



Public Health
England

Protecting and improving the nation's health

Local Tobacco Control Profiles for England (LTCP)

User survey update July 2017

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: [@PHE_uk](https://twitter.com/PHE_uk)
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Alice Stonham and Marie Horton
For queries relating to this document, please contact: tobacco.profiles@phe.gov.uk

© Crown copyright 2017

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGIL](https://www.ogil.io) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published July 2017
PHE publications gateway number: 2017141



Introduction

In order to comply with the code of practice for official statistics to regularly consult users, between 2 August 2016 and 19 November 2016 a survey linked to the Local Tobacco Control Profiles webpage asked users a range of questions about who they are, how they use the tool and what developments they would like to see in future. A list of the questions asked is available in Appendix A. This report summarises the results from this survey, excluding respondents who did not complete all of the mandatory questions in the survey.

Key findings

- The majority of users are from local authorities.
- More than half of the respondents considered themselves long term users and a further third of respondents had heard about the tool through word of mouth or a website produced by Public Health England.
- Users mainly access the tool for data specific to their geographical area, to compare to other areas and to find data about specific subjects within tobacco control.
- The majority of respondents agreed that the tool is easy to use, the data is presented in a way that is easy to understand, they can find the data they require and feel confident interpreting the data.
- The profiles are used for a range of purposes, including reporting, monitoring and evaluation, planning and training.
- Users like the layout of the tool, how easy it is to use and having all smoking data brought together on one website.
- Frustrations of some users include understanding the functionality of different sections of the tool, having to wait for some of the indicators to be updated and the lack of data in certain formats for example missing inequalities data or the absence of lower level geographies.
- Around a half of respondents would like new indicators to be included even if only national and/or regional level data were available.
- A large proportion would like links to evidence added to the tool.

Results

What type of organisation do you work for?

Across the period there were 36 fully completed questionnaires. Of these the majority of respondents (78%) were from local authorities. Of the remaining, 14% were from the NHS and 8% from other government organisations or Public Health England itself.

How did you hear about the web tool?

Table 1 shows that the majority of respondents were long term users of the Local Tobacco Control Profiles (LTCP) followed by those that had heard about the tool through 'word of mouth', with three quarters of respondents mentioning these two methods. Other respondents heard about the web tool through a website produced by PHE or PHE correspondence (PHE Gateway letter, Duncan Selbie's Friday message and PHE Update newsletter).

Table 1: How respondents heard about the web tool

	Number	%
Long term user	19	52.8%
Word of mouth	8	22.2%
Public Health England website	4	11.1%
PHE Gateway letter	3	8.3%
Newsletter	2	5.6%

For what purpose did you visit the web tool?

Respondents were able to select more than one option when answering this question. More than 80% of respondents selected that they use the tool to find data for their local area, which is in line with how many are from local authority organisations. More than half of respondents use the tool to compare their area with other local areas (58%) and more than a third (39%) look for data on a specific topic.

Table 2: For what purpose respondents visited the web tool

Reason for visit	Number	%
To find data for my local area	29	80.6%
To compare my local area with others	21	58.3%
To find data on a specific topic	14	38.9%
Other (incl. just browsing and personal interest)	4	11.1%

Do you feel confident using and interpreting the data in the tool? What would be useful in helping you to understand and interpret data in the tool? (eg. metadata, training)

92% of respondents (33 out of 36) feel confident using and interpreting the data in the tool. The 3 respondents who did not feel confident indicated that they would find training useful.

