

Public Health Intelligence Profile

Smoking in Islington

December 2016



About this profile

Purpose

This public health intelligence profile describes trends and patterns in smoking prevalence in Islington. This profile will support and inform:

- commissioners of smoking services, including Islington Clinical Commissioning Group (CCG)
- improvements in processes and outcomes at an individual general practice level

This profile can be found on the Lifestyles page of Islington Evidence Hub site:

<http://evidencehub.islington.gov.uk/wellbeing/Lifestyles/BRF/Pages/default.aspx>

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Further information and feedback

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Overview and key messages

Overview

1. Around a fifth of Islington's registered patients smoke (22%), about 43,000 people. Between 2010-2014, there was no statistically significant change in the prevalence of smoking (21.2% in 2010).

Key messages

Smoking prevalence among Islington's registered population

- GP practices recorded a current smoking status for 45% of registered patients (excluding non-smokers aged 25 or over who don't have a long term condition), within the last 15 months.
- Data from these GP surgeries shows that around a quarter (23%) of Islington's registered population aged 16 and over currently smoke. This equates to 42,994 current smokers aged 16+. Almost half of patients (42%) have ever smoked.
- Direct estimates of smoking prevalence in Islington suggest a similar prevalence to the GP Practice data, of around 22%.
- Demographic groups of particular importance are:
 - White & Black Caribbean and Irish residents (smoking prevalence of 32% and 29%, respectively).
 - Younger age groups, 16 to 34 year olds (40% of smokers are in this age group).
- The proportion of women smoking in pregnancy in Islington is not significantly different to London, but significantly lower than England as a whole. About 5% of pregnant women are smoking at the time of delivery.

Understanding the data

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

Indirectly standardised prevalence ratios (IDSR)

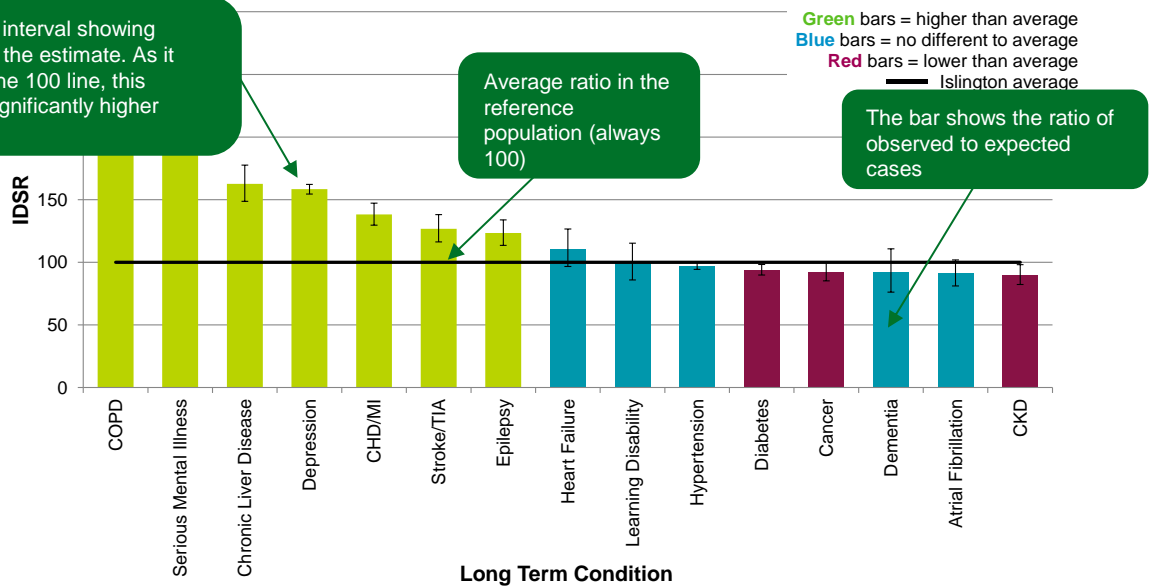
Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Islington average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Islington average is always 100. If the IDSR is over 100, it means that the practice had a higher than expected prevalence of the condition compared to Islington (and this was not due to the practice having an older population, for example). If the IDSR is less than 100, it means the practice had a lower than expected prevalence.
- The size of the IDSR tells how different a practice is from Islington. For example, an IDSR of 150 for a practice show that prevalence is 50% higher than the Islington average. Conversely, an IDSR of 60 indicates that the practice was 40% lower than the Islington average.

Indirectly age-standardised ratio of observed to expected smokers with long term conditions, Islington's registered population, aged 16 and over, June 2015



Note: People may appear more than once in the charts as they may have more than one long term condition
Source: Islington's GP PH dataset, 2015

Understanding the data: how to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

– It is the variation that is important

In this profile, it is the variation between Islington GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Islington, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

– Reaching 100% achievement

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different GP practices, not an expectation of 100% achievement.

Ideally, there would be benchmarking against the achievements in Islington with other deprived London boroughs (i.e. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and an Islington position, but these data are not currently available.

– Populations not individuals

Epidemiology is about the health of the population, not the individual. In this profile this is either all of Islington's registered population or a GP practice population. It includes everyone registered on GP lists in June 2015, whether they attend the practice regularly or not, or never at all.

– Beware of small numbers

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

– Queries

If after review of the data, any reader of this profile think there are other problems with the data or conclusions drawn, we will investigate and will amend publications as appropriate:

publichealth.intelligence@islington.gov.uk

Understanding the data: data sources

1). Smoking prevalence – direct vs. indirect estimates

The smoking prevalence data provided in this profile comes from direct estimates. Direct estimates make use of survey data from a sample target population to estimate smoking prevalence across the wider target population. These carry the same risks as any estimates produced and therefore confidence intervals are provided. Indirect (synthetic) estimates involve adjustment of prevalence data from known, non-random samples of a population to estimate population prevalence. This means that they are not recommended to be used for monitoring the effectiveness of stop smoking interventions.

2). Estimates of smoking among young people

The Tobacco Control Plan set out the Government's aim to reduce the prevalence of smoking among adults and children and included a national ambition to reduce rates of regular smoking among 15 year olds in England to 12% or less by the end of 2015. The What About YOUTH? (WAY) survey was therefore established to collect robust local authority (LA) level data on a range of health behaviours amongst 15 year olds. It is a home postal survey and was designed to produce smoking prevalence rates at LA level as such estimates are not available elsewhere. Estimates of smoking among young people in this profile are based on data obtained from WAY. Further information on smoking prevalence from the WAY survey can be found here: <http://www.hscic.gov.uk/catalogue/PUB17984>

3). Population denominators

In calculating rates, the registered population was used as of June 2015. The practice list sizes were obtained from the Islington GP dataset.

SMOKING PREVALENCE

This section details the burden of smoking in Islington.

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Smoking Prevalence Estimates for Islington

- We have different sources that can be used to estimate smoking prevalence in Islington:
 - **Direct estimates** make use of survey data from a sample population to estimate smoking prevalence across the wider population (Integrated Household Survey 2013/14). They are calculated by applying the observed prevalence of smoking from a sample population from the Integrated Household Survey (2013/14) to either the resident or GP registered population, obtained from the Census 2011 and Islington's GP PH dataset (2015), respectively.
 - **Local recorded data** at GP surgeries (GP PH dataset 2015 and QOF 2015/16) allows us to calculate the smoking prevalence amongst the registered population. The registered population is all users of Islington GP surgeries and may include some residents of other boroughs, and excludes individuals who are not registered.
- The most recent estimates of smoking prevalence in Islington range between 21% and 23% with best estimates of **22%** (Integrated Household Survey, 2014) and **23%** (GP PH Dataset, 2015).

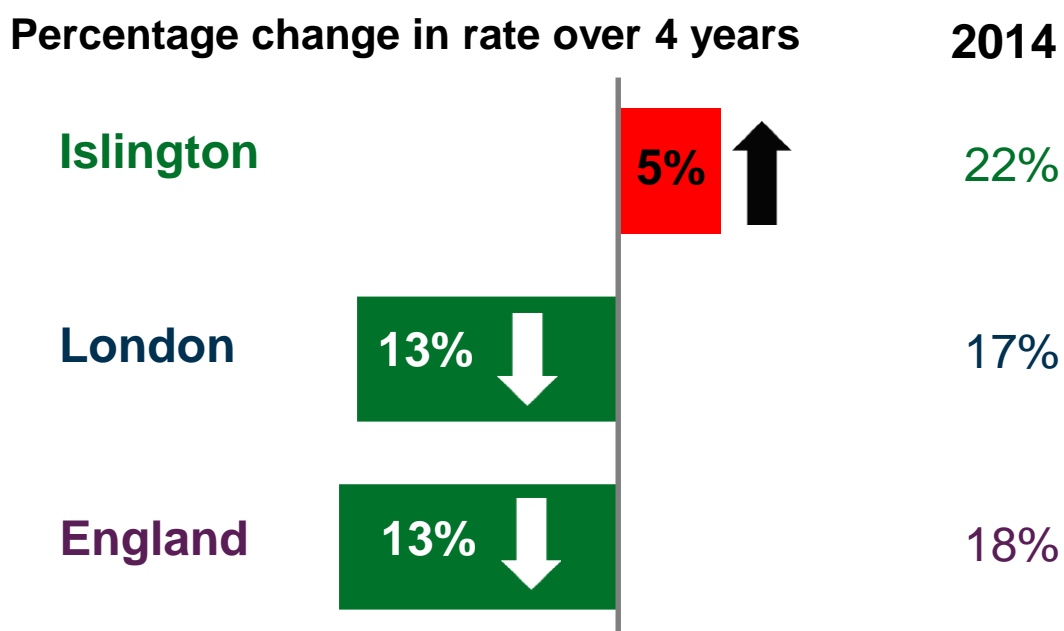
8

Direct estimates of smoking

This section details direct estimates of smoking prevalence. These estimates allow us to look at trends over a longer period of time than our local data and allow comparison with other boroughs, London and England.

