

What three respondents thought was a priority	What ASH Scotland might do	What the STA SLWG might do
<p>Action 1</p> <p>There is scope for a general awareness campaign within secondary care to motivate health care professionals to support the drive for effective referral and support for the hospital smoke-free policy.</p>	<p>Consult with professional bodies to identify those which have policies and procedures which could and should already be implemented by clinicians.</p> <p>Research trawl and use of international contacts to identify campaigns in other countries.</p> <p>Involve professional bodies in providing regular reminders to their members about the effectiveness of smoking cessation on clinical outcomes – newsletters, social media, continuing professional development, annual conference slots.</p> <p>ASH Scotland could provide tailored articles for use by professional bodies.</p> <p>ASH Scotland could provide a national poster(s) for use within outpatient clinics, wards and staff areas listing the benefits of supporting patients towards cessation before treatment of particular types or aimed at long-term conditions.</p>	<p>Provide current examples of communications by professional bodies and examples of good practice by different specialisms</p> <p>Provide feedback on any resources or communications plans put forward by ASH Scotland.</p>
<p>Action 2</p> <p>Increase the number of professionals conveying the benefits of stop before the op/test/visits by creating briefing materials and establishing new communications</p>	<p>ASH Scotland could re-evaluate IMPACT Project guidance to ensure that the importance of quitting before entering hospital for elective surgery is conveyed through training materials.</p> <p>ASH Scotland could approach NHS Health</p>	<p>The STA could organise partnership events with Scottish Drugs Forum to help support a more receptive addictions service response to cooperation with SSS's.</p> <p>STA/ASH Scotland could offer speakers at</p>

<p>channels to Stop Smoking Services (SSS). Drug and Alcohol Services, mental health and long-term-condition-third-sector charities could be targeted.</p> <p>Pre-admission for other treatments (e.g. chemotherapy, dialysis, detox, IV treatment for an infection) or pre-tests (e.g. blood tests such as water deprivation, bone density scans, exercise tolerance tests). Any patient required to be in hospital for an extended period of time, causing a smoker to experience withdrawal, or that may be a beneficial time to raise the issue of smoking and encourage a quit attempt.</p>	<p>Scotland and NHS Inform on the possibility of creating a QYW branded Stop Before the Op Guide for Scotland.</p> <p>Information service could produce an evidence based PPP to enable making the every contact count philosophy more widely known.</p> <p>Information Service process a revised briefing paper on the importance of stop smoking before operations and invasive medical procedures.</p>	<p>appropriate events to convey the importance of making every contact count prior to hospitalisation of a smoker.</p> <p>STA members could play a part in editing and shaping new written materials.</p> <p>Send ASH Scotland examples of communications, posters or resources used to communicate the need for referral to stop smoking services.</p>
<p>Action 5</p> <p>The STA will support discussion over setting a minimum waiting time to be seen in acute care for nicotine dependence support.</p> <p>Suggested target – within 30 minutes?</p>	<p>ASH Scotland could undertake dialogue with the relevant agencies to assess whether having such a target is desirable and to identify the criteria that need to be satisfied in order to meet such a target</p>	<p>STA SLWG could play a part in identifying what is required to see that this target is met and create case studies to illustrate how it is being achieved.</p>
<p>Action 6</p> <p>Resources aimed at encouraging support for quitters amongst their immediate family should be created to help encourage smoke-free surroundings before and after medical procedures and advice for relatives to help maintain quit attempts by patients.</p>	<p>ASH Scotland could work with Inform Scotland to identify ways in which information could be made available to relatives and carers of people with long-term illnesses or who are likely to need in-hospital medical interventions.</p>	<p>STA SLWG could support the development of new materials and routes of communication and provide feedback on any suggestions put forward.</p> <p>The wider STA network could give access to organisations in support of people living with long-term conditions and their carers.</p>