

Spontaneous quitters and the NHS Long Term Plan: clarification of the 48-hour rule

Clarification summary

When an individual has started a treatment programme in hospital and is referred to a community stop smoking service upon discharge (and within 14 days of last cigarette) this constitutes a transfer of their treatment, meaning they are not classed as 'spontaneous quitters'.

They can be treated by the local service and their data can be submitted as part of the local stop smoking data returns to NHS Digital.

NHS Long Term Plan

As the NHS Long Term Plan¹ commitment to offer all in-patients stop smoking treatment whilst in hospital is implemented across England there is likely to be an increase in the number of people being referred to community stop smoking services on discharge (see Appendix 1 for more detail on the NHS Long Term Plan).

Some of the people referred to community stop smoking services will have quit smoking whilst an in-patient and will have been abstinent for several days by the time they are seen in the community. This briefing considers how to classify an individual who has started a treatment programme in hospital and is referred to a community stop smoking service upon discharge, and whether their data can be submitted as part of the local stop smoking data returns to NHS Digital.

Note: This briefing does not include the referral to community stop smoking services of people leaving prison. This issue is covered in a previous version of this document:²

www.ncsct.co.uk/publication_spontaneous_quitters.php

Spontaneous quitters from community settings

The *Local Stop Smoking Services: Service and delivery guidance*³ stipulates that smokers who have already stopped smoking by the time they have their first appointment with a stop smoking service can only be included in national data returns **if they quit smoking within the preceding 48 hours** (see Appendix 2 for full text).

The problem with the 48-hour rule

A question arises over patients who make a **quit attempt or temporarily abstain** from smoking **whilst in hospital**, who elect to receive ongoing support from a community stop smoking service post-discharge, **but who do not get to engage with the service within 48 hours of their last cigarette**.

The NHS Long Term Plan pathway for treating tobacco dependence in acute or mental health hospitals has led to an increase in the number of referrals falling into this category.

In some areas it is possible that stop smoking service providers are not commissioned to provide support to smokers who have been smokefree for longer than 48 hours.

This generates a tension between hospital-based interventions (including those being implemented as part of the NHS Long Term Plan) and community stop smoking services. Consequently, **there is a risk that patients who begin a quit attempt in hospital might not receive behavioural support from a local specialist service upon discharge to continue with their quit attempt**.

Permitting such patients to be included in the quarterly NHS Digital data returns offers a solution to this problem, whilst maintaining the principle that LSSS should help smokers to quit abruptly.

Proposed solution

If a **patient has received tobacco dependence treatment** by a trained stop smoking practitioner **whilst in hospital**, then referral to a community stop smoking service upon discharge constitutes a **transfer of the patient's behavioural support programme; they are not classed as a spontaneous quitter** and the 48-hour rule does not apply.

This transfer could happen at any point after the quit date, depending upon the length of hospital admission. However, in order for that quit attempt **to be included in quarterly NHS Digital data returns**, the transfer should happen **no later than 14 days after their last cigarette**.

If the transfer happens later than this, then the data cannot be included in quarterly returns, but local policies should apply in terms of the offer of support and local data collection is recommended.

It is also possible that some people referred to a community stop smoking service upon discharge might not have quit smoking while an in-patient or might have quit but lapsed following discharge. These people can be treated like any referral for help with setting a quit date and receiving support to quit.

Ideally, all smokers who are motivated to quit or remain abstinent should receive support.

Commissioners and providers should be clear on the eligibility criteria for patients referred from the acute or mental health setting, the anticipated number of individuals who may fall into this category and where individuals not receiving treatment from the community stop smoking service should be referred to (e.g. NHS Community Pharmacy Smoking Cessation Service associated with the Long Term Plan).

Pregnant women who smoke and who are receiving in-patient care, are likely to be a high priority for tobacco dependence treatment. The NHS Long Term Plan pathway for pregnant women means there should be trained stop smoking advisors within the maternity team for women to be referred to. However, if this is unavailable or women choose to be referred to a community service, every effort should be made to arrange a seamless transfer of care on discharge, using the flexibilities allowed in the local service specification where, ideally, treatment of pregnant women is encouraged for the whole of the pregnancy.

