intensive quit-smoking support as treatment for their disease. The aim of this study was to assess the efficacy of standard quit-smoking interventions (NICE, 2008) for COPD-smokers, to determine levels of support required to improve quit rates.

**Methods** Current smokers with confirmed COPD were referred from within an inner-city general hospital (inpatients/outpatients) to a dedicated quit-smoking specialist (QSS) or from the community COPD-multidisciplinary team to an integrated QSS, who undertook domiciliary visits for housebound smokers. Both QSS had additional counselling skills. Demographics, disease severity (FEV₁), smoking history, duration of quit-smoking treatment, pharmacotherapy and quits (4 week) were prospectively recorded over 11 months (September 2010–July 2011).

**Results** 106 patients with moderate COPD M:F 59:47, mean±SD age 66.4±10.4 y range 49–85; FEV₁ 1.2±0.6l, n=76) were referred: 65 (69%) hospital patients (HP), 41 (41%) from the community (CP). Compared to the HP who had mean±SD FEV₁ 1.4±0.5l, and smoked 23.5±11.4 cigarettes/day on referral, CP had significantly (p=0.03) worse lung function (FEV₁ 1.2±0.5l) but smoked fewer (p=0.002) cigarettes/day (9.2±3/day). 52/106 (24%) patients quit, but quits were significantly lower (p<0.05) in the CP (20%) compared to the HP (30%). 45/106 (42%) were not able to set a quit-date, 5/106 (5%) set multiple quit-dates. 56/106 (53%) used nicotine replacement therapy (NRT), >2 products in 48/56. 18/106 (17%) used varencline, seven sequentially following NRT. Duration of pharmacotherapy for quitters was 6.1±4.5 months (mean±SD, range 1–16). 36/106 (34%) were discharged after lost to follow-up.

**Conclusions** These data demonstrate that 1-in-4 smokers with COPD are able to quit using evidence based tobacco addiction treatment. However, quit rates for these smokers are much lower than the Department of Health (DH) expectation of >35%, despite intensive interventions by skilled QSS, domiciliary visits to housebound patients, and pharmacotherapy extended beyond the standard 8–12 weeks. Novel approaches, including addressing psychosocial issues, motivational quit-date setting, review of the DH 4-week quit-target and sufficient funding for extended NRT/Varencline prescribing, may be required to achieve effective smoking cessation in this patient group.

**Reference**
Abstract P127 Figure 1 Adult smoking cessation advice/counselling.

Conclusions Low cost, easily-deliverable interventions can act as important drivers to improve awareness and delivery of smoking cessation advice. We have demonstrated that simple strategies can be highly cost effective, of particular importance in this financial climate.

REFERENCES

P128 SMOKING CESSATION EDUCATIONAL POSTER CAMPAIGN
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Introduction The health benefits of stopping smoking are well established and hospitals have a unique opportunity to contribute to protecting and promoting health through smoking cessation interventions. NICE published recommendations in 2006 stating that all health professionals should offer brief advice of the benefits of stopping smoking to their patients and a referral to a specialist service. However, despite this, smoking cessation interventions are not generally part of routine care in a hospital setting.

Method A partnership with Aintree NHS Trust, Pfizer and a design agency was established to develop a creative campaign to promote the stop smoking service to hospital based health professionals who are influential messengers available to give expert advice to patients. Furthermore, we wanted to engage with the patients, friends and family directly to endorse the message. We trained staff on a number of wards to be champions for the campaign that was launched on No Smoking Day 2010. We agreed on the theme of wards to be champions for the campaign that was launched on No Smoking Day 2010. We agreed on the theme of wards to be champions for the campaign that was launched on No Smoking Day 2010.

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Results The campaign met its objectives to increase the number of patients referred to the hospital stop smoking service. There was a 60% increase in the referrals at Aintree over the first 8 months compared to the previous year. We particularly noticed an increase on the wards with a Champion trained in delivering a brief intervention.

Conclusion A comprehensive educational campaign proved to be effective in raising awareness of the Hospital Stop Smoking Service and increasing referrals within the Trust. A similar campaign could contribute to an increase in referrals and support to patients in other secondary care settings, resulting in smoking cessation interventions becoming part of routine care in hospital settings. Moreover, the campaign contributes to supporting healthcare providers in their role in prevention and health education.
P127 Improving smoking cessation advice through the implementation of a quality improvement intervention

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