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NO SMOKING AND SMOKE FREE ENVIRONMENT PROCEDURE

Introduction and Aim

Smoking is the main cause of preventable disease and premature death in Wales. Smoking cost NHS Wales £386 million in 2007/08, representing seven per cent of our total healthcare expenditure. Smoking accounts overall for an estimated 22 per cent of all adult hospital admission costs, 14 per cent of all prescription costs, 13 per cent of all GP consultant costs and six per cent of outpatient costs (Phillips & Bloodworth, 2009).

It is recognised that tobacco smoke in the environment is also a health hazard to both smokers and non-smokers through passive smoking. In addition to putting people at risk from diseases, smoking can also act as an irritant in the eyes, throat and respiratory tract; aggravate asthma and pose a significant fire risk. Ventilation or separating smokers and non-smokers within the same airspaces does not stop potentially dangerous exposure.

Cardiff and Vale University Health Board (UHB) has a statutory responsibility for improving the health of the UHB population as well as providing individual patient centred care for promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health is a critical element in achieving a sustainable health service into the future.

In order to be a credible and effective advocate for population health improvement, as an organisation the UHB must be able to demonstrate that it is actively promoting health and wellbeing and preventing ill health. Our employees are ambassadors for health and have an important role to play in promoting health and wellbeing.

The aim of this policy is:

- to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke) and to ensure compliance with the Health Act 2006 and related regulations for Wales and the Smoke Free Premises etc (Wales) regulations 2007
- to actively promote and support health and wellbeing.

Objectives

The objective of this policy is to improve health by promoting action to limit smoking and to protect and promote the health of both the smoker and the non-smoker.

In order to achieve this, the following will be implemented:

- Provide effective communication processes to ensure compliance and adherence to the policy
- Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking
- Ensure that arrangements are in place for enforcing and monitoring of the policy

- Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers
- Ensure appropriate signage and awareness of the permitted smoking areas for patients identified under ‘Exceptions’ (a) and (c) previously listed on page 7 of the original policy
- Removal of designated smoking shelters (not including any permitted areas, noted under ‘Exceptions’ in the policy)

Scope

This Policy is applicable to all employees, contractors, visitors and service-users (patients), with four exceptions (see above).

The Policy includes staff who are required to visit private residents as part of their duties. Further details on this are outlined on page 13.

Equality Impact Assessment	*An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the policy found here to be no impact.*
Health Impact Assessment	*A Health Impact Assessment (HIA) has been completed and this found there to be no impact.*
Documents to read alongside this Procedure	British Thoracic Society (2005). *Smoke Free Hospitals.* London: The British Thoracic Society Phillips, C. And Bloodworth, A. (2009) *Costs of smoking to the NHS in Wales.* ASH Wales and BHF Optimising Outcomes Statement Policy, UHB Board 3 July 2013 Public Health England (2014). E-cigarettes: An evidence update. Mc Robbie H et al. (2014). Can electronic cigarettes help people stop smoking or reduce the amount they smoke, and are they safe to use for this purpose? Royal College of Physicians (2016). Nicotine without smoke. Tobacco harm reduction.
Approved by	People, Planning and Performance Committee

Accountable Executive or Clinical Board Director	Director of Public Health

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Summary of reviews/amendments

Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	N/A	02/09/11	New policy to replace Trust Version 91
2	03.07.2013	Trina Nealon	New policy replaces existing UHB Version 1 (UHB73). Amendments include: • Full no smoking ban across all UHB sites, with no provision for on-site smoking (except exceptions as listed) and removal of the designated smoking shelters • Prohibit of use of e-cigarettes inside UHB buildings • To strengthen the 'Responsibilities' section of the policy.
3	28/07/2016	17/08/2016	Scheduled review of policy. Amendments include: • Policy reformatted into new UHB style • Introduction updated in regard to mental health patients and e-cigarettes • Section 10.6 and Appendix 6 – Level 3 Pharmacy information included • Section 11 – training • Section 12 – Communication • Appendix 1: Guidance and evidence section updated • Appendix 2: Mental health.

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1. INTRODUCTION

Smoking is the main cause of preventable disease and premature death in Wales. Smoking cost NHS Wales £386 million in 2007/08, representing seven per cent of our total healthcare expenditure. Smoking accounts overall for an estimated 22 per cent of all adult hospital admission costs, 14 per cent of all prescription costs, 13 per cent of all GP consultant costs and six per cent of outpatient costs *(Phillips & Bloodworth, 2009)*

It is recognised that tobacco smoke in the environment is also a health hazard to both smokers and non-smokers through passive smoking. In addition to putting people at risk from diseases, smoking can also act as an irritant in the eyes, throat and respiratory tract; aggravate asthma and pose a significant fire risk. Ventilation or separating smokers and non-smokers within the same airspaces does not stop potentially dangerous exposure.

Cardiff and Vale University Health Board (UHB) has a statutory responsibility for improving the health of the UHB population as well as providing individual patient centred care for promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health is a critical element in achieving a sustainable health service into the future.

In order to be a credible and effective advocate for population health improvement, as an organisation the UHB must be able to demonstrate that it is actively promoting health and wellbeing and preventing ill health. Our employees are ambassadors for health and have an important role to play in promoting health and wellbeing.

In March 2011, the UHB approved the No Smoking and Smoke Free Environment Policy. The Policy banned smoking across all UHB sites except those considered under the 4 exceptions that were listed. UHB staff, visitors and contractors are not permitted to smoke on site.

A supporting Action Plan was implemented - delivered via three phases of development. These were ‘smoke free entrances’ (phase one), ‘smoke free staff’ (phase two) and ‘smoke free UHB’ (phase 3). This final phase has involved continual on-going support from the UHB and strengthened enforcement actions,

Work to date has included a comprehensive communications strategy, placement of high profile signage, development of the ‘Clean Air’ Champion role, delivery of Brief Intervention Training for Smoking Cessation to over 200 staff, increased capacity of the UHB‟s in-house hospital based smoking cessation service, improved patient pathway referral for pregnant women and pre-operative patients who smoke (linking to the Optimising Outcomes Policy)

and detailed monitoring of sites to include organised litter picks, penalty fines for litter dropping (in partnership with Cardiff Council), removal of waste bins with in-built cigarette ashtrays and re-installation of audio messages at main entrances. A ‘Tobacco 20 Challenge’ was launched on No Smoking Day, March 2016 to further promote the policy and strengthen staff engagement.

Work has taken place to revise Exception (b) of the Policy relating to those residential units providing residential accommodation for mental health patients. In April 2016 all mental health wards moved to the new Hafan y Coed Unit at University Hospital Llandough and smoking has been prohibited on all wards. Patients are only permitted to smoke in a designated outdoor shelter within the boundaries of this facility, Visitors to this unit are not permitted to smoke. This work follows on from initial actions which included restricting the use of indoor smoking rooms during the day, reducing access to tobacco and installation of electronic lighters and outside shelters.

Smoking on hospital sites across Wales has become less accepted and all health boards across Wales have implemented No Smoking Policies – some with comprehensive, full bans such as Aneurin Bevan and Betsi Cadwaladr Health Boards, and others in working towards full bans such as Cwm Taf and Hywel Dda Health Boards. Welsh Government has issued letters of support which encourage hospital sites to be smoke free and increasingly a culture change against smoking in public places has been witnessed.

