

Publication Report



Prescribing of Smoking Cessation Interventions in Scotland

Calendar Years 2001 - 2010

Publication date – 29 March 2011



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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

Smoking has been linked as the cause of many different health conditions. Due to the overall cost of the impact of smoking on the National Health Service, on the 26th March 2006, a ban on smoking in public places was introduced as part of the [Smoking, Health and Social Care \(Scotland\) Bill](#) to improve public health.

To help smokers to stop smoking, on the 29th August 2008, the Public Health Service element of the new [Community Pharmacy Contract](#) was introduced in Scotland. This involves a program of up to twelve weeks in which people can visit their local pharmacist and be supported in their attempt to stop smoking, which may include prescribing of Nicotine Replacement Therapy (NRT). The patient is charged the current prescription charge (£0.00 from 1st April 2011), instead of paying for the products over the counter, which can be more expensive.

[Smoking Cessation Guide for Scotland](#) recommends that smoking cessation products should be available on prescription to smokers who have made a commitment to stop on or before a target stop date. Prescriptions subsequent to the initial commencement of treatment should only be issued to the person if they can demonstrate that they are still trying to stop smoking.

Information on prescribing for cigarette smoking can be found on the following Internet sites:

- [Action on Smoking and Health in Scotland \(ASH\)](#)
- [Clearing The Air, the Scottish Executive's site detailing the ban on smoking in public places](#)
- [You Can Stop Smoking, NHS Health Scotland's web site](#)
- [The Scottish Public Health Observatory's Tobacco Use Site](#)
- [Scottish Medicines Consortium \(SMC\)](#)
- [The National Institute of Clinical Excellence \(NICE\)](#)

ISD is not responsible for the contents of external Internet sites.

Treatment

Drugs licensed for smoking cessation are given in the [British National Formulary \(BNF\)](#) section 4.10;

- Bupropion Hydrochloride (also known as Amfebutamone Hydrochloride), (Zyban[®])
- Nicotine Replacement Therapy (Nicopass[®], Nicopatch[®], Nicorette[®], Nicotinell[®], NiQuitin CQ)
- Varenicline (Champix[®])

Bupropion Hydrochloride became available on prescription in June 2000, and is restricted to adults aged 18 and over. Nicotine Replacement Therapy (NRT) became available on prescription in April 2001 and Varenicline in January 2007. Both NRT and Varenicline are licensed to people aged 12 and over. NRT is licensed to be prescribed by nurses from May 2001, making it more accessible to patients.

Key points

- Prescribing of smoking cessation products show seasonal variation.
- The sharp peaks around the months of January, February and March may be due to New Year Resolutions, while the steady decline after March may be due to successfully quitting or else relapsing.
- Prescribing of smoking cessation products rose sharply just before the introduction of the ban in smoking in public places was introduced in Scotland in March 2006.
- Of the prescribable treatments for smoking cessation, NRT is the most prevalent.

