

Creating a Smokefree NHS:

A practical guide for NHS trusts in Greater Manchester

June 2025

Enquiries: gmhscp.makingsmokinghistory@nhs.net

Contents

Introduction.....	3
Acknowledgements.....	3
Foreword	4
Smokefree Steering Groups	8
Smokefree Policy Development.....	12
Smokefree Policy Implementation	15
Communications Strategy and Resources	18
Training and Education.....	20
Monitoring and Evaluation	21
Hospital Tobacco Dependence Services.....	22
The NHS Smokefree Pledge	23
Resources and Tools	25
Good Practice Case Studies.....	26
Reference index.....	30

Introduction

This guide has been produced to help NHS trusts in Greater Manchester create and manage smokefree environments and workforces. Informed by behavioural insights and good practice models, it aims to support consistent implementation across all trusts in Greater Manchester. The guide provides tools and strategies to form smokefree steering groups, develop comprehensive policies, and educate clinical teams on treating tobacco dependency. It aligns with the NHS Long Term Plan to tackle smoking, reduce health inequalities, and promote healthier lifestyles, contributing to a national effort to reduce smoking and improve public health.

Acknowledgements

This guide has been created by NHS Greater Manchester (NHS GM) with significant contributions from colleagues from Greater Manchester acute trusts, the Northern Care Alliance, the Christie, and mental health trusts.

NHS GM would also like to thank everyone involved in the Greater Manchester Make Smoking History Alliance and the Treating Tobacco Dependency Steering Group for their continued support and efforts to make smoking history. Your dedication and expertise are invaluable in our shared mission to create a healthier, smokefree future for all.

Foreword

By Professor Manisha Kumar, Chief Medical Officer, NHS Greater Manchester

Smoking is an addiction that impacts all aspects of people's lives. It is the leading cause of preventable illness and death, and its effects ripple through our communities, affecting not just health but also economic wellbeing. The burden of smoking-related diseases places immense pressure on our healthcare system, and the financial costs are staggering. Yet, beyond the numbers, the human cost is incalculable – families losing loved ones, individuals grappling with debilitating illnesses, and communities weighed down by the legacy of tobacco use.

At NHS Greater Manchester we are unwavering in our commitment to make smoking history, being the national vanguard in delivering smokefree programmes across the NHS. This commitment is not just about reducing smoking rates, but about changing lives. We envision a future where our hospitals are sanctuaries of health and recovery, free from the harms of smoking, and this practical guide is a testament to our commitment to creating healthier environments by making our hospitals smokefree. This includes our commitment to provide high-level stop smoking support that enables people to be abstinent and move forward in their journey to a life free from smoke. This guide is a pivotal step towards that future, providing NHS trusts with the necessary tools and strategies to create and maintain smokefree environments.

By eliminating smoking on hospital grounds, we are taking an important step towards safeguarding the health of our patients, staff, visitors, and local communities, while reinforcing the message that smoking is a significant threat to public health.

By Jane Pilkington, Director of Population Health, NHS Greater Manchester

Greater Manchester's commitment to making smoking history is an integral part of our broader NHS GM strategy to tackle health inequalities and improve the health outcomes of our population. Smoking disproportionately affects those already experiencing poor health and socio-economic challenges, exacerbating existing inequalities and perpetuating cycles of ill health.

Our Making Smoking History strategy is designed to address these disparities head-on. By focusing on prevention, support for quitting, and the creation of smokefree environments, we aim to reduce smoking prevalence and its devastating impact on our most vulnerable communities.

The Treating Tobacco Dependency programme is a cornerstone of this effort. It integrates tobacco dependency treatment into routine clinical care, ensuring that all smokers who come into contact with our healthcare services receive effective support to quit. By systematically identifying and treating tobacco dependency, we can significantly improve health outcomes and reduce the burden of smoking-related diseases on our healthcare system. Together, we can create a future where smoking is no longer a major public health threat, and everyone in Greater Manchester has the opportunity to lead a healthier life.

Executive Summary

By Professor Matthew Evison, Making Smoking History Clinical Lead

According to the Royal College of Physicians (RCP) report Hiding in plain sight: Treating tobacco dependency in the NHS¹, 'Failure to identify and treat smokers is no less negligent than failure to identify and treat patients with cancer. System failure is no less negligent in this respect than individual failure'.

Smoking tobacco continues to be the leading cause of preventable illness and premature death in Greater Manchester. Each year, smoking-related diseases claim thousands of lives and leave many more suffering from chronic conditions such as cancer, heart disease, and respiratory illnesses. The harmful effects of smoking extends beyond individual health, impacting families, communities, and the entire health and social care system.

As the Clinical Lead for Greater Manchester's Making Smoking History programme, I am deeply committed to transforming Greater Manchester into a city-region where smoking is a thing of the past. The urgency of this mission is paramount. Every cigarette smoked damages health, diminishes joy, and shortens life. Our hospitals, as symbols of health and healing, must set the standard by eliminating the harms of tobacco.

In line with our commitment to improving public health and supporting the NHS Long Term Plan, we are proud to present this practical guide. It is a crucial element in our efforts to create a truly smokefree NHS. This guide offers a comprehensive, step-by-step approach for establishing smokefree steering groups, smokefree hospitals and supporting a smokefree workforce.

This guide is more than just a resource; it is a call to action. It provides a clear, actionable pathway for NHS trusts to become smokefree by forming steering groups, developing robust policies, and providing essential support for smoking cessation. It is informed by the latest behavioural insights and models of good practice, ensuring that our approach is both effective and sustainable.

