GREATER GLASGOW NHS NO SMOKING POLICY

Board members are asked to consider whether any changes are necessary to the draft no smoking policy, in the light of responses received to the consultation.

1. INTRODUCTION

At their meeting on 22 February 2005, Greater Glasgow NHS Board approved a draft no smoking policy for consultation with staff and public. This paper summarises the responses received and highlights those aspects of the policy that merit further consideration by the Board in the light of the comments made.

2. BACKGROUND

The primary focus of the policy is to protect staff, visitors and patients from the harmful effects of environmental tobacco smoke (ETS). It also recognises the exemplar role that GGNHSB should play in improving health and reducing smoking rates.

The draft policy seeks to make Greater Glasgow NHS smoke free and prohibits smoking by staff, patients, contactors and the public in all NHS premises (including buildings, grounds, doorways, car parks and vehicles).

The only exceptions to this prohibition would be where NHS premises are in effect a patient’s home – i.e. in residential and long-stay psychiatric in-patient facilities. In these circumstances patients may be permitted to smoke only in designated smoking rooms.

In situations where staff provide a community service in a patient’s home, the patient would be requested in advance not to smoke during the visit and to provide an environment that is as smoke free as possible.

Staff would not be permitted to smoke while on duty. Smoking would be permitted only during designated breaks. As part of a phased approach staff would be permitted to smoke in grounds during the first year of implementation, but thereafter staff wishing to smoke would be required to leave GGNHS premises.

Support to quit smoking would be offered to staff and patients, linking into the extensive smoking cessation services now available through occupational health, LHCCs and community pharmacies. In-patients suffering acute nicotine withdrawal
would be treated in a supportive manner and prescribed appropriate medication (including NRT) where necessary.

The proposed policy is therefore one of the most extensive and stringent of those currently existing within the NHS.

3. SUMMARY OF RESPONSES

A wide range of responses (in total 108) was received from individual staff and members of the public and on behalf of representative groups in the NHS and the community. These ranged from those who enthusiastically agreed with all provisions in the policy and expressed the view that 'it is long overdue' to those who consider the proposed policy to be draconian and an infringement of an individual's right to choose to smoke. Appendix 1 gives an overview of the responses to the questions asked in the consultation, with Appendix 2 detailing the additional comments received from those using the reply form. Appendix 3 sets out the key points from responses submitted separately in writing.

The majority of respondents were in favour generally of the draft policy, but qualified their support by concerns regarding some specific provisions, which they considered to be too stringent or too difficult to enforce. The general view expressed was support for the rationale and aims of the policy, but fears that as drafted it might be too ambitious and as a result would not be implemented effectively.

4. AREAS OF CONCERN

The main areas of concern were as follows:

Health and safety (fire and violence against staff)
The lack of any designated smoking areas in most NHSGG premises has the potential to increase the risk of fire and injury to staff, (especially in large hospital sites).

There is a risk that 'secret smoking' (by staff, patients and visitors) will increase and will be difficult to prevent. There are also concerns that staff, who might be expected to help enforce the policy will be at an increased risk of being verbally and physically abused by patients and the public (especially in stressful situations such as A and E).

While the provision of designated smoking areas may not completely eradicate these risks, some limited provision that could be strictly controlled would help to reduce them.

Caring for staff who smoke
Many respondents supported the aim of the policy in giving an unambiguous message that smoking should not be tolerated within GGNHSB and welcomed the provision within the policy to provide smoking cessation support to staff and patients. However there was considered to be insufficient recognition given to the fact that staff who smoke are suffering from an addiction, and should be treated in a supportive manner whether or not they want to quit smoking. In this regard it was considered unreasonable to require staff who work on large hospital sites to leave NHS premises to smoke (as there would be insufficient time for them to go out with the grounds and return within their break). This was also raised as a potential area
of inequity among staff, since those working on smaller sites would not be at such a disadvantage.

Some respondents also felt there was too much emphasis on the need to discipline staff who contravened the policy at the expense of supporting staff with an addiction.

While some respondents expressed the view that the policy should prohibit staff smoking whilst in uniform, the draft policy that was consulted upon did not propose such restrictions. It does however include a statement to the effect that ‘Staff who smoke in uniform should be aware that this action compromises the health improvement message for NHS Greater Glasgow’.

Lack of clarity re phased approach
There was general support for the phased approach proposed for implementing the policy. However many respondents highlighted the potential difficulties of the policy allowing staff (but not patients and the public) to smoke within the grounds for one year. Others expressed concern that allowing unrestricted smoking in the grounds would result in little or no visible change. They stressed the need for the policy to be seen to make a real difference from Day 1 and recommended that there should be clearly designated external smoking areas provided (away from doorways) at all sites.

Community services
With the exception of a very small minority of respondents, the recognition given within the policy of the need as far as possible to protect staff working in the community from the dangers of passive smoking was welcomed, although it was recognised that it would be difficult to enforce. There was broad acceptance of the approach proposed i.e. through education and communication encouraging voluntary compliance but not withdrawing services from patients who do not comply.

Some respondents highlighted the potential difficulties for Mental Health Crisis Teams who might be in patient’s home for many hours (sometimes round the clock), while others suggested that the policy be clarified to specify that patients be asked not to smoke in the same room where they would be treated.

Smoking cessation support to staff and patients
The provisions within the policy to provide support to staff and patients to quit smoking and to alleviate patients suffering severe withdrawal symptoms through medication were welcomed. However it was considered important that the policy should explicitly include provision for this support to be offered also to patients receiving services in their own home and to residents in long stay facilities.

Exemptions
There was unanimous acceptance that patients in residential homes and long-stay psychiatric patients should be allowed to smoke (in designated smoking areas within their respective facilities). However some respondents replying on behalf of staff working in psychiatric medicine, considered this was too stringent and highlighted the potential difficulties in distinguishing between short and long stay psychiatric patients who are often treated on the same ward. There was general agreement however that, even if smoking is allowed in these facilities, efforts should still be made to encourage patients to quit and that measures must be put in place to protect staff working in these areas.

A few respondents suggested other groups who should be exempt from the policy. These comprised:
• Pregnant women who are being treated for drug addiction and who are considered too vulnerable to be expected to give up smoking while in hospital.
• Terminally ill patients
• Family members in stressful situations (e.g. receiving bad news/ suffering bereavement)

There was also concern expressed that some vulnerable patients would either choose not to attend for treatment or might discharge themselves early if they were not allowed to smoke.

Resources to support effective implementation
Many respondents recognised the extent of the change involved in implementing the policy effectively and emphasised the need for adequate resources to ensure its success. A key theme emerging was the need to support staff in enforcing the policy through training, (in smoking cessation advice and in requesting members of the public to desist from smoking), ensuring there were adequate supplies of NRT to prescribe to patients and possibly the provision of additional security officers, at least for a time after the launch, especially in areas considered most at risk.

5. THE LEGISLATIVE CONTEXT

The draft policy was developed in advance of the decision in November 2004 by the Scottish Executive to ban smoking in public places from March/April 2006. The Act provides for a number of exemptions to the ban, including designated areas in adult care homes, psychiatric hospitals, hospices and residential accommodation. The Act therefore prohibits smoking in all other hospital buildings.

While the restrictions within the draft policy are more stringent than those proposed by the Smoking, Health and Social Care (Scotland) Act 2005, (e.g. including only long-stay psychiatric facilities within the exempt category), it is within the Board’s remit to decide to have a policy that is above the minimum standard set out by legislation, and as an employer the Board will still be expected to protect staff from passive smoking, even in facilities that are considered exempt by the Act.

In the Republic of Ireland, where the smoking in public places ban has operated for just over a year, most hospital sites impose a ban within their buildings (with limited smoking provision in psychiatric facilities), but allow smoking in the grounds but within designated areas at a minimum distance of 6 metres from the building. This is often enforced by marking out boundary lines and providing bins for smoking butts in these areas.

6. FACTORS FOR SUCCESS

Resources
This new policy represents a ‘step change’ in action to tackle ill-health due to smoking – and its success will depend on adequate resources allocated to implementing the policy, especially in the months immediately preceding and after the launch.

Additional investment in smoking cessation by the Scottish Executive has allowed GGNHSB to expand the current smoking cessation services to acute hospitals (based on the successful pilot in Southern General) with a dedicated smoking
cessation coordinator in post in each acute hospital site within the next 2/3 months. These coordinators will lead in introducing the model in their sites. A specific post within the Health Promotion Department has been redesigned to concentrate on supporting the policy through the NHS, including giving training to other staff.

The policy will be supported by a comprehensive communication strategy, including new specific publicity materials and patient information leaflets.

It is recommended that additional security be provided at key ‘hot spots’ in the early months of the policy.

**Clarity and consistency**
It is vital that everyone – staff, patients and public – understand clearly what is expected of them in complying with the policy. The aforementioned communication strategy will be important in this respect.

In this regard the consultation has highlighted the potential difficulty of allowing staff (but not patients or public) to smoke within hospital grounds during the first year of the policy’s implementation. At the same time there was strong support for a phased approach to implementation.

**Support from staff**
The role of staff within NHSGG is absolutely vital for the success of the policy. Not only must staff comply with the restrictions on their own behaviour – but they must also individually and collectively contribute to a culture that recognises the incongruence of a ‘health’ service condoning smoking. Achieving this requires more than mere compliance but active support. While the majority of staff agree with the aims and rationale of the policy, many respondents, while being enthusiastic about the policy expressed concerns that it might be too stringent in respect of banning smoking from hospitals grounds (especially in large sites.)

7. **EXTERNAL SMOKING AREAS**
Whether or not to provide external smoking areas has emerged as a key issue within the consultation.

The Working Group, established to develop the policy, represented different disciplines of staff from all parts of NHSGG and recommended that provision should be made for designated external smoking areas. This was in consideration of the issues of health and safety and equity among staff that were also highlighted in the consultation. The provision of external smoking areas was however considered to be potentially costly (in providing additional smoking shelters) and contrary to the exemplar role that GGNHSB should take in tackling ill health caused by smoking.

The Board may wish to consider, in the light of the comments received, whether the provision of external smoking areas (as opposed to smoking shelters) should be included as part of a phased approach to the implementation of the policy. Marking out specific areas, at a distance from the buildings will prevent smoking in doorways, and could also help alleviate fears of staff regarding increased risk of fires and violence, and be seen to take account of the difficulties experienced by staff who are addicted to smoking. At the same time however it is crucial that the resolve of GGNHSB to become smoke free should not be diluted. Any provision of smoking areas would need to be seen as a temporary provision as part of a phased approach to a smoke free NHS.
8. CONCLUSION AND RECOMMENDATIONS

In the light of the responses received to the consultation the following are areas that require further consideration by the board

1. The representations made that certain groups of patients/member of the public to be permitted to smoke (e.g. pregnant in-patients being treated for drug addiction, bereaved relatives).

The Smoking, Health and Social Care (Scotland) Bill 2005 prohibits smoking in hospitals and health care premises and the Board therefore could not allow further exemptions to be made.

2. Responses that the draft policy, which allows staff (but not public or patients) to smoke in the grounds for one year, is inequitable (but also at the same time strong support for a phased approach)

3. Responses regarding the difficulties of enforcing a no smoking policy in hospital grounds, especially on large sites.

4. Responses highlighting the need to see a visible difference on day 1 of the policy and the need to prevent smoking in doorways.

It is recommended that the Board amend the policy to allow smoking in grounds in designated areas only (which would be located at a distance of 6 metres from any buildings) for 1 year following the introduction of the policy.

5. Concerns regarding the difficulties of enforcing a smoking ban within psychiatric facilities (especially where long stay and ‘short stay’ patients are located together).

6. Concerns regarding the potential increased risk of fire and violence to staff

7. Representations made on the need for adequate resources to be allocated to ensure the effective implementation of the policy, (including communication, training, enforcement and support to staff and patients who smoke).

8. Representations made on the need to protect staff working in ‘exempt’ areas from environmental tobacco smoke.

It is recommended that a Policy Implementation Group be established to draw up a detailed implementation plan, which would address these areas of concern and provide a framework for the effective implementation of the policy.

It is recommended that the target date from which the policy should be effective is 26 March 2006 - to coincide with the coming into force of the Smoking, Health and Social Care (Scotland) Bill 2005.
Appendix 1 – Quantitative responses

Question 1. Definition of smoke free NHS

The draft policy prohibits smoking in all GGNHS premises (including buildings, grounds, doorways, car parks & vehicles). Do you agree with this definition?

Question 2. Restrictions on NHS staff

Staff will not be permitted to smoke while on duty. Smoking will be permitted only during designated breaks. For the first year of implementation staff will be allowed to continue to smoke in grounds, but thereafter staff wishing to smoke will be required to leave GGNHS premises. Do you agree with the restrictions on NHS staff smoking?
Question 3.

