETTER OFF</td>
<td>SAME QUIT RATE FOR ALL LEVELS OF DEPRIVATION</td>
</tr>
</tbody>
</table>

### 4. Actions arising: Review of Stop Smoking Services

In March 06 the service improvement section of the Primary Care Directorate organised a review of the various streams of work done on stop smoking in Lambeth. The various stakeholders attended this meeting. At that forum, both national and local evidence was presented. The outcomes of this meeting included:
- A one year business plan
- A revised model of community based support and concern about sustainable behaviour change
- A request for defining local equity target for this service (see appendix 1).

### 5. Lessons learned

- Identifying stakeholders’ interests before starting the profiling is essential to ensure ownership of the findings and implementation of the agreed strategic changes
- Roles and responsibilities evolve with the development of the HEA. The leadership at the various stages of the HEA changes
- Public health role in facilitating the HEA process evolves with the development of HEA
  - Key roles include literature review of evidence about factors impacting on inequity and interventions effective to reduce inequity; data analysis and advocacy
  - PH support in the identification of strategic changes should include cost analysis of the various scenarios as an element of decision
- Definition of local needs is required to ensure tailoring services
- Identification of the reasons of observed inequity requires a continuous process of dialogue with the users and target groups. Addressing inequities should be an objective of service development and could be addressed by adopting a problem solving approach with service providers
- PCT Targets should include equity targets, for example by specifying the expected distribution of the target in relation to needs
- HEA can be instrumental in strengthening the local planning process
- Building a culturally competent work force in the NHS in Lambeth is a key element for promoting equitable services
- Mainstreaming HEA will require organizational adjustment at the PCT level.
- Develop a strategy for integrating HEA into the local planning framework of the PCT, then the borough
Local Target Setting Process –

An example: Smoking cessation services

April 2006

Lambeth PCT – Public Health Directorate
Marie-Noelle Vieu
Mahnaz Shaukat
Wun Wong
The Department of Health apportions the national target for the number of smoking quitters to SHAs on a three years basis. The SHAs are then responsible for allocating this target to PCTs. PCTs are in turn responsible for identifying how it will reach this figure over 3 years. The PCT having identified inequities in the service provision proposed to establish equity targets for smoking cessation services. Smoking cessation services are one of the main interventions for the promotion of the reduction of smoking prevalence. The paper through modelling, assess how much the SCS will contribute to the reduction of smoking prevalence. It also assesses how much integration will reduce the demand on SCS.

The table below lists the various alternatives for 2005/6 considering budget and equity

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Priorities for 2006/07</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reach the nationally defined 4 week target for 2006/7 within the given budget</td>
<td>Review delivery cost</td>
<td>Effectiveness: average 50% (76% level3; level 2 between 27% and 50%)</td>
</tr>
<tr>
<td></td>
<td>Improve uptake to 5 % &amp; effectiveness to 56%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCT to fund SCS as delivered through primary care only</td>
<td>PCT funded SCS in prison, hospital as well as through primary care services (GPs, pharmacist, community support groups)</td>
</tr>
<tr>
<td></td>
<td>PCT to train and monitor performance of other stakeholders providing SCS (such as Acute care trust; Council)</td>
<td>Already done. Supervision after training to be established &amp; quality control</td>
</tr>
<tr>
<td>To reach the nationally defined 4 week target for 2006/7 independently of the budget</td>
<td>Improve uptake to 5% of smokers</td>
<td>Uptake: 4% a year</td>
</tr>
<tr>
<td></td>
<td>Improve effectiveness to 56%</td>
<td>In average: 50%</td>
</tr>
<tr>
<td></td>
<td>Complete the level2 4 week quitters with record of some level1 or self quitters using over the counter NRT (70 to 900 four week quitters depending on the effectiveness of the SCS)</td>
<td>Are counted only level2 &amp; level3 SCS quitters</td>
</tr>
<tr>
<td></td>
<td>OR Promote self quit and increase self quit rate by 1%</td>
<td>Current self quit rate is estimated at 2%</td>
</tr>
<tr>
<td>Objectives</td>
<td>Priorities for 2006/07</td>
<td>Current status</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>To achieve the nationally defined 4 week quitters in equity</td>
<td>Of the expected 4 week quitters, 20% will be from Vassal &amp; Coldharbour wards; Effectiveness (quit rate) for black smokers to reach 35%</td>
<td>10% of reported 4 week quitters from Vassal &amp; Coldharbour wards; Quit rate for black smokers: 25%</td>
</tr>
<tr>
<td></td>
<td>Applying a quit rate of 56%, 3,629 smokers should set a quit date.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Of those setting a quit date: 60% should be men, 20% from Vassal and Coldharbour wards &amp; 20% black smokers</td>
<td>Of those setting a quit date: 43% were men; 14% were from Vassal &amp; Coldharbour wards; &amp; 16% were black</td>
</tr>
<tr>
<td>To reduce smoking prevalence in Lambeth</td>
<td>More people to quit smoking every year than smokers who start smoking</td>
<td>Uptake smokers estimated at 2% of adults over 16 years</td>
</tr>
<tr>
<td></td>
<td>The total smoking ban is expected to reduce the yearly uptake of smoking to 1% of adults over 16y</td>
<td>Yearly uptake of smoking: 2% of adults over 16 years</td>
</tr>
<tr>
<td></td>
<td>Integration of SCS with interventions aimed at increasing self quitters &amp; preventing uptake (health promotion; smoke free home; total smoking ban; community support groups)</td>
<td>No integration</td>
</tr>
</tbody>
</table>