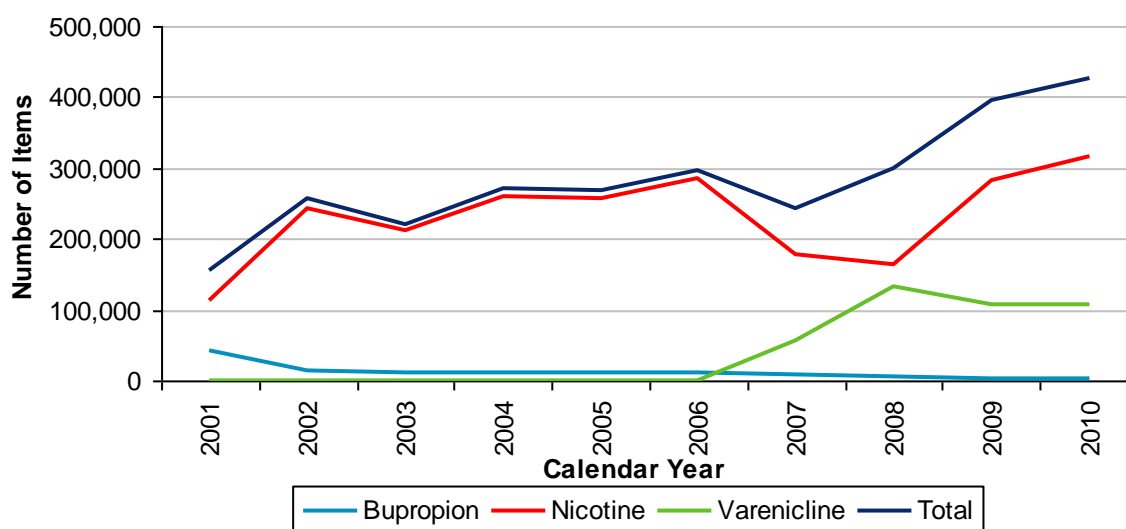
Results and Commentary

The prescribing of smoking cessation products in Scotland between 2001 and 2010 has been reviewed.

NHS Scotland

Figure 1 below shows the number of dispensed items in Scotland, in total and for each drug by calendar year from 2001 to 2010.

Figure 1 – Number of dispensed items, by product, for NHS Scotland, 2001 to 2010



Source: Prescribing Information System, ISD Scotland

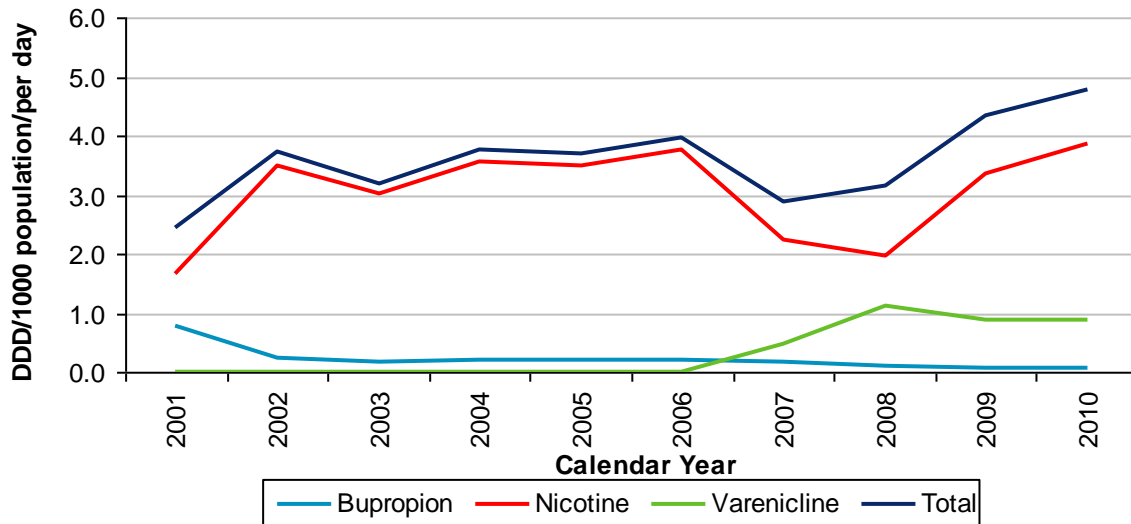
The introduction of Nicotine Replacement Therapy (NRT) in 2001, and the strict restrictions around Bupropion, which can be found on the [Scottish Medicines Consortium \(SMC\)](#), accounts for a drop of 92.9% between 2001 and 2010.

Nicotine is the most commonly prescribed drug between 2001 and 2010; however it varies year on year. The smoking ban and the introduction of Varenicline account for these variations. The total prescribing of smoking cessation interventions has increased by 8.4% between 2009 and 2010.

To see what proportion of the population may receive a certain drug treatment, the best way is to look at the defined daily doses. Defined daily doses are a statistical measure derived from the international use of the substance in question. They were developed by [the World Health Organisation \(WHO\)](#) and are defined as “the assumed average maintenance dose per day used on its main indication in adult”. To look at the number of Defined daily doses per 1,000 population per day corresponds to the daily use of the drugs by the population. For example, 10 Defined daily doses per 1,000 population per day corresponds to a daily use of the drug by 1% of the population.

Figure 2 below shows the defined daily doses per 1,000 population per day, in total and for each drug by calendar year from 2001 to 2010.

