British Thoracic Society
National Smoking Cessation Audit 2021
Protocol and Instructions
V3 19th May 2021

Aims and Objectives
The aim of the BTS audit programme is to drive improvements in the quality of care and services provided for patients with respiratory conditions across the UK. The treatment of tobacco addiction is one of the cornerstones of the BTS strategic plan. It is hoped that the audit will help hospitals to recognise service deficiencies and provide both impetus and justification for healthcare providers to create an environment that is more conducive to helping patients that smoke to quit.

Audit period and scope
Audit period: 1 July – 31 August 2021
Data entry period: 1 July – 31 October 2021

Standards: The standards used in this audit are set out in Appendix 1.

Case Definition: adult **inpatients** (16 years and over) in acute hospitals under the care of a hospital doctor and admitted during the audit period. This would include patients under the care of any adult physician or surgeon under a hospital specialty. A sample of these patients from across a number of specialties should be audited – see below for details of the case selection methodology.

Exclusions: Do not include maternity or mental health patients.

Maternity is not included because the standards are different and more stringent, which would require slightly different questions and would be better served by a separate audit. Mental Health is not included at present because the audit infrastructure is not in place for these institutions.

Definitions:
- ***"Smoker"*** refers to conventional smoking – cigarettes, cigars, pipes etc. **but not**, shisha or marijuana which are dealt with via separate questions.
- ***"Current smoker"*** refers to any patient currently smoking or abstinent for less than 4 weeks. It will often still be appropriate to refer recent quitters on for further support, as many people will relapse initially during a quit attempt, especially if they are making the attempt without the support of a stop smoking service.
- ***"vaping"*** refers to inhalation of nicotine in a vapour (rather than smoke) using an e-cigarette or other device designed for this purpose
- ***"Patient notes"*** means medical, nursing or allied health professional (AHP) notes for the **current admission**, or any pre-admission assessment clerking proformas relating to the current admission.
- ***"Inpatient"*** means a patient stayed overnight in hospital.

Audit methodology

Part One – Current smokers' access to smoking cessation services in hospital
This audit involves screening notes (electronic and/or written) of inpatients – both smokers and non-smokers – to establish whether patients are being asked the fundamental question "do you smoke?" and if this is being appropriately recorded. This information would not be captured if notes were retrieved of smokers only. Questions 1-6 provide background information and actual smoking

status, and should be completed for all patient notes. Questions 7-12 should only be answered for patients that are current smokers. Question 13 should be answered for those who currently vape.

Case selection: It is important that case selection ensures a representative sample of the typical activity undertaken in the entire hospital and not just a single specialty to ensure that patients are receiving the same level of service wherever they are in the hospital.

Each hospital should request 100 sets of notes for consecutive admissions within the audit period. 50 of these should be from medical wards and 50 from surgical wards. They should cover at least 2 different medical specialties and at least 2 different surgical specialties (excluding maternity and mental health). E.g. 25 consecutive respiratory admissions; 25 consecutive geriatric admissions; 25 consecutive general surgery admissions; and 25 consecutive cardiothoracic surgery admissions.

Each set of notes should be entered into Part 1 of the audit until a total of 20 records for current smokers have been entered. To avoid bias towards any particular specialty, please alternate between the specialties when entering data i.e. enter 1 respiratory, 1 geriatric, 1 general surgery, 1 cardiothoracic surgery and then repeat until 20 current smokers are identified. If all 100 notes are entered and the number of current smokers is less than 20, please request a further set of 50 notes (25 medical and 25 surgical) and repeat the process until a total of 20 current smokers have been entered. When 20 current smokers have been entered, there is no need to enter any further data.

Part Two – Organisation of smoking cessation services in hospital
This part of the audit is best completed under the supervision of the hospital smoking cessation practitioner (HSCP), consultant lead, or other doctor or nurse with an interest in this area. One form should be completed per hospital for services available at the time of the audit period.

There is no requirement for participating hospitals to have their own smoking cessation service or access to a smoking cessation service. The audit also seeks to record where no services are available.

Registration and Accessing the BTS Audit Tools
To participate in the audit please complete a registration form naming an Audit Lead and listing all participants who will need access to the data entry as Audit Delegates. Registration forms are available from [the BTS website] or BTS audit system. All Audit Leads and Delegates will also need to register for accounts on the audit system if they do not already have these: https://audits.brit-thoracic.org.uk/

Once registrations have been approved, links to the data entry screens at the bottom on the smoking cessation audit page will become live. Click on the Period name i.e. "1 July – 31 August 2021 (National Audit)", then click "Add a new record" to access the data entry screens.

You can save the record you are working on and return to it at any point. When you have completed data entry please click "Commit Records" to submit your data to the database. At this point you can see the record but will not be able to edit the contents further.

Please note that the local identifier field is for a reference created by the hospital. When records have been committed, the local identifier is deleted and will not appear on data exports. We therefore recommend that data is exported before being committed. Please keep a record of the corresponding NHS number but ***please do not enter NHS numbers onto the BTS audit system****.*

Analysis and Reporting
For all audits, users can generate local reports from the audit system which present that institution's data as a comparison to the national dataset. It is also possible to export the data as a spreadsheet.

