NICE National Institute for
Health and Care Excellence

Indicator development programme

NICE indicator validity assessment

Indicator IND271

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 13 to 48 months, who were recorded as ex-smokers in the preceding 12 months.

Indicator type

Network / system level indicator.

Importance

Considerations	Assessment
The [NHS Long Term Plan](#) notes that the life expectancy of people with severe mental illnesses can be up to 20 years less than the general population and aims to reduce this disparity. It includes a new universal smoking cessation offer as part of specialist mental health services for long-term users of specialist mental health services. The [NHS prevention programme](#) includes plans for community mental health tobacco services from 2023/24.	The indicator reflects a specific priority area identified by NHS England.
[Local Tobacco Control Profiles](#) (Office for Health Improvement and Disparities) show that 13% of the adults in the general population are current smokers, but prevalence is 25% in adults with long term mental health condition (2021/22 data). [Older data](#) from 2014/15 show that around 40% of people with SMI are current smokers. CPRD data shows that 93.1% of people with SMI had a smoking status recorded and 39.4% of people with SMI were current smokers (around 23 per 10,000). Clinical Practice Research Datalink. (2024). CPRD Aurum March 2024 (Version 2024.03.001) [Data set]. Clinical Practice Research Datalink. https://doi.org/10.48329/yxmq-vk87	The indicator relates to an area where there is known disparity.
Supporting smoking cessation success in people with schizophrenia, bipolar affective disorder or other psychoses helps to reduce the burden of smoking related illnesses in this population.	The indicator will lead to a meaningful improvement in patient outcomes.

Evidence base

Considerations	Assessment
Tobacco NICE guideline NG209 (2023) Psychosis and schizophrenia NICE guideline CG178 (2014), recommendation 1.1.3.3: Offer people with psychosis or schizophrenia who smoke help to stop smoking, even if previous attempts have been unsuccessful. Be aware of the potential significant impact of reducing cigarette smoking on the metabolism of other drugs, particularly clozapine and olanzapine. [2014]	The indicator aligns with the evidence base.

Specification

Considerations	Assessment
Numerator: The number of patients in the denominator recorded as ex-smokers in the preceding 12 months. Denominator: The number of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 13 to 48 months. Example time window: The indicator could look for patients recorded as current smokers between 1s April 2020 and 31st March 2023, then search for those recorded as ex-smokers between 1st April 2023 and 31st March 2024. Exclusions: None Definitions: None Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines to provide their smoking status.	The indicator has defined components necessary to construct the indicator, including numerator and denominator. No exclusions apply.
CPRD data for 2019 – 2023 shows that, in England, 39.4% of patients with schizophrenia, bipolar affective disorder and other psychoses were recorded as current smokers in the previous 1 to 3 years: 23 patients for an average practice with 10,000 patients. There is no minimum number of patients required for network level indicators. In addition, achievement of this indicator relies on services other than general practice.	This is a network / service level indicator as the numbers at practice level are small. In addition, services other than general practice will be needed to achieve this.

Feasibility

Considerations	Assessment
NHSE data and analytics carried out a feasibility review for this indicator. They felt the indicator could progress, using the following clusters which are used in other extracts: • MH_COD for the denominator. • LSMOK_COD, SMOK_COD, EXSMOK_COD, NSMOK_COD, SMOKSTATDEC_COD (QOF Smoking indicators)	The indicator uses existing data fields.

Acceptability

Considerations	Assessment
Successful smoking cessation for this population is not entirely attributable to GPs (community mental health tobacco services are being commissioned). This indicator has therefore been identified as being suitable for use at network or system level.	The indicator is a network / service level indicator as it cannot be attributed directly to general practice as other services will also be involved.
Stakeholders noted that this will encourage a system level approach and encourage networks and systems to tailor services to support local need.	The indicator will enable the monitoring of quit rates among people with SMI.

Risk

Considerations	Assessment
No risks were identified.	The indicator has an acceptable risk of unintended consequences.

NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu. They advised that smoking levels are higher in people with SMI than the general population and cause significant health conditions.