Figure 2 – Defined Daily Doses per 1,000 population per day, by product, for NHS Scotland, 2001 to 2010

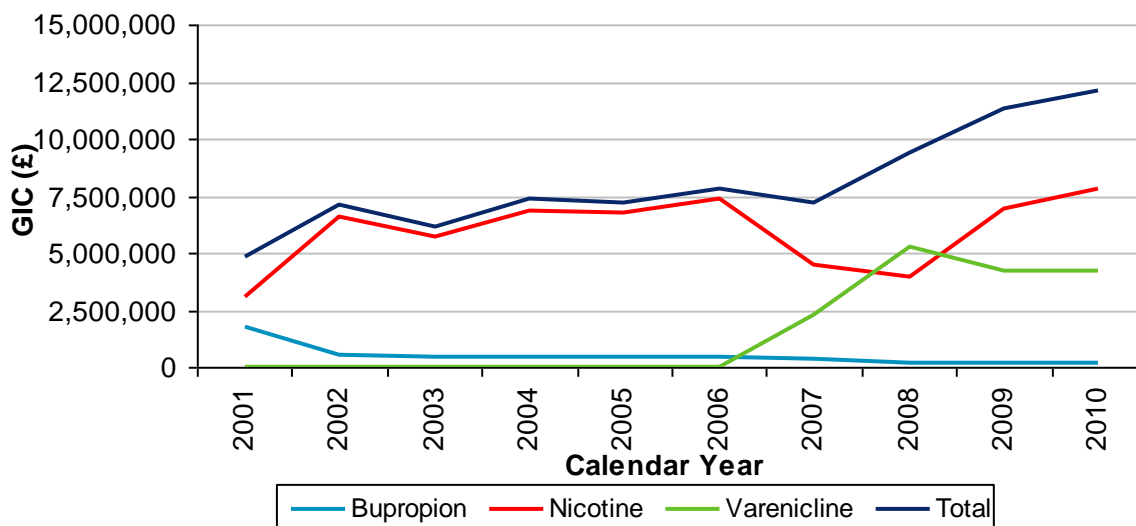


Source: Prescribing Information System, ISD Scotland

The data presented in figure 2 indicates that the percentage of the 'target' population making daily use of Nicotine et al has risen from 0.24% (10,518 people) in 2001 to 0.48% (21,675) by 2010. It must be emphasised that these figures are estimates, the actual patient base is not known.

Figure 3 and 4 below; show the gross ingredient cost and the cost per item, in total and by individual drug for the calendar years 2001 to 2010.

Figure 3 – Gross Ingredient Cost (GIC), by product, for NHS Scotland, 2001 to 2010

