

NRAP Good Practice Repository – Children and young people asthma

Tameside Hospital

Paediatric asthma team

Tameside and Glossop Integrated Care NHS Foundation Trust



Make Tameside homes smokefree

KPI 2: Patient tobacco smoking addressed %	KPI 3: Parental tobacco smoking addressed %
0.0	23.1
26.7	47.4

Tameside hospital achieved:

0% and 23.1% - 2025 vs 0% and 34%-2026

*% of patients submitted to the audit.



Outline of your improvement project

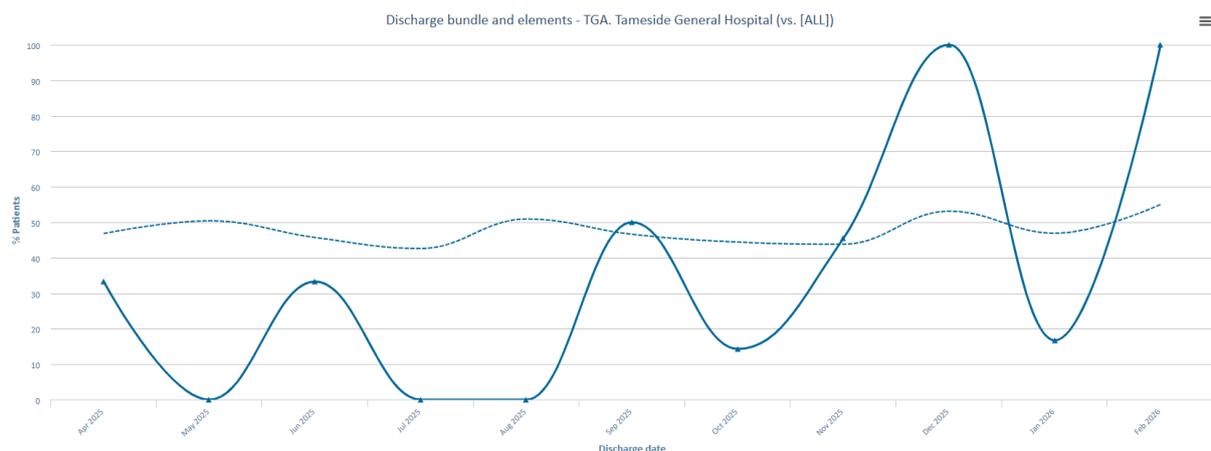
Make Tameside homes smokefree

Over 36% of Tameside paediatric patients are exposed to second hand smoke.

We aim to address tobacco dependency and increase referrals to stop smoking services and our local be well from 23.7% to 35% by the end of February 2026.

What has been achieved during this improvement project?

- The project experienced an initial delay due to challenges related to data collection. During this period, targeted staff training was implemented, and ward documentation was revised to improve the recording of smoking-related information.
- Following these interventions, improvements in data capture were observed. In particular, staff were more consistently asking patients about smoking exposure. The proportion of patients recorded as being exposed to second-hand smoke increased from **23.1% to 24%** from September 2025 to February 2026. This change is unlikely to represent a true increase in exposure, but rather reflects improved questioning practices and more accurate documentation. It also suggests a positive shift in staff culture, with both medical and nursing staff demonstrating greater confidence and engagement when discussing smoking with patients.
- Similarly, documentation of patient smoking status increased from **0% to 100%**, indicating progress toward more routine and systematic collection of this information.
- Data appears to be steadily improving



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How did we achieve this improvement?

P
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S
A
#

Change / Intervention	What Matters to Stakeholders	Measurable Outcomes
1 Add stop smoking advice to discharge packs.	<p>Patients: Clear take-home guidance to support quitting.</p> <p>Staff: Resource to reinforce advice without extra time.</p> <p>Organisation: Supports public health targets.</p>	% of discharge packs containing stop smoking advice (audit). Patient recall of advice at follow-up.
2 Display VBA poster with CO machine information.	<p>Staff: Quick reminder to prompt conversations.</p> <p>Patients: Understand CO testing.</p> <p>Organisation: More VBA delivered.</p>	Staff survey on awareness of VBA. Increase in VBA documentation rate.
3 Update asthma bundle to include VBA on sticker.	<p>Staff: Built into workflow. Patients: Get advice during asthma care.</p> <p>Organisation: Better bundle compliance supporting NRAP.</p>	% asthma bundle completions with VBA recorded. Change in smoking status recording for asthma patients. Pre/post teaching confidence scores.
4 Deliver teaching to medical/nursing staff, ED, wards, consultants, CCNT.	<p>Staff: More confident giving VBA.</p> <p>Patients: Consistent advice.</p> <p>Organisation: Standardised care.</p>	Increase in VBA documentation post-training.
5 Acquire CO machine and consumables from BEWELL.	<p>Staff: Reliable monitoring tools.</p> <p>Patients: Visual feedback on smoking status.</p> <p>Organisation: Data to measure impact.</p>	Number of CO tests performed per month. Mean CO levels at initial and follow-up visits.
6 Update O&A/ward paperwork and ED electronic documentation to include VBA prompts.	<p>Staff: Built-in reminders.</p> <p>Patients: More consistent advice.</p> <p>Organisation: Easier audit of VBA activity.</p>	% of records with VBA prompt completed. Trend in VBA delivery rate before/after update.
7 Simplify BEWELL referral form and upload to intranet.	<p>Staff: Faster referral process.</p> <p>Patients: Quicker access to support.</p> <p>Organisation: Higher referral uptake.</p>	Number of referrals to BEWELL before/after change. Average time