Staff will not be permitted to assist patients to go outside to smoke. Do you agree with this provision?

![Bar chart showing responses to Question 3](chart1.png)

- **Yes**
  - Organisations: 80
  - Public: 60
  - Staff: 80

- **No**
  - Organisations: 20
  - Public: 40
  - Staff: 20

Question 4. Exceptions to the policy - psychiatric & residential care

The only exceptions will be where NHS premises are in effect a patient's home - i.e. in residential and psychiatric in-patient facilities. In these circumstances patients can smoke only in designated smoking rooms where provided (not patients' rooms) and alternative separate non-smoking provision must be made. Do you agree with these proposed exceptions?

![Bar chart showing responses to Question 4](chart2.png)

- **Yes**
  - Organisations: 80
  - Public: 60
  - Staff: 80

- **No**
  - Organisations: 20
  - Public: 40
  - Staff: 20
Question 6. Protecting staff working in the community

In situations where staff provide a community service in a patient’s home, the patient will be asked in advance not to smoke during the visit and to provide an environment that is as smoke free as possible. Do you agree with this provision?
Appendix 2 – Qualitative responses

**Question 1. Definition of smoke free NHS**

The draft policy prohibits smoking in all GGNHS premises (including buildings, grounds, doorways, car parks & vehicles). Do you agree with this definition?

Staff comments:

<table>
<thead>
<tr>
<th>Staff Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. We feel there needs to be slightly more clarity around the phasing in of controls i.e. the policy outline that the NHS buildings and grounds will be smoke free as of Oct 06, but later on (2.3) it is mentioned that there will be a phased approach until 2006. Within our team there was different interpretations of what was meant. Therefore this should be clearly explained, rather than be tucked away in the body of the policy.</td>
</tr>
<tr>
<td>2. What mechanisms have been put in place to deal with staff, etc, who disagree with this policy and do not take up the support for smoking cessation? Have staff unions been involved in the consultation of this document.</td>
</tr>
<tr>
<td>3. This is very positive and demonstrates the NHS commitment to a smoke free environment. It is also consistent with the new legislation banning smoking in public places.</td>
</tr>
<tr>
<td>4. &quot;All vehicles...&quot; - This seems as though it would be difficult to enforce.</td>
</tr>
<tr>
<td>5. Will someone be policing the grounds and premises and what authority/power do they have to tell someone to stop smoking?</td>
</tr>
<tr>
<td>6. We have patients who find themselves in very emotional situations. It will be very difficult for staff to refuse them the opportunity to smoke.</td>
</tr>
<tr>
<td>7. Have concerns for in-patients who are addicted to nicotine. Some of them have been smoking for 50 years.</td>
</tr>
<tr>
<td>8. Will the current external smoking facilities at the Western and Stobhill be removed as this will create an inequitable situation across the city.</td>
</tr>
<tr>
<td>9. Agree in principle but very concerned that this will lead to patients smoking covertly which poses a potential fire risk. Staff potentially subject to verbal abuse.</td>
</tr>
<tr>
<td>10. People will smoke regardless of protocol. There will be more fires.</td>
</tr>
<tr>
<td>11. What about clients who will smoke elsewhere and pose a fire hazard.</td>
</tr>
<tr>
<td>12. See additional sheet.</td>
</tr>
<tr>
<td>13. Does this mean - no smoking in own car parked in hospital grounds?</td>
</tr>
<tr>
<td>14. The same rules should apply as those regarding alcohol consumption.</td>
</tr>
<tr>
<td>15. Could shelters be provided to allow a designated smoking area outside.</td>
</tr>
<tr>
<td>16. Going in to hospital is often a very good opportunity for people to give up smoking. However, this opportunity must be backed up by encouragement and support. Providing smokers' rooms - which, let's be honest, are quite disgusting places even for smokers to sit - completely undermines the message of encouragement and the mechanisms of support that we can provide to these patients.</td>
</tr>
<tr>
<td>17. I would like to see the ban on smoking extended to cover not smoking whilst in uniform.</td>
</tr>
<tr>
<td>18. I am a non smoker but feel that it would be very stressful to be in hospital and be deprived of the comfort you are used to, there is enough stress at that time.</td>
</tr>
<tr>
<td>19. As healthcare professional, I advise patients to give up smoking constantly. Allowing staff and patients to smoke on NHS property softens the message of smoking is detrimental to your health.</td>
</tr>
<tr>
<td>20. The only people you will find in smoking rooms are smokers, therefore anyone who does not wish to smoke or inhale smoke will not be anywhere near them. The smoke room in the hospital I work in does not allow patient access around its site and smokers are therefore the only people who would access this area.</td>
</tr>
</tbody>
</table>
21. I have found through experience that some people who are smokers will lie about the need to be in hospital purely because they won't be able to have a cigarette.

22. I work in the NHSGG. Our department is in a separate building from the main hospital. If I need to enter or leave my own, or the main building at any time during the working day, I must walk through a cloud of smoke at every doorway. This is created by patients and staff. Not only do I put my own health at risk by having to inhale it, but my clothes and hair pick up the smell instantly, so I too smell like a smoker. In my clinical practice, I am trying to encourage my patients to stop smoking, this undermines my efforts. In California, where there has been no smoking in public places for a number of years, it is forbidden to smoke within 100 feet of a public building. I would support this approach and its enforcement.

23. Agree - we had our stroke ward denoted smoke free and this has worked well (though patients do go outside to car park to smoke).

24. While I fully agree with the aspiration to help people to stop smoking the common sight of patients in their dressing gowns at hospital doorways shows that a ban simply does not work and compromises patient care; standing in the cold can't be good for them.

Public comments:

1. Forcing rules on patients.
2. Including open-air car parks is a bit excessive.
3. What about terminally ill patients or cancer patients who chose still to smoke? They should have access to a comfortable and well ventilated smoking room. Smokers have been paying a fortune in tax for their vice and are still treated as if they do not deserve to be given NHS help because their illness may be self inflicted. Smokers probably support the health service financially more than drain it. Don’t forget that they die younger and are less likely to require long term care. They are also not usually obese. The cost of care to the generation of obese adults is going to be much worse. I think it is facile to keep discriminating against smokers who are, after all, indulging in a legal activity. Why not ban the sale of cigarettes? (Too expensive in lost tax). Hypocrisy is rife.
4. The NHS has a duty to protect all staff and patients from many hazards on NHS premises, but to stop smoking by patients in designated rooms when not even the Scottish Executive can provide cast-iron proof of any harm from passive smoking. This also increases the risk from fire when patients will have to hide away to have a cigarette.
5. It is too stringent.
6. People are quite often under a lot of stress when on GGNHS premises - perhaps visiting very ill friends/relatives being given results of tests etc which may be devastating and then you are saying to these people that they can’t go outside and have a cigarette. OK it’s not a very good way of relieving stress but in the short term what else can they do.
7. Does this provision include seats, bus shelters, car parking spaces, in already heavily (traffic/road) grounds. RIG, WIG, VIG (Infirmaries) and SGH. Gartnavel General resting pavement seats outside OPD use "hidden" gutters as ashtrays since cars and wheels park over onto pavement.

Organisations comments:

1. I do not think it will harm anyone if they were in their own car on their own. In a separate parking facility.
2. Yes: but it must be borne in mind individual situations may make it impossible to implement totally. Some provision should be made for emergency situations.
3. I agree with inside the building and also doorways as these are areas many people are in constantly. However, other external grounds and car parks I feel should be able to be used as smoking areas.
4. We agree that smoking should not be permitted on NHS property and the removal of smoking rooms should be a priority to protect patients, staff and visitors from the harmful effects of environmental tobacco smoke. However, are there sufficient resources in place to provide advice and education and for the provision of NRT to patients, including those who decide to continue to smoke on discharge? What are the anticipated costs of prescribing/supplying NRT to hospital inpatients as an alternative to smoking? Must also consider use of personal vehicles. Is smoking in them forbidden when they are being used for NHS journeys?

5. Apart from this, breathing in other people's smoke (passive smoking) is just as harmful as the smoker.

6. As we live in a Democracy, I believe there must be consideration for people to have a choice - freely and appropriate facilities provided.

7. I believe that people have the right to choose to smoke in their cars, and grounds. I agree with buildings & doorways, and hospital vehicles.

8. Encourage people to give up - the goal should be a smoke free NHS because there is NO DEMAND for smoking rooms. Anything else creates stress for the addict.

Question 2. Restrictions on NHS staff

Staff will not be permitted to smoke while on duty. Smoking will be permitted only during designated breaks. For the first year of implementation staff will be allowed to continue to smoke in grounds, but thereafter staff wishing to smoke will require to leave GGNHS premises. Do you agree with the restrictions on NHS staff smoking?

Staff comments:

1. Throughout the policy there is clear details regarding the issuing of NRT and similar products to patients trying to stop smoking. Will this support also be available to staff. The policy only states that staff will be encouraged to seek support. Further local discussion also should be had regarding staff smoking in their uniform outwith NHS premises e.g. to and from work. Again ramifications should be discussed so we are clear what the Ayrshire guidelines in this issue are. Currently - are staff able to wear their uniforms outwith work and if so, can we ask them not to smoke? This may be an issue that we need guidance from other areas within the NHS.

2. Although in uniform, it may be problematic to prohibit a member of staff to smoke in their own vehicle.

3. There is no need to allow a period of grace for a year. A shorter period to allow staff to undergo smoking cessation would seem more realistic. In large hospitals it may be difficult to leave the hospital grounds in the time allowed for a break. Smoking in doorways should not be allowed but perhaps a designated area out of sight could be found within the grounds.

4. "Staff may smoke only during official breaks outwith NHS Greater Glasgow buildings, and away from all doorways..." Will there be designated areas? Should there be a set distance from building where smoking is permitted?

5. After a year moving them out of the grounds could drive them underground. It may also force staff to whistle blow on their colleagues.

6. I do not understand what difference a year's delay in allowing staff to smoke in grounds will or will not achieve. Staff smoking while in uniform does not set good example.

7. Longer stay in patients on acute sites, e.g Dermatology and Care of the Elderly where the average length of stay is *14 days - Will this be up to local management to decide on smoking or does the policy blanket cover acute sites.

8. Staff will still smoke. Smokers always do. Anyone who says different is not being realistic.

9. Uniforms carry strong smell of smoke. Sure to cause disruption if uniforms have to be removed, but only way to implement this is to do this from start.
10. I feel that when the new policy is implemented there should be no time delay. Start the way you mean to continue. There are plenty of support opportunities for staff to uptake to help them.

11. Include volunteers in this restriction.

12. I object to staff smoking in uniform, it seems very unprofessional. Also, I object to extra "cigarette breaks" as non-smokers do not get extra breaks here & there.

13. Staff found smoking around entrances and doorways does not show the NHS in a good light.

14. Needs clarification on "grounds" as at GGH there is a designated shelter used by staff who smoke. Does this mean now staff can freely walk about outside in uniform smoking (but off-duty), or does the term grounds mean the designated shelter.

15. I agree with the policy but it is unenforceable. I suspect that there are few heads of department who will feel strongly about what their staff do in hospital grounds or will be prepared to compromise working relations over smoking. I also doubt whether GGHB or Divisions will have staff or inclination to police the policy.

16. Who will be responsible for ensuring staff do not smoke on NHS premises.

17. I fully agree that NHS smoke free zones should include doorways, car parks, and all hospital grounds. However, this definition MUST apply to everyone - staff, patients and visitors - equally from day one. How can we expect patients/visitors to leave the hospital grounds (in the wind and rain) to go out on the street for a smoke, when on their way they pass hospital staff (in uniform) standing in the shelter of doorways/hospital buildings smoking? I strongly support the proposed NHS no smoking policy, and if giving NHS staff one year to smoke on hospital grounds is the only way to push the policy through then I would accept it. However, I think that as a team, NHS staff should be leading by example; not making one rule for staff, another rule for the public.

18. If you want to help staff stop smoking, provide subsidised courses by Allen Carr whose success rate in helping people escape from smoking is 95%. However if smokers choose to smoke, they are not harming anyone else but themselves by having a smoke room. Let staff keep their smoke rooms.

19. This sends a mixed message, as an exemplary employer the NHS should be setting a benchmark for the rest of the country to follow in 2006 when the smoking in public places ban comes into effect, within the NHS this should include the inability to smoke in public inside or within grounds, this should be a term of contract.

20. Unfairness to non-smokers as smokers will require longer breaks to move off premises/grounds.

21. It is totally unreasonable to try to influence staff behaviour outside working hours, whether they are in uniform or not.

22. It should be re-iterated at staff induction that wearing an NHS uniform when not on duty is not advised for a number of reasons and at this point the smoking policy could be reinforced.