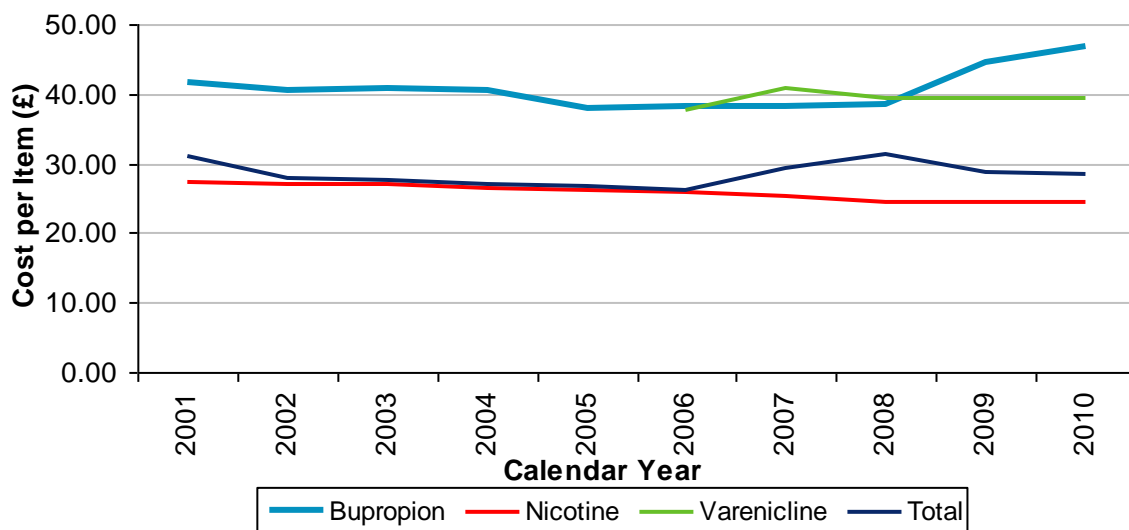


Source: Prescribing Information System, ISD Scotland

The prescribing patterns exhibited in figures 1, 2 and 3, are similar. In 2006 all graphs show a peak in 2006, when the smoking ban was introduced. In 2007, Varenicline was introduced which accounts for the drop in Nicotine Replacement Therapy. In August 2008 national specifications for smoking cessation were introduced to Community Pharmacies through the Public Health Service. This accounts for the rise in Nicotine prescribing in

2008, 2009 and 2010. Looking at the cost per item for the drugs involved in smoking cessation, gives a better view on the costing implications on these drugs.

Figure 4 – Cost per item (£), by product, for NHS Scotland, 2001 to 2010



Source: Prescribing Information System, ISD Scotland

Figure 4 above shows that Bupropion was the most costly item from 2001 to 2010, averaging £40.73 per item and Nicotine is the least expensive at an average of £25.84 per item.

NHS Board

Information on the NHS Board that prescribed the smoking cessation products has also been analysed. Figures 5 and 6 show prescribing of smoking cessation interventions by NHS board in terms of the number of dispensed items per 1,000 population and by the number of defined daily doses per 1,000 population per day, respectively.

NHS Board ciphers are displayed on the figures 5 and 6 for reason of clarity. The table below provides a translation between the cipher and the NHS Board name. Please note that NHS Argyll and Clyde ceased to exist as a single entity from April 2006. Argyll and Bute was absorbed into NHS Highland and the remainder into NHS Greater Glasgow to become NHS Greater Glasgow and Clyde.

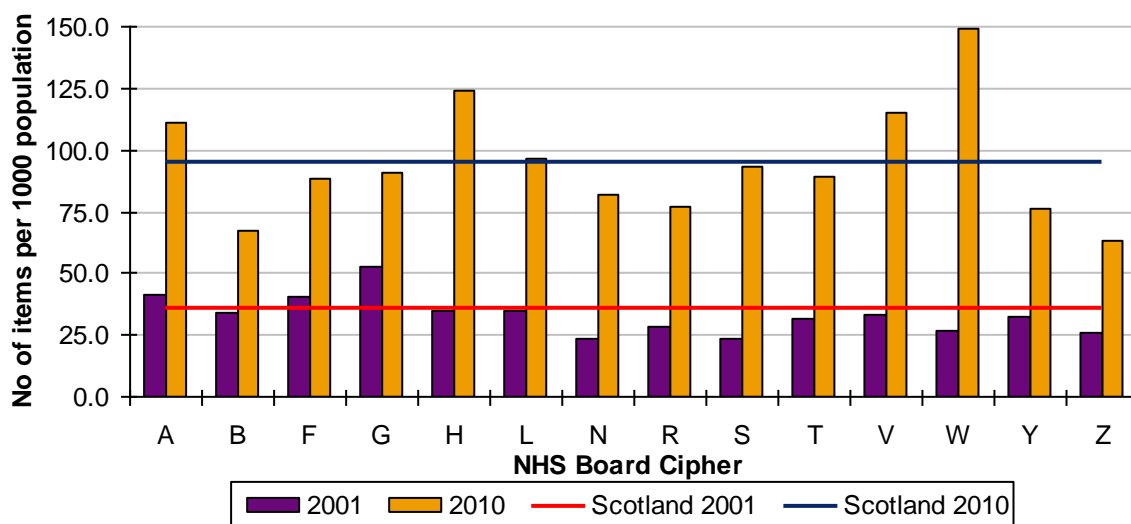
Table 1 – NHS Board Cipher - Translation

NHS Board Cipher	Name
A	Ayrshire & Arran
B	Borders
F	Fife
G	Greater Glasgow and Clyde
H	Highland
L	Lanarkshire
N	Grampian
R	Orkney
S	Lothian
T	Tayside