from decision to referral
submission.

- 8 Create large
awareness poster for
staff.

Staff: Easy-to-see information.
Patients: Benefit from informed staff.
Organisation: Promotes a cessation-
support culture.

Learning from PDSA's

Challenges included rotation of doctors and keeping up to date with training.

Long processes with documentation and waiting for opportunities and governance especially the admission books

The online stop smoking referral form remained long design being reduced.

Which stakeholders did you engage with?

- Medical staff including new trainees- teaching sessions and supervision
- Consultants- meetings and teaching sessions
- IT- for forms and exploring options for electronic data changes
- Nurses- ward, A&E, CCNT and substance misuse team
- Bewell
- Inhip
- GM stop smoking app
- Patients
- Carers

How are you going to ensure your intervention is going to lead to sustainable improvement in future?

- Consider resources
- We have a business case in progress and have identified the need to more support and resource for the service and added this to the risk register. Due to it being in progress and not yet approved we cannot share further information.

Did you face any challenges or difficulties when implementing your project? If so, how did you overcome them?

Yes, staff are unsure if it is their role and are not confident delivering the Very Brief Advice. Staff also felt that it was not the right environment or time to have this conversation. Some issues with times and additional questioning identified. The referral form requires a mobile computer which we do not have.

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What advice would you give to other respiratory services hoping to replicate your service improvement idea?

Try to find a project or outside service that aligns with your gaps in data- we are currently working with inhip to target the smoking data and hope that this will help to support the above business case which will help us to get more specialised access to patients but also more joint working with primary care.

Have you generated any supporting resources you would like to share with others?

Saw the existing projects however the success of this was largely linked to the fact they had electronic records and therefore mandatory sections were added and data was very easy to see. Unfortunately, at Tameside we do not have this and have paper notes in various locations. This will be addressed in the future but not for a few years.

VBA= Very Brief Advice



0-18mth
1-5years
4 years plus

Only for those who cannot use mouthpiece

Wash spacers once a month in soapy water and air dry

1. Does anyone smoke or vape at the home?
2. Did you know this can make respiratory symptoms worse?
3. Would you like to stop? Bewell referral completed on TIS or bewell form given.

Please ensure not smoking in the house and taking 7 steps away from the door when outside

Paediatric Asthma discharge bundle

Name: _____ RMP: _____

T	Inhaler Technique checked and adjustments made? Yes <input type="checkbox"/> Please circle spacer: Yellow facemask/blue facemask/blue mouthpiece	Sign
A	Adherence and understanding of preventer medication discussed, including how they work differently? (Consider checking Graphnet) Yes <input type="checkbox"/>	Sign
P	Personalised asthma action plan provided/checked? Yes <input type="checkbox"/> CCNT will do if in area- if not please provide from discharge pack <input type="checkbox"/> Asthma wheeze discharge plan provided <input type="checkbox"/>	Sign
E	Extrinsic factors/triggers discussed? Seasonal <input type="checkbox"/> Building work <input type="checkbox"/> Indoor air quality <input type="checkbox"/> Pets <input type="checkbox"/> Infections <input type="checkbox"/> Other <input type="checkbox"/>	Sign
S	Service referral CCNT 48hour review <input type="checkbox"/> Advocate GP for 6monthly reviews <input type="checkbox"/> Poorly controlled or complex issues Asthma Nurse <input type="checkbox"/>	Sign
S	Smoking – parents and carer-don't forget to ask the child if 11years+ Cigarettes <input type="checkbox"/> Vaping <input type="checkbox"/> Shisha <input type="checkbox"/> Stop smoking online referral filled in <input type="checkbox"/> Bewell leaflet given <input type="checkbox"/>	Sign



Please sign here-if you have considered TAPES for patient however not appropriate



Digital health care passport

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

TAPES with VBA

VBA poster with CO machine info



Have you given very brief advice on smoking?

