



**UKCRC Public Health Research: Centres of Excellence
CENTRE ANNUAL REPORT FORM**

Name of Centre: UK Centre for Tobacco Control Studies

Director: Professor John Britton

Reporting period: 01 April 2010 – 31 March 2011

Year of operation: 3

Core funding: £ 3,694,498

Funders: British Heart Foundation, Cancer Research UK,
Economic and Social Research Council, Medical Research
Council and the Department of Health.

Report content: The sections included in the annual report relate back to the strategic objectives of the UKCRC Public Health Research: Centres of Excellence Initiative. The narrative sections should also include reference to progress against the Centre's specific aims and objectives and its Forward Plan for 10/11. For details of these objectives refer to Annex 1. This report should be written as a standalone document¹.

Outputs for reporting period: All outputs arising from work which is core- or part- funded by the Centre award should be uploaded to both the ESRC online repository and UK PubMed Central.

Report submittal: Please submit the Annual Report to the Centre's ESRC Case Officer by 30th April 2011.

Introduction to the Centre of Excellence and summary of what it is trying to achieve:

The UK Centre for Tobacco Control Studies (UKCTCS) is a strategic partnership of nine research groups first created in 2008 as one of five new UK Public Health Research Centres of Excellence established by the UK Clinical Research Collaboration (UKCRC). The UKCTCS aims to deliver a comprehensive programme of original research, policy development, teaching, training and public engagement to meet the following objectives:

1. Establish the UKCTCS as a leading international centre of tobacco research and policy excellence;
2. Deliver a comprehensive portfolio of multidisciplinary research and policy work in national and global tobacco control activity, aiming to identify and develop all opportunities to reduce the burden of disease and disability caused by tobacco use;
3. Create a sustainable structure to engage, recruit, train and develop researchers, health professionals, policymakers, advocates and others in tobacco control science and practice, establishing the UKCTCS as a major international focus for training and development;
4. Harness the skills, knowledge and outputs of the UKCTCS to provide strategic direction for the tobacco control policy agenda.

¹ Further guidance on the completion of this report is provided in the document 'Annual Reporting Guidance for UKCRC Public Health Research: Centres of Excellence 2010/11'

SECTION 1

Putting in place support for excellent and sustainable public health research:

1. Infrastructure development to facilitate high quality studies (SO1)
2. Building research capacity – at all stages of career development (SO2)
3. Training provision – for researchers and practitioners (SO2)
4. Working with existing public health initiatives and other UKCRC Public Health Research: Centres of Excellence (SO6)
5. Developing multi-disciplinary partnerships (SO3)
6. Grant capture

Narrative report on progress 10-11

1. Infrastructure development to facilitate high quality studies (SO1)

The original UKCTCS network included groups from seven universities. Soon after the funding was awarded however, our lead economist (Professor Stirling Bryan, based with the Birmingham University group) left the UK for a new post in Vancouver. Professor Christine Godfrey, from York University, agreed to take over this commitment and her group has therefore been included in the Centre. During the second year of funding we invited Professor Marcus Munafò, from Bristol University, to join the Centre and also to become a full member of the Strategic Management Group. During this past year, Professor Linda Bauld moved from Bath to Stirling University; Professor Anna Gilmore has taken on the supervision of UKCTCS work in Bath and has therefore joined the Strategic Management Group. The UKCTCS thus now still comprises nine University groups (Nottingham, Birmingham, Bath, Bristol, Stirling, Edinburgh, York, University College London and Queen Marys London).

Our infrastructure was largely established in year 1 of funding, with the appointment of support posts in Nottingham and Bath, and an economist in York in year 2, as documented in previous reports. The only change in 2010-11 is that our Centre Administrator (Nazia Rehman), who was due to return from maternity leave in January 2011, resigned from her post early in 2011 and we are in the process of re-appointing. Her work has been covered in her absence by Craig Butterworth, funded by the University of Nottingham.

Also during 2010 and after a period of maternity leave, our lecturer in statistics (Yilu Chen, funded by Nottingham University) resigned to return to China. We have recently appointed Lisa Szatkowski into that post, and Lisa started work for the UKCTCS in February 2011.

2. Building research capacity – at all stages of career development (SO2)

Undergraduate

We have repeated our coverage of tobacco dependence and control policy in the Nottingham, Bath and Birmingham undergraduate medicine courses (as described in the 2010 report), and continued to supervise undergraduate research projects (particularly B Med Sci projects in Nottingham) on tobacco.

Masters teaching

We have refined and repeated our two Masters modules on tobacco control:

Epidemiology of Tobacco Use and the Role of the Tobacco Industry (February 2011)

http://modulecatalogue.nottingham.ac.uk/Nottingham/asp/moduledetails.asp?crs_id=019561

Tobacco Control Interventions (June 2010)

http://modulecatalogue.nottingham.ac.uk/Nottingham/asp/moduledetails.asp?crs_id=019562

Both modules attracted over 40 students and provided them with basic knowledge on tobacco control to support their career development. All UKCTCS-associated PhD students have attended this training, or will do so when the modules are repeated again in the coming year.

Postgraduate research students

The full complement of UKCTCS PhD Studentships has now been appointed; however one student (Emma Powell, commenced October 2010) withdrew in December 2010, and that studentship will be reappointed. The three of four studentships funded for work on electronic health records that proved difficult to recruit during 2009-10 were filled successfully by students who commenced in October 2010 (Vishal Barsa, Rachal Sokal, Nicholas Cochrane). A further seven Centre PhDs funded from other sources have been appointed since 1.4.10.

UKCTCS research fellows

Centre funding was used initially to create 6 20-month research fellowships, intended to support researchers committed to work in tobacco control in developing and applying for more substantive research funding. Progress with these is as follows:

Laura Jones (Nottingham): Appointed 2008; now funded for five years as workstream lead on NIHR programme grant investigation methods of promoting smoke-free homes.

Hayden McRobbie (London): Appointed 2008, now funded from project support from Dept of Health and Pfizer.

Amanda Parsons (Birmingham): Appointed 2009, obtained project grant funding for further work on lung cancer care.

Current UKCTCS Fellows are therefore now:

Dr Abraham Brown (Stirling): appointed 2009 to work on the four country International Tobacco Control study investigating the effects of tobacco control policies in these countries.

Dr Rosemary Hiscock, (Bath): appointed in 2009, funded for part of 2010 from a Department of Health grant, studying smoking related inequalities in health.

Dr Maciej Goniewicz, (QML): appointed in January 2011, studying the safety and efficacy of electronic cigarettes.

Dr Catriona Rooke (Edinburgh): appointed in February 2011, undertaking secondary analysis of longitudinal qualitative data collected as part of the Evaluation of Smoke-free England community study.

3. Training provision – for researchers and practitioners (SO2)

In addition to the Masters' modules above, the Centre repeated its Tobacco Control in Practice module in Bath in April 2010 (see <http://www.ukctcs.org/ukctcs/teaching/index.aspx>). The April course attracted 39 attendees including tobacco control practitioners and staff from trading standards, PCTs, the prison service, Cancer Research UK, and the Department of Health. Feedback was very positive. The course will be repeated again, this time in Stirling, in May 2011.

The NHS Centre for Smoking Cessation and Training (NCSCCT) is a Department of Health funded project led by Dr Andy McEwen with Professors Robert West and Susan Michie as co-directors. The NCSCCT has developed a methodology for identifying behaviour change techniques (BCT's) and has identified the BCTs required for effective smoking cessation interventions. The NCSCCT's comprehensive online training, assessment and certification programme is built around these evidence-based behaviour change techniques; as are its face to face courses in behavioural support. Over 3,000 practitioners have registered with the NCSCCT and over half of these have taken and passed the NCSCCT Stage 1(knowledge) assessment. The Stage 2 (skills) assessment will be ready later this year, as will two specialty modules on Pregnancy (led by Professor Linda Bauld) and mental health (led by Professor Ann McNeill). More information is available from: www.ncsct.co.uk

Our first 'Early Career Researcher' conference, for all research students and fellows involved in UKCTCS, was held in Nottingham in April 2010. The meeting allowed participants to meet and present their research, and for seminars on research and career development with senior staff, and

was highly successful. A further conference will be held in Bath, on 21-22nd November 2011.

4. Working with existing public health initiatives and other UKCRC Public Health Research Centres of Excellence (SO6)

The UKCTCS has continued to work with the Department of Health, other public health initiatives and COEs on policy development and research as follows:

4.1 Advising the Department of Health in developing the Tobacco Control Strategy for England

During 2010 and 2011 Centre members were actively involved in advising the Department of Health tobacco team on policy for the new *Tobacco Control Plan for England*, published March 2011 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124960.pdf.

The document provides the detail on tobacco policy promised in the *Healthy lives, healthy people: our strategy for public health in England* White Paper published in November 2010. Whilst the document does not contain all that we advocated for in terms of effective tobacco control policy, we provided substantial input in several areas and particularly in relation to point of sale display legislation, limiting tobacco use in the media, and harm reduction (see below). UKCTCS input into the general content of the document is acknowledged explicitly in section 1.18 (p14); our involvement in evaluating the North of England Illicit Tobacco Project in the case study on p26; and the UKCTCS website is referenced as the sole link to further information on tobacco control research (p53). The document also extensively cites previous Royal College of Physicians reports, including the 2010 report on *Passive Smoking and Children* produced with major UKCTCS input and detailed in the 2009-10 annual report. Robert West led a literature review and analysis of associations between government spending on mass media campaigns and smoking cessation activity (in a report to the All Party Parliamentary Group report on Smoking and Health summarising key elements that should go into the English tobacco control strategy), which helped to ensure that the White Paper allows for reintroduction of mass media campaigns. The White paper also refers to a review document, *Impact of smokefree legislation: evidence review, March 2011*, authored by Professor Linda Bauld (UKCTCS) and published alongside the White Paper (report at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124959.pdf). Ann McNeill has participated in a Department of Health led group assessing the implementation of the Tobacco Control Plan with offenders and smokers with mental health problems. Together with ASH, UKCTCS members also submitted a briefing paper for the Centre for Social Justice on smoking and mental health.

