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Smokefree NHSScotland Implementation Guidance

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This guidance has been produced by members of the national smokefree grounds working group, including:'

Background and context

Scotland is seen as a world leader in legislating and implementing effective tobacco control policies. In particular, these policies include:

- smoke-free legislation in 2006
- increasing the age of sale of tobacco to age 18
- new laws on the sale and display of tobacco products and the first tobacco retail register in the UK.

Scotland is one of the few countries in the world with a network of comprehensive smoking cessation services offering a programme of behavioural support and pharmacotherapies free of charge.

These policies have made an impact on rates of smoking in Scotland – they have dropped from over 30.7% in 1999 to around 23% (25% of men, 22% of women) in recent years.[1] However, smoking rates are linked to health inequalities, with rates of smoking in the 10% most deprived of the population (39%) being nearly four times the rate in the 10% least deprived (11%).[1] In Scotland, tobacco use is estimated to be linked to over 13,000 (around a quarter) of all deaths and 56,000 hospital admissions every year.[2] The annual cost to NHSScotland of treating smoking-related diseases is estimated to be more than £323 million and may be higher than £500m.[2] Hospitals are a means of accessing hard-to-reach smokers[3, 4] and present an ideal opportunity and location for smokers to access smoking cessation support.[5]

Policy drivers

In 2013, the Scottish Government launched a new tobacco control strategy – *Creating a Tobacco-Free Generation* – with a series of actions aimed at achieving smoke-free status by 2034 (less than 5% of the population as smokers). The strategy contained a specific action that 'all NHS Boards will implement and enforce smoke-free grounds by March 2015'[6] (see pp 9 for mental health settings). Smoke-free status includes the removal of any designated smoking areas and shelters in NHS Board buildings or grounds.

The smoke-free NHSScotland action outlined above in *Creating a Tobacco-Free Generation* reiterates the vision set out in CEL 01 (2012), *Health Promoting Health Service: Action in Hospital Settings.* CEL 01 (2012) advocates greater access to cessation support in acute settings and more integrated and continuous care when moving in either direction between primary and secondary care. This should increase both uptake and success rates among more deprived communities, by bringing smokers into contact with specialist support at times of greatest motivation (i.e. acute or planned health episodes). As a first step, simple and straightforward systems should be in place to enable speedy referral. NHS Health Scotland recently published a review of smoking cessation services[7] and many of these recommendations are included in this guidance.

Two ministerial working groups monitor the progress of these policy drivers: the Ministerial Working Group on Tobacco Control receives updates on the progress of the tobacco control strategy, and the Health Promoting Health Service Ministerial Working Group received updates on the progress of CEL (1) 2012 and any successor policies.

Staff Governance Standard

The Scottish Government has also produced a framework for NHSScotland organisations and employees. Attention should be paid to this framework, which both NHS Boards and staff should adhere to. It contains a number of requirements, including the following:

'Staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.'

which is of most relevance to this guidance.

More information can be found here:

www.gov.scot/Publications/2012/06/9560/downloads

Purpose of this guidance

The purpose of this guidance is to support NHS Boards to achieve smoke-free NHS premises by March 2015.

The implementation of smoke-free NHSScotland includes **all** NHS-operated premises, not just hospital grounds, and also applies to all NHS Boards, including NHS National Boards. NHS Boards should be aware that there is a similar expectation in the tobacco control strategy that all local authorities will implement and enforce smoke-free policies across their properties and surrounding grounds by 2015. There are opportunities here for public sector partners to work together to ensure consistency and cooperation across the public sector in Scotland for both staff and service users. This guidance will also be useful to public sector partners in their implementation of the tobacco control strategy.

The key principles that support the drive for a smoke-free NHSScotland are:

- A commitment to the provision of a healthy smoke-free environment for staff, patients, their families and visitors.
- Acknowledgement of the dangers of second-hand smoke and the fact that it causes harm.
- NHSScotland should not condone smoking on any part of premises it owns or operates from.
- A commitment to provide smoking cessation support to staff and patients who wish to quit smoking.

