



# ARCBITE

Brokering Innovation Through Evidence



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## Treating Tobacco Dependence: How can healthcare staff support patients in their quit?

### 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, smokers would have had to **opt-in**, or choose to access tobacco dependence services. There is an exception, being maternity where all smokers are offered treatment and support and instead choose to **opt-out** of receiving treatment.

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 Advisors until the end of the pregnancy.

### Purpose of briefing note

The purpose of this briefing note is to inform frontline healthcare professionals about the outcomes of this study, 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



## Services before the LTP

Tobacco dependence services prior to the LTP were described as 'patchy'. Tobacco dependence services in all five regions differed between Trusts and Local Authority and also had different treatment pathways across settings (i.e., maternity, mental health and acute hospital).

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

In **inpatient mental health**, services differed between Trusts, and deteriorated 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

It was reported that **frontline healthcare professionals' perceptions of smoking** was a barrier. Often tobacco dependence was considered a lifestyle choice and not an addiction, which impeded conversations with smoking patients about their tobacco dependence.

The **collection of patients smoking data** (i.e., smoking status on admission) and the **IT systems** that recorded this data were reported as a barrier. Trusts reported struggling to understand what data was required, and therefore struggled to update IT systems in a timely manner.

Healthcare professionals reported an **increase in anxiety** around fears of an **increase in workload**. Further reporting this increase in anxiety generated a hesitancy to engage smoking patients in important conversations about their tobacco dependence.

## Recommendations

1. To engage in staff learning and training regarding tobacco dependence to dismantle the dominant narrative of tobacco dependency being a lifestyle choice, and to reduce anxiety around starting conversations with smoking patients about their tobacco dependence
2. To ensure that staff ask patients smoking status and record patient smoking data (i.e., smoking status on admission)
3. To nominate 'tobacco champions' on wards

## 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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