4.2 House of Lords Science and Technology Select Committee: Behaviour Change

The UKCTCS submitted written evidence to this committee, and John Britton gave oral evidence on behalf of the Centre in November 2011 (written and verbal evidence transcript at <http://www.parliament.uk/documents/lords-committees/science-technology/behaviourchange/cSTI231110ev4.pdf>)

Robert West carried out a comprehensive review and analysis of behaviour change intervention approaches, leading to development of a new tool for developing and evaluating intervention (The behaviour Change Wheel) which was used in written evidence to the Committee and referred to in oral evidence by Professor Susan Michie.

4.3 All Party Parliamentary Groups

In addition to Robert West (above) numerous members of the Centre presented evidence to the APPG on Smoking and Health. Inquiry into the effectiveness and cost-effectiveness of tobacco control (July 2010) and contributed to a subsequent report submitted to the 2010 Spending Review and Public Health White Paper Consultation process (September 2010). Anna Gilmore, Michelle Sims and colleagues work on evaluating the smokefree legislation was also presented at the All Party Parliamentary Group on Medical Research Summer Reception (19th July 2010).

4.4 Presenting findings on tobacco industry influence on policy in the European Parliament and European Commission's Health Forum

Anna Gilmore presented work published by her group in a series of three papers outlining corporate influence over the EU policy process in the European Union and European Commission. This work also featured heavily in two NGO publications* and will shortly feature in a European Environmental Agency report; efforts which assist the dissemination process. As a result, the Secretariat General of the European Commission is aware of the findings.

*http://www.smokefreepartnership.eu/IMG/pdf/Report_version_27012010_-2.pdf

*http://www.ash.org.uk/files/documents/ASH_726.pdf

4.5 *Publicising the findings of the Royal College of Physicians 2010 Passive Smoking and Children report in Europe*

John Britton and Anna Gilmore presented a summary of the report at a policy debate in the European Parliament, promoted by the European Public Health Alliance and the RCP, on Wednesday 23 June 2010 (see <http://www.eph.org/a/4068>).

4.6 *NIHR programme grants for applied research*

In July 2010, NIHR programme funding (RP-PG-0109-10020) of approximately £2 million to Tim Coleman, to study smoking cessation services for pregnant women, was confirmed.

4.7 *Work with other UKCRC Public Health Research Centres of Excellence*

Professor Stephen Sutton, Professor of Behavioural Science and part of the Cambridge Centre of Excellence, is a co-applicant on the NIHR programme grant on smoking cessation in pregnancy. Ann McNeill and other centre colleagues are collaborating with colleagues at the Universities of Durham and Northumbria (affiliated with the Newcastle COE) on The North of England illicit tobacco project. Paul Aveyard and Amanda Amos have completed a successful project on the provision of cessation services to ethnic minorities in a project in which Professor Martin White, Newcastle COE Director, is a co-applicant.

4.8 *Work with the Scottish Collaboration for Public Health Research and Policy (SCPHRC)*

Professor Amanda Amos and Professor Gerard Hastings are both members of the Adolescence and Young Adulthood Working Group of the SCPHRC. As part of this Group they submitted a proposal to NIHR to evaluate the impact of the provisions of the Scottish Tobacco and Primary (Medical) Services Act. The Act, which start to come into force in 2012, which ban point of sale advertising. This is proposal is currently under review.

4.9 *Work with the Public Health Research Consortium*

Professor Godfrey's group has also carried out work for the PHRC on the cost effectiveness of different tailored methods of enhancing telephone and GP smoking cessation interventions, and has revised and is extending the adult smoking model to include health outcomes as a tool available for the consortium. Professor Hastings' group has been commissioned through the PHRC to conduct a systematic review on plain packaging for the Department of Health, to explore the case for plain packaging as outlined in the Tobacco Control Plan for England. . Professor Amos led a review of inequalities and smoking in England which also involved other UKCTCS colleagues: Professor Bauld, Dr Rosemary Hiscock (Bath University) and Dr Jenny Fidler (UCL). This consisted of a systematic review, an analysis of national survey data and qualitative interviews with regional and local tobacco control leads.

4.10 *Work with the Framework Convention on Tobacco Control*

Ann McNeill has continued her involvement in developing of background documents for the Framework Convention Alliance for Articles 9 and 10. Martin Raw, a special lecturer at the University of Nottingham and the UK Centre for Tobacco Control studies, led the drafting of Article 14 guidelines on behalf of the UK Government, which led a working group of 36 countries charged with this task. The guidelines were presented to the fourth Conference of the Parties of the FCTC in November 2010 and accepted. This work was supported by Ann McNeill and Robert West. The work of Anna Gilmore's group contributed to the Article 5.3 Guidelines. Anna Gilmore, Gerard Hastings and Amanda Amos were part of an *Expert Reference Group for WHO Europe 2010 report "Empower Women: Combating Tobacco Industry Marketing in the WHO European Region"* http://www.euro.who.int/_data/assets/pdf_file/0014/128120/e93852.pdf. Anna Gilmore is also part of an international team of experts convened by IARC to co-author its Handbook "Effectiveness of Tax and Price Policies for Tobacco Control". The UKCTCS has become a member of the Framework

Convention Alliance and continues to be involved in many of the other Articles.

4.11 Work with the National Institute for Health and Clinical Excellence (NICE)

Linda Bauld was appointed Chair of the NICE programme development group on harm reduction in March 2010, which will work throughout 2010 and 2011. The UKCTCS has responded to NICE consultations on public health guidance on smoking cessation, smokeless tobacco cessation, cessation in the workplace, and harm reduction; UKCTCS staff will volunteer for the groups established to carry out this work in the course of 2011. Findings from the Smoking Toolkit Study and the NHS Centre for Smoking Cessation and Training research on incidence of GP offers of help with stopping smoking, and 'real-world' effectiveness of different cessation methods were provided to NICE by Robert West and colleagues to inform the decision on whether or not to update guidance on brief advice and smoking cessation support.

4.12 Work with the MHRA on harm reduction

The UKCTCS submission to the MHRA consultation on regulation of nicotine products (MLX 364), arguing for more rational regulation of products likely to be attractive to smokers as alternative sources of nicotine, was listed in the MHRA response among nine 'key public health-focused organisations' (see <http://www.mhra.gov.uk/Publications/Consultations/Medicinesconsultations/MLXs/CON065617>). Robert West also submitted findings from the Smoking Toolkit Study on alternative approaches to NRT use. John Britton, Paul Aveyard and Marcus Munafò have been invited to join a Committee on Human Medicines Working Group on Nicotine Containing Products to advise the MHRA on the development of a programme of further research and evidence gathering on the safety and efficacy of nicotine containing products (First meeting May 2011).

4.13 Work with local agencies

UKCTCS has strong links with regional tobacco control offices (Smokefree South West and North West, Fresh North East) and each of the public health observatories and is involved in developing and evaluating regional initiatives, capacity building (via our Masters and CPD courses and work placements) and contributing to regional events and publications. Other work with local NHS and government includes provision of evidence to inform and support enforcement and evaluation of legislation, and facilitating the development of local tobacco control alliances. We work closely with several local communities and PCTs, including Tower Hamlets and City & Hackney PCTs, supporting their public health strategies via input to their tobacco control plans, specialist smoking cessation services (including services for users of mental health services), tobacco control provisions in secondary care, and via input to their obesity and healthy lifestyle initiatives. With NHS Nottingham City and Nottingham City Council we work through a joint strategy group to improve smoking cessation service design and to raise awareness and uptake of services in disadvantaged communities with persistent high smoking prevalence, and reduce passive smoking in the home; and with local schools on the impact of point of sale tobacco promotion. Marcus Munafò is involved in ESRC-sponsored public engagement activities with local schools on the neuroscience of tobacco addiction.

5. Developing multi-disciplinary partnerships (SO3)

Multidisciplinary partnerships underpin almost all UKCTCS work. Most of the work described in this report represents partnership activity across several disciplines and academic centres.

6. Grant capture

In 2010-11, the UKCTCS was awarded around £7.3 million in grant income to support projects across the range of topic areas and cross-cutting themes outlined in our original funding proposal. The main sources of funding have been the NIHR, Industry, NHS Primary Care Trusts and charities. Full grant details are provided below.

Narrative report on progress 10/11:

Our progress in relation to items identified in our 2009-10 forward plan is summarised as follows:

Research priorities:

1.1 To deliver on the grants awarded in 2009-10

We have made good progress on all grants, though some (particularly, for example, the workstream on preventing passive smoking in the home in one of our NIHR programmes) has been delayed substantially by NHS research regulatory bureaucracy. We are hopeful that no-cost extensions to these programmes will allow us to complete the work as originally proposed. The delays caused by the inefficiency of the NHS R&D approval process in much of the work we do are frustrating and extremely wasteful of academic time, opportunity and public and charity finance. It also prevents planning and delivering work rapidly in response to immediate policy development needs.

1.2 Review of progress against the research targets set out in original application

We reviewed progress at SMG meetings during 2010-11, and with our International Advisory Board in June 2010. Whilst not all of our research objectives will be met during our initial five year funding period (some have been ruled out by events beyond our control, or made redundant by subsequent developments) we will deliver the majority of the work proposed across the spectrum of topics and themes, and a great deal of additional work, much of it developed in response to new policy needs and development, during this time.

