

Kumar N (Nim)

From: Glen J (John)
Sent: 25 May 2005 14:44
To: Kumar N (Nim)
Subject: FW: The Smoking, Health and Social Care (Scotland) Act 2005 (Prohibition of Smoking in Certain Premises) Regulations 2005: Draft



Cover letter for
 Tobacco Ban c...



Tobacco Ban
 Tobacco Ban c... template.doc (40 K..)

-----Original Message-----

From: Westcott, Clair [mailto:Clair.Westcott@aapct.scot.nhs.uk]
Sent: 25 May 2005 14:33
To: Glen J (John)
Cc: Grace Moore; Brenda Knox; Michelle Hunt; Susan Simmons
Subject: The Smoking, Health and Social Care (Scotland) Act 2005 (Prohibition of Smoking in Certain Premises) Regulations 2005: Draft

 This email has been received from an external party and
 has been swept for the presence of computer viruses.

Please find attached NHS Ayrshire & Arran comments on the above document. Also attached is a covering letter. A hard copy shall also be sent in the post.

Regards

<<Cover letter for Tobacco Ban comments.doc>> <<Tobacco Ban Template.doc>>

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Date Wednesday 25 May 2005
Your Ref
Our Ref GM/CW
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Dear Colleague

THE SMOKING, HEALTH AND SOCIAL CARE (SCOTLAND) ACT 2005 (PROHIBITION OF SMOKING IN CERTAIN PREMISES) REGULATIONS 2005: DRAFT

Thank you for the invitation to comment on proposals for regulations under powers contained in the Smoking, Health and Social Care (Scotland) Bill 2005. Please find attached NHS Ayrshire & Arran comments based on the ten specific issues stated in the consultation feedback form along with additional comments

If you require any further information please contact myself on 01292 885887. Feedback is notably welcome.

Yours sincerely

Grace Moore
Associate Director of Health Promotion and Equalities

Cc: Wai-yin Hatton, Chief Executive, NHS Ayrshire & Arran

NHS Ayrshire & Arran

THE SMOKING, HEALTH AND SOCIAL CARE (SCOTLAND) ACT 2005 (PROHIBITION OF SMOKING IN CERTAIN PREMISES) REGULATIONS 2005: DRAFT

QUESTION	COMMENTS	RESPONDENTS
<p>Citation, interpretation and commencement</p> <p>1. Do the definitions of words and phrases ensure clarity of what premises are covered or exempted from the regulations? If not, how might they be improved?</p>	<p>Yes, it is clear what premises are/are not covered</p> <p>Definitions and phrases used do provide clarity</p> <p>Agree that some of the definitions could be made more specific and would accept the suggestions made by the "Response from Scotland CAN (Cleaner Air Now) regarding some of the definitions.</p> <p>Premises are clear</p>	<p>Health Promotion Manager</p> <p>Addiction Services</p> <p>Health Promotion Officer</p> <p>Public Health Practitioner</p>
<p>Display of no smoking notices –</p> <p>2. Views are invited on this approach</p>	<p>Signage requires to state that signs should be displayed at all times.</p> <p>Agree with this approach and think it is vital for implementation / enforcement purposes that a named person is identified.</p> <p>Agree to standardised approach to display notice. In addition to use the name of the person to whom a complaint should be made there should also be contact details e.g. address, telephone contact.</p>	<p>Health Promotion Officer (tobacco)</p> <p>Health Promotion Manager</p> <p>Addiction Services</p>

	<p>Agree again with the CAN comment signage should be clearly displayed at all times. It is also vital that it should be clearly stated who is responsible and guilty of an offence if signage is not adhered to. I also like the comment that Regulations state that no smoking notices should be framed positively, in order to encourage compliance and to include "Thank you for not smoking" along with the international no smoking symbol. The Gold standard should be aimed for at all times even when premises are rented out. It would be rather ludicrous to enforce legislation "some of the time". The whole aim is to denormalise smoking.</p>	<p>Health Promotion Officer</p>
<p>No Smoking Premises 3. Your comments are invited on the existing formula and on how it might be improved</p>	<p>Yes, this is appropriate as they must be protected to ensure that they remain in place. Recommendation for further clarification regarding premises which are not wholly enclosed e.g. football grounds, sports stadiums. Premised which are 50% enclosed should be included.</p> <p>Starts to get more complicated but do not know how it can be simplified.</p> <p>If the term 'wholly enclosed' is to be used consistently throughout the regulations, we are unsure as to where partially enclosed entertainment premises fit into the Act i.e. premises for football, rugby, golf and horse (or dog) racing spectator stands be covered by this regulation. We believe that all these premises be specified as "No smoking premises".</p> <p>Point 5 Definition of the term "public transportation facilities" places such as train platforms, consider Glasgow central station would not be included and I would argue that it should be. This building has an enclosed roof. CAN document states "Specifically, we recommend that the Scottish executive follows the example set by the Republic of Ireland, whereby premises that are more than 50% enclosed are covered by legislation. On this basis, railway stations and platforms and bus shelters would be more likely to be covered by the legislation"</p>	<p>Public health Practitioner</p> <p>Health Promotion Officer (tobacco)</p> <p>Health Promotion Manager</p> <p>Addiction Services</p> <p>Health Promotion Officer</p>

