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Brokering Innovation Through Evidence



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Recommendations for successful implementation of the NHS Long Term Plan: Treating Tobacco Dependence

The NHS Long Term Plan explains how the UK government will achieve its ambition of reducing smoking prevalence to 5% or lower by 2030.

In most NHS settings, the default model for tobacco dependence treatment has been an **opt-in** one, with the exception of maternity where **opt-out** pathways have been recommended since 2010.

The Long Term Plan (LTP) recommends an **opt-out** process consisting of assessing smoking status, providing Very Brief Advice, referral to an in-house Tobacco Dependence Advisor who will provide Nicotine Replacement Therapy (NRT) and to support a long term quit. For those inpatients in hospital the provision would also include supported abstinence and on discharge, the patient will be offered a referral to community smoking cessation provision. For pregnant women, the provision of behavioural support and NRT is continued by the inhouse Maternity Tobacco Dependence Advisor until the end of the pregnancy.

Purpose of briefing note

The purpose of this briefing note is to inform policy makers and commissioners about the outcomes of this evaluation, and share recommendations for best practice.

What was the aim of the project?

This study aimed to describe tobacco dependency services available across acute inpatients, mental health inpatients and maternity NHS settings, and the implementation plans for the LTP.

What did we do?

As part of an evaluation on the implementation of the LTP, we interviewed 23 commissioners, tobacco managers, frontline healthcare professionals and local authority public health consultants from five geographical regions in England. We also reviewed 25 documents, including trust policies, ICS and NHS England implementation plans to determine:

- What smoking cessation services are currently available within the evaluation regions (before LTP)
- What are the plans for implementing the LTP recommended tobacco dependence service in each of the evaluation regions
- How this new service is expected to lead to changes in outcomes

Next steps

This is part of an ongoing evaluation of the NHS-funded tobacco dependence services. Additional research is being conducted to determine healthcare professionals and patients views of the new service.



Services before the LTP

Tobacco dependence services prior to the LTP were described as 'patchy'. Smoking cessation services in all five regions differed between Trusts and Local Authority and also had different treatment pathways across the three settings.

In **acute hospitals**, reporting patients' smoking status was not mandatory, and often asked as part of the nursing questions; therefore not seen as a priority. There were no in-house treatment specialists. Patients were often signposted to local authority stop smoking services upon discharge.

In **inpatient mental health**, services differed between Trusts, and deteriorated during the COVID-19 pandemic. Although trusts had specific policies regarding vaping.

In **maternity** settings, provision appeared more consistent due to previous smoking centred policies (i.e., Saving Babies Lives Care Bundle), however Carbon Monoxide monitoring of quits diminished due to the COVID-19 pandemic.

Recommendations

1. To engage and provide support to Trusts and wider stakeholders including Local Authorities around funding decisions
2. To support the integration of different IT systems to support staff in ensuring seamless data collection and reporting
3. Collaboratively work with systems to ensure effective embedding of the LTP
4. To facilitate staff learning regarding tobacco dependency

Barriers to implementation

There was a **lack of transparency** around the funding allocation to Trusts, in some areas. Local authorities were **not provided any additional funding** despite expecting to see an increase in referrals, however, the implementation of the inhouse Maternity Tobacco Dependence Treatment Services would result in a significant decrease of referrals to LA SSS for pregnant women.

Mandated data collection (e.g., smoking status on admission) and **pre-existing IT systems** were reported as barriers. Trusts reported struggling to understand what data was required, reporting that the data requirements changed often, and with little notice. This resulted in delays updating IT systems in a timely way, to allow for data to be recorded by healthcare professionals.

It was reported that **healthcare professionals' role and their perceptions of smoking** was a barrier. Often specialist tobacco advisors were unable to prescribe or provide NRT due to remit of their clinical job (i.e., not a qualified nurse).

Who is involved

Participating NHS trusts; Integrated Care Boards (ICB); public and practice partners.

ARC North East and North Cumbria; ARC Yorkshire and Humber; ARC Greater Manchester; ARC West Midlands; ARC West.

Find out more

[Supporting the NHS long-term plan: An evaluation of the implementation and impact of hospital-based tobacco services.](#)

[- ARC \(nhr.ac.uk\)](#)

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