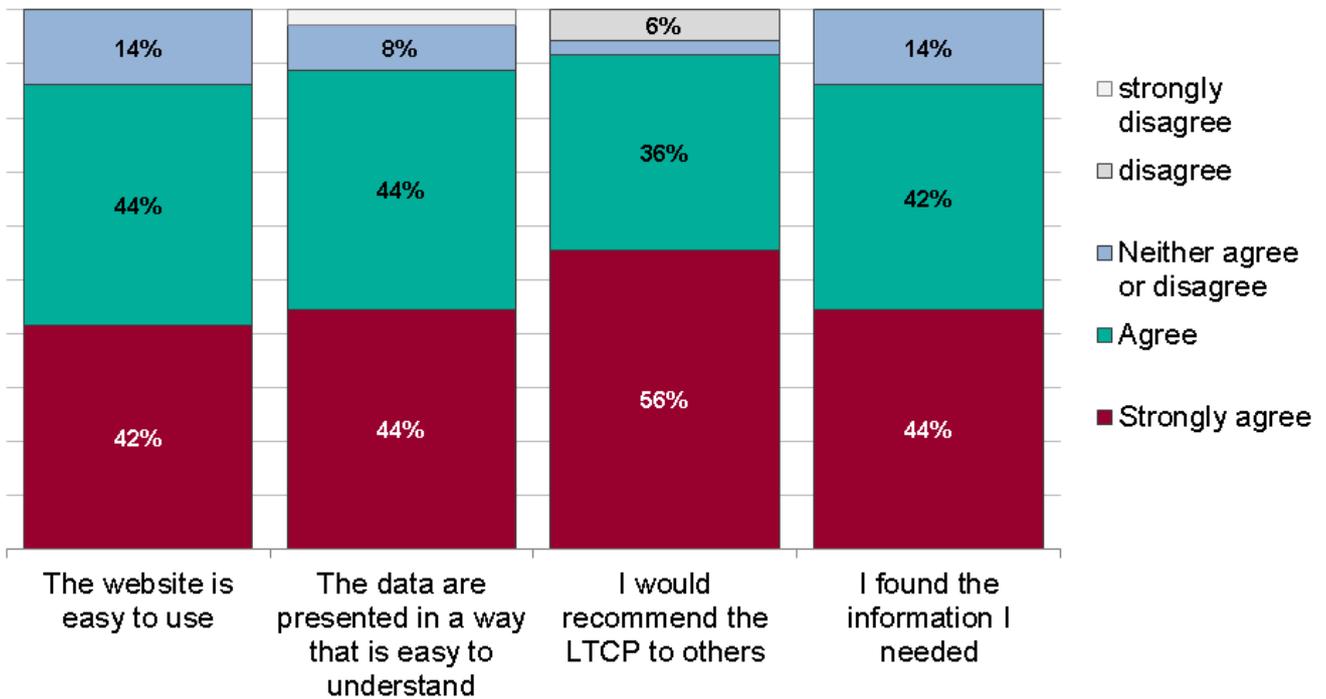
Please give examples of how you use the data contained within the LTCP data tool. For example, in a published report, in the Joint Strategic Needs Assessment (JSNA), to make an informed decision etc.

The most popular responses were related to reporting, for example published reports such as the annual public health report or tobacco control strategy for their local area, JSNAs and Health Needs Assessments. Internal reporting to local stakeholders, senior managers or other team members was also a primary use for the data in the tool. Other uses of the data mentioned were press releases, planning of resources for the future, using as part of their case for commissioning and recommissioning of services, monitoring and evaluation, adding data to their local website, creating presentations and for training purposes.

Can you please describe the impact of this work? For example, how has it been used to improve the health in your area?

There were a wide variety of responses, with many mentioning that the data has allowed them to secure continued funding for services and raising awareness of tobacco issues in their area. Others highlighted the use of the RAG system (Red for significantly worse than, Amber for not significantly different to and Green for significantly better than the benchmark) helps to identify where there is most cause for concern in their area in order to target funding to specific projects, with particular mention of smoking in pregnancy initiatives that have been successfully implemented in various areas due to high rates of women smoking at time of delivery.

Chart 1: Responses to four questions on ease of using the LTCP



The Local Tobacco Control Profiles (LTCP) website is easy to use

There were no responses indicating the website is difficult to use. 86% of respondents agreed that the website was easy to use, with half of these strongly agreeing with the statement.

The data are presented in a way that makes them easy to understand

One respondent stated they strongly disagree that the data is presented in a way that’s easy to understand. However 89% agreed or strongly agreed that the presentation makes the data easy to understand.

I would recommend the LTCP data tool to others

Of the 36 people who responded to this question, more than half (56%) strongly agree and a further 36% agree that they would recommend the tool. Interestingly, the 2 respondents who would not recommend the tool also did not feel confident using and interpreting the data.

I found the information I needed on the data tool

The majority of respondents (86%) were able to find the data they required in the tool.

What do you like best about the tool?

Half of respondents thought the best feature of the tool was how easy it is to use. Others liked being able to easily compare their area with others (6 respondents) and the layout of the tool (4 respondents) with particular mention of the RAG charts, trend arrows and the ability to display the same data in different formats. The final few respondents thought the best feature was having the huge amount of smoking information in one place so they did not have to search across various websites.

What frustrates you most about the tool?

15 of the respondents (42%) did not find anything frustrating about the tool. Seven respondents mentioned themes related to difficulty in understanding the data or how to use the tool, for example not understanding how to use the comparison tool, the lack of index stating where to find each of the indicators and understanding the difference between the smoking prevalence indicators. Five respondents were frustrated by the rate at which indicators are updated, with particular mention of PHE not including the quarterly SATOD data. Other frustrations mainly centred around missing functionality in the tool, such as links to other Fingertips tools, lack of inequalities data for some indicators, having to select your area each time you visit the page and not being able to view all indicators on one page.

What improvements could be made to the LTCP data tool?

13 respondents did not mention any improvements that could be made to the tool. There were a variety of suggestions including more timely updating of the data and more geographical options (ward level, custom). Others suggested some display-related improvements such as the selected area displayed more obviously on the compare areas charts (instead of white diamond), and data issues such as showing a longer trend of data and more inequalities.

