

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>ASH</b>		General Issues	It is all employers not most – there are some limited exemptions but all employers are covered by the legislation.	Thank you for this observation. The wording has been amended to clarify that the legislation applies to virtually all enclosed public places and workplaces.
		Recommendation 1	Add to beginning of last sentence words in bold: <b>Support is available through the NHS Stop Smoking Services</b> or where there is sufficient demand, on-site smoking cessation support could be offered.	The recommendations have been revised in the light of this consultation and in discussion with PHIAC – the independent public health intervention advisory committee responsible for developing the recommendations and guidance. The revised guidance makes explicit reference to the NHS Stop Smoking Services.
		Recommendation 2	Add words in bold to second sentence: These could include <b>access to helplines and internet smoking cessation support while at work</b> , time off in lieu.....	Thank you for these suggestions which have been taken into account in either the revised recommendations or, where appropriate, the implementation advice.
		Recommendation 7	Add in words in bold: <b>The Department of Health</b> , NHS Commissioners and NHS Stop Smoking Services should ensure they have the necessary resources in place <b>both centrally and at local level</b> to respond to fluctuations in demand <b>for smoking cessation treatment</b> , particularly in the lead up to....  This is to encourage the DH to provide a central quitline smoking cessation backup resource to cover when and where local services are unable to meet demand.	It is not within the remit of NICE to make recommendations to the Department of Health.
		2. Public health need and practice	Remove first word 'Cigarette' as it is all smoking that is dangerous and which contributes to the deaths from smoking.	Agreed, the word 'cigarette' has been deleted.
		3.2	Smoking has been ' <b>prohibited</b> ' rather than banned.	Agreed, the word 'prohibited' will be used.
		3.6	Bullet 5 add in the word ' <b>means of access</b> ' in front of locations and schedules	In response to the consultation this whole section has been revised.
		3.7	Add in to section in brackets ' <b>and whether they can be phased out</b> '	This whole section has been revised following the consultation.
		5	Recommendations for research – there is a need for more research on the costs of smoking to employers and the short-term benefits to employers of getting employees to quit smoking.	Agreed. The research recommendations will include something on the short and long-term benefits to employers of providing smoking cessation support.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

22 December 2006 to 19 January 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>British Dental Association</b>		General	Dentists and their teams can play an important role in counselling patients about the detrimental effects of tobacco on both oral and general health. Dental teams that offer advice about tobacco cessation have a duty to be good role models for their patients and the BDA supports this guidance for employers on helping their employees to stop smoking. The BDA agrees with the recommendations set out in the guidance, but would like stress the importance of providing appropriate resources so that time and cost implications to employers (especially those running small businesses) are minimised.	Thank you for your comments and support. A range of tools will be made available to employers and other relevant sectors to help support the implementation of the guidance.
		General	Many adults in the UK chew tobacco, rather than smoking it. Chewing tobacco is a risk factor for oral cancer and many other oral health problems. This is a serious public health concern which we would like to see addressed in the guidance.	NICE acknowledges the dangers of chewing tobacco. However, the focus of this guidance is workplace smoking cessation. NICE is developing programme guidance on the optimal provision of smoking cessation services. This issue will be raised with the Programme Development Group responsible for the development of this guidance. For further details visit <a href="http://guidance.nice.org.uk/page.aspx?o=SmokingCessationPGMain">http://guidance.nice.org.uk/page.aspx?o=SmokingCessationPGMain</a>
<b>British Medical Association</b>		General	The BMA welcomes the publication of this draft guidance and sees this as an important step in implementing smoke-free legislation.	Thank you.
		Recommendation 2	The BMA welcomes the recommendations but wonders what will be the cost implications for the NHS when individuals are given paid time off to attend smoking cessation courses or costs of treatments. Employers will need to take to ensure TOIL policy is the same for smoking and non-smoking employees	A range of resources, including costing tools, will be made available to support the implementation of the guidance. The recommendations have been revised in the light of this consultation and will highlight the importance of developing a policy in collaboration with staff and their representatives.