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Prevalence of smoking among persons aged 18 years and over



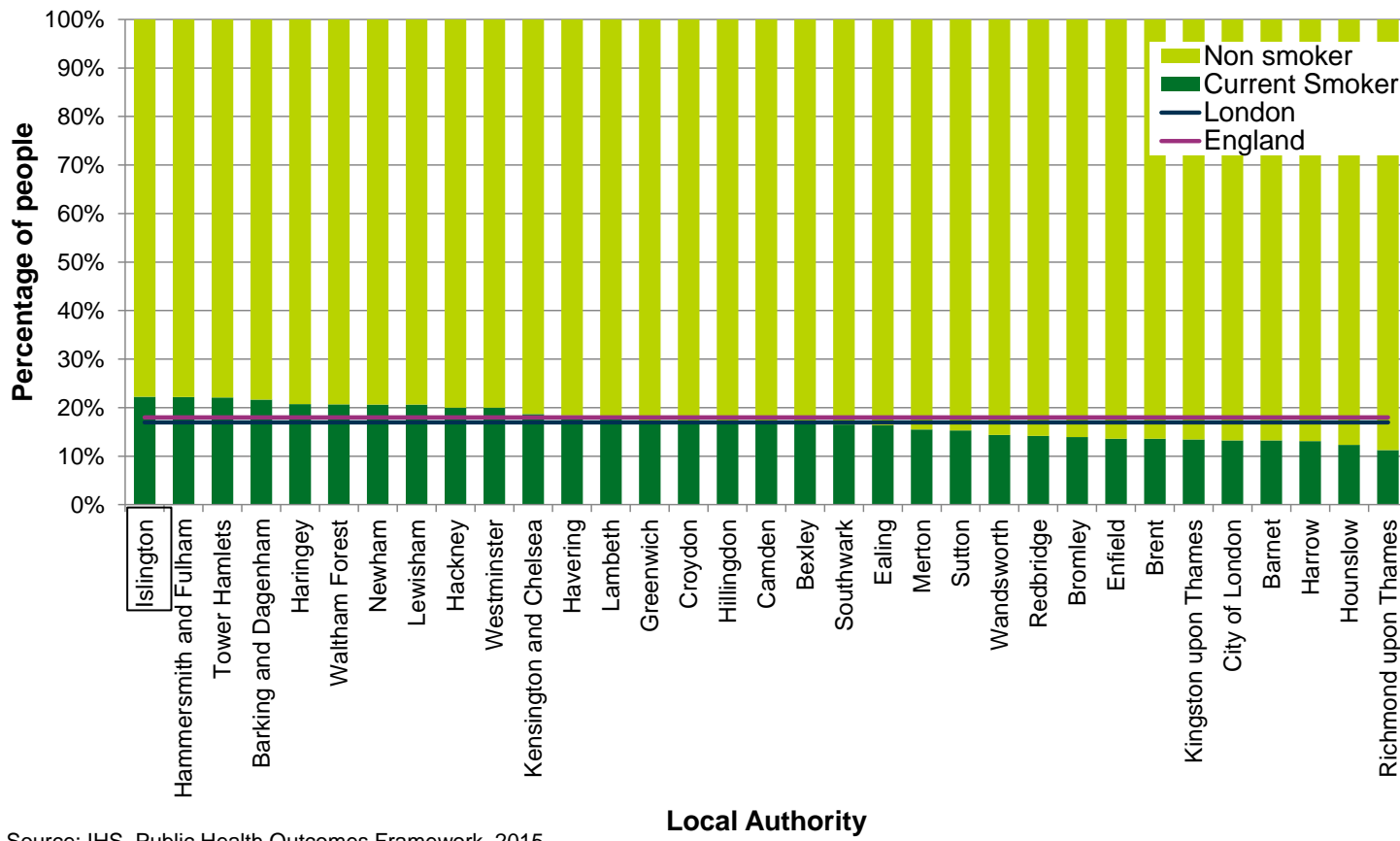
- In 2014 Islington had the 18th **highest** prevalence of smoking of all local authorities in England, and a significantly higher smoking prevalence compared to the London and England averages.
- Islington showed a small increase (not statistically significant) in the prevalence of smoking between 2010 (21.2%) and 2014 (22.2%).

Note: Figures on the bars are percentage change in rate from 2010 to 2014. Figures to the right are the percentage of smokers in the population in 2014.

Source: IHS, Public Health Outcomes Framework, 2015

Direct Estimate (IHS) – London Boroughs

Prevalence of smoking among persons aged 18 years and over by local authority, resident population, London, 2014



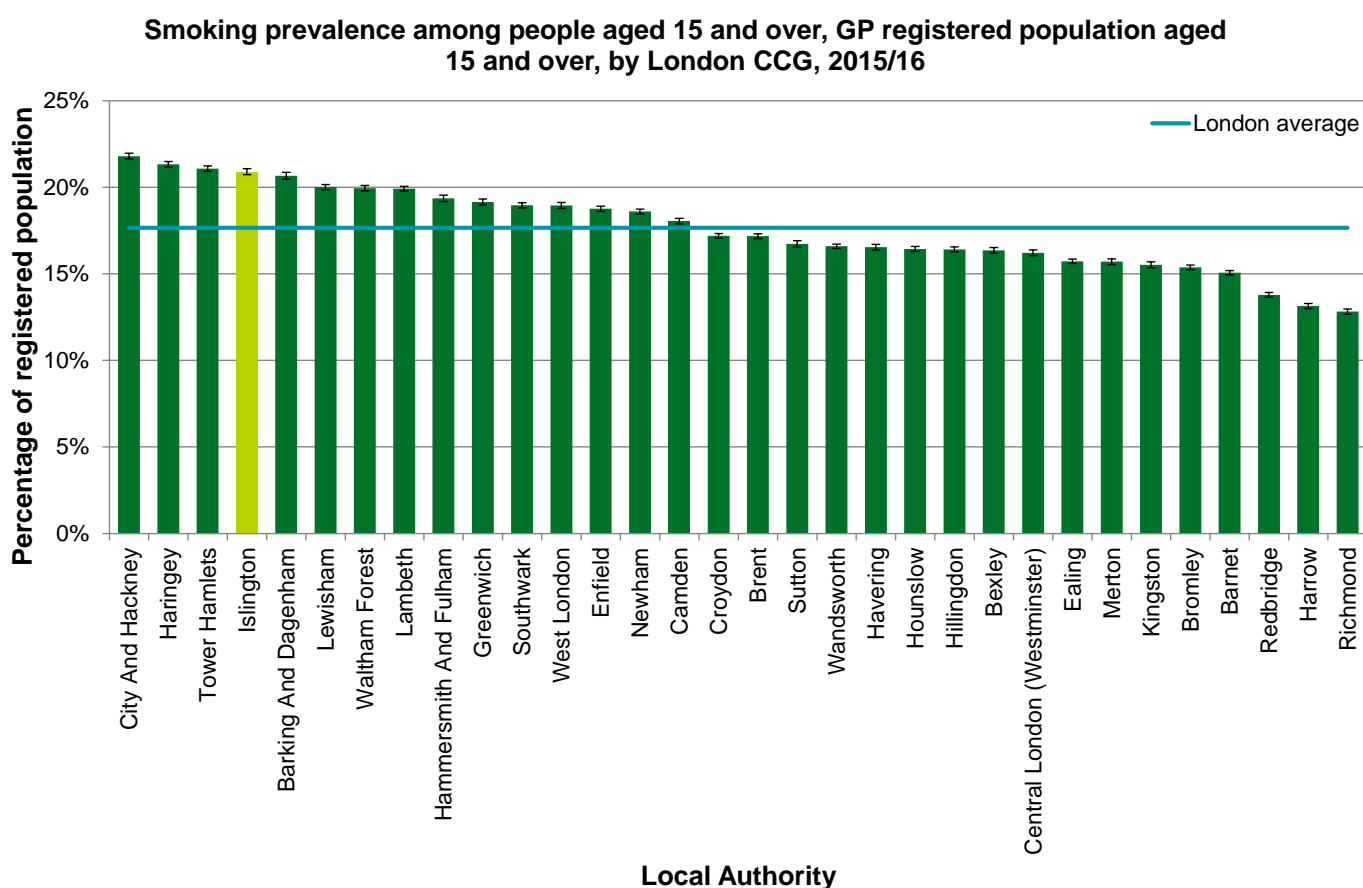
Direct estimates indicate that Islington has one of the highest smoking prevalences in London (22%, 38,000 people aged 18+ smoke).

Source: IHS, Public Health Outcomes Framework, 2015

Local recorded data

This section details smoking prevalence amongst the registered population. The registered population is all users of Islington GP surgeries and may include some residents of other boroughs, and excludes individuals who are not registered.

Recorded data (QOF) – London Boroughs



Source: QOF, 2015/16

- Smoking prevalence estimates for people aged 15+ registered with a GP indicate that Islington has one of the highest smoking prevalences in London (21%, 42,806 people aged 15+ smoke).
- This is different to the prevalence of 23% estimated by the GP dataset. This is due to differences in time frame, age group and numerator (this estimate is for the financial year 2015/16, includes people aged 15+ and includes current smokers with a record of offer of support and treatment within the preceding 12 months).

SMOKING PREVALENCE IN ISLINGTON

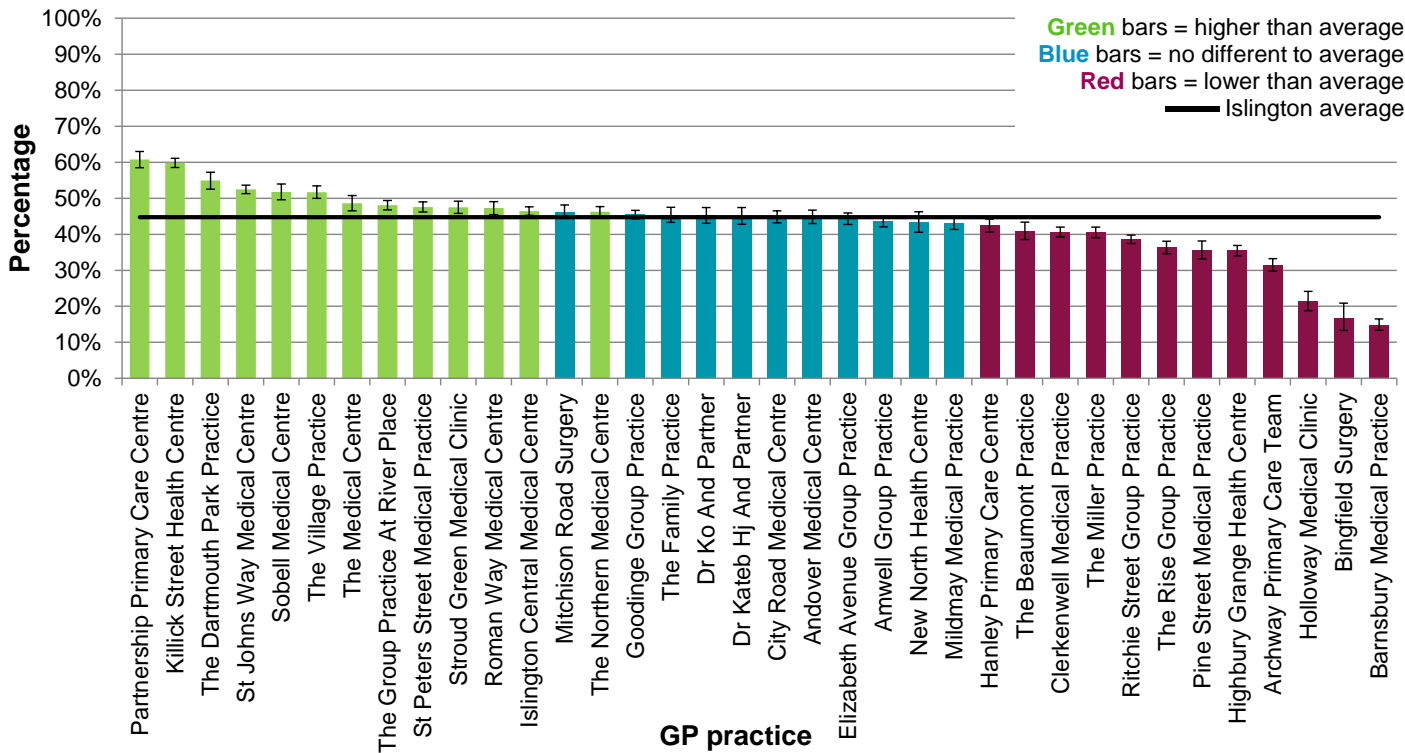
This section details the burden of smoking in Islington as recorded by GP practices. The data is taken from Islington's GP public health dataset (2015) and details the burden amongst the registered population.