23. All smoking staff currently only smoke whilst on their designated breaks. They currently are not seen smoking in their uniforms because they have access to a smoking room - this policy would mean that staff in uniforms will most definitely smoke in public and be seen on or off the premises in their uniforms smoking. Furthermore a member of staff on a 10 or 12 hour shift could not realistically be expected not to smoke at all whilst on their shift. If the smoke room is removed then staff will have no option but to leave the NHSGG grounds to smoke (possibly in their uniforms) in their designated breaks. This also runs the risk of people sneaking a quick cig in a cupboard or in the toilets, increasing the risk of fire. Also, if staff are forced to leave the grounds of the hospital to have a smoke, then the residents facing the wall at the edge of the grounds will lodge complaints again. I also do not think that members of staff smoking in their own cars, either on or off NHS grounds could effectively be banned - a person's car belongs to them.

24. At least staff can leave the grounds at some point in the day, in-patients cannot.

25. We should do all that we can to stop the spectacle of groups of staff in uniform, huddled together to smoke in parked cars or on benches in the grounds. See comment immediately above. Staff are not allowed to travel to and from work in uniform, they should not be allowed to smoke while wearing uniform.

26. Many jobs in the NHS are quite stressful. Discouraging smoking is one thing; a complete ban is an infringement of their rights. Smokers are people too. Asking staff to leave the grounds will only mean lengthier breaks when they do need a cigarette.

27. I think that there should be no smoking on NHS sites at all.

28. It sends out the wrong message to both staff who smoke and to the public who will see them smoking. It also means that non-smokers will still be subjected to smoke which is just not acceptable.
**Public comments:**

1. Again with the exception of car parks as in 1.

2. Will you see hoards of staff in uniform standing at hospital entrances then?

3. It is too stringent.

4. I thought most of the NHS premises had designated smoking areas outside. If this is the case then they can be restricted to these areas. If it is made clear that this is a smoking area then non-smokers can stay away - therefore not be affected. NHS staff who work out in the Community and have to wear uniform outside wouldn’t be allowed to smoke for many hours. NHS staff know the consequences of smoking and still choose to do so. Yes you have the right to say they can’t smoke in buildings but that is all.

5. If staff are going to smoke in uniform but off duty or on designated breaks they should not be allowed to leave the premises in their uniforms. They should be encouraged to change clothing and leave their uniforms to be collected and cleaned.

6. Staff (medical, nursing and ancillary) should not be permitted wearing indoor uniform on duty and off duty outside in public grounds and vehicles to smoke (or take drugs) i.e. in pubs.

**Organisations comments:**

1. Presumably patients will also be required to leave NHS grounds to smoke?

2. As a former smoker - who only ever smoked outside - I am very aware that the smellingers on clothing, hair, etc. Not very pleasant if one is then attending to sick people who do not like the smell.

3. Staff should not be permitted to smoke on duty, neither should they be allowed to smoke near NHS premises, for the sake of other people’s health, as well as their own.

4. It seems ridiculous that staff who wish to smoke during a break be required to leave the hospital grounds for a smoke. In some cases this would mean quite a substantial walk, and would lose some of their break time changing and redressing in uniform.

5. Staff should not smoke outside in uniform as this in my opinion would bring in more germs.

6. When off duty staff should make their own choices.

7. I feel they should not be allowed to smoke in uniform. The smell will stick to their uniform.

8. In some hospital grounds, staff will not be able to leave the ground for a cigarette, as a 10min (approx) walk (and back again) to leave, would be longer than break time allows.

9. Information on support with smoking cessation should be provided. Should also be provided on or near work premises.

10. Staff should really ALL be non smokers and setting an example. Do as I do NOT do as I say but don’t do myself.

11. I think restrictions should start immediately. I stopped smoking 2 years ago. I joined a men’s health week support group and the first week we were told we could still smoke for the first 7 days as it took a lot of willpower and support from other people. I almost stopped going as it was confusing still to be allowed to smoke.
**Question 3.**

Staff will not be permitted to assist patients to go outside to smoke. Do you agree with this provision?

**Staff comments:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Agree with this approach, however, support to patients suffering severe nicotine withdrawal will need to be of sufficient scale to be effective and timely.</td>
</tr>
<tr>
<td>2.</td>
<td>Mechanisms should also be in place to prohibit visitors and carers to assist patients also. How will this be dealt with?</td>
</tr>
<tr>
<td>3.</td>
<td>In exceptional circumstances e.g., a patient is terminally ill, there may be some local discretion required but this should be clearly agreed through the appropriate management structures.</td>
</tr>
<tr>
<td>4.</td>
<td>This does not take account of people who do not wish to stop smoking.</td>
</tr>
<tr>
<td>5.</td>
<td>Who decides on the severity of the withdrawal symptoms? Some smokers don't want to stop smoking, will they be treated differently?</td>
</tr>
<tr>
<td>6.</td>
<td>I have concerns that this could be viewed as discriminatory against those who are not able bodied.</td>
</tr>
<tr>
<td>7.</td>
<td>Have concerns over patients who do not wish to give up smoking despite supportive measures they may wish to continue to smoke. Have fears that this could lead to increased verbal and physical aggression towards nursing staff who provide 24 hour, 365 days service. Increases likelihood of fire. Recent fire in SGH caused by patient smoking in linen room.</td>
</tr>
<tr>
<td>8.</td>
<td>Staff may have difficulties with verbal abuse from patients and relatives.</td>
</tr>
<tr>
<td>9.</td>
<td>“Appropriate modification” takes time to work smokers wont wait.</td>
</tr>
<tr>
<td>10.</td>
<td>Staff do not have time for this.</td>
</tr>
<tr>
<td>11.</td>
<td>Develop a procedure for dealing with agitated and aggressive patients/visitors, when patient if refused help. Make sure staff receive appropriate training for implementing this policy - assertiveness training and dealing with aggression for example.</td>
</tr>
<tr>
<td>12.</td>
<td>This will be difficult, but agree that consistency is vital.</td>
</tr>
<tr>
<td>13.</td>
<td>However if a patient wishes to smoke I can’t see how staff can physically stop them. Also they may choose not to take the appropriate medication which will leave them agitated. This will put extra pressure on a stretched staff.</td>
</tr>
<tr>
<td>14.</td>
<td>I object as a non smoker having to take patients out for cigarettes as I am at risk of passive smoking. Also I have been reported to hospital management because I advised a patient not to go for a smoke 30 mins post general anaesthetic.</td>
</tr>
<tr>
<td>15.</td>
<td>This is a difficult area when you consider the terminally ill patient who is still able to be assisted by staff to go outside for a smoke, but not capable on their own suggest that staff would have the right to waive this point of the policy but they undervalue the responsibility of the potential implications to?</td>
</tr>
<tr>
<td>16.</td>
<td>However if patients are terminal etc (extreme reasons) then maybe exceptions should be made.</td>
</tr>
<tr>
<td>17.</td>
<td>Again, encourage people to buy Allen Carr’s book or do the course. You say that you will treat people in a supportive manner what about the staff.</td>
</tr>
<tr>
<td>18.</td>
<td>In this new approach to making NHS GG smoke free, patients should be assessed for NRT requirement either on admission or at pre-admission clinics and should be offered with advice and guidance. All other appropriate medications are continued on admission and NRT should be included as a matter of course.</td>
</tr>
</tbody>
</table>
19. Patients who smoke have the right to decide whether they continue to smoke whilst an inpatient. They should not be forced to comply just because they have been admitted to hospital. Patients who can leave the hospital for a cigarette should be allowed to do so. Patients who cannot leave the hospital should be given access to a smoking area. This choice is a human right.

20. As stated in question 1.

21. Smoke alarms should be fitted in favourite smoking "dens"!

22. Although staff will be subject to abuse both verbal & physical, need support to cope with this.

23. As if being ill wasn’t bad enough!! Happy patients recover faster. Even Sir Richard Doll who established the link between smoking and lung cancer considers the risk from passive smoking to be very small compared to hundreds of other environmental hazards.

24. I would leave this to staff discretion.

Public comments:

1. Too many rules being forced on patients, practically telling them how to live their lives.

2. Shockingly severe. The patient is miserable and the one thing that would make them feel a bit better is denied. Remember that smoking is not against the law.

3. ETS - the definition should be in this section! Bit of concern for the staff knowing how irate an individual could become if denied assistance to smoke.

4. It is too stringent.

5. How much more work and perhaps abuse will staff have to tolerate due to this. Medication helps to a certain extent but willpower is also needed. If you are forcing this on people then perhaps they won’t have the willpower to fight it.

6. This should medically and socially apply to other drug addictive patients and staff too.

7. Only if the patient is in hospital for an illness which is exacerbated by smoking.

Organisations comments:

1. [!](!) would be to improve the individual's health and promote awareness.

2. Message that NHS premises are non-smoking areas should be publicised well in advance of ban coming into effect to ensure staff who have to police the ban are not subjected to verbal abuse.

3. In my opinion, staff should not assist patients to go outside to smoke in hospital grounds, as this only adds to the health condition of the patient, be it breathing problems, bronchitis, asthma, etc.

4. Patients who smoke would be discriminated against and it would increase their stress levels if they were in the position that required help to access agreed smoking areas.
5. Have you considered though, patients in psychiatric wards who may be on observation? If they wish to use smoking facility, staff would have to.

6. The addictive patients should learn transcendental meditation (paid for by NHS) which has to be thoroughly researched and shown to be effective in such a situation.

**Question 4. Exceptions to the policy - psychiatric & residential care**

The only exceptions will be where NHS premises are in effect a patient's home - i.e. in residential and psychiatric in-patient facilities. In these circumstances patients can smoke only in designated smoking rooms where provided (not patients’ rooms) and alternative separate non-smoking provision must be made. Do you agree with these proposed exceptions?

**Staff comments:**

1. Would like to see a gradual move towards non-smoking within these areas.

2. Will this include grounds, doorways, etc or will it include designated smoke rooms only?

3. There are strong arguments that short-stay psychiatric patients should also be exempt.

4. Are staff permitted to assist residents to these smoking areas?

5. Would like areas such as my place of work to be an exception too. Patients suffering a loss do not need their right to be allowed to smoke taken away too.

6. In SGH patients in spinal unit average length of stay is 9 months paraplegic - 12 months quadraplegic, surely facilities should be available for them. What is GGNHS doing to reduce harm for those employees who work in areas where exceptions exist.

7. Inequitable for some staff groups, e.g if you consider a member of staff working at Southern or Stobhill where the geographical layout would require a member of staff to walk for approximately 10 minutes to the nearest entrances against a person working at the Western. Taking away discreet smoking shelters will result in smoking staff becoming more visible to the general public. Not good P.R. This disciplinary route, I believe was tried before, few managers took any notice of it. ‘Visitors who smoke’ - If we take a typical A&E department where relatives will be outside smoking, some possibly under the influence of alcohol, is it fair to expect staff to challenge them? I would fear that trying to govern the policy will lead to an increase in verbal abuse towards already vulnerable staff.

8. Don’t think it is possible to organise this. Smokers don’t care about non smokers and passive smoking.

9. I think those in residential homes who have individual bedrooms should be allowed to smoke in there.

10. More exceptions are needed.

11. Staff should not have to enter designated smoking areas against their will nor be expected to escort patients into these areas.

12. A concern is coping with psychiatric patients in the maternity unit who can be in for lengthy periods. They will be difficult to cope with if not allowed their usual habit, and it could compromise their condition.

13. If a patient in his own home has to ensure a smoke free environment for staff attending them within the home I feel that smoking within psychiatric and residential care should also be discouraged.