VBA= Very Brief Advice

1. Does anyone smoke or vape at the home?
2. Did you know this can make respiratory symptoms worse?
3. Would you like to stop? Bewell referral completed on TIS or Bewell form given.

Please ensure not smoking in the house and taking 7 steps away from the door when outside

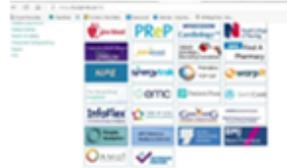
 **Protect Children with Asthma: Say NO to Second-hand Smoke**

 **Key Statistics - Tameside has one of the highest rates of smoking in the North West. (3rd highest).**

Second-hand smoke is a serious health threat, especially for children with asthma. Exposure can: **Trigger asthma attacks** (nearly doubles the risk of hospitalisation) and worsens asthma symptoms

 **How You Can Help**

Support smoking cessation: Encourage and support parents and caregivers to quit smoking. Refer to BE WELL (if in the Tameside Area) – very quick referral process! Go onto TIS, scroll down and click to refer. Or they can quit through the Smoke free app— see below for QR code



Smoking referral App- Scan here



We now have Carbon Monoxide machines in ED, CCNT & on the ward. Training is being provided on a regular basis. Email nicole.barnes@hft.nhs.uk if you haven't had training yet. These can be used on both parents and children to support your quitting guidance.



Large banner with stop smoking resources – awaiting this to be developed



Royal College
of Physicians

National Respiratory Audit
Programme (NRAP)

 **Tameside**
Metropolitan Borough

 TAMESIDE
TOBACCO FREE
PARTNERSHIP

 **NHS**
Tameside and Glossop
Integrated Care
NHS Foundation Trust

CAMPAIGN 
EDUCATION 
RESOURCES

KEEP YOUR **COOL** ~ **DITCH** THE VAPE.

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It is important that services NRAP promotes within the good practice repository are aware of quality standards in their area of practice. Which quality standards are relevant to your QIP, and how did your project fit within the quality standards in general?

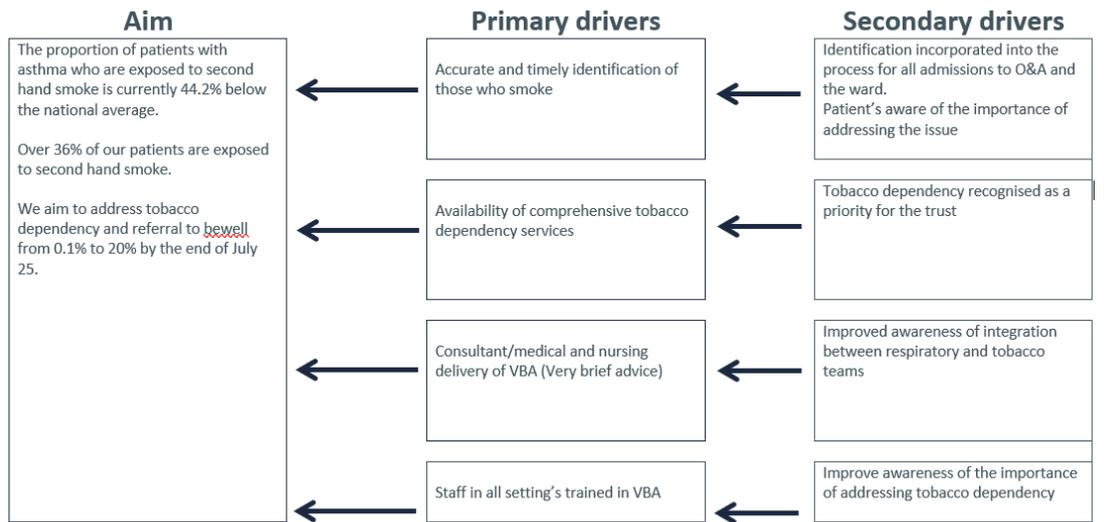
NICE/BTS guidelines of asthma management

National asthma bundle of care

PCRS

Healthcare improvement driver diagram:

National Respiratory Audit Programme (NRAP) Driver diagram template Version 1: June 2023 Team name: Tameside paediatrics



Registered charity no 210508

Empty boxes for additional information

Activities:

- Share and promote change in local practice
Promotion of patient resources and engagement with patients and parents
Delivery of organisational reporting to monitor and report on an availability of services
Sharing and promoting local best practice in service delivery
Signposting stakeholders to resources to support delivery of services
Communication and engagement with client participants, clinical and ICB leads
Signposting to appropriate resources

Audit

- % of patients who are recorded as never/ex/current smoker
% of hospital with tobacco dependent services for young people
% of good practice

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