However, policies and procedures alone are not sufficient. We need the collective will and dedication of every trust, every healthcare professional, and every community member to drive this change. I urge you to embrace this initiative with the urgency and passion it requires. Together, we can eliminate the scourge of smoking from our hospitals, protect future generations, and create a healthier, brighter future for everyone in Greater Manchester.

Our guiding principles

At the heart of our mission are the following guiding principles to support everyone to be smokefree whilst in our care or on our premises:

- **Protect everyone from the harms of tobacco smoke:** Ensure all patients, staff and visitors are safeguarded from the harmful effects of tobacco smoke.
- **Support every person who smokes to become tobacco-free, not necessarily nicotine-free:** Help every individual who smokes to become tobacco-free during their time in hospital or on hospital grounds, recognising that nicotine itself is not a hazardous substance.
- **Provide access to effective treatments:** Offer highly effective treatments and support to anyone trying to abstain from smoking, ensuring they receive the best possible care on their journey to becoming smokefree.

Key objectives

Our primary objectives with this initiative are to:

- Establish dedicated smokefree steering groups within each NHS trust.
- Develop and implement robust smokefree policies.
- Equip staff with the necessary training and resources to enforce smokefree policies and support people to not smoke on hospital grounds.
- Monitor and evaluate the effectiveness of these initiatives to ensure continuous improvement.

Expected outcomes

By adopting the strategies outlined in this guide, we anticipate significant positive outcomes:

- A reduction in smoking among patients, staff, and visitors.
- Enhanced health outcomes and a decrease in smoking-related diseases.
- Healthier hospital environments that support overall wellbeing.
- Reduced staff illness and improved workforce productivity.
- Reduced complaints.

Within the toolkit

This toolkit is divided into several key sections, each designed to support NHS trusts in their journey to becoming smokefree:

1. **Smokefree Steering Groups:** Initial steps to securing executive leadership support and creating smokefree steering groups.
2. **Smokefree Policy Development:** How to craft and develop effective smokefree policies.
3. **Smokefree Policy Implementation:** Practical approaches to implementing and maintaining smokefree environments.
4. **Communication Strategy and Resources:** Strategies and resources to raise awareness amongst staff, patients, service users and visitors.
5. **Training and Education:** Useful training materials that support the workforce to champion a smokefree environment.
6. **Monitoring and Evaluation:** Methods for tracking progress and ensuring continuous improvement.
7. **Hospital Treating Tobacco Dependency Services:** Overview of hospital services to treat patients with tobacco dependence and support for staff to be smokefree.
8. **The NHS Smokefree Pledge:** Briefings and templates for trusts to embed.
9. **Resources and Tools:** Business case tools, templates, downloadable resources, and support networks.

Call to action

This initiative is more than a policy change; it is a movement towards a healthier future for all. By supporting NHS trusts to become smokefree, we align with the NHS Long Term Plan's vision to tackle smoking, reduce health inequalities, and promote healthier lifestyles. We urge all NHS trusts in Greater Manchester to embrace this toolkit, implement its recommendations, and join us in our commitment to making smoking history. Together, we can achieve a significant reduction in smoking prevalence and improve the health and wellbeing of our communities.

Smokefree Steering Groups

A smokefree steering group is a dedicated team within an organisation that leads and coordinates efforts to achieve smokefree objectives aligned with the NHS Long Term Plan. This group plays a pivotal role in providing operational insight, driving the development and implementation of smokefree policies, and championing onsite tobacco dependence services.

The steering group ensures a systematic, trust-wide approach to implementing NICE guidance by establishing robust medication pathways and protocols, creating comprehensive workforce training plans, devising effective communication strategies, and offering smokefree support and treatment to patients and staff.

Smokefree steering groups are vital for supporting NHS trusts to effectively implement smokefree initiatives, ultimately contributing to healthier hospital environments and better health outcomes for all.

Key functions and responsibilities

Leadership and coordination:

- Provide strategic direction and oversight for smokefree initiatives.
- Support the successful implementation and delivery of each trusts' tobacco dependence service, in line with the service specification standards and NICE guidance.
- Ensure alignment with the NHS Long Term Plan and Greater Manchester's Making Smoking History strategy.
- Identify and disseminate lessons learned and good practice internally and externally through the wider Greater Manchester network.

Policy development and implementation:

- Develop smokefree policies that apply to all areas of the hospital.
- Ensure policies are consistent, evidence-based, and align with national, regional, and local guidance.
- Create detailed action plans for rolling out smokefree policies.
- Coordinate efforts across different departments and services within the trust.

Education and training:

- Provide training for staff on the importance of smokefree environments, how to have meaningful conversations about smoking (known as 'Very Brief Advice') and how to support individuals to be smokefree.
- Educate clinical teams on how to treat tobacco dependence and refer patients and colleagues to appropriate services.

Support and resources:

- Ensure the availability of resources to support individuals to be smokefree.
- Promote smokefree services, tools, and treatments.

Communication and engagement:

- Raise awareness about smokefree policies and initiatives among staff, patients, and visitors.
- Engage with the local community and stakeholders to build support for smokefree environments.

Monitoring and evaluation:

- Track the progress and impact of smokefree initiatives.
- Provide regular updates on the trust's tobacco dependence service, including smoking prevalence, service engagement and smokefree outcomes.
- Use data and feedback to continuously improve policies and implementation strategies.
- Monitor and manage smoking-related incidents and provide a forum for raising and addressing issues.

Advocacy and championing:

- Act as champions for smokefree environments within the trust and the broader community.
- Advocate for the health benefits of smokefree policies and the importance of smoking cessation.

