

Pathway to Effective Referral ...

Generation of Referrals into SmokeFree Hull

Targeted Lung Health Check Programme



The Targeted Lung Health Check Programme (TLHC) was implemented by NHS England across 10 pilot sites and delivered in Hull by Hull University Teaching Hospitals (HUTH) NHS Trust.

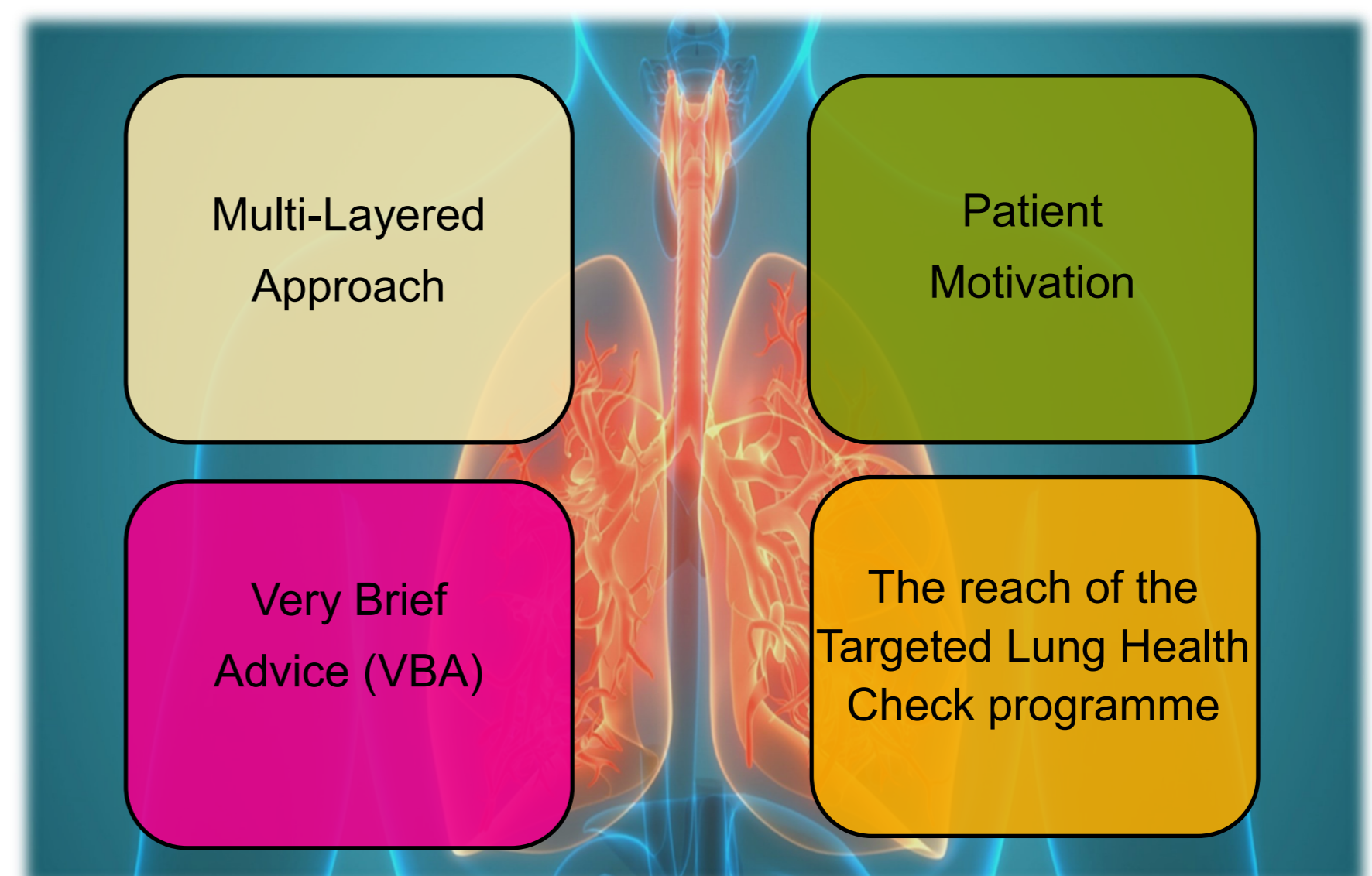
Hull was selected as one of the original phase 1 sites based on high levels of deprivation, smoking prevalence and high incidence and death rates from Lung Cancer compared to the national average. The programme provided a free Lung Health Check (LHC) for past and current smokers.

As part of the programme individuals who fit the eligibility criteria: registered with a GP, aged 55-74 (+364 days) and current or former smokers were invited to free LHC. The service offered a nurse-led telephone assessment and where appropriate low dose CT scan on a mobile unit based in the community.

Smoking prevalence in Hull was 18.9% compared with England which was 12.9% during the pilot.

The programme specification included a pathway to ensure a barrier free route into SmokeFree Hull, Hull's commissioned Stop Smoking Service.

It was successful because of...