Work has also been implemented as part of the UHB’s Optimising Outcomes Policy Statement (OOPs) which further reflects the importance of reducing smoking prevalence as the Policy asks that anyone to be listed for an elective intervention who is recorded as a smoker must have been offered, accepted and completed smoking cessation support prior to being put on a waiting list. This system builds upon existing pre-operative smoking cessation support and aims to introduce a systematised framework to address lifestyle risk factors before surgery.

Alongside this, the use of e-cigarettes on workplace/hospital sites has been considered. The UHB‟s Smoking Cessation Service has witnessed an increase in patients asking about the products with respect to quitting smoking and data collected by the UHB’s No Smoking Enforcement Officer has shown that although the numbers of ’vapers’ are low in terms of those approached – there are increasing numbers of ‘obvious’ vapers on UHB sites (who are not approached since they are not smoking). The use and accessibility of e-cigarettes has created much debate amongst the health sector and recently e-cigarettes have been more favourably supported for their contribution to the harm reduction approach to quitting smoking evidenced in the Royal College of Physician’s report - ‘Nicotine without smoke – Tobacco harm reduction’ , April 2016.

Welsh Government has been supportive of all health boards actively encouraging a smoke free environment. A Tier 1 Performance Indicator has been issued to health boards to increase the number of smokers setting a firm quit date and quitting smoking at 4 weeks. The target is:

- 5% of adult smokers must have made a quit attempt via smoking cessation services with at least 40% of those quitting smoking (carbon monoxide CO validated quit rates) at 4 weeks.

2. GUIDANCE AND EVIDENCE

Guidance and Evidence is attached as Appendix 1.

3. POLICY STATEMENT

3.1 All UHB sites, (premises, grounds and vehicles), will be smoke-free from 1st October 2013 subject to the following four exceptions:-

(a) In-patients who are considered long-term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of the inability to smoke whilst admitted. In these cases, the patient will be required to follow a clinical management protocol to include:

- A consultation with the UHB‟s smoking Cessation Service for full assessment to be made and a management plan agreed
- If it is agreed in the management plan that the patient should be permitted to smoke, this can only take place in the permitted areas which will be closely monitored

(b) In accordance with the Smoke Free Premises etc, (Wales) Regulations 2007 - designated rooms for use by those aged 18 years or more in (i) a care homes; (II) an adult hospice and (iii) a mental health unit which provides residential accommodation for patients in designated outside smoking areas only

(c) In de-escalating violence and aggression in-patients, very occasional smoking may be permitted within a de-escalation protocol

(d) In private rooms within staff residence

Further information regarding these four exceptions is detailed within Appendix 1.

3.2 The UHB does not support the use of e-cigarettes and their use inside UHB premises is not permitted.

The UHB is committed to supporting employees and patients who wish to stop smoking.

4. NATIONAL LEGISLATION

The Health and Safety at Work etc Act 1974 places a duty of care on employers to 'provide and maintain a safe working environment which is, so far as is reasonably practical, without risk to health and adequate as regards facilities and arrangements for their welfare at work'

The Health Act 2006 & The Smoke-Free Premises etc (Wales) Regulations 2007 prohibit smoking in virtually all enclosed public places and workplaces and came into force on 2nd April 2007. These regulations only exempt in addition to private residences the following types of residential accommodation, subject to specific conditions:

- Designated bedrooms in hotels, guesthouses etc
- Care Homes as defined in the Care Standards Act 2000
- Adult Hospices
- Mental Health Units providing residential accommodation

The Act created three offences:

1. Failure to provide appropriate signage in smoke free premises (maximum fine £1,000)
2. Smoking in a smoke free place (maximum fine £200).
3. Allowing smoking to take place in smoke free premises (maximum fine £2,500).

5. AIM

The aim of this policy is:

- to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke) and to ensure compliance with the Health Act 2006 and related regulations for Wales and the Smoke Free Premises etc (Wales) regulations 2007
- to actively promote and support health and wellbeing.

In prioritising the promotion of a smoke free environment, the UHB demonstrates a key and fundamental example of a 'practising public health organisation.'

6. OBJECTIVES

The objective of this policy is to improve health by promoting action to limit smoking and to protect and promote the health of both the smoker and the non-smoker.

In order to achieve this, the following will be implemented:

- Provide effective communication processes to ensure compliance and adherence to the policy
- Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking
- Ensure that arrangements are in place for enforcing and monitoring of the policy particularly during early implementation
- Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers
- Ensure appropriate signage and awareness of the permitted smoking areas for patients identified under exceptions (a) and (c) previously listed on page 7.
- Removal of designated smoking shelters (not including the permitted area above)

7. SCOPE

This Policy is applicable to all employees, contractors, visitors and service-users (patients), with four exceptions (see above).

The Policy includes staff who are required to visit private residents as part of their duties. Further details on this are outlined on page 13.

8. DEFINITIONS

A full list of definitions used in this policy are listed as Appendix 3.

9. ROLES AND RESPONSIBILITIES

This policy affects all UHB employees as everyone in the UHB has some responsibility for ensuring the health and wellbeing of staff and those accessing UHB sites.

9.1 The UHB Board

The UHB Board is responsible for ensuring that UHB policy is implemented effectively.

The Board in recognising the importance of promoting no smoking will ensure that all patients and staff have access to smoking cessation services.

The Health and Safety Committee of the Board will be responsible for monitoring the policy on behalf of the UHB Board.

9.2 Chief Executive

As Accountable Officer the Chief Executive is ultimately accountable for the effective management of the UHB‟s business and in particular for ensuring that policies are adhered to.

9.3 Director of Public Health

The Director of Public Health is responsible for ensuring the appropriate policy is in place on behalf of the Chief Executive of the UHB. The Director of Public Health advises and supports the „practising public health‟ commitment.

9.4 Directors and Assistant Directors

Directors and Clinical Board Directors have responsibility for compliance with the No Smoking and Smoke Free Environment Policy. They must ensure compliance with No Smoking legislation and for compliance at premises for which they are accountable.

Directors, Clinical Board Directors and Assistant Directors should ensure that everyone in their Clinical Board/Directorates understands their responsibilities in ensuring compliance.

Each Clinical Board will be given a referral target to smoking cessation services which reflects the Welsh Government’s performance measure as outlined on page 6.

9.5 Clinical Governance Leads

Leads on Clinical Governance in each Directorate will ensure that presentations on smoking prevention and cessation feature at least annually in their sessions with reference the No Smoking and Smoke Free Environment Policy.

9.6 Managers

Managers have a responsibility to ensure that their staff and patients understand and comply with the requirements of this policy.

They will provide appropriate support to staff who wish to give up smoking.

It is the responsibility of the contracting UHB manager to ensure all contractors are aware of and adhere to the policy.

9.7 All Employees

All our employees have a responsibility to adhere to UHB policy and to promote the health and wellbeing of our population.

10. APPLICATION OF THIS POLICY

The policy will be introduced from 1st October 2013 and replaces the previous No Smoking and Smoke Free Environment Policy agreed by the UHB Board. The previous policy permitted smoking in designated smoking shelters only, for ‘distressed’ or ‘anxious’ patients only.

The UHB will ensure that it has appropriate signage to ensure that it fulfils its legal duties as described on page 7 and below.