Suggested objectives

The steering group will link to the overarching objectives of the trust board and provide assurance that the following objectives are addressed:

- To provide strong leadership to support the implementation of the trust's smokefree policy and the NHS Long Term Plan Treating Tobacco Dependency commitments.
- To monitor the performance of the hospital's tobacco dependence service against the NHS England recommended models and GM service specification.
- To work collaboratively with other trusts, community stop smoking services and pharmacies to ensure transfer of care pathways for patients, ensuring seamless continued provision of tobacco dependence treatment and behavioural support as patients move through the system and across places.
- To assure the trust board and NHS GM that appropriate systems and processes are in place to achieve a smokefree hospital and continue to monitor these.

Creating a smokefree steering group

Step 1: Secure executive leadership support

Engage senior management to gain commitment and support and appoint an executive sponsor. Highlight the health benefits, cost savings, and alignment with strategic goals.

Step 2: Identify stakeholders and group membership

Identify key stakeholders who will be involved in the steering group. To ensure a comprehensive approach include clinical and nursing representatives, facilities management, health and safety, communications colleagues, administrative personnel, community partners, public health, and patient representatives.

Below is an example of membership which is not exhaustive and will vary by trust.

Membership checklist

Executive sponsor:

- ✓ Senior executive leader

External partners:

- ✓ NHS Greater Manchester tobacco programme representative
- ✓ Local community stop smoking service representative
- ✓ Local authority tobacco commissioners
- ✓ Public health consultant
- ✓ Public health midwife or Saving Babies' Lives lead
- ✓ Local community pharmacy representative
- ✓ Patient representative

Internal colleagues:

- ✓ Clinical lead
- ✓ Project lead
- ✓ Nursing lead
- ✓ Maternity lead
- ✓ Clinical representatives from respiratory, cardiology, oncology, maternity, mental health etc.
- ✓ Nursing representatives
- ✓ Communications and engagement representative
- ✓ Estates and facilities representative
- ✓ Health and safety representative
- ✓ Fire safety representative
- ✓ HR representative
- ✓ Health and wellbeing representative
- ✓ Data analyst
- ✓ Hospital governor
- ✓ Onsite pharmacy representative
- ✓ Union representative

Step 3: Establish roles and responsibilities

Establish clearly defined roles and responsibilities for members of the steering group. Two key leadership roles are the executive sponsor and clinical lead. These roles are essential for ensuring the steering group can secure funding and resources, provide updates on behalf of the steering group to the executive board, and feed into existing governance structures.

Role of the executive sponsor

- Chair the smokefree steering group.
- Serve as Senior Responsible Officer (SRO).
- Champion the smokefree workstream at the executive board, including advocating and securing support from different departments.
- Provide an escalation route and problem resolution to unblock barriers during implementation.

Role of the clinical lead

- Deputise for the executive sponsor in chairing the steering group.
- Drive forward the establishment of a systematic, opt-out onsite tobacco dependence service, providing oversight to the scoping and development of the delivery plan.
- Champion tobacco dependence treatment and drive engagement with clinicians across different departments within the trust.
- Provide clinical support to project managers and the operational tobacco dependence service team.
- Oversee monitoring and evaluation, ensuring key performance indicators are met.
- Work with the executive sponsor to highlight and resolve anticipated challenges.

Step 4: Terms of reference

Develop terms of reference that outline the purpose, scope, and structure of the steering group, as well as the decision-making processes.

Step 5: Develop a strategic plan

- **Assess current status:** Conduct a baseline assessment of current smokefree policies, local smoking prevalence and existing support services.
- **Set clear objectives and goals:** Define specific, measurable, achievable, relevant, and time-bound (SMART) objectives to guide the initiative.
- **Allocate resources:** Identify and allocate necessary resources, including funding, staff time, and training materials.

[Download Terms of Reference Template²](#)

Smokefree Policy Development

Trusts should have an up-to-date smokefree policy that doesn't allow smoking anywhere on hospital grounds – inside and out. This should be supported by procedures and resources that help everyone comply, and support staff to resolve breaches and report incidents.

NICE guideline [NG209 for tobacco \(preventing uptake, promoting quitting, and treating dependence\)](#)³ recommends smokefree policies should:

- Be developed in collaboration with staff and the people who use secondary care services.
- Set out a clear timeframe to establish or reinstate smokefree grounds.
- Identify the roles and responsibilities of staff.
- Ban staff from supervising or helping people to take smoking breaks.
- Identify the resources needed to support the policy.
- Be periodically reviewed and updated, in line with all other organisational policies.

A smokefree workplace policy should also:

- State that employees, contractors, and volunteers can't smoke during working hours or when recognisable as an employee (for example, when in uniform, in trust vehicles, wearing identification, or working onsite).
- Support staff to protect themselves from second-hand tobacco smoke when they visit people's homes as part of their duties (in accordance with smokefree legislation, employers must take action to reduce the risk to the health and safety of their employees from second-hand smoke).
- Direct staff who wish to stop smoking to stop-smoking support (see [Hospital Tobacco Dependence Services](#)⁴).

Staff support for smokefree hospitals

In 2021, a survey of 588 staff working in acute hospitals in Greater Manchester found 60% of respondents were strongly in support of smokefree sites, 61% agreed that patients and visitors shouldn't smoke on hospital grounds and 66% felt staff shouldn't smoke on hospital grounds.

However, non-compliance was still an issue, even amongst staff that smoke. Almost 1 in 5 respondents (19%) were smokers, and 60% said they smoke at work. Since the survey, NHS GM has introduced a comprehensive stop-smoking offer for all Greater Manchester-based NHS employees and contractors which has been accessed by more than 2,000 people.