Recording of smoking status

This section details the recording of smoking status at GP practices. According to Department of Health guidelines, all registered patients should have an up-to-date smoking record (within the last 15 months), unless they are a non-smoker aged 25 or over without a long term condition.

Recent smoking record

Percentage of people who have been asked their smoking status in the previous 15 months, by GP practice, Islington's registered population aged 16+, June 2015

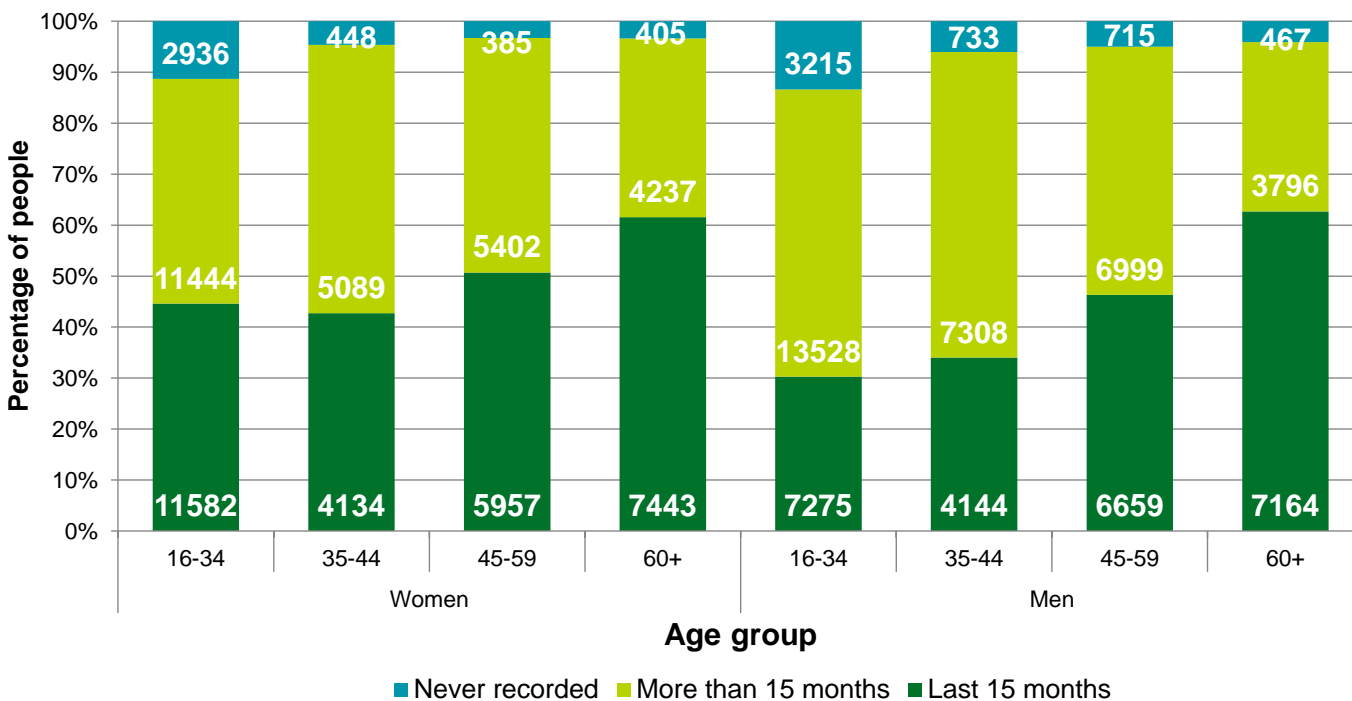


Note: The numerator excludes people with unknown smoking status. The denominator excludes non-smokers aged 25 and over who don't have a long term condition
Source: Islington's GP PH Dataset, 2015.

- Across Islington, 45% of registered population have a recent smoking record (within the last 15 months).
- Non-smokers aged 25 or over who don't have a long term condition have been excluded from the analysis, as they do not require routine smoking screening checks, as per QOF guidelines.
- There is significant variation in recording across practices; 12 have a lower than average recording of status among their patients and 13 have a higher than average recording.
- The best performing practice has a recent record for 61% of their patients; the lowest has 15%.

Smoking record – Age and Gender

Percentage of people with smoking status recorded, by age, sex, and time since status last recorded, Islington's registered population aged 16+, June 2015

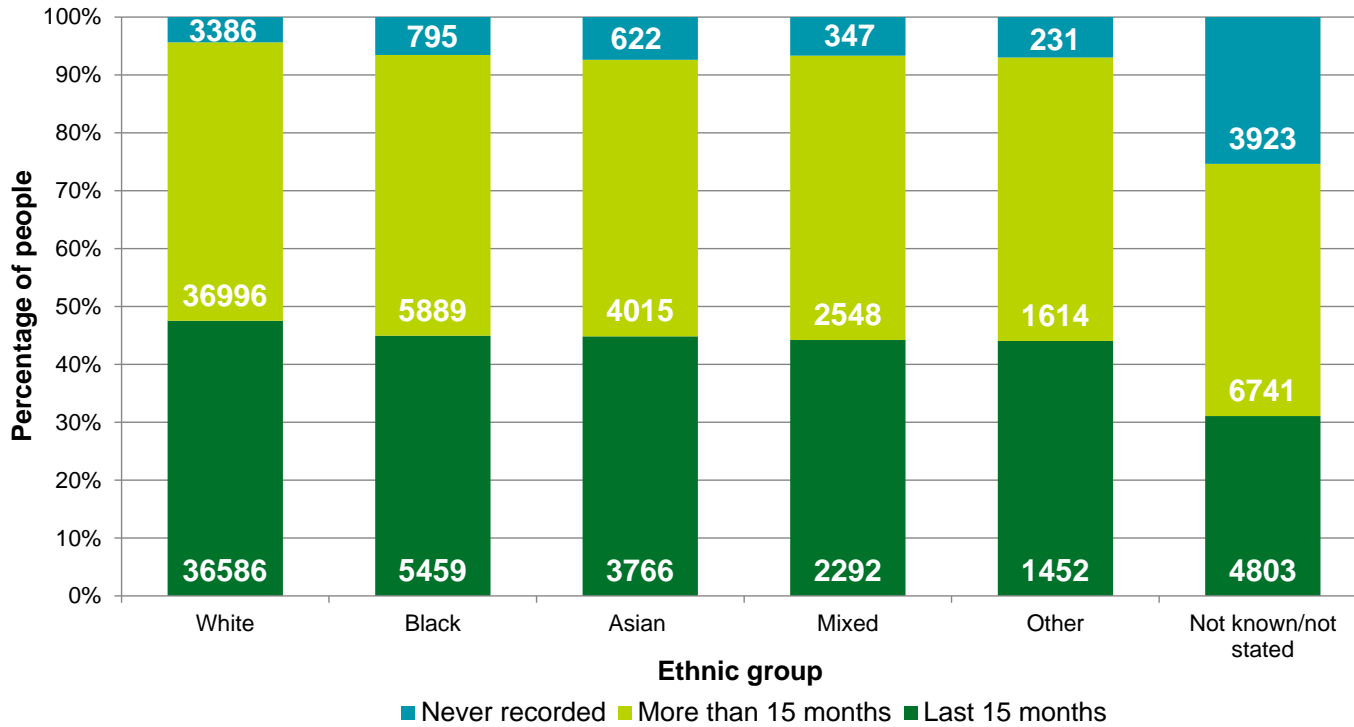


Note: The denominator excludes non-smokers aged 25 and over who don't have a long term condition
Source: Islington's GP PH Dataset, 2015.

- As age increases, so does the likelihood of a recent smoking record.
- Older people are more likely to have a recent smoking record. This may be because they visit their GP more often than younger people, and may be due to NHS Health Checks which are aimed at 40 to 74 year olds.
- Women are more likely than men to have a recent smoking record.
- This pattern of recording does not reflect the pattern of smoking. Those over 60 are less likely to be smokers, but more likely to have a recorded status.

Smoking Record – Ethnicity

Percentage of people with smoking status recorded, by ethnicity and time since status last recorded, Islington's registered population aged 16+, June 2015



- Patients of known different ethnicities are equally likely to have their smoking status recently recorded.
- Those where ethnicity is not recorded are also more likely to not have their smoking status recorded.

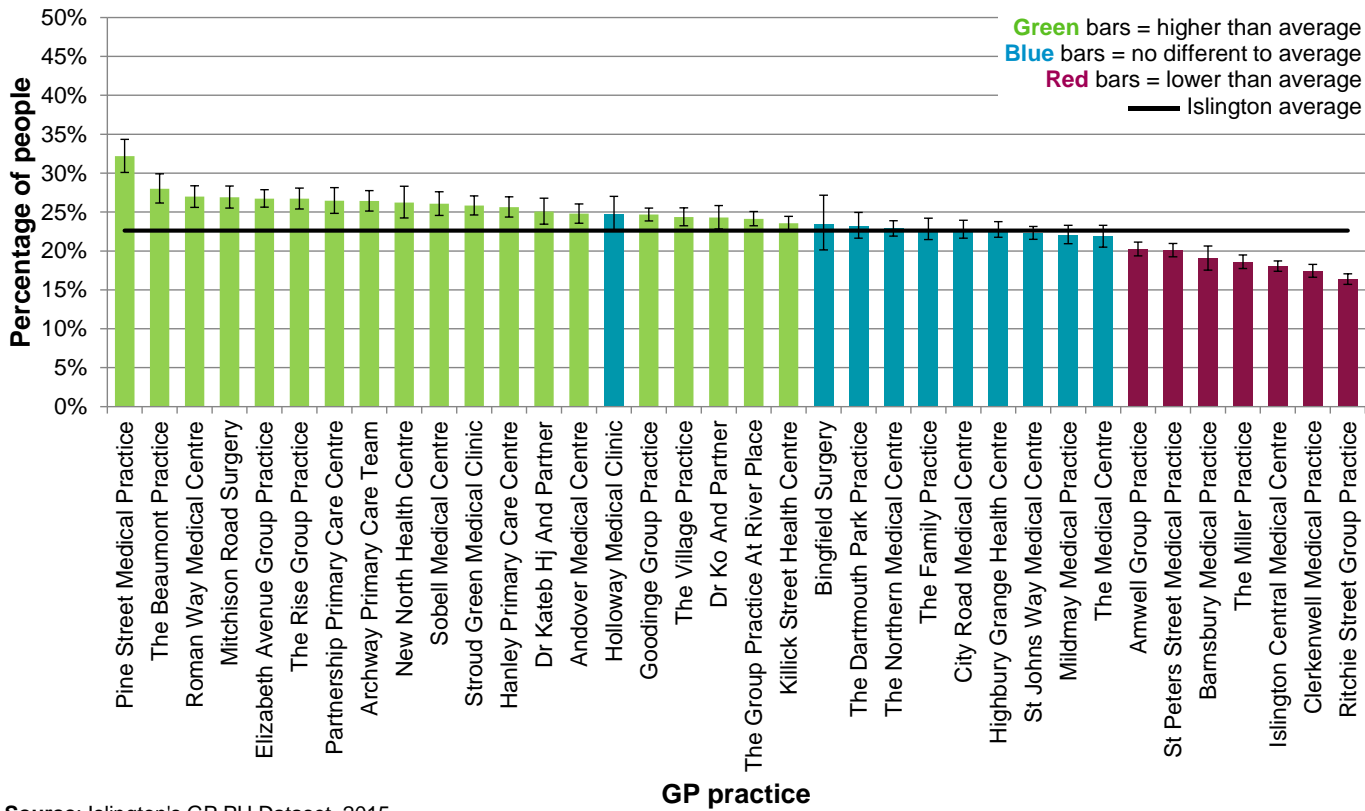
Note: The denominator excludes non-smokers aged 25 and over who don't have a long term condition
Source: Islington's GP PH Dataset, 2015.

Smoking prevalence

This section details the prevalence of smoking in Islington as shown by locally collected data from GP surgeries (GP PH Dataset, 2015). Smoking is broken down by age, gender, ethnicity, deprivation and other relevant characteristics.

Smoking prevalence – GP Practices

Crude prevalence of smoking by General Practice, Islington's registered population aged 16+, June 2015

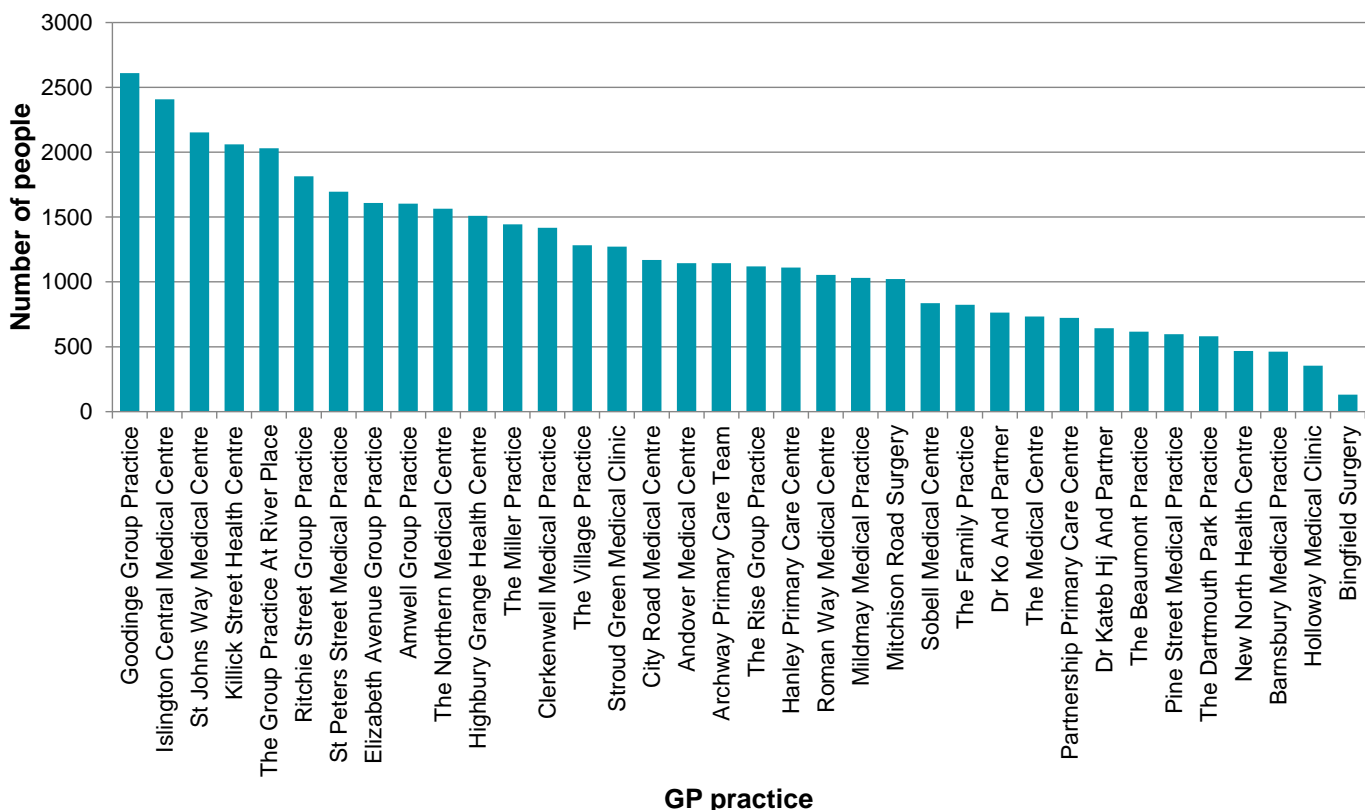


Source: Islington's GP PH Dataset, 2015

- Around a quarter of the registered population in Islington smoke (23%).
- Across practices, smoking prevalence ranges from 16% of people at the Ritchie Street Group Practice to 32% at Pine Street Medical Practice.
- Seven practices have significantly lower than average prevalence and 19 have significantly higher.
- The smoking prevalence of a practice will be determined by multiple factors including population age, ethnicity and deprivation.

Number of smokers – GP Practices

Number of smokers, by General Practice, Islington's registered population aged 16+, June 2015

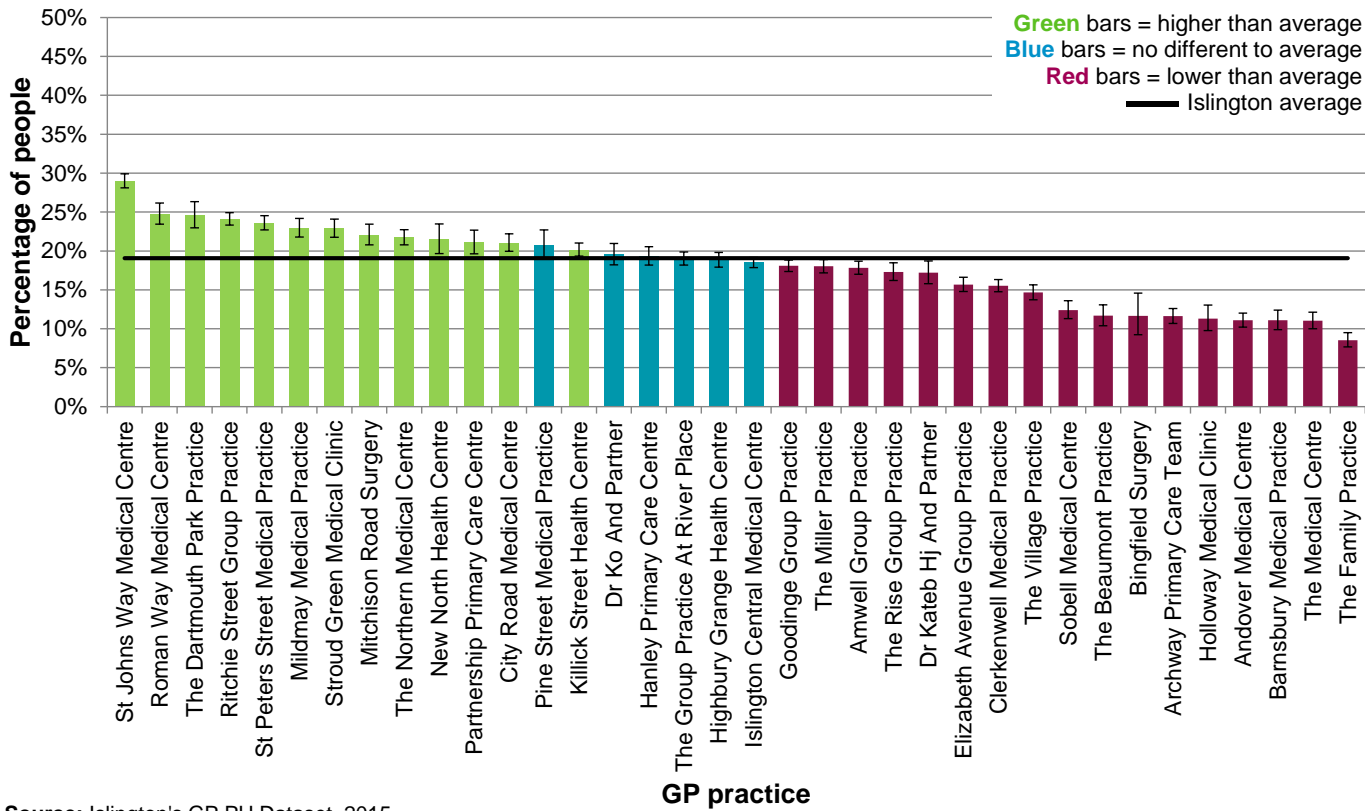


Source: Islington's GP PH Dataset, 2015

- There are 42,994 smokers aged 16 and over registered at Islington GPs.
- There is a wide variation in the total number of smokers across practices from 131 smokers at Bingfield Surgery to 2,610 at Goodinge Group Practice.
- This is determined by both practice size and prevalence of smoking at each practice.

Ex-smoking prevalence – GP Practices

Crude prevalence of ex-smoking, by General Practice, Islington's registered population aged 16+, June 2015

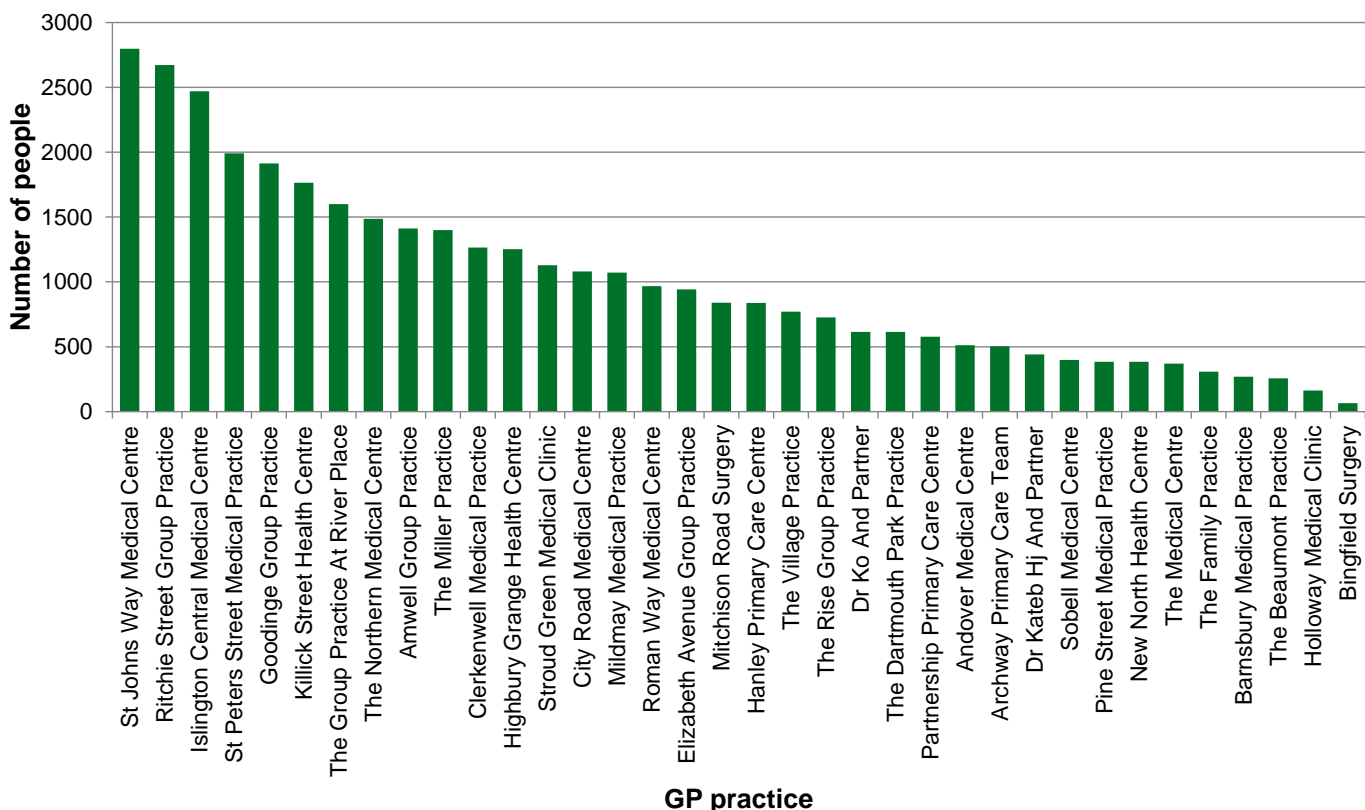


Source: Islington's GP PH Dataset, 2015

- Just under one-in-five of Islington registered patients (16+) are ex-smokers (19%).
- Taken together with smokers, this means almost half of registered patients 16+ are 'ever smokers' (42%).
- The variation in ex-smoking between practices is higher than for smoking: 17 practices have lower than the average, 13 have higher.

Number of ex-smokers – GP Practices

Number of ex-smokers, by General Practice, Islington's registered population aged 16+, June 2015

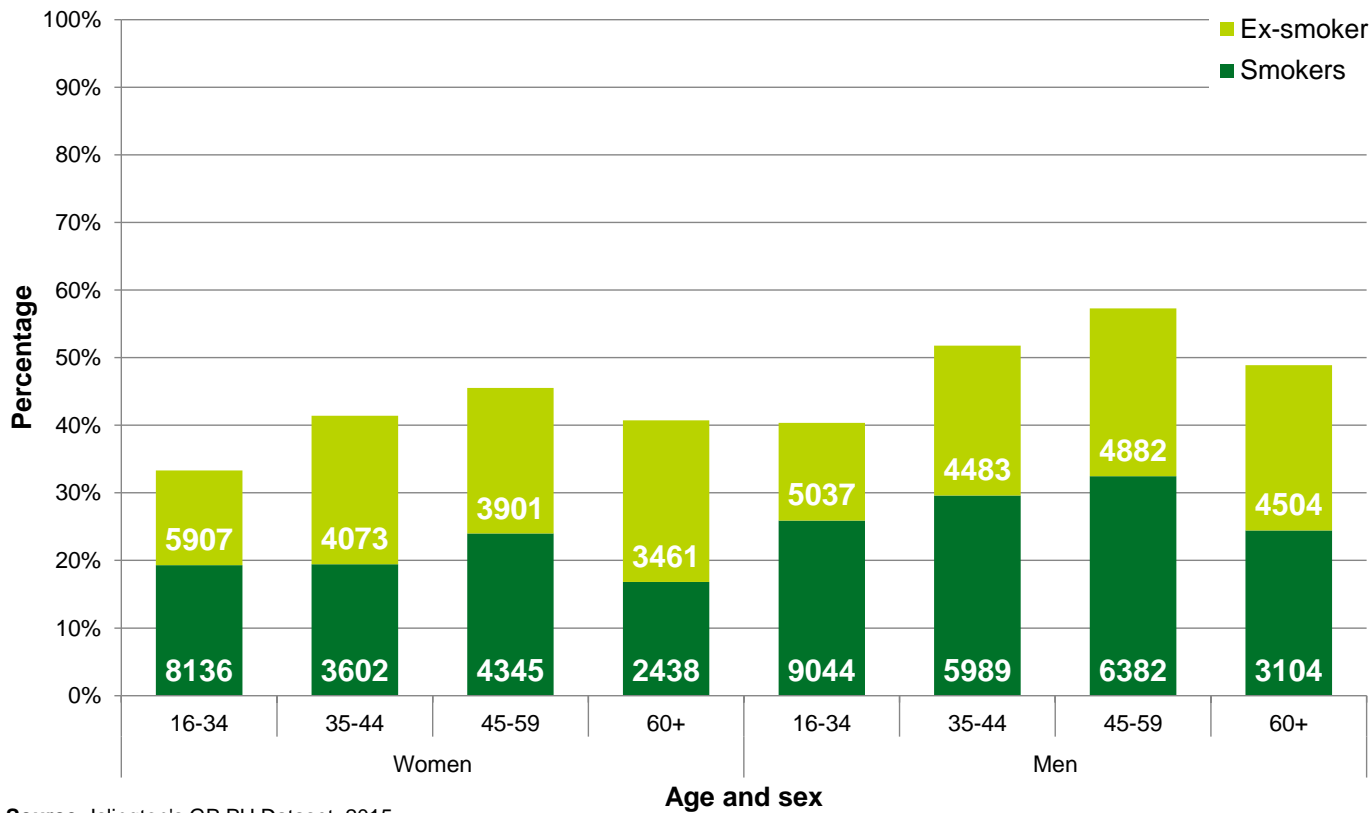


Source: Islington's GP PH Dataset, 2015

- There are 36,248 ex-smokers registered at Islington GPs.
- Taken together with registered smokers, there are 79,242 'ever-smokers' registered in Islington.
- There is wide variation in total number of ex-smokers across practices from 65 registered ex-smokers at Bingfield Surgery to 2,798 at St. John's Way Medical Centre.

Smoking status by age and gender

Percentage of smokers and ex-smokers, by age and sex, Islington's registered population aged 16+, June 2015

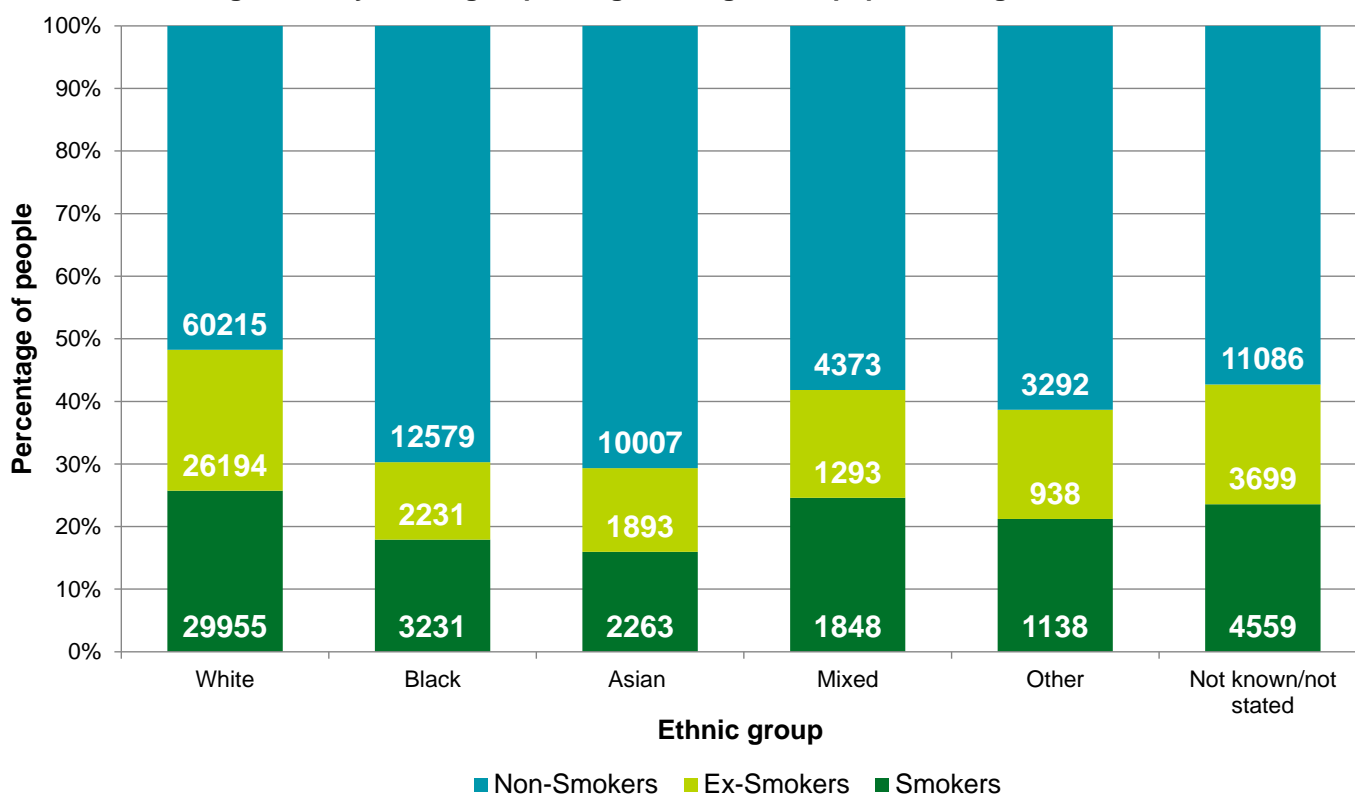


Source: Islington's GP PH Dataset, 2015

- Men are more likely to be current or ex-smokers than women; 28% of men currently smoke compared to 20% of women.
- The proportion of 'ever smokers' increases within each age group until 59 years; however at age 60+ the proportion of current smokers decreases.
- This is likely due to both a rise in smoking cessation and premature mortality within smokers.

Smoking status by ethnicity

Smoking status by ethnic group, Islington's registered population aged 16+, June 2015

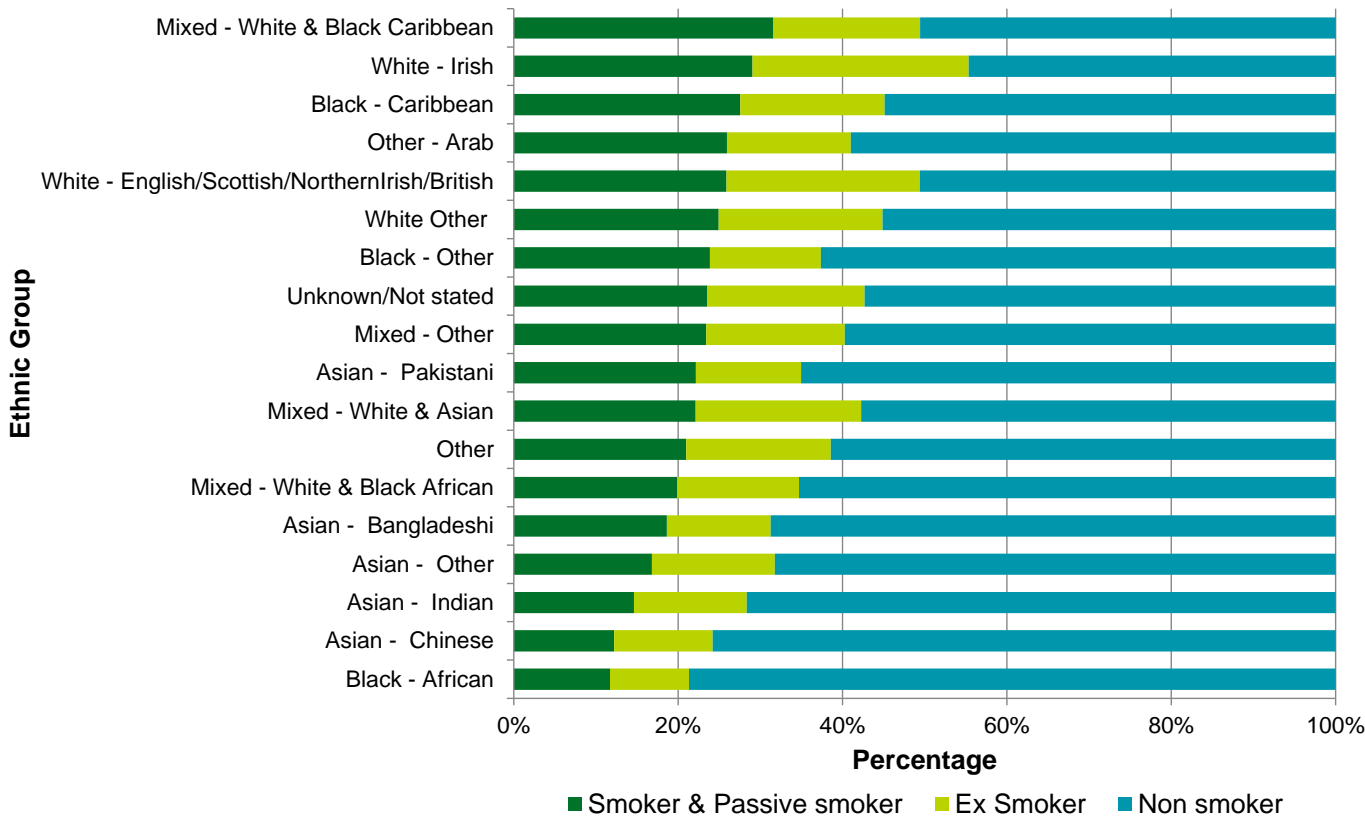


Note: 9,280 with no recorded smoking status were excluded
Source: Islington's GP PH Dataset, 2015

- In Islington, White people are the group most likely to smoke (26% are smokers; 23% are ex-smokers).
- Black and Asian people are significantly less likely to smoke (18% (Black) and 16% (Asian) are smokers; 12% (Black) and 13% (Asian) are ex-smokers).

Smoking status by detailed ethnic group

Smoking status by ethnic group, Islington's registered population aged 16+, June 2015

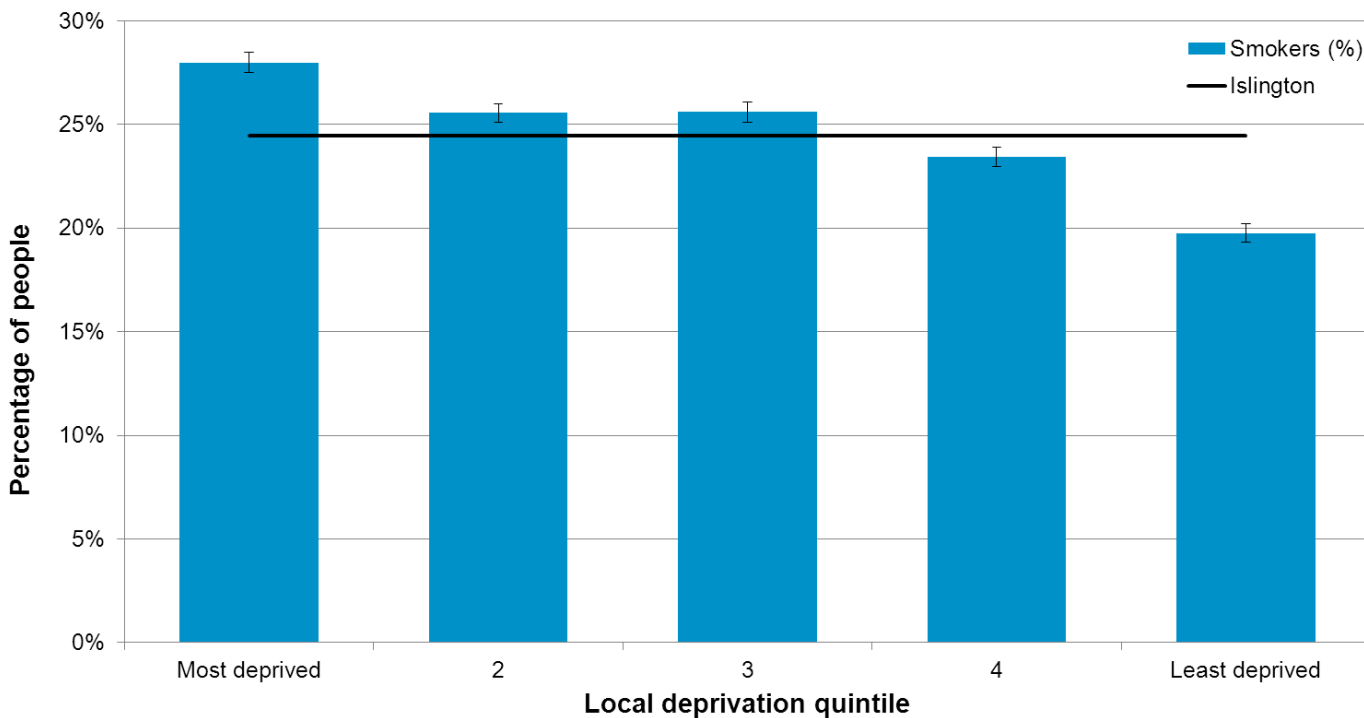


Source: Islington's GP PH Dataset, 2015

- This graph shows a more detailed breakdown of smoking status by ethnicity.
- The highest smoking prevalence is among the White & Black Caribbean ethnic group (610 (32%)), followed by Irish (1,947 (29%)).
- Black African and Chinese ethnic groups have the lowest smoking prevalences (1,201 (12%) and 419 (12%) respectively).

Smoking status by deprivation

Smoking prevalence by deprivation quintile, Islington's registered population aged 16 and over, September 2012

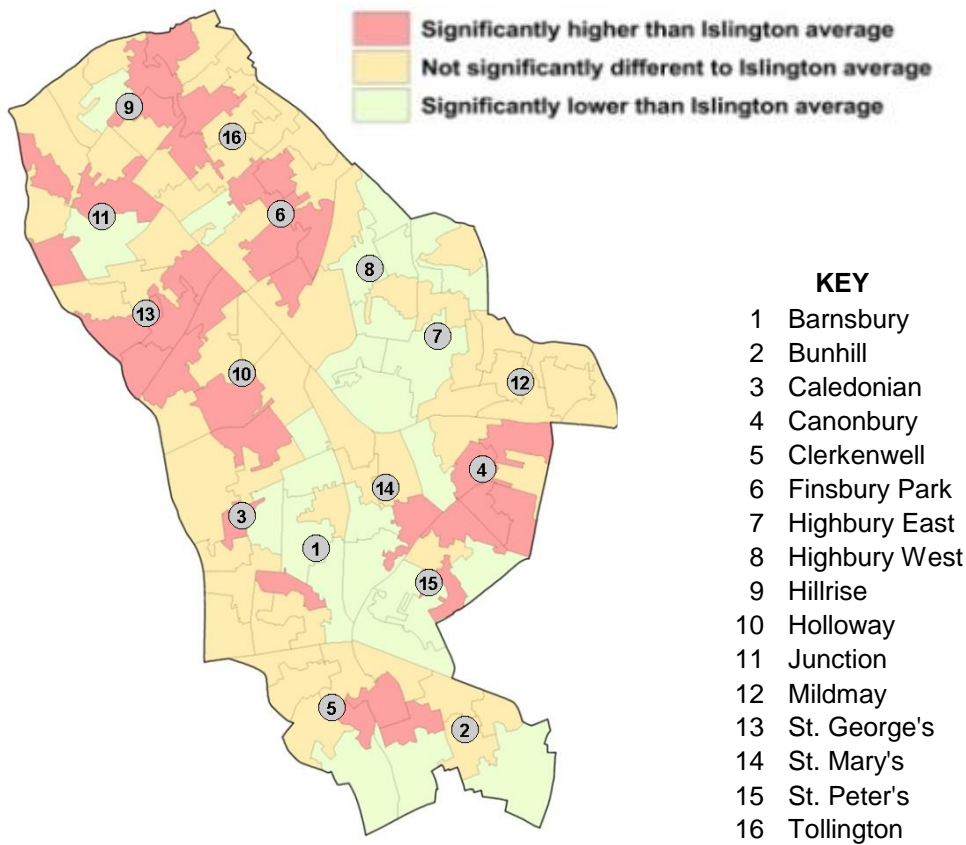


Note: 21,253 people residing outside Islington were excluded; 7,378 with no smoking status recorded were excluded
Source: Islington's GP PH Dataset, 2012

- There is a well-established association between poverty and smoking.
- Previous analysis has shown that smoking prevalence is 8% higher in Islington's most deprived area (28%) compared to the least deprived (20%).
- There has been no change in these figures since 2011.

Smoking status by LSOA

Indirectly standardised ratio of smoking prevalence by lower super output area (LSOA), Islington GP registered residents aged 16+ years, 2012

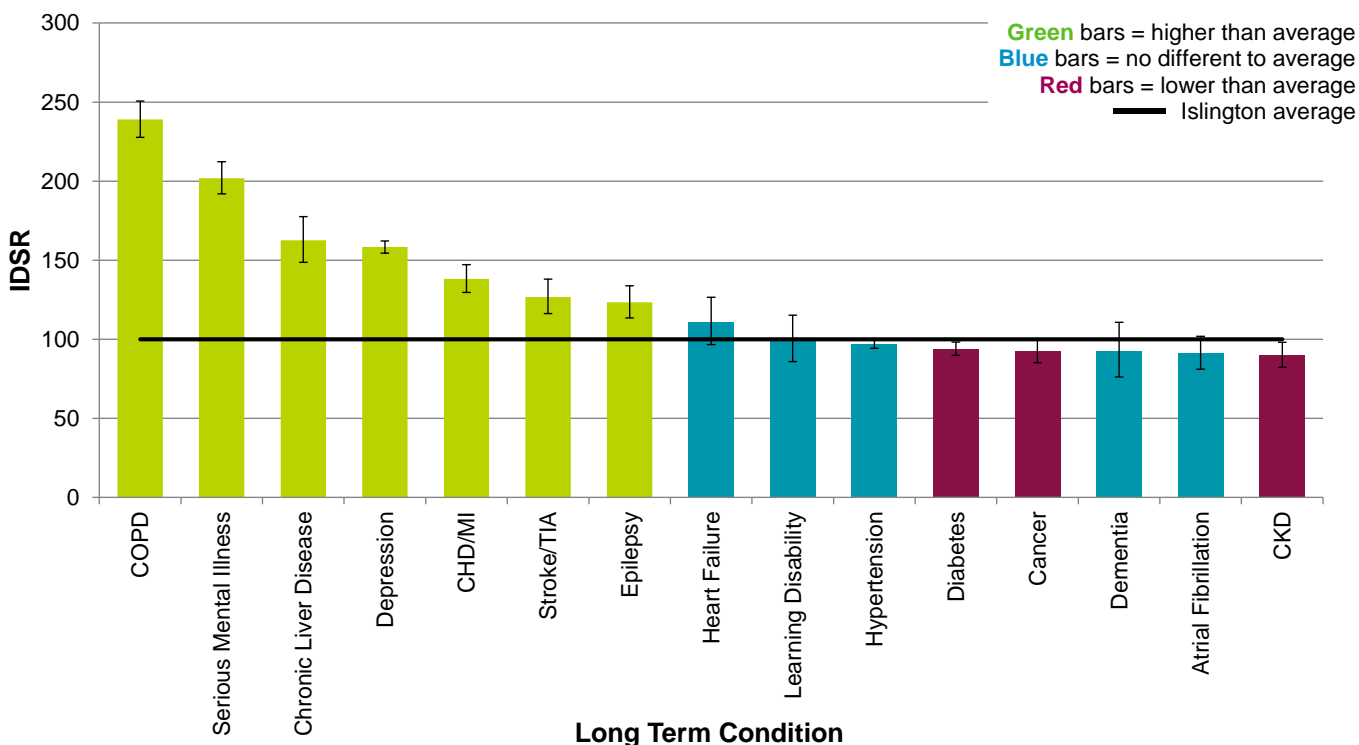


- Smoking is highest in the north east of the borough, in Finsbury Park, Tollington and Hillrise wards. As a crude percentage, over 26% of residents in each of these wards smoke.
- Highbury East has the lowest smoking prevalence; this is the only ward in Islington with less than 20% of people smoking.
- At the more detailed LSOA level, the area with the highest age-adjusted prevalence of smokers is in Caledonian ward which has 29% more smokers than the Islington average.
- The lowest has 32% less and is in Highbury East.

Source: Islington's GP Public Health dataset, 2012

Long term conditions and smoking

Indirectly age-standardised ratio of observed to expected smokers with long term conditions, Islington's registered population, aged 16 and over, June 2015

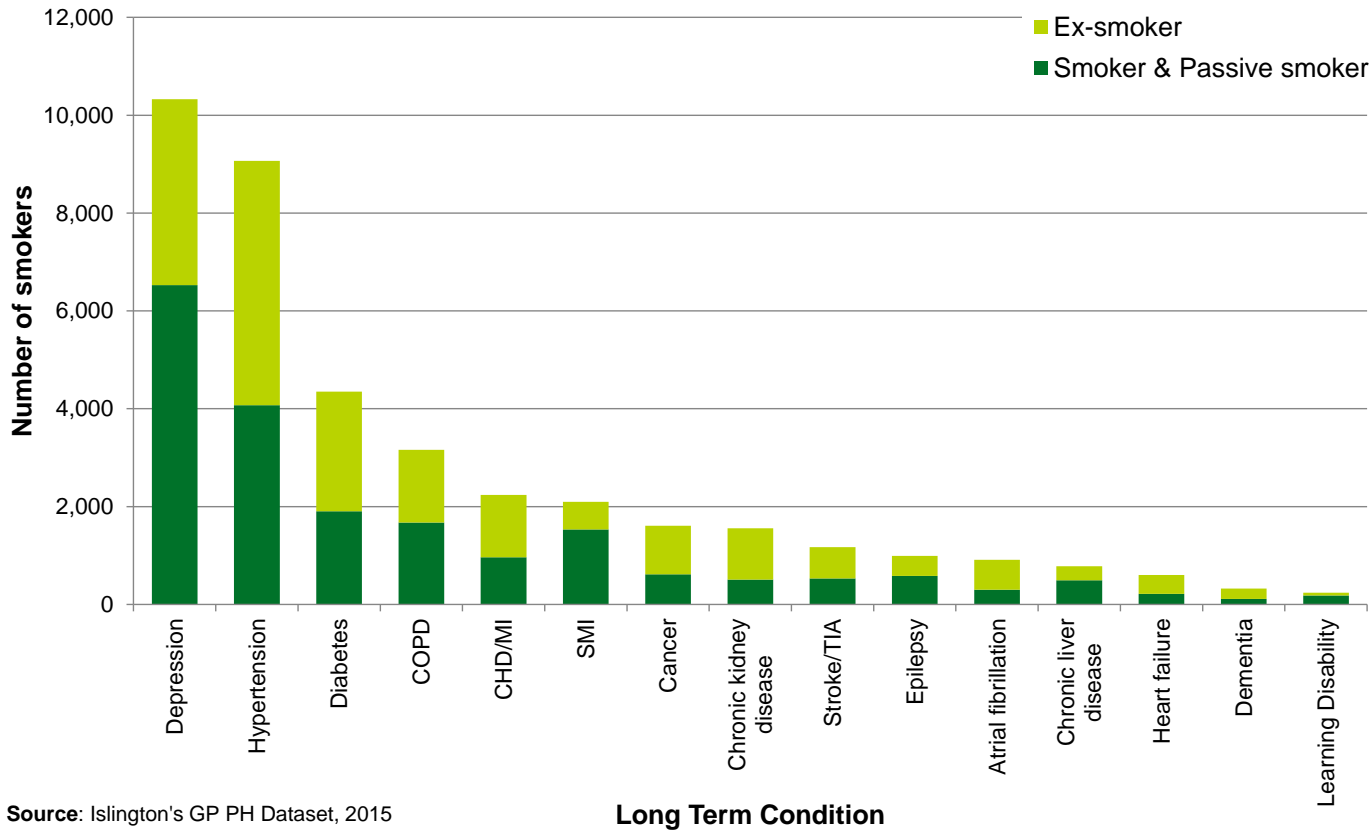


- There are just over twice as many smokers with COPD than compared to the Islington registered population. This figure is adjusted for age.
- There is also an increased prevalence of serious mental illness, chronic liver disease, depression, coronary heart disease, stroke and epilepsy in smokers compared to the registered population.
- There are less smokers with diabetes, cancer and chronic kidney disease compared to the registered population

Note: People may appear more than once in the charts as they may have more than one long term condition
Source: Islington's GP PH dataset, 2015

Long term conditions and smoking

Number of current and ex-smokers by long term condition, Islington's registered population aged 16+, June 2015



Source: Islington's GP PH Dataset, 2015

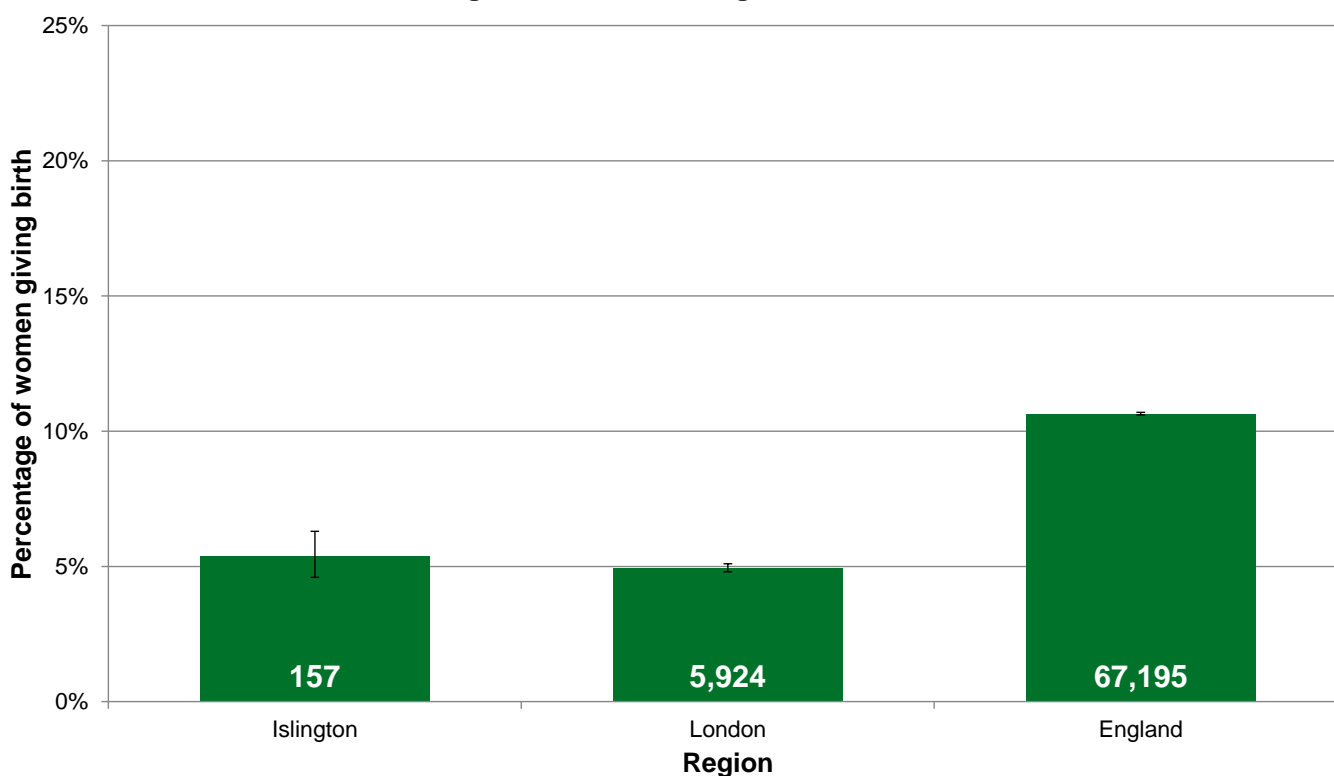
- There are 11,373 people living with at least one long term condition and recorded as current smoker in Islington (excluding those with a mental health condition - defined as psychoses, schizophrenia and other psychotic disorders).
- The two long term conditions with the most recorded smokers are chronic depression and high blood pressure.
- These people are likely to be in contact with health services providing opportunities for smoking advice and quit support to be offered.

Smoking in pregnancy

This section details the number and percentage of expectant mothers in Islington that are smoking at the time of delivery (SATOD). Comparisons with other areas and trends over time are provided. Data comes from NHS Digital (formerly the Health & Social Care Information Centre).

Smoking in pregnancy

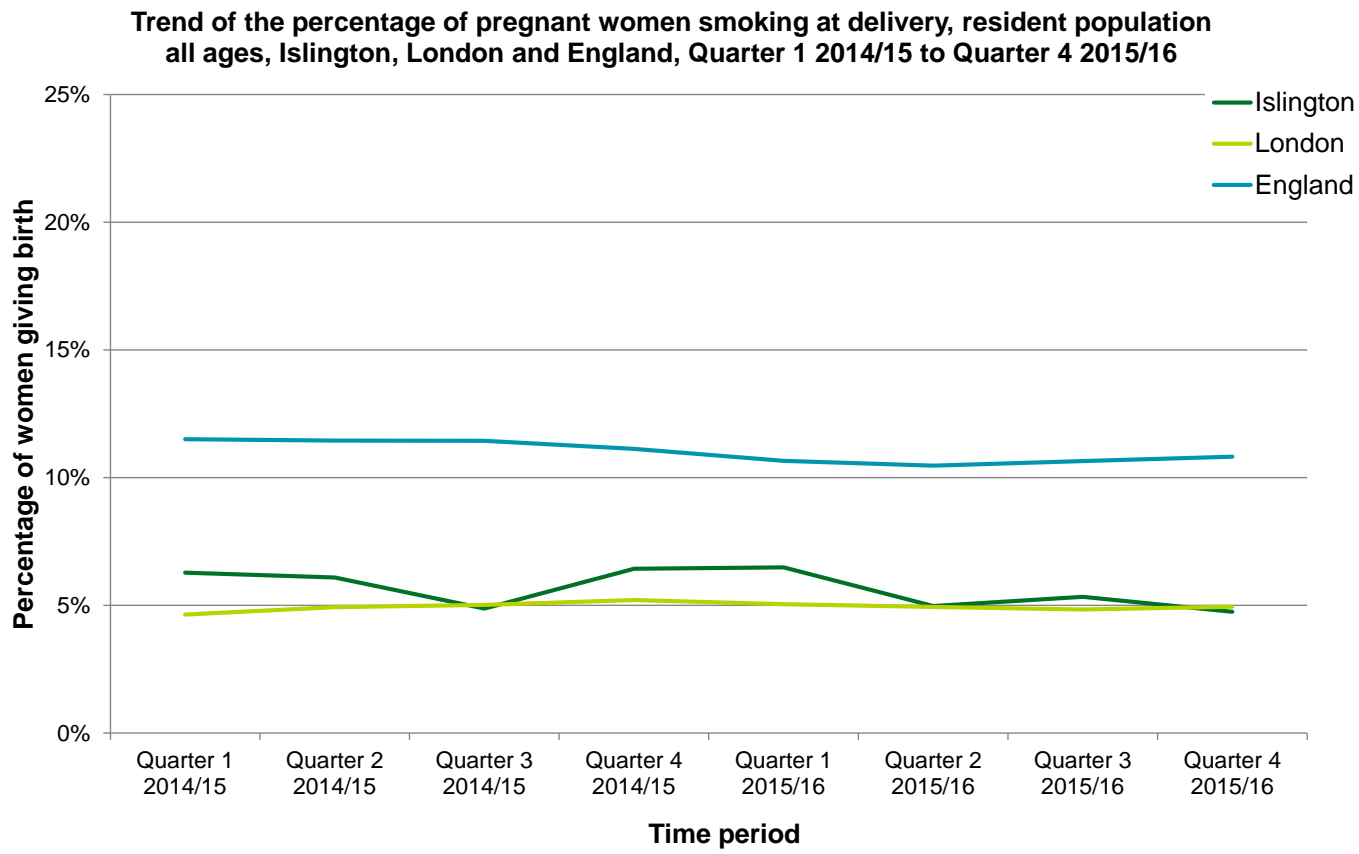
Percentage of pregnant women smoking at delivery, resident population, all ages, Islington, London and England, 2015/16



Source: NHS Digital, 2016

- Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.
- The proportion of women smoking in pregnancy in Islington is not significantly different to London but is significantly lower than England as a whole.
- In Islington, just over 5% of babies (5.4% (157)) had a mother who was a smoker at time of delivery compared to 5% (4.9% (5,924)) across London.

Smoking in pregnancy - trend



- The proportion of mothers smoking at time of delivery has been decreasing in Islington from 6.3% in Q1 2014/15 to 4.8% in Q4 2015/16
- There has been a similar decline in England in the same period, while the London average has remained around 5%.

Source: NHS Digital, 2016

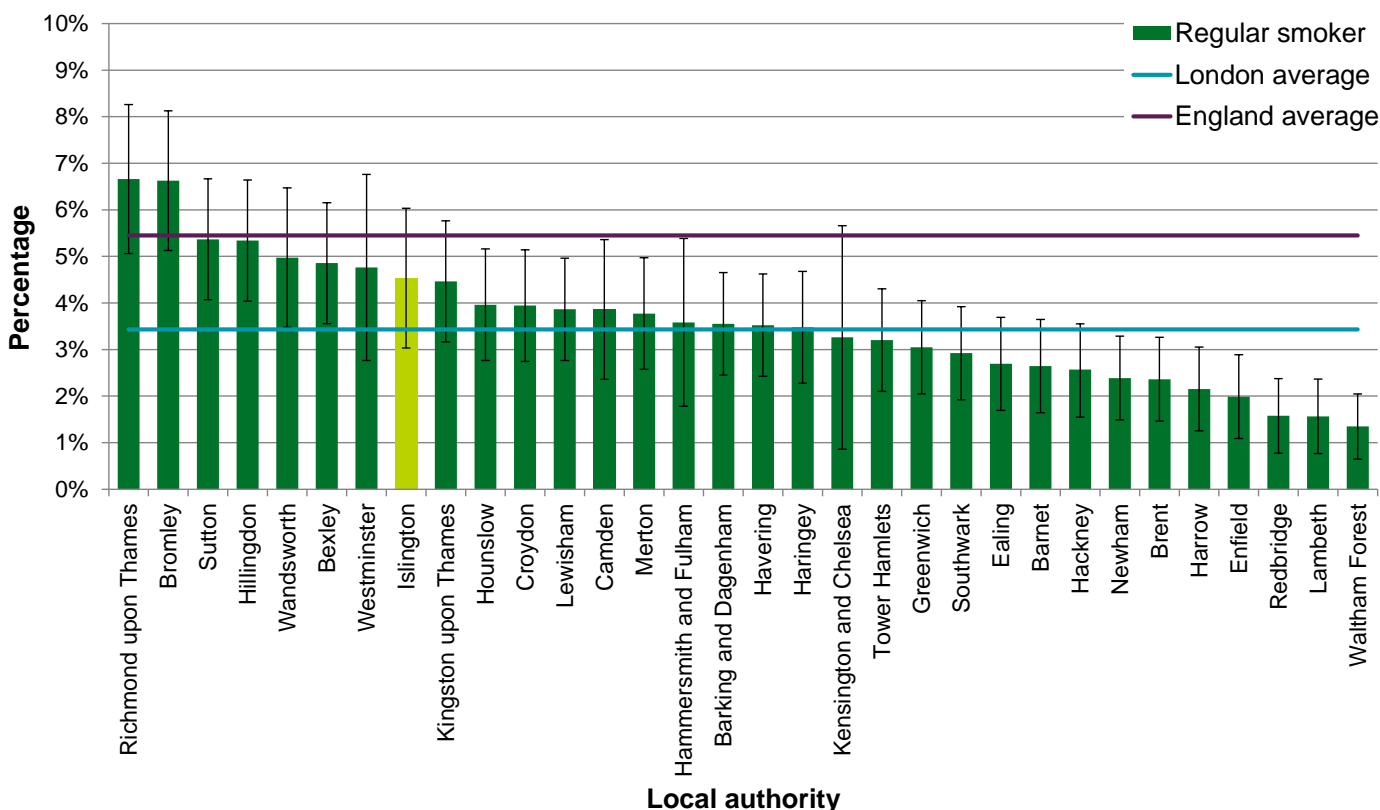
Smoking in children

This section details the burden of smoking in Islington amongst children aged 15 years. These figures are the percentage of 15 year olds who reported that they were regular smokers in the What About YOUTH survey (2014/15)

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Prevalence of smoking among children aged 15

Smoking prevalence at age 15, regular smokers by local authority, resident population, London, 2014/15



- Around 4.5% of 15 year olds in Islington were regular smokers in 2014/15, this was not significantly different to London and England averages.
- Based on these estimates there are approximately 85 regular smokers in Islington aged 15.

Source: PHOF, 2015

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

All of our profiles, as well as other data and outputs can be accessed on the Evidence Hub at: <http://evidencehub.islington.gov.uk>

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Gabrielle Emanuel, Assistant Public Health Information Officer.

Email: publichealth.intelligence@islington.gov.uk, **Tel:** 020 7527 1120

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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