Background - Why the need for Local Tobacco Control Profiles?

Smoking is the primary cause of preventable morbidity and premature deaths, and as such is the focus of many strategies and documents such as: Healthy Lives, Healthy People: a Tobacco Control Plan for England (Department of Health, 2011).

Smoking prevalence has decreased in the past few decades, although around 21% of the adult population in England still smoke. Smoking is the leading cause of preventable deaths in England (81,400 deaths in 2009). Smoking prevalence varies between social groups, and is generally higher in groups with lower incomes. Smoking is a significant contributor to inequalities in death rates between the richest and the poorest communities in our population in England (Department of Health, 2011).

Key messages

- Leicestershire County and Rutland PCT is better than the England average for 13 out of 14 tobacco related indicators used to construct the profiles.
- Smoking prevalence in the districts within Leicestershire County and Rutland primary care trust (PCT) is either significantly lower than the England average, or is not significantly different from the England average.
- However, 1 in 5 of the population in Leicestershire County and Rutland PCT smoke [Integrated Household Survey, 2009-10]. So, smoking is still a significant public health problem in our population.
- The PCT level data conceal considerable variation in smoking prevalence, smoking attributable deaths and other indicators between districts/local authority areas.
- Blaby, Harborough and Rutland compare the most favourably with the England average, with seven out of eleven indicators being significantly better than average (the rest being not significantly different).
- North West Leicestershire compares least favourably with the England average. However, two out of eleven indicators are still significantly better than the average (the remainder being not significantly different).
- The Local Tobacco Control Profiles provide some useful information, although they should be used in conjunction with other sources of public health intelligence.

Introduction to Local Tobacco Control profiles for England

The Local Tobacco Control Profiles (London Health Observatory, 2012) aim to provide information on the impact of tobacco use on local populations, and to monitor services implemented to try and tackle tobacco related problems. They are produced to provide information to local government and healthcare providers and commissioners among others. The profiles are benchmarking tools, comparing areas with the England average.
Local Tobacco Control Profiles are produced by the London Health Observatory on behalf of the Public Health Observatories in England.

These profiles come with a health warning; they are not designed to give in depth or exhaustive information but should be used alongside other sources of local and regional public health intelligence. For example, data about absolute numbers (e.g. numbers who smoke, the percentage of the population who smoke, smoking attributable deaths per 100,000 population) are not available in the profiles, and this information will be necessary to build up a whole picture of the burden of smoking in a district or county.

**What information is available in the profiles?**

There are several indicators available in the profiles and several ways to access and view the data. The indicators include: smoking attributable deaths (overall, and from specific diseases), smoking attributable hospital admissions (and cost), cancer (smoking-related types) registrations, smoking prevalence (general and in pregnancy) and successful quitters. Some of these indicators are available at local authority level only, whereas others are also available at PCT level.

It is possible to view indicators for a single area compared with the England average, or showing trends over time (where available). Regional summaries are available in a grid format (known as the ‘Tartan rug’) to view how all PCTs or districts in a region compare with the England average (e.g. East Midlands, by PCTs or by local authorities – see appendix 1). The profiles are available in PDF format reports, available by area (e.g. Leics County and Rutland PCT, Blaby CD, Rutland UA). A large excel spreadsheet is available for download; this contains all the indicators for all areas in England which makes it a bit unwieldy.

Much of the data available on the profiles website are to some extent out of date. Information on deaths refers to 2007 to 2009, hospital admissions data are from 2009/10, and cancer registrations information is from 2006 to 2008. The most recent information is available for successful quitters, which is available for 2010/11. So, whilst the information in these profiles may be useful to augment other data sources, they cannot give an accurate picture of what is happening today in our population.

There is also detailed information available about the indicators used. For each of the indicators, a definition is given, along with definitions of the numerator and denominator, the sources of these values, as well as the rationale for inclusion, and an aide to interpretation, among other information. This is useful as it makes the indicators transparent in terms of methodology and in the justification for inclusion in the profiles. It also means that the calculations are theoretically reproducible, although I have not actually attempted this for these indicators.