V	Forth Valley
W	Western Isles
Y	Dumfries & Galloway
Z	Shetland

Source: Prescribing Information System, ISD Scotland

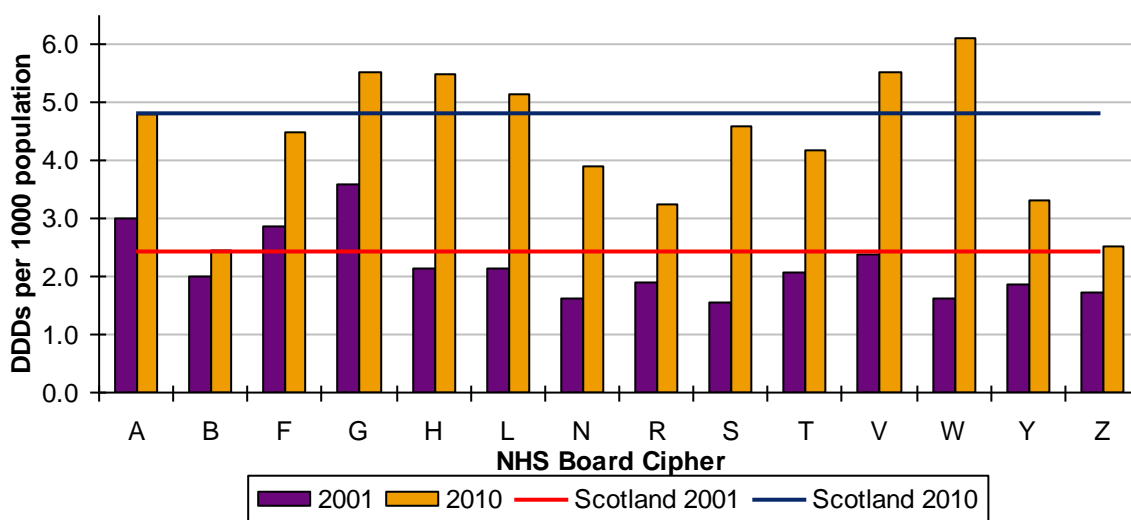
Figure 5 – Number of dispensed items, per 1,000 population aged 12 and over, 2001 and 2010



Source: Prescribing Information System, ISD Scotland

Considerable variation exists among the fourteen NHS Boards in 2010, shown in Figure 5. All NHS Boards show an increase from 2001 to 2010.

Figure 6 – Defined Daily Doses per 1,000 population aged 12 and over per day, 2001 and 2010



Source: Prescribing Information System, ISD Scotland

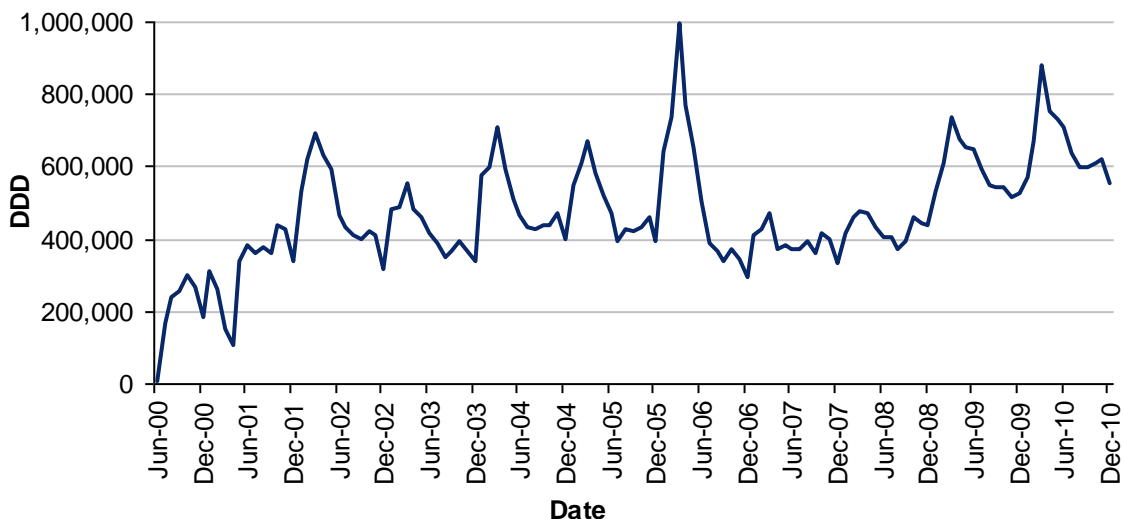
Expressing the prescribing data in terms of the number of defined daily doses per 1,000 populations aged 12 and over per day (figure 6) produces an essentially similar pattern to that shown in figure 5. In 2010 the highest recorded rate was in NHS Western Isles at 6.12