14. Is there a view on bereaved relations smoking in mortuary waiting rooms?

15. GGNHSB has a duty to care for patients, staff and visitors within all of its premises. This must include long-term care facilities. Staff are just as entitled to safe working conditions in a care of the elderly unit as they are in an acute medical ward.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16.</strong></td>
<td>Again if staff choose to smoke let them keep their smoke rooms.</td>
</tr>
<tr>
<td><strong>17.</strong></td>
<td>Is there any provision made for patients who smoke but cannot leave their care facility, in these cases how is cigarettes, matches etc provided, should the ban include a ban on staff provision of these.</td>
</tr>
<tr>
<td><strong>18.</strong></td>
<td>Everyone has the right to smoke if they wish. Non smokers are also entitled to smoke free environments. Allocated smoke rooms for smokers, which non-smokers would not access, allows everyone to live in the manner they wish. Stopping people smoking whilst in hospital or whilst at work will not make people ‘stop smoking’ and will increase the risk of people sneaking a cigarette.</td>
</tr>
<tr>
<td><strong>19.</strong></td>
<td>These types of facilities must have smoking permitted but not to the exception of having facilities at other sites.</td>
</tr>
<tr>
<td><strong>20.</strong></td>
<td>Patients in psychiatric and residential care clearly require the skill and input of staff on a day-to-day basis. It completely undermines the principles expressed in the draft policy if staff in these areas must be exposed to smoke in their working environment. I have had personal experience of a smoking room in maternity hospital. Because of its nature and position, the patients who used it were inadequately monitored. This gave rise to major concerns within the staff. Someone will need to clean the designated smoking rooms. Staff are again being put at risk. Second hand smoke is not only dangerous, it is very unpleasant. Smokers are not known for their tidiness and care in disposing of their waste.</td>
</tr>
<tr>
<td><strong>21.</strong></td>
<td>Definitions are important here – does this include wards where length of stay may be longer than 1 month.</td>
</tr>
<tr>
<td><strong>22.</strong></td>
<td>And they should be able to smoke in their own rooms if those rooms are not shared with non smokers.</td>
</tr>
<tr>
<td><strong>23.</strong></td>
<td>Again this means that staff are exposed to smoke which is not acceptable.</td>
</tr>
</tbody>
</table>

**Public comments:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td>All patients should have access to well ventilated smoking rooms until such time as the habit is illegal.</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Children smoke in school grounds - that’s where it starts. That’s where it has to be stopped before they become addicted. They do it to be grown up &amp; show off. Parents should set an example.</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>It is too stringent.</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>I can see how in residential homes there should be a smoking room and in psychiatric in-patient facilities which are a persons home. But acute units in psychiatric hospitals are not so therefore why should it be allowed there. Surely as in other hospitals there is the same problem with smoke seeping out of the room and also with staff cleaning the room. Do you also realise if a patient is on constant observation and they smoke - then the nurse has to accompany them to the smoking room - how is that protecting those nurses?</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>Why, medically, socially and politically, should Glasgow hospitals sited on parkland (and cheaper contaminated land) (Gartnavel “complex”) have a smoking ban permit? The 3 Infirmaries sited on roadways/motorways - with heavy traffic pollution - do not get permits?</td>
</tr>
</tbody>
</table>

**Organisations comments:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td>It would be a good idea if there was a separate location like a porter cabin in case of fire.</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Respect for individual rights must be upheld.</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>These patients should still have access to the same level of advice and support for smoking cessation as patients in areas with a complete ban.</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>I agree entirely. I also believe that patients who smoke in designated smoking rooms should be strictly monitored, not only for their health sake, but for the sake of others too.</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>Do not discriminate against members of the public.</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>Again staff in psychiatric hospital would not have time to leave hospital grounds.</td>
</tr>
</tbody>
</table>
7. Agree with measures for patients and those in residential care. However, do not agree with measures for care staff as often care staff come from the socio-economic background with highest level of smoking and stress related issues. Again info and support on smoking cessation should be provided to staff.

8. As above. For more details phone 08705 143733

Question 5. Have you any proposals regarding additional steps to take to protect staff from ETS in these facilities?

Staff comments:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Difficult because evidence suggests that additional ventilation is unhelpful. Perhaps limiting of time staff spend in areas where they are exposed to passive smoking.</td>
</tr>
<tr>
<td>2.</td>
<td>A long-term possibility is for these staff to have had training in Health Promotion to allow them to offer advice to these clients. This could be done through many ways, e.g. brief intervention.</td>
</tr>
<tr>
<td>3.</td>
<td>Designated smoke rooms should be fitted with ventilation systems that minimise the impact of ETS for staff required to provide supervision for vulnerable patients.</td>
</tr>
<tr>
<td>4.</td>
<td>Staff should rotate into areas, to reduce length of exposure.</td>
</tr>
<tr>
<td>5.</td>
<td>Be realistic. Have smoking areas.</td>
</tr>
<tr>
<td>6.</td>
<td>Appropriate ventilation to ensure as far as possible that gases are extracted. Staff should not be expected to go into room unless absolutely necessary. Close the room for periods so it can be cleaned with out the cleaner going into a smokey environment</td>
</tr>
<tr>
<td>7.</td>
<td>Limit the times that patients can smoke, introducing a number of times during the day where patients are allowed to smoke</td>
</tr>
<tr>
<td>8.</td>
<td>As before.</td>
</tr>
<tr>
<td>9.</td>
<td>No</td>
</tr>
<tr>
<td>10.</td>
<td>Offer smoking cessation to all residents.</td>
</tr>
<tr>
<td>11.</td>
<td>All the smoke rooms must be fitted with efficient extractor fans, Possibly guidelines re a time limit for a staff member to be in the rooms in a 24 hour period.</td>
</tr>
<tr>
<td>12.</td>
<td>The smoking rooms/areas should be well ventilated and have open windows.</td>
</tr>
<tr>
<td>13.</td>
<td>Ban smoking in these facilities.</td>
</tr>
<tr>
<td>14.</td>
<td>To keep any current smoke rooms and to install smoke rooms in buildings without smoke rooms - this will enable the smokers to smoke and the non-smokers to work within the remainder of the building in a smoke free environment (as it currently is).</td>
</tr>
<tr>
<td>15.</td>
<td>Apart from designated smoking areas with adequate ventilation and extraction, no.</td>
</tr>
<tr>
<td>16.</td>
<td>Protective clothing and gloves are essential. However, your own draft policy presumes that everyone is at risk from inhaled tobacco products. It would seem to be impossible to fully protect staff.</td>
</tr>
<tr>
<td>17.</td>
<td>Extractor fans should be used. Monitor carbon monoxide levels in smoke rooms &amp; in staff members.</td>
</tr>
<tr>
<td>18.</td>
<td>Modern airports have very advanced smoke containment and purifying facilities. If the NHS really has a commitment to reducing ETS (and see comment above) they could install these.</td>
</tr>
</tbody>
</table>
Public comments:

1. I would suggest it would do staff more good to have vending machines for coca cola and chocolate removed from the hospitals.

2. It is too stringent.

3. Give them guns.

4. Having designated smoking areas outside which everyone knew was for smoking - then if people were bothered about passive smoking then they could keep away from these areas.

5. Cigarettes etc should be handed to someone in charge so that they may monitor the amount and that they are not being smoked in unauthorised places.

6. No. I prefer the patients to be protected first. That is NHS policy is it not? Within and outwith "Union" policies?

Organisations comments:

1. They could smoke if necessary in porter cabins and prevent ETS.

2. Staff should not be required to work directly with patients in these smoking rooms, patients should be required to refrain from smoking while being seen by NHS staff. These rooms should be adequately ventilated and excluded from other parts.

3. Good extractor fans.

4. 1. Give support and guidance to smokers by trying to refrain them from the habit. 2. Promote strict orders of smoking habits in all NHS environments.

5. More ventilation.

6. No.

7. I would where possible ask staff who smoke to escort patients to smoking rooms.

Question 6. Protecting staff working in the community

In situations where staff provide a community service in a patient's home, the patient will be asked in advance not to smoke during the visit and to provide an environment that is as smoke free as possible. Do you agree with this provision?

Staff comments:

1. May be difficult to enforce.

2. Further discussion needs to be had to clarify our position/action on this, as this is a delicate issue which we feel we need to be clear about. Other areas have gone down the road of only sending smoking staff to homes of smokers, but this raises other legal and ethical points relating to discriminating against certain sections of staff, i.e. exposing them to even more smoke.

3. As it will be the patient's own home, will they have the ability to refuse to carry out these actions prior to a visit?

4. Such an approach is likely to be successful in the long term whereby there is acceptance of such requirements. However, particular in the short term, there may be situations where compliance may be a problem e.g. care of elderly patients with mental health problems.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Perhaps this policy lacks teeth if no action is taken against those that don't comply. What are the consequences of patients not complying?</td>
</tr>
<tr>
<td>6.</td>
<td>Patients who do not comply with these requests are putting the health of visiting NHS workers at risk. The GGNHSB have a duty of care towards their employees and should protect their staff from 2nd hand smoke which contains 4000 chemicals 50 of which are known carcinogens. 85% environmental tobacco smoke is an invisible, odourless gas. 1000 people die a year as a result of 2nd hand smoke and increase their chance of lung cancer by 20-30% and CHD by 25-35%</td>
</tr>
<tr>
<td>7.</td>
<td>Again - agree in principle, but very concerned that staff will be verbally abused as a result.</td>
</tr>
<tr>
<td>8.</td>
<td>You have no right to tell people what to do in their own home. People will just tell you not to come back.</td>
</tr>
<tr>
<td>9.</td>
<td>There is a real problem here for the future. SHS can kill so in theory no staff should be exposed. However, how can these staff in reality be protected? No staff should be expected to work in a smokey environment. Should care be removed if patients refuse to abstain from smoking when the worker is in the house? What should the guidelines be when patients are confused, agitated? Staff should have training to deal with difficult situations and full support from management if they have to refuse care.</td>
</tr>
<tr>
<td>10.</td>
<td>How then do we protect staff from ETS if patients refuse to refrain from smoking during the visit.</td>
</tr>
<tr>
<td>11.</td>
<td>Most homes are aware of passive smoking and will try to adhere to this.</td>
</tr>
<tr>
<td>12.</td>
<td>However, compliance can not be insisted upon as staff are invited guests in the clients home. They have no authority in the client’s home.</td>
</tr>
<tr>
<td>13.</td>
<td>We should not be subjected at anytime to a smoke filled atmosphere.</td>
</tr>
<tr>
<td>14.</td>
<td>If patient was a persistent non-complier (I agree I think this will be very rare) then possibly provision should be made that patient will have to attend GP surgery - transport provided if staff visiting home feel risk of ETS is a major concern.</td>
</tr>
<tr>
<td>15.</td>
<td>The nanny state writ large; of dubious practicality and expensive and inconvenient to publicise, Unenforceable. If a polite request not to smoke will not work, nothing will. Besides many of the community staff will (however undesirable) be smokers themselves.</td>
</tr>
<tr>
<td>16.</td>
<td>not realistic.</td>
</tr>
<tr>
<td>17.</td>
<td>I would refuse to attend a patient’s home where they continued to smoke in my presence.</td>
</tr>
<tr>
<td>18.</td>
<td>Staff should be at liberty to decline from entering any area including a patient's home if they consider that their health might be at risk. Failure to facilitate such a stance will place GGNHSB at risk of liability.</td>
</tr>
<tr>
<td>19.</td>
<td>There should be a clause for staff who wish not to attend these patients due to exposure to smoke, the limitation of staff available to care should be explained to the patient. Staff should be surveyed at the implementation stage to know if any staff are willing to continue exposure and as a whole a practise could then consult individuals and explain that unwillingness to provide a safe environment for staff will limit the care provision, and that this safe environment for staff is part of the contract between the NHS and the patient.</td>
</tr>
<tr>
<td>20.</td>
<td>Difficult to implement and control.</td>
</tr>
<tr>
<td>21.</td>
<td>As part of additional KSF staff could be offered one day Smoking Cessation training which is aimed at staff working in domiciliary settings.</td>
</tr>
<tr>
<td>22.</td>
<td>I feel that patients should be able to smoke in their own homes - a high percentage of patients will not smoke whilst an NHS staff is visiting anyway. It is unrealistic to expect patients not to smoke in their own homes, after all it would seem this is the only place that they will soon be able to do so.</td>
</tr>
<tr>
<td>23.</td>
<td>Entirely ridiculous to ask that a patient refrain from ANYTHING in their own home.</td>
</tr>
<tr>
<td>24.</td>
<td>The issue should be discussed with the patient and a verbal contract agreed. Every smoking individual should be made aware that protection of others is not only one of personal preference, but it is also a health and safety issue.</td>
</tr>
<tr>
<td>25.</td>
<td>This sounds to me like NHS GG trying to avoid litigation from its staff rather than any concern for the well-being of patients. Staff working in the community face many unpleasant situations of which passive smoking is probably the least.</td>
</tr>
</tbody>
</table>
Public comments:

1. It is too much to have patients open windows in their own home. Otherwise 'Yes' to proposal.
2. These people are being denied services. It is totally unfair to tell people what they may do or not do in their own homes.
3. A lot of people studying seem to start smoking. They say it helps - they should be made to understand it doesn't help. Its all in the imagination. A cup of tea would be better.
4. It is too stringent.
5. hmmm.
6. Do you think you are God that you can tell people what to do in their own homes? Half of the workers who visit these homes probably smoke and are glad to sit with the patient and have a smoke.
7. Does environmental health policy not provide, under NHS in Glasgow "protection" for patients in their homes, who have to accept "staff" carers etc working to "union" rules laying down their activities and allowances before practising "care" i.e. "I need to smoke" "I don’t clean" etc.

