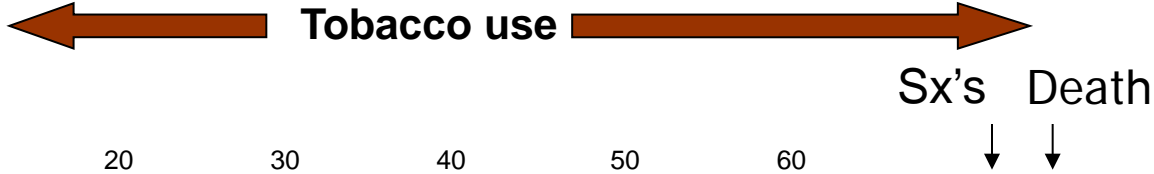


Making a million opportunities count



↑
Dx &
Rx

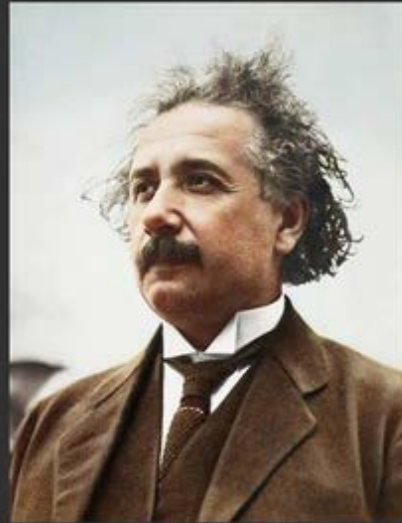
Dr Sanjay Agrawal

Consultant in Respiratory &
Intensive Care Medicine,
University Hospitals of Leicester

What are the barriers & solutions?

"The world will not be destroyed by those who do evil, but by those who watch them without doing anything."

– Albert Einstein



Scope

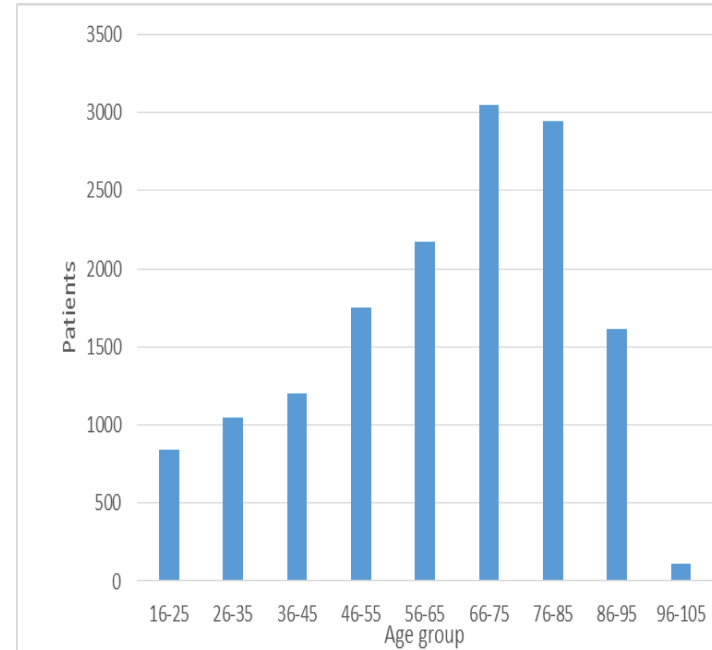
- Hospital care
- All specialties
- Emergency and elective care

Recruitment

- 146 hospitals
- 14,750 patients
- On-line audit

Results – Scope (1)