**Current performance in Leicestershire County and Rutland PCT**

Smoking prevalence in those 18 years and older is not available at PCT level in the profile. This means that to obtain this information the profiles have to be reviewed for each district council area, or it has to be obtained from another source.

- Smoking prevalence in districts of Leicestershire County and Rutland is either significantly lower than the England average, or is not significantly different from the England average.
- Smoking prevalence is 19% in Leicestershire County and Rutland [Integrated Household Survey, 2009-10]. This prevalence hides noticeable differences in prevalence in the districts. This will be considered in ‘The picture in the districts’ section.
• **1 in 5** of our population in Leicestershire and Rutland **smoke**. There are an estimated 104,492 smokers aged over 18 in LCR [Integrated Household Survey, 2009-10]. Therefore, smoking is still a relatively common threat to people’s health in LCR.

• In Leicestershire, **170.4 deaths per 100,000** of the population aged 35+ per year are attributable to smoking. This means that, on average, **867 people** aged 35+ die from a smoking related disease per year in Leicestershire. In Rutland this is **152.0 deaths per 100,000 of the population aged 35+ per year** [Health Profiles, 2007-9]. The Leicestershire figure conceals considerable differences in smoking attributable deaths between districts. Again, this will be considered in ‘The picture in the districts’ section.

The tobacco related outcomes for Leicestershire County and Rutland are generally positive. Most indicators are significantly better than the England average or are not significantly different from the England average. A useful visual summary can be seen below in Figure 1.

The following indicators are **better** in Leicestershire County and Rutland **than the England average**:

- Smoking attributable deaths (overall, from heart disease, and from stroke)
- Deaths from lung cancer
- Deaths from chronic obstructive pulmonary disease
- Smoking attributable hospital admissions
- Lung cancer registrations
- Oral cancer registrations
- Smoking in pregnancy
- Successful quitters at 4 weeks

The only indicator for Leics County and Rutland which is **worse than the England average** [no significance level has been calculated for this] is:

- ‘Prescribed NRT, Varenicline and Buproprion’

This is an indicator that is based on the number of NRT (nicotine replacement therapy), varenicline and buproprion prescriptions prescribed by GP practices per 100,000 of the (GP-registered) population. This indicator does not take into account smoking prevalence, which could partly explain the level of this indicator in Leicestershire County and Rutland. Also, if smoking cessation medications are dispensed by stopping smoking services outside of general practice, these prescriptions will not be captured in these figures, and they would appear artificially low. In Leicestershire and Rutland, there is a locally enhanced service agreement to dispense NRT. This sits outside the prescribing budget, and therefore NRT dispensed to patients in this way will not appear in the above indicator.

**The picture in the districts**

**Information from the Tobacco Control Profiles**

- A profile is available for each district in England, which includes a graph similar to figure 1, as well as the list of indicator values. For comparison purposes, grids using red, yellow and green to compare districts with the England average are available by region. This is only available in PDF format.
- In Leicestershire, the tobacco control indicators are either **significantly better** than the England average, or are **not significantly different** from the England average.
- Most tobacco control indicators for Rutland UA are **significantly better than the England average**.
None of the tobacco indicators are worse than the England average in any of the Leicestershire districts or in Rutland unitary authority.

In Leicestershire and Rutland, Blaby CD, Harborough CD and Rutland UA compare the most favourably with the England average. They are all significantly better than the England average for seven out of eleven indicators (with the other indicators being not significantly different from the England average).

North West Leicestershire CD compares the least favourably with the England average, with only two out of eleven indicators being significantly better than the England average, with the remainder being not significantly different from the England average.