Organisations comments:

1. If the patient was suffering from an illness caused by smoking I would advise the patient to come to the hospital for treatment and advise them of the no smoking policy.
2. In the organisation I represent: we may be in a patients home for 4 hours or more: in the circumstances it is unrealistic to dictate what they can do in their own home.
3. If patient has one or two visitors who are also smoking, it makes conditions very uncomfortable for NHS staff - and smells clothing too!
4. Withdrawing services from a patient, will not solve the matter. I believe guidance, support, as well as assistance and counselling, usually helps in a situation like this.
5. As a courtesy - but in your OWN HOME there should be freedom and NO DICTATORSHIP.
6. A request, rather than a ‘rule’ may ensure people ‘comply’ although it should be made clear that NO services would be withdrawn.
7. Patient can be excused to smoke elsewhere in their own home during a visit.
8. Sound principle but may be the hardest to implement.

Question 7. General comments about the policy

Staff comments:

1. Believe that the policy covers all appropriate topic areas. Believe it is useful to have the one comprehensive policy that covers everyone e.g. staff, patients and visitors. Very helpful including details of cessation service and training availability. Review date of policy - Suggest annual review of policy until 2010, taking cognisance of continuing changes to national tobacco policies and advent of soon to be implemented legislation. Section 1.1 Bullet point 4: Consider separating into two sentences. Section 1.2 paragraph 2: Suggest changing terms "passive or voluntary smoking" to "second-hand smoke" which would bring this policy's terminology into line with terminology used in annex c of the proposal for the Smoking Health and Social Care (Scotland) Act 2005. Section 2.5 paragraph 1: Suggest change to "this policy is intended to benefit all staff, patients and visitors..." Section 2.5 paragraph 5: Suggest including contact details for Director of Human Resources. Section 3.2 patient's section, 1st bullet point: Suggest omitting "whether possible".

2. Excellent policy. Taken a firm stand with the NHS setting an example. Training provision is excellent in
| 3. | Very detailed, comprehensive and well laid out policy. The policy was mapped against the SHAW Tobacco Policy Guidelines and passed on all grounds. |
| 4. | The policy as a whole takes a very thorough look at the smoking problem that exists in the NHS today. It is heartening to see such sweeping changes being proposed and supported to protect our workforce. However, there is danger that it may also be subject to much criticism from those who believe it is their choice in life to smoke and don’t see the wider picture of the damage it does to others. |
| 5. | The policy represents a significant step for the NHS in supporting the move towards a smoke free environment. It also sends out a clear message to the wider public on the risks to health and the seriousness with which this is taken by the organisation. However, it can only work if adequate resources are available in terms of funding for medication, adequate smoking cessation services and support. There are also considerable implications involved in developing the knowledge and awareness of staff so that they can provide the appropriate support and advice to their patients (both in terms of cost and time). Further comments have included the fact that the policy, although defensible on health grounds, verges on the draconian. |
| 6. | This will take a couple of years to implement and to have the full support from patients, staff and visitors. |
| 7. | I have concerns and feel this must be implemented sensitively in order to not stir up a strong reaction from an already alienated group. It is also imperative that there is blanket publicity in order that staff are not put in a difficult position. |
| 8. | Would love to see a complete ban on smoking but I think nursing staff have a hard enough job, without asking them to enforce a no smoking policy especially in highly charged emotional situations. |
| 9. | Full agreement with the policy. |
| 10. | Have concerns over increased likelihood of fire especially within older buildings. Despite support patients will continue to smoke and if no smoking rooms available they will smoke in unsuitable areas. |
| 11. | Cant see how it can be enforced. Concerned that patients will smoke in toilets etc creating an increased fire risk. Emergency admissions are very anxious and I cant see people accepting these measures. |
| 12. | Provide smoking facilities which you can control. |
| 13. | Smokers admitted to hospital should have access to fast acting NRT to lessen their symptoms |
| 14. | How will it be enforced - for example who will ask people to refrain from smoking at entrances to premises etc. Who will police the policy? is there support from police if people have to be removed from the premises if they refuse to leave? What training and support is available for the staff that actually have to deal with the public? |
| 15. | I think making the NHS buildings, vehicles and doorways smoke free is the right step, however I feel that moving to smoke-free grounds even after a year's implementation may be too soon. In an ideal world I think that banning smoking in the grounds is a good initiative and long term is the way forward, however I feel that at present it may encourage more people to flaunt the ban by smoking somewhere in the building - I have concerns regarding increased fire risk. I know this would be hard/impossible? to police but as a gesture how about phasing in banning smoking from a certain distance from the building - with set time frames for increasing the distance. This would let the smokers get used to walking to the perimeter of the building for a cigarette and would gradually increase their fitness. |
| 16. | I believe the policy is a positive force but it is only as effective as the managers who enforce it. Current smoking policies seem to be ignored -how do we enforce this one. |
| 17. | Long overdue. Protecting non smoking patients and staff is more relevant now. My only concern is how will this be "policed" - hard job. |
| 18. | I fully agree with the aim and rationale for the policy. However I am sure implementation will be difficult with regards visitors, and aggression towards staff. Keeping compliance with visiting policies is difficult enough. I think a huge advertising national campaign needs to be undertaken in order that the public are well aware of the changes. |
| 19. | I think this is an excellent policy & aims to protect all people involved in the NHS! |
| 20. | NHS Forth Valley has been a no smoking organisation since October 2003. The policy was very well received by both staff and patients - as will be the case in NHS Greater Glasgow. |
21. From my personal experience you will only stop smoking when you want to, you cannot be forced, therefore it is hard to put a blanket ban for staff in place especially from a safety/fire point of view. People will go "under cover" to smoke, however ETS is now recognised as a problem to anyone in the presence of a smoker and these people's health has to be protected.

22. I support the policy. However I have concerns that patients will smoke in inappropriate areas putting staff and other patients at risk. Who will "police" this policy.

23. Clear objectives; May be difficult to enforce some parts (grounds); Must be clear who is to enforce policy.

24. Practicalities of implementing it difficult. Risk of secret smoking - Risk of fire. Risk to staff imposing it on patients. Who will police this? i.e. for staff/patients. I don't believe managers will impose this.

25. I agree with most of the proposal and look forward to the day I don't have to walk through a wall of second hand smoke to get to my wards.

26. I fully support the proposed policy: I hope it is implemented in full. I believe it is very important that the no smoking policy includes hospital grounds. Have you seen the 'bus shelters' for smokers outside the Beatson Oncology Centre at the Western? They are a disgrace. And to have staff smoking on hospital grounds is simply not on.

27. For the sake of the nation's health, for the sake of the NHS budget and, most importantly of all, for the sake of staff well-being, smoking should be banned in all public spaces including out of doors such as streets, parks, shopping malls, etc.

28. Again if you want to help people to stop, use ALLEN CARR. Nicotine replacement therapy doesn't work.

29. As the largest employer in Scotland, the NHS should be leading the way in implementing this ban, there should be no half measures.

30. I support the vast majority of this policy however - 'Staff must not smoke when on duty, whether on NHS GG property or elsewhere...' I understand the strategic aim however I find the prescriptive language of dictating off-site activity, in some circumstances, to be ridiculous. If I am in an environment with other people, who smoke, then my not smoking won't make a difference unless the policy is extended and uniforms/dress code are changed to force staff to carry a badge/banner message like 'Smoking Kills' - just like a cigarette packet. Go the whole hog. Take the off-site dictat to its logical extreme - don't employ smokers. There's a point at which the Orwellian approach is too much and this is it.

31. It seems that while discrimination based on race, gender, sexual orientation etc is not acceptable, this policy blatantly discriminates against those who smoke. Provision should be made for staff who wish to smoke during permitted breaks in a separate area, where anyone in that area chooses to be there and accepts the associated risks. Lack of provision of a separate area will lead to NHS staff smoking in the street outside NHS property - is that really the first impression GGHB wants visitors to NHS sites to have?

32. I agree with the aim and rationale of a smoke free NHS GG.

33. I understand why the proposed smoking ban is proposed, but this only takes into account the half of the population who doesn't smoke. Smokers already work in a smoke free environment and only smoke on their designated breaks, currently in a smokers room. If this is removed and staff have to leave the NHS premises then I feel that their rights are being affected. Currently the only people who smoke on the NHS premises are patients/carers, staff have a smoke room and stick to it. If this is taken away, then staff will congregate either on the grounds or outwith the grounds, in front of people's homes, in their uniforms, to enable their right to have a cigarette as a consenting adult who knows the risks. The NHS is already smoke free in every other respect, removing the staff smoking room would pose a risk and forcing patients/carers who currently smoke on the grounds to leave the grounds will mean that more patients/carers will sneak a cigarette within the hospital building.

34. There are many habits that are just as likely to cause health risks to others but as yet they are not being treated with the same pariah status as smoking. It is my opinion that liability risk is making large businesses and institutions almost unworkable if the trend continues down the same vein.

35. I feel that this is a brave and difficult policy to implement and I warmly salute those who have brought it thus far. It will work with the proposed government legislation and take a major step towards making those who live in Scotland a healthier nation. As with all policies, it has to have real impact on the ground and I feel that NHS staff, especially those who smoke themselves, will need strong support from their managers and colleagues to see this successfully implemented.

36. I'm very supportive of this.

37. Staff smoking should be permitted outside in covered 'bus shelter' type areas which are provided in many hospital grounds. Preventing patients smoking will result in unnecessary additional stress and slow recovery.
It's a good thing generally!

It is about time something was done. I am furious at having to walk through a curtain of smoke (especially whilst pregnant) to gain access to my place of work and also despise having to walk through the sea of dirty cigarette ends left lying at every doorway!

Public comments:

1. As an ex-smoker myself, I fully endorse all proposals suggested.

2. Too many rules being introduced.

3. In implementation, care must be taken to ensure no excessive or unfair pressure is put on smokers by providing full training to line managers and colleagues.

4. Intellectually deficient and discriminative to 30% of the population.

5. Main query over who is going to implement and monitor this? I hope nursing and domestic staff are not going to be easy targets in comparison to the senior managers and medical staff that I see smoking outside on a regular basis. What are the implications and consequences for those that are caught smoking? Also have concern that if these dedicated areas are removed from staff, it’s back to the old linen cupboard scenario for a quick puff. If the shelters remain outside, then surely there is no risk of ETS?

6. It is too stringent.

7. It is too stringent.

8. I think you are going way too far. Yes smoking is bad for peoples health but the majority of people know this. If people want to kill themselves by smoking then fair enough. I agree that they shouldn’t be smoking inside but really you don’t own the air you are trying to dictate to people how to run their lives. If you don’t think NHS staff should smoke then make it part of their application and contract otherwise you don’t control them.

9. It is rather narrow in scope.

10. Good proposal which will encourage both staff and patients to stop smoking. Provides enlightenment to those within or currently under NHS.

Organisations comments:

1. All staff and patients should be free of ETS and smoke in a porter cabin in case of health and fire.

2. In the community it is realistic to ask patient not to smoke for a short visit. Longer visits *6 hrs and overnight, sensitivity and common sense must prevail.

3. Overall I definitely agree with the majority of the policy and all it’s aspects. It can only help to make the GGNHS a healthier place both to work in and to visit.

4. Thoroughly agree with aims/rationale. Think main difficulty will be in policing situation.

5. In my view, the proposed policy is well overdue, and should have been enforced many years ago, to promote the health of NHS staff and the public.

6. I strongly feel that peoples choice is UNDEMOCRATIC.

7. I totally agree with the policy.

8. Hospitals in general create anxiety amongst patients/visitors, as when used, people tend to be unwell. The policy may heighten general emotions. Does staff working in a supportive care environment, sit well with staff & nicotine withdrawal?

9. I work with people with learning difficulties in their 40s & 50s and it would be cruel to take their right to smoke from them. I’ve tried before to talk about them not smoking but it’s “no thank you”.

25
Question 8. Support required to implement the policy

What support mechanisms need to be put in place to ensure the policy can be implemented effectively?

Staff comments:

1. Smoking cessation services of sufficient scale and capacity to support patients and staff.

2. Training - should all staff be trained in brief intervention for smoking cessation? Should all managers be trained to support these staff wanting to quit as well as those not wishing not to quit but being required to work within the policy? Support should be given to both these groups.

3. Attitudinal and dependency training should be offered to the staff. To help them understand and to be more aware of the dependency issues and withdrawal symptoms faced by individuals. Support also has to be available to individuals who don't want to stop.

4. 24 hour, 365 days service for smoking cessation essential on site, to reduce risk of verbal and physical aggression to nursing staff. As well as training for all nursing staff in smoking cessation and management of aggression.

5. Will need very significant publicity campaign. Please - no more training sessions for nurses - we have so many mandatory sessions already.

6. Will need maximum amount of advertising to advise public otherwise nurses will be on the receiving end of (at least) verbal abuse.

7. Training for managers on implementation of policy

8. Adequate training for staff Support for staff when they have to deal with difficult situations Clear guidelines and protocols for reporting and recording breaches of policy Plenty notice for staff and public on the policy and when it will be enforced Suitable and appropriate smoking cessation support throughout GGHB area to respond to demand that may be created. Clear information for patients with planned admissions on the policy and where to receive help before admission. Smoke detectors especially in high risk areas to alert staff to smoking that is being carried out where it shouldn't be.