[Download Smokefree Policy Template](#)⁵

Creating a Smokefree Policy

When creating a smokefree policy, trusts should:

- Ensure the policy aligns with the [NHS Smokefree Pledge](#)⁶, [NICE guideline NG209](#)⁷, [GMMMG Medical Management of Tobacco Dependency](#)⁸, and [Greater Manchester Vaping Standard Operating Procedure \(SOP\)](#)⁹:
- Ensure compliance with relevant laws and regulations such as the [Health Act 2006](#) and [Health and Safety at Work Act 1974](#)¹⁰ and address any ethical considerations.

Including vaping (the use of e-cigarettes) in a smokefree policy

Smokefree means air that is free of tobacco smoke, and e-cigarettes are not covered by smokefree legislation. However, addressing the use of e-cigarettes in your smokefree policy can be helpful for everyone to understand what is acceptable.

A harm reduction approach

Whilst not entirely risk-free, [the latest evidence from the Office for Health Improvement and Disparities](#)¹¹ shows vaping is substantially less harmful than smoking tobacco as they do not contain tobacco or produce harmful chemicals like tar and carbon monoxide – the two main toxins in tobacco smoke. There is also no known evidence to suggest exhaled vapour is a health risk to others, unlike second-hand smoke from tobacco cigarettes which is known to be very harmful.

Vaping mimics the sensation of smoking and contains nicotine, which reduces cigarette cravings for people trying to abstain from smoking. Offering a harm reduction alternative to tobacco to people who are addicted to nicotine may help support compliance with smokefree requirements and make smokefree policies easier to implement.

Swap to Stop: using vapes to treat tobacco dependence

NHS Greater Manchester's position on vaping is that it is an effective aid for adult smokers to stop smoking, with successful quit outcomes seen in community and healthcare settings where vapes have been used to treat tobacco dependency. However this must be carefully balanced in policies and communications, to avoid promoting vaping to non-smokers and those under 18 years old.

All vapes issued by NHS services in Greater Manchester to treat tobacco dependence meet strict UK regulation standards and are procured through reputable, accredited suppliers that are not associated with the tobacco industry. The types of devices issued within acute and maternity tobacco dependence services are rechargeable and refillable, reducing the environmental impact. Within mental health settings, disposable devices are the preferred device to prevent the misuse or tampering of tanks, however these devices can be recycled.

Evidence-based guidance

The following guidance and evidence should be used in policy development:

1. Guidance: Use of e-cigarettes in public places and workplaces¹² (PHE, 2016):

- **Make vaping and smoking distinctive from one another:** Do not use smoking terminology when referring to e-cigarettes and ensure policies and communications are informed by the evidence on health risks to bystanders.
- **Identify and manage risks of uptake by children and young people:** Vaping is not recommended for under 18s or non-smokers; give priority to supporting young people not to smoke or try vaping.
- **Support smokers to stop smoking and stay smokefree:** Make smoking less of a social norm, make vaping more convenient than smoking, and never require vapers to share the same outdoor space as people who are smoking.
- **Support compliance with smokefree law and policies:** Policies on vaping should be communicated clearly so that everybody using a public place or workplace is aware and understands where vaping is or is not allowed.

2. British Thoracic Society Clinical Statement: Medical Management of inpatients with tobacco dependency¹³, 26 March 2024:

- Vaping is an effective tool in the treatment for tobacco dependency and can be used to support patients to be abstinent from tobacco during a hospital admission and to help achieve long-term abstinence.
- If provided as treatment for tobacco dependence in the inpatient setting, be clear where patients may not be able to use the vape (e.g. the internal hospital building or near doors/windows).
- Inform people that vaping products are regulated under Tobacco and Related Product Regulations 2016 (TRPR) and that adverse events related to vape products need to be reported to the Medicines and Healthcare products Regulatory Agency (MHRA). Vaping products should only be purchased from reputable sources.

Complexities of smokefree policies within mental health settings

In mental health settings, enforcing smokefree policies can be far more complex as patients often spend extended periods in hospital and are dealing with multifaceted mental health conditions. In 2019 a national survey of 45 mental health trusts found that Section 17 of the Mental Health Act 1983 (that makes provision for patients detained to have authorised leave of absence from hospital) was being used to facilitate smoking, and over half of trusts reported staff were accompanying patients on smoking breaks, and universally patients were reported as frequently smoking in bedrooms, wards, courtyards, and hospital grounds.

Some trusts across the country have developed smokefree policies that support and allow vaping to prevent smoking onsite. Tees, Esk and Wear Valley NHS Trust Foundation Trust allow patients to vape in inpatient areas, and Coventry and Warwickshire Partnership NHS Trust allow vaping in single occupancy bedrooms or outside, but not in communal areas.

Smokefree Policy Implementation

Having an implementation strategy is crucial to ensuring all staff, patients and visitors are aware of, and comply with, the smokefree policy. In 2023, NHS Greater Manchester commissioned a team of behavioural scientists from Corporate Culture Group to review smokefree policy implementation and compliance at hospitals across Greater Manchester. The review included hospital site visits, observational monitoring, in-depth interviews with representatives from different trusts and an analysis of global research and best practices.

