

A Short Review of Tobacco Cessation Approaches at University Hospitals Southampton NHS Foundation Trust and Hampshire Hospitals NHS Foundation Trust

Delivered to Hampshire and Isle of Wight Integrated Care Board



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Background and Purpose

Hampshire and Isle of Wight ICB (HIOW ICB) have implemented Tobacco Dependency treatment services in acute care settings as part of the NHS Long Term Plan Prevention strategy. Hospitalised smokers receive behavioural support and pharmacotherapy to help them quit, with ongoing support provided by local health services after discharge.

Alongside a cost effectiveness evaluation of these services for HIOW ICB (reported separately), Health Innovation Wessex (HIW) Insight team was asked to undertake a high level, short review of national guidance and recommendations in relation to smoking cessation interventions, and compare the key features within that guidance to the approaches at two local organisations, University Hospital Southampton NHS Foundation Trust (UHS) and Hampshire Hospitals NHS Foundation Trust (HHFT). The review also explored the services provided to four under-served groups, specified by the Health Inequalities team at HIOW ICB, namely: socioeconomically disadvantaged patients, patients from ethnic minority backgrounds, patients with serious mental illness, and patients with learning disabilities and special needs. To address this aspect of the evaluation, the Insight team undertook a desk-based review of national guidance and information-gathering sessions with Tobacco Dependency staff at UHS and HHFT.

This report presents the findings of this short review and provides insights for consideration by the trust teams.

It should be noted that this does not represent a systematic review of the literature, which was outside of the scope of this commissioned activity. We recommend that this review is read in conjunction with the other outputs commissioned for this evaluation:

Literature Review of Evidence-based Tobacco Cessation Interventions in Under-served Groups by Julia Wilson

Hampshire Isle of Wight Tobacco Dependency Services – A comparison of Costs and Quit Rates by Sophie Barton

Hampshire Isle of Wight Tobacco Dependency Services - Impact Evaluation Framework by Sophie Barton

This evaluation was supported by a working group, comprising of HIW, HIOW ICB and public health colleagues from Southampton City Council and Hampshire County Council.

This evaluation was completed before the announcement on 13 March 2025 that NHS England will be brought back into the Department of Health and Social Care (DHSC). The evaluation description and the evaluation findings were accurate at the time of publication. The government decision may, in the future, alter how the report's findings and recommendations are received

in this new context. We raise this issue for the reader to note.

1. Information gathering methods

The Insight team reviewed national level guidance and recommendations from the National Institute of Health and Care Excellence (NICE)¹, Public Health England (PHE)^{2,3,4}, Department of Health and Social Care (DHSC)⁵ and the Smokefree public health campaign^{6,7}. This guidance describes key features of smoking cessation programmes in general, which include behavioural support, pharmacotherapy and e-cigarettes, support in various settings and targeted support for vulnerable groups.

Several information gathering sessions were held with the Tobacco Dependency teams at UHS and HHFT via Microsoft Teams, between December 2024 and February 2025. The evaluation team have spoken to four team members across the two organisations. The purpose of these sessions was to better understand the tobacco cessation programmes' key features and the teams' approaches to supporting patients from under-served groups within their smoking cessation programmes at these two acute trusts.

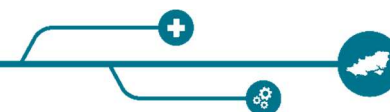
2. Findings of the information gathering exercise

Table 1 summarises the key features of national guidance for tobacco cessation programmes and local approaches at UHS and HHFT. Tables 2 and 3 provide an overview of the current approach to supporting under-served groups at UHS and HHFT.

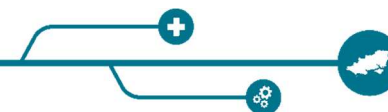
Table 1: Overview of the key features of the tobacco cessation programmes at UHS and HHFT in comparison to national guidance

Key features	Key features of national guidance and recommendations for smoking cessation programmes: NICE, PHE, DHSC and Smokefree public health campaign ^{1,2,3,4,5,6,7}	Key features of the smoking cessation programme provided by UHS	Key features of the smoking cessation programme provided by HHFT
Behavioural support	<ul style="list-style-type: none"> Individual or group support Face-to-face, digital or remote support (Quit with Bella app)¹ Behaviour change support (based on Capability Opportunity Motivation Behaviour model (COM-B) and Behaviour Change Techniques (BCT) delivered by a healthcare professional) <p>Using motivational interviewing (MI), very brief advice (VBA) or cognitive behavioural therapy (CBT).</p>	<ul style="list-style-type: none"> Behaviour change support CBT based on COM-B and Transtheoretical model, using MI, VBA 	<ul style="list-style-type: none"> Behaviour change techniques (BCT)

¹ Quit with Bella is an NHS commissioned AI-powered personal stop smoking in-app robo-coach [Home - Quit With Bella](#)