		Recommendation 4	Occupational health may or may not be an appropriate source on information on the benefits of stopping smoking. Smoking cessation as health promotion is not always seen as central to occupation health practice. It might be more helpful to direct employers to a national, consistent source of information such as the British Lung Foundation, British Heart Foudnation or British Thoraccic Society. Where OH units do	Thank you for your comments. The recommendations have been revised and we will pass your suggestions on to the Implementation Team which will be developing the support tools.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			not exist or offer support the committee has suggested either NHS Direct or the NHS smoking Help-line on 0800 169 0169	
<b>Camquit - Cambridge</b>		Section 1	In response to Recommendation 3 – Providing NRT to support smokers not intending to quit I feel is not a cost-effective use of resources for employers, is open to abuse by staff and does not support the message from recommendation 1 which is to encourage employees to quit. A far more effective and acceptable use of resources for employers would be to fund or part-fund NRT for those smokers committed to quitting. This also facilitates the procedure of 1:1 or group support as it by-passes the need for a prescription and it overcomes this issue of cross-county funding of smoking cessation support. In my experience employers are happy to part-fund NRT.	Thank you for your comments. As a result of this consultation and discussions with PHIAC – the independent advisory committee responsible for developing the recommendations and guidance – this recommendation has been deleted.
		general	We have some concerns about the timescale for this document as the 1 <sup>st</sup> of July rapidly approaches. Also, we have local concerns about whether PCTs will be able to deliver the recommended amount of stop smoking support in the current climate.	Thank you, noted.
		Recommendation 6	The phrase 'is a core component of the business' is somewhat ambiguous. Does 'business' refer to the NHS Stop Smoking Services itself with 'workplace support' being a key part of its role, or to the individual employers who must be encouraged to provide workplace support to their employees. This will have implications for the construction of the audit criterion in respect of this recommendation.	Agreed the wording is ambiguous. The recommendations have been revised as a result of this consultation.
<b>Chartered Institute of Environmental Health</b>		General issues	The wording of the following paragraph can be improved as follows:  <b>After 1 July, all employers in England will be required by law to provide their employees with smokefree workplaces. There are many things that employers can do to help their employees to stop smoking and, whilst this is not a requirement, it can help reduce sickness absence and so increase productivity, as well as leading to longer term health benefits for their employees.</b>	Thank you for this suggestion, the wording will be amended to capture the essence of this.
		Recommendations	<b>New Recommendation 1 to precede existing Rec1</b> xxxxxxx	
		Recommendation 2	Recommendation 2 Employers should provide incentives to encourage employees who smoke to	Thank you for these suggestions. The recommendations have been amended as a result of this consultation. We will also pass

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			quit. These could include <b>access to freephone telephone helplines</b> , time off in lieu to attend smoking cessation services or reimbursement for the cost, if any, of treatment.	your suggestions on to the Implementation Team.
		Recommendation 3	Recommendation 3 Employers should provide smokers who are unwilling or unable to quit with information and support <b>to coping during periods when they will not be allowed to smoke</b> . This could include <b>assisting individuals in reducing their smoking and access to</b> the provision of nicotine replacement therapy (NRT) to help offset temporary nicotine cravings.	Thank you for your comment. As a result of this consultation and discussions with PHIAC – the independent advisory committee responsible for developing the recommendations and guidance – this recommendation has been deleted.
		2 Public health need and practice	2 Public health need and practice Cigarette smoking is still the main cause of preventable illness and premature death in England.  <b>Can we refer to smoking in general as this statement may give the impression that we are only concerned about cigarette smoking.</b>	Agreed, this has been amended.
			The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke (US Surgeon General 2006). Exposure in the workplace is likely to be responsible for the deaths of more than two employed people per working day <b>on average</b> (about 617 deaths per year) in the UK (Jamrozik 2005).	Agreed. These points were included in the draft guidance and will be retained.
