

# **The Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022**

## **Island Communities Impact Assessment**

**March 2022**



**Scottish Government**  
Riaghaltas na h-Alba  
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## Island Communities Impact Assessment Template

Please ensure this template is completed in conjunction with the Island Communities Impact Assessment (ICIA) Guidance on the [Scot Gov Website](#)

Name of Policy, Strategy or Service      The Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022

### Step One – Develop a clear understanding of your objective

- What are the objectives of the policy, strategy or service?

The Regulations will introduce a mandatory no smoking 15 metre perimeter outside hospital buildings. The enforceable area will support an existing NHS Scotland policy which request that those using hospital facilities, refrain from smoking on hospital grounds. While this policy was largely adhered to, a number of people still smoke on hospital grounds with the vast majority smoking near entrances and exits.

- What are the intended impacts / outcomes and how do these potentially differ across the Islands?

Formalising a no-smoking area around hospital buildings aim to:

- Support the de-normalisation of smoking;
- Help reduce the use of tobacco across the population;
- Prevent or reduce exposure to second-hand smoke; and
- To ensure the NHS in Scotland is exemplar in the promotion of good public health.

The intention is to de-normalise smoking outside hospital buildings and particularly within the 15 metre area. The objective and intended outcomes do not differ between mainland hospitals or across the islands. The aim is to have a universal approach across all NHS hospitals regardless of geographic location. Each of the five NHS Boards covering Scotland's island communities submitted comments to the full public consultation which took place at the end of 2019 and into 2020.<sup>1</sup> NHS Shetland, NHS Orkney, NHS Western Isles, NHS Highland and NHS Ayrshire and Arran were all in support of the introduction of a no-smoking perimeter outside their buildings. NHS Orkney, for instance, commented: 'We feel this is a useful measure to protect patients, staff and visitors.'

<sup>1</sup> [Prohibiting smoking outside hospital buildings: consultation analysis - gov.scot \(www.gov.scot\)](#)

The consultation asked respondents to identify if there were any hospitals or types of hospital that should be exempt from the Regulations. Ayrshire and Arran replied: “Overwhelmingly, the comments received in relation to exemptions were in support of considering smoking areas for those who are in hospital on a long term basis, and those who were staying in mental health facilities.” Most, however, agreed there should be no exceptions. This view regarding mental health facilities and those staying on a long term basis was explored further within the previous EQIA published in 2015 <sup>2</sup>, and have been re-evaluated following the additional consultation in 2019 for these regulations and it was decided that no exemptions should be provided on these grounds, either on the mainland or the island hospital buildings. Findings of these discussions and conclusions are available on request.

Responses received to the consultation from island boards were the same as those received from NHS boards and individuals accessing mainland facilities. While island hospitals can be smaller in size to those in the central belt, no one hospital building or campus is the same and there were no design or other aspects of hospital buildings or land in island communities raised that would indicate issues around implementing the Regulations differently on a geographical basis.

## **Step Two – Gather your data and identify your Stakeholders**

- What data is available about the current situation in the Islands?

An atlas of Tobacco Smoking in Scotland, published in 2007, showed that smoking rates were slightly lower in Island communities than in the central belt. <sup>3</sup> Orkney had rates of 21.7% of the adult population while in Greater Glasgow and Clyde that figure was 29.8% for example. Smoking rates across Scotland are analysed through the Scottish Health Survey, and have been falling since the Health Survey began to 19% for men and 16% for women. <sup>4</sup>

<sup>2</sup> [Equalities Impact Assessment \(EQIA\) for the Health \(Tobacco, Nicotine etc and Care\) \(Scotland\) Bill - gov.scot \(www.gov.scot\)](#)

<sup>3</sup> [An Atlas of Smoking Tobacco in Scotland](#)

<sup>4</sup> [Scottish Health Survey – telephone survey – August/September 2020: main report - gov.scot \(www.gov.scot\)](#)

Who are your key stakeholders?

NHS Scotland, hospital Boards, staff, patient and visitor groups are the key stakeholders.

- How does any existing data differ between Islands?

Smoking on hospital grounds and near to entrances continues to be an issue across the whole of the NHS estate. As well as the visibility issue, second-hand smoke presents a potential health risk to patients, visitors and staff, some of which are particularly vulnerable. Information gathered on this issue is the same across NHS Scotland, with no differences recorded within or between Islands. The information is mostly verbal, forming part of on-going discussions between the NHS and Scottish Government. The Scottish Government does not have comprehensive and reliable empirical data across Health Boards on how many peoples smoke on NHS hospital grounds, and the levels of second-hand smoke (SHS) in and around NHS hospital building entrances and windows.

Are there any existing design features of mitigations in place?

All NHS Boards operate a smoke-free grounds policy. As stated above, there have been problems with compliance around the voluntary smoke-free grounds policy. Smoking is also banned within all NHS buildings.