9. A long with increased support for smoking cessation initiatives, ensuring employees are well informed about the process and what it will mean to them; I think that there should be some emphasis on the potential increased fire risk by people flaunting the ban. Another consideration regards night shift staff, walking outside the grounds to have a cigarette and their own personal safety.

10. Access to smoking cessation facilities when required will this be in work hours or own time; Needs to be clear, for the staff who need to smoke.

11. National advertising campaign for the ? re changes; Clearly update patients who are elective admissions of the policy change; Staff education; Time allocated to managers to support staff; Debriefing network sessions for managers as policy will initially increase stress levels.

12. Smoking cessation support groups need to be established. Cardiac rehabilitation services are uniquely placed to address the issue of smoking cessation.

13. Please find attached a copy of the NHS Forth Valley strategy for your information.

14. Specific training/guidance is required for front line clinical staff working in acute care settings. Specifically, acute care staff may be placed in the situation where a clinically "at risk" patient threatens to take their own discharge unless they are allowed to smoke. Given the duty of care responsibilities front line staff require clear guidance on what should be done in such situations.

15. Would the trust be in a position, possible Vic Occupational Health to provide nicotine withdrawal medication to staff?? or part of the cessation support, "as smoking staff today are potentially tomorrows smoking patient".
16. Protected time for staff to attend for support during work. (Obviously in the initial period).

17. Awareness raising sessions for staff: Prepared presentation for use by managers to deliver to staff; Posters, leaflets, media/press releases.

18. People have to want to give up. I can't believe policy achievable - N.B I'm a non-smoker.

19. Every form of communication available Include with payslip and summary sheet.

20. TV and Radio advertising should be used in the months and weeks running up to the implementation of the policy to raise public awareness. These advertisements should make it clear that from a certain date, the NHS will be a smoke free zone. Posters/message boards in hospital entrances and waiting rooms should carry the same message. Posters giving details of the policy should remain in all wards/departments when the policy is implemented. No smoking signs should be clearly displayed on toilet doors (because that's where people will smoke) and in toilets too. Leaflets should be enclosed within NHS workers payslips making it clear that the policy is important. Finally, there has to be a system to stop people (and I'm thinking mainly about NHS workers) from breaking the policy. Whether it is smoke detectors in toilets that set off a flashing light; a phone number for patients and staff to report smoking in the hospital, or some other measure. We have had a no-smoking policy on the buses for years and people regularly break it.

21. We need to stop turning a blind eye to staff smoking, there are clear areas where smoking takes place. Perhaps these should initially be policed, the message has to be no tolerance.

22. Please see previous comments.

23. A more sympathetic response to smokers would help.

24. See my comments above. Any support should be ongoing, as with life support and fire awareness training. Staff should attend such sessions regularly and any new programmes or techniques should be shared.

25. Handling aggression/abuse training. Good managerial support for frontline staff & security staff if violence results (& it will I'm afraid).

26. Goodness knows!

27. If staff suffer from severe nicotine withdrawal symptoms I think they should also be prescribed appropriate medication or have access to nicotine patches at a reduced cost.

28. The policy needs to be enforced strongly or else smoking will simply continue in toilets and elsewhere as it does now. Disciplinary measures should be taken where staff do not comply with the policy. A tough stance must be taken for this to be effective.

Public comments:

1. Ban the sale of cigarettes and lose the tax gain. Anything else is hypocrisy.

2. Understanding, fairness and equity of action for those who find it difficult to adhere to the policy.

3. It is too stringent.

4. Therapy.

5. I basically don't think your policy can be implemented as surely it breaches human rights.

6. Hypnotherapy etc should be encouraged where staff, patients and public are not able to use nicotine patches or gum etc i.e. some heart and angina patients. Acupuncture is another possible treatment.

Organisations comments:

1. Talking over with people that have given the habit up. Try to find out why the person smokes in the first place, and help for whatever their problem is and help to solve it.

2. Are there sufficient resources both for patients and NHS staff to access smoking cessation advice and NRT supply? With increasing numbers of patients being discharged on NRT could the community pharmacy service ‘Starting Fresh’, become saturated? This may be semantics but are NRT products licensed for short term replacement of smoking rather than support for cessation. It is likely that a significant amount of training will be required for NHS staff on the principles of smoking cessation, the evidence for effectiveness and on issues such as gauging willingness to stop smoking and motivational skills to encourage change. Although formal smoking cessation advice can be provided by a limited group of specially trained and dedicated staff, the extent of the policy means that almost any NHS member of staff who comes into contact with patients could be asked about the reasons behind the policy and the effectiveness of suggested strategies. It is important that a correct and consistent message is provided. Methods of follow up when patients transfer between care settings will be necessary to maximise the intervention and not lose focus so reducing the chance of success.

3. Plenty of publicity to get people ready for the change.

4. Training of staff with regards to nicotine withdrawals, for both staff and patients. Raising the awareness through the media, TV, and public meetings.

5. What is prescribed appropriate medication?

6. As mentioned above learning transcendental meditation from accredited teachers has been found the most effective stress management programme and very cost effective. Contact 08705 143733 for more details.

7. Smoke detectors in toilets and other areas where people may smoke.

8. Good, explanatory publicity Staff training Therapy services where required.
Appendix 3

Summary Of Written Responses Received
To The Consultation Document :
“NHS Greater Glasgow Draft No Smoking Policy”

PROFESSIONAL AND ADVISORY COMMITTEES

Area Dental Committee

• Fully supports a policy whereby smoking is banned on all NHSGG property, including buildings, vehicles and grounds.

Area Medical Committee

• The proposed No Smoking Policy is welcome as a long over due and vitally important public health measure.

• Whilst it deserves the full support it has of clinicians there are some practical issues arising from its implementation – primarily, how will a strict no smoking policy be policed? The current arrangements existing in hospitals will need to be considerably strengthened.

• Comforted to learn that additional resources will be found, if required, to enforce effective implementation.

• Looks forward to a strict no smoking policy being agreed, implemented and enforced as a priority.

Area Optometric Committee

• Fully supports the ban on smoking.

• Smoking has been linked with cataract formation and also a factor in macular degeneration which is the biggest source of irreversible visual impairment in the UK

Area Pharmaceutical Committee

• Profession has been active for many years in providing support, advice and supplies for Glasgow residents who wish to stop smoking. The formal Glasgow Pharmacy Smoking Cessation Programme (Starting Fresh) was launched in June 2003 and has recruited in excess of 20,000 clients to date.

• Recognise that national policy will increase the number of referrals and the above local proposals will accelerate this further, for both staff and patients. Confident that a suitably resourced hospital and community pharmacy programme can respond effectively to this challenge.
• Definition of smoke free NHS - Support the definition. Agree that this aspect of the policy should be phased in to allow time for affected staff to make a quit attempt. Agree with the exception that permits smoking in designated areas where NHS premises are in effect the patient’s home i.e. residential and psychiatric inpatient services. These patients should also be given support to quit.

• Restrictions on NHS staff - Agree with the restrictions on NHS staff smoking on duty and on NHS premises. While it seems appropriate to discourage staff from smoking at any time (in line with the message for a wider audience), it would surely infringe individual liberty to extend any formal policy beyond the workplace for NHS personnel.

• Staff will not be permitted to assist patients to go outside to smoke - This will presumably apply only during the implementation phase. Complete exclusion seems unnecessary. This should be left to the discretion of the professional personnel caring for the individual patient. However, such a practice should be discouraged and not exploited by staff wishing to smoke whilst accompanying or assisting such patients.

• Exceptions to the policy – psychiatric and residential care - Agree with the proposed exceptions, on the understanding that smoking will be permitted in designated areas only and that measures will be taken to minimise staff exposure to ETS. The affected patients should also be given every opportunity to quit, with advice and prescribed therapy to suit their special needs. It would be appropriate to ensure that any designated smoking area is not located in a prominent location as if to promote the practice. The area should also be well ventilated to ensure that tobacco smoke is adequately removed from the room to protect staff and other patients.

• Protecting staff working in the community - Support the principle of this aspect of the policy to protect NHS personnel, including community pharmacists, undertaking domiciliary care. However, acknowledge the difficulties in its implementation. Standard leaflets and letters may help, as would the support of Patient Public Involvement Groups within the CHPs. NHS GG can request and advise but cannot insist on a smoke free environment in the patient’s home. We are dealing with a chronic addiction and as such we cannot condone withdrawal of services from patients who are non-compliant. The affected patients should also be given every opportunity to quit, with advice and prescribed therapy to suit their special needs.

• General comments about the policy - Support the rationale, aim, principles, scope, applicability, tobacco promotion rules, implementation, training and equal opportunities aspects of the policy proposal.

• Support required to implement the policy - Note the commitment that “all patients who smoke will be offered access to smoking cessation support”. This needs further definition. Patient numbers could be substantial, imposing a burden on staffing and budgets unless properly resourced. Does such support extend to Nicotine Replacement Therapy? Is it feasible to forecast the cost implications? What infrastructure will be required to deliver this commitment? Fully support the above principle and recognise its cost effectiveness.
• Agree that “coming in to hospital presents many patients with the ideal opportunity to stop smoking”. Hospital pharmacists are able to support such patients, with advice, education and (where appropriate) NRT as an element of the wider provision of pharmaceutical care. The Mmy Medicines Service links hospital pharmacy and community pharmacy to promote continuity of all medicine supplies across the GP / Hospital interface.

In this way, pharmacy has a distinctive contribution to make towards the success of the quit attempt, in both hospital and community practice. Anticipate that smoking cessation will be a priority within the Public Health Service element of the new community pharmacy contract, being implemented from April 2006.

• Support the need for patients suffering severe nicotine withdrawal symptoms to be treated in a supportive manner and prescribed appropriate medication if required. Assume this will apply in exceptional circumstances only in the acute hospitals. Access to specialist services supporting heavily addicted patients is an important element of primary care services also, with the intensive support groups being complemented by follow up via community pharmacy.

• Support the commitment to education about the harmful effects of smoking, with a wide remit to target priority groups such as schoolchildren, pregnant women and those with long term chronic disease. The impact and influence of teachers who smoke should also be considered in advocating a no smoking policy on school property. This concept could be facilitated through the Community Health and Social Care Partnerships.

• In light of the radical change which the policy advocates, no doubt there will be challenges to its adoption and implementation. A range of support measures for staff, patients and public would appear necessary to ensure successful implementation of this policy.

• This policy can achieve significant health improvement across Greater Glasgow. The APC strongly supports the principles it contains and urges the NHS Board to show commitment to its implementation in the short and long term.

Robert Davidson, Sector Nurse – West, on behalf of the Primary Care Division, Mental Health, Addictions and Learning Disability Services Nursing Advisory Committee

• The policy is welcomed and fully supported.

• It is clear that something has to change and the general direction and aims of the policy in trying to minimise what is the single biggest (preventable) cause of ill health and early death cannot be reasonably argued against.

• The policy does not seem to be cross-referenced with the national approach to smoking in public places and seems at times to be over zealous in tone and approach.

• It is noted that patients in long stay psychiatric accommodation, where the setting is the patient’s home, will be exempt. As the document is currently written, therefore, this limited exemption will not apply to acute inpatients and rehabilitation settings. These wards although designated as ‘short stay’ often
have patients who are resident for many months, sometimes years. This requires to be acknowledged in the policy. There should not be a situation where some patients in a ward can smoke while others cannot.

- Support the eventual banning of smoking in all inpatient and residential settings but feel that this is a longer term objective which will have to be worked towards in a phased manner. The policy requires to include within it sufficient flexibility to allow an incremental approach supported by local protocols and pilot projects, to be planned and implemented.

In the interim, any area where smoking is permissible must have ventilation that is effective enough to afford the maximum possible protection from passive smoking. Currently ventilation systems in many areas are inadequate and inefficient.

- If smoking is banned suddenly on the day the policy ‘goes live’ the following are likely to be experienced:
  - increase in aggression between patients and towards staff
  - increased risk of fire – a distinct possibility if patients who smoke try to do so unobtrusively
  - patients who smoke and who would otherwise have been willing to come to hospital voluntarily requiring to be compulsorily detailed under the Mental Health Act
  - the possible development of a hidden and potentially hazardous ‘tobacco-economy’ among patients in an environment where cigarette usage is suddenly prohibited and availability subsequently suppressed.

- Nursing staff, who will be expected to support patients experiencing nicotine withdrawal symptoms, will require training to do so. In the face of so many training priorities, this will take time to plan and implement – competence will not be attained overnight and there will be resource implications.