			Shifting the balance towards smokefree workplaces and public places has become a key aspect of the government's health strategy, as highlighted in the public health white paper, 'Choosing health' (DH 2004). Virtually all workplaces in England will become smokefree when the <b>legal requirements</b> , made under the <b>Health Act 2006</b> (House of Commons), <b>come</b> into force on 1 July 2007.	Agreed. These points were included in the draft guidance and will be retained.
		3 Considerations	3.2 The Committee notes that the most effective workplace smoking cessation interventions are those proven to work in other settings. However, there is a lack of evidence of how – and when – these should be	Agreed. These points were included in the draft guidance and will be retained.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			delivered in an environment where smoking has been <b>prohibited</b> in <b>all</b> workplaces and <b>many</b> public places (as will be the case in England from July 2007).	
			3.7 When implementing smokefree policies, employers should decide whether or not staff are <b>to be</b> entitled to take smoking breaks during working hours and, <b>if so - how often and for how long, and whether and when they will be reduced and/or phased out completely.</b>	PHIAC – the independent advisory committee responsible for developing the recommendations and guidance – wanted to focus on the importance of developing policies in collaboration with staff and their representatives. The detail should be left to negotiations between staff, their representatives and employers.
		Appendix B: gaps in the evidence	4. The <b>different</b> resource needs of small, medium and large employers with regard to providing smoking cessation support.	
<b>CBI</b>		Recommendation 2	This is unacceptable as general guidance to employers. It goes well beyond what has been reported as current general good practice by CBI members. Even though this is intended to be guidance it sets a benchmark for action by employers. The costs and benefits to employers of this recommendation have not been adequately explored. The evidence does not provide an adequate justification that the objective of quitting smoking is achieved by the proposed recommendation.	The recommendation has been amended and the guidance will be published together with a range of implementation resources including costing tools one of which enables employers, and others, to calculate the costs of providing different types of cessation support and the benefits that accrue from smokers quitting – such as productivity.
		Recommendation 3	The recommendation that employers should provide support is too vague to be helpful to people in the workplace and the single example of provision of NRT is too limited.	Thank you for your comment. As a result of this consultation and discussions with PHIAC – the independent advisory committee responsible for developing the recommendations and guidance – this recommendation has been deleted.
		Recommendation 4	Employers can provide information to employees but the obligation for them to take responsibility (or designate a staff member) for the provision of information is inappropriate in a guidance document. It is emphasising an obligation in legalistic language. This is shifting the partnership approach which is essential to influence individual's lifestyle choices, to the	Agreed. The recommendations have been amended in the light of this consultation and a collaborative approach to the development of a smoking cessation policy as part of an overall smokefree workplace policy is recommended.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			employer. Employers acknowledged that the workplace is an efficient medium for providing public health information, but it is only effective for those who wish to act on it.	
<b>County Durham PCT</b>		3.7	As the documents acknowledges that employers are not compelled to offer support to employees how likely is it that SME's will ask for assistance in developing & implementing smoking policies that consider the needs of the employees who do smoke. If they don't need to do it why should they?	Thank you, noted. The Implementation Team at NICE will aim to engage with representatives from a range of relevant organisations including the Federation of Small Businesses in the development of the support tools for the guidance.
		Rec1,;2, 3, 4	Need to demonstrate the business benefits of offering support to smokers compared to the costs associated with time lost due to sickness absence and smoking breaks.  Methods such as time off in lieu, cost reimbursement and designated staff will be difficult to promote to smaller SME's in regards to cessation support along with offering support to smokers who do not want to quit.  Because of the capacity issue associated with working with SME's could we link in with business support networks such as Business Link, Federation of Small Businesses & Chambers of Commerce to promote what services are available.	Agreed, information along these lines will be included in the costing tools that will accompany the published guidance.  Agreed. The Implementation Team will seek the views of relevant representatives – including chambers of commerce and the Federation of Small Businesses – in the development of the support tools that will accompany the guidance.
