

## Agenda Item 21

**TO:** West Gloucestershire Primary Care Trust Board

**FROM:** Dr Hugh Annett, Director of Public Health

**DATE:** 17<sup>th</sup> March 2005

**SUBJECT: SMOKEFREE NHS**

### 1.0 PURPOSE

- 1.1 To inform the Board of the requirement in the public health white paper "Choosing Health – making healthy choices easier" for a smokefree PCT by the end of 2006 and to obtain the Board's commitment to introduce the smokefree policy for the PCT at an earlier time, namely No Smoking Day 2006 (March 2006).

### 2.0 BACKGROUND

- 2.1 In the 1990s the NHS was advised to adopt policies on smoking that allowed for limited, 'necessary' provision for smokers. Gloucestershire Health Authority adopted such a policy and the current PCT policy (attached) is derived from it. However, interpretation of the guidance has varied greatly, and although most NHS premises have no-smoking policies, only 10% have become completely smokefree.
- 2.2 As reported to the Board at its November 2004 meeting, following a period of extensive public consultation, the government published in November 2004 the public health white paper "Choosing Health – making healthy choices easier". Among the commitments made in Choosing Health was an undertaking that the NHS will be smokefree by the end of 2006. In this regard, NHS organisations are required to take action to eliminate secondhand smoke from all their buildings and provide comprehensive support for smokers who want to give up.
- 2.3 Choosing Health also indicated that the Health Development Agency (HDA) would shortly publish guidance for NHS organisations on the provision of smokefree buildings to protect staff, patients and others from the health risks of secondhand smoke. The HDA has now published "the Case for a completely smokefree NHS in England", "Guidance for smokefree hospital trusts", and "Smoking and patients with mental health problems".
- 2.4 The staff and management of Dilke Memorial Hospital decided that the hospital should pioneer a smokefree NHS. With the support of the Gloucestershire Smoking Advice Service (GSAS) the Dilke became smokefree on No Smoking Day 2005 (March 9 2005), piloting this initiative on behalf of the PCT.

**3.0 DISCUSSION**

**3.1 Justifying the Policy**

**3.1.1 Definition**

Smokefree means that smoking is not permitted anywhere within hospital buildings. No exceptions will be made for staff or visitors. For long-stay mental health patients in an acute psychiatric state or terminally ill patients exceptions may be made on a case-by-case basis. However, no blanket exceptions will be allowed for particular categories of patients.

Some NHS trusts have decided to include grounds as well as buildings in their smokefree policies and the HDA guidance indicates that this may be considered the ultimate standard to which all Trusts might aspire to in the near future.

**3.1.2 The case for a smokefree NHS**

There are compelling reasons for the NHS to become smokefree

- Smoking kills 120,000 people each year in the UK. Non-smokers are also affected – more than 1,000 are killed each year by breathing other people's smoke. Thousands more suffer harm from diseases such as asthma and other respiratory illnesses, as well as angina, nausea and headaches.
- Allowing some patients and staff to continue to smoke undermines the message that smoking and tobacco smoke pollution are dangerous.
- Failure to implement a completely smokefree policy leaves all employers open to the risk of prosecution and litigation. The absence of specific legislation on workplace smoking does not absolve employers from responsibility to ensure a safe working environment under health and safety law.
- As the largest employer in the country, the NHS has a duty to protect the health and wellbeing of staff – as well as patients – from the health hazards of smoking and to demonstrate exemplary conduct to other employers.
- The NHS has a duty to promote the health benefits of not smoking and has an important role to play in helping smokers to overcome a dependence on cigarettes that will have a one in two chance of killing them.
- Completely smokefree policies aid patients' recovery. The NHS should provide a safe place for people to be treated and recover without being exposed to harmful tobacco smoke pollution. Smoke can be particularly risky to those who are already ill (such as patients with angina or asthma), or

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vulnerable to its effects (such as children and pregnant women), or at risk of long-term exposure (such as staff). Smoking delays patients' recovery and wound healing, resulting in longer hospital stays. Smoking can also contribute to the transmission of communicable diseases such as MRSA and tuberculosis if affected patients are permitted to breach cross-infection control policies to use smoking facilities.

- Tobacco smoke pollution also creates extra costs for the NHS through additional cleaning bills, sickness absence, ventilation and fire damage.

### 3.1.3 The rights of staff and patients who do not want or cannot stop smoking.

The smokefree policy treats smokers in the same way as those who are dependent on other substances, including alcohol. Those dependent on other drugs are offered treatment and are not permitted to bring these drugs onto NHS premises or use them during their working day.

Smokers who are patients in long-stay institutions need to be treated on a case-by-case basis, and the definition of smokefree allows for this. However, many such patients will want to quit; research shows that smokers with mental health problems can be encouraged to stop successfully using specialist support tailored to their needs; and some Trusts are already introducing smokefree policies in mental health institutions and hospices, and have found that very few exceptions to the policy have to be made.

## 3.2 **Committing to the policy**

- 3.2.1 While it is a requirement to go smokefree by the end of 2006, given the benefits to individual staff and patients and to the organisation of going smokefree it is recommended that the Board commit to an early adoption and introduction of the policy. But neither can the policy be introduced in a peremptory or abrupt manner if its adoption is to gain widespread support. Gaining commitment to the policy from all those involved, ensuring cessation support is widely accessible, and identifying how the policy will be enforced and monitored requires a well prepared implementation plan. Thus it is recommended that the Board commit to introducing the policy on No Smoking Day 2006. Preliminary discussions indicate that this may be the commitment of all of the NHS organisations in Gloucestershire, and discussions to this effect are ongoing in other Trusts.

## 3.3 **Smokefree Grounds**

- 3.3.1 Having smokefree grounds as well as buildings means a strong message is communicated about the established dangers of smoking and secondhand smoke. People smoking at the entrance of NHS facilities gives a very poor impression and also means that those entering and leaving the buildings have to pass through tobacco smoke. Building and maintaining smoking shelters and clearing smoking litter uses considerable resources that would be better spent on

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providing treatment and support for smokers wanting to stop. For these and other reasons – including fire risks – it is recommended that the Board commits to the development of a smokefree policy that includes grounds as well as buildings.

### **3.4 Independent Contractors**

- 3.4.1 Assuming the Board endorses the proposal that the PCT go smokefree in March 2006 (No Smoking Day 2006), it is proposed that the PCT encourages and supports independent contractors to adopt a smokefree policy at the same time.

### **3.5 Introducing the Smokefree Policy**

- 3.5.1 Successful introduction of a smokefree policy not only requires Board-level approval and prioritisation, it requires championing and careful planning. It is recommended that the Director of Public Health form a Smokefree PCT Working Party with broad representation, including members from health and safety, clinical, nursing, pharmacy and smoking cessation staff, human resources, trade unions, and service users/patients representatives, to drive the policy forward.

## **4. Recommendation**

- 4.1 The Board is asked to:

- commit to a Smokefree PCT policy
- introduction of the policy on No Smoking Day 2006
- support the proposal that in West Gloucestershire PCT the smokefree policy includes grounds as well as buildings
- encourage independent contractors to also commit to implement the smokefree policy on No Smoking Day 2006
- support the establishment of a Smokefree PCT Working party to develop the PCTs smokefree policy and ensure its successful implementation in March 2006.

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