defined daily doses per 1,000 population per day, equivalent to 0.61% of the 'target' population and Borders the lowest at 2.47 Defined Daily Doses per 1000 population per day, equivalent to 0.25% of the 'target' population.

Seasonal Variation

The figures below show the seasonality effect of smoking cessation products by month between 2001 and 2010.

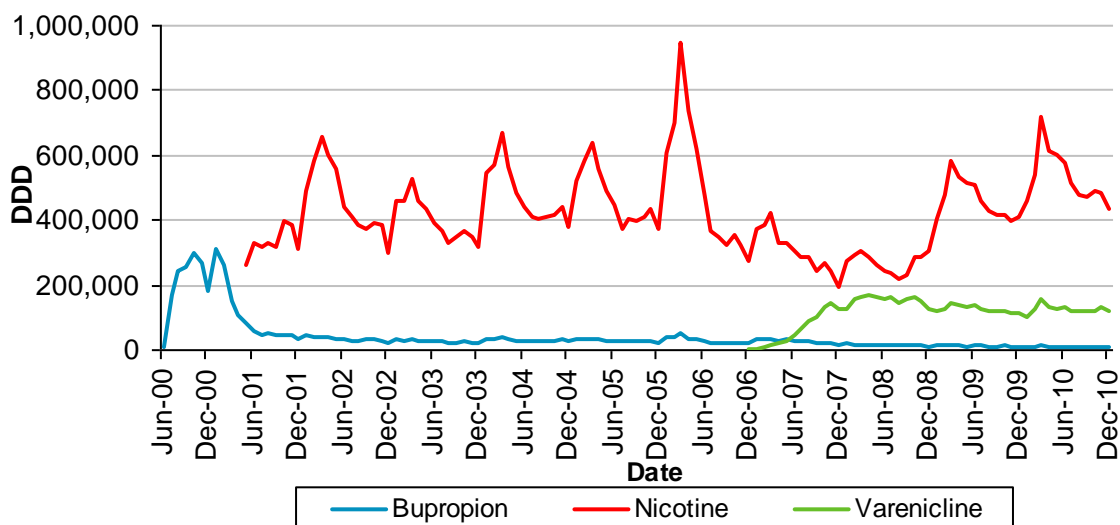
Figure 7 – Defined Daily Doses per by month for all smoking cessation products, 2000 to 2010



Source: Prescribing Information System, ISD Scotland

Figure 7 above, shows peaks in January, this could be due to people opting to stop smoking for a new year’s resolution. The high peak in March 2006 occurred at the introduction of the smoking ban.

Figure 8 – Defined Daily Doses per by month by product, 2000 to 2010



Source: Prescribing Information System, ISD Scotland

Defined daily doses by product, as shown in figure 8, shows a similar trend to that of figure 7, with the peaks at January and in March 2006. The introduction of NRT in 2001 is mirrored by the decrease of Bupriopion. NRT declined in December 2007 when Varenicline prescribing started to grow. Varenicline has remained constant over the last three years. NRT has started to grow again; this could be attributed to the start of the public health service in September 2008.