<b>Department of Health</b>		General	We have some concerns that the universalist approach to provision of workplace health promotion taken in the draft guidance may exacerbate, rather than reduce, health inequalities. This is due to differential uptake of services and differential provision of services commonly referred to as the <i>Inverse Care Law</i> . To counter the Inverse Care Law and ensure both individuals and areas with the greatest capacity to benefit may require additional effort or early adoption of services (inequity of inputs). This approach, which requires additional "effort" by commissioners and providers is evidence based and has been demonstrated to work through analysis of smoking quit data in Spearhead areas over the last three years. As such, additional resources may be needed in deprived areas and with disadvantaged groups to ensure equity of primary outcomes and this is reflected in NHS funding and targets based on Spearhead areas.	Thank you, noted. Reducing health inequalities is considered a key question across all NICE guidance. However, in the absence of evidence on tackling health inequalities through workplace smoking cessation the Public Health Interventions Advisory Committee has recommended that if demand outstrips supply, services should focus on SMEs and enterprises that employ groups most at risk, such as those on low pay and those from disadvantaged backgrounds.  We will pass your comments to the team at NICE responsible for the development of

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

22 December 2006 to 19 January 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We therefore believe that this guidance should specifically address these points and do so with reference to the most cost effective way of delivering the policy aims of both reducing smoking AND reducing health inequalities through workplace health promotion.	guidance on <a href="#">proactive case finding and retention and improving access to services in disadvantaged areas</a> .
		General Comment	In our opinion, the recommendations in this guidance should specifically state how they would not only increase health gains through smoking cessation but also reduce health inequalities and promote equality.	Noted, thank you.
		General Issues	We believe that this guidance is likely to be read by employers, HR, Occupational Health etc (who may not be familiar with the overwhelming economic, social and health benefits of investing resources in smoking cessation). As such, this section could usefully be expanded to cover, more comprehensively, the general issues relating to smoking cessation amongst their employees and the advantages for employers in supporting staff in stopping smoking.	Agreed, these aspects will be given greater prominence in the final guidance. In addition, the costing tools that will support the guidance will include a 'ready reckoner' to help employers work out the costs of providing different types of smoking cessation support and the benefits that will accrue from employees stopping smoking.
		General Issues	We believe the guidance should be more specific as to which recommendations relate to NHS funded or provided smoking cessation services. E.g. Recommendation 6 specifically refers to NHS cessation services whilst Recommendation 5 does not. As assisting employees to quit smoking has clear economic as well as health benefits it could be expected that some employers, especially the larger employers, may provide their own cessation services, and it would be helpful if the guidance could address this point more explicitly.	Agreed, the recommendations have been amended.
		Recommendation 1	It is unclear what the recommendation for employers to "provide access to evidence-based interventions" is suggesting. Would this include, as Recommendation 2 suggests, access to services within time at work? If "on site smoking cessation support is offered" is this to be undertaken as part of an employees working time or outside of their working day?	The recommendations have been revised in the light of this consultation and your specific point regarding attendance at services during working hours has been made clearer.
		Recommendation 2	The range of incentives that are evidence based, see Evidence statement 10 Page 17, appears to be limited to financial incentives. The statements in relation to time off in lieu to attend cessation services may, we feel be better placed in Recommendation 1.	Agreed. Recommendation 1 has been revised and includes a specific reference to allowing staff to attend smoking cessation services during working hours without loss of pay.
		Recommendation 3	The recommendation to provide information and support should ideally specify whether this is to be provided direct by the employer (in which case to what level what they need to be trained) or by a third party e.g. smoking	Thank you. All the recommendations have been revised and the actions to be taken have been given greater clarity.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			cessation service. The suggestion to provide Nicotine Replacement Therapy (NRT) should also specify how this should be actioned and whether this “provision” can be undertaken by employers directly.	