1.3 Document the status of global tobacco control policy development

This was a topic of work proposed by our International Advisory Board. We have extended our work on tobacco control in the EU and have papers published/submitted/in preparation on a range of topics, including measurement of prevalence, use of price as a preventive measure, the role of public sector corruption and other characteristics in determining tobacco control progress. Professor Amos is a co-applicant on a European proposal submitted to FP-7 which aims to use cross-national comparisons to assess the impact of tobacco control policies on tackling socioeconomic inequalities in smoking across Europe. We have explored extending this work to African and South American countries, but with limited success because online sources are limited, and because of language difficulties. We will continue to pursue this activity however. We continue to work with the International Tobacco Control Policy Evaluation Study (ITC) and Ann McNeill has co-authored a number of publications on this work including a publication on the project's research on cessation and treatment which was launched at the Framework Convention on Tobacco Control Conference of Parties in Uruguay in November 2010. She chaired a pre-meeting of the ITC Europe countries at the recent European Conference on Tobacco or Health. She has also co-authored a research paper examining the reporting tools used for monitoring the effectiveness of the FCTC. We now have two PhD students working on international tobacco control policy.

Development of research methodology and resources

1.4 E-health infrastructure capacity building studentships

In 2009-10 the UKCTCS was awarded funding for four ESRC e-health capacity building studentships, for PhD students to work on projects utilising electronic health records. These posts are all now filled and work in progress. The projects cover the following topics:

- Linkage of data from GP electronic databases with established population cohort data to investigate effects of diet, smoking, alcohol intake and obesity on subsequent morbidity and mortality
- Development of an early warning score for lung cancer in General Practice
- Maternal and socio-demographic influences on prevalence, survival and health consequences of congenital malformations
- Practical impact of using information derived from uncoded clinical data in epidemiological studies

Data mining in primary care datasets

1.5 We have developed our application of data mining techniques in routine primary care datasets. A paper describing the use of association rule mining in identifying factors associated with a failure to intervene in smoking in primary care has been completed and recently submitted for publication. Further work to apply these findings to change practice is in progress.

Work on the National Prevention Research Initiative database

1.6 We have continued to update our NPRI database of monthly smoking prevalence and cessation activity outcomes, expanding it to include, for example, markers of cigarette price and affordability, NRT price and expenditure on mass media campaigns over time (see impact statement below).

Smoking Toolkit Study (STS)

1.7 The STS continues to provide a major resource for policy research and was used extensively in making the case for policy inclusion in the *Tobacco Control Plan for England*.

Evaluation of novel health promotion approaches

1.8 Gerard Hastings' group in Stirling continues to work on the effectiveness of the EC Help campaign, which has now reached the end of its contract and is being retendered (Professor Hastings will join one of the consortia). His group has also completed a trial of young adult smokers' responses to plain packaging as used for a two week study period, has submitted research proposals to study the impact of plain packaging on young female smokers, and has other studies of the impact of plain packaging in development.

Capacity-building activities

1.9 We delivered our Masters' modules, practitioner training and NCSCT launch as planned. Feedback comments include:

- I learnt so much, and it was a great overview of the entire tobacco use / industry field. It was quite literally Perfect!
- I thought it was a brilliant module, very informative and interesting. It also gave me more a background on tobacco in general which I hadn't acquired before while starting my PhD (been too focused on the relevant topics not to take the overall perspective of tobacco into account).
- The module gave a very good overview of tobacco control. A real highlight of the module was hearing from experienced and well known researchers/practitioners in the field with regard to what is known, as well as the subtle challenges, and the future of particular areas of research/policy.

1.10 The joint COE conference in Cambridge, and the meeting of the European Centre of Excellence in Clinical Tobacco Research in Paris, were both successfully carried out in June 2010

1.11 In September 2010 the Centre hosted a joint conference with SRNT Europe at the University of Bath. The theme of the conference was Translating Science to Policy. More than 450 international delegates attended; more than at any European SRNT conference in the past twelve years, and including delegates from 30 different countries and a range of disciplinary backgrounds. In addition to leading the conference organisation, UKCTCS members contributed at all stages of the event – as peer reviewers for abstracts, contributors to plenary sessions (including the keynote address), symposia, oral presentations and poster presentations. Delegate feedback included 'the best organised conference I have been to', 'state of the art tobacco research' and 'showcased all the work going on in tobacco control'.

1.12 Members of the Centre have also contributed to external teaching events including a Academy of Medical Sciences event on advocacy & translating research into Policy, a Core Cities Health Improvement Collaborative and a national event for public health trainees (Anna Gilmore)

Engagement with key stakeholders:

Advisory Board

1.13 The UKCTCS Advisory Board met in June 2010 and reviewed progress against our original grant proposal. It was agreed that our work was covering our initial objectives and that a further meeting to determine priorities for the final period of UKCTCS funding would be appropriate at about 18 months before the end of the grant period, to review and advise on progress once more.

Government Departments and Devolved Administrations

1.14 We worked closely with the Department of Health and with the MHRA in England, and with the Scottish Government on through representation on their Ministerial Working Group on Tobacco Control and its Research and Evaluation Sub- Group, throughout the past year. We have contributed to events in Northern Ireland (including a meeting in Stormont hosted by Jim Wells MLA in February 2011) promoting smoke-free car policy. We also contributed to European Commission's 2010 Health Forum.

Smokers

1.15 Lay perspectives are crucially important to the direction of UKCTCS research and policy, and we established a lay Smokers' Panel to channel users' views into our work. Four Smokers' Panels have now been convened in Bath since the inaugural meeting in September 2009. Meeting every six months, the panel consists of between 20 -24 panellists of mixed ages, gender and backgrounds. Panellists for the inaugural meeting were recruited mainly through local media and, significantly, the majority of the people who attended the first session have attended every subsequent meeting. The two meetings in 2010-11 have covered 'Becoming a smoker', 'Policies to prevent uptake', 'Understanding the tobacco industry', 'Impact of mass media campaigns on smoking cessation' and 'Incentives for smoking cessation'.

Several members of the panel have now commented on Centre members' research proposals and two members of the Panel continue to accompany us to the annual Advisory Board meeting in London. Additionally, one of our panellists will be assisting Prof Linda Bauld at the forthcoming UKNSCC conference with her plenary session 'What smokers say when you ask them what they're really thinking - feedback from a smoker's panel' with another panellist assisting in the presentation of an academic poster at the same conference 'How public involvement can help to develop research and policy: the experience of the UK Centre for Tobacco Control Studies Smokers Panel'. Three panellists have also offered their services in helping with a BBC 4 TV documentary (currently in production) on smoking and its effects.

The scientific community

1.16 We have continued to publish widely in the peer-review literature, and present our findings at conferences and other communication opportunities to ensure that UKCTCS work is seen by as wide an audience of scientists as possible.

The public

1.17 We have continued to publicise and our work as widely as possible through press and broadcast media. We contributed substantially to radio, TV and newspaper coverage of the proposal to ban point of sale tobacco displays on the day of publication of the Tobacco Control Plan for England in March 2010, and to various pieces of journalistic work on the tobacco industry (eg <http://www.publicintegrity.org/news/entry/2687/>). Professor Amos was a member of the judging panel for the national Cut Films competition which attracted 78 anti-smoking films made by young people. The UKCTCS website, our main point of access for the public, has been receiving around 1100 hits/month.

Links with ASH (Action on Smoking and Health)

1.18 We continue to play an active role with ASH, in England, Scotland and Wales.

Links with the European Commission

1.19 Marcus Munafo and Ann McNeill served as external experts on the EC SCENIHR committee which reported on the addictiveness and attractiveness of tobacco additives in July 2010 (http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_029.pdf).

Events to generate impact over the longer term (>3 years)

1.20 Marcus Munafo, with others, was awarded MRC Addiction Cluster funding (Substance Use and Gambling in Adolescence Research (SUGAR)); this cluster is now beginning to develop new work, particularly on genetics of nicotine dependence.

1.21 Professors Hastings and Bauld hosted a meeting of stakeholders in advocacy to prevent harmful use of alcohol in Stirling in late 2010, and continue to support initiatives to consolidate the work of the various groups and individuals involved.

1.22 UKCTCS has submitted an application to participate in the NIHR School for Public Health Research.

1.23 RCP reports: Our proposal for an RCP report on smoking and mental health has been adopted by the RCP and funding for the required original research work awarded by CR-UK. The UKCTCS will be heavily involved in the production of this report.

Barriers to more effective progress

1.24 Regulatory delays continue to present problems for us. The proposed new pathway for the regulation and governance of health research proposed by the Academy of Medical Sciences in January 2011, if implemented, appears to represent a major improvement.

Impact Highlights

1. Extension of NHS Stop Smoking Services Model overseas

The research:

Several members of UKCTCS have contributed to the development of the NHS Stop-Smoking Service, its monitoring, training, and evaluation.

How it has been communicated/steps taken to generate impact:

Peter Hajek and Robert West have initiated a large-impact collaboration with the Chinese colleagues on using the UK results and experience in implementing a national network of stop-smoking clinics there, and helping to develop a training programme for their staff. This follows on the previous successful collaboration with the Japanese national stop-smoking service.

Impact claimed:

The English service treats 600,000 smokers per year. Utilising the lessons learned in Japan and now in China will impact millions of smokers.

2. Health effects of smoking cessation before surgery

The research:

Previous studies have suggested that smoking cessation shortly before surgery may result in a period of increased risk of operative complications in the weeks immediately after cessation. Peter Hajek and members of his team have completed a comprehensive review of evidence of the impact of stopping smoking shortly before surgery on post-surgery complications.

How communicated:

This work was done in response to concerns leading to a planned revision of the NICE guidance. The review established that there is no overall evidence of increased risk of complications, and these findings have now been presented to the appropriate NICE committee and published in a high impact journal.

Impact claimed:

The findings influenced the decision not to change the NICE recommendation to intervene with all pre-surgery smokers. Feedback has been received that the published paper is having impact on routine practice internationally.

3. Risks of long term use of Nicotine Replacement Therapy

The research:

Peter Hajek has published four studies examining the dependence potential of NRT, incidence of its long-term use, and characteristics of the long-term users. The studies showed that NRT has limited dependence potential, mapped the incidence of long-term use of different products, and showed that the long-term users are smokers who would not have successfully quit without such long-term support.

How it has been communicated/steps taken to generate impact:

The studies had an impact on the UK liberal approach to NRT. FDA, the US drug licensing authority, now consulted a group of experts with a view of relaxing its own stringent rules on the allowed duration of NRT use in October 2010. PH was the only invited expert from abroad and his presentation was the key part of the case for the liberalisation of licensing.