The observational site visits revealed several key findings:

- **Inconsistent signage:** Smokefree messaging was evident on wayfinding signage at some hospitals but not all.
- **Deteriorated signs:** Many no-smoking signs were worn out, faded, sun-bleached, vandalised, hidden, obstructed, falling off the wall, or out of date with old branding or inactive telephone numbers.
- **Ambiguous zones and mixed messages:** Some hospitals had 'no smoking zones', implying softer rules on smoking in other areas of the grounds.
- **Contradictory signals:** The presence of bins with ashtrays and cigarette-related litter suggested smoking was the social norm, despite no-smoking signs.
- **Smoking hotspots:** Areas where people, including staff and patients, congregated to smoke were often found in sheltered or seated areas, around main and side entrances and exits, behind buildings, near unloading areas, construction sites, and taxi points.
- **Accompanying smokers:** Staff were accompanying patients outside to smoke, in direct breach of NICE guidance.
- **Lack of enforcement:** Staff were not approaching individuals breaching the smokefree policy.
- **Missed communication opportunities:** Chances to inform patients and visitors about the smokefree policy before their hospital visit or upon arrival were frequently missed.

A review of global studies on smokefree policy best practice showed:

- **Total smoking bans:** Policies implementing complete smoking bans resulted in higher levels of compliance compared to those with only partial bans, such as designated smoking areas.
- **Environmental factors:** Seating, areas for cigarette disposal, and locations with reduced visibility from high-traffic areas created smoking hotspots.
- **Facilitating structures:** Physical structures that made smoking easier were linked to lower levels of policy compliance.
- **Awareness and promotion:** Compliance was highly dependent on awareness, underscoring the need for effective policy promotion and the use of clear, visible signage.

Implementation recommendations

To ensure the successful implementation of smokefree policies, it is crucial to leverage key opportunities that enhance policy awareness and enforcement. Here are the recommended steps for successful implementation:

- **Review and assess current policies:** Conduct a thorough review of existing policy implementation strategies and levels of compliance. Identify areas that need improvement and address them.
- **Develop an implementation plan:** Create a detailed plan that includes the necessary steps, timelines, responsibilities, and communication strategies.
- **Raise awareness:** Ensure all staff are aware of the smokefree policy and available smokefree support.
- **Provide comprehensive staff training and support:** Provide staff with training focused on effective communication techniques, de-escalation strategies, and the health benefits of smokefree environments. This training will improve their confidence and ability to enforce the smokefree policy consistently and assertively.
- **Make environmental changes:** Update or install clear signage and ground markings, remove any smoking shelters, cigarette bins with ashtrays, and smoking-related litter to de-normalise smoking. Trusts can apply to [Biffa's Vape Takeback Scheme](#)¹⁴ to set up vape recycling collection points to prevent disposable vapes from being wrongly discarded as general waste or litter.
- **Communications:** Develop a comprehensive communication plan to raise awareness of the smokefree policy and available smokefree support services.
- **Improve pre-admission communication:** Notify patients about the smokefree policy before their admission via patient letters and text messages. Clearly outline the expectations and available smokefree support.
- **Signpost to smokefree support services:** Clearly signpost visitors, staff, and patients to tobacco dependence services and local stop smoking services that offer behavioural support and treatment.
- **Provide nicotine replacement therapy (NRT):** Ensure availability and provide NRT to patients and staff to prevent nicotine withdrawal and encourage visitors to bring their own NRT to help them stay smokefree.
- **Recruit smokefree champions:** Identify and recruit smokefree champions within your workforce to monitor areas where people may congregate to smoke and promote compliance.
- **Monitor and enforce:** Develop strategies to monitor compliance with the smokefree policy and establish clear procedures for addressing non-compliance.

Top tips

1. The easier you make compliance, the less you depend on enforcement.
2. Sufficient advance warning and clear information should be given to staff, patients, and visitors so they know what to expect.
3. Allowing vaping in all or part of the hospital grounds can support compliance with the smokefree policy.
4. Fast-acting nicotine replacement therapy (NRT) should be available at point of care and over the counter from the hospital shop and pharmacy.
5. The net financial gains to trusts and the NHS over the medium and long term will outweigh the initial set-up costs, including new signage, the removal or repurposing of smoking shelters, and the creation of communications.
6. A consistent approach across the NHS will help everyone understand that smoking is not allowed or facilitated in a place where they, or their loved ones, have come to get well.
7. Immediate support for temporary abstinence should be provided to hospital inpatients (see [Hospital Tobacco Dependence Services](#)¹⁵).
8. Policies that make it a more convenient choice to vape can support staff in staying smokefree and help keep them onsite during working hours.
9. Prioritise the most impactful solutions and quick wins that can be implemented right away, or trial interventions before rolling them out more widely.
10. If the right building blocks are in place for the trust's smokefree policy, the number of people smoking outside the hospital will be minimised.

Communications Strategy and Resources

A well-planned communication strategy can support effective policy implementation by raising awareness and understanding to garner support and increase compliance.

Internal communication

Inform staff about the smokefree policy through internal communication channels such as the intranet, email newsletters, and team meetings and briefings. Display posters or physical copies of the policy in staff areas to ensure it is visible and accessible to all staff, contractors, and volunteers, and provide a forum for members of staff to raise questions and address any concerns.

Encourage all staff to participate in training to familiarise themselves with the policy, the benefits of a smokefree hospital, how to have conversations with people who smoke, and how to refer patients and staff who smoke to smokefree support.

External communication

Inform the public of the smokefree policy before they arrive at hospital through patient letters, text messages, social media, and your website. Display smokefree information leaflets, posters, pull-up banners and utilise digital screens near reception desks, waiting areas, wards, and high-traffic areas.

Public-facing resources

NHS GM has created a suite of public-facing resources that have been co-designed and co-produced with patients, service users and healthcare professionals across Greater Manchester. These include:

- **Patient letters and text message copy**
- **Website copy**
- **Social media copy and images**
- **Digital screensavers**
- **Explainer videos**
- **Leaflets**
- **Posters**
- **Pull-up banners**

The resources are available in a range of accessible formats including large print, easy-read and language translations.