Based on the current definition, and in an attempt to support inpatient tobacco dependence treatment interventions, we have identified five different scenarios that need to be articulated in relation to the 48-hour rule:

Type of client	Treated as part of community-based multi-session behavioural support programme	Data submitted for national NHS Digital returns	Additional comments
Spontaneous quitter: smokers in the community who have stopped smoking for more than 48 hours before attending service.	Yes	No	Can be treated as part of a multi-session behavioural support programme and recorded for local accounting purposes (e.g. to justify resources or analyse performance).
Hospital inpatient in a structured behavioural support programme , but not completed during their stay and who has been continuously abstinent from smoking for less than 14 days prior to discharge.	Yes	Yes	Referral to a community stop smoking service upon discharge constitutes a transfer of their treatment, and the 48 hours rule regarding spontaneous quitting does not apply.
Hospital in-patient in a structured behavioural support programme who has been continuously abstinent for more than 14 days prior to discharge.	Yes	No	Can be treated as part of a multi-session behavioural support programme and recorded for local accounting purposes (e.g. to justify resources or analyse performance).
Hospital inpatient not in a structured behavioural support programme , but who requests a referral for support and has been continuously abstinent from smoking for less than 14 days prior to discharge.	Yes	Yes	Referral to a community stop smoking service upon discharge constitutes a transfer of their treatment, and the 48 hours rule regarding spontaneous quitting does not apply. For the purposes of data recording, client's quit date should be recorded as the last date on which they smoked.
Hospital inpatient not in a structured behavioural support programme , but who requests a referral for support and has been continuously abstinent from smoking for 14 days or longer prior to discharge.	No	No	The patient is deemed to be a non-smoker, and therefore the 48 hours rule regarding spontaneous quitting does apply. Local policies regarding the provision of stop smoking aids and relapse prevention to spontaneous quitters should be applied. If there are specific concerns regarding the interaction of prescribed medications and smoking status (e.g. for mental health patients), then the patient should be referred to their GP on discharge for ongoing assessment.

References

1. NHS Long Term Plan:
www.longtermplan.nhs.uk/areas-of-work/prevention/treating-and-preventing-ill-health
2. NCSCT (2019) Spontaneous quitters: clarification of the 48-hour rule. Dorchester, UK; National Centre for Smoking Cessation and Training.
3. NCSCT (2014) *Local Stop Smoking Services: Service and delivery guidance 2014*. London, National Centre for Smoking Cessation and Training. ISBN 978-0-9565243-3-1:
www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf

Appendix 1:

NHS Long Term Plan: Tobacco Dependency Treatment Services

Summary

The NHS Long Term Plan (LTP) outlines clearly defined requirements for NHS Tobacco Dependency Treatment services. The key goals include, by 2023–24:

- All smokers admitted to hospital will be offered NHS-funded tobacco treatment services.
- A new smoke-free pregnancy pathway including focused sessions and treatments for pregnant smokers and their partners.
- A new universal smoking cessation offer to be available as part of specialist mental health services for long term users.

These services are in addition to and designed to complement existing provision such as Local Authority commissioned Stop Smoking Services where available.

The delivery models adopt similar strategies to deliver systematic in-house treatment of tobacco dependence across all inpatient settings, maternity, and mental health, including;

- Routine screening of smoking status for all patients
- Opt-out consultation with in-house Tobacco Dependency Advisor where smokers can agree a personalised plan including behavioural support and medication, while in contact with NHS services and beyond.

The model aims to embed treatment of tobacco dependency as a new clinical pathway, acknowledging that tobacco dependency is a chronic relapsing medical condition and that the NHS has a duty of care to provide effective treatment as with any other condition.

Appendix 2:

Definition of spontaneous quitter

Source: *Local Stop Smoking Services: Service and delivery guidance 2014:*

www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf

Spontaneous quitters

“Smokers who have already stopped smoking when they first come to the attention of the service can only be counted as having been ‘treated’ and included in the national data return if they had quit 48 hours or less before attending the first session of a structured multi-session treatment plan. Where this is the case, their spontaneous quit date should be recorded as their actual quit date.

Examples of such quitters include clients who experience unplanned admission to hospital and stop smoking before receiving support, those people who have started using nicotine vapourisers (as an alternative to smoking) and have not smoked for up to 48 hours, or pregnant smokers who have already stopped smoking before approaching their local stop smoking service provider. Whilst it is recognised that it is desirable to offer as many smokers as possible support to quit and maintain abstinence, local commissioners will need to balance the needs of their smoking population against available service resources.

Smokers who have already stopped smoking for more than 48 hours before attending a service should not be included in the national data submission but may be counted as having been ‘treated’ for local accounting purposes (e.g. to justify resources used or analyse performance). It is recommended that this is only recorded if they have quit within 14 days prior to coming to the attention of the service and have attended the first session of a structured multi-session treatment plan within 14 days of their spontaneous quit date (which should be recorded as their quit date).”