



**BTS Tobacco Dependency Audit 2026**  
**Part Two: Organisational Data**

Data must be entered online at:  
<https://audits.brit-thoracic.org.uk/>  
 Email queries to: [audittools@brit-thoracic.org.uk](mailto:audittools@brit-thoracic.org.uk)

1*	Is there a systemic electronic method to ask smoking status on admission? <i>Helpnote: this question is querying for a systematic automated way of collecting status, based on the BTS Clinical Statement.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
2*	Does the organisation record smoking status on admission electronically for every patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
3*	Is there an automated electronic opt-out referral system to in-house tobacco dependency advisors or community providers on hospital admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
4*	Does your trust utilise a standardised proforma which specifically documents current smoking status for newly admitted (emergency and elective) patients? <i>Tick all that apply</i> <b>Helpnote:</b> <i>This can be a written or an electronic pro forma.</i>	<input type="checkbox"/> Yes – medical <input type="checkbox"/> Yes – surgical <input type="checkbox"/> Yes – obstetrics and gynae <input type="checkbox"/> Yes – elective <input type="checkbox"/> Yes- nursing admission form <input type="checkbox"/> None of the above
5a*	Does your trust have a hospital-based tobacco dependency service on the premises with on site tobacco dependency advisors (TDA)? <b>Helpnote:</b> <i>“hospital-based tobacco dependency service” includes any service <b>provided on Trust premises for in-patients</b>, regardless of whether it is delivered by your own Trust or another organisation operating from Trust premises</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please specify: .....
5b.*	If yes to 5a, is this provided by the trust or an external provider?	<input type="checkbox"/> Trust <input type="checkbox"/> External provider
6a.*	Is there a formal referral pathway that allows all healthcare professionals within your hospital to refer patients to a hospital-based tobacco dependency service within your Trust? <b>Helpnote:</b> <i>include services provided by the trust or external providers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable
6b*	Does your trust have access to a community-based tobacco dependency service? <b>Helpnote:</b> <i>Please select “community-based” if you have access to a tobacco dependency service located in the community (this would include pharmacy services).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please specify: .....
6c.*	Is there a formal referral pathway that allows all healthcare professionals within your hospital to refer patients to a community tobacco dependency service on discharge from hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable
7a.*	Does your tobacco dependency service in your hospital have a designated clinical lead (medical, nurse, AHP)?	<input type="checkbox"/> Yes- medical consultant <input type="checkbox"/> Yes- nursing led <input type="checkbox"/> Yes- AHP <input type="checkbox"/> No <input type="checkbox"/> Not known
7b.	If yes, how many hours per week are allocated in this person’s job plan to smoking cessation?	..... hrs
8a.*	Does your hospital have dedicated Tobacco Dependency Advisors (TDA)? <b>Helpnote:</b> <i>A TDA should be someone who is trained in level 3 service intervention in evidence-based methodology and would have some training in counselling skills <b>or</b> have completed competency-based training and assessment with the National Centre for Smoking</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

