



ARCBITE

Brokering Innovation Through Evidence



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Treating Tobacco Dependence: how can we make sure patients are best supported in their quit?

The UK government wants to reduce smoking to 5% of the population or less by 2030.

In most NHS settings, smokers can choose, or **opt-in**, to receive tobacco dependence treatment services. In maternity services, all smokers are offered treatment and support as standard and can instead choose to **opt-out** of receiving treatment.

The Long Term Plan (LTP) recommends that going forward, all smokers across acute, maternity and mental health NHS services are offered tobacco dependence advice, support and treatment (i.e., through Nicotine Replacement Therapy (NRT)) as standard. There will still be an option to opt-out. For inpatients the services aim to help patients go without smoking while in hospital and support a long-term quit. When a patient is discharged from hospital, they will be referred for stop smoking support within their local community. For pregnant women by a specialist Maternity Tobacco Dependence Advisor throughout her pregnancy.

Purpose of briefing note

This briefing note summarises a research project that looks at tobacco dependency service within NHS settings and inform people about some of the changes they might notice around these services.

What was the aim of the project?

This study is part of a larger research project which looks at LTP Tobacco Dependency Treatment Services in the NHS across five different regions in England. This particular project aimed to describe what services were already available, and consider the plans that are in place to roll-out the newer, LTP recommended, opt-out services.

What did we do?

We interviewed 23 commissioners, tobacco managers, healthcare professionals and local authority public health consultants from five regions in England. We also reviewed 25 documents, which detailed policies and upcoming services plans to find out:

- What tobacco dependence services are currently available (before LTP)
- What are the plans for putting in place the LTP recommended services
- How this service is expected to help patients and lead to a change in



Services before the LTP

Tobacco dependence services prior to the LTP were described as 'patchy'. There were also a lot of differences between what services patients had access to. These differences were found across regions.

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 treatment specialists based within wards. Patients were often signposted to community services upon discharge.

In **inpatient mental health**, services differed between Trusts, and declined during the COVID-19 pandemic.

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

Barriers to implementation

Funding: in some areas it was not clear how much money Trusts would be given to cover the costs of recruiting new staff and NRT for patients. Local areas expected that they would need to support a larger number of people (i.e., those discharged from acute and mental health hospitals) however, the implementation of the inhouse Maternity Tobacco Dependence Treatment Services would result in a decrease in referrals for pregnant women.

Collecting and recording patient data: Trusts reported struggling to understand what data was required, and found it difficult to update IT systems in a timely way so that the data could be recorded by healthcare professionals.

Healthcare Professionals' perceptions of smoking: Often tobacco dependence was considered a lifestyle choice and not an addiction, which had an impact on the conversations staff had (or did not have) with smoking patients about their tobacco dependence.

Key Points

1. To engage Trusts and wider stakeholders in funding discussions and decisions
2. To facilitate staff learning and training regarding tobacco dependence to dismantle the dominant narrative of tobacco dependency being a lifestyle choice (through training)
3. To invest in IT systems and engage staff in establishing data collection processes

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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