		Recommendation 5	This recommendation appears to contain an open-ended commitment to provide workplaces with smoking cessation services. This section would benefit from being more specific as to who should provide the “cessation services” e.g. NHS, private provision or provision “in house” as part of occupational health etc. We feel that consideration should be given to priorities e.g. small and medium sized business, business in Spearhead areas or business that employees people from lower socio-economic / excluded groups.	Agreed. The recommendations have been revised and now explicitly identify the different types of service providers and also make reference to priority areas.
		Recommendation 6	The statement “where appropriate” in relation to provision of outreach services by smoking cessation services would benefit from some explanation as to what those appropriate circumstances might be.	Thankyou. The recommendations have been amended and aim to provide greater specificity – they no longer include the term ‘outreach’.
		Recommendation 7	In our view, this recommendation should also be more specific as it is currently unclear as to how much resources would be “necessary”. It may not be economically desirable or feasible to meet all demand placed on NHS cessation services, and as such some consideration should be given in this guidance as to whether priority should be given to either interventions, areas e.g. Spearhead, specific groups or specific businesses.	Agreed. The recommendations have been revised and suggest priority areas in circumstances where demand outstrips supply.
		General comment	The reported evidence base in this guidance, contained within an appendix, has reference to different prevalences amongst specific groups e.g. BME groups and different evidence of effectiveness in working with some of these specific groups. However, we are unclear as to whether there has been specific consideration of this as the recommendations do not make reference to any specific populations groups.	Thankyou. The revised recommendations highlight the importance of tailoring smoking cessation support to the needs, preferences and circumstances of the individual. In the absence of evidence on what works best for different groups, the revised guidance recommends that research be undertaken that identifies the most effective and cost-effective interventions for different sectors of the workforce, including BME groups.
		3.6	It is unclear what evidence base is used to determine the additional recommendations that “all smoking cessation services should: ensure <i>equality</i> of access, ensure <i>equity</i> of provision....” The extent and meaning of equity in this context should be defined as equity of “access” , and	Thank you, noted. This section has been amended.



## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>equitable “provision” is not necessarily straightforward.</p> <p>Inequitable provision can be justified in order to achieve equitable outcomes especially in relation to higher rates of smoking in - a specific group, specific area or to pursue specific policy goals such as the reduction of health inequalities.</p>	
		General	As the NHS, LA’s and other statutory services are large employers and we feel this guidance should consider being more specific as to the adoption of the recommendations by these organisations as employers and not just providers/ commissioners.	Thank you. The recommendations have been revised as a result of this consultation and discussions with the independent Public Health Interventions Advisory Committee.
<b>Faculty of Occupational Medicine</b>			<p>The Faculty recognises the great potential for health promotion in the workplace afforded by the upcoming legislation on smoke free public places/workplaces.</p> <p>The evidence presented in this consultation document appears to confirm the previous findings of the NICE programme development group on smoking cessation who found that certain kinds of interventions were effective in helping people to quit smoking. These were considered to be cost effective activities and moreover likely to be equally effective in helping people to quit who have been stimulated to do so by the ban on workplace smoking.</p> <p>The evidence also appears to confirm that such approved interventions are effective when delivered in the workplace by suitably qualified individuals. The Faculty therefore believes that there should be a strong statement to the effect that smoking cessation interventions of the approved type should be delivered at the place of work, with appropriately trained staff likely to include occupational health professionals.</p>	Thank you for these comments which have been taken into account in the redrafting of the recommendations.
<b>Faculty of Public Health</b>		General	The Faculty of Public Health welcomes this guidance which, overall, seems sensible and straightforward.	Thank you.
		Rec 2	<p><i>Employers should provide incentives to encourage employees who smoke to quit. These could include time off in lieu to attend smoking cessation services or reimbursement for the cost, if any, of treatment.</i></p> <p>Does the guidance really mean ‘time off in lieu’ (i.e. being given time off with pay in proportion to time spent at smoking cessation services,</p>	Thank you for raising this. The recommendations have been revised and recommendation 1 now clearly states that employees should be allowed to attend smoking cessation services during working

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			regardless of whether attendance is during paid working time, taking unpaid time off, or out of working hours? Or does NICE mean that employees should be allowed to attend cessation support services during working hours without loss of pay?	hours without loss of pay.