For national audits only, a summary report providing an overview of the findings will be produced by the clinical lead three to six months after the close of the audit. This may include details of individual hospital performance, including the results of any outlier analysis. National reports are published on

the BTS audit website and account users will be notified by email. Data from national audits may also be shared with third parties in accordance with the BTS Data Access Policy.

Contacts: Any queries should be referred to auditttools@brit-thoracic.org.uk or 020 7831 8778.

Appendix 1

Standards

The standards that will be used are based on the following evidence-based documents:

- ✓ NICE Smoking Cessation in Secondary Care: Acute, maternity and mental health services November 2013 (PH48)
- ✓ NICE Stop smoking interventions and service 2018 (NG92)
- ✓ NICE Smoking: Harm reduction 2015 (QS92)
- ✓ NICE Smoking Cessation: Supporting people to stop smoking 2013 (QS43)
- ✓ BTS recommendations for hospital smoking cessation services for commissioners and healthcare professionals 2012 (BTS)
- ✓ Public Health England: Use of e-cigarettes in public places and workplaces 2016 (PHE 2016)
- ✓ Royal College of Physicians: Hiding in plain sight – treating tobacco dependency in the NHS (RCP 2018)
- ✓ Royal College of Physicians: Tobacco and Health 2021: a coming of age for tobacco control (RCP 2021)
- ✓ National Respiratory GIRFT report 2021 (GORFT 2021)

Standards for Part One – Current smokers' access to smoking cessation services in hospitals

Audit Question	Standards
1	Local reference
2-4	Casemix
5-6	All patients attending hospital should be asked if they smoke – this should be recorded (BTS, QS43, RCP 2018, RCP 2021)
7	All patients who are current smokers should be offered very brief advice (BTS, QS43, NG92)
8a	All patients who are current smokers are offered a referral to an evidence-based* smoking cessation service (BTS, QS43, NG92, GIRFT 2021)
9a	All patients are offered behavioural support (counselling) and pharmacotherapy (BTS, QS43, QS92, NG92 RCP 2018, RCP 2021, GIRFT 2021)
10	All patients discharged with licensed pharmacotherapy for tobacco addiction should have this recorded in their notes and discharge summaries (BTS, PH48)
11	Patients that smoke should offered support to remain abstinent following discharge from hospital (BTS, RCP 2018, RCP 2021, GIRFT 2021)
12	Smoking status should be validated for all patients attending a smoking cessation service (BTS, NG92)
13	Ensure the use of an e-cigarette is included in the patient's care plan (PHE, RCP 2021)

**An evidence-based hospital smoking cessation service is one that includes a level 3 service intervention where the hospital smoking cessation practitioner will have training in brief intervention, behavioral support and have a full understanding of licensed pharmacotherapies.*

Standards for Part Two – Organisation of smoking cessation services in hospitals

Audit Question	Standards
1-2	All hospitals should ensure that there are no designated smoking areas, with no exceptions to particular groups including members of staff (PH48)
3	Hospital policy support the use of vaping to provide smoke free grounds and enhance the treatment of tobacco addiction (PHE 2016, RCP 2021)
4	Hospitals require standardised methods to identify patients that smoke in all hospital admissions (BTS, RCP 2018)
5	All hospitals should have an on-site smoking cessation service (PH48, RCP 2018, RCP 2021, GIRFT 2021)
6	All hospitals should have a designated post for a specialist smoking cessation counsellor as part of a hospital smoking cessation service (BTS)
7	All hospital HSCSs should be supported by a named consultant/senior nurse/manager (e.g. stop smoking champion) (BTS, RCP 2018, RCP 2021, GIRFT 2021)
9	All smokers should be offered evidenced interventions including combination NRT, varenicline, bupropion, vaping (BTS, RCP 2018, RCP 2021)
10	The HSCS should have dedicated office space and contact (phone, email address) (BTS, RCP 2018)
11	The HSCS should offer interested smokers the following consultations: • An initial consultation lasting 40-60 minutes • Weekly follow-up appoints of 10-20 minutes for at least 4 weeks • Phone call contact at 3 and 6 months • Self-reported quitters should be offered a final appointment at 12 months (BTS)
11	All HSCS should have a validated method for confirming smoking cessation in a patient (e.g. exhaled carbon monoxide monitors) (QS43, BTS)
12-13	Licensed pharmacotherapy should be available at all times on wards/pharmacy (BTS, RCP 2018, RCP 2021, GIRFT 2021)
13	The hospital smoking cessation practitioner (HSCP) should be able to prescribe or recommend pharmacotherapy that can be given to patients in a timely manner (BTS)
14	All hospitals should ensure continuity of care by integrating smoking cessation support in secondary care with support provided by community-based and primary care services. (PH48)
15	All frontline* hospital staff should receive brief intervention training** including information on how to refer a patient wanting to stop smoking to specialist services (BTS, RCP 2018,RCP 2021)

**Frontline would include healthcare professionals in both the inpatient and outpatient settings including junior doctors and nursing staff/pharmacists who would have the opportunity to ask if a patient is a smoker and offer help and support*

*** Brief intervention training should consist of being able to take a smoking history and provide basic information on smoking cessation and know how to refer on to local stop smoking services*