**British Thoracic Society**
**National Tobacco Dependency Audit 2026**
**Protocol and Instructions**
**March 2026**

## Aims and Objectives

The aim of the BTS audit programme is to drive improvements in the quality of care and services provided for patients with respiratory conditions across the UK. Tobacco Dependency is one of the cornerstones of the BTS strategic plan. It is hoped that the audit will help hospitals to recognise service deficiencies and provide both impetus and justification for healthcare providers to create an environment that is more conducive to helping patients to quit smoking to become smokefree.

## Audit period and scope

Audit period: 1 July – 31 August 2026
Data entry period: 1 July – 31 October 2026

**Standards:** The standards used in this audit are set out in Appendix 1.

**Case Definition**: adult **inpatients** (16 years and over) in acute hospitals under the care of a hospital doctor and admitted during the audit period. This would include patients under the care of any adult physician or surgeon under a hospital specialty. A sample of these patients from across a number of specialties should be audited – see below for details of the case selection methodology.

**Exclusions:** Do not include maternity or mental health patients.

## Definitions:

***"Smoking"*** refers to conventional smoking – cigarettes, cigars, pipes etc. **but not** e-cigarettes, shisha or marijuana which are dealt with via separate questions.
***"Person who currently smokes"*** refers to any patient currently smoking or abstinent for less than 4 weeks. It will often still be appropriate to refer people who have recently stopped smoking on for further support, as many people will relapse initially during a quit attempt, especially if they are making the attempt without the support of a stop smoking service.
***"Vaping"*** refers to inhalation of nicotine in a vapour (rather than smoke) using an e-cigarette or other device designed for this purpose
***"Patient notes"*** means medical, nursing or allied health professional (AHP) notes for the **current admission**, or any pre-admission assessment clerking proformas relating to the current admission.
***"Inpatient"*** means a patient stayed overnight in hospital.

## Audit methodology

### Part One – Patients who currently smoke and their access to tobacco dependency services in hospital

This audit involves screening notes of inpatients – both patients who smoke and patients who do not smoke – to establish whether patients are being asked the fundamental question "do you smoke?" and if this is being appropriately recorded. This information would not be captured if notes were retrieved for patients who smoke only. Questions 1-6 provide background information and actual smoking status, and should be completed for all patient notes. Questions 7-9 should only be answered for patients who currently smoke. Question 10 should be answered for those who are current vapers only.

**Case selection:** It is important that case selection ensures a representative sample of the typical activity undertaken in the entire hospital and not just a single specialty to ensure that patients are receiving the same level of service wherever they are in the hospital.

Each hospital should review 100 sets of notes for consecutive admissions within the audit period. 50 of these should be from medical wards and 50 from surgical wards. They should cover at least 2 different medical specialties and at least 2 different surgical specialties (excluding maternity and mental health). E.g. 25 consecutive respiratory admissions; 25 consecutive geriatric admissions; 25 consecutive general surgery admissions; and 25 consecutive cardiothoracic surgery admissions.

Each set of notes should be entered into Part 1 of the audit until a total of 20 records for patients who currently smoke have been entered. To avoid bias towards any particular specialty, please alternate between the specialties when entering data i.e. enter 1 respiratory, 1 geriatric, 1 general surgery, 1 cardiothoracic surgery and then repeat until 20 patients who currently smoke are identified. If all 100 notes are entered and the number of patients who currently smoke is less than 20, please request a further set of 50 notes (25 medical and 25 surgical) and repeat the process until a total of 20 patients who currently smoke have been entered. When 20 patients who currently smoke have been entered, there is no need to enter any further data.

**Part Two – Organisation of tobacco dependency services in hospital**
This part of the audit is best completed under the supervision of the tobacco dependency advisor (TDA), consultant lead, or other doctor or nurse with an interest in this area. One form should be completed per hospital for services available at the time of the audit period.

There is no requirement for participating hospitals to have their own tobacco dependency service or access to a tobacco dependency service. The audit also seeks to record where no services are available.

**Registration and Accessing the BTS Audit Tools**
To participate in the audit please complete a registration form naming an Audit Lead and listing all participants who will need access to the data entry as Audit Delegates. Registration forms are available from [the BTS website] or BTS audit system. All Audit Leads and Delegates will also need to register for accounts on the audit system if they do not already have these: https://audits.brit-thoracic.org.uk/

Once registrations have been approved, links to the data entry screens at the bottom on the smoking cessation audit page will become live. Click on the Period name i.e. “1 July – 31 August 2026 (National Audit)”, then click “Add a new record” to access the data entry screens.

You can save the record you are working on and return to it at any point. When you have completed data entry please click “Commit Records” to submit your data to the database. At this point you can see the record but will not be able to edit the contents further.

*Please note that the local identifier field is for a reference created by the hospital. When records have been committed, the local identifier is deleted and will not appear on data exports. We therefore recommend that data is exported before being committed. Please keep a record of the corresponding NHS number but* ***please do not enter NHS numbers onto the BTS audit system****.*

**Analysis and Reporting**
For all audits, users can generate local reports from the audit system which present that institution’s data as a comparison to the national dataset. It is also possible to export the data as a spreadsheet.

For national audits only, a summary report providing an overview of the findings will be produced by the clinical lead t after the close of the audit. This may include details of individual hospital performance, including the results of any outlier analysis. National reports are published on the BTS audit website and account users will be notified by email. Data from national audits may also be shared with third parties in accordance with the BTS Data Access Policy.

**Contacts:** Any queries should be referred to audittools@brit-thoracic.org.uk or 020 7831 8778.

## Appendix 1

**Standards**
**BTS CS (2024)**
**NICE NG 209 (updated 2025)**
**NCSCT 2024 - NHS Standard Treatment Plan for Inpatient Tobacco Dependence (https://www.ncsct.co.uk/library/view/pdf/NHS-Standard-Treatment-Plan-for-Acute-Inpatient-Tobacco-Dependence.pdf)**

**Fit for the Future: 10 Year Health Plan for England. (https://www.england.nhs.uk/long-term-plan/)**
**The CLeAR improvement model: excellence in tobacco control (https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment/the-clear-improvement-model-excellence-in-tobacco-control)**

**Standards for Part One – Patients who currently smoke and their access to tobacco dependency services in hospitals**

| Audit Question | Standards |
|---|---|
| 5 | NICE NG 209, BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| 6 | NICE NG 209, BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| 7 | NICE NG 209, BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| 8 | NICE NG 209, BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| 9 | NICE NG 209, BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
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**Standards for Part Two – Organisation of tobacco dependency services in hospitals**

| Audit Question | Standards |
|---|---|
| **1 & 2** | BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| **3** | BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| **4** | NCSCT Secondary Care standards 2024 |
| **5** | NICE NG 209, BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| **6** | NICE NG 209, BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| **8** | BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| **9** | NICE NG 209, BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| **10** | BTS Clinical Statement 2024, NCSCT Secondary Care standards 2024 |
| **11** | NHS 10-Year Health Plan (England) |
| **12** | NCSCT Secondary Care standards 2024 |
| **13** | OHID CLEAR Assessment |
| **14 & 15** | NICE NG 209, NCSCT Secondary Care standards 2024 |
| **16-18** | NICE NG 209 |