Key learning

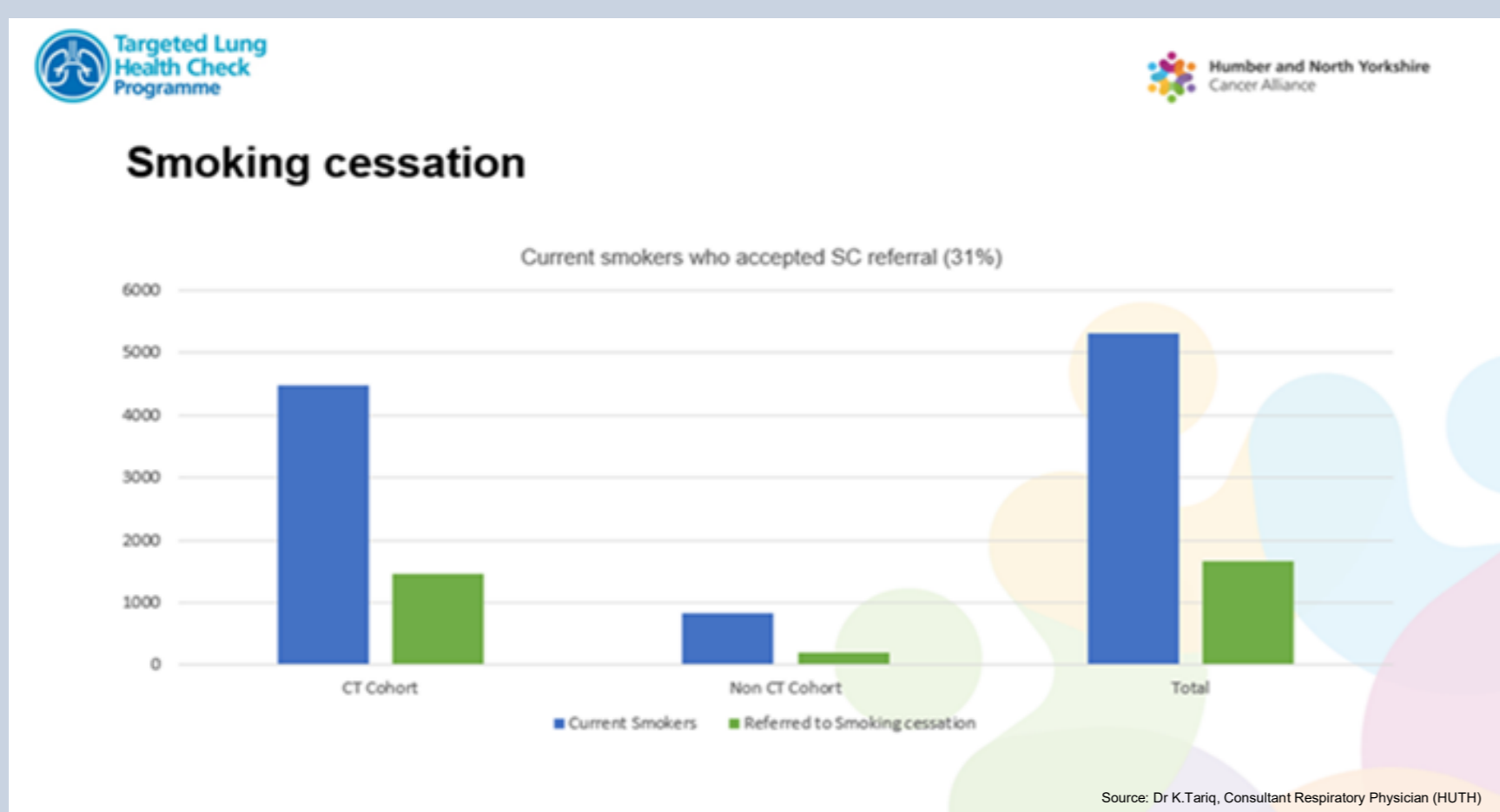
- There is an increased likelihood of a patient accepting stop smoking support and advice if they are already being treated by a lung health professional.
- A barrier free route into service, the nurses delivered very brief advice at the point of LHC risk assessment making direct referrals into the service making it easier for the patient, initial contact was made within three working days. Patients were not expected to self-refer.

Recommendations

1. All smokers accessing the lung screening programmes should be referred to smoking cessation services. The national programme should consider introducing an opt out referral pathway for those who smoke.
2. Invite those who live with smokers for a LHC. We know that those who are exposed to second hand smoke for long periods also have a high risk of developing smoking related diseases.
3. MECC approaches are well aligned with these learning points. Service to service referrals appear to be more effective than prompted self-referral which is very common in smoking cessation prompts.

Increased patient motivation to stop smoking

It is clear that patients in the lung health check pathway were particularly receptive to referrals into smoking cessation services though robust research has not been taken to understand why patient motivation for smoking cessation increases whilst engaged with the programme, it seems reasonable to conclude that patients are far more receptive to smoking cessation referral when considering their own lung health than at other times.



The Lung Health Check pathway has been the **second highest referral source** into the service, after self-referrals. The success associated with capturing this during the pilot saw 70% of referrals from the LHC achieving the 4-week quit as opposed to 64% of referrals from all other sources (Jan 20– Mar 24).

Referrer Type	Total referrals	Accessed Service	Quit Data Set	4 Weeks Quit	12 Months Sustained Quit *
Lung Health Check	1376	965 (71%)	570 (60%)	399 (70%)	93 (23%)
All Other Sources	6745	5006 (74%)	2798 (56%)	1804 (64%)	343 (19%)
Total	8121	5971	3368	2203	436

Data Source: Smokefree Hull (data from the duration of the programme)

“A brief intervention from the right person at the right time can change a life!”

Make Every Contact Count