Who is this guidance for?

This guidance applies to all members of NHSScotland as all NHS staff have an important role as supporters and implementers of successful smoke-free policies. This guidance is complemented by the Partnership Information Network (PIN) policy, Managing Health at Work,[8] which helps to deliver NHSScotland's commitment to protect and promote the health, safety and wellbeing of its staff. PIN policies form part of the terms and conditions of employment of all NHSScotland employees and are designed to achieve a consistent approach in the way NHSScotland deals with its employees.

Within this guidance there are clear responsibilities for:

- NHS Boards – both executive and non-executive members need to provide strong leadership and clear communication on this issue
- NHS managers – key to ensuring smoke-free NHSScotland is implemented in a fair and consistent manner
- all health and social care staff in all acute, maternity, mental health services and community services, who have a responsibility to raise the issue of smoking
- patients – all patients should receive verbal and written information about the smoke-free policy before their appointment, procedure or planned hospital stay
- patients' families and visitors
- volunteers, student clinicians and people on work placements
- contractors working on NHS sites
- Scottish Fire and Rescue Service staff who have an important, supporting role for NHS fire safety officers.
- Police Scotland, who have an important role publicly highlighting that abuse to NHS staff challenging those breaching smoke-free policies will not be tolerated and may result in prosecution.

What do we mean by smoke-free?

This guidance uses a comprehensive definition of smoke-free which does not allow smoking anywhere on the premises, be that inside the buildings or in the grounds.

Why go smoke-free?

NHSScotland has a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services. This duty of care includes providing them with effective support to stop smoking or to abstain from smoking while using or working in NHSScotland.[9]

Stopping smoking at any time has considerable health benefits for people who smoke, and for those around them. For people using secondary care services, there are additional advantages, including shorter hospital stays, lower drug doses, fewer

complications, higher survival rates, better wound healing, decreased infections, and fewer readmissions after surgery.[9]

E-cigarettes (electronic nicotine delivery systems – ENDS)

There is limited evidence for the quality, safety and efficacy of e-cigarettes. Although likely to be less harmful than smoking, the risk level cannot be assessed accurately at present. The NHS Health Scotland position statement on ENDS www.healthscotland.com/documents/24383.aspx[10] provides further detail and advice. E-cigarettes should not be used in indoor areas and any external use should be in line with NHS Boards' local tobacco policies. Prescribers should also take NHS Boards' tobacco policies into account as part of the decision about which products to prescribe, and/or advise as to the alternative licensed nicotine-containing products that could be used on NHS premises.

Staff or patients enquiring about ENDS (e.g. e-cigarettes, vapourisers) for smoking cessation should be advised that the best health benefits are most likely to be achieved through behavioural support plus pharmacotherapy with established safety and effectiveness profiles. Those not willing or ready to quit can be advised that a variety of other harm-reduction options are available as the next line option, involving the use of nicotine replacement therapy and therefore with associated safeguards of long-term evidence of effectiveness and safety. Details of these, including advice for existing ENDS users, are available in the harm reduction addendum at www.healthscotland.com/documents/4661.aspx Those enquiring about how to manage abstaining from smoking while on NHS grounds should be offered/signposted to where they can obtain nicotine replacement therapy for symptomatic relief/temporary abstinence (e.g. hospital shops).

Those using ENDS, whether prescribed or otherwise, should be advised and offered a referral to smoking cessation services for support to quit their tobacco use and ENDS use entirely, as well as details of the alternative licensed nicotine-containing products that could be used on NHS premises.

Responsibilities for NHS Boards

In line with the principles underlying the implementation of smoke-free NHS settings outlined on p 2, NHS Boards have certain responsibilities to prepare for, and enforce, smoke-free NHS grounds. There is a clear responsibility for all executive and non-executive NHS Board directors and senior managers to provide leadership and set an example for others to follow.

There are also a number of actions that require clear communication from senior level leadership to ensure compliance and enforcement. The following applies to all NHS Boards:

- Developing a comprehensive smoke-free policy. NHS Boards must implement and ensure compliance with the policy regardless of size, nature or number of

sites. The policy should specifically outline the Board's approach to smoking in cars and car parking areas within NHS grounds.