\*indicates a mandatory field

	<i>Cessation and Training (NCSCT). They may also be responsible for providing brief intervention training to other staff.</i>	
8b	If yes, how many Whole Time Equivalent (WTE) TDAs are employed? (insert help note of WTE explanation from NHS standard)	_____ (integer)
9a.*	Are the following pharmacotherapies available to treat tobacco addiction available in your hospital? <i>Tick all that apply</i>	<input type="checkbox"/> NRT – fast acting (inhalators, gum, microtabs, lozenges, nasal spray, mouthspray) <input type="checkbox"/> NRT – long acting (patches) <input type="checkbox"/> Varenicline <input type="checkbox"/> Cytisine
9b	Does your hospital have a prescribing guideline / protocol to support clinicians when prescribing pharmacotherapy for tobacco addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
9c	Does the support provided to patients include an offer of a vaping kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
10a.*	Is the TDA able to prescribe, supply or recommend NRT pharmacotherapy that can be given to <b>inpatients</b> on the day of the consultation? <i>Tick all that apply</i>	<input type="checkbox"/> Yes – prescribe <input type="checkbox"/> Yes – supply <input type="checkbox"/> Yes – Recommend only <input type="checkbox"/> Not known
10b.*	Is the TDA able to prescribe, supply or recommend Cytisine pharmacotherapy that can be given to <b>inpatients</b> on the day of the consultation? <i>Tick all that apply</i>	<input type="checkbox"/> Yes – prescribe <input type="checkbox"/> Yes – supply <input type="checkbox"/> Yes – recommend <input type="checkbox"/> No <input type="checkbox"/> Not known
10c.*	Is the TDA able to prescribe, supply or recommend Varenicline pharmacotherapy that can be given to <b>inpatients</b> on the day of the consultation? <i>Tick all that apply</i>	<input type="checkbox"/> Yes – prescribe <input type="checkbox"/> Yes – supply <input type="checkbox"/> Yes – recommend <input type="checkbox"/> No <input type="checkbox"/> Not known
10d.*	Are patients able to receive NRT therapy in an outpatient setting on the day of consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
10e.*	Are patients able to receive Cytisine in an outpatient setting on the day of consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
10f.*	Are patients able to receive Varenicline in an outpatient setting on the day of consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
11*	Does your hospital provide tobacco dependency treatment for these clinical areas?  (help text clarifying lung cancer vs lung cancer screening programme)	<input type="checkbox"/> A&E <input type="checkbox"/> Outpatients- Surgical preassessment <input type="checkbox"/> Outpatients- Chest pain <input type="checkbox"/> Outpatients- Lung cancer <input type="checkbox"/> Outpatients- COPD <input type="checkbox"/> Outpatients- Lung cancer screening programme <input type="checkbox"/> Other, please specify:  .....
12*	Does your hospital actively ascertain smoking status 28 days after hospital discharge? E.g by text messaging or contact via TDAs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
13*	Is there a local tobacco dependency steering group to review service data with hospital and community representation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
14*	Is there a hospital tobacco dependency quality improvement programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

15a.*	<p>Are frontline hospital staff offered regular tobacco dependency training?</p> <p><b>Helpnote:</b> Training may include brief intervention training which includes taking a smoking history, providing basic information about smoking cessation and knowing how to refer to a local stop smoking service (as outlined by the National Centre for Smoking Cessation and Training). 'Regular' means at least annually.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
15b.*	<p>If yes, which staff are offered tobacco dependency training? Tick all that apply:</p> <p><b>Helpnote:</b> ask your tobacco dependency treatment service or education and training/staff development department if this information is not known.</p>	<input type="checkbox"/> Foundation Doctors <input type="checkbox"/> Core Trainees <input type="checkbox"/> Specialty Trainees <input type="checkbox"/> Specialty Doctors <input type="checkbox"/> Consultants <input type="checkbox"/> Ward Nurses <input type="checkbox"/> Outpatient Nurses <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physiotherapists <input type="checkbox"/> Other
16*	Does your hospital have a smoke free policy that prohibits smoking anywhere on the hospital grounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
17a.*	Does your hospital have a designated smoking area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
17b.*	If the answer to question 19b is 'yes', to what extent are smoking restrictions enforced in areas outside the designated smoking areas?	<input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Mostly <input type="checkbox"/> Completely
17c.*	If the answer to question 1b is 'no', to what extent are smoking restrictions enforced throughout hospital grounds?	<input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Mostly <input type="checkbox"/> Completely
18*	Does your hospital have a vape policy that permits vaping as a tobacco dependency tool on hospital grounds?	<input type="checkbox"/> Yes – external grounds only <input type="checkbox"/> Yes external and selected internal sites <input type="checkbox"/> No – vaping is not allowed <input type="checkbox"/> Not known
19*	Does your hospital have designated vaping areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known