**Figure 1: Leicestershire County and Rutland PCT Tobacco Control Profile**

<table>
<thead>
<tr>
<th>Tobacco Indicator</th>
<th>Regional average</th>
<th>England Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking attributable deaths 2007-06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking attributable deaths from heart disease 2007-06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking attributable deaths from stroke 2007-06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths from lung cancer 2007-09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths from chronic obstructive pulmonary disease 2007-09</td>
<td></td>
<td></td>
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<tr>
<td>Smoking attributable hospital admissions 2009/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost per capita of smoking attributable admissions, 2009/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung cancer registrations 2005-06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral cancer registrations 2005-06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking in pregnancy 2009/10</td>
<td></td>
<td></td>
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<tr>
<td>Successful quitters at 4 weeks 2010/11</td>
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<td></td>
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<tr>
<td>Successful quitters (CD validated) at 4 weeks 2010/11</td>
<td></td>
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<tr>
<td>Completeness of NS-ESC recording by Stop Smoking Services 2010/11</td>
<td></td>
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<tr>
<td>Prescribed NRT, Varenicline and Bupropion 2009/10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Local tobacco control profiles (London Health Observatory, 2012).
Produced by the London Health Observatory on behalf of the Public Health Observatories in England. Note: Where there are no values shown, this is because the data are not available or have been suppressed.
The picture in the districts [cont.]

Information from other sources

- The tobacco control profiles at district level contain information on smoking prevalence overall and in the routine and manual group. This is calculated from a sample in the Integrated Household Survey. It is not clear whether these indicators are percentages. If they are, they differ considerably from figures available from other sources of data. Therefore, the tobacco control profiles are probably best used to look at smoking prevalence relative to the England average as available in the graph format.

- **Smoking prevalence varies** from 15.0% in Rutland, to 23.9% in Oadby and Wigston [Integrated Household Survey, 2009-10]. This means that the number of smokers varies from 1 in 7 to 1 in 4 depending on the area. This indicates that smoking poses a significant public health challenge in all areas, but even more so in some areas of our counties of Leicestershire and Rutland.

- There is some evidence of an inverse relationship between the levels of smoking prevalence and numbers of indicators which are better than the England average. That is, areas of higher smoking prevalence are generally the ones with fewer indicators better than the average.

- **Smoking attributable deaths** vary from 152.0 per 100,000 population aged 35+ in Rutland, to 197.9 per 100,000 population aged 35+ in North West Leicestershire. This information is not available in this format in the profiles but is important to consider alongside them, as it indicates that smoking causes more potentially avoidable deaths in North West Leicestershire than other parts of Leicestershire and Rutland. However, deaths due to smoking are still an important problem even in the least affected parts of LCR.

Limitations of the tool

Smoking and smoking related disease appears to be less of a problem in our local population than the England average. However, this may not be entirely true. The county level indicators hide pockets of above average smoking prevalence and higher levels of smoking related morbidity and mortality; i.e. smoking is still an important problem for parts of our population.

The indicators for each local authority area or PCT are only compared with the England average. This may be of limited use, as it would be more informative to compare our primary care trust with other similar peer comparator PCTs. Similarly, it may be of more use to compare districts with similar districts rather than the England average. There is no facility to enable direct comparisons with peer comparators in these profiles. In order to make these more useful peer comparisons, the numerical values calculated for each indicator would have to be manually compared with the indicator values from another named PCT or district. This would have to be done separately for all required comparator PCTs or districts, either by opening separate PDF files or by manipulating the large Excel spread sheet which contains all of the information for all districts and PCTs in England.

The tool will also depend on the quality of the information available to calculate the indicators. This may vary from area to area, thereby making comparisons between areas less straightforward.
Summary

The Local Tobacco Control Profiles (London Health Observatory, 2012) can provide a useful way to view smoking prevalence, related morbidity and mortality data, and some information on smoking cessation services. Data is available at primary care trust level, and at district council or unitary authority level.

These data provide a useful overview but should be used in conjunction with other local health intelligence to give a full picture of smoking related issues.

Recommendations for further work

- To increase awareness of this profile tool amongst the public health team, and share this tool with other relevant stakeholders. [To this end, a summary of this work was presented to the Tobacco-free Leicestershire and Rutland steering group on Thursday 19th April 2012.]
- The profile tool should be utilised, alongside other sources of data, to direct tobacco control activities in Leicestershire County and Rutland, at both upper tier and district level.

Bibliography


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9th May 2012
### Appendix 1 – ‘Tartan Rug’ summary of all East Midlands districts

Source: Local tobacco control profiles (London Health Observatory, 2012).