Impact claimed:

Allowing extended use of NRT is likely to have a large-scale beneficial impact on highly dependent smokers who need extended support.

4. Impact of plain cigarette packaging

The research:

Marcus Munafò's group has assessed the impact of plain packaging on visual attention towards health warnings, using eye tracking technology, in the first study to use objective measures of behaviour to assess the impact of plain packaging, rather than subjective self-report. The study found that plain packaging increases visual attention towards health warning in never smokers and light (weekly) smokers. This effect was not observed in daily smokers. Plain packaging may therefore be particularly effective in discouraging uptake.

How it has been communicated:

Press releases were issued simultaneously through the University of Bristol, University of Bath, and Addiction journal websites. Press offices at the two universities also disseminated these to their contacts list. An executive summary of the results was also prepared for Action on Smoking and Health (ASH) UK, which was presented to the Department of Health, and then the Health Secretary, in consultation on the introduction of plain packaging legislation.

Impact claimed:

This research has been used to guide the decision of the Department of Health to include a consultation on plain packaging in the Tobacco Control Strategy. These findings also generated considerable international media interest, to which the study authors contributed, and was used in support of similar legislation in Australia. The work has also led to follow-on funding from ASH UK to investigate brain response to plain packaging, and the impact of "slim" packaging.

5. Effect of smoking cessation on lung cancer prognosis

The research:

Paul Aveyard's group carried out a systematic review and meta-analysis of studies of cessation in patients with lung cancer.

How it has been communicated:

The study was published in the BMJ in 2010, and was communicated via invited presentations by PA at cancer conferences in Holland and the UK.

Impact claimed:

The work has highlighted the importance of making smoking cessation treatment part of the treatment plan of patients with cancer and hence changed practice. The work has also led to a successful proposal for further work into methods of promoting cessation in this group, and

proposed clinical trial.

6. Extended use of large databases to monitor smoking behaviour (NPRI study)

The research:

The NPRI database of monthly smoking prevalence and cessation activity, extended to include markers of cigarette price and affordability, NRT price and expenditure on mass media campaigns over time.

How it has been communicated:

Through four peer-review papers either published or in press

Impact claimed:

Our analyses demonstrate that estimates of smoking prevalence, and rates for smoking cessation attempts supported by prescription of cessation medication, from our electronic primary care data are comparable with those that from other sources, and that routine primary care data therefore provide a valuable source of timely and reliable measures of smoking prevalence and cessation activity. They also show that the introduction of varenicline in 2006 did not result in any overall increase in prescribing of smoking cessation medications, and that the change in indication and NICE guidance on prescribing of NRT to adolescence had little impact on rates of prescribing to this age group, which remains low. We are now seeking funding for further development to assess the impact of mass media campaigns. Time trends in some of these key indicators of smoking behaviour are now displayed online via the UKCTCS website as a resource for researchers and policy makers: <http://www.ukctcs.org/ukctcs/research/featuredprojects/ntcd/index.aspx>

7. Preventing indirect tobacco promotion in the media

The research:

Ailsa Lyons, a UKCTCS PhD student, measured the occurrence of smoking and smoking-related paraphernalia in the most popular feature films released in the UK over the past 20 years, and documented falling, but still high levels of tobacco events in films rated suitable for viewing by children and young people. There is strong evidence that this exposure increases experimentation with cigarettes.

How it has been communicated:

The study was published in *Thorax* in May; the journal commissioned a covering editorial highlighting the importance of more rational certification of films containing smoking. The report attracted national media coverage. We then submitted our findings to and met with the British Board of Film Classification and the Film Distributors Association, establishing dialogue with these organisations and explaining the impact of smoking in film on young people's smoking behaviour. We also learnt that action to reduce exposure will involve support from the Department of Culture, Media and Sport (DCMS), with which smoking in films aimed at children and young people could easily be prevented. DCMS are however currently opposed to engaging with this problem.

Impact claimed:

Having established the procedural path towards more rational film classification The Tobacco Control Plan for England contains a commitment to establish a dialogue involving DCMS, the BBFC and the film industry (para 3.11, p23). We continue to pursue this activity.

8. Removal of alibi *Marlboro* logos from Ferrari Formula 1 cars.

The research:

We observed the evolution of *Marlboro* barcode logos on Ferrari F1 livery and their establishment as alibis for conventional logos. We carried out research in collaboration with the Motor Sport Research Group at Bournemouth University establishing objective evidence in support of the above conclusion.

How it has been communicated:

The research has been submitted for publication and is currently being revised in the light of reviewer feedback. We worked with a journalist from *The Times* newspaper to publicise the use of alibi logos, and wrote directly to the president of the F1 association asking for the alibi logos to be removed, and to the BBC to remind them that broadcasting tobacco advertisements would contravene the BBC Charter.

Impact claimed:

The alibi logos were removed from Ferrari cars a few days later, and the official Scuderia Ferrari team logo, which also contained the alibi image, replaced for the 2011 season. Further detail at: http://www.timesonline.co.uk/tol/sport/formula_1/article7111124.ece
http://www.timesonline.co.uk/tol/sport/formula_1/article7112326.ece
http://www.timesonline.co.uk/tol/sport/formula_1/article7118696.ece
<http://mag.gpweek.com/?iid=35869> (pages 19-20)

9. The Smoking Toolkit Study

The research:

The Smoking Toolkit Study is an ongoing national surveillance study which provides monthly data on key performance indicators relating to smoking and smoking cessation by household surveys, with each monthly cohort followed up for 6 months. Apart from provide the most up-to-date information on smoking prevalence available it tracks quit attempts, triggers for quit attempts, methods used in quit attempts, motivation to quit using a validated scale, quit success and attempts at 'harm reduction'.

How it has been communicated:

The findings are communicated in peer reviewed journals and via a live website, www.smokinginngland.info, which includes key findings and an excel model of drivers of prevalence change on an annual basis, the 'Smoking Pipe Model'.

Impact claimed:

It provided early warning for the DH of the slowdown in the rate of smoking prevalence decline, fed into estimates of the cost and feasibility of the strategic prevalence reduction goal, helped to provide the case for proposed changes to the QOF payment criteria for GPs, and helped shape the MHRA policy allowing NRT to be used while continuing to smoke. It is also regularly communicated to the Department of Health and has informed both the 2010 and 2011 tobacco control strategy documents.

10. Corporate influence over public health policy in Europe

The research:

Anna Gilmore's group, in collaboration with Jeff Collin in Edinburgh published a series of papers in PLOS Medicine, Tobacco Control and JECH outlining how the tobacco industry, working with a large group of other corporations and via front groups secured influence over key aspects of EU policy with potentially major implications for public health. In short, they secured changes to the EU Treaty and the Better Regulation agenda which could, and were certainly intended, to make it harder to pass public health policies in Europe.

How it has been communicated:

The work was press released, securing significant coverage in this country and abroad. We wrote a policy-relevant summary of the research, freely available online and widely circulated in Brussels (The origin of EU Better Regulation - The Disturbing Truth*) to coincide with an event held to publicise the work in the European Parliament. AG and one member of her team presented and debated the findings with an expert panel at this event. AG was then invited to present the work at the Health Forum in the European Commission, thus communicating the findings to a large health/public health audience. Further dissemination was achieved via an ASH publication (The Smokefilled Room http://www.ash.org.uk/files/documents/ASH_726.pdf) which was based in large part on our findings, highlighting their relevance for the UK. The work was also widely presented at

conferences, to date having been presented at over 10 events.

[*http://www.smokefreepartnership.eu/IMG/pdf/Report_version_27012010_-2.pdf](http://www.smokefreepartnership.eu/IMG/pdf/Report_version_27012010_-2.pdf)

Impact claimed:

The Health Forum event stimulated numerous organisations to respond to the Commission's consultation on Better Regulation and the need for public health groups to be involved in upstream policy issues is now more broadly understood. We have been informed that the Secretariat General of the Commission is aware of the work. The work was also fed directly into the European Health Working Group's discussions on Article 5.3 of the Framework Convention on Tobacco Control and helped secure strong guidelines on Article 5.3. This article aims to prevent vested interests inappropriately influencing public health policy. The work was also the key subject of a PLOS Medicine Editorial and led the journal to change its policy on publishing research funded by the tobacco industry

(<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000237>)

11. Evaluation of smokefree legislation

The research:

Various members of the Centre have been extensively involved in evaluating the impacts of smokefree legislation in Scotland and, more recently, in England as well as advising the Department of Health on this evaluation.

How it has been communicated:

Several papers have now been published on smokefree England and this work presented a numerous conferences. These include work examining impacts on hospital admissions for heart attacks, on trends in children's exposure and the number of smokefree homes, and differential impacts on ethnic groups. We are unable to provide details of all dissemination efforts and instead provide just one example. The work examining impacts of legislation on hospital admissions for myocardial infarction was published in the BMJ. A press event was held at the Science and Media Centre in London and led to widespread and very favourable press coverage. The work was also presented at the All Party Parliamentary Group on Medical Research Summer Reception (19th July 2010) and at various other conferences as well as directly to the Department of Health policy team.

Impact claimed:

This work featured heavily in the recent overview produced by Linda Bauld and has helped ensure the legislation was not rolled back, despite ongoing campaigns to this end.

12. Removing tobacco point of sale displays

The research:

Ann McNeill and others in the UKCTCS assessed the impact of the point of sale display ban introduced in Ireland in 2009 using a number of different datasets and methodologies. This was the first comprehensive evaluation of point of sale display bans to be carried out.

How it has been communicated:

The study was published in two papers in the British Medical Journal's *Tobacco Control* in November 2010. The research attracted national media coverage in the UK, Ireland and interest from other countries considering the introduction of similar policies. The research was presented at various national and international conferences.

Impact claimed:

The research was used to counter tobacco industry claims that small retailers would go out of business as a result of the policy as it showed no step change in sales of cigarettes when the law was introduced. Previous coverage in Ireland using data from before and after the policy had been misleading as it failed to take account of long term and seasonal trends showing a decline in cigarette sales over several years. The research also suggested that the policy influenced children's perceptions of smoking prevalence among their peers, an indicator of the normalisation of smoking. The research helped to fill a gap in the existing evidence base and was used by policy advocates

and policy makers internationally. The Tobacco Control Plan 2011 announced that the implementation of the tobacco display ban would go ahead after considerable uncertainty following the change in government.

13. Regulating chewing tobacco

The research:

Ann McNeill led a team of researchers in the UKCTCS and other UK universities assessed the use of chewing tobacco in the UK, how it is accessed, regulated, and how tobacco chewers are assisted in stopping, through a mixed methods research project funded by Cancer Research UK. Chewing tobacco products are predominantly used by South Asian groups in the UK and we found that the products were widely available, cheap and poorly regulated and that the NHS Stop *Smoking* Services were not directed to treat tobacco chewers. A number of recommendations were made.

How it has been communicated:

The findings of the study were discussed in a stakeholder meeting and published in the *Journal of Public Health*. A report of the study is available on the UKCTCS website. The report was sent to members of the Department of Health and policy advocates during the last 18 months and the findings were presented at a number of national conferences.

Impact claimed:

Many of the recommendations have now been implemented. As a result of the research and the work of the researchers involved, a new online database of chewing tobacco products has now been drawn together by Alan Richards, Trading Standards*. The importance of effective regulation of chewing tobacco products was mentioned in both the recent Tobacco Control Strategies as were measures to increase the support of tobacco chewers when trying to stop. NICE has recently announced that it will be examining the effectiveness of measures to support South Asian community members to stop chewing tobacco and one of the Department of Health pilot projects is assessing the impact of care pathways in three different cities in England to support tobacco chewers to stop. Ray Croucher, one of the members of the research team is actively contributing to an international monograph on smokeless tobacco for release in March 2012 which will include the UK experience and will be presenting chewing tobacco research at the UKNSCC conference in June 2011, Other research from this piece of work, looking at health effects, cost impacts and stakeholder perceptions is ongoing and efforts to ensure chewing tobacco is not excluded from FCTC implementation. * <http://www.ntpd.lacors.gov.uk/lacors/core/page.do?pageId=1>

14. Writing guidelines to assist countries to develop treatment systems for tobacco dependence

The research:

The WHO FCTC is an evidence-based treaty, and to date 172 Parties have signed it. Article 14 of the FCTC says that Parties should to develop national guidelines and effective measures to promote tobacco cessation and treatment, and guidelines to help Parties implement Article 14 were adopted by the Fourth Conference to the Parties (COP4) in Uruguay in November 2010. Article 14 guidelines were drafted by a working group of 36 Parties to the FCTC, and the working group was led by five Parties: Ghana, Iran, South Korea, UK and Uruguay. The five lead countries appointed the UK to lead the actual drafting, which was done by Martin Raw (as the UK government expert) with the active support of other UKCTCS members Ann McNeill, Hayden McRobbie and Robert West. Although the guidelines are a policy document they are closely based on the research evidence and represent a striking example of evidence-based policy making, led by scientists.

How it was communicated:

Through the FCTC structure and Conference of the Parties.

Impact claimed:

The guidelines have been adopted by the FCTC COP and thus represent official policy for 172 countries. They will shape and influence policy for probably the next five to ten years at least. They are the framework around which many countries will now seek to develop treatment services for

addicted tobacco users. Monitoring of Article 14 implementation is done through various systems and instruments, some part of the FCTC/WHO system. At least one independent survey of Article 14 implementation is being conducted by a UKCTCS group lead by Martin Raw and Ann McNeill, Rachael Murray, a lecturer at the University of Nottingham and a new UKCTCS PhD student, in collaboration with the Framework Convention Alliance.

Forward plan for 11/12:

Research Priorities

Our priority for 2011-12 is to continue to deliver the work funded by the various programme and project grants in the 2009-10 report, and in the present report. Particular areas of potential development include:

Preventing uptake:

- Development and evaluation of more effective smoking prevention interventions for secondary schools, using an established network of local schools in Nottingham
- Objective assessment of impact of cigarette pack design and point of sale displays on visual attention towards brand information and health warnings
- Impact of the ban on point of sales display on young people's smoking related attitudes and behaviour, sources of cigarettes, and nature and extent of tobacco marketing activities
- Further work on the impact and prevention of tobacco imagery in film and other media on smoking uptake
- Work with young people with mental health problems to prevent uptake and addiction to tobacco

Encouraging quit attempts:

- Development of multi-agency partnership work to prevent illicit tobacco demand and supply
- Exploit use of electronic media, including social networking services, to promote and support quit attempts
- Evaluate the role of different mass media advertising campaigns in stimulating quit attempts
- Promotion of more effective methods of integrating tobacco cessation interventions into routine primary and secondary care provision, particularly for disadvantaged and ethnic minority groups
- Use of data mining techniques to target groups at high risk of failure to receive cessation interventions

Cessation interventions:

- Improve ascertainment and intervention timing in pregnant smokers
- Examining the effectiveness of financial incentives for smoking cessation in pregnancy
- Building on previous reviews and feasibility work to develop and evaluate interventions to reduce relapse to smoking after stop smoking service support
- Establishing best practice for national cessation services, in conjunction with the NCSCT
- Evaluate nicotine preloading in routine NHS cessation support
- Systematic reviews and analysis of smoking to develop targeted interventions for smokers with mental health problems, including 2012 RCP report on smoking and mental health
- Developing more effective cessation and harm reduction approaches for hard to reach groups of smokers
- Assessing the impact of using financial incentives to increase cessation among pregnant women and disadvantaged groups

Harm reduction:

- Intervention trials on temporary abstinence or other harm reduction strategies to reduce passive smoke exposure among young children, building on qualitative and preliminary intervention work currently in progress as part of an NIHR programme
- Intervention trial using personal feedback on home air quality and children's exposure to passive smoke, to reduce young children's exposure in the home
- Using diverse settings and approaches to reduce smoking in the home in key groups including pregnant women and ethnic minorities.
- Work with industry developing alternative medicinal inhaled nicotine devices for use in smoking substitution
- Continue randomised controlled trials of offering harm reduction programmes alongside NHS

cessation programmes to assess the balance of benefits and harms from such an approach

- Continue work with the Department of Health on evaluating the tailored quit plan approach, which includes harm reduction
- Work on Articles 9 and 10 of the FCTC and future options for meaningful tobacco product regulation
- Work exploring tobacco industry interests in harm reduction and smokeless tobacco.

Prevalence monitoring and policy:

- Further use of THIN primary care and other databases/surveys (General Lifestyle and Omnibus surveys, Health Survey for England, ITC data, Quitline, NHS cessation data, NRT sales, Smoking Toolkit study) to monitor impacts of policy and service interventions on smoking at individual, small area and national level
- Continued to monitor impact of point-of-sale display legislation, pack design and plain packaging on awareness of tobacco brands and perceptions of smoking among children and young adults
- Studies of the impact of economic recession and changes in local infrastructure on smoking in disadvantaged communities and smoking behaviour in the UK compared with other countries
- Studies on the impact of national policies and other tobacco control interventions on inequalities in smoking in the UK and Europe
- International work on implementing FCTC policies with a view to optimising national tobacco control policy development and implementation
- Application of tobacco control experience to other areas of public health, particularly alcohol and food
- Continue work on the economic effects of tobacco use, the cost-effectiveness of tobacco control policies and interventions, and modelling for use in tobacco pricing evidence to government and commissioners

Industry:

- Work on novel approaches to controlling industry activity through international tax and price policies
- Explore the way in which product innovation (eg novel flavours or filters) is used to undermine controls on tobacco marketing and evaluate appropriate policy options.
- Explore industry influence over tax policies in the UK and Europe
- Explore industry efforts to sell and promote smokeless tobacco in Europe despite existing restrictions.

Other

- Continue our work on translating lessons and approaches from tobacco control to other public health topics. In particular in 2011-12 through our leadership of the development of an alcohol and public health strategy for the UK, to be developed independently from government and the alcohol industry.

Planned capacity building activities

We will explore ways to restructure our core grant support to provide interim Fellowships for UKCTCS PhD students who have submitted their thesis to develop proposals for longer term funding. Our Early Career Researcher conference will be held in November to support and encourage our PhD students and Fellows.

Planned training provision

We will maintain our involvement in national training of stop-smoking advisors, training in other countries (China, Japan, Holland, Spain, Cyprus, Gaza), local QM courses in public health, medical students, and other courses.

We will continue to develop and run our two postgraduate Masters' modules in tobacco control research (June 2011 and February 2012).

The 2011 CPD module Tobacco Control in Practice will be held in May at Stirling Management Centre. Registrations for the course are already strong (30 to date).

Cathy French and Linda Bauld represent the UKCTCS on the Organising Committee of the 2012 conference 'Public Health Research – Methods and Challenges' which is scheduled for April 2012 at the International Convention Centre in Birmingham. This is the first such collaborative event between the Medical Research Council and the five UKCRC Centres of Public Health Excellence.

Key stakeholders during this phase (academic and non-academic, including the public), and how you will engage with them

We will continue to develop our Smokers' Panel to draw on lay input into our work, publicise and participate in the above conferences, meet as agreed with our International Advisory Board, publish our research in peer reviewed academic publications, continue our close working relationships with government, public and voluntary bodies and continue to engage as widely as possible with the public via the media.

Other activities (events, collaborations, outputs, leveraged funding, interactions at an initiative-level etc), which could be expected to generate impact over the longer term

We will continue our research and advocacy work to ensure maximal representation of effective tobacco control measures in government policy and in NHS service provision. We will continue to expand our work into prevention of harmful use of alcohol, and obesity prevention.

Related Performance Indicators

	Quantitative Record (where appropriate)			Qualitative Statement (Briefly note observations, challenges and achievements. This could be updated on an ongoing basis.)	
	Actual 09/10	Actual 10/11	Projected 11/12 - where appropriate	Narrative	Where applicable, note what arena ² likely to have impact in, in short-term ³ and longer-term
Number of active studentships (Centre funded / attracted from other sources) <i>Q (e.g. benefit of critical mass of students, co-supervision, learning)</i>	1/9	5 / 9	1 / 11		
Completed PhDs (Centre funded / attracted from other sources) <i>Q (e.g. where students move onto, students views of the value-added of completing a PhD as part of the Centre)</i>	0	0	0	The first Centre-funded Phds commenced in October 2008. None has submitted yet.	
Number and type of fellowships (Centre funded / attracted from other sources) <i>Q (e.g. opportunities for development)</i>	2/ 0	3 / 1	2/X	The two fellows for 11/12 are in place. We have also proposed funding interim fellowships, number to be confirmed	
Number of new posts (funded by Centre / funded by other sources) <i>Q (e.g. role, expertise, if staff attracted from outside of public health, is there any learning to be noted?)</i>	3/ 1	1/ 6		No new Centre posts and it's hard to anticipate projected new posts non-Centre funded	
Number of training courses provided / training resources produced <i>Q (e.g. title, audience, attendance, feedback, organisations contributing to development of courses / resources, any resultant activity)</i>	3	3	3	<p>Masters of Public Health Tobacco control module (2 per year)</p> <p>Audience: students, fellows and early career researchers</p> <p>Attendance : 40 + at each course</p> <p>Feedback: I" learnt so much, and it was a great overview of the entire tobacco use / industry field. It was quite literally Perfect!" "I thought it was a brilliant module, very informative and interesting." ""The module gave a very good overview of tobacco control. A real highlight of the module was hearing from experienced and well known researchers/practitioners in the field with regard to what is known, as well as the subtle challenges, and the future of particular areas of research"</p>	

² i.e. academic, policy and practice, public

³ with-in 3 years

				<p>CPD Tobacco Control in Practice (1 per year) Audience: professionals working in public health, health promotion and related fields. Attendance: approximately 40 each year Contributing organisation: Smokefree South West sponsored 50% of places in 2009/2010 Feedback: “It is a fantastic course: lots of useful information, sharing experience, up to date stats. Good mix of people and very inspiring” “Thoroughly enjoyed the module. Very well organised and facilitated with a range of interesting topics. I leave refreshed with ideas and re-affirmed arguments for the tobacco control environment” “Fantastic organisation, really passionate individuals who are inspirational”</p>	
Number of grant applications submitted, that would not have been, had the Centre not existed		11	5-10	Difficult to answer, so this is an estimate	
Number of successful grants ⁴ <i>Q (e.g. learning on what made them successful)</i>		22	19	(see indicator B)	
Funding from host institution(s)		2 lecturers	2 lecturers	Continued support for core posts (see 2009-10 report)	
<p>New collaborations, and significant developments in existing ones: Multidisciplinary; International; Practice etc. <i>Q (e.g. nature of collaboration (joint grant submittal), how it came about, how it complements existing ones, anticipated outcomes, value-added?)</i></p>				The UKCTCS is itself a collaborative network but we have continued to grow our network partners and develop new relationships here in the UK and internationally over the year.	

⁴ Exemplified in Annex 2, Indicator B

SECTION 2

Achieving research excellence in public health:

7. Producing work of an international standard (SO1)
8. Providing leadership to promote research excellence in the wider public health research community (SO3)
9. Increasing the evidence base, especially in complex public health issues (SO4)
10. Advancing methodology and research design (SO5)
11. Expertise in priority area (SO7)
12. Research progress and academic impact

7. Producing work of an international standard

We have continued to publish research in internationally-rated peer review journals, with a total of 140 original research papers published in this reporting period. We have presented our work at conferences and other meetings, locally, regionally, nationally and internationally, particularly the joint meeting with SRNT Europe in September 2010 and the European Conference on Tobacco or Health in Amsterdam in March 2011.

8. Providing leadership to promote research excellence in the wider public health research community

We have continued to offer our Public Health Masters and related courses in Nottingham, Birmingham and Edinburgh. Our PhD students are almost all committed to careers in public health or public policy, and will take their experience and training with them into those future roles. However, obtaining funding for overseas PhD students remains a problem, such that we have had to turn away several promising candidates because of residency criteria for funding.

9. Increasing the evidence base, especially in complex public health issues

We have continued to work on the publication of original research; the synthesis and presentation of evidence in reviews, particularly for NICE; and also in support of the next RCP report on smoking and mental health.

10. Advancing methodology and research design

We will develop our work on data mining and other analysis of electronic databases (including free text coding) to find practical applications that will influence service delivery and planning.

11. Expertise in priority area

As in the previous year, we have continued to develop our individual and collective expertise in tobacco control throughout this reporting period.

12. Research progress and academic impact

Our research progress and academic impact are evident in our publication and funding award records summarised in this report.

Forward plan for 10/11:

Research activity has been our priority function since inception and this will continue to be the case through 2011/12. As before we will continue to deliver the research funded by the grant proposals outlined, and develop new proposals to enhance and complement that work.

Related Performance Indicators

	Quantitative Record (where appropriate)			Qualitative Statement (Briefly note observations, challenges and achievements. This could be updated on an ongoing basis.)	
	Actual 08/09	Actual 09/10	Actual 10/11	Narrative	Where applicable, note what arena ⁵ likely to have impact in, in short-term ⁶ and longer-term
Number of peer reviewed journal articles accepted for publication / number of non-peer reviewed journal articles accepted for publication N.B. Only record outputs resulting from Centre core- and part- funded research <i>Q (e.g. original research findings, impact of article)</i>	X / X	44 / 8	132/10	See annex/outputs for detail. This covers published (online in advance and journal publications) papers only	
Number of books / book chapters <i>Q (e.g. type of book, audience, translation)</i>	X / X	2 / 1	0 /11		
Other Publications <i>Q (e.g. working papers, newsletters, think pieces, articles for practice journals, research briefings, policy briefings – circulation, frequency, potential and actual impact of publication)</i>				See annex/outputs for detail	
Number of presentations given at national and international events <i>Q (e.g. what event, type of audience, feedback, what resulted - significant moments / collaborations?)</i>		50		See outputs for detail	
Centre initiated events hosted (number and attendance) <i>Q (e.g. what event, audience, feedback, what resulted?)</i>		2*	6*	Smokers panel (x 2) 09/10 period Audience: smokers of mixed ages, gender and backgrounds Feedback: speaks for itself – panellists return to every meeting Results: the informal nature of the meetings encourage the genuine integration of lay perspectives into the complex issues which help inform research and policy. Panellists also comment on research proposals from Centre members, volunteer for research studies, assist with presentations at conferences and two members attend the annual Advisory Board meetings	

⁵ i.e. academic, policy and practice, public

⁶ with-in three years

				<p>10/11 period</p> <p>Smokers panel (x 2) - comments as above</p> <p>Early Career Researcher Conference Audience: All research students and fellows involved in UKCTCS Results: Allowed participants to meet and present their research face to face and to learn from seminars on research and career development delivered by senior staff</p> <p>Epidemiology of tobacco use (Feb 2011) Tobacco Control Interventions (June 2010) Audience: Early career researchers and PG students</p> <p>SRNT Europe Details given in section 1.11 earlier in document</p> <p>* these numbers do not include the CPD training details given in the earlier RPI section</p>	
<p>Dataset Development <i>Q (e.g. exploitation of existing datasets, development of new datasets (this includes the overlaying of new data onto existing datasets), sharing of a dataset – with whom, for what purpose, deposition with ESDS)</i></p>				<p>See pages 12-13 in impact statements</p>	
<p>Methodological Development <i>Q (e.g. contribution to the development of existing and new methodologies)</i></p>					

SECTION 3

Excellent public health research having an impact:

- Research Translation – Improvement in the health of the public (SO1)
- Involvement of public and NHS in research
- Raising the profile of public health research
- Effective communication of research
- Societal and economic impact

Narrative report on progress 10/11:

13. Research Translation – Improvement in the health of the public

The work of the UKCTCS has impacted in particular on government policy on tobacco control over the past year, particularly in the Tobacco Control Plan for England, the establishment of the NICE harm reduction group, and with the MHRA on alternative approaches to nicotine regulation. All of these activities have significant potential impact on the health of the public.

14. Involvement of public and NHS in research

We will continue our work with the Smokers' Panel (see above) to engage public opinion in the work we do, and in optimising the presentation of our findings. We will continue to involve lay applicants in all our programme grant applications

15. Raising the profile of public health research

Via the media

Research from the Centre received widespread national media attention during the 2010 -2011 period. Our media monitoring service logged almost 300 media mentions of the UKCTCS, with a circulation (comprising broadcast, consumer, nationals, regionals, trade, web and wires) of over 130 million people. Particularly high impact outcomes included our work on smoking in UK films, the removal by Ferrari of the *Marlboro* barcode logo from Formula 1 liveries, an open letter to the Lancet urging the Coalition Government not to make further cuts in spending on public health and public health research, work on point of sale display legislation, the evidence review on smoke-free legislation, and work on plain cigarette packaging.

Via the Tobacco Control Research Network

The Tobacco Control Network was established in 2009 to involve researchers and practitioners in the work of the centre and to provide a forum for exchanging knowledge and information on tobacco control research. The online network is accessed via the UKCTCS website and members are guided to a secure site housed within the University of Bath. During 2010-11 the network has grown to 100 members from within and outside the UK. The first face to face meeting of the network was held at the UKNSCC conference in June 2010.

16. Effective communication of research

We have continued to communicate our research effectively through peer-review publication and media promotion, as outlined in detail above and as in previous years.

17. Societal and economic impact

As in earlier years, the work of the UKCTCS has contributed significantly to reducing the prevalence and acceptability of smoking, and associated economic costs, throughout UK society.

Forward plan for 11/12:

We will continue to work to develop all of the above activities throughout 2011-12.

Related Performance Indicators

	Quantitative Record (where appropriate)			Qualitative Statement (Briefly note observations, challenges and achievements. This could be updated on an ongoing basis.)	
	Actual 08/09	Actual 09/10	Projected 10/11 - where appropriate	Narrative	Where applicable, note what arena ⁷ likely to have impact in, in short-term ⁸ and longer-term
<p>Number of advisory roles taken on by Centre members (including to funders of initiative), includes membership of committees / networks</p> <p><i>Q (e.g. nature of involvement, identify two-way benefits of such commitments)</i></p>				<p>Advisory roles with Dept of Health in developing Tobacco Control Plan (and mental health services plan) – Bauld (formal) Britton, McNeill, West (informal)</p> <p>MHRA/CHM committee work on nicotine regulation (Britton, Aveyard, Munafo)</p> <p>Oral evidence to Lords Science Committee on Behaviour Change (Britton)</p>	
<p>Public Health priorities</p> <p><i>Q (e.g. how the Centre’s research and activities are reflecting priorities, links to emerging research, how research has developed in response to a changing agenda regionally / nationally, proposed translation of research, related outcomes)</i></p>				See impact statements	
<p>Partnerships with NHS</p> <p><i>Q (e.g. who with, what is developing as a result, what has happened that would not otherwise have been possible, learning on how to collaborate – what has / hasn’t worked?)</i></p>				See impact statements	
<p>Public Involvement</p> <p><i>Q (e.g. how is this being achieved by the Centre, what has happened that might not have otherwise, what stage of project public involved at – submission development, active grants, evaluations)</i></p>				See page 9	
<p>Impacts on policy and practice</p> <p><i>Q (e.g. researchers / users involved, who it is benefiting, steps which were taken to realise impact)</i></p>				See pages 4-6	
<p>Media</p> <p><i>Q (e.g. coverage on TV / radio / print / web, interest in Centre resulting in invites to participate or respond to events, resultant contacts or activities)</i></p>				See outputs	

⁷ i.e. academic, policy and practice, public

⁸ with-in three years

ANNEX 1: Objectives

UKCRC Public Health Research: Centres of Excellence Initiative– Strategic Objectives:

SO1	Promote research excellence in public health by increasing investment in infrastructure to facilitate the conduct of high quality studies designed to lead to gains in the health of the public and research outputs of the highest international standards
SO2	Build sustainable public health research capacity and expertise in the UK by providing support for additional posts at all stages of career development. In addition to creating new posts, Centres will provide a forum for training in public health research skills for practitioners and academics from a range of disciplines
SO3	Encourage and forge multi-disciplinary partnerships between world-class scholars, policy makers and practitioners. Centres will stimulate and promote research excellence within the wider public health research community through leadership, networking and collaboration
SO4	Increase the evidence base in public health research, in particular addressing complex public health issues that focus on applied research and translation of research into policy and practice
SO5	Demonstrate leadership by tackling challenging issues in the field such as methodological and research design issues, maximising use of existing data and encouraging data sharing
SO6	Complement and work closely with existing initiatives and other centres both in public health and related disciplines. Networking between or among investments will be an important element in order to best realise the benefits of crossgroup fertilisation and multi-disciplinary working for improved public health in the UK
SO7	Ideally Centres will focus on, and have expertise in, at least one of the priority areas identified by the SPG: diet and nutrition; physical activity; and alcohol, tobacco and drugs.

For further information on the initiative: www.esrcsocietytoday.ac.uk/publichealthresearchcentres

UKCTCS – Aims and Objectives:

CO1	To establish the UKCTCS as a leading international centre of tobacco research and policy excellence
CO2	To deliver a comprehensive portfolio of multidisciplinary research and policy work in national and global tobacco control activity, aiming to identify and develop all opportunities to reduce the burden of disease and disability caused by tobacco use.
CO3	To create a sustainable structure to engage, recruit, train and develop researchers, health professionals, policymakers, advocates and others in tobacco control science and practice, establishing the UKCTCS as a major international focus for training and development.
CO4	To harness the skills, knowledge and outputs of the UKCTCS to provide strategic direction for the tobacco control policy agenda.

For further information on the Centre: www.ukctcs.org

ANNEX 2: ESRC Indicators for reporting to Government

Please complete the table below, as well as separately giving more detailed information on indicators A-D in the format set out below.

Name of investment: UKCTCS	
Indicator	Total Number
Indicator A: Number of activities and events involving the general public	Cumulative : 10 2010/2011 period: 6
Indicator B: Number of grants attracted by the investment (involving leveraged funding and/ or in-kind contributions)	25
Indicator C: Number of public policy/business/third sector orientated seminars and workshops	1
Indicator D: (i) How many non-academic users have worked within the investment on a formal basis to complete a specific programme of work? (ii) How many researchers have the investment placed in user organisations on a formal basis to complete a specific programme of work? <i>NB – placements funded through ESRC placement schemes should not be included.</i>	(i) Number of non-academic users hosted: Four members of the smokers' panel have all commented/contributed on grant proposals and projects over and above attending the panel meetings this year. (ii) Number of researchers placed in user organisations: None, although as stated above most researchers are actively involved in work of user organisations
Indicator E: Number of non-academic users on the investment's Advisory Committee	(i) Total number of Advisory Committee members: 26
	(ii) Total number of non-academic user members: 24 <i>Including:</i> Number of private sector members: 0 Number of public sector members: 18 Number of third sector members: 6

Please complete the following tables, adding rows for each activity, as appropriate.

Indicator A: Activities and events involving the general public

For each activity/event please complete the table below:

Title	Date	Format [type of event: debate / broadcast / workshop]	Total number of participants	Number of general public participants
Smokers' Panel	September 2010	discussion/workshop	24	All
	March 2011			
Total:				

Indicator B: Number of grants attracted by the investment (involving leveraged funding and/or in-kind contributions)

For each grant please complete a separate row of the following table:

Name of grant	Name of organisation providing funding	Start and end date of grant	Total value of grant* (if in-kind contributions please report this and state their nature)	Amount of funding in 2010/ 11 (estimated by allocating funding by financial year)	Specify whether private, public or third sector funding / in- kind contribution
Improving the effectiveness and reach of NHS support for smoking cessation in pregnancy	National Institute for Health Research – Programme grant for applied research	01/01/2011 – 31/12/2015	£1,901,060	£380,000	Public sector
Effects of plain packaging on neural response to health warnings	Action on Smoking and Health (UK)	01/01/2011 – 31/12/2013	£21,600	£2,700	Third sector
Health impacts of smoking in mental health populations	Cancer Research UK	01/04/2011-31/03/2012	£35,199.98	£0	Third sector

The impact of media campaigns on smoking cessation activity	Cancer Research UK	01/04/2011 – 31/12/2011	£15,428.33	£0	Third sector
Individualising varenicline dose to smokers' reaction	Pfizer	01/02/2011 – 31/12/2012	£196,000	£17,043	Private sector
Combination of varenicline and nicotine replacement treatment	Pfizer	01/03/2011 – 28/02/2013	£148,000	£6,166	Private sector
Educational grant for collaboration on developing and monitoring smoking cessation services in China, Phase 2	Pfizer	01/01/2011 – 31/12/2012	£24,000	£3,000	Private sector
A pilot randomised trial of smoking reduction in general practices	Heart of Birmingham Primary Care Trust	01/06/2010 – 31/12/2013	£194,000	£44,090	Public sector
Interviewing curatively treated lung cancer patients about their health experiences, and their attitudes towards follow up care aimed at rehabilitation	National Institute for Health Research - School for Primary Care Research	01/11/2010 – 01/01/2012	£49,700	£17,750	Public sector
A randomised controlled trial of self-help materials for the prevention	National Institute for Health Research - Health	01/06/2011 – 31/12/2013	£474,807	£0	Public sector

of smoking relapse	Technology Assessment				
Evaluating long term outcomes of NHS stop smoking services	National Institute for Health Research - Health Technology Assessment	01/07/2011 – 31/12/2013	£807,342	£0	Public sector
Economic impact of reducing smoking prevalence	NW Centre for Transformation in Health and Wellbeing	01/05/2010 – 31/12/2010	£83,363	£83,363	Third sector
A placebo-controlled study of the effectiveness of D-cycloserine in reducing cue reactivity during cue-exposure therapy in daily cigarette smokers	Pfizer Global Research Awards for Nicotine Dependence (GRAND) 2010	01/04/2010 – 31/03/2011	£39,615	£39,615	Private sector
Centre for Understanding Behaviour Change	UK Department for Children, Schools and Families (2010-2014)	01/04/2010 – 31/03/2014	£1,424,571	£356,142	Public sector
Randomised trial of de-nicotinised cigarette	Pfizer Global Research Awards for Nicotine Dependence (GRAND) 2011	01/04/2011 – 31/03/2012	£120,000	£0	Private sector
Effects of varenicline and cognitive bias modification on neural response to smoking related cues	Pfizer (Investigator Initiated Research)	01/04/2010 – 31/03/2012	£154,767	£77,383	Private sector
Smokefree North West cessation in	Smokefree North West	01/03/2011 – 31/12/2011	£20,000	£2,222	Public sector

pregnancy reward scheme					
Evaluation of Tobtaxy (Tobacco taxation in Europe)	European Commission	01/02/2011 – 31/12/2012	47,010 euros (£41,251)	4,087 euros (£3,586)	European Commission
Development of an Alcohol and Public Health Strategy for the UK	Cancer Research UK, British Liver Trust and other funders	01/03/2011 – 31/12/2012	£76,040	£3456	Third sector
Cancer Research UK Centre for Tobacco Control Research (Stirling) – Year 4	Cancer Research UK	01/10/2010 – 30/09/2011	£251,884	£125,942	Third sector
ITC (International Tobacco Control) Project ROI – year 2	National Institutes of Health (USA) – through the University of Waterloo	01/08/2010 – 31/07/2011	£10,664	£7109	Public sector
Economic modelling of smoking prevalence	Brunel University	01/11/2010 – 30/06/2011	£5000	£3125	Public sector
ITC (International Tobacco Control) Project – wave 9 (4 country)	Cancer Research UK	01/01/2011 – 31/12/2011	£53,026	£13,256	Third sector
Incentives for smoking cessation in pregnancy: A phase II randomised controlled trial	Chief Scientist's Office & Glasgow Centre for Population Health	01/02/2011 – 31/03/2012	£21,071	£3010	Public sector
Evaluation of smoke-free homes: a school-based intervention to protect	National Institute for Health Research	01/04/2010 – 28/02/2015	£1,100,000	£275,000	Public sector

children from second-hand smoke					
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* When grant calculated on FEC basis please provide the 100% FEC figure and note what level it is funded at.

Indicator C: Public policy/business/third sector orientated seminars and workshops

For each event please complete the table below:

Title	Date	Target audience [private/public/practitioners/third sector]	Number of participants
CPD Tobacco Control in Practice	April 2010	All the above – a mix of private, public, practitioners and third sector attendees	40
Total:			40

Indicator D: Number of (i) non-academic users hosted and (ii) number of researchers placed in user organisations NB – Placements funded through ESRC placement schemes should not be included.

For each placement please complete the table below:

Name:	Hosted: [Where from?]	Placed: [Where to?]	Dates:	Placement duration (weeks / months)	Purpose:

Indicator E: Number of non-academic users on the investment's Advisory Committee

(i) Total number of Advisory Committee members: 26
(ii) Total number of non-academic user members: 24 Including number of: private sector members -0 ; public sector members - 18 ; third sector members -6

ANNEX 3: Staff and Students

Centre Investigators – Please note any changes in investigators, which will have been discussed with the ESRC Case Officer and Committee Liaison Member.

As a result of Professor Bauld taking up post at the University of Stirling from January 2011, Professor Anna Gilmore (Professor of Public Health at the University of Bath) became a member of the UKCTCS in January 2011 and will lead the Centre's work at the University of Bath for the remainder of the grant.

Centre Staff (Positions funded under Directly Incurred heading and by further grant capture)

Job Title	Postholder	Institution	% Time commitment to Centre	Start date	How funded? (e.g. core Centre funding, new grant)
Research Coordinator	Graeme Docherty	University of Nottingham	100	01/07/2008	Core funding
Centre administrator	Craig Butterworth	University of Nottingham	100	01/08/2008	Core funding
Data manager	Yue Huang	University of Nottingham	100	01/08/2008	Core funding
Communications and Research Network Manager	Cathy French	University of Bath	100	01/10/2008	CR-UK funding
Health economist	Shehzad Ali	University of York	50	01/11/2009	Core funding
Research Fellow	Rosemary Hiscock	University of Bath	50	01/02/2008	Core funding (but funded for part of 2010 from a Department of Health grant)
Research Fellow	Abraham Brown	University of Stirling	100	01/10/2009	Core funding
Research Fellow	Amanda Parsons	University of Birmingham	100	01/09/2008	Formerly UKCTCS funded; now funded by the National School for Primary Care Research
Research Fellow	Maciej Goniewicz	Queen Mary University of London	100	31/01/2011	Core funding
Research Fellow	Catriona Rooke	University of Edinburgh	100	01/02/2011	Core funding

Centre Students

University	Student	1 +3 / +3	Start Date	End Date	Title	How funded? (e.g. Centre-linked, open competition, external funding)
Nottingham	Amrit Caleyachetty	+3	01/10/2010	30/09/2013	International Tobacco Control Policy Evaluation Project	Centre
Edinburgh	Thomas Tjelta	+3	01/09/2008	31/08/2011	The impact of raising the age of purchase of cigarettes	Centre
Queen Mary University of London	Oliver West	+3	01/10/2008	30/09/2011	Understanding extreme tobacco dependence	Centre
Birmingham	Nicola Lindson	+3	01/10/2008	30/09/2011	Methods for smoking reduction	Centre
Birmingham	Deborah Lycett	+3	01/10/2008	30/09/2011	Prevention of weight gain after smoking cessation	Centre
Queen Mary University of London	Dunja Przul	+3	01/10/2010	30/09/2013	Sensory replacement in smoking cessation treatments	Centre
University College London	Emma Beard	+3	01/10/2008	30/09/2011	The impact of harm reduction strategies using NRT on subsequent cessation attempts	Centre
Bath	Fay Beck	+3	01/10/2008	30/09/2011	Women, smoking cessation and disadvantage	Centre
Edinburgh	Caroline Smith	+3	01/10/2008	To be determined	Inequalities and smoking cessation	Centre – part-time
Nottingham	Ailsa Lyons	+3	01/10/2008	31/09/2011	Tobacco marketing in alternative media	Centre
Nottingham	Navneet Uppal	+3	01/10/2010	30/09/2013	Exploring psychological and behavioural factors influencing smokers who	Centre

					do not want to, or do not manage to quit	
Bath	Emily Savell	+3	01/10/2010	30/09/2013	Protecting the public from Corporate Behaviour	Centre
Stirling	Allison Ford	+3	01/10/2009	30/09/2012	The role of tobacco packaging in smoking behaviour, and implications of generic packaging	Centre
Bristol	Olivia Maynard	+3	01/10/2010	30/09/2013	Effects of cigarette packaging on visual search	Centre
Birmingham	Rachna Begh	+3	01/10/2010	30/09/2013	A Randomised Controlled Trial of Attentional Bias Retraining in Cigarette Smokers Attempting Smoking Cessation	NIHR Doctoral Research fellowship
Nottingham	Lisa Szatkowski	+3	01/10/2008	31/01/2011	The impact of smoke-free legislation in Primary Care	Cancer Research UK
Edinburgh	Heide Weishaar	+3	01/10/2009	30/09/2012	Transnational tobacco corporations and health policy in the European Union	University of Edinburgh
Nottingham	Tessa Langley	+3	01/10/2009	30/09/2012	Evaluation of tobacco control policies and relationship of pharmaceutical usage to policies	National Prevention Research Initiative
Bristol	Emma Mullings	+3	01/10/2009	30/09/2012	Cognitive Biases in Tobacco Dependence	University of Bristol
Bristol	Jennifer Ware	+3	01/10/2009	30/09/2012	Genetic Basis of Tobacco Dependence	University of Bristol
Nottingham	Matthew Jones	+3	01/10/2010	30/09/2013	Medicinal Nicotine in Pregnancy	Medical Research Council / University of Nottingham

						(50:50)
Bath	Karen Evans	+3	29/09/2008	28/09/2011	Exploring the impacts of recent innovations in tobacco control policy on smoking behaviour and health inequalities in England	University of Bath
Nottingham	Stephen Wang	+3	01/10/2010	30/09/2013	Benefits of quitting smoking	University of Nottingham
Birmingham	Taina Taskila	+3	01/04/2010	31/03/2013	RedPharm and RedGP trials	National Prevention Research Initiative /Medical Research Council and Heart of Birmingham PCT
Birmingham	Amanda Lewis	+3	01/10/2010	30/09/2013	Obesity treatment in primary care and tobacco related projects	NIHR School for Primary Care Research
Bristol	Angela Attwood	+3	01/10/2010	30/09/2013	Effects of D-Cysloserine and Attentional Bias Modification in Daily Cigarette Smokers	Pfizer
Edinburgh	Cai Fang Zhang	+3	01/09/2010	31/08/2013	Nurses in China and smoking cessation	Hangzhou University, China
Nottingham	Ilze Bogdanovica	+3	01/10/2009	30/09/2012	Tobacco control policy in the European Union	Medical Research Council / University of Nottingham (50:50)
Nottingham	Dionysis Spanopoulos	+3	01/10/2009	30/09/2012	Point of sale promotion and smoking in children	University of Nottingham / NHS Nottingham City
Nottingham	Barbara Iyen-Omofoman	+3	01/10/2009	30/09/2012	Early markers of lung cancer in primary care	ESRC
Nottingham	Vishal Basra	+3	01/10/2010	30/09/2013	Linkage of data from GP electronic	ESRC

					databases with established population cohort data to investigate effects of diet, smoking, alcohol intake and obesity on subsequent morbidity and mortality	
Nottingham	Rachel Sokal	+3	01/10/2010	30/09/2013	Prevalence, survival and health consequences of congenital malformations: To what extent are they affected by maternal and socio-demographic factors?	ESRC
Nottingham	Nicholas Cochrane	+3	01/10/2010	30/09/2013	What is the practical impact of using information derived from uncoded clinical data in epidemiological studies?	ESRC

ANNEX 4: Financial Information

For the reporting period 01 April 2010 - 31 March 2011

	ESRC Budget	ESRC Actual	ESRC Variance	Wellcome Budget⁹	Wellcome Actual	Wellcome Variance
DI Staff	208,000.70	61,016.84	146,983.86			
Travel & Subsistence	53,592.38	22,225.12	31,367.26	-		
Other DI costs	29,022.96	284,274.45	-255,251.49	-		
DA Investigators	137,185.55	89,739.14	47,446.41			
Estates	47,875.47	19,687.20	28,188.27			
Indirect Costs	148,857.02	49,906.24	98,950.78			
TOTAL	624,534.08	526,849.00	97,685.08			

For the reporting period, confirm and explain any major deviations from the original budget profile and provide details and justification of virements.

As in previous years, the accounting system lists costs for other categories in other centres under DI costs in Nottingham, resulting in overspend on DI and underspend in other categories.

Residual underspend arises in part from variations in more substantive occasional costs, such as UKCTCS conferences, clinical trial and other research costs, and also from some general savings across the board. It is our intention, with permission, to use the underspend to create some short-term fellowship support, primarily for Centre PhD students finishing their theses in autumn 2011 and 2012, and for no-cost extensions to contracts of our core staff into a sixth year of Centre funding.

⁹ Please delete the last three columns if not in receipt of Wellcome funding.

ANNEX 5: Confidential Information

None