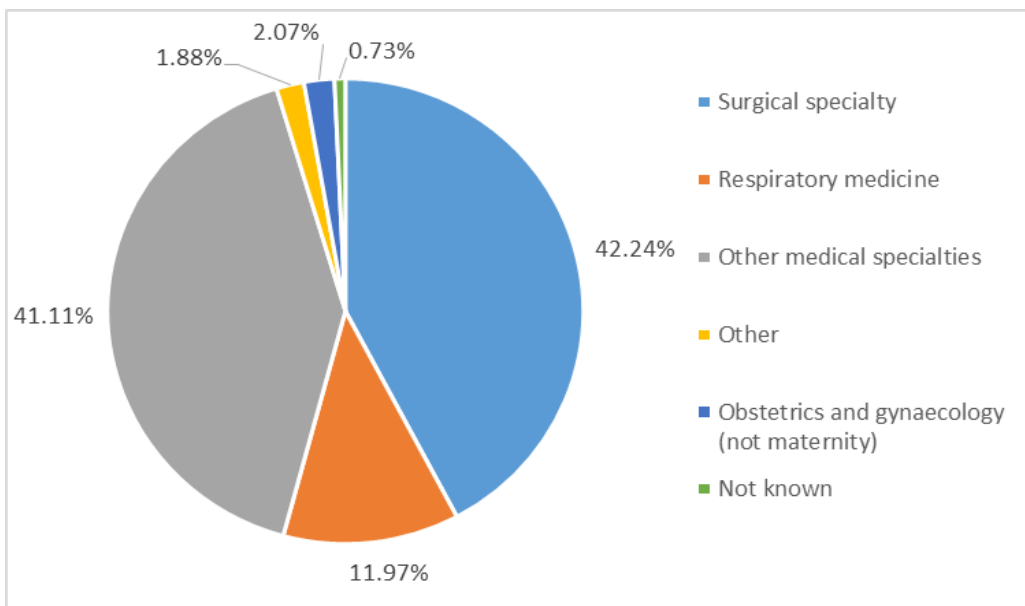
Age	Count	Percentage with smoking status recorded	Percentage of current smokers
16-25	842	71.97%	41.42%
26-35	1047	70.96%	41.45%
36-45	1206	72.80%	42.48%
46-55	1754	74.29%	37.38%
56-65	2174	74.89%	30.47%
66-75	3047	76.30%	21.25%
76-85	2947	71.84%	11.62%
86-95	1618	64.59%	5.65%
96-105	115	54.78%	3.17%
All patients	14750	72.60%	25.36%



Gender	Count	Percentage with smoking status recorded	Percentage of current smokers
Female	7476	71.42%	22.94%
Male	7274	73.81%	27.77%
All	14750	72.60%	25.36%

Results – Scope (2)

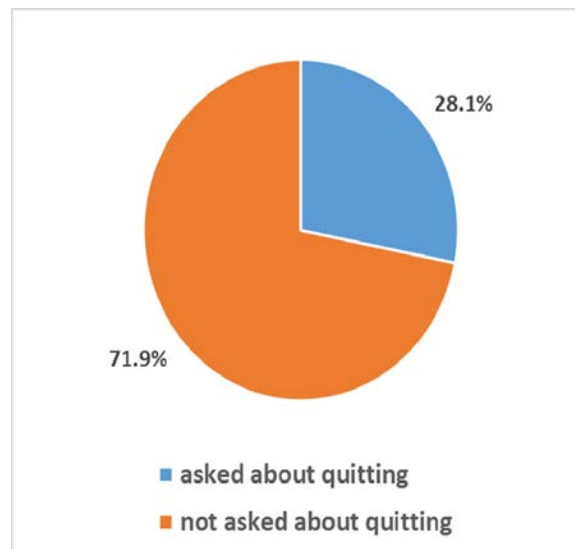
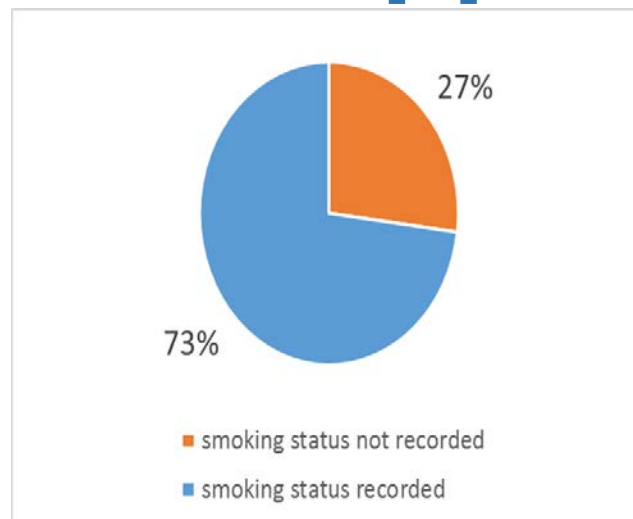
Route of contact	Count	Percentage with smoking status recorded	Percentage of current smokers
Elective inpatient	3419	68.68%	18.99%
Emergency admission	11331	73.78%	27.15%
All patients	14750	72.60%	25.36%



