



Smoking: smoking status for people with long-term conditions

NICE indicator

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www.nice.org.uk/indicators/ind97

Indicator

The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses 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

This indicator measures the percentage of people with CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status within the previous 12 months.

NICE guidance recommends smoking cessation treatment and support for people with the conditions outlined in the indicator wording. People with these conditions face increased risks from smoking (for example, increased risk of cardiovascular disease) compared with the general population. In addition, there is 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. It is therefore important that people with these conditions who smoke are identified, so that they can be offered smoking cessation treatment and support.

Source guidance

- [Asthma: diagnosis, monitoring and chronic asthma management \(BTS, NICE, SIGN\). NICE guideline NG245 \(2024\) recommendations 1.13.2 and 1.14.1](#)
- [Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 \(2023\), recommendations 1.1.17 and 1.5.5](#)
- [Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209 \(2021, updated 2025\), recommendations 1.11.1 and 1.11.6](#)
- [Chronic kidney disease. NICE guideline NG203 \(2021\), recommendation 1.3.9](#)
- [Hypertension in adults: diagnosis and management. NICE guideline NG136 \(2019, updated 2023\), recommendation 1.4.7](#)

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- Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE guideline NG115 (2018, updated 2019), recommendation 1.1.25
 - Type 1 diabetes in adults: diagnosis and management. NICE guideline NG17 (2015, updated 2022), recommendations 1.1.11 and 1.12.2
 - Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2025), recommendation 1.10.31
 - Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 (2014), recommendations 1.1.2.3 and 1.1.2.4
 - Peripheral arterial disease: diagnosis and management. NICE guideline CG147 (2012, updated 2020), recommendation 1.1.1

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, asthma, schizophrenia, bipolar affective disorder or other psychoses.

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

Exclusions: Patients for whom smoking quality indicator care was unsuitable in the 12 months leading up to and including the payment period end date.

Expected population size: Quality and Outcomes framework data for 2023 to 2024 (indicator SMOK002) shows that 23.9% of people in England have any or any combination of the relevant conditions (CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses): 2,391 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Update information

Minor changes since publication

March 2025: We updated the source guidance in line with other similar indicators and added details of expected population size.

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