

## Spontaneous quitters: clarification of the 48-hour rule

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### Current rule for spontaneous quitters

The *Local Stop Smoking Services: Service and delivery guidance*<sup>1</sup> 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 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 provider post-discharge, but who do not get to engage with the service within 48 hours of quitting. A similar issue could also arise with smokers who quit or abstain whilst in prison prior to release.

Ideally, stop smoking services would provide support to anyone who wants help with quitting whenever they stopped, and record separately those who are starting a quit attempt and those who have already quit (including how long ago they quit and what aids that they used). However, 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 indicated by the CQUIN: *Preventing ill health by risky behaviours – alcohol and tobacco*<sup>2,3</sup>) and community stop smoking services. As a consequence, there is a risk that patients who begin a quit attempt in hospital might not receive any behavioural support upon discharge to continue with their quit attempt.

Permitting such patients to be included in the quarterly NHS Digital data returns could offer a solution to this problem.

### Proposed solution

If a patient or prisoner has started a structured behavioural support programme delivered by a trained stop smoking practitioner, then referral to a community stop smoking service upon discharge/release constitutes a **transfer of the patient's behavioural support programme** and the 48 hours rule does not apply.

Even if a patient or prisoner has not received behavioural support during their stay, but they have been continuously abstinent for less than 14 days, and they request/receive a referral to a community stop smoking service upon discharge/release, then the 48 hours rule should not apply. They can receive behavioural support from the community stop smoking service, and be included in quarterly NHS Digital data returns. For the purposes of data recording, the quit date should be recorded as the last day that they smoked.

This transfer could happen at any point after the quit date, depending upon the length of hospital admission/sentence. However, in order for that quit attempt to be counted in quarterly NHS Digital data returns, then the transfer should happen no later than 14 days post-quit date. 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. Ideally, all smokers that are motivated to quit or remain abstinent should receive support.

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

Type of client	Can be treated as part of a community-based multi-session behavioural support programme	Data can be submitted as part of national NHS Digital returns	Additional comments
<b>Spontaneous quitter:</b> smokers in the community who have <b>stopped smoking for more than 48 hours</b> 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).
<b>Patient/prisoner in a structured behavioural support programme,</b> but not completed during their stay and who has been continuously abstinent from smoking for <b>less than 14 days</b> prior to discharge/release.	Yes	Yes	Referral to a community stop smoking service upon discharge/release constitutes a <b>transfer</b> of their treatment, and the 48 hours rule regarding spontaneous quitting <b>does not</b> apply.
<b>Patient/prisoner not in a structured behavioural support programme,</b> but who requests a referral for support and has been continuously abstinent from smoking for <b>less than 14 days</b> prior to discharge/release.	Yes	Yes	Referral to a community stop smoking service upon discharge/release constitutes a transfer of their treatment, and the 48 hours rule regarding spontaneous quitting <b>does not</b> apply.  For the purposes of data recording, client's quit date should be recorded as the last date on which they smoked.
<b>Patient/prisoner not in a structured behavioural support programme,</b> but who requests a referral for support and has been continuously abstinent from smoking for <b>14 days or longer</b> prior to discharge/release.	No	No	The patient or prisoner is deemed to be a non-smoker, and therefore the 48 hours rule regarding spontaneous quitting <b>does</b> 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/prisoner should be referred to their GP on discharge/release. for ongoing assessment.

### Appendix

#### Current rule for spontaneous quitters<sup>1</sup>

“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).”

### References

1. NCSCT (2014) *Local Stop Smoking Services: Service and delivery guidance 2014*. London, NCSCT. ISBN 978-0-9565243-3-1: [www.ncsct.co.uk/usr/pub/LSSS\\_service\\_delivery\\_guidance.pdf](http://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf)
2. NHS England (2017) Commissioning for Quality and Innovation (CQUIN) Indicator Specification 2017-2019. London, NHS England. July 2017: [www.england.nhs.uk/publication/cquin-indicator-specification/](http://www.england.nhs.uk/publication/cquin-indicator-specification/)
3. NHS England (2016) Commissioning for Quality and Innovation (CQUIN): Guidance for 2017-2019. London, NHS England. Publications Gateway Reference 06023, November 2016: [www.england.nhs.uk/wp-content/uploads/2016/11/cquin-2017-19-guidance.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/11/cquin-2017-19-guidance.pdf)