		Rec 4	<i>... The employer (or designated staff member) should contact either the local stop smoking services or their occupational health service to get information on the benefits of stopping smoking – and how to stop...</i> This seems a bizarre waste of resources, for each local stop smoking service to provide the same information to each employer. Surely information on the benefits of stopping smoking and on how to stop smoking (regarding methods, not services available) could be prepared centrally for dissemination proactively via local authorities, chambers of commerce, health & safety networks, etc as well as by the local stop smoking services.	Noted, thank you, this recommendations have been amended.
		Rec 4	What is important to do at a local level, however, is provide information about local services. We would suggest the recommendation be amended along the following lines: <i>The employer (or designated staff member) should contact either the local stop smoking services or their occupational health service to get information on the smoking cessation support available locally, including what is provided, when, where, and how to access the services.</i>	Thank you, the revised recommendations now reflect this suggestion.
<b>FRESH</b>		Foreword	One of the main practical problems with carrying out smoking cessation work is to gain the support of other agencies/organisations. Within the foreword section it would make sense to highlight the importance of this when stressing guidance is for those also indirectly involved i.e. smoking is everyone's concern	The foreword has been redrafted in the light of this consultation and discussions with the independent Public Health Interventions Advisory Committee.
		General issues	This is a good opportunity to highlight the benefits of providing support to employees, but also should stress need to promote good health as a responsible employer. This can be expanded upon in Recommendation 1 and used to suggest staff being trained in smoking cessation support. This is backed up by evidence statements 1 and 2.	Agreed, thank you.
		Recommendation 4	Provides an opportunity to go further than suggesting employers should contact Stop Smoking Services. Bearing in mind the difficulties that	Agreed. The revised recommendations indicate that smoking cessation support should be

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			services have getting organisations to see smoking as a priority, this recommendation should state that employers should ensure a member of staff is trained to at least brief advice level, if not level 2.	provided by staff who have received appropriate training.
		Recommendation 6	Bearing in mind the disparate nature of service provision it should be recommended that services carry out regional mapping of the level of service provision and use this to ensure that a consistent approach is adopted. It would make sense to recommend that minimum standard of service is developed and offered to employers. This is especially important in the run up to legislation and is backed up by evidence statement 11.	Thank you for this suggestion.
		Considerations point 3.4	Good opportunity to state the importance service managers ensure that up to date information is submitted. This also provides a chance to further call for a rapid mapping of services which is both needed and timely.	Thank you, noted.
		Appendix A, Para 1	Should state that services are obliged to promote all of the methods of quitting on offer. It is safe to say that often the services on offer from the NHS Quitline are not actively promoted. This is backed up by evidence statement 9.	Thank you. The guidance recommends only those treatments that have been proven to be effective.
		Current Practice Research	Provides an opportunity to reinforce to key decision makers the importance of consistent preparation in the run up to July 1 <sup>st</sup> and should be used as a call to action.	Noted, thank you.
		Cost-effectiveness evidence	The figures discussed here lend weight to the argument that employers also need to see smoking as a priority, for both staff health and business reasons, and should be publicised to facilitate this. Perhaps this section could include a heading on specific economic costs to business due to smoking to reinforce the rationale for cessation support.	Thank you. The effectiveness and cost-effectiveness reviews together with any modelling reports will be available on the NICE website.
<b>Health and Offender Partnership</b>		General	Although the review does cover some interventions aimed at behavioural change, conducted by Health psychologists, there is a broader absence of other psychological therapy interventions focussed on behavioural change. This may negatively impact on the effectiveness of the document.	Thank you, noted. The guidance only recommends smoking cessation interventions that have been proven to be effective.
