

**NORTH EAST QUALITY OBSERVATORY SERVICE
(NATIONAL COLLABORATING CENTRE FOR INDICATOR
DEVELOPMENT)**

FOR

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
INDICATOR DEVELOPMENT PROGRAMME**

Briefing paper

Topic area: PJ-01: Health inequalities and complex needs - smoking

IAC meeting date: 5th September 2023

Background: Following an exercise to explore and propose new indicators or amendments to existing indicators, during which brief feedback was sought from a range of stakeholders, the NICE National Collaborating Centre for Indicator Development (NCCID) has been asked to explore and develop indicators to target the management of smoking in patients with severe mental illness (SMI).

Output: Potential new indicator suitable for use at GP practice level to target smoking cessation in patients with SMI. This patient group is at greater risk of poor physical health and this focused draft indicator could help to improve health outcomes.

Proposed new indicator

The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who have previously been recorded as current smokers (within the past 5 years), and whose latest smoking status taken in the preceding 12 months records them as a non-smoker or an ex-smoker.

Denominator: The number of patients with schizophrenia, bipolar affective disorder or other psychoses who have been recorded as current smokers in the previous 5 years.

Numerator: Patients in the denominator who had a smoking status taken in the preceding 12 months which records them as a non-smoker or an ex-smoker.

Relevant guidance and indicators

The following NICE guidance and quality standard documents are relevant in the context of the development of indicators relating to smoking cessation:

- *Tobacco: preventing uptake, promoting quitting and treating dependence – NICE Guideline [NG209](#)* (last updated January 2023).
- *Psychosis and schizophrenia in adults: prevention and management – NICE Guideline [CG178](#)* (last updated March 2014). Rec 1.1.3.3 relates to the offer of help to stop smoking.
- *Psychosis and schizophrenia in adults – [NICE QS80](#)* (published February 2015). Quality statement 7 relates to promoting healthy eating, physical activity and smoking cessation.

The following [NICE Menu](#) indicators are of relevance:

- CCG44: The proportion of people with severe mental illness who are recorded as current smokers
- IAP00330: Smoking rates in people with serious mental illness (SMI)
- NM124: The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months
- NM125: The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months.

Evidence and data

There are three smoking-related indicators currently included in [QOF](#), and two of these (SMOK002, SMOK005) combine a number of physical and mental health conditions with regard to practice achievement for recording of smoking status and the offer of support and treatment for current smokers.

The proposed new indicator focuses specifically on patients with severe mental illness as it has been shown that by grouping physical and mental health conditions together in one indicator, inequalities in achievement between conditions may be missed. This is due to the majority of the conditions relating to physical illnesses having very large registers whilst those concerning mental illness are comparatively small (PJ-01 Health Inequalities and complex needs Briefing paper, [December 2022 IAC](#)). This is compounded by the fact that it is [harder to engage patients](#) with serious mental illness, and [evidence suggests](#) that if practices have reached maximum or near maximum points as dictated by the target payment thresholds for specific indicators they have little incentive to improve achievement further.

[PHE's briefing \(2018\) on severe mental illness \(SMI\) and physical health inequalities](#) describes how people with SMI are at a greater risk of poor physical health and have a higher premature mortality than the general population. People with SMI in England:

- die on average 15 to 20 years earlier than the general population
- have 3.7 times higher death rate for ages under 75 than the general population
- experience a widening gap in death rates over time

It is estimated that for people with SMI, 2 in 3 deaths are from physical illnesses that can be prevented. Major causes of death in people with SMI include chronic physical medical conditions such as cardiovascular disease, respiratory disease, diabetes and hypertension.

The proposed indicator incentivises outcomes and promotes continuity of care for people with severe mental illness as it is applicable for up to five years following the original recording of smoking status.

The [CCG Outcomes Indicator Set](#) indicator 1.23 related to smoking rates in people with SMI, as identified from GP systems (so may exclude certain groups of patients, for example those in long term, institutional care who are not on a GP list). The latest data [from 2014/15](#) show that nationally, smoking rates in those with SMI was 40.5%.

As the overall prevalence of SMI in 2021/22 was 0.95%, based on the QOF mental health register, this suggests an average practice of 10,000 patients will have 95 patients with SMI, of whom approximately **38** will smoke.

Committee decisions

Noting the existing NICE Menu indicators relating to smoking in those with SMI (NM124 and NM125), the committee is asked to consider whether this indicator should progress to consultation and if further testing or piloting is required.