- Communicating this policy with both staff and the public. This will require **all** contacts with patients and public to be used to ensure messages get across clearly and consistently.
- Promoting the shift to smoke-free as a positive public health message concerned with improving and protecting health, with NHSScotland, as a healthcare provider, setting a positive example with a duty of care to provide an environment free from the harms of tobacco.
- Ensuring that fire safety and health and safety officers actively promote their organisation's smoke-free policy routinely as part of their role and including it in their communication and training with staff and with external contractors.
- Promoting and publicising local smoking cessation services to both staff and patients, including signposting to where nicotine replacement therapy for temporary abstinence to manage 'no smoking' is obtainable.
- Ensuring that care pathways from pre-admission or pre- first appointment are in place for patients who smoke, whether they are an inpatient or outpatient. These should ensure that smoking status is recorded (preferably electronically) and symptomatic relief is offered to inpatients and signposted to others to alleviate nicotine withdrawal. For both inpatients and outpatients, this should be followed with a brief intervention and an offer of onward referral. Smoking cessation should be emphasised as offering the best chance of stopping and staying stopped.
- Ensuring that a range of pharmacotherapies for cessation and temporary abstinence are available in formularies and where appropriate. These should be available out of hours to support patients, recognising that smoking cessation services will not always be available.
- Offering onward referral and appropriate supplies of pharmacotherapy on discharge to patients undergoing a quit attempt to ensure continuity of care.
- Ensuring that no tobacco products are sold on any NHS sites and that licensed nicotine-containing products (nicotine replacement therapy) are available to manage cravings/withdrawal.
- Giving details of cessation support and an offer of referral to all staff who smoke.
- Ensuring local uniform policies contain reference to staff not smoking in uniform or when wearing NHS badges. Staff should not smoke in their uniform and should they choose to smoke off site, they should ensure they are not identifiable as NHSScotland workers by not wearing their badges.
- Communicating widely about the removal of any smoking shelters prior to the 'go live' date.
- Using every local communication method on an ongoing basis to ensure all staff are aware of 'go live' date, such as local intranet, messages in payslips, induction programmes, learnPro, etc.

- Ensuring that all contractors, students and volunteers who use or work on the sites are also aware that the smoke-free policy applies to them as well.
- Ensuring that any partner organisations and their staff who share premises with the NHS are aware and comply with the smoke-free policy.
- Identifying the boundaries of their sites and providing visual references such as a site map to ensure everyone is aware of the smoke-free grounds.
- Ensuring adequate signage is distributed around all NHS sites.
- Ensuring resources are available to support implementation and enforcement of smoke-free grounds and the ongoing support for staff and patients.
- Continuing to work to attain Healthy Working Lives (HWL) awards for all acute services, working towards the Gold Award, and attainment of the HWL Mental Health Commendation Award as set out in CEL 01 (2012).

The preparation period for hospitals going completely smoke-free may be an appropriate opportunity for NHS Boards to provide NRT for staff and outpatients for temporary abstinence to manage withdrawal symptoms, in line with current recommendations.[11]

Guidance on the provision of smoking cessation support is published by NHS Health Scotland at www.healthscotland.com/documents/4661.aspx[12] This also includes an addendum on harm-reduction, such as the provision of nicotine replacement therapy for temporary abstinence.

More specific guidance for secondary care settings is available at: www.healthscotland.com/documents/4124.aspx and www.healthscotland.com/documents/6039.aspx

Training for NHS staff

NHS Boards also have a responsibility to ensure that staff training is provided to ensure staff have the skills and confidence required to raise awareness of NHS Boards smoke-free policy and to discuss smoking status with patients. The training should ensure that:

- staff are aware of services that are available for smokers and can confidently provide brief intervention support in line with care pathways and signpost patients to these services
- staff can communicate the key tobacco messages and benefits of quitting (particularly for their clinical specialism)
- staff can support patients and colleagues to manage their abstinence from smoking while on NHS grounds and are clear as to how they should respond to requests to leave the ward to smoke (see example of guidance developed by NHS Greater Glasgow & Clyde – see Further information at www.healthscotland.com/documents/24828.aspx)