10.1 No Smoking Signage

The UHB is required, by law to display appropriate ‘No Smoking Signs’ in prominent positions at or near each entrance to the premises so that people entering the premises can see it. If there is more than one entrance used by staff, service users, contractors or visitors, more than one sign will need to be displayed. A full site audit of current and required signage was instigated as part of the original Implementation Plan.

The regulations outline the minimum requirement for ‘No Smoking’ signs that should be displayed at all entrances to enclosed premises, stating they must;

- Be flat and rectangular and at least 160mm by 230 mm in size.
- Display the internal ‘No Smoking’ symbol in red, at least 85mm in diameter
- Contain the following bilingual statement: ‘Mae ysmygu yn y fangre hon yn erbyn y gyfraith/It is against the law to smoke in these premises’.

  The international ‘No Smoking’ symbol signs can be used elsewhere in the UHB premises to emphasise the ban.

  No Smoking signage needs to be displayed in each compartment of work vehicles.

  The regulations state that a ‘No Smoking’ vehicle sign must;

- Display the international ‘No Smoking’ symbol in red, at least 75 mm in diameter.

Additional signage can be ordered free of charge on line at www.smokingbanwales.co.uk

10.2 Application of the policy to vehicles

The regulations also cover vehicles which are used to transport the public or used by more than one employee in carrying out work duties. The UHB applies this policy to;

- UHB owned vehicles;
- Vehicles leased through arrangements with the UHB when being used for UHB business;
- Privately owned vehicles when carrying one or more passengers travelling on UHB business (i.e. claiming travel expenses from the UHB).
- Privately owned vehicles when parked on UHB sites

10.3 Non-compliance

Authorised officers from the local authority have powers to enter the UHB premises in order to establish that the smoke-free legislation is being enacted in accordance with the law. They can give out fixed penalty notices to people whom they believe are committing, or have committed, an offence under the legislation.

The Wales Regulations apply to all individuals smoking in enclosed premises. Employees smoking in breach of this policy may face disciplinary action in accordance with UHB disciplinary rules.

Steps that can be taken when a members of staff becomes aware of an individual smoking in UHB premises have been issued by the Welsh Assembly Government and are outlined in Appendix 4.

The commitment to enforcing this policy should not just be a formal statement but be evident in the day to day activities of the UHB, so that it is readily known and understood by all staff. Where managers become aware of deficiencies in adherence to the policy to take no action to remedy them the staff and others will readily perceive that such actions are condoned, because of the habitual nature of smoking. It is therefore particularly important from the outset to ensure those areas where breaches regularly occur (such as hospital entrances) are closely monitored and offenders moved on or asked to refrain.

Managers, staff and staff representatives are jointly responsible for ensuring that:

- Individual staff, patients, visitors and contractors know, understand and comply with this policy

- The policy is monitored in their own areas and contraventions are identified and managed.

UHB Staff are personally responsible for complying with this policy. Managers Guidance, intranet and internet advice and ward based posters and flyers outlining the process for implementing the No Smoking Policy have been disseminated and promoted. On-going work is required to continue the enforcement of the policy and gain engagement from all sectors of the UHB.

Certain areas within the UHB present an acute risk if a smoking prohibition is not strictly enforced. Failure to adhere to the smoking policy in these areas will be considered as gross misconduct and shall be subject to disciplinary procedures. These areas will be normally highlighted by the relevant statutory signs, in addition to the standard 'No Smoking' sign to alert people to the increased risk. Below is a list of these areas:-

- Areas where flammable liquids or gases are handled
- Areas where food is prepared and served including bar serveries
- Laboratories
- Wards and other clinical areas
- Front of main entrances

10.4 Staff visiting private residences

In line with other NHS organisations, where staff are required to visit private residents as part of their duties (such as manager on staff sickness visits or staff providing services in private residences) where possible, correspondence should be issued in advance of the visit requesting the household refrains from smoking in anticipation of the scheduled visit by the UHB employee.

Where managers are aware of staff who regularly enter private residences of individuals who are known smokers, staff rotas should be drawn up to reduce the exposure of any one member of staff to the smoking environment.

Community staff on duty must not smoke within patients/service users homes.

10.5 Authorised breaks

UHB Staff are entitled to scheduled breaks as agreed with their manager, local policy and in line with their contract of employment. The UHB does not recognise smoking breaks.

Staff are reminded to be responsible and considerate to local residents when smoking off site. They must ensure that any form of UHB identification (including uniform) is completely covered up. This is to ensure that they are not

identified as UHB staff and also to keep their uniforms clean and free from smoke odour.

10.6 Support for staff who want to give up smoking

Smoking Cessation services are available from 2 sources;

- Hospital in-house smoking cessation services

  Contact details: Helen Poole, Smoking Cessation Counsellor
  02920 743582 INTERNAL 43582
  Helen.poole@wales.nhs.uk

A hospital in-house smoking cessation service exists for all staff and patients (and their families) accessing Cardiff and Vale UHB. This service commenced in 1985 at Llandough Hospital and later in 2000 at University Hospital of Wales. The service can be accessed either by self-referral or referral „in house" within the UHB. The programme incorporates elements from various behavioural therapies to allow flexibility, tailoring support to each individual. The first month consists of an intensive phase of weekly advice and support sessions, which includes a discussion of the various kinds of treatment available, such as Nicotine Replacement Therapy (NRT) and the newer stop-smoking aids that do not contain nicotine Buproprion (Zyban) and Varenicline (Champix). The in-house service is also able to prescribe NRT patches/lozenges or Champix (signed by an appropriate consultant). Follow up sessions take place at 3, 6 and 12 months, with telephone support at 2, 5 and 9 months. Patients who have not stopped smoking are discharged at 3 months, with an open door policy to return into the programme at any time.

- Stop Smoking Wales

Contact details; Freephone 0800 085 2219 or access the website www.stopsmokingwales.com

Stop Smoking Wales (SSW) offers free, friendly support for smokers who are ready to stop.

Before stopping, a trained specialist will help staff understand the reasons for smoking. A quit date is planned and information about the different kinds of treatment available, such as Nicotine Replacement Therapy (NRT) and the newer stop-smoking aids that do not contain nicotine Buproprion (Zyban) and Varenicline (Champix) are discussed.

Weekly sessions are held across Cardiff and Vale of Glamorgan in local venues on (weekday) mornings, afternoons and evenings. Those attending can

continue to attend sessions even after the quit date to provide help and on-going motivation.

- Level 3 Enhanced Smoking Cessation Service Community Pharmacy

15 Community Pharmacies are currently participating in a Level Enhanced Smoking Cessation Service. Staff 9and members of the public) can access this service directly by walking into a participating Pharmacy and asking for advice and support to quit smoking. A full programme of support is available including Nicotine Replacement Therapy. A full list of participating Pharmacies is included as Appendix 6.

11. TRAINING

Issues related to smoking and public health will be included in the following:

- Cardiff and Vale UHB Induction
- Brief Intervention Smoking Cessation Training
- Making Every Contact Count (MECC)
- Fire Lectures

12. COMMUNICATION

12.1 Communication to staff

This policy will be regularly communicated to staff via the internet, intranet, clinical portal, bulletins and staff magazine.

Managers must bring this policy to the attention of their staff through team meetings or similar mechanism.

Leads on Clinical Governance in each Directorate will ensure that presentations on smoking prevention and cessation feature at least annually in their sessions with reference to the No Smoking and Smoke Free Environment Policy.