- Community nurses will be exposed to passive smoking in patients’ homes, often on a serious of consecutive visits. Will they be within their rights to withdraw their service under such circumstances or ask patients to attend NHS premises rather than visit them at home? This will present an ethical dilemma for staff which may not be easily resolved. As a minimum requirement, all patients and their relatives should be issued with information on the effects of passive smoking within which they are specifically requested not to smoke during visits from health care professionals.

- The Mental Health Crisis Teams are likely to find themselves in the position of being in patients’ homes for long periods, potentially around the clock. In such situations, prolonged exposure to passive smoking will be an issue. It is unlikely that the Teams will be able to prevent patients and relatives from smoking in such circumstances and guidance with the policy on how such situations should be managed would be welcome.

- Consideration will require to be given to the inclusion of nicotine replacement preparations on local Symptomatic Relief Policies or require the development of Patient Group Directions.
• Will the Occupational Health Service be able to cope if even 25% of all staff who are offered OHS support to stop smoking take up that offer?

• As the policy currently stands, staff who have leased cars seem to be subject to different rules from those who use their own cars for business purposes.

• The policy states that from 1 October 2006, staff will not be able to smoke within hospital grounds. Some hospital grounds are extensive and to go outwith the grounds to smoke and return will take time which staff may not have.

• How will the policy impact upon the building and maintenance tendering process if staff employed by outside contractors are not permitted to smoke in the grounds of hospitals.

• The tone of the document seems overly punitive where it states that staff who breach the policy will be subject to disciplinary action. Staff with other forms of substance dependence would be formally offered support to overcome their problems before any punitive measures were taken.

• An overly swift and assertive approach to the smoking problem is likely to drive the behaviour underground. This could lead to fire risks, resultant injury and will ultimately mask the scale of the problem making it all the more difficult to deal with in the future.

• The policy states that visitors are not to be permitted to smoke on NHS property; the legality of this may have to be clarified with the Central Legal Office. There may be an issue about hospital grounds no longer being classed as Crown Property and, therefore, subject to the same byelaws as outside thoroughfares and the public are permitted to smoke in the street. Similarly, a number of hospital grounds now have clearly defined public roads running through them so even if it is legal to stop people smoking in the grounds of the hospital, it will be difficult to enforce this in such circumstances. Without a gradual phased approach to preventing the public from smoking in the grounds which allows time for a cultural shift to take place, asking non-compliant visitors to leave the premises and grounds may result in anger and frustration which is likely to manifest itself in aggression towards the member of staff who is enforcing the rule.

• How will the policy be policed? It is likely that it will be left to nursing staff to enforce the no smoking message – the responsibility and support of all staff requires to be emphasised.

• How will the policy relate to social work staff in mental health, learning disability and addiction integrated teams? Have the Local Authorities been appropriately involved in its development? Have they been involved in the consultation process?
Gordon Allen – on behalf of the National Association of Hospital Fire Officers, Scotland

- Understand and support the Board’s no smoking objectives; concerned that fire risk elimination and reduction, fire safety strategy and the application of practical means to achieve these objectives were not adequately represented in the policy development process – what advice/research was used to inform the risk assessment process?

- That smoking will continue within the Board estate is inevitable despite the best intentions of the Board expressed in the proposed policy. Consequently, an active regime of enforcement will need to be implemented.

- Dealing with persistent offenders will be a clear responsibility of line managers. Nevertheless, the practical enforcement of the policy will largely fall on Fire Safety Advisors to whom the complaints are already directed and will be to a much greater extent when the policy is implemented. Feel that this is an unfair imposition on advisors who greatly depend on good staff relationships to pursue fire safety objectives. The role and relationship of advisors with staff will be undermined because of their wrongly perceived association with the implementation of the policy.

- The development of an “avoidance” or “hide and seek” culture amongst the staff who smoke is contrary to the fire safety culture. Find the prospect of pursuing smoking related complaints a particularly negative one inconsistent with professional objectives.

- Responsibility for ensuring the policy is complied with by patients and relatives will fall on front line staff who have to deal with anxious patients, relatives and parents at times of high stress. In view of the current concerns regarding violence and aggressive behaviour towards NHS staff, it seems inconsistent to impose another potential conflict point when staff are required to deny already stressed individuals an opportunity to smoke.

- In premises where smoking is prohibited completely, visible evidence of smoking in hazardous places is not difficult to find. In those premises where this is not currently a significant problem, it can reasonably be anticipated that it will become one.

- Firecode, supported NHS HDL (2001) 20, “recognises the additional risks inherent in healthcare premises” and consequently imposes “additional” fire safety measures to those that might be encountered elsewhere. The special nature of hospital fire risks is strongly identified throughout Firecode and the NHS Scotland Fire Policy documents.

- The Board’s proposal addresses the public and staff interest by implementing controls to alleviate the particular hazards associated with tobacco smoke. In doing so, the Board will also incur a negative fire safety impact – believe this is
 contrary to the implications concerning fire risk identified in the codes of practice.

- The Fire Safety Department of Strathclyde Fire Brigade should be consulted to elicit any views that they may have on the proposed policy – this would also be in the best interests of the Board.

- A fire occurred in the Southern General Hospital in March 2005. This was a significant incident that caused considerable damage to a linen cupboard. The cause determined by the Fire Brigade was “smokers materials”. Whilst this particular incident, by itself, is not an indicator of “increased” risk, it does demonstrate the vulnerability to fire of hospital premises and the random, but not unpredictable nature of such events. The potential for such incidents is likely to be increased.

- Attaches two internet sourced reports indicating that a similar policy to that proposed for the Greater Glasgow NHS Board area, implemented in Manchester, has since been radically modified in the light of their experience due to a significant increase in the number of fire incidents. Believe this to be significant verifiable evidence and as such should be considered before adopting the proposed policy.

- The concept of providing smoking facilities outside buildings, in designated places, is a viable option for most premises.

- The “passive Smoking” argument is spurious and frivolous as smoking is not evident in any healthcare premises, except in a very few defined smoking rooms in a very limited number of premises. By definition, the only persons who use these rooms are smokers who choose to do so. The very limited exposure of cleaning or maintenance staff who may be present from time to time can hardly be identified as a significant risk of harm due to their very limited exposure. The evidence base for this level of very limited and occasional exposure is flimsy and greatly discredits the case being made for the policy.

- The policy as proposed is divisive and unachievable, placing unrealistic and unfair enforcement burdens on a minority of staff whilst at the same time reducing the overall standard of fire safety and increasing the potential for fire to occur.

- Believes that the potential increase of fire hazard is not justifiable and that evidence exists both locally and nationally to support this view.

**Eastern Glasgow Local Health Care Co-operative**

- Unanimous, broad support for both the general principles and the four main issues detailed in the summary

- Members welcomed recognition of the need to provide for the needs of longer-term patients and to provide support and assistance for staff and patients who would be affected by the policy.

- While welcoming the commitment to training, concern was expressed about the resources and support for staff expected to enforce the policy. It was felt that
there should be access to training and support for dealing with patient/visitor responses, particularly where these might be associated with aggression.

Dr Colin Guthrie, GP

- Concerned by the failure of NHSGG to provide either facilities for inpatients to smoke in hospital or to provide sufficiently potent nicotine replacement therapy (NRT) – smokers have an addiction and it is patently cruel to deprive them of their drug of addiction just because they are in hospital.

- If methadone can be prescribed to drug abusers addicted to heroin then we are duty bound to provide nicotine for smokers.

- At present, there is the patently cruel and dangerous practice of patients, often dressed in inadequate night attire, having to cajole staff or relatives into taking them outside the hospital to have a smoke outside. This is not civilised, it is extremely cruel.

- At present there does not exist, within current pharmacy legislation, an NRT of sufficient strength to replicate the nicotine intake of a normal cigarette. Such an NRT is unlikely to become available as health and safety legislation currently does not permit such a high strength of nicotine release as it is deemed to be potentially harmful.

- On page 8 of the consultation document it states that “inpatients suffering acute nicotine withdrawal will be treated in a supportive manner and prescribed appropriate medication where required” – Glasgow hospitals no longer have smoking rooms for patients and staff are not allowed to take patients outside to smoke as hospital entrances are now no smoking – this means that patients cannot be treated in a supportive manner as there is nowhere for them to smoke and there is no appropriate replacement medication available.

- We should do our utmost to excise smoking from our society but at the same time we have a duty of care for patients who are addicted to this extremely addictive compound – this means that we must enable them to smoke in hospitals as no adequate NRT exists in this country.

- If patients are not permitted to smoke in hospitals then I believe NHS Greater Glasgow is being cruel and denying patients their human rights.

- Calls upon NHS Greater Glasgow to provide suitable facilities for all patients to smoke inside the hospital in specially designated rooms.

NHS Ayrshire and Arran

- Believe the document to be a significant development.
Mark Richards – on behalf of the Mental Health Services Public Health Implementation Group

- Broad support for the draft policy.

- The key principles in the policy are welcomed but should perhaps be expanded to include a duty on the health service and its staff to promote health and to minimise harmful behaviours.

- The policy needs to be cross-referenced with The Smoking, Health and Social Care (Scotland) Act 2005.

- Clarity is required on the exemption of specified residential and long stay psychiatric facilities. This exemption goes further than that described in The Smoking, Health and Social Care (Scotland) Act 2005 which exempts psychiatric units and psychiatric hospitals. Important to note that although some patients will be cared for in acute admission areas, they would be classed as “long stay” by virtue of their length of stay in service. The definition of long stay needs to be properly defined in the context of the policy.

- Supports the move towards an outright ban on smoking in all in-patient health service premises, whether by service user, carer or member of staff. This must, however, be part of a managed approach that needs to be described within the policy. The policy should set out clear time frames for the phasing out of smoking in all in-patient facilities and the conditions that need to be put in place to support this.

- The policy refers to disciplinary action that may be taken if staff are in breach of policy. This should perhaps be moderated and be more in line with how other addiction problems are addressed in the NHS. The section on support for staff needs to be expanded to recognise smoking as an addictive behaviour and to put systems in place to support staff to stop smoking. Occupational health have a key role to play in supporting this process but the policy should be more explicit about what support is available for staff and how they access this.

- The section that covers promotion of tobacco is welcomed but could be expanded to include staff being aware of potential routes of “hidden” tobacco supply. This can include the sale of imported tobacco on site.

- Staff training needs referred to in policy are welcomed. Clinical staff will need training on smoking cessation, managing nicotine withdrawal and on the supply of nicotine replacement therapy. Easy access to information and resources to support this activity needs to be clearly stated in the policy.

- NRT needs to be available in in-patient settings on a Patient Group Direction basis. This will allow nursing staff to supply NRT promptly where this need is indicated.

- Consideration needs to be given to the policing of the policy. Under The Smoking, Health and Social Care (Scotland) Act 2005, councils have the power to issue fixed penalty notices for offences under the Act. The scope for the council to have a clearly described role in policing health service premises should be considered. The authority already appears to be covered under the Act.
Clive Travers, Sector General Manager, on behalf of the West Sector Mental Health Services Management Team of NHS Greater Glasgow Primary Care Division

- Offers broad support for the draft policy – it is clear that the draft No Smoking Policy has attempted to address many concerns and comes at a time when there is legislation which will shortly come into force banning smoking in confined public places.

- The policy needs to be cross-referenced with the The Smoking, Health and Social Care (Scotland) Act 2005.

- Clarity is required on the exemption of specified residential and long stay psychiatric facilities. This exemption goes further than that described in The Smoking, Health and Social Care (Scotland) Act 2005 which exempts psychiatric units and psychiatric hospital. It is important to note that although some patients will be cared for in acute admission areas, they would be classed as “long stay” by virtue of their length of stay in service. The definition of long stay needs to be properly defined in the context of this policy.

- The policy should include a duty on the health service and its staff to promote health and to minimise harmful behaviours.

- The move towards a complete ban on smoking in all inpatient health service premises applicable to service users, carers of members of staff is supported. This must take the form, however, of a phase approach. The policy should set out clear time frames for the gradual phasing out of smoking in all inpatient facilities and the conditions that need to be put in place to support this.

- The references to disciplinary action being taken if staff are in breach of policy should perhaps be moderated and be more in line with how other addiction problems are addressed in the NHS.

- The section of support for staff needs to be expanded to recognise smoking as an addictive behaviour and to put systems in place to support staff to stop smoking. Occupational Health have a key role to play in supporting this process but the policy should be much more explicit about what support is available for staff and how they access this. Consideration must also be given to the capacity of OHS to respond effectively.

- Clinical staff will need training on smoking cessation, managing nicotine withdrawal and on the supply of nicotine replacement therapy. This will take time and be resourced intensive.

- NRT needs to be available in inpatient settings on a Patient Group Directive basis. This will allow nursing staff to supply NRT promptly where this need is indicated.

