# National Respiratory Audit Programme (NRAP)

## NRAP Good Practice Repository – COPD

## Lancashire Teaching Hospitals NHS Foundation Trust



## **KPI4:**

Current smokers prescribed stop smoking drug and/or referred to behavioural change intervention.

Royal Preston Hospital achieved:

94.8% - 2022-23\*

**Chorley Hospital achieved:** 

97% - 2022-23\*

\*% of patients submitted to the audit.

Improvement in smoking cessation practice and combining of Tobacco and Alcohol Care Team (TACT) service has helped transform the management of COPD patients particularly who are active smokers.

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## Our processes to achieve good practice in KPI4:

Documenting smoking status on initial clerking by junior medical doctor is a mandatory field in our electronic admission document. This helps prompting for early referral to TACT service, and patients are given brief verbal advice, appropriate nicotine replacement therapy (NRT) prescription at the start of in-patient admission and then have ongoing support with specialist team.

### Staff covering include:

- Band 8a x 1
- Band 6 x 1
- Band 3 x 1 advisor

On discharge from hospital, COPD patients are reminded of the benefits of stopping smoking while being supported by community colleagues such as specialist COPD nursing team, particularly as this team is from a neighbouring trust in our local region.

Prior to Oct 2023, the services were provided by Quitsquad team who supported the patients with smoking cessation. The posters, patient information leaflets and cards were easily available in ward areas and out-patient clinics. However, since Oct 2023, there has been a change in service provider and the referral process is completed electronically to Smokefree Lancashire with easy access to the resources similar to previous service arrangements.

A change to mandatory screen of smoking history of all patients admitted by junior doctor team led to an automatic referral to TACT as a live dashboard, to ensure patients are appropriately treated and supported. This is in conjunction with nursing assessment to the ward areas for ongoing care.

NRT prescription is given for 7 days post discharge from hospital and care is handed over to community team for ongoing support.

Steering group meetings now occur on alternate months, which initially started as monthly meetings. Various domains discussed include clinical group discussions for pathways, protocols and pharmacy issues, workforce issues, education and training, IT development and integration with system partners, finance issues, reporting and outcome measures, communications including media, patient information and experience and any risks. This generates a highlight report, which is shared with trust team.

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# Treatment Pathway for Admitted Smokers



1st Line Check - Admitting Doctor **Clerking Proforma** 

2nd Line Check - Pharmacist **Medication Reconciliation** 

- Ask the patients if they smoke and complete Smoking Status in Clerking proforma (now mandatory field)
- · If yes, complete 2 follow up screening questions, how much do they currently smoke and how soon

The very best chance of stopping smoking is with the help of medications and specialist support; both are readily available at this hospital.

**Admitting Team** 

- The Clerking Proforma/Med Rec will recommend what to prescribe based upon the answers to the follow up screening questions
- · Offer and prescribe the recommended treatment to the patient at this point

### 2 Hour Target

NRT should be provided within 2 hours of completing the clerking proforma therefore please ensure once prescribed that you verbally communicate with the nursing staff to deliver the NRT to patients

> If the patient is identified as current smoker or recently stopped within 4weeks an automatic referral is generated to the Specialist TACT team

Tobacco Advisor attends to patient within 24 hours of referral to provide an in depth smoking assessment that

- · Assessment of patients readiness and ability to guit
- · Informing patient what support is available to quit
- · Informing the patient about withdrawal symptoms
- Discussion about NRT options and review current NRT and amended as required
- · Behavioural change support and motivational interviewing
- · Discuss and offer support options after discharge
- Agree Follow up plan

Where appropriate, the team will revisit the patient to provide ongoing support and to review temporary abstinence during long admissions and assess if a quit attempt can be started.

Where agreed, create onward referral into community services



### Ensure Ongoing Support upon discharge:

### Upon completion of discharge summary:

- Pharmacist ensures patient is discharged with correct level of NRT (minimum 1 week supply)
- Onward referral is sent to community service

### Community Smokefree Lancashire Team:

Ongoing prescriptions and support from community stop smoking service with contacts weekly for 12 weeks

Continued follow up from hospital TACT Team:

Ongoing support from hospital TACT team at 4 weeks

Ongoing prescriptions and support from community pharmacist

Discharge Pathway

Specialist Team: TACT