increased our PEF diary responses, without additional cost or the requirement of a smart-phone. An average daily diurnal PEF variability >10% is valuable for the diagnosis of asthma and to assess asthma control. We continue to utilise PEF and have shared this resource across our local asthma networks. This is also likely to be beneficial in primary care to support annual asthma reviews and the requirement for at least two confirmatory diagnostic tests in the 2020/2021 NHS Quality and Outcomes Framework.

The real-world care of COPD patients

P79 THE CURE PROJECT: EXPERIENCE OF CARE & PERCEPTIONS IN PATIENTS THAT SMOKE ADMITTED TO HOSPITAL

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Introduction Smoking cessation is one of the most cost-effective interventions available to the NHS but the provision of evidenced based interventions in acute care trusts is woefully inadequate. The CURE project is an innovative acute care trust tobacco addiction treatment service. We performed an experience of care survey in current smokers admitted to hospital and offered treatment by the CURE team.

Method All inpatients identified as current smokers are automatically referred to the CURE team in an opt-out service. The CURE team attempts to visit every smoker and offer pharmacotherapy and specialist support. From 1st July 2020 to 30th August 2020 all patients visited face to face by the CURE team were offered the opportunity to complete an experience of care survey. Patients provided written consent and were asked about their smoking habits, quit attempts,

their current admission, experience of the CURE service and future service developments.

Results A total of 247 patients were identified on admission to our trust in the survey period. 54% completed the survey. 28 omitted to provide written consent leaving 106 surveys for analysis. 89% stated that being admitted to hospital made them consider a quit attempt. 100% felt it was acceptable to be approached whilst in hospital in an opt-out model of care. 91% and 89% of patients accepted the offer of inpatient medication/support and discharge support respectively. 82% of patients rated the CURE service as either 9/10 or 10/10 in terms of experience of care. 65% of patients would have been interested in vaping starter kits as treatment intervention to remain smoke free if it was offered by the CURE team. 65% agreed or strongly agreed that vaping should be allowed on hospital grounds.

Conclusion This patient-led data, from an unselected population of patients that smoke admitted to hospital, confirms that a hospital admission is an important opportunity to provide tobacco addiction treatment. Furthermore, there is excellent uptake and acceptability alongside good experience of care in our comprehensive opt-out model of care. The addition of vaping kits to our treatment offer is a potential avenue to improve the impact of this service further.

P80 AMBIVALENCE OR BLIND FAITH? ATTITUDES AND EXPERIENCES IN A COMMUNITY CURE RESPIRATORY SMOKING CESSATION SERVICES

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Introduction The UK Government has an ambition that England will be smoke-free by 2030. Smoking is the biggest reason of premature death/disability. Over 77000 people die in England from smoking annually, more than the combined deaths due to obesity, alcohol, and illegal drugs. 175% of 47000 cases of lung cancer in the UK are caused by smoking

Abstract P80 Figure 1 KCRS smoking cessation client feedback