All induction and fire lectures must refer to this policy.

Job advertisements, job descriptions and interviews will include reference to the smoking policy. Staff shall be told about arrangements for smoking in their place of work on appointment, and means of accessing smoking cessation support.

Areas should also be well sign posted.

12.2 Communication to Patients

Appointment notices of both inpatient and outpatient cards include advice on the UHB No Smoking and Smoke Free Environment Policy.

On admission and or booking at a clinic, as part of the patient electronic record system (Clinical Workstations, COM and PMS), all patients must be asked their smoking status and the response recorded on this system. If a smoker, smoking cessation support offered and an internal referral to the UHB's in-house Smoking Cessation Service be completed using the contact details listed in point 10.6 above.

Advice leaflets will be available on each ward containing advice as to how to access smoking cessation services, discussing concerns with their clinician.

Patients and visitors can access the full policy on the UHB Internet site.

12.3 Communication to Visitors

All entrances and pedestrian exits to car parks should have signage reinforcing that the UHB is a 'Smoke free UHB'. Smoking signage should reflect the message that smoking is prohibited.

Sufficient No Smoking signs will be placed at entrances at all UHB sites. This will be supplemented by the audio notices where appropriate which are currently being reviewed with an intention to reinstate at entrance areas by November 2013.

12.4 Communication to Contractors

Contractors are not permitted to smoke on UHB sites. Wherever possible, contractors should receive written guidance on the UHB No Smoking and Smoke Free Environment Policy prior to work being carried out – as part of work agreement or contract. All contractors should be made aware of the policy prior to carrying out scheduled work and this should be included in any contract statement. Contractor managers and site supervisors are responsible for ensuring all staff they employ comply with this policy. As previously stated, is the responsibility of the contracting UHB division to ensure all contractors are aware and adhere to the policy.

12.5 Consultation

Initially, a No Smoking Policy task and finish group, a sub group to the Smoke Free UHB Steering Group, formed to include membership from relevant stakeholders including smoking cessation, clinicians, nursing, fire, public health, staff representation, health and safety, estates, procurement and workforce and organisation development was formed to discuss the formal and

informal consultation process that would be required. It was agreed that the policy would be presented to the following UHB Groups:

- Employment Policy Sub-Group (EPSG)
- Local Partnership Forum
- Health and Safety Committee

This revised, No Smoking and Smoke Free Environment Policy has been discussed at EPSG, Local Partnership Forum and Health & Safety Committee.

Support to the initial policy has been gained from the Wales Medical Committee, Medical Advisory Group and the Cardiff Chest Physicians Group.

On-going consultation a UHB Local Partnership Forums, Health and Safety Committees and other Clinical Board Director meetings is required to ensure maintenance of this Policy.

13. RESOURCES

13.1 Signage

The UHB will need to replace defaced and vandalised signage. There may be ongoing maintenance required to the audio system.

13.2 Smoking cessation support

It is recognised that smokers access support from a variety of different methods with the majority of smokers choosing no support from a specialist service. Smokers are 4 times likely to quit smoking with support from a Smoking Cessation Service

The provision of Nicotine Replacement Therapy (NRT) will increase with an impact on prescribing budgets.

On-going commitment to provide a UHB Smoking Cessation Service for patients and staff is integral to this policy.

On-going commitment to the No Smoking Enforcement Officer post will be required to continue with the maintenance of the policy and enforce implementation.

13.3 Designated Smoking Shelters

All smoking shelters have to be removed as part of this policy - except any within the Hafan y Coed Unit at University Hospital Llandough.

14. REFERENCES

Details of the documents referred to in the development of this Policy are shown in Appendix 5.

15. EQUALITY AND HEALTH IMPACT ASSESSMENT

The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treat it's staff reflects their individual needs and does not discriminate against individuals and/or groups or exacerbate health inequalities.

The UHB has undertaken an integrated Equality Impact Assessment and Health Impact Assessment of this policy using an integrated screening tool. The UHB wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. It also wanted to know if the services offered in the policy were accessible and whether they contributed to: improving/maintaining healthy lifestyles; income and employment; physical environment; social and community influences on health and macroeconomic and sustainable factors.

The assessment found that there was **no significant negative impact** on the equality groups mentioned or on the health of the local population and health inequalities. An action plan was developed to address some minor negative impacts identified to ensure that the UHB meets its responsibilities under the equalities and human rights legislation.

16. MONITORING AND AUDIT

16.1 The 'Tobacco Control Partnership Board' – formerly known as the 'Smoke Free UHB' Steering Group will monitor the progress of the policy via meetings and adherence to an agreed Delivery and recovery Action Plan 2015-2017. Meetings of this group are held quarterly and chaired by the Executive Director of Public Health.

16.2 The UHB Board and Health & Safety Committee will annually conduct a formal review of the effectiveness of the No Smoking and Smoke Free Environment Policy.

16.3 The following indicators will be used to monitor the effectiveness of the policy:

- Awareness of staff to the requirements of the policy via staff polls and data collected by the No Smoking Enforcement Officer (monthly data)

- Compliance as indicated by data collected by the No Smoking Enforcement Officer (monthly data)
- Cleanliness of Entrances (observed and complaints received)
- Compliance will also be incorporated into the Workplace Inspection Programme
- Staff accessing smoking cessation support (data provided quarterly by the UHB Smoking Cessation Service)
- Random spot checks through walkabouts
- Number of complaints received to the UHB's Patient and Public Experience Team

16.4 Performance indicators have been developed as part of UHB performance management processes and Annual Operating Framework (AOF) adherence with regard to smoking prevalence and quit rates. A Tier 1 performance indicator has been set by Welsh Government to health boards. Performance against this target will be reported to Board via the People, Performance and Delivery Committee.

16.5 Compliance will also be reported as part of agreed monitoring processes relating to the 'Practising Public Health Organisation' Action Plan, IMTP, Tobacco Control Delivery and Recovery Plan 2016-2017, Corporate Health Standard Working Group, Cardiff and Vale Tobacco Control Strategy and Action Plan

17. REVIEW

The No Smoking and Smoke Free Environment Policy will be reviewed annually.

Appendix 1

NO SMOKING POLICIES - GUIDANCE AND EVIDENCE

1. 'Smoke free' hospital policy
The guidance document 'Smoke Free Hospitals' (*British Thoracic Society, 2005*) advocates a 'developed and resourced comprehensive programme supported by the Trust Board ....coupled with advice and help on smoking cessation', as the most effective intervention for preventing smoking in hospitals. This document recommends four steps in implementing a smoking ban:

> Step 1: Obtain commitment from the Trust *(UHB)* Board with publication of a 'No Smoking Policy'.
> Step 2: Restrict smoking by patients and staff within the hospital to various permitted areas.
> Step 3: Restrict smoking to areas outside the hospital and clear of the hospital entrances.
> Step 4: Move to a smoke-free hospital, including buildings and grounds.

NICE Guidelines recommend the development of a policy that provides smoking cessation as part of a wider tobacco control strategy *(NICE Public Health Guidance 10, 2008)*. Crucially, smoking cessation support to staff is seen as a success factor in the effectiveness of smoking bans (*McKee and Gilmore, 2003)*.

Evidence suggests that smoke free policies at work typically reduce the absolute prevalence of smoking by about 4 percent and partial policies by 2 percent Combining the effects of reduced prevalence with lower consumption per continuing smoker yields a mean reduction of 1.3 cigarettes per day per employee which corresponds to a relative reduction of 29% *(Fichtenberg, 2002).* Smoke free policies are also known to reduce the number of cigarettes smoked each day by those who continue to smoke *(Nicotine Addiction in Britain, 2000).* A study published in 2009 further found that whilst a full workplace No Smoking Ban reduced the current smoking rate by 6.4% among all workers the average daily consumption amongst those continuing to smoke reduced by 3.7% *(Kim, 2009*). There is some evidence that compares quit rates of employees working in a full smoking ban with that of a partial ban. Smokers in total bans were more likely to stop smoking during working hours whereas those in partial bans were more likely to increase their consumption (Style and Capewell, 1998).

This policy will ensure compliance with the Smoke Free Premises etc (Wales) Regulations 2007 and will also support the implementation of the Corporate Health Standard at Work. It follows the work of the previous UHB 'No Smoking and a Smoke-free Environment Policy' and the original Cardiff and Vale NHS Trust Policy, (January 2008). That policy stated:

> 'It is the ultimate objective of the Trust *(UHB),* to remove all provision from smokers from its premises. It recognises however that this must be as staged progression over an extended period of 2 - 3 years.'

Whilst the previous policy recognised the importance of a staged progression to full ban, a formal implementation plan was not progressed.

Within the wider Cardiff and Vale community, the Tobacco Free Partnership have engaged with a wide range of stakeholders to agree detailed outcomes and actions to reduce the prevalence and incidence of smoking which are published in the Tobacco Control Cardiff Strategy and Smoke Free Vale Strategic Action Plan. Implementation of the UHB policy will contribute to this wider approach.

2. The use of e-cigarettes
Electronic cigarettes (e-cigarettes) or electronic nicotine delivery systems (EMDS) have become increasingly popular since the mid 2000s with an estimated 1.3 million people using them in 2013.

E-cigarettes are battery powered products that typically look like real cigarettes containing a cartridge of liquid nicotine, the atomizer (or heating element), a rechargeable battery (although some are 'one use' products), and electronics. They turn nicotine, flavour and other chemicals into a vapour that is inhaled by the user. The exhaled vapour can be seen and the tip of the cigarette has a light emitting diode (LED) which lights when the use inhales, resembling a real cigarette.

There has been much controversy and discussion over the safety of e-cigarettes. A number of research studies have begun to clarify the impact of e-cigarettes on health, at least in the short term. The long term effects will not be known until e-cigarettes have been in widespread use for decades (Royal College of Physicians, 2016). A systematic review of high quality studies has shown that smokers who used e-cigarettes short-term (for 2 years or less) did not have an increased health risk compared to smokers who did not use e-cigarettes (Mc Robbie H et al. 2014). In support of this, a review of the evidence by Public Health England has concluded that e-cigarettes are 95% less harmful to your health than normal cigarettes (Public Health England, 2015).

In May 2016, new regulations came into force in the UK to regulate e-cigarettes to ensure that all nicotine containing e-cigarettes and refill containers meet minimum safety and quality standards (MHRA, 2016). Under the EU Tobacco Products Directive, anyone who manufactures or imports e-cigarettes will be required to licence their product to ensure that all e-cigarettes are:

- Child resistant/ tamper evident packaging is required for liquids and devices.
- Devices must deliver a consistent dose of nicotine under normal conditions.
- Tank and cartridge sizes must be no more than 2ml in volume and nicotine strengths of liquids must be no more than 20mg/ml.
- High purity ingredients are used in the manufacture of the nicotine-containing liquid
- Cross border advertising is banned – this includes some print, TV and radio.
- Products cannot make health claims unless they are licensed as medicines.

Over recent years a concerted effort has been made to determine whether e-cigarettes are effective as a smoking cessation aid. A Cochrane review conducted in 2014 examining the use of e-cigarettes for smoking cessation and reduction has concluded that there is evidence to suggest that e-cigarettes containing nicotine helps smokers to stop smoking long-term compared to e-cigarettes without nicotine. Furthermore, the review indicated that e-cigarettes containing nicotine help more smokers reduce the amount they smoke by at least half compared to using e-cigarettes without nicotine. Comparing e-cigarettes containing nicotine with nicotine patches, there is no robust evidence to suggest e-cigarettes are better in helping people to stop smoking but people who used e-cigarettes were more likely to cut down the amount they smoked by at least half (Mc Robbie H et al. 2014). More randomised control studies of e-cigarettes are underway to determine with confidence whether e-cigarettes are effective as quitting aids (Mc Robbie H et al. 2014).

A number of key organisations have signalled their support for the use of e-cigarettes to help people stop smoking. Public Health England has indicated that a combination of e-cigarettes and support from a smoking cessation service helps most smokers to quit tobacco altogether (Public Health England, 2015). Similarly, the Royal College of Physicians are promoting the use of e-cigarettes alongside NRT and other non-tobacco products as a substitute for smoking in the UK (Royal College of Physicians, 2016). Medicine licences have been awarded for two new e-cigarette products, a nicotine-metered dose inhaler (Voke*)* and an e-cigarette (E-Voke), raising the prospect of e-cigarettes with safety profiles similar to NRT becoming available in the near future (Royal College of Physicians, 2016).

E-cigarettes are not currently covered by the smoke-free laws in operation in Wales. There is concern amongst various groups that allowing use of e-cigarettes in places where smoking will normalise smoking behaviour and undermine the public health progress made so far (Public Health Wales, 2015). In June 2015 the Welsh Government consulted on a proposal to restrict the use of nicotine inhaling devices, such as e-cigarettes, in enclosed

public places as part of the Public Health (Wales) Bill, however, the bill was not passed. Public Health Wales has previously suggested that “e-cigs should be prohibited in workplaces, educational and public places to ensure their use does not undermine all of the good work that has gone into smoking prevention and smoking cessation by reinforcing or normalising the habit” (Public Health Wales, 2013).

The UHB’s No Smoking and Smoke Free Environment Policy primarily aims to protect staff and public from the dangers of tobacco smoke. As e-cigarettes do not contain this danger, it is important to consider all the issues before agreeing a full ban on the use of these products.

Appendix 2

NO SMOKING AND SMOKE FREE ENVIRONMENT POLICY

Consideration of Particular Situations

Introduction

In considering a No Smoking and Smoke Free Environment Policy, the UHB understands that there exist particular situations which by their very nature, may act as trigger points in terms of increasing incidence (and by default, prevalence) of smoking in the grounds of the UHB. Furthermore, it is acknowledged that some specific patients – such as those on long-stay or mental health wards - may need to be considered as 'special circumstances'.

Under the Smoke Free Regulations etc (2007) mental health units are considered exempt and therefore designated 'smoking rooms' are still permissible. However, since April 2016, mental health patients at the UHB's Hafod y Coed unit at University Hospital Llandough, can only smoke outside, in the designated smoking area - other patients are not included within this exemption unless included under exemption (b) of the policy.

Furthermore, distressed relatives or carers may experience a higher than normal level of stress and anxiety in certain circumstances – such as a family member ill or having recently died for example. This may increase the desire to smoke and the possibility of having to walk off-site may be considered difficult.

The UHB understands that these situations are of relevance in applying a No Smoking Policy and therefore has considered these important issues below:

CONSIDERATION OF PARTICULAR SITUATIONS: LONG TERM SMOKERS

The UHB understands that long term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of thee inability to smoke whilst admitted, may require exceptional permission to smoke in permitted smoking areas which will be closely monitored.

In these cases, the patient will be required to follow a clinical management protocol to include:

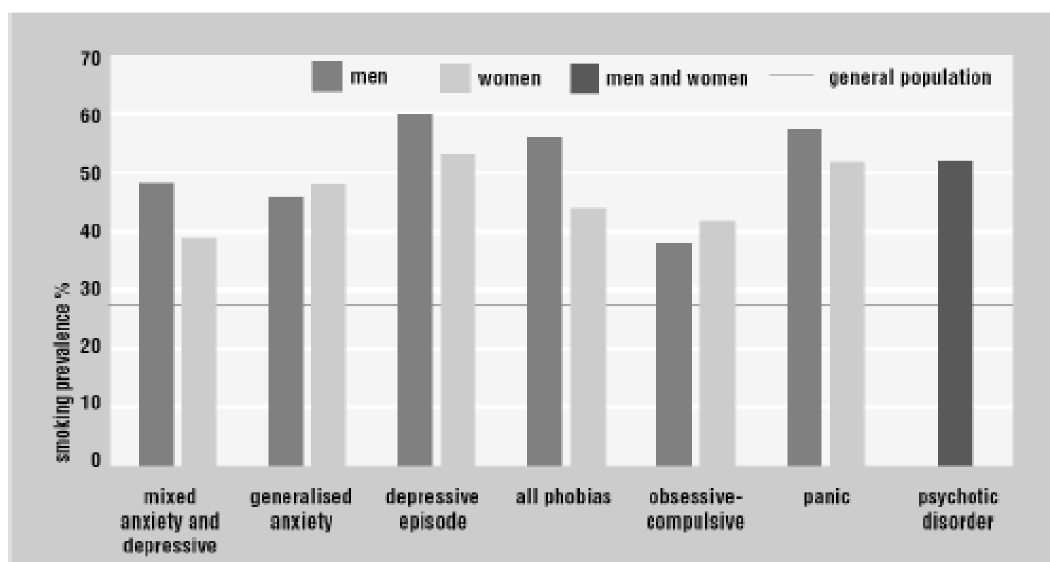
- A consultation with the UHB's smoking Cessation Service for full assessment to be made and a management plan agreed.
- If it is agreed in the management plan that the patient should be permitted to smoke, this can only take place in the permitted areas

CONSIDERATION OF PARTICULAR SITUATIONS: MENTAL HEALTH

1. Mental Health and smoking prevalence

Smoking and heavy smoking is associated with all measures of mental health (McNeill 2004, McNeil 2001, ONS 2000). In all categories of mental health smoking prevalence is higher than the general population (Melzter et al. 1995).

Figure 1 Smoking prevalence by mental health problem



Source: Meltzer, H et al. *Economic activity and social functioning of adults with psychiatric disorders*. London: HMSO 1995.

1.1 Understanding mental health and smoking

1.1.1 Why are smoking rates higher in people with mental health problems?

Several hypotheses have been generated to attempt to explain why smoking rates are higher in people with mental health problems than the general population. These are summarised as follows:-

- Self medication hypothesis

Nicotine is physically addictive and because it has a short half-life, withdrawal symptoms such as cravings, tension and low mood occur frequently (McNally 2009). Smokers are thought to self medicate against these withdrawal symptoms. Some people with mental health illness may find smoking rewarding and smoking may compensate for some of the difficult symptoms of their condition (Campion et al. 2008a).

- Cultural hypothesis

In the general population and as a consequence of the smoking ban in public places smoking has become de-normalised in society and is seen as less acceptable. However, smoking is seen as central to the culture of mental health care institutions (Lawn and Pols 2005). As a result, it is therefore presumed that to make a quit attempt would be more difficult as cessation maybe discouraged (McNally 2009). Trinkoff and Storr (1998) found that a large proportion of staff are smokers themselves and that non-smoking policies are less acceptable to mental health staff than other health care professionals (McNally et al. 2006).

- Void hypothesis

In this theory it is thought that quitting smoking will leave a greater void in the life of mental health service users than it does for the general population: that they may have „nothing else in life" (McNally 2009). Many people with mental health problems lack structure in their daily lives and have fewer coping skills which may deter them from trying to stop smoking. McNally (2009) suggests that rather than accept that there is a void created, a positive approach might help service users to quit, assist them to fill this void and empower them to explore new activities.

1.1.2 The impact of smoking on mental health

Some studies have demonstrated that smoking can have a temporary positive effect on mental health, whereas others have shown the adverse effects of smoking for a longer period, in regard to anxiety and depression (McNally 2009).

There are studies that indicate that smoking is associated with poor mental health. It was found by Pasco et al. (2008) that women with no history of depression had a higher risk of developing a major depressive disorder by the end of the ten year period if they were smokers. Johnson et al. (2000) noted that anxiety was exacerbated by smoking. The self medication hypothesis does not provide a full picture as whilst smoking has the potential to have rewarding psychological effects these are likely to be temporary and not likely to add benefit to a person with mental health problems or improve their quality of life (McNally 2009).

Depression

There is now sufficient evidence to identify that smoking is a significant risk factor for the onset and worsening of mental health problems; in particular depression and anxiety (McNally 2009). A study by Pasco et al. (2008) found that in women with no history of major depressive disorder at baseline, those who smoked had a 93% higher risk of having developed a major depressive disorder over the ten-year study period.

Schizophrenia
The evidence is less conclusive in schizophrenia (McNally 2009). Some studies have concluded that smoking lowers the risk of onset of schizophrenia (Zammit et al. 2003) other studies have found it more likely (Kelly and Mc Creadie 1999).

Anxiety
There also appears to be a link with anxiety and smoking (McNally 2009). A study by Breslau and Klein (1999) found smoking to be associated with an increased risk of the first occurrence of panic attacks. Breslau (2004a) found that the onset of panic disorder and agoraphobia were twice and four times more likely in case of pre-existing daily smoking.

Physical health
In general, people with mental health issues present with poorer physical health and higher mortality rates (Hennekens et al. 2005, Brown et al. 2000). There have been a number of hypotheses as to the cause, including smoking, obesity, diabetes and hypertension (McNally 2009). Brown et al. (2000) found that the standardised mortality ratio (SMR) for all-cause mortality attributable to smoking was higher for all age groups with schizophrenia. Makikyro et al. (1998) found respiratory problems to be twice as likely amongst women with a psychiatric diagnosis than the general female population (McNally 2009).

1.2 Mental health 'in-patients'

The highest levels of smoking in any population group occur among inpatients in mental health units where up to 70 per cent smoke. Smoking has a significant impact on the health of people with mental health illness. Research shows that this has a disproportionate impact on their morbidity and mortality.

The smoke-free regulations provide limited exemptions to the smoke-free law, mainly to cover workplaces that are also a person‟s place of residence. These exemptions include mental health units (as defined in section 1(2) of the Mental Health Act 1983) which provide residential accommodation. Similar exemptions apply in relation to residential care homes as defined in Section 3 of the Care Standards Act, and to adult hospices. There is no exemption for hospitals per se.

The exemption in the Regulations allows the relevant premises to have 'designated rooms' where smoking by patients is permitted provided that certain conditions are met. A similar exemption was originally included in the smoke-free regulations for England, but only for a period of 12 months. Since 1 July 2008, all enclosed or substantial enclosed areas in residential mental health units in England are required to be smoke-free. Welsh Ministers have made no commitment to phase out the Welsh exemption for residential mental health units by a particular date.

Since April 2016, mental health patients admitted to a residential ward or unit at the UHB's Hafod y Coed Unit at University Hospital Llandough, are only permitted to smoke outside in designated areas.

2. Supporting clients with mental health issues

It is recognised smoking cessation needs to be specifically tailored for patients with mental health problems.

Low mood has been commonly thought to be a symptom of nicotine withdrawal (McNally 2009). Overall, the information is unclear whether smoking cessation can lead to relapse in among those who have been diagnosed with depression (McNally 2009).

It has been suggested that depression may be improved by smoking cessation (McNally 2009). The National Household Survey on Drug Abuse in the USA found that among ex-smokers the risk of depression decreased as more time elapsed since quitting smoking (Martini et al. 2002).

A study by Hughes (2007) found that anxiety is a withdrawal symptom from quitting smoking. However another study found that people who had quit for four weeks that there was a decrease in their anxiety levels from week one of their quitting process (West and Hajek 1997).

Campion et al (2008a) found that there is little evidence to suggest an adverse effect of smoking cessation on psychotic symptoms. Baker et al. (2006) conducted a randomised control trial of a cessation programme with people with psychotic disorders. The active treatment was nicotine replacement, motivational interviewing and cognitive behaviour therapy. There was no apparent effect of either cessation or the treatment side effects from quitting smoking on the patient's symptoms (McNally 2009); however, a study by Barnes et al. (2006) found that akathisia can occur after quitting smoking.

There are known interactions between smoking and mental health medication. The Health Development Agency states the following:

> Smoking increases the metabolism of certain medication, which can lead to lower plasma levels and greater doses are therefore needed to achieve a similar therapeutic effect. A positive outcome of stopping smoking is that the metabolism of these medications may be reduced; however, it is important to note that people in this situation will need monitoring by a healthcare professional in case the dose they are taking needs adjusting (Willis 2009).

There is currently little in the way of high-level evidence to suggest what the best type of smoking cessation intervention in mental health settings may be most effective (Willis 2009, NICE 2007).

A number of factors were identified as important to address when developing a protocol for working within mental health settings. These include:

- evidence base for delivery of smoking cessation services
- interaction between cessation and medication
- impact of cessation on mental health symptoms
- access to pharmacotherapy treatment
- the need for different models of smoking cessation to reflect the range of service delivery to the spectrum of mental health

2.1 Stop Smoking Wales

Currently, Stop Smoking Wales provides behavioural support for clients with mental health problems who live in the community and who would like to give up smoking and are able to participate in the community groups already established following an agreed model of delivery. There is no specific, tailored programme for acute mental health patients who smoke.

Stop Smoking Wales advocates the following within acute, community centres (day care etc) and community (GP managed) settings:-

- Brief intervention training for all mental health/primary care staff
- Train staff in mental/community healthcare institutions to deliver intensive behavioural support for smoking cessation
- Smoking cessation to be built in to patient care plan
- Referral pathway to appropriate support to be in place on discharge/community cessation groups if appropriate
- Medication, prescribing of pharmacotherapy to aid quitting and withdrawal symptoms to be monitored by medical staff

Similarly, the UHB hospital, in-house smoking cessation service will see a client if referred via a clinical (as opposed to mental health) department but in recognising the m intensive support required to patients with mental health issues, currently do not offer general one-to-one cessation support. It is recognised that further work is required to develop a tailored approach to achieve long-term cessation in such a high-prevalence setting.
The Mental Health Clinical Board in recognising the specific support is required to help patients quit smoking, has identified smoking support champions in every ward and provided opportunities for staff training.

CONSIDERATION OF PARTICULAR SITUATIONS: STRESSFUL SITUATIONS

Distressed relatives or carers who wish to smoke should be dealt with sympathetically. For some individuals situations of particular stress will trigger a greater demand to smoke. Whilst for many this is seen as helping them deal with the stress and aid in the coping mechanism, smoking is triggered by the addiction which is increased in times of particular additional pressure on an individual.

The UHB recognises this but also has a duty to protect others from the harmful dangers of cigarette smoking and to be seen as a credible health promoting organisation. In some cases, a family member seen smoking when a relative is suffering from a disease related to smoking, will help strengthen this argument.

Whilst the UHB is sympathetic to the desire for distressed relatives to smoke whilst on its premises, the No Smoking Policy does not permit this.

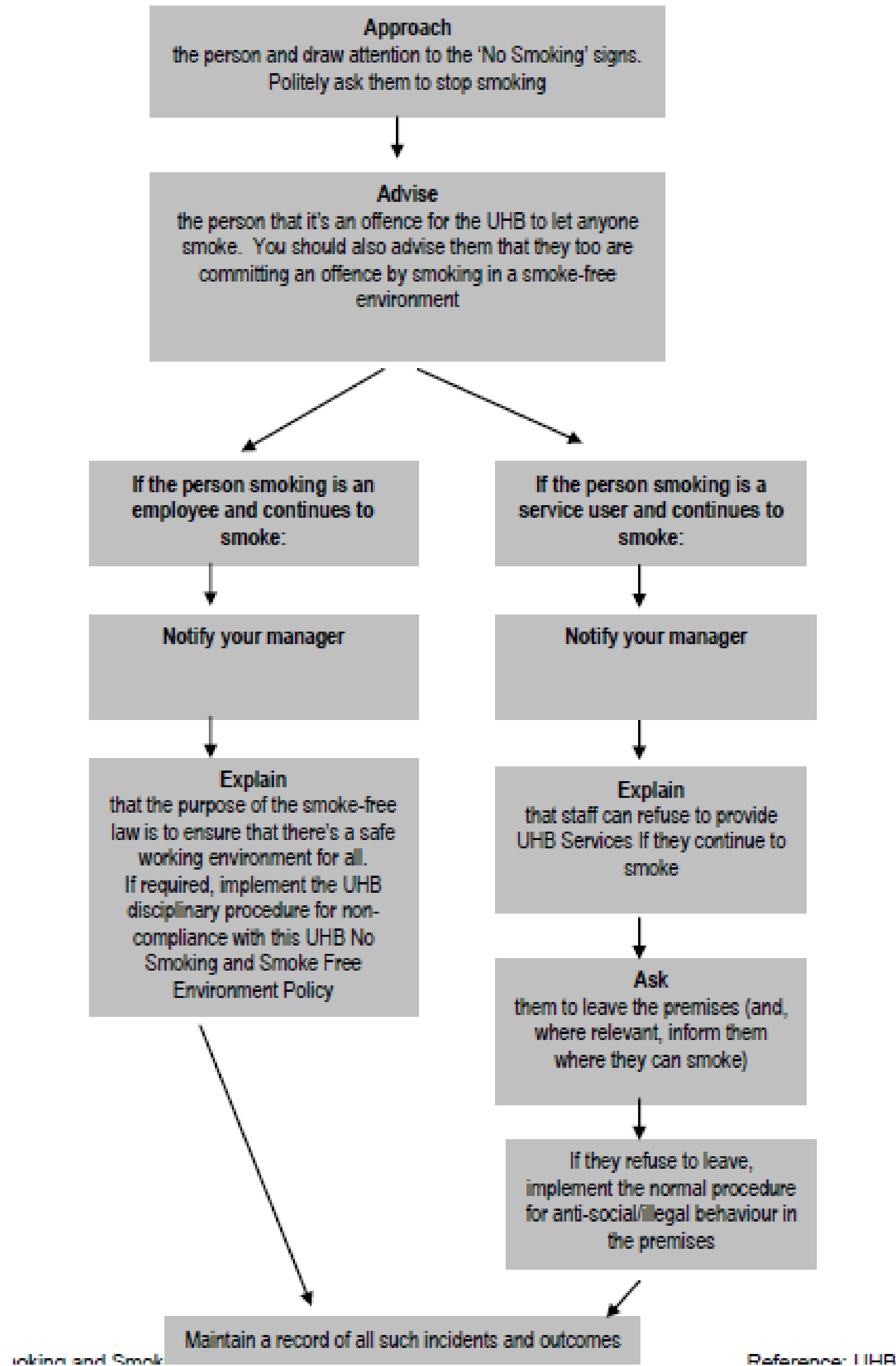
Appendix 3

LIST OF DEFINITIONS

Advocate	An advocate is an individual/organisation who speaks on behalf of another person(or population)
'Practising public health organisation'	An organisation that actively demonstrates, promotes and implements health promoting behaviour as an example of best practice
Phased	The policy will be fully implemented over a timescale with agreed „steps" or „phases" of action
Prevalence	The ratio (for a given time period) of the number of occurrences of a disease or event to the number of units at risk in the population
Incidence	The incidence of a disease is the rate at which new cases occur in a population during a specified period
Project Initiation Document (PID)	A document that outlines the aims, objective, key partners, budget, timeline and actions of an agreed project
Performance Indicators	Measures that are used to demonstrate achieved action
Accessing smoking cessation services	Adults attending at least one smoking cessation session
Quit rates	Adults who have quit smoking (validated and self-reported)
Pre-Operative Smoking Cessation Programme	Pre-operative, elective surgery patients that smoke, who are referred - using an „opt out" systematised method – to smoking cessation services
Annual Operating Framework (AOF)	The AOF identifies the priorities that the Minister has set and the level of improvements that are required. The Framework also sets out how the NHS will report its performance against these requirements to the Welsh Assembly Government and how that performance will be assessed
Premature death	Death which occurs before the average death within a given population
Passive smoking	Passive smoking is the inhalation of smoke, called second hand smoke (SHS) or environmental tobacco smoke (ETS), from tobacco products used by others
Brief Intervention Smoking Cessation Training	Brief intervention is a method of discussing smoking and quitting in a positive, non-confrontational way to encourage smokers to think about giving up and enable them to access specialist support when they are ready

Appendix 4

ACTION TO CONSIDER IF SOMEONE IGNORES THE SMOKING BAN



Appendix 5

REFERENCES

British Thoracic Society (2005) *Smoke Free Hospitals.* London: The British Thoracic Society

Etter JF (2010) *Electronic cigarettes: a survey of users*/ BMC Public Health 10:231.

Fichtenberg, C. Glantz, S.(2002). *Effect of smoke-free workplaces on smoking behaviour: systematic review.* London: BMJ 2002; 325:188

Kim,B. (2009) *Workplace Smoking Ban policy and Smoking behaviour*. Journal of Preventative Medicine Public Health 2009:42: pp293-297

McKee,M. Gilmore, A. (2003) Smoke free hospitals. London: BMJ 2003;326: 941-942

Mc Robbie H et al. (2014). Can electronic cigarettes help people stop smoking or reduce the amount they smoke, and are they safe to use for this purpose? Cochrane Database Syst Rev, Issue 12. Available at: http://www.cochrane.org/CD010216/TOBACCO_can-electronic-cigarettes-help-people-stop-smoking-or-reduce-the-amount-they-smoke-and-are-they-safe-to-use-for-this-purpose [Accessed: 24 May 2016]

Medicines and Healthcare Products Regulatory Agency (2016). E-cigarettes: Regulations for consumer products. Available at: https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products [Accessed 26th May 2016]

National Institute for Health and Clinical Excellence. (2007) *Workplace interventions to promote smoking cessation.* London: NICE

National Institute for Health and Clinical Excellence. (2008) *Smoking Cessation Services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities.* PH10. London: NICE.

Phillips, C. Bloodworth, A.(2009) *Costs of smoking to the NHS in Wales.* ASH Wales and BHF.

Public Health England (2014). E-cigarettes: An evidence update. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf [Accessed 27th May 2015]

Public Health Wales (2015). Statement on Public Health (Wales) Bill. Available at: http://www.wales.nhs.uk/news/37702 [Accessed 27th May 2016]
Public Health Wales (2013). Advice on e-cigarettes issued. Available at: http://howis.wales.nhs.uk/sitesplus/888/news/47878 [Accessed 27th May 2016]

Royal College of Physicians (2016). Nicotine without smoke. Tobacco harm reduction. Available at: https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0 [Accessed 27th May 2016]

UK Medicines and Healthcare products Regulatory Agency (MHRA), Press Release, 12th June 2013.

Westenberger BJ (2009) *US Food and Drug Administration: evaluation of e-cigarettes*. St Louis, MO:US Food and Drug Administration, Centre for Drug and Research, Division of Pharmaceutical Analysis.
World Health Organisation press release (19.09.08) *Marketers of electronic cigarettes should halt unproved therapy claims.*

Appendix 6

LIST OF COMMUNITY PHARMACIES LEVEL 3 ENHANCED SCHEME SMOKING CESSATION

(May 2016)

B S Virdee, 54 Clare Road, CARDIFF CF11 6RT
Bainbridge Pharmacy, 68 Plasmawr Road, CARDIFF CF5 3JX
Caerau Lane Pharmacy, 40 Caerau Lane, CARDDIFF CF5 5HQ
Co-operative Pharmacy, 100a Holmesdale Street, Grangetown, CARDIFF CF11 7BW
Co-operative Pharmacy, 178 Clare Road, Grangetown, CARDIFF CF11 6YG
Co-operative Pharmacy, 213 Bute Street, CARDIFF CF10 5HR
Co-operative Pharmacy, St David’s Medical Centre, Pentwyn Drive, Pentwyn, CARDIFF CF23 7EY
Co-operative Pharmacy, Trowbridge Local Centre, Abergele Road, Trowbridge, CARDIFF CF3 1RR
Lloyds Pharmacy Ltd, 23 Mill Road, CARDIFF CF24 2QZ
Hopwoods Pharmacy, 19 Maelfa shopping centre, Llanedeyrn, CARDIFF CF23 9PL
Lloyds Pharmacy, 1-2 Chestnut Road, CARDIFF CF3 5HR
Pearns Pharmacy, 45 Tweedsmuir Road, CARDIFF CF24 2QZ
Boots Pharmacy, 121-125 Holton Road, VALE OF GLAMORGAN CF63 4SW
Co-operative Pharmacy, 148 Holton Road, VALE OF GLAMORGAN CF63 4HL
S R Bailey Ltd, 9 Vere Street, VALE OF GLAMORGAN CF63 2YE