Results  Figure 1. 185 patients were reviewed and 23 excluded. 85% of patients had their smoking status clearly documented. Only 30% of smokers were provided with cessation advice and 7% were referred to Quitters. 69.5% of smokers did not have NRT prescribed but only 19.5% not wish to receive NRT.

Conclusions  The medical inpatient population has a higher prevalence of smokers (28%) when compared to the national average of 21%. Our results for smoking cessation service provision compare poorly with NICE guidelines which target 100% of smokers receiving smoking cessation guidance.

Awareness needs to be raised amongst the medical staff in order to optimise the provision of advice, referral to quitters and NRT prescription rate in order to achieve the targets set by NICE and the DOH. We are currently embarking upon a series of educational sessions and a ward round ‘checklist’ is under development which will include a prompt for smoking cessation.

Figure 1

Abstract P205 Figure 1

Clinical management of patients with COPD

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THE ACCEPTABILITY OF STARTING NON-INVASIVE VENTILATION AT HOME TO PATIENTS WITH COPD AND THEIR CARERS

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Introduction  Home non-invasive ventilation (NIV) is prescribed to patients suffering from severe chronic obstructive pulmonary disease (COPD) with chronic respiratory failure. Uncertainty exists regarding clinical efficacy and the effect on a patient’s quality of life (QOL) during long term use. This qualitative study aimed to explore the perceptions and experiences of healthcare professionals (HCPs) involved in the management of COPD patients, COPD patients themselves and the patient’s carers regarding the use of home NIV, with the aim of understanding decision making processes and improving its future use.

Method  15 HCPs including doctors, nurses, physiotherapists and physiologists, 20 COPD patients with moderate to very severe disease and 4 carers (3 patient spouses and 1 patient sibling) were recruited to participate in a semi-structured interview from a tertiary NIV hospital, a hospital providing home NIV services and the community. All interviews were transcribed verbatim and analysed using framework analysis.

Results  Two major themes emerged from the interviews. The need for ‘adapting to home NIV’ was reported by all patients. This corresponds to the need for acceptance of the NIV and the ability to overcome NIV specific problems. Patients expressed that this change was forced upon them by their HCPs. It was evident from the interviews that carers also experienced this need for adaptation. Another theme that emerged from the interviews was of ‘negotiating the evidence’. HCPs reported that due to the lack of evidence and guidance available for home NIV, they encountered difficulties when deciding which patients to start or continue on home NIV. Patients faced a dilemma of whether to accept the doctor’s ‘orders’ to use home NIV, despite distressing NIV experiences at hospital. Nevertheless improvements in the patient’s QOL, particularly in their day-to-day functions, were reported.

Conclusion  This study demonstrated that patients find the use of home NIV acceptable once they have adapted to it. Recommendations include providing patients with greater technical NIV support, a better experience of NIV at hospital and improving communication between HCPs and patients to allow for greater understanding of the patient’s perspective.