- Consideration needs to be given to the enforcement of the policy and where responsibilities are expected to lie in this regard.
Dr W G Anderson, Medical Director, North Glasgow University Hospitals Division

- Broadly agree – the emphasis needs to be on the core issue – smoking harms the health of smokers – everything else dilutes the message.
- There should not be a years tolerance of smoking in the grounds – that happens now and unless there is a visible change on day one the opportunity is missed.
- Smoking by patients should only be tolerated in long stay situations – short stay psychiatry is not a special case.
- We must support those trying to quit – current provision is not visible and unlikely to be a major support. In bigger hospitals we need some visible presence.
- If inpatients are denied smoking in short stays there needs to be a more positive approach to substitution – will patches be prescribed during an admission? We provide substitution for opioid users and tobacco use is more commanding than opioid use. Are there clinical reasons against this?

Dr Richard Caplan, Consultant Psychiatrist

- Offers full support particularly for the proposed ban to extend to acute psychiatric wards.
- Understands why there may be some leeway offered to long stay psychiatric settings but asks that the Board stands firm if there is any opposition to the proposal for acute psychiatric wards.

Ian Crawford, Hospital Manager, Stobhill

- Policing the Policy is a huge concern at grass roots so Appendix B “Operational Guidelines for Managers” will be of particular interest when it is issued.
- Policies which involve interaction between us and the public (such as speaking to them about smoking or abusing disabled parking) are a major concern, as it is frequently received with an aggressive response.

Dr Tim Elworthy, Senior House Office in Psychiatry, Southern General Hospital

- Sought clarity around the proposals for restricting smoking in psychiatric units. Leaflet suggests allowing smoking in long stay areas such as residential or
psychiatric inpatient facilities – does this mean that smoking will be allowed on all psychiatric wards or just long stay wards?

- The majority of wards are not long stay but acute admission wards where people are admitted for less time than they would be on, for example, a general medical ward. On these acute admissions wards, smoking is a significant problem.

- There are much higher rates of smoking in the psychiatric population and this is evident in the ward environment. More importantly, non-smoking patients and staff are currently exposed to high levels of second hand smoke in many of the wards.

- Current smoking facilities are inadequate in protecting people from exposure and it is well recognised that ventilation and filtrations systems do very little to reduce levels of carcinogenic gas in the environment.

- To exclude all psychiatric units from this policy would be a missed opportunity for a significant health intervention that would benefit both patients and staff.

**Therese Grimes, Sister Midwife**

- It is important, for many reasons, that we keep a smoking room for patients. Agree that we should offer support to women to stop smoking during pregnancy (and continue with encouragement postnatal), however, there are many women who will not stop and they may hide to smoke, for example, in toilet areas contaminating the room for everyone else. At least with a smoking room it is kept to the one area.

- Many women are on a methadone programme to try and get them off drugs during their pregnancy – will they be asked to fight two addictions at once or drive them out of hospital and safety for mother and baby because they cannot smoke?

- For varying reasons, Social Services ask to delay a patient’s discharge – this may become impossible if the patient has nowhere to smoke.

- There is a danger to staff, not from ETS but physical and verbal abuse as they try to implement the policy.

**Dr M Hepburn, Consultant Obstetrician, Princess Royal Maternity**

- Proposed policy does not take account of the fact that people continue to smoke, not because they are ignorant of the consequences but because they are unable to stop. Such addictive behaviour has an organic basis and is not due to lack of willpower.

- If smoking is banned in hospital premises, many patients who are smokers will continue to smoke in inappropriate settings perhaps resulting in frequent spurious fire alarms.
• Many patients may feel unable to remain in hospital and will discharge themselves against medical advice – this may lead to more serious health care needs and ultimately greater demands on and costs for the health service.

• The draft policy acknowledges the need to make an exception for patients in accommodation that acts as the patient’s home and defines such accommodation as residential and psychiatric inpatient settings. There are other settings, including inpatient accommodation for pregnant women that should be recognised as exceptional.

• While many smokers are unable to stop, this is especially true of those with multiple other more urgent problems who use smoking as part of their coping strategy. To impose a total smoking ban, such as suggested, would be to punish those who are already disadvantaged. This is inhumane, discriminatory and unrealistic – and would ultimately increase poor health among the least healthy, increase barriers to health care for those with least access and would increase demands on already overstretched healthcare services.

Neil McConnell, Principal Biochemist, Stobhill Hospital

• Support policy with one major exception.

• Patients who are in wards for long periods of time are essentially at home and requiring them to stop smoking at the same time as undergoing treatment is unreasonable.

• It should be possible to encourage smoking cessation, in general, but to allow patients the choice to continue if they cannot give up. They have no choice about being in the ward for treatment so to impose a policy of strict no smoking on them is not just.

Sister A O’Brien, Ward 26, Medical Services, Southern General Hospital

• Agrees the hospital should have a smoke free policy but can foresee the following problems:

  1. Who will enforce the policy?
  2. Very few patients have, to date, taken up the offer of help to stop smoking. Concern that these patients will start to congregate at the entrance to the building.
  3. Patients who repeatedly breach the policy will be dealt with accordingly as per local policy. Not clear what “repeatedly” means and will staff be expected to discharge patients because they will not stop smoking in hospital?
Chloe Stewart, Library Manager (Clinical Services), Stobhill Hospital

- Fully support policy although wonder if there is scope for a little more “exceptional circumstances” policy, eg, allow bereaved relatives to smoke in a designated area.
- Otherwise well done – no one else is allowed to indulge addictions on the premises (eg alcohol).

Dr Ian S Symington, Chair, Shaw Steering Group, North Glasgow Division

- Generally welcomes the proposals in relation to NHS employees and contractors working on NHS Greater Glasgow sites to ban smoking and provide support to those who wish to stop smoking through the Occupational Health Service and other resources.
- Advocate sensitive measures for those patients who are long-term residents in NHS wards and also urge consideration of the needs of patients’ relatives when faced with bereavement and other news which may have a serious impact upon them. In such circumstances, there is a need to allow some consideration in relation to smoking.

David Vernon, Consultant Chest Physician, Victoria Infirmary

- Wholly supportive of almost any attempt to reduce cigarette consumption in NHS Greater Glasgow.
- Disappointed that the Smoking Cessation Officer in the south side was not replaced when the substantive post holder was on maternity leave – this post should be filled.

LOCAL AUTHORITIES AND COMMUNITY COUNCILS

Sandy Cameron, Executive Director, Social Work Resources, South Lanarkshire Council

- Agree, in principle, with the aims and objectives of the policy and welcome NHS Greater Glasgow’s attempt to introduce a smoke free environment in those areas where it provides services.
- It may be feasible to prohibit staff from smoking in the grounds of NHS premises, however, it would prove very difficult to enforce among members of the public. It could also prove costly to have staff patrolling grounds to enforce the ban.
- A full ban for both patients and visitors could also prove difficult to enforce. NHS staff are already subject to both verbal and physical abuse; a stringent ban on smoking could prove a flashpoint for provocation. This does not preclude
introducing tightened rules but issues of enforcement, security and staff safety need to be considered in full.

- As providers of care to people in their own homes, share NHS Greater Glasgow’s concern about staff being exposed to tobacco smoke when they visit a client who smokes. Agree that it is neither possible nor moral to withdraw services from a client who insists on smoking when a member of staff is in his/her home. As employers, however, staff who express concern at continued exposure to tobacco smoke at work must be supported. Staff should also be able to provide information on the dangers of smoking and on services to support the client to quit.

- Although stringent, staff working for and with the NHS, should be aware of their position as exemplars. It is essential that regulations are introduced, in full consultation with staff, and that all staff are given clear, reasoned explanations as to why the policy is being introduced. Also welcomed, is the emphasis on support for staff who wish to quit.

- There is no evidence in the document, however, that NHS Greater Glasgow has assessed the potential impact on smoking cessation services which might result from referrals from both staff and members of the public as a consequence of the policy. To be effective, referrals to services must be met with timely access to services and full support to all those who require it.

- This document presents a courageous step by NHS Greater Glasgow and is welcomed, however, there are practical difficulties that need to be considered prior to implementation particularly as it would be a great pity if an over ambitious policy was to fail – perhaps leading to fewer gains than a more cautious approach would achieve.

**MSPs**

**Pauline McNeill MSP**

- Whilst a supporter of the Scottish Executive’s proposals for a ban on smoking in enclosed public places, not convinced that the NHS Board’s proposals for Glasgow hospitals are achievable.

- A safe and healthy environment for staff, patients and visitors is an essential aim for the Board, however, an outright ban on smoking on all NHS Greater Glasgow property, buildings, vehicles and grounds is neither safe nor workable.

- Concerned that patients, staff and visitors will be forced to stand on the street and roadside, outwith hospital grounds in order to meet their nicotine habit. This may have the effect of causing greater health and safety problems than the provision of external smoking shelters.

- Hospitalisation is not a choice for most patients. Smoking is an addiction and should be treated as such. It is cruel to force sick smokers outside of hospital grounds in order to meet their addition.
• Wishes to see more emphasis given on supporting smoking cessation.

GENERAL PUBLIC

Anonymous

• Wholeheartedly agree that smoking is an entirely unhealthy habit and everything should be done to encourage people to give up, however, can also see it from the smokers point of view.

• If the capacity for patients and workers to smoke within NHS property is removed, people will try to find other places to go. This will lead to smoking in highly unsuitable places and potentially causing no end of destruction to NHS buildings. If there is an NHS property that currently has a smoking facility for patients or staff they should be kept on safety grounds alone as this will keep all smokers in the one monitored and safe area.

• It is up to the smoker who use this type of facility whether or not they pollute their bodies with the nicotine and various other chemicals that are found in cigarettes.

• Agree that smoking at entrances to hospitals is very unsightly and should be stopped immediately.

• NHS Greater Glasgow could emphasis the fact that it does not condone smoking on its property neither does it encourage it but for safety reasons (and to protect members of the public and staff coming into contact with people smoking outside) it will still provide a safe smoking environment for staff and patients alike.

• By bringing this policy into line rights are being given to both those who wish to stop and to those who wish to continue smoking.

aol email response

• Smoking bays for staff should remain – removing these bays will not discourage staff members from smoking and will only increase the risk of fires inside hospitals as staff hide in toilets or changing rooms to have a cigarette. Smoking bays, however, should be moved to more appropriate places so that staff and patients are not sharing the bay. The smoking bays would be better placed at the back of the hospital away from the entrance.

• At a time when there is so much emphasis on patient choice the Health Board cannot effectively tell staff that they cannot smoke as this is their own decision to make.

• In relation to long-term patients, there should be a limited amount of smoking rooms on certain wards, such as oncology. It is unfair to not allow a dying patient a cigarette when it brings them comfort.
• Another patient group that should be allowed to smoke in hospital is that of patients who are suffering from alcohol withdrawal.

Anne Glen

• Where is the money coming from for the advertising, patient leaflets etc? Who is going to police this? Ward staff are working hard enough and will not have the time to go chasing patients as they run from the ward for their next fix.

• Are more patients going to hide in unlocked rooms or at the end of a deserted corridor? Shall we see an increase in fire alarms?

• If ward staff are to not to police this then a new post must be on the cards because it is not only ward staff who are overstretched.

• How will this be enforced with suppliers and deliveries – will a guard be posted at various points in the hospital?

• Why choose psychiatric patients – there are many long-term patients who are terminally ill waiting for a space in a hospice – why omit them?

William Nelson

• Disgusted at the NHS Board’s latest attempt to demonise the smoker.

• Sick and tired of the nanny state attitude of pen pushing bureaucrats – not going to take this infringement of civil liberties lying down.

• It is an absolute scandal that smoking is given such a high profile in health campaigns when the majority of young people are high on drugs and Buckfast.

• More concerned about having parts of body eaten away by the flesh eating bugs that infest hospitals than having a harmless whiff of Golden Virginia.

Albert Nelson

• In support of decision to ban smoking in hospitals.

Robert Palmer

• Appreciate that smoking costs the NHS a lot of resources but it is also an addiction and one which is not easy to give up, the worst times being times of stress or worry which could very well encompass a hospital stay or visit to someone in hospital.

• Can sympathise with smokers who feel the need whilst either as an inpatient or visiting a sick relative/friend.
• Whilst the NHS should actively encourage people to give up, they also should have an area for smokers to use if they feel the need.

Zdprice

• Banning all patients, staff and visitors from smoking in all Glasgow hospitals will achieve nothing except the alienation of the public.

• Concerning people smoking in their own homes during home visits by health staff, this is pure Stalinism and contrary to human rights – amounting to persecution of a large minority of people.

• You have no rights inside private homes and all homes are private.

• Enforcing any kind of ban in hospital grounds is unenforceable or is our money going to be further wasted hiring Smoking Wardens?

• MRSA kills more people than smoking plus passive smoking.

• These measures are useless, dictatorial, tyrannical and stupid – yet another case of too many co-ordinators and not enough Indians.