- staff know how to maintain a smoke-free environment and how to respond in the event of non-compliance or negative responses. Examples of standard guidance developed by NHS Greater Glasgow & Clyde for all acute and mental health staff is included as Further information at www.healthscotland.com/documents/24828.aspx

NHS Health Scotland provides online e-learning modules. Modules available include 'Health Behaviour Change 1 and 2' and 'Raising the Issue of Smoking'. They can be accessed via the following link: http://elearning.healthscotland.com/course/index.php?categoryid=108

Patients and visitors

During contact with patients and their families/carers, NHS Boards should provide clear information and advice about the smoke-free policy. This should include the following:

- NHS Boards have a responsibility to provide information and advice on the Board's smoke-free policy in advance for patients, carers, family and hospital visitors. This should include specific mention of smoke-free NHS sites in patient information as well as general advice for not smoking around patients, pregnant women, babies and children, including in the house/car.

- The discussion of the patient's smoking status should be initiated in primary care, ensuring that the patient is fully aware of the NHS Board's smoke-free policy and the benefits of pre-operative smoking cessation.

Responsibilities for NHS staff

- Responsibility to know the 'go live' date and adhere to policy of smoke-free grounds.
- Responsibility to support patients, including conveying the key tobacco messages and benefits of quitting, access and referral to smoking cessation support, or provision of nicotine replacement therapy for temporary abstinence where the client is not willing/ready to quit completely.
- Responsibility of managers to include compliance with the tobacco policy into their regular activities, for instance Scottish Patient Safety Programme 'walk rounds' or 'managers on the wards' programme.
- Responsibility to deal with patients who wish to leave the clinical area to smoke. It is likely that guidance will need to be developed to ensure that a consistent approach and messages are communicated to patients across and between different sites. An example of guidance for staff when caring for inpatients who wish to smoke is included as Further information at www.healthscotland.com/documents/24828.aspx

- Responsibility not to smoke in uniform or when wearing NHS identity badges.
- To recognise it is everyone's responsibility to help promote smoke-free grounds and to support patients and colleagues alike, including action to take in event of non-compliance or negative responses to smoking restrictions.
- Recognise that persistent disregard for the policy could result in disciplinary action through the Management of Employee Conduct.
- Supporting and engaging with any Healthy Working Lives initiatives being promoted by their NHS Board.

Enforcement

As previously stated, there is a statutory requirement for NHS Boards to deliver various actions to achieve smoke-free status by 31 March 2015 as per the Smoking, Health and Social Care (Scotland) Act 2005 and the Scottish Government tobacco control strategy, launched in 2013, *Creating a Tobacco-Free Generation.* These actions include the implementation of effective policies and the monitoring and enforcement of said policies.

Through early initial dialogue between NHS Boards, it was agreed that a national approach would promote the shift to 'smoke-free' as a positive public health message concerned with improving and protecting health, rather than a heavy-handed enforcement role seen as a punitive measure and one likely to disengage smokers.

It is hoped that awareness-raising, education and encouragement will build on much of the diversionary/preventative activity already under way by NHS Boards and Smoking Cessation Services in the promotion of healthy lifestyles. This includes the introduction of appropriate signage discouraging smoking, the development of a range of preventative messages promoted by the media and the provision of smoking cessation services.

A variety of differing approaches has already been implemented across local NHS Boards in recent years and it is impossible to provide definitive guidance or instruction about these approaches, as many of the solutions developed were unique to local problems, based on location, footfall and accessibility.

No specific enforcement powers were extended directly to NHS employees; rather, the legislation affords powers to local authority enforcement officers through the use of fixed penalty notices for offenders who smoke inside NHS premises. The anecdotal instances of this behaviour are limited in number and would require an almost instant reactive response which is unrealistic. Furthermore, it must be borne in mind that these enforcement officers are a finite resource and indeed local authorities have a requirement to develop their own smoke-free policies by March 2015.