To request printed resources, please email:
gmhscp.makingsmokinghistory@nhs.net

A guide to no-smoking signs and floor markers

Install clear, visible, and consistent signage throughout hospital grounds to make people aware that they're in a smokefree environment and what they can and can't do. Ensure signs are up to date: display the latest policy information and where to find smokefree support.

When designing no-smoking signs and floor markers:

- Keep messaging simple and easy to understand. Tell people what they can and can't do, and where to get smokefree support.
- Consider accessibility, non-English speakers, and the population's literacy and health literacy levels.
- Include the no-smoking symbol which is well-recognised, well-understood and used across the globe.
- Use colour to grab people's attention, but don't rely on colour alone – red and green are often used to show what's allowed and what's not, but keep in mind people with colour vision deficiency (colour blindness) may find it difficult to identify and distinguish between certain colours.
- Add no-smoking symbols to wayfinding signage to reinforce the policy is part of the overall hospital environment.
- Make no-smoking signs visible at timely moments, for instance when people are entering or leaving the building.
- Position signs at eye level and consider using floor markers tactically, but be wary not to create 'smokefree zones' to avoid people thinking smoking is allowed in other areas of the hospital.

Training and Education

Equipping staff with the necessary knowledge, skills, and confidence can ensure that the smokefree policy is consistently enforced and supported across the organisation.

Smokefree hospital training

NHS GM has produced a training deck which explains:

- the importance of creating and maintaining a smokefree environment
- the harms of smoking and benefits of being smokefree
- the availability of smokefree treatments
- how to signpost and refer patients and staff to tobacco dependence services.

The training can be delivered by staff from the hospital's tobacco dependence service or embedded within staff inductions and mandatory learning.

To request the staff training deck, please email:
gmhscp.makingsmokinghistory@nhs.net

NCSCT training

The National Centre for Smoking Cessation and Training (NCSCT) provides a comprehensive programme of free, online training courses for healthcare professionals. Visit [NCSCT e-learning](#)¹⁶.

Monitoring and Evaluation

Systematically tracking progress and gathering feedback can identify areas for improvement, address challenges, and celebrate successes.

- **Key Performance Indicators (KPIs):** Identify KPIs to measure the success and impact of the smokefree initiative, such as smoking prevalence, tobacco dependence service quit outcomes, levels of compliance, and the number and types of smoking-related incidents reported on hospital grounds.
- **Data collection methods:** Use surveys, feedback forms and administrative data to collect relevant information.
- **Short-term and long-term metrics:** Track immediate outcomes, such as awareness levels and compliance rates, and long-term impacts such as health outcomes.
- **Reporting and feedback mechanisms:** Regularly report on progress and collect feedback from staff, patients, and stakeholders.
- **Reviewing and updating policies:** Periodically review and update the smokefree policy based on evaluation findings, feedback, and emerging evidence and best practices.

Addressing challenges and barriers: Identify and address any challenges or barriers to successful implementation, such as areas with low compliance or frequent incidents.

Hospital Tobacco Dependence Services

Treating tobacco dependency is as crucial as treating other major health conditions, such as cancer and cardiovascular disease, and it's a core component in the [NHS Long Term Plan](#)¹⁷ to help people improve their health and tackle health inequalities.

Hospital tobacco dependence services provide essential support and resources to help patients and service users be smokefree, ultimately improving health outcomes and reducing the burden of smoking-related diseases.

Effective tobacco dependency services can lead to:

- Reduced smoking prevalence and associated health risks.
- Improved overall health outcomes for patients.
- Decreased healthcare costs related to smoking-related illnesses.
- Enhanced quality of life for individuals and their families.

For these reasons, treating tobacco dependence in patients admitted to hospital and pregnant women receiving maternal care is now a standard of care in all NHS trusts in Greater Manchester. This includes:

- Identifying and recording the smoking status of patients admitted to hospital and pregnant women receiving maternal care.
- Immediate access to appropriate nicotine replacement therapy (NRT) and/or pharmacotherapy.
- Referral to the on-site tobacco dependence service for one-to-one behavioural support and a personalised treatment plan.
- Ongoing smokefree support following discharge through continuation of care or onward referral to a community stop smoking service or pharmacy.

Smokefree support for staff

Trusts should provide advice, guidance, and support to help employees be smokefree. Staff should be allowed to access stop-smoking support during working hours without loss of pay, and information on stop-smoking support should be promoted to employees at every opportunity.

Greater Manchester-based NHS employees, contractors and support workers can get six months' free access to 24/7 stop-smoking support through the Smoke Free app, and up to 12 weeks' worth of nicotine replacement and/or a vaping kit.

The NHS Smokefree Pledge

In January 2018, the Smokefree Action Coalition¹⁸ – a group of over 300 organisations, coordinated by Action on Smoking and Health¹⁹ (ASH) – launched the NHS Smokefree Pledge. The pledge is designed to be a clear and visible way for NHS organisations to show their commitment to help people stop smoking and provide smokefree environments to support them.

On No Smoking Day 2022 (9th March 2022), the NHS Smokefree Pledge was relaunched to bring it into line with the Government's ambition for England to be smokefree by 2030 and support the NHS Long Term Plan.

The pledge has been endorsed by NHS England, the Academy of Medical Royal Colleges, the Association of Directors of Public Health, the Royal College of Midwives, the Faculty of Public Health, and the British Medical Association.

