

**A health equity audit of
smoking cessation services
in East Berkshire**

March–August 2006

Executive summary

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Executive Summary

Background

Health equity audits are recognised as an important tool in reducing health inequalities, and the Department of Health (DH) has recommended that they are conducted regularly by all Primary Care Trusts (PCTs) in key service areas. The DH Planning Framework for 2006/7 also places emphasis on reducing inequalities in smoking cessation services. Slough PCT was commissioned to conduct a health equity audit of smoking cessation services across East Berkshire in March 2006.

East Berkshire had a population of 362 310 in 2001, and consists of three Unitary Authority areas: Bracknell Forest, Slough and the Royal Borough of Windsor and Maidenhead. These areas correspond to the current PCTs in East Berkshire which will merge on 1 October 2006 to form Berkshire East Teaching PCT.

Methodology

Setting and investigators

A health equity audit (HEA) of smoking cessation services was carried out in East Berkshire between March–August 2006 by Elisabeth Jelfs and Dr Tom Porter, Slough PCT.

Quantitative data collection

Data were collected from the East Berkshire Stop Smoking Service (EBSSS) database on clients using the service between April 2005–March 2006. Five equity domains were analysed: age, gender, ethnicity, area of residence and deprivation. Data were analysed in Microsoft Excel.

Stakeholder consultation

Stakeholders were consulted during the initial data collection phase to understand the current service provision within East Berkshire and assess quantitatively whether the service was equitable. After initial analysis of the data two workshops were held at which preliminary quantitative findings were presented, and group discussions were encouraged to determine how the results may be addressed practically.

Results

Bracknell

1087 individuals set a quit date and 610 quit during the study period. Men and those aged 16-24 were under-represented in service activity, and 7 of 18 wards had significantly low activity rates. Service activity increased with increasing deprivation. Active cessation advisers were generally located in more deprived areas.

Slough

1105 individuals set a quit date and 665 quit during the study period. Young individuals aged 16-34 and those from an Indian background were under-represented in service activity. A 'South Asian pilot' programme which ran from November 2005 appeared to improve uptake among South Asians. Only one ward out of 14 had a low activity rate overall, although two other wards had low quit rates amongst clinic attenders. Service activity was

higher in more deprived areas. Active cessation advisers were most commonly found in areas of middling deprivation.

Windsor, Ascot and Maidenhead (WAM)

1305 individuals set a quit date and 800 quit during the study period. Men and those aged 16-24 were under-represented in service activity, and those from Indian and White Irish backgrounds had lower overall quit rates than White British residents, although the latter finding was not felt to reflect witnessed service activity. 5 wards out of 23 had activity rates lower than the mean for WAM. Service activity was generally greater in more deprived communities, although quit rates were lower. Active cessation advisers were generally found in the more deprived areas.

East Berkshire

Across East Berkshire, 3497 individuals set a quit date and 2075 quit during the study period. There was no significant difference in contact, set date or quit rates between the three PCTs. Men and those aged 16-34 were significantly less likely to quit through the service, and Indian, African and Caribbean individuals were under-represented in service activity. The highest and lowest activity wards were generally found in Bracknell and WAM, with wards in Slough distributed more equitably. Across East Berkshire service activity rose with deprivation, and active advisers were more likely to be situated in more deprived areas. There was considerable variation in quit rates based on the adviser seen, although how much of this was due to the population in the clinic catchment area, and how much to the adviser themselves was unclear. Two military barracks, Combermere (WAM) and Sandhurst (Bracknell Forest), were excluded from geographical-based PCT analyses, and a brief separate analysis is presented for these.

Discussion and recommendations

The smoking cessation service in East Berkshire is generally fairly equitable, with some key exceptions. A discussion is presented, with recommendations including: develop services which target men; develop services which target the young and elderly; assess and respond to local Eastern European immigration; consider increasing adviser locations offered in wards with low service activity; and further develop the local evidence base for equity, including repeating a health equity study in two years' time (summer 2008).

For further information and/or a full copy of this health equity audit please
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