Specialty	Count	Percentage with Smoking status recorded	Percentage of current smokers
Surgical specialty	6230	69.02%	24.95%
Respiratory medicine	1766	80.86%	30.04%
Other medical specialties	6063	74.72%	24.22%
Other	278	57.91%	22.98%
Obstetrics and gynaecology (not maternity)	305	73.11%	25.56%
Not known	108	61.11%	34.85%
All patients	14750	72.60%	25.36%

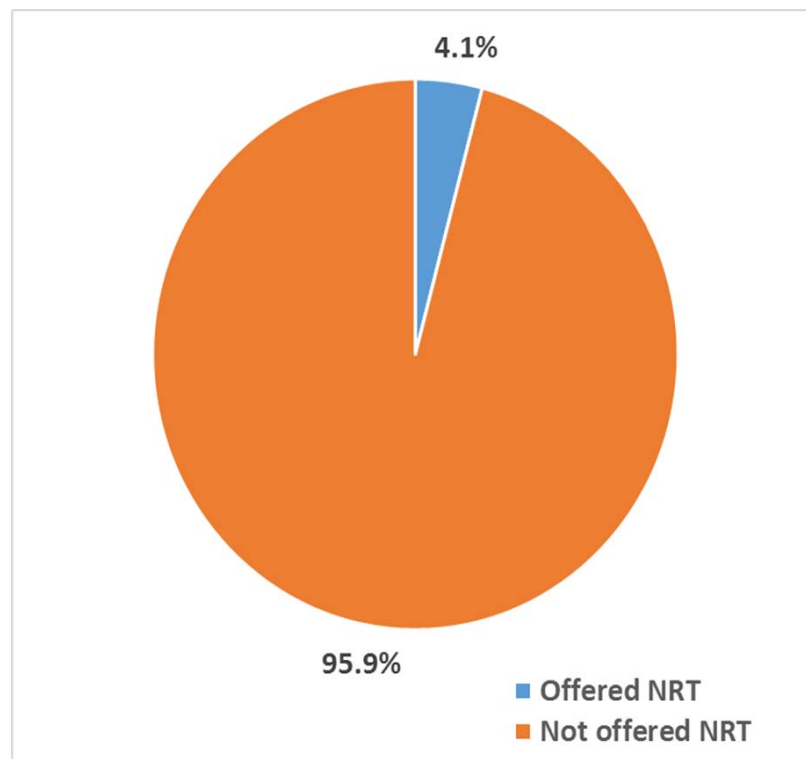
Results – Individual Support

- **1 in 4 patients were NOT asked if they smoke**
- **1 in 4 patients who smoke were asked if they would like to quit**
- **Only 1 in 13 patients who smoke were referred to a smoking cessation service**



Results – Individual Support

1 out of 20 patients who smoke were offered nicotine replacement therapy when not asked about quitting



Results

- Organisation



British
Thoracic
Society

Better lung health for all

1 in 16 organisations completely enforced smoke-free grounds

1 in 2 organisations had no regular smoking cessation training for frontline staff

1 in 7 organisations had no hospital or community referral pathway

Results - Organisation



British
Thoracic
Society

Better lung health for all

3 out of 4 organisations had no consultant lead for smoking cessation

1 out of 2 organisations had no dedicated hospital smoking cessation practitioner (HSCP)

1 in 3 services had reliable access to an HSCP for inpatients and outpatients

Recommendations



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Society

Better lung health for all

1. *Refer* all patients who smoke to specialist stop smoking services to discuss smoking cessation.
2. *Prescribe* all hospitalised patients who smoke nicotine replacement therapy to aid quit attempts and reduce symptoms of nicotine withdrawal, unless contraindicated or patients opt out.
3. *All Trusts should have a senior clinician*, with clinical programmed activity, to lead a Trust based smoking cessation service and implement the core NICE and BTS standards.
4. *Trust boards should be held accountable* by regulators in all four countries of the UK, to enforce smoke-free grounds.

Summary



British
Thoracic
Society

Better lung health for all

- The treatment of sick smokers in UK hospitals is poor
- Poor ownership of and investment in hospital based smoking cessation services is widespread
- We need to do more



Insanity:

Doing the same thing over and over again

and expecting different results.

Albert Einstein