Glossary

Gross Ingredient Cost (GIC)	Cost of drugs and appliances reimbursed before deduction of any dispenser discount (nb this definition differs from other parts of the UK).
Prescription item	An item is an individual product prescribed e.g. 100 aspirin tablets of 300mg.
Prescription form	A prescription form that can contain up to three items.
Quantity	Quantity dispensed of an individual item e.g. 100 tablets
Defined Daily Dose (DDD)	Assumed average maintenance dose per day for a drug when used for its main indication in adults, as defined by World Health Organisation.
Approved Drug Name	As listed in BNF, being the recognised official non-proprietary title (recommended International Non-Proprietary Name - rINN).
Prescribable Item Name	The drug name written on the prescription - can be by approved name or a brand name.
British National Formulary (BNF)	A standard classification of drugs into conditions of primary therapeutic use, the aim is to provide prescribers, pharmacists and other healthcare professionals with sound up-to-date information about the use of medicines.
Prescribed Health Board	The NHS Board with which the prescriber holds a contract to prescribe, i.e. GP, Dentist, Non-medical prescriber.
Target Population	The population which are eligible to receive the medication, i.e. aged 12 and over.

List of Tables

Table No.	Name	Time period	File & size
1	Prescribing of Smoking Cessation Interventions in Scotland	Calendar years 2000 to 2010	Excel [1,909kb]

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Further Information

Further information can be found on the [Prescribing and Medicines](#) area of the ISD website.

Further information on other ISD publications and datasets can be found the on the [ISD website](#).

Appendix

A1 – Background Information

How the data is obtained

[Practitioner Services](#), a division of NHS National Services Scotland, processes all NHS prescriptions for payment of pharmacists, dispensing doctors and appliance suppliers. This gives a full record from which trends in prescribing can be investigated at a detailed level. The data includes prescribing by GPs, nurses, dentists, pharmacists and hospitals, where the latter was dispensed in the community. Hospital dispensed prescriptions are NOT included in the figures. The Information Services Division (ISD) cannot say what proportion of the drug dispensed is actually consumed. These data do NOT include products purchased "over the counter". Prescriptions processed internally by Boards for payment purposes are NOT included in these data.

Defined daily doses

A method of examining prescribing levels using different formulations of products (for example chewing gum, patches and tablets) are [defined daily dose \(DDD\)](#) as developed by [the World Health Organisation \(WHO\)](#).

A Defined daily dose is defined as “the assumed average maintenance dose per day for a drug used on its main indication in adults”. DDD’s are a statistical measure derived from the international use of the substance in question. As British prescribing patterns may differ from the accepted international value, each DDD should be regarded as a technical value, a close approximation of an average of the actually used doses. The DDD’s are therefore not necessarily the most frequently prescribed or used doses. Each drug is assigned a DDD value, based on its active ingredient. It should be noted, however, that it is an arbitrary unit for measurement purposes and makes no pretence to be a therapeutic recommendation. The value is derived from literature, manufacturer’s recommendations and experience gained in the field. An international committee from twelve countries, including Britain, consider the evidence and assign a DDD value for a drug in its main indication. All new DDDs are reviewed after three years; existing DDDs after five years.

A2 – Publication Metadata (including revisions details)

Metadata indicator	Description
Publication title	NHS Scotland Prescribing - Prescribing of Smoking Cessation interventions
Description	Summary and detailed statistics on prescribing and dispensing in the community in Scotland including: Smoking Cessation Interventions, presented by calendar years for NHS Scotland. Data presented shows number of items, defined daily dose and gross ingredient cost.
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	Excel workbooks
Data source(s)	Prescribing Information System (PIS). All data held in PIS is sourced from Practitioner Services Division (PSD) within NHS National Services Scotland who are responsible for the remuneration and reimbursement of dispensing contractors within Scotland.
Date that data is acquired	Data is acquired on a monthly basis from PSD following payment approximately 2 calendar months after the end of the month being claimed for payment by contactors
Release date	29 March 2011
Frequency	Annual
Timeframe of data and timeliness	Data covering year to 31 December 2010
Continuity of data	Data is held in PIS for the most recent 10 years and is stored in archive files back to 1993/94. The definition of the main measures such as gross ingredient cost and number of items are unchanged over this period. Types and value of dispensing fees are agreed the Scottish Government and set annually. Details can be found in the Scottish Drug Tariff and in Primary Care circulars issued by the Government. Drug products are first licensed as proprietary medicines but generic versions often appear once the original patent expires. This can affect the price and uptake of these drugs. The Scottish Government sets the reimbursement price of generic drug products via the Scottish Drug Tariff which is updated and issued quarterly.
Revisions statement	Data are sourced from monthly pharmacy payments data on an ongoing basis therefore once published there is no routine requirement to revise historical data. However occasionally adjustments are made to pharmacy payments retrospectively by PSD for example due to an administrative error. Retrospective revisions can also occur the classification of drugs in the British National Formulary (BNF). Where either of these occur and are deemed to be significant in line with ISD's Revisions policy, a revision will be made to published data. This will be notified on the website.

