

## **ULHT Smokefree consultation survey feedback –**

Since Wednesday 13 March 2019, ULHT has been engaging members of the public and staff on the proposal to make the Trust 100% smokefree across all sites.

As part of this work, an online survey was produced which has been heavily promoted on the [Trust website](#), across social media channels and at a number of staff and public events. This was to gain feedback and suggestions as to whether people thought a blanket ban was a good idea and what the main challenges might be if any new policy came into effect.

In total, 801 people responded to the survey (151 hardcopy and 650 online) with the following results received.

N.B not all respondents answered all the questions and some answers revealed multiple themes/examples, all of which are reflected here.

### **1. Do you believe ULHT should become completely Smokefree?**

Yes – 453 (56%)

No – 347 (44%)

### **2. How can we ensure that adherence to a new Smokefree policy is effectively 'policed'?**

The strongest theme here was the suggestion that any new policy needs to be effectively monitored or policed, either by specific staff or via CCTV or similar surveillance.

The second most common theme was the feeling that adherence will not be possible.

Areas monitored/policed – 198

Not possible – 172

Unsure – 79

Have smoking shelters - 61

Fines – 58

Education/training – 51

Signage - 50

Challenge people – 42

Disciplinary action – 14

Pre-recorded message playing out – 11

People should be able to make up their own minds – 9

Smoking cessation help - 9

Persuasion - 9

Posters - 6

Refuse treatment – 5

Alarms - 4

### **3. How do we manage situations where patients and visitors may wish to smoke because they have had bad news or are distressed?**

The vast majority of respondents to this question suggested that patients and visitors should be directed to a designated 'on site' smoking shelter/area.

Other popular suggestions included, asking them/encouraging them to leave the site, the offer of smoking cessation support or a blanket zero tolerance approach, i.e. adherence to smokefree policy should always be observed.

Signpost to smoking shelter/designated area – 307

Ask them to leave the site – 119

Offer support/smoking cessation – 94

Should be allowed to – 68

Zero tolerance - 53

Unsure – 49

Unmanageable – 32

Get staff to communicate new policy to patients – 28

Clear signage – 6

Education on harmful effects - 1

### **4. What about 'vaping'? Should the same rule apply to vaping or should we have designated vaping areas?**

Permitted in hospital grounds? – 117 (15%)

Permitted in designated areas? – 388 (49%)

Not allowed anywhere? – 281 (36%)

### **5. What should we do about staff who wish to smoke on their breaks?**

Similar to the responses to question three, most people here suggested that staff on their breaks should make use of a designated 'on site' smoking shelter/area.

Asking them to go 'off site' and 'sticking firmly to new policy' were the next most popular responses.

Provide smoking shelter/designated area – 249

Ask them to go off-site - 163

Need to stick to new policy – 136

Let them – 113

Offer support/smoking cessation – 51

Make them change out of uniform - 37

Unsure – 15

Give longer/flexible breaks to allow them to go off site – 6  
Vaping only – 5  
Smoke after work – 3  
They should know better – 2  
Dock wages - 1  
Dismiss them – 1

## **6. What support should we be offering for patients admitted to our hospitals to help them stop smoking?**

Here, the most popular suggestion was offering bespoke smoking cessation or counselling/support to patients, with the prescribing of patches, gums and other treatments following closely behind.

Another popular suggestion was giving patients admitted, advice on the new policy and the health benefits associated with 'giving up'.

Smoking cessation/support groups – 278  
Patches – 169  
Advice - 133  
Chewing gum - 40  
Leaflets – 30  
Vaping – 20  
Trained staff - 15  
Medication – 11  
Hypnotherapy – 5  
Withdraw treatment – 3  
Stop Smoking Champions – 2  
Poster campaign – 1  
Information on reception – 1  
Information on discharge – 1

## **7. How can we ensure that everyone knows about the proposed new Smokefree policy?**

This question provoked the highest number of different responses with the two clear winners suggesting adequate signage and posters would ensure widespread promotion of any new policy.

Utilising local media, social media, a robust advertising campaign and online tools followed closely behind.

Signage – 232  
Posters – 200  
Media – 169  
Social media – 111  
Advertising campaign – 76  
Online info – 66

Leaflets – 40  
Patient letters – 36  
Email - 22  
Info on payslips – 19  
Word of mouth – 11  
Screensavers – 7  
TV screens in waiting rooms – 5  
Training – 4  
Make people sign the policy – 4  
Advise on staff induction – 4  
Roadshows – 3  
Newsletters – 2  
Letters to all staff – 1  
Videos – 1  
Threats – 1  
Badges for staff – 1

## **8. What will be positive about a move to become a Smokefree Trust?**

The clear winner was here was that making ULHT completely smokefree will result in better health for all.

The second most popular response was the welcome thought of no longer having to pass through clouds of smoke at our hospital entrances.

Cleaner environments/less litter and cleaner air followed closely behind.

Better health – 232  
No more smoke in hospital entrance – 118  
Cleaner environment/less litter – 96  
Cleaner air – 53  
Positive hospital image – 24  
Less cost to the NHS – 9