It should be signed by individuals in leadership positions within the NHS trust or Integrated Care Board (ICB). This highly visible leadership should be accompanied by strategic activity to implement the pledge's eight commitments:

1. Treat tobacco dependency among patients and staff who smoke in line with commitments in the NHS Long Term Plan and Tobacco Control Plan for England
2. Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care [NG209, Section 1.12²⁰]
3. Create environments that support quitting through implementing smokefree policies as recommended by NICE
4. Deliver consistent messages about harms from smoking and the opportunities and support available to quit in line with NICE guidance
5. Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities
6. Protect tobacco control work from the commercial and vested interests of the tobacco industry
7. Support government action at national level
8. Publicise this commitment to reducing smoking in our communities and join the Smokefree Action Coalition²¹ (SFAC), the alliance of organisations working to reduce the harm caused by tobacco

Signing the NHS Smokefree Pledge

All NHS organisations in Greater Manchester are encouraged to sign the NHS Smokefree Pledge and publicise their commitment.

Step 1: Read the briefing

Before signing the NHS Smokefree Pledge, please read the [NHS Smokefree Pledge Briefing](#)²². This provides important information about the pledge commitments and practical guidance and resources on their effective implementation.

Step 2: Sign the pledge

Download and sign the pledge²³. It should be signed by individuals in senior leadership positions.

If your organisation has already signed the pledge, review local policies and practices to make sure that the updated commitments are embedded into local plans and activities. The pledge is a live document, not a one-time commitment.

Step 3: Publicise your commitment

Once your organisation has signed the pledge, email admin@smokefreeaction.org.uk and gmhscp.makingsmokinghistory@nhs.net so we can celebrate your commitment and add you to the list of signatories.

You can add web banners to your website to show the positive action you've taken. The banners are available in square, landscape and high-res formats.

It's also worth telling your local community about signing the NHS Smokefree Pledge. The public is supportive of efforts to reduce the harm caused by tobacco. If you're sharing your good news on X (formerly Twitter), be sure to use the hashtag **#NHSPledge** and tag **@AshOrgUK**.

***For more information and to see other signatories, visit:
The NHS Smokefree Pledge - ASH***²⁴.

Proud Signatory to

**The NHS
Smokefree
Pledge**



Resources and Tools

Business case tools

- [OHID Local Tobacco Control Profiles](#)²⁵
- [ASH Ready Reckoner](#)²⁶
- [Tobacco Dependency Treatment Service ROI Calculator](#)²⁷
- [Core20PLUS5 – an approach to reducing healthcare inequalities](#)²⁸
- [ASH Brief: Impact of Smoking on Core20PLUS5](#)²⁹
- [ASH Brief: Impact of Smoking on Core20PLUS5 in Greater Manchester](#)³⁰

Smokefree hospital resources

Templates, staff training materials, and public-facing resources to help support your smokefree steering group, smokefree policy, and smokefree hospital communications have been created by NHS GM.

To download smokefree hospital resources visit: [Smokefree Hospital Toolkit – Make Smoking History](#)³¹

Smokefree support for staff who smoke

Greater Manchester-based NHS employees, contractors and support workers can get six months' free access to the Smoke Free app, and up to 12 weeks' worth of nicotine replacement and/or a vaping kit.

Greater Manchester's Making Smoking History strategy

In 2017, Greater Manchester Integrated Care Partnership (previously Greater Manchester Health and Social Care Partnership) published its Making Smoking History strategy, with the ambition of becoming a smokefree city region by 2030. The Treating Tobacco Dependency programme is a cornerstone of this effort.

To find out more visit: [Our strategy – Make Smoking History](#)³²

To contact the team, email: gmhscp.makingsmokinghistory@nhs.net

Smokefree NHS Network

The Smokefree NHS Network is a collaborative network of members from across the NHS, local authorities and charitable organisations working to implement or improve tobacco dependency treatment services.

Find out more and join at: [ASH Smokefree NHS Network](#)³³

FutureNHS Prevention Programme Workspace

The FutureNHS Prevention Programme Workspace provides a secure space where colleagues throughout the system can share materials, information, plans, and ideas.

Good Practice Case Studies

Case study 1: Northern Care Alliance NHS Foundation Trust - Steering Group

NCA Smoke Free Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Measures
NCA will strive to provide any person that smokes on its grounds (patients, visitors and staff) with advice, help, support and evidence-based interventions to be abstinent from tobacco whilst on hospital grounds and support to stop smoking in the future	NCA Smoke Free Policy	Implement Smoke Free Policy	Updated policy signed off
	Support for Patients	Implement Cure module across Care Orgs	Number of staff completing Cure module
	Support for Staff	GM App for staff stop smoking support	Number of staff accessing app % of staff quitting after 4 weeks
	Estates	Review signage	
	Communications	Promote new policy with staff and patients	

Key achievements:

- **Membership:** The meeting is chaired by the Senior Operations Lead and key members include CURE team leads, as well as project support to help facilitate. Internal and external stakeholders also form part of the group, which provides a holistic opportunity to learn from mental health trusts and wider stakeholders, including at GM level.
- **Meeting agendas:** Structured around the above Smokefree Driver Diagram to ensure discussion across all key areas.
- **Smokefree policy:** We have developed a new smokefree policy which incorporates the GM guidance on vaping and is currently going through the internal sign off process. Public health input including writing the equality impact assessment for the new policy has been essential to its creation.

Areas for further development:

- Ensuring all corporate teams e.g. estates, comms etc are represented on the group at the appropriate level.
- Ensuring coverage of all hospital sites (the group originally covered just Oldham).
- Extrapolating and exploring regular data and intelligence to help monitor progress.
- Distributing vapes to inpatients remains an issue due to concerns around charging/fire risk.
- The group has mainly been focused on developing the policy and will continue to work together to ensure effective implementation.