Concepts and definitions	The data published in all these releases correspond to prescriptions that have been dispensed in the community in Scotland, i.e. dispensed by a pharmacy, dispensing doctor or appliance supplier. This includes prescriptions which were issued in another UK country but dispensed in Scotland. These data do not include prescription drugs that were supplied and administered to patients in a hospital setting. Prescriptions issued in hospital to patients on discharge and dispensed in the community are included. Each excel workbook contains further detailed definitions of the main measures and links to a glossary.
Relevance and key uses of the statistics	These statistics are the primary source of data used to monitor the national community drugs bill within Scotland and the pharmacy contract agreed with dispensing contractors. They are also used to monitor national and local prescribing indicators covering both the quality and efficiency of prescribing in general practice.
Accuracy	The data is sourced from a payment system and routine monthly checks are carried out by PSD on a random sample of approximately 5% of prescription payments. These check all data captured for payment and the accuracy of the payment calculation and have a target accuracy of 98% which is routinely met. Data that is captured but is not mandatory for payment purposes can be of lower quality; principally this includes the prescriber code which links a prescription back to the individual prescriber e.g. GP and their organisation including NHS Board. Routine monitoring of unallocated prescriptions is carried out and correct codes are applied before publication. This ensures that unallocated prescriptions account for under 2% of all prescriptions. For remaining unallocated prescriptions, the prescribing NHS Board is assumed to be the same as the dispensing NHS Board.
Completeness:	The Prescribing Information System holds information on 100% of NHS Scotland prescriptions dispensed within the community and claimed for payment by a pharmacy contractor (i.e. pharmacy, dispensing doctor or appliance supplier). It does not include data on prescriptions dispensed but not claimed (likely to be very small) or prescriptions prescribed but not submitted for dispensing by a patient. Some research has estimated these latter prescriptions to account for around 6% of all prescriptions issued to patients. Of course it is not possible to determine from payment data how much of the medicine dispensed to patients is actually taken in accordance with dosage instructions.
Comparability	The main measures of drug ingredient cost and volumes of items dispensed in the community are comparable across the UK countries. However it should be noted that the Gross Ingredient Cost (GIC) within Scotland is equivalent to the Net Ingredient Cost (NIC) in England, i.e. the reimbursement cost of drugs before any pharmacy

	discounts are applied. Also each country determines its own dispensing fees based on separate contractual arrangements with dispensing contractors in each country. A common formulary called the British National Formulary (BNF) is used to classify drugs based on therapeutic use.
Accessibility	It is policy of ISD Scotland to make its websites and products accessible according to published guidelines .
Coherence and clarity	All prescribing tables are accessible via the ISD website . Prescribing statistics are presented within excel spreadsheets for NHS Scotland and where appropriate broken down by NHS Board.
Value type and unit of measure	The main units of measure of drug reimbursement costs are Gross Ingredient Cost (GIC) and Net ingredient cost (NIC) quantity. The latter takes account of pharmacy discounts, the rates for which are set by the Scottish Government in the Scottish Drug Tariff. There are a large number of individual dispensing remuneration fees paid to dispensing contractors details of which can be found in the Scottish Drug Tariff. The main measures of drug volume are items (the number of individual drug items on a prescription form), quantity (the total number of tablets, capsules etc), and defined daily doses (DDDs - estimated average daily maintenance doses for a total quantity of prescribed). Further details and definitions can be found in the glossary.
Official Statistics designation	National Statistics (Legacy designation, awaiting final designation by UK statistics Authority).
UK Statistics Authority Assessment	Assessment by UK Statistics Authority completed and assessment report issued.
Help email	NSS.isdprescribing@nhs.net
Date form completed	24-Mar-11

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)