Step Three – Consultation

- Is there any information already in gathered through previous engagements?

A questionnaire and accompanying letter was sent to all NHS Boards in Scotland, including Special Boards on 28 November 2016 with a request that they return their comments by 18 January 2017. All 17 recipients responded to the questionnaire and all agreed with at least a minimum 15 metre perimeter smoking ban outside hospital buildings.

- How will you carry out your consultation and in what timescale: Public meetings/ Local Authority / Key Stakeholders

The full public consultation took place at the end of 2019 and into 2020. All Island health boards responded that and were in agreement with the proposals and no specific requests were made around the operation of the proposed Regulations in Island communities. Smoking rates are comparable per head of population across Scotland's communities with no particular demographic variants among Islanders. Any variations are between communities are generally related to socioeconomic influences with less wealthy Island communities showing a higher rate of smoking than the more affluent communities. <sup>5 6</sup>

- What questions will you ask when considering how to address Island realities?

This policy has a strong public health rationale and the positive outcomes they are expected to deliver should have particular benefits for some protected characteristics. Any disproportionate negative impacts on individuals within protected characteristic groups will be outweighed by the policy's positive health benefits at a population level.

- Separate consultation events for Island communities/ Local Authorities?

Residents of the Islands were also able to respond to a consultation in 2019 and sought views and opinions, specifically about possible inequalities – no island community concerns were raised.<sup>7</sup>

#### Step Four – Assessment

- Does your assessment identify any unique impacts on Island communities? (Further detail in the Guidance)
  - Demographic
  - Economic
  - Gaelic
  - Social

It is believed that there will be no impact on island communities that is significantly different from the effect on other communities. The policy will bring consistency to hospital grounds across the whole of Scotland. As island patients in need of specialist treatment that may not be available to them locally are often transported to larger mainland facilities, the Regulations will create a consistent approach to smoking on hospital grounds regardless of location.

Information on the ban, its introduction and enforcement will be made available to patients in Gaelic and other languages.

Enforcement of the Regulations will be undertaken by designated officers of a local authority. Although responsibility will vary across local authority areas, these tasks will normally fall under the auspices of Environmental Health. Those with management and control of hospital buildings should liaise with their local authority on this.

<sup>5</sup> [An Atlas of Smoking Tobacco in Scotland](#)

<sup>6</sup> [Scottish Health Survey – telephone survey – August/September 2020: main report - gov.scot \(www.gov.scot\)](#)

<sup>7</sup> [Prohibiting smoking outside hospital buildings: consultation analysis - gov.scot \(www.gov.scot\)](#)

Is a Full Island Communities Impact Assessment required?

You should now determine whether, in your opinion, your policy, strategy or service is likely to have an effect on an island community which is significantly different from its effect on other communities (including other island communities). To form your opinion, the following questions should be considered.

- Are there mitigations in place for the impacts identified and noted above from stakeholders and community consultations? (If further ICIA action is not required, complete the section below and publish)

No. It is believed that there will be no impact on island communities that is significantly different from the effect on other communities. The policy will bring consistency to hospital grounds across the whole of Scotland.

- Does the evidence show different circumstances or different expectations of or different needs, or different experiences or outcomes (such as levels of satisfaction or different rates of participation?)

No. It is believed that there will be no impact on island communities that is significantly different from the effect on other communities. The policy will bring consistency to hospital grounds across the whole of Scotland.

- Are these different effects likely?

No. It is believed that there will be no impact on island communities that is significantly different from the effect on other communities. The policy will bring consistency to hospital grounds across the whole of Scotland.

- Are these effects significantly different?

No. It is believed that there will be no impact on island communities that is significantly different from the effect on other communities. The policy will bring consistency to hospital grounds across the whole of Scotland.

- Could the effect amount to a disadvantage for an island community? Compared to the mainland or between island groups?

No. It is believed that there will be no impact on island communities that is significantly different from the effect on other communities. The policy will bring consistency to hospital grounds across the whole of Scotland.

- If your answer is 'no' to the above questions, please complete the box below.

No. It is believed that there will be no impact on island communities that is significantly different from the effect on other communities. The policy will bring consistency to hospital grounds across the whole of Scotland.

- If the answer is 'yes', an ICIA must be prepared and you should proceed to Step 5.

A full islands Community Impact Assessment is **NOT** required

In preparing the ICIA, I have informed an opinion that our policy, strategy or service is **NOT** likely to have an effect on an island community which is significantly different from its effect on other communities (including other island communities). The reason for this is detailed below.

Reason for not completing a full Islands Communities Impact Assessment:

It is believed that there will be no impact on island communities that is significantly different from the effect on other communities. This policy will bring consistency to hospital grounds across the whole of Scotland.



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