An alternative consideration may be the issue of fixed penalty notices for littering offences for those who discard cigarettes in the grounds of NHS premises and enforced by either local authority officers or the police. However, this scenario is again one of a reactive response and is resource-intensive.

It has been suggested that responsibility lies with each individual employee to promote local policies and to challenge those smoking on NHS premises, through the production of their NHS identity badge and a polite request asking individuals to refrain. However, this approach carries the risk of confrontation which may escalate to verbal abuse or acts of violence towards the staff member and is contrary to much of the training and advice given to staff in terms of de-escalation and personal safety training. The decision whether to encourage/instruct staff to challenge will be a decision for local chief executives and their respective Boards to determine.

The application of the actions previously specified in this document, but especially the 'Responsibilities for NHS Boards' is recommended as a 'menu' of tactical options to be considered by local NHS Boards, which would allow for an element of consistency of delivery across Scotland, without being overly proscriptive and inhibiting the development of local solutions to local needs.

Mental health settings

There is acknowledgment that current legislation (The Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006)[13] allows certain exemptions within mental health units. However, the *Smoke-free mental health services in Scotland: Implementation guidance*[14] highlights that the allowance of smoking in these areas while it is completely banned in all other NHS settings perpetuates inequalities, and those who work and are in the units should have the same opportunities to enjoy the benefits of a smoke-free environment.

In addition, within CEL 01(2012) there is the expectation of all NHS grounds being smoke-free, including mental health units – and indeed a number of NHS Boards will have mental health units sharing a site with acute services. It further stigmatises patients and perpetuates the inequality not to provide staff and patients with the same opportunities to a smoke-free environment.

It is therefore expected that all NHS Boards will be moving towards a comprehensive smoke-free policy for all their NHS premises, irrespective of the patient population. A comprehensive policy is one which does not allow smoking anywhere on the premises, either inside buildings or in the grounds.

Smoke-free mental health services in Scotland: Implementation guidance, available at www.healthscotland.com/documents/5041.aspx is a very comprehensive document which outlines the steps required to create a smoke-free environment within mental health units. All NHS Boards should provide clear leadership, identify and work with key stakeholders, ensure clear communication and appropriate

consultation, and provide staff training to build support and confidence for the implementation and enforcement of smoke-free mental health services.

Patients within mental health units will require support in order for a smoke-free environment to be successful. Provision of smoking cessation services is an important part of this and is as relevant for mental health patients as it is in the general acute setting. Smoking cessation should be emphasised as offering the best chance of quitting and staying quit, and appropriate pharmacotherapies should be offered and provided to patients as part of this or to manage temporary abstinence if the patient does not feel ready or willing to quit completely. It is important that health service staff understand that smokers may require greater doses of antipsychotic drugs, so when stopping it is important that levels are more regularly checked – this is irrespective of use of nicotine replacement therapy (NRT) or other smoking cessation pharmacotherapies.

A statement from the State Hospital on their experience of a totally smoke-free service is included in the supporting material for this Guidance at www.healthscotland.com/documents/24828.aspx

Other exemptions

There are other exemptions in the Smoking, Health and Social Care (Scotland) Act 2005, including the following premises, which may be the responsibility of the NHS, local authorities or care services providers, as follows:

- Designated rooms in adult care homes (an establishment providing a care home service exclusively for adults).
- Designated rooms in adult hospices (a hospice providing care exclusively for adults).

Hospice care is not always provided in separate establishments and may be provided in designated wards within NHS acute settings. Some NHS Boards have already removed the hospice smoking exemption on the grounds of equity, considering there to be a greater number of terminally ill patients on other wards who were not permitted to smoke.

Similarly, the law also provides an exemption for adult care homes. There is no legal obligation on the proprietors of premises to which an exemption applies to provide designated areas for smoking if they do not wish to do so. Circumstances will vary depending on the establishment and its location and configuration. However, due to the impact of second-hand smoke on non-smoking residents and on staff, adoption of indoor smoke-free premises wherever possible is actively encouraged.

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