Case study 2: The Christie NHS Foundation Trust Smokefree Policy - Staff Engagement

- On hospital letters, it's always best to state in advance that this is a smokefree site, and ensure the website includes information on where patients can receive help to remain smokefree whilst on site and beyond.
- It's important to let all staff know that there is a smokefree service that they can refer patients to and how they can do that.
- Involvement is key from all the staff in the trust, especially line managers and the Exec team.
- Inform staff in their inductions where they can receive help for smoking cessation. It's important for staff to seek smoking cessation support during their workday, so they are better equipped to help patients go smokefree.
- Explain to staff the importance of smokefree admissions and health and safety protocol to avoid risks of a fall or being out in extreme weather conditions as well as bettering patient health outcomes.
- Make every contact count to ensure we're singing from the same hymn sheet and acknowledging that sometimes the patient may be overwhelmed on the first appointment.
- Give space for the patient or staff to become curious about their smoking, and what makes them reach for a cigarette, to talk through it (implementing the coaching method).
- Extra staff training on Very Brief Advice if they need a masterclass on smoking cessation and ensuring smokefree admissions.
- Involve other teams and engage with all estates personnel. The car park team are involved in our smokefree implementation, and it's stated within their contract.
- Where possible, provide 'leave behind' information to ensure the patient knows where to receive support should they need it.



“The main message is to work together as a team!”

Case study 3: Derriford Hospital - Signage

In 2020, Derriford Hospital, part of University Hospitals Plymouth NHS Trust, updated its policy to allow vaping on hospital grounds to help more people switch to less harmful alternatives to smoking. To avoid confusion and help people differentiate between smoking and vaping, the hospital moved away from calling itself 'smokefree' to 'tobacco-free' and installed new signs that instructed smokers to extinguish their cigarettes before entering hospital grounds, and vapers to avoid using their devices near entrances and bus stops.



Case study 4: Greater Manchester Mental Health NHS Foundation Trust - Smokefree Pledge

GMMH became the first mental health trust in Greater Manchester – and one of the first in the country – to launch a specialist stop smoking programme to help patients living with mental illness go smokefree. As part of the trust-wide campaign to support staff and service users to become smokefree, GMMH's Chair, Chief Finance Officer and Medical Director have signed the NHS Smokefree Pledge. Pledging to:



- Treat tobacco dependency among patients and staff who smoke in line with commitments in the NHS Long Term Plan and Tobacco Control Plan for England.
- Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care.
- Create environments that support quitting through implementing smokefree policies as recommended by NICE.
- Deliver consistent messages to smokers about harms from smoking and the opportunities and support available to quit in line with NICE guidance.
- Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities.
- Protect tobacco control work from the commercial and vested interests of the tobacco industry.
- Support Government action at national level and join the Smokefree Action Coalition (SFAC), the alliance of organisations working to reduce the harm caused by tobacco.

Reference index

1. <https://www.rcp.ac.uk/media/bdnj2ykk/hiding-in-plain-sight.pdf>
2. <https://makesmokinghistory.co.uk/partner-resources/smokefree-hospital-toolkit/>
3. <https://www.nice.org.uk/guidance/ng209>
4. [bookmark://_Hospital_Tobacco_Dependence](#)
5. <https://makesmokinghistory.co.uk/partner-resources/smokefree-hospital-toolkit/>
6. <https://ash.org.uk/resources/smokefree-nhs/the-nhs-smokefree-pledge>
7. <https://www.nice.org.uk/guidance/ng209>
8. <https://gmmmg.nhs.uk/wp-content/uploads/2024/07/GMMMG-Medical-Management-of-Tobacco-Dependency-Protocol-v3.1-July-2024-Final.pdf>
9. <https://makesmokinghistory.co.uk/partner-resources/smokefree-hospital-toolkit/>
10. <https://www.legislation.gov.uk/ukpga/1974/37/contents>
11. <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update>
12. <https://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces>
13. https://thorax.bmj.com/content/79/Suppl_1/3
14. <https://www.biffa.co.uk/biffa-insights/biffa-vape-takeback-scheme>
15. [bookmark://_Hospital_Tobacco_Dependence](#)
16. <https://elearning.ncsct.co.uk/england>
17. <https://www.longtermplan.nhs.uk/>
18. <https://www.smokefreeaction.org.uk/>
19. <https://ash.org.uk/>
20. <https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence#stop-smoking-interventions>
21. <https://www.smokefreeaction.org.uk/about/join-us>
22. <https://ash.org.uk/uploads/NHS-Smokefree-Pledge-Briefing-FINAL-August-2022.pdf?v=1664967126>
23. <https://ash.org.uk/uploads/NHS-Smokefree-Pledge.pdf?v=1649427000>
24. <https://ash.org.uk/resources/smokefree-nhs/the-nhs-smokefree-pledge>
25. <https://fingertips.phe.org.uk/profile/tobacco-control>
26. <https://ash.org.uk/ash-local-toolkit/ash-ready-reckoner-2022/>
27. <https://ash.org.uk/resources/view/tobacco-dependence-treatment-service-roi-calculator>
28. <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>
29. <https://ash.org.uk/uploads/ASH-inequalities-brief-for-NHSE-Core20Plus5.pdf?v=1672763480>
30. https://ash.org.uk/uploads/NHS-Greater-Manchester-ICB_2024-02-07-125254_mwbx.pdf?v=1707310374
31. <https://makesmokinghistory.co.uk/partner-resources/smokefree-hospital-toolkit/>
32. <https://makesmokinghistory.co.uk/our-strategy/>
33. <https://ash.org.uk/about/who-we-work-with/smokefree-nhs-network>