

## REFERENCE

1. Lim WS, Baudouin SV, George RC, *et al.* BTS guidelines for the management of community acquired pneumonia in adults: update 2009. *Thorax* 2009;**64**: iii1–iii55.

## Lungs at work: occupation and lung health

S105

## STOP (THE STAFF SMOKING PROJECT): DESIGNING A SUSTAINABLE SMOKING CESSATION PROGRAMME FOR NHS STAFF

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**Background** NHS staff are an integral part in smoking cessation advice and treatment, however an estimated 73,000 NHS staff currently smoke, costing the NHS over £2,800 a year per smoker. Although NICE guidance states that NHS staff should be offered smoking cessation support on site, in work hours, this is not always the case and less than 50% of UK trusts achieve this. We designed and implemented a new smoking cessation programme at Portsmouth Hospitals University Trust, to be delivered in the workplace, during work hours and with access to on site pharmacotherapy.

**Methods** A randomised control trial was designed and 30 trust employees who smoke were enrolled and randomised. In the intervention group, participants completed a 13-week programme involving group and 1:1 sessions, with regular carbon monoxide monitoring and free pharmacotherapy, and the control group received standard care (self-referral to local smoking cessation services). Participants completed a series of questionnaires (e.g. self-efficacy, intention to quit, smoking behaviour) at four-time points. At the end of the intervention, participants from both groups were interviewed to discuss their experience of the intervention. Those who had been in the control group were then offered the chance to receive the intervention.

**Findings** At the 6-month follow up the intervention group significantly quit smoking compared to the control group ( $\chi^2$ ,  $N = 21 = 7.07$ ,  $p = 0.002$ ). Of the intervention group, 9 people chose Varenicline and 6 chose nicotine replacement therapy (NRT). Three people changed from Varenicline to NRT during the study. No significant differences were found between the intervention and control cohorts in their intention to quit smoking, self-efficacy, positive and negative outcome expectancies. Participants in the intervention group enjoyed the group aspect and the support received from occupational health staff. They then became smoking cessation ambassadors, to continue this in their workplaces.

**Discussion** The intervention successfully helped the majority of participants to stop smoking. Based on these results, this programme has been added to the Occupational Health wellbeing programme and is running at least biannually. More interventions in NHS Trusts need to be developed to support staff to quit smoking.

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## UNDERSTANDING THE BARRIERS AND ENABLERS TO IMPLEMENTING A SMOKE FREE SITE ACROSS ACUTE CARE TRUSTS IN GREATER MANCHESTER; RESULTS OF A HOSPITAL STAFF SURVEY

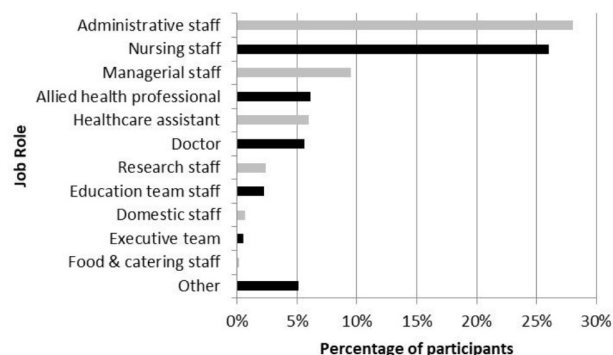
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**Introduction** The current study aims to: 1) provide an understanding of smoking and vaping behaviour across acute care NHS staff, 2) understand the existing opinion and knowledge base in tobacco dependency and vaping, in order to identify barriers and enablers to implementing smoke free NHS sites.

**Methods** A self-reported staff survey was conducted using a 30 minute web-based questionnaire. Staff members from six acute care NHS trusts in Greater Manchester were invited to complete the survey via repeated internal email communications, screensavers with QR codes and flyers with QR codes. The majority of questions used a five-point likert scale, with a thematic analysis conducted on the qualitative data.

**Results** A total of 588 participants completed the questionnaire, with respondents holding a wide range of roles within their respective trusts (figure 1). 19% (114/588) of hospital staff were current smokers and 10% (61/588) were currently vaping. 26% and 39% of current smoked within 5 minutes and 30 minutes of waking respectively. 60% of smokers and 66% of vapers smoked and vaped at work respectively. Responses illustrated a strong staff support for the implementation of smoke free sites (61% and 67% agreed or strongly agreed that patients/visitors and staff should not be allowed to smoke on hospital grounds respectively) and strong support for staff smokers being offered help to stop smoking (68% agreed or strongly agreed that the hospital had a



**Abstract S106 Figure 1** A bar chart, illustrating the percentage of participants within the following areas of employment within their Trust: administrative ( $n = 165$ ), nursing ( $n = 153$ ), managerial ( $n = 56$ ), allied health professional ( $n = 36$ ), healthcare assistant ( $n = 35$ ), doctor ( $n = 33$ ), research ( $n = 14$ ), education team ( $n = 13$ ), domestics ( $n = 4$ ), executive team ( $n = 3$ ), food & catering ( $n = 1$ ) or other ( $n = 30$ ). 45 respondents did not specify their job role