		General	The structure of the review could potentially benefit from an executive summary and a review of the format in which the data is presented. This	Thank you. The recommendations are also published as a quick reference guide available

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			could improve it's effectiveness by increasing ease of access.	online and in hard copy <a href="http://www.nice.org.uk/phi5quickrefguide">www.nice.org.uk/phi5quickrefguide</a> .
		General	The review is informative and helpful in terms of highlighted some of the evidence based effective interventions in the specific fields covered.	Noted, thank you.
<b>Health Service Executive, Ireland (Public Health Dept)</b>		General	Delighted to see you are not advocating facilities i.e outside gazebos for those who wish to continue to smoke and this is supported by economic appraisal	Thank you.
		Recs. 306	Would suggest carrying out a health impact assessment of impact on current smokers, anecdotal evidence from Ireland suggests that much more smoking is occurring in cars to and from work etc.	Thank you for this interesting suggestion.
<b>GMB</b>		General	The GMB, as a general trades union, represents almost 600,000 members employed in a wide variety of occupations, and has campaigned vigorously for some time for better preventive measures to be introduced to protect workers' health from being damaged by exposure to tobacco smoke. The GMB's view is that the production of guidance to employers is necessary and important to accompany the introduction of smokefree workplaces during 2007. The Union already has examples of employers preparing to implement the new regulations by stating their intention to ban smoking on their premises from a particular date, without making any attempt whatsoever to consider the difficulties that this will cause those employees that are addicted to nicotine. We therefore offer a welcome in principle to the NICE draft guidance and are pleased to be given the opportunity to respond with comments.	Thank you.
		General	However, the GMB has a number of concerns about the draft guidance which we believe will need to be addressed if the guidance is to serve its purpose of assisting and encouraging employers to help employees to stop smoking. The guidance clearly describes the business and other benefits to be gained from taking action to help employees to stop smoking, but the GMB believes that these benefits are more likely to be realised, and the maximum public health gains achieved from the introduction of smokefree workplaces, if the NICE guidance is amended in the light of the comments herein.	Noted.
		General	The GMB is very concerned that the recommendations do not contain any reference whatsoever to the need for employers to consult employee's representatives on the broad issue of how to encourage and support their staff to give up smoking. Consultation with the workforce, through their	Agreed. The recommendations have been revised and now stress the importance of developing policies in consultation with employees and their representatives.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>elected representatives, is a vital step in the process of securing acceptance of any measures that an employer proposes to implement. In the same way that NICE has consulted stakeholders before it finalises its guidance, employers need to consult those who have a stake in the outcome, before a final decision is reached on the nature of the support and other services that will be provided to assist smokers to stop smoking. Measures that are introduced following consultation have a far greater chance of succeeding than those where no consultation has taken place. Put simply, if the representatives of the workforce are “signed up” to and supporting the employer’s proposals, there is likely to be a greater acceptance of these amongst the workforce in general.</p>	
		General	<p>Furthermore, under both the Safety Representatives and Safety Committees Regulations 1977 and the Management of Health &amp; Safety at Work regulations 1992 (as amended) which were made under the 1974 Health and Safety at Work Act, employers have a legal duty to consult Safety Representatives about the introduction of any measure that may affect the health and safety of the employees they represent. Not only does consultation with Safety Representatives improve the likelihood of the employers’ interventions being successful, it is also a legal duty for employers to consult beforehand.</p>	Noted, thank you.
		General	<p>The GMB also believes that the guidance would have a greater impact if it was to place the issue of providing assistance and support to employees within a policy context. The GMB believes that by far the most successful outcomes to the new regulations will be achieved by those employers that prepare for the regulations by implementing a policy for a smoke-free work environment, particularly if that policy has been negotiated and developed in consultation with any union representatives of the workforce. The introduction of the new regulations is bound to cause difficulties to some people at some workplaces, and any approach taken by an employer that doesn’t take full account of the problems that are likely to be encountered will find these are exacerbated. As stