Stop Smoking Services in South Tyneside

Health Equity Audit 2018
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Executive Summary
Cigarette smoking is the primary cause of preventable illness and premature death in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease.

Quitting smoking, at any age, improves health and reduces mortality. Stop smoking services which include behavioural support and access to pharmacotherapy can help improve the success rate of quit attempts.

South Tyneside’s Health and Wellbeing Strategy\(^1\) highlights that ‘reducing the borough’s smoking prevalence is the highest impact priority in improving health and reducing health inequalities’.

This health equity audit looks at the uptake of South Tyneside’s stop smoking service and the level of need across the different characteristics of equity such as age, gender, and ethnicity. Our Health Equity Audit looked at users of the Stop Smoking Service, from April 2014 – March 2017.

Key findings:

- The national expectation is that 5% of smokers will engage with services annually. In South Tyneside over 10% of the smoking population access the stop smoking services, while this greatly exceeds expectations, it is lower than the services peak of 17% in 2013/14.

- Between 2014/15 and 2016/17 46.6% of service users successfully achieved a four week quit. National expectations are that we achieve a 35% quit rate. Services have consistently achieved the local stretch target of 45% since 2012/13.

- Access is equitable for people from deprived communities.

- Young adults (18-24 years) make up the highest percentage of smokers in South Tyneside (modelled estimates).

- Lower take up from Black, Asian, and minority ethnicity (BAME) populations.

- Men are more likely to quit (higher quit rate) but less likely to access services.

- Majority of our quits happen within GP practices.

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\(^1\) [https://www.southtyneside.gov.uk/article/58747/Health-and-Wellbeing-Strategy](https://www.southtyneside.gov.uk/article/58747/Health-and-Wellbeing-Strategy)
Health Equity Audit

A health equity audit is a process by which local partners:

- Systematically review inequities in the causes of ill health, equitable access to effective services and their outcomes, for a defined population.
- Ensure that action required is agreed and incorporated into local plans, services and practice.
- Evaluate the impact of the actions on reducing inequity.

Equity audits can:
- Inform the commissioning of services.
- Contribute to local performance management of public services.
- Support partnership working and allocation of resources.
- Encourage community involvement in service planning.

Health inequalities are unjust differences in health and wellbeing between different groups of people which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including some of the nine protected characteristics of the Equality Act 2010, socioeconomic position and geography.

Protected characteristics (Equality Act 2010):
- Age
- Sex
- Race
- Religion or belief
- Disability
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership

Health inequalities may be driven by:
- The wider determinants of health or structural factors, for example, the environments, income or housing.
- Differences in health behaviours or other risk factors between groups, for example smoking, diet, and physical activity levels have different social distributions. Health behaviours may be influenced by wider determinants of health, like income.
- Unequal access to or experience of health and other services between social groups.

People who share protected characteristics, defined in the Equality Act 2010, may experience poor health outcomes as a direct result of discrimination or due to different experiences of the factors described above.

This Health Audit will primarily review those who have accessed South Tyneside’s Stop Smoking Service between the financial years 2014/15-2016/17.
Introduction
Smoking is a leading cause of preventable death in the UK. Between 2014 and 2016, around 244,000 deaths were attributable to smoking in England. Exposure to second-hand smoke (passive smoking) can lead to a range of diseases, many of which are fatal, with children especially vulnerable to the effects of passive smoking.

In England, there were estimated to be around 474,000 hospital admissions attributable to smoking in 2015/16. Reducing the prevalence of cigarette smoking is a main public health aim nationally. The government previously set a smoking prevalence target for England of 18.5% by 2015 which has been met.

In 2017 the Department of Health’s Towards a Smokefree Generation set national targets which it hopes to achieve by the end of 2022:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less
- Reduce the inequality gap in smoking prevalence between those in routine and manual

Adult smoking prevalence across the UK is now the lowest level since records began at 15.5%, whilst prevalence is declining there is more to do; over 200 deaths every day are still caused by smoking.

Though smoking rates among young people and pregnant women have dramatically reduced, 8% of 15 year olds still smoke, risking a lifetime of ill health. Over 10% of pregnant women still smoke, with all the attendant risks of miscarriage, premature birth, still birth and neonatal complications.

Smoking rates have remained stubbornly higher amongst those in our society who already suffer from poorer health and other disadvantages. Smoking rates are almost three times higher amongst the lowest earners, compared to the highest earners.

Smoking accounts for approximately half the difference in life expectancy between the richest and poorest in society. This injustice in the variation in smoking
prevalence can be seen across England; from places where adult smoking is as low as 5% to others where smoking remains above 25%. The prevalence remains even higher in people with mental health conditions, where more than 40% of adults with a serious mental illness smoke.

The impact of the smoking legislation in 2007 is evident in South Tyneside with a significant reduction from 32% to its current 18.5% prevalence. A small rise in 2016 means South Tyneside is significantly higher than the England average.

Between 2014 and 2016 there were over 1,000 smoking attributable deaths in South Tyneside. In 2015/16 there were almost 2,500 smoking attributable hospital admissions among South Tyneside residents.

Areas of higher deprivation are much more likely to see increased rates of behaviours that have negative health impacts such as smoking when compared to affluent areas.

South Tyneside has a higher rate of deprivation than England as a whole, with around 40% of the borough’s population living in areas considered to be in the most deprived two deciles of the country.
Aims and objectives
The overall aim of the health equity audit process is to assess equity of access, use and outcomes of stop smoking services in South Tyneside.

Specific objectives of the audit are to:

1. Determine the need and equity profile for stop smoking services in South Tyneside, including demographic groups that are more likely to smoke. This includes:
   - Different genders
   - Different age groups
   - People from BAME backgrounds
   - Index of multiple deprivation decile
   - GP Practices

2. Verify that those who access South Tyneside’s Stop Smoking Service have a similar demographic break down to the borough’s smoking population or identify inequalities.

3. Identify any inequalities in the quit rates of those engaging in stop smoking services.

4. Identify gaps, and areas for potential improvement in service provision

5. Feed this back into future planning and shaping of stop smoking support in South Tyneside.

Data sources and methods
A health equity audit should have pre-defined criteria and standards, against which the service is assessed. Our criteria were defined using Public Health England’s Health Equity Audit Tool.

Criteria by which we determined equity:

- Equity of access - Geographical access was assessed for deprived communities.
- Equity of use – defined as people setting a quit date with the service.
- Equity of outcome - defined as self-reported successful quit, after 4 weeks
- Domains and indicators used are: age, gender, ethnicity and deprivation.

Smoking prevalence from the 2016/17 Annual Population Survey (APS) has been used. The published statistics enable monitoring of estimates between censuses for a range of policy purposes and provide local area information for labour market estimates.

The APS includes national level inequality data from Public Health England’s Local Tobacco Control Profile available on Fingertips.\(^2\)

For the purposes of this audit, national inequality prevalence has been adjusted to factor South Tyneside’s higher prevalence.

The Quality Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. Practice level smoking prevalence from the QOF has been compared with service usage.

Local service activity data from South Tyneside’s Stop Smoking Services Management System CallitQuits has also been used to inform the audit. The service data complies with the national data return requirements.

**Stop Smoking Service**

South Tyneside’s stop smoking service is available to anyone aged 12 and over who reside or work in South Tyneside.

Reducing health inequalities is a key aim in South Tyneside and there are a number of groups who have historically been identified as having higher than average smoking prevalence or low uptake of stop smoking services, these include:

- routine and manual workers
- pregnant women
- BAME communities

\(^2\) https://fingertips.phe.org.uk/profile/tobacco-control
- people with mental health problems
- young people

The current model of delivery in South Tyneside operates under a programme management function and is the responsibility of the local authority public health team who ensures that the broader workforce is utilised to deliver services which are sufficiently diverse in both professional skills, geographical location and accessible to all communities. Specifically the programme management function ensures:

- the recruitment, retention and performance monitoring of stop smoking advisers to national targets,
- access to National Centre for Smoking Cessation and Training (NCSCT) standard training across all levels,
- access to relevant equipment,
- service delivery achieves quit dates, followed by maintained abstinence at 4 weeks and sustained abstinence at 12 weeks, and
- processing of payments to smoking advisers and the reimbursement of NRT.
- the dissemination of appropriate campaign messages.

Currently there are 175 advisers across 22 GPs, 25 pharmacies, 12 children’s centres and 8 community organisations. Locations of GP’s and Pharmacies which offer cessation support can be found in the Appendices. The vast majority of South Tyneside’s residents are within a mile of a GP or Pharmacy.

Smokers go through a supported twelve week treatment programme, with weekly review, and access to counselling and pharmacotherapy where necessary.

The overall standards of success for stop smoking services in England are defined by the National Institute of Clinical Excellence [NICE]:

“Services should aim to treat at least 5% of the estimated local population of people who smoke, or use tobacco in any form, each year. Success rate of at least 35% at 4 weeks, CO validated.”

The proportion of people accessing Stop Smoking Services in South Tyneside has declined in recent years, 1,983 people accessed the service in 2016/17, compared to 3,865 in 2013/14.
While the service has seen a reduction in the number of people attempting to quit it still has one of the highest rates of access in the country. In 2016/17 9.6% of the borough’s estimated 18+ smokers attempted a quit through the service. NICE guidelines\(^3\) recommend that Stop Smoking Services should aim to treat at least 5% of the estimated local population of people who smoke annually.

\(^3\)https://www.nice.org.uk/guidance/ph10/chapter/1-Key-priorities
Results

Gender

The Annual Population Service does not provide a local level estimate of smoking prevalence by population characteristics. It does however provide estimates at a national level.

Nationally it is estimated that 17.4% of males in England smoke, and 13.7% of females.

If it is assumed that the gap in the smoking prevalence of different genders in South Tyneside is similar to the England rate an adjustment can be made to local rate to create an estimate local prevalence by gender.

When the estimated prevalence is calculated using our local population estimate it shows that 54% of the borough’s smokers are male, and the remaining 46% female.
Females are more likely to make a quit attempt than males. Between 2014/15 and 2016/17 there were 6,669 quit attempts. Females made 3,824 attempts, while males made 2,845. This means 57% of quit attempts were made by females.

Males had a higher quit rate than females, 50% compared to 44%. This means that females accounted for 55% of quits.

**Age**

National level estimates show younger people are much more likely to smoke, peaking at 21.9% in those between 25 and 29.

An adjustment has been made to the national estimate to factor in the increased prevalence locally, that prevalence has then been used to work out the proportion of all smokers in each age band.

While those in their late teens and early 20s make up a higher proportion of smokers they are less likely to make a quit attempt. Those in the 18-24 age range are also less likely to successfully achieve a four week quit.
Ethnicity

National estimates show that there are large variations in smoking prevalence across different ethnic groups, with mixed race and white people being significantly higher than the England average.

Prevalence in Asian, Black, and Chinese populations are estimated to be significantly lower than England’s 15.5% average.

While South Tyneside does have a diverse population the 2011 Census shows that 96% of the borough’s 18+ population was white.

It is estimated that 96.7% of south Tyneside’s smokers are white. Between 2014/15 and 2016/17 97.7% of quit attempts were made by people who are white.
Depression

When the national smoking prevalence is adjusted to reflect South Tyneside’s higher rate 45.3% of the borough’s smokers live within the most deprived two deciles in the country.

The way people engage with stop smoking services correlates with deprivation. While this isn't surprising as there are more smokers living in deprived areas, it could be due to people being more likely to receive free Nicotine Replacement Therapy (NRT), one theory is that this could be an additional incentive to engage with the service.
GP Practice Engagement

Unfortunately accurate ward level smoking prevalence estimates do not exist. It is possible to look at ward level engagement in services, however as there wouldn’t be a way to compare it to the needs of the population this would not be suitable as part of an equity audit.

The majority of clients who attempt to quit have their GP practice recorded regardless of the setting. This means that most of the time there is a record of the GP practice even if a quit attempt has been attempted through another setting, such as a children’s centre or pharmacy.

There are also estimates of GP practice smoking prevalence through the Quality Outcomes Framework (QOF). The QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. Standard deviations of practice attempts and the estimated smoking prevalence for GP Practices have been calculated.

Standard deviation is a measure of dispersement in statistics. Dispersement tells you how much your data is spread out. Specifically, it shows you how far a practice is from the average.

A normal distribution, sometimes called a bell curve, is a distribution that occurs naturally in many situations. For example, the height or weight of a group of people.

In maths the empirical rule states that the majority of data will fall within three standard deviations of the average:

1. 68% of the data falls within one standard deviation of the average
2. 95% of the data falls within two standard deviations of the mean.
3. 99.7% of the data falls within three standard deviations of the mean.

Z-Scores, the number of standard deviations from the average, for each practice’s smoking prevalence have been added to the chart below horizontally. Z-Scores for the proportion of smokers in each practice that attempted to quit have been positioned vertically.
This gives provides the opportunity to identify any practices that have a high prevalence of smoking with a low proportion of people attempting to quit. This could lead to an opportunity to engage with practices where improvements can be made.

While there are wide variations in practice uptake none of the practices had a rate of attempts that were higher than two standard deviations away from the borough average.
**Conclusion**

Stop smoking support is available from a wide range of providers across the borough. The proportion of smokers engaging with services continues to be higher than expected for stop smoking services.

While access to stop smoking services among those from BAME backgrounds were not statistically different to those of white residents there was a wide margin of error due to the low number of clients. Engagement among those from BAME backgrounds should be observed to ensure health inequalities do not occur.

There are issues with access among 18-24 year-olds, while they account for 13% of the borough’s smoking population just 8.6% have attempted to quit smoking. People in this cohort are also much less likely to quit, with just 5% of quitters being aged 18-24. It is possible that younger smokers would be more likely to attempt a quit using e-cigarettes or vapourisers, however the scope of this HEA has not provided the opportunity to confirm this.

**Limitations**

Demographic information for service providers has been used to look at who accessed the service. There are data quality issues which meant some records had to be excluded when looking at characteristics of inequality. Challenges with CallitQuits data include:

- Missing dates of birth in some records meant some clients were excluded from access to services by age.
- Records with invalid postcodes meant some clients were not included when access by deprivation decile was calculated.
- While the registered GP Practice can be collected by providers when someone attempts a quit there are gaps. For GP Practice population analysis clients without a GP, or a GP outside of South Tyneside, have been excluded.
- Religion and sexual orientation are not collected as part of the pathway.
Recommendations

This equity audit, along with other data available i.e. Health related behaviour questionnaire, will be used to inform future provision around stop smoking.

## Appendices

### Table 1: Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>South Tyneside Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>16.4%</td>
</tr>
<tr>
<td>Male</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

### Table 2: South Tyneside Smoking Population by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Adjusted Smoking Prevalence</th>
<th>18+ population</th>
<th>Smokers</th>
<th>% of South Tyneside Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>16.4%</td>
<td>62505</td>
<td>10224</td>
<td>46%</td>
</tr>
<tr>
<td>Male</td>
<td>20.8%</td>
<td>57402</td>
<td>11926</td>
<td>54%</td>
</tr>
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</table>

### Table 3: South Tyneside Smoking Population by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>South Tyneside Population</th>
<th>South Tyneside Adjusted Prevalence</th>
<th>South Tyneside Smokers</th>
<th>% of South Tyneside smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 24</td>
<td>12061</td>
<td>23.3%</td>
<td>2808</td>
<td>13.0%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>9607</td>
<td>25.8%</td>
<td>2478</td>
<td>11.5%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>9119</td>
<td>23.4%</td>
<td>2134</td>
<td>9.9%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>8524</td>
<td>21.6%</td>
<td>1842</td>
<td>8.5%</td>
</tr>
<tr>
<td>40 - 44</td>
<td>8585</td>
<td>20.4%</td>
<td>1753</td>
<td>8.1%</td>
</tr>
<tr>
<td>45 - 49</td>
<td>10525</td>
<td>20.4%</td>
<td>2149</td>
<td>9.9%</td>
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<td>50 - 54</td>
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<td>2310</td>
<td>10.7%</td>
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<tr>
<td>55 - 59</td>
<td>10976</td>
<td>18.4%</td>
<td>2018</td>
<td>9.3%</td>
</tr>
<tr>
<td>60 - 64</td>
<td>9332</td>
<td>16.0%</td>
<td>1493</td>
<td>6.9%</td>
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<tr>
<td>65 - 69</td>
<td>9279</td>
<td>13.0%</td>
<td>1208</td>
<td>5.6%</td>
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<td>70 - 74</td>
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<td>10.4%</td>
<td>695</td>
<td>3.2%</td>
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<td>75 - 79</td>
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<td>482</td>
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<tr>
<td>80 - 84</td>
<td>4113</td>
<td>4.8%</td>
<td>196</td>
<td>0.9%</td>
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<tr>
<td>85 - 89</td>
<td>2542</td>
<td>2.6%</td>
<td>67</td>
<td>0.3%</td>
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Table 4: South Tyneside Stop Smoking Service Performance by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>% of South Tyneside smokers</th>
<th>% of quit attempts</th>
<th>% 4 week quits</th>
<th>4 Week Quit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 24</td>
<td>13.0%</td>
<td>8.6%</td>
<td>5%</td>
<td>28%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>11.5%</td>
<td>10.7%</td>
<td>9%</td>
<td>38%</td>
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<td>30 - 34</td>
<td>9.9%</td>
<td>11.3%</td>
<td>10%</td>
<td>42%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>8.5%</td>
<td>9.8%</td>
<td>10%</td>
<td>47%</td>
</tr>
<tr>
<td>40 - 44</td>
<td>8.1%</td>
<td>10.7%</td>
<td>11%</td>
<td>47%</td>
</tr>
<tr>
<td>45 - 49</td>
<td>9.9%</td>
<td>10.6%</td>
<td>11%</td>
<td>51%</td>
</tr>
<tr>
<td>50 - 54</td>
<td>10.7%</td>
<td>9.4%</td>
<td>11%</td>
<td>53%</td>
</tr>
<tr>
<td>55 - 59</td>
<td>9.3%</td>
<td>9.3%</td>
<td>11%</td>
<td>54%</td>
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<tr>
<td>60 - 64</td>
<td>6.9%</td>
<td>8.6%</td>
<td>10%</td>
<td>55%</td>
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<tr>
<td>65 - 69</td>
<td>5.6%</td>
<td>5.7%</td>
<td>7%</td>
<td>60%</td>
</tr>
<tr>
<td>70 - 74</td>
<td>3.2%</td>
<td>3.5%</td>
<td>4%</td>
<td>57%</td>
</tr>
<tr>
<td>75 - 79</td>
<td>2.2%</td>
<td>1.2%</td>
<td>1%</td>
<td>53%</td>
</tr>
<tr>
<td>80 - 84</td>
<td>0.9%</td>
<td>0.4%</td>
<td>1%</td>
<td>67%</td>
</tr>
<tr>
<td>85 - 89</td>
<td>0.3%</td>
<td>0.1%</td>
<td>0%</td>
<td>25%</td>
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</table>

Table 5: South Tyneside Smoking Population by Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Adjusted Prevalence</th>
<th>18+ population</th>
<th>Smokers</th>
<th>% ST Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>19.3%</td>
<td>114389</td>
<td>22126</td>
<td>96.7%</td>
</tr>
<tr>
<td>Black</td>
<td>12.3%</td>
<td>294</td>
<td>36</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>11.2%</td>
<td>2213</td>
<td>248</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other</td>
<td>17.4%</td>
<td>723</td>
<td>126</td>
<td>0.6%</td>
</tr>
<tr>
<td>Mixed</td>
<td>24.8%</td>
<td>846</td>
<td>210</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>17.4%</td>
<td>723</td>
<td>126</td>
<td>0.6%</td>
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</table>

Table 6: South Tyneside Stop Smoking Service Performance by Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Quit Attempts</th>
<th>% attempts</th>
<th>% 4 week quits</th>
<th>4 week quit rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6515</td>
<td>97.8%</td>
<td>97.6%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Black</td>
<td>8</td>
<td>0.1%</td>
<td>0.2%</td>
<td>62.5%</td>
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<tr>
<td>Asian</td>
<td>75</td>
<td>1.1%</td>
<td>1.1%</td>
<td>45.3%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>0.2%</td>
<td>0.2%</td>
<td>63.6%</td>
</tr>
<tr>
<td>Mixed</td>
<td>40</td>
<td>0.6%</td>
<td>0.7%</td>
<td>52.5%</td>
</tr>
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</table>
### Table 7: South Tyneside Smoking Population by Deprivation Decile

<table>
<thead>
<tr>
<th>IMD 2015 Decile</th>
<th>Adjusted Smoking Prevalence</th>
<th>Population</th>
<th>Smoking Population</th>
<th>% of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22.6%</td>
<td>25562</td>
<td>5768</td>
<td>20.7%</td>
</tr>
<tr>
<td>2</td>
<td>21.0%</td>
<td>30315</td>
<td>6371</td>
<td>24.6%</td>
</tr>
<tr>
<td>3</td>
<td>20.1%</td>
<td>14367</td>
<td>2882</td>
<td>11.7%</td>
</tr>
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### Table 8: South Tyneside Stop Smoking Service Performance by Deprivation Decile

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<th>IMD 2015 Decile</th>
<th>% of population</th>
<th>% of smokers</th>
<th>% of Quit attempts</th>
<th>% 4 week quits</th>
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Appendices Map 1

South Tyneside Council

GPs and Pharmacies that offer Stop Smoking Services - 1 mile radius included