Do you have any suggestions for new indicators?

Suggestions included 12 week quit rates and quit rates by method, the use of e-cigarettes by pregnant women and those with mental health issues, shisha use and smoking in prisons.

Do you have any comments on or issues with the current methodology we use for any of the indicators?

There were two areas identified here. Firstly the change from Integrated Household Survey (IHS) to Annual Population Survey (APS) used to calculate smoking prevalence seems to have caused some confusion and also difficulty in explaining to local users and commissioners. Two respondents found issues with the method used to calculate the cost per quitter data.

Would you find it useful to include additional indicators containing data only at national or regional level (where LA data is not available)?

Around half of respondents (56%) would like to see additional indicators even if local level data were not available. Seven respondents were unsure and indicated it would depend on the data and in particular the quality. The remainder of respondents (25%) said they would not use indicators only provided at national or regional level.

What additional content would you like to see on the LTCP tool?

Respondents were able to select more than one option for this question. 72% of respondents would like to see links to evidence included in the tool. 36% would also like to see links to guidance included and 28% would like new indicators to be added. One respondent also indicated they would like to include “cost-effective preventions” not within local stop smoking services.

Do you have any comments about the functionality of the tool?

The majority of respondents (89%) either had no comments about the functionality of the tool or commented that they were happy with how the tool works and found it useful and intuitive. In contrast, one respondent commented that their browser at work causes some glitches in the tool, and another that they found the tool ‘a bit clunky and not intuitive’.

Do you have any further comments?

One user commented that they would like to see a separate suite of Fingertips indicators for small areas. Others commented that they found the tool useful and use it on a regular basis.

What action will we take as a result of these findings?

Since the survey, a new indicator has been added to the profiles related to smoking prevalence in adults with serious mental illness. New inequalities data has been added for the smoking prevalence in adults indicators derived from the APS, more data by deprivation decile has been included for various indicators and sex breakdowns have been added for hospital admissions for asthma (under 19 years) and emergency hospital admissions for chronic obstructive pulmonary disease (COPD). We will continue to add new inequalities data for all indicators as they become available to us.

The further information and FAQ's section of the tool is under development, with plans to expand links to guidance and evidence and also include case studies , particularly for stop smoking services. The Fingertips team are currently working on functionality to enable users to select indicators across all tools and effectively create their own domain of indicators.

Further discussions will include creating custom geographies, how to deal with indicators where only England level data is available, perhaps removing them from the current domains and creating a new domain that includes them all together. Additionally we are considering developing a domain for "View all local indicators" to enable users to see all indicators on one page (excluding the England-only indicators).

Appendix A

Online survey questions

1. What is your name? (optional)
2. What is your job title? (optional)
3. What type of organisation do you work for?*

 - PHE Centre
 - Other PHE
 - Department of Health
 - Other Government department
 - Local authority
 - Voluntary organisation
 - NHS
 - Private company
 - Member of the public
 - Other, please specify

4. What is the name of your organisation? (optional)
5. If you are willing to be contacted for further feedback/discussion, please leave your email address:
6. How did you hear about the Local Tobacco Control Profiles (LTCP) data tool?*

 - Department of Health website
 - Public Health England website
 - Twitter
 - PHE Gateway letter
 - Word of mouth
 - Long term user
 - Newsletter (please name in box below)

7. For what purpose did you visit the LTCP data tool?*

 - To find data on a specific topic
 - To find data for my local area
 - To compare my local area with others
 - Personal interest
 - No specific purpose, just browsing
 - Other, please specify

8. Do you feel confident using and interpreting the data in the tool?*
- Yes
- No

9. What would be useful in helping you to understand and interpret the data in the tool? (eg. meta data, training)*

10. Please give examples of how you use the data contained within the LTCP data tool. For example, in a published report, in JSNA, to make an informed decision etc.

11. Can you please describe the impact of this work? For example how has it been used to improve health in your area?

12. The Local Tobacco Control Profiles (LTCP) is easy to use.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

13. The data are presented in a way that makes them easy to understand.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

14. I would recommend the LTCP data tool to others.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

15. I found the information I needed on the data tool.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

16. What do you like best about the tool?*

17. What frustrates you about the tool?*

18. What improvements could be made to the LTCP data tool?*

19. Do you have any suggestions for new indicators?*

20. Do you have any comments on or issues with the current methodology we use for any of the indicators?

21. Would you find it useful to include additional indicators containing data only at national or regional level (where LA data is not available)?*

22. What additional content would you like to see on the LTCP tool?*

- New indicators
- Links to guidance on stop smoking services
- Links to evidence
- Other, please specify

23. Do you have any comments about the functionality of the tool?*

24. Do you have any further comments?

* *denotes mandatory questions*