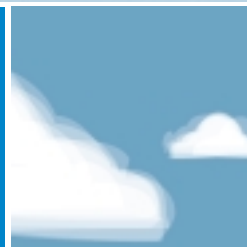


The logo for ashscotland, featuring the text "ashscotland" in a white, lowercase, sans-serif font on a solid blue rectangular background.

# Re-Audit Of Tobacco Policies In The NHS In Scotland

An executive summary of research  
undertaken by CCL Associates Ltd.

Commissioned by ASH Scotland,  
in conjunction with NHS Health Scotland  
and the Scottish Executive.



December 2005

## Introduction

Since the early 1990s the NHS in Scotland has been expected to be virtually smoke-free. In this context, a re-audit of tobacco policies in the NHS in Scotland was commissioned by ASH Scotland in conjunction with the Scottish Executive and NHS Health Scotland. The re-audit follows up the findings from an earlier audit undertaken by ASH Scotland in 1994/95.<sup>1</sup> Results from the re-audit have informed the development of new guidance for the NHS, local authorities and care service providers in light of the Smoking, Health and Social Care Act 2005.<sup>2</sup> The Act will come into force on 26 March 2006.

### The aims of the re-audit were to:

- Establish whether effective strategies are now in place for the routine monitoring, review and evaluation of policies
- Establish whether current policies satisfy staff and patient needs
- Inform continued development of best practice guidelines and recommendations re: policy development, implementation and monitoring
- Ensure best practice guidelines acknowledge developments in the tobacco field and the NHS.

### Methods for conducting the re-audit

- All Scottish Health Boards and Special Health Boards were surveyed on current tobacco policies - 73% (16 out of 22) responded
- Case studies were conducted in three health boards using documentary analysis, in depth interviews and observation
- Staff (n=281) and patient (n=301) surveys were conducted in the three case study health board areas sampling in acute hospitals, psychiatric units (staff only) and health centres.

### Main findings

- **Tobacco policies** in the NHS are now widespread; they are grounded in evidence and based on consultation, particularly with staff groups.
- In terms of **compliance**, there is a general acceptance that smoking is not permitted in hospitals.
- There are some concerns about the practicalities of **enforcing** any extension of a smoking ban to cover grounds as well as buildings.
- There is a consensus that enforcing tobacco policies in the NHS should be done in a sensitive, constructive and compassionate way and that conflict should be avoided wherever possible.
- The procedures for and timing of **policy review** varies from one Board to another.
- **Investment in smoking cessation services by Health Boards** has increased, and is more focussed compared to 10 years ago.
- The **unification of NHS functions** is providing a supportive context in which comprehensive policy development can occur. This context facilitates the formation of steering groups that are appropriately constituted to develop and implement policy in a proficient way.
- Wider consideration is required of the relationship between the **European Working Time Directive**, staff breaks and smoking behaviour.
- The need for NHS tobacco policy work to be located in a broader social strategy to change the culture around smoking was repeatedly stressed, although the leadership role of Boards is considered crucial.

## Conclusions

There has been considerable progress on developing tobacco policies in the NHS over the past 10 years.

Tobacco policies in the NHS are now widespread; they are grounded in evidence and based on consultation, particularly with staff groups.

The central lead being provided from the Scottish Executive, particularly through the commitment to introduce smoke-free legislation on March 26th 2006, has been a significant contributing factor to the progress made on tobacco policies in the NHS.

The right to work in a smoke-free environment in the NHS has been successfully positioned as an occupational health issue. This has facilitated the process of tobacco policy implementation, providing it with a rationale.

### **A totally smoke-free NHS is a desirable long-term goal, and some boards are already taking steps in this direction.**

However, there is some concern about the practicalities of enforcing any tobacco policy that extends to grounds as well as buildings.

## Recommendations

- NHS Health Boards will wish to review their tobacco policies to reflect the new statutory responsibilities on Boards in relation to smoke-free provision. This should be the responsibility of the appropriately designated Steering Group.
- To demonstrate their health leadership role and maximise the health gain opportunity, Boards should consider the benefits of going further than the strict requirements of the legislation and working towards completely smoke-free policies throughout. This will require to be done sensitively, with consideration being given to what additional support should be available for staff and patients and how smoke-free policies can be credibly enforced.
- Consultation on policy development and review must be comprehensive. More effort should be made to engage patients, contractors working on NHS premises and local communities as part of the consultation process.
- Framing the tobacco policy around an occupational health & safety rationale is less contentious than framing it in terms of individual benefits. The appropriately designated Steering Group should consider this issue.
- Boards need to consider a range of methods when communicating policies. Boards should not simply rely on passive communication methods such as public notices and posting the policies on Board intranets. More active methods such as staff seminars should be considered as well as how policies are communicated to all those affected.
- Smoking behaviour needs to be viewed within the wider context of work and off duty patterns that are governed by the European Working Time Directive. The appropriately designated Steering Group should consider this issue in consultation with Human Resource and Union representatives.
- Greater attention and guidance is required on the practicalities of policing tobacco policies in the NHS in Scotland. In particular, Boards need to avoid the impression that policies are selectively enforced among different staff groups. Appropriate enforcement behaviour should be a feature of all staff training associated with policy implementation.
- Boards should develop a more consistent approach to data collection. Steering Groups should take account of the core minimum dataset (issued April 1 2005) developed by PATH that has been rolled out and provides a consistent approach to data collection.<sup>3</sup>
- Boards should ensure that provision for appropriate regular monitoring and review is included in their Tobacco Policy. Steering Groups should consider what resources (skills and finance) are needed to ensure an acceptable level of monitoring. They should also ensure that patients, local communities and contractors working on NHS premises are fully involved in any review process.
- There is a need for NHS tobacco policy work to be located in a broader social strategy to change the culture around smoking. Boards have an important health leadership role but consideration should be given to how other sectors and local communities can contribute to culture change and work in partnership with tobacco alliances and CHPs (Community Health Partnerships).

## Acknowledgements

### Researchers:

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- Paul Ballard, Tayside NHS Board
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- Sheila Duffy, ASH Scotland
- Rachel Harrison, ASH Scotland
- Sally Haw, NHS Health Scotland
- Paul Kingsmore, The Property and Environment Forum Executive

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## References

<sup>1</sup> Walker, S., Hillhouse, A., and Batten, L. *Monitoring tobacco policies in the NHS in Scotland*. Edinburgh: ASH Scotland, 1995.

<sup>2</sup> The Smoking, Health and Social Care (Scotland) Act 2005.

<sup>3</sup> ASH Scotland. *The minimum dataset for scottish smoking cessation services: final version and guidelines for use* [online] 2004. Available from: <http://www.ashscotland.org.uk/ash/files/Minimum%20Dataset%20Guidelines.pdf> [Accessed 01 December 2005]

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