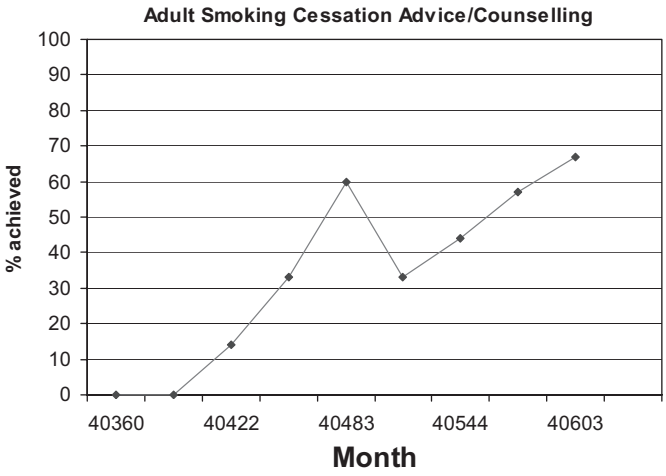

Abstract P127 Figure 1 Adult smoking cessation advice/counselling.

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

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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 to 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 "Time to Quit" consisting of posters; leaflets; prompts in patient notes; and information folders for all wards and clinical areas.

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.

Abstract P128 Table 1

Period:	Referrals:	Estimated No. of quitters*:
May 2010–January 2011:	847	381
May 2009–January 2010:	529	238
Increase:	60%	143

*Numbers estimated, based on average quit rate of 45% at 4 weeks.

P129 REPORT OF A RESPIRATORY HEALTH CHECK IN A SELF-SELECTED GROUP OF MALE PRISONERS IN SUFFOLK

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Introduction A health bus sponsored by Pfizer Ltd was loaned to Suffolk PCT for a 2-week period in June 2011, for the purpose of health promotion in a range of Suffolk locations. During this period, two prisons were visited, each on one occasion only. At each prison, the Unit Manager allowed prisoners to attend for voluntary health checks. As part of this assessment, members of the Suffolk COPD nursing team carried out a respiratory-focused questionnaire and spirometry on each volunteer.

Method Each prisoner was asked a series of specific questions concerning respiratory status, including past and present history of smoking tobacco and other substances, presence of current respiratory symptoms, history of known respiratory conditions and respiratory medications. The questionnaire was administered by a respiratory nurse consultant, while a trained respiratory nurse carried out spirometry.

Results 136 prisoners underwent the respiratory health check. Age range was 19–55 years, average 33 years, median 31 years. 90 (66%) were current smokers (13% of whom had started smoking in prison), and a further 35 (26%) were ex-smokers. 85 (79% of current smokers and 40% of ex-smokers) had also smoked cannabis.

Conclusions In 2008, smoking rates for England were reported to be around 21% of adults.[1] This snapshot sample of two prisons in Suffolk is consistent with a higher prevalence of both current smoking (66%) and past smoking (26%) in prisoners, although the incidence may be artificially raised due to self selection for the health assessments. FEV_1/FVC ratio tended to be lower among smokers compared to ex smokers and never smokers. A more comprehensive study of prisoners should be considered, to reduce the burden of smoking related disease within the prison service.

Abstract P129 Table 1 Effect of smoking history in incidence of respiratory symptoms

Respiratory symptoms	Total	Shortness of breath on exertion	Cough	Sputum
Smokers	90	34	48	48
Ex-smokers	35	2	2	2

Abstract P129 Table 2 Effect of smoking history on spirometry

Spirometry	FEV_1/FVC ratio average	FEV_1/FVC ratio median	Range
Smokers	79%	81%	53–86
Ex-smokers	83%	84%	69–100
Non-smokers	90%	89%	86–100

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