Key features	Key features of national guidance and recommendations for smoking cessation programmes: NICE, PHE, DHSC and Smokefree public health campaign ^{1,2,3,4,5,6,7}	Key features of the smoking cessation programme provided by UHS	Key features of the smoking cessation programme provided by HHFT
Pharmacotherapy	The use of nicotine replacement therapy (NRT) is recommended including patches, gum, lozenges, prescription medication (bupropion, varenicline).	<ul style="list-style-type: none"> • Use of NRT • Free in-hospital support (number of weeks not known) 	<ul style="list-style-type: none"> • Use of NRT • 2 weeks of NRT can be provided in the hospital before discharge, then referred to Smokefree Hampshire <p>HHFT do not currently refer to community pharmacy although this option is under consideration.</p>
E-cigarettes	Most recommend the use of e-cigarettes as a quitting aid with a Swap to Stop Voucher Scheme (£25).	<ul style="list-style-type: none"> • Used as a quitting aid 	<ul style="list-style-type: none"> • Used as quitting aid • £25 Swap to Stop voucher offered to buy an e-cigarette to help to quit
Combination of support	It is recommended to provide a combination of behavioural and pharmacotherapy support.	<ul style="list-style-type: none"> • The pharmacy provides BCT & NRT to patients 	<ul style="list-style-type: none"> • The pharmacy provides BCT and NRT to patients



Key features	Key features of national guidance and recommendations for smoking cessation programmes: NICE, PHE, DHSC and Smokefree public health campaign ^{1,2,3,4,5,6,7}	Key features of the smoking cessation programme provided by UHS	Key features of the smoking cessation programme provided by HHFT
	Support local communities via outreach, community engagement, education, mobile clinics – out of scope of the acute trust provision.	<ul style="list-style-type: none"> Smokefree environments are in place at the hospital Patients are recommended to use the NHS Quit Smoking app <p>Inpatient and outpatient support is provided by telephone or face-to-face appointments.</p>	<ul style="list-style-type: none"> Smokefree environments are in place at the hospital.

The following section describes how each trust delivers tobacco cessation support to under-served groups.

During the information gathering exercise the Tobacco Dependency team at HHFT shared that they are able to support every patient, regardless of background; support to under-served groups is always delivered. The team reports that they adjust their approach and delivery based on individual patient needs, so they are able to provide smoking cessation support to every patient identified for tobacco cessation interventions. A further examination of their approaches highlighted some areas which are currently unsupported (for example, lacking data) or where teams have identified planned adaptations and enhancements.

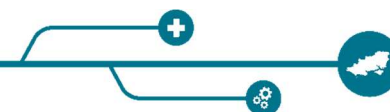
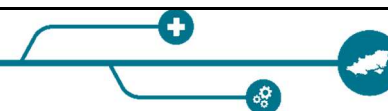


Table 2: Summary of approaches to delivering tobacco cessation support to under-served groups at HHFT

Under-served group	Approach to identifying patients from under-served group	Adapted or additional guidance, resources and approaches used to deliver support to under-served group
Socioeconomically disadvantaged patients	Currently team does not purposefully identify patients from this group by postcode; no alternative way of identifying patients from the group	<ul style="list-style-type: none"> Resources, guidance and support from Asthma + Lung UK, Smokefree Hampshire and Smokefree Berkshire are available and used on a case-by-case basis Approach is tailored to each patient independently, regardless of background
Patients from ethnic minority backgrounds	Electronic patient information system displays ethnic background and can be used to identify patients from the group	<ul style="list-style-type: none"> Resources, guidance and support from Asthma + Lung UK, Smokefree Hampshire and Smokefree Berkshire are available Google Translate or translation services are available if needed Some materials are translated to additional languages and Google Translate or translation services are used Culturally adjusted resources are not currently used

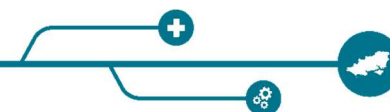


Under-served group	Approach to identifying patients from under-served group	Adapted or additional guidance, resources and approaches used to deliver support to under-served group
Patients with learning disabilities & special needs	Patients from the group are tagged with a special tag on the electronic information system and also wear a physical tag to identify special needs, referring to hospital passports	<ul style="list-style-type: none"> Resources, guidance and support from Asthma + Lung UK, Smokefree Hampshire and Smokefree Berkshire are available Patients' nurses or carers can be involved in treatment if needed Electronic keyboard and Makaton or sign-language translator service available for non-verbal patients
Patients with severe mental illness (SMI)	No specific identification is used, but details can be found in patients' medical history	<ul style="list-style-type: none"> Resources, guidance and support from Asthma + Lung UK², Smokefree Hampshire³ and Smokefree Berkshire⁴ are available Patients' carers or mental health nurses are involved in care if needed Support is tailored to the group's specific needs.

² Asthma + Lung UK website: [Asthma + Lung UK](#)

³ Smokefree Hampshire website: [Smokefree Hampshire | Your Stop Smoking Service](#)

⁴ Smokefree Berkshire website: [Stop Smoking Berkshire | Smokefreelife Berkshire](#)



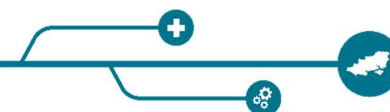
During the information gathering exercise the Tobacco Dependency team at UHS shared that they are able to support every patient, regardless of background. The team reports that they adjust their approach and delivery based on individual patient needs, in order to be able to provide smoking cessation support to every patient identified for tobacco cessation interventions. Additionally, the Tobacco dependency team at UHS has shared that if needed, they can refer patients from socioeconomically disadvantaged backgrounds to the Vulnerable Adult Support Team for additional support. Patients from ethnic minority backgrounds can be referred for additional translation support to the local pharmacist, who can offer support in other languages.

When supporting patients with learning disabilities, special needs or SMI, the Tobacco Dependency team can link with an internal team who can support with additional enquiries. These referral arrangements allow the Tobacco Dependency team at UHS to provide tobacco cessation support to a wide range of patients from under-served groups. A further examination of their approaches highlighted some areas which are currently unsupported (for example, lacking data) or where teams have identified planned adaptations and enhancements.

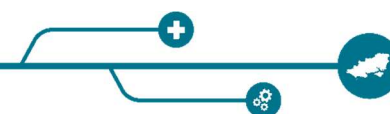
Table 3: Summary of approaches to delivering tobacco cessation support to under-served groups at UHS

Under-served group	Approach to identifying patients from under-served group	Adapted or additional guidance, resources and approaches used to deliver support to under-served group
Socioeconomically disadvantaged patients	The team collate data on Index of Multiple Deprivation (IMD) decile and this information can be taken into consideration when identifying	<ul style="list-style-type: none"> • Approach is tailored to each patient independently, regardless of background • Detailed information about specific additional needs may not be provided in referral information. In these instances, the Smoking Dependency

Under-served group	Approach to identifying patients from under-served group	Adapted or additional guidance, resources and approaches used to deliver support to under-served group
	patients for smoking cessation support	Advisor will make a judgement on need on a case-by-case basis
Patients from ethnic minority backgrounds	The team collates patient data on ethnicity and language and use it when identifying patients for smoking cessation support	<ul style="list-style-type: none"> • Over the phone translation services are available if needed, but are not available 24/7 • The team is planning to develop some materials and information leaflets that are translated into a variety of languages to enable patients to have full understanding of the services provided (cost and funding considerations) • Additional easy read written aid for quitting smoking has been requested from PHE • Culturally adjusted resources are not currently used
Patients with learning disabilities & special needs	The team does not currently use or record learning disability status or special needs	<ul style="list-style-type: none"> • The Tobacco Dependency Advisors are trained in supporting patients with learning difficulties and mental health needs. As part of their induction, they complete training on Safeguarding, Equality & Diversity, Human Rights, Learning Disability and Autism



Under-served group	Approach to identifying patients from under-served group	Adapted or additional guidance, resources and approaches used to deliver support to under-served group
		<ul style="list-style-type: none"> Additional easy read written aid for quitting smoking has been requested from PHE
Patients with severe mental illness (SMI)	The team does not currently use or record SMI status	The Tobacco Dependency Advisors are trained in supporting patients with learning difficulties and mental health needs. As part of their induction, they complete training on Safeguarding, Equality & Diversity and Human Rights.



3. Closing Statement

This short review has provided an oversight of the key features of tobacco cessation programmes at UHS and HHFT, with comparisons made to national guidance. In addition, the review provides insights into the key elements of tobacco cessation programmes at UHS and HHFT in supporting under-served groups. It identifies some differences in approaches between UHS and HHFT, and considerations for tobacco dependency teams at both organisations with respect to how their approaches relate to national guidance and are tailored to the needs of four specified under-served groups.

The review describes the availability of tailored support for socioeconomically disadvantaged patients, patients from ethnic minority backgrounds, patients with serious mental illness, and patients with learning disabilities and special needs.

Suggested next steps for HIOW ICB include disseminating these findings to relevant stakeholders and leveraging further insights for ways to enhance support for patients of Tobacco Dependency teams and providing further support (such as training or resources) to Tobacco Dependency teams and organisations collaborating in the delivery of tobacco cessation interventions.

4. Acknowledgements

We would like to thank the Population Health & Health Inequalities team at HIOW ICB for the opportunity to carry out this evaluation. We would also like to thank the wide range of staff who contributed their time and energy to provide data and take part in interviews. These included members of the Tobacco Dependency Teams at UHS and HHFT.

The authors would also like to thank several Health Innovation Wessex staff for their support designing and completing this evaluation: Philippa Darnton (Director of Insight), Emily Hunter (Senior Programme Manager, Insight), Charlotte Forder (Associate Director, Communications), Sophie Barton (Analyst, Insight), and Andrew Sibley (Evaluation Programme Manager, Insight).

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Version Control

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Final draft v1	Disseminated for review		

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