



Smoking: smoking status of people with long-term conditions

NICE indicator

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www.nice.org.uk/indicators/ind156

Indicator

The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD or asthma, whose notes record smoking status in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Smoking is the main cause of preventable illness and premature death in England. It is the primary reason for the gap in healthy life expectancy between rich and poor. People with any or any combination of CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD or asthma face increased risks from smoking (for example, increased risk of cardiovascular disease) compared with the general population.

There is also evidence that people who smoke are receptive to smoking cessation advice in all healthcare settings and that healthcare professionals are effective in helping people to stop smoking. The aim of the indicator is therefore to identify people with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD or asthma who smoke so they can be offered smoking cessation treatment or advice.

Source guidance

[Hypertension in adults: diagnosis and management. NICE guideline 136 \(2019\), recommendation 1.4.7](#)

[Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE guideline NG115 \(2018\), recommendation 1.1.13](#)

[Stroke and transient ischaemic attack in over 16s: diagnosis and management. NICE guideline NG128 \(2019\)](#)

[Risk estimation and the prevention of cardiovascular disease. SIGN guideline 149 \(2017\)](#)

[Type 1 diabetes in adults: diagnosis and management. NICE guideline NG17 \(2015, updated 2021\), recommendation 1.13.5](#)

Chronic kidney disease. NICE guideline NG203 (2021), recommendation 1.4.6

Lower limb peripheral arterial disease. NICE guideline CG147 (2012), recommendation 1.2.1

Specification

Numerator: The number of patients in the denominator whose notes record smoking status in the preceding 12 months.

Denominator: The number of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD or asthma.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None

Smokers

For people who smoke, smoking status should be recorded in the previous 12 months.

Non-smokers

It is recognised that life-long non-smokers are unlikely to start smoking and repeatedly asking smoking status can be unnecessary. Smoking status for this group of people should be recorded in the previous 12 months until the end of the financial year in which the person reaches the age of 25.

Once a person is over 25 (for example, in the financial year in which they reach 26 or any year after that) to be classified as a non-smoker they should be recorded as:

- Never smoked, which is both after their 25th birthday and after the earliest diagnosis date for the disease which led to the person's inclusion on the IND156 register (for example, one of the conditions listed in the indicator wording for IND156).

Ex-smokers

Ex-smokers can be recorded as such in the previous 12 months for IND156. Practices may

choose to record ex-smoking status on an annual basis for 3 consecutive financial years and after that smoking status need only be recorded if there is a change. This is to recognise that once a person has been an ex-smoker for more than 3 years they are unlikely to restart.

For the purposes of QOF, users of electronic cigarettes who have never smoked or have given up smoking should be classified as non-smokers or ex-smokers, respectively.

The disease register for the purpose of calculating smoking prevalence for IND156 and IND157 is defined as the sum of the number of patients on the disease registers for each of the conditions listed in the indicator wording. People with one or more co-morbidities, for example, diabetes and CHD, are only counted once.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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