<p>Fixed penalty time limits, amounts and payments</p> <p>4. Views are invited on the level of fixed penalties and time limits for payment</p>	<p>Fixed penalty should be £1000 for allowing people to smoke and not displaying notices.</p> <p>Fines are appropriate, only concern again would be over enforcement. Will additional personnel need to be employed? If so, by who?</p> <p>Levels and time limits appear satisfied.</p> <p>The level of penalties and time limits are reasonable.</p> <p>Will additional monies be given to local authorities to implement the legislation as outlined by regulation 5?</p>	<p>Director of Nursing</p> <p>Health Promotion Manager</p> <p>Addiction Services</p> <p>Public Health Practitioner</p> <p>Health Promotion Manager</p> <p>Public Health Practitioner</p>
<p>Application by councils of fixed penalties and account keeping</p> <p>5. Views are invited on the general approach outlined here.</p>	<p>The general approach is acceptable. It should be reviewed annually</p>	<p>Health Promotion Officer-Tobacco</p> <p>Public Health Practitioner</p>
<p>Schedule 1 – No Smoking Premises</p> <p>6. Your views are sought on whether there are any premises which fall into the definition of no-smoking premises at section 4(4) of the Bill [(a)-(d) above], but which have been omitted from the list in Schedule 1.</p>	<p>Other premises falling into non-smoking premises – Need to ensure that community centres, public halls are included within the premises defined as non-smoking and under educational establishments, buildings, grounds, car parks should be included. Should also include public transportation areas which are 50% enclosed or with areas where some are enclosed and some part enclosed e.g. some railway station waiting areas.</p> <p>NHS Continuing care wards should be excluded, however the approach applied to care homes and psychiatric units</p> <p>This might get complicated once implementation takes place, but at the moment it is difficult to identify the type of practical support which will be required in practice</p> <p>Suggest inclusion of spectator viewing stand terraces.</p>	<p>Health Promotion Officer-Tobacco</p> <p>Nursing Director</p> <p>Health Promotion Manager</p> <p>Addiction Services</p>

<p>of this approach; and</p> <ul style="list-style-type: none"> The targeting of cessation services at this group. 	<p>not be permitted in residents own room. Believe that care funding should be available to deliver smoking cessation support to this group</p> <p>Regarding psychiatric hospitals, I can due to my nursing background understand the difficulties involved here but I have real issues with this. Again, smoking should be demormalised even within this difficult environment and although it is a difficult issue it must and it can be tackled. There have been some successful projects in Glasgow within psychiatry regarding smoking cessation. It is vital that all are involved in the consultation process and that this area is progressed. I vividly remember as a student nurse in psychiatry sitting in clouds of tobacco smoke and having no influence over this situation.</p> <p>Smoking rates in Psychiatric care are high and staff are exposed to a high level of second hand smoke. Staff should be offered regular time away from the smoking area and health check ups if desired. The patients should be offered smoking cessation services.</p> <p>It is encouraging to see that special provision has been taken into account for Psychiatric Hospitals and Psychiatric Units. The recognition that the physical health profile of those with mental illness in Scotland is poor and smoking rates traditionally high, is key. The commitment to implement a programme of targeted cessation across this sector is therefore strongly welcome.</p>	<p>Health Promotion Officer</p> <p>Public Health Practitioner</p> <p>Divisional Secretariat Manager</p>
<p>Hotel, Guest House and B & B bedrooms</p> <p>9. Views are invited on the merits of this approach</p>	<p>Hotel bedrooms – Needs clarification. Should ensure that there is a specific requirement to provide a percentage of non-smoking bedrooms to prevent hotels allowing smoking in all bedrooms.</p> <p>To ensure consistency of clear “no smoking” message, we believe that “designated hotel room’s should not be exempt. Since there is no special exemption to separate rooms in pubs or clubs or special rooms in any of the no smoking premises included in schedule 1. Hotel bedrooms should not be given special smoking rooms or areas</p> <p>This seems to be appropriate with designated smoking rooms.</p>	<p>Health Promotion Officer – Tobacco</p> <p>Addiction Services</p> <p>Public Health Practitioner</p>

<p>Omissions from Schedule 2</p> <p>10. Are there any premises which, taking into account humanitarian, practical or other considerations, are omitted from the exemptions list in Schedule 2?</p>		
ADDITIONAL COMMENTS		
COMMENT	RESPONDENT	
Prisons – Procedures not made clear	Nursing Director	
Do not support the proposal that oil rigs should be exempt. They should be treated as any other offshore installation.	Addiction Services	
Do not support the proposal that designated police rooms should be exempt. If designated police rooms are made exempt this will open up the opportunity for exemptions e.g. designated rooms in Accident & Emergency Department, Hospitals, rooms in premises where stressful or traumatic events may be discussed, schools etc.		
I fully support the introduction of the bill to prohibit smoking in public places. It should be a great help in smoking cessation work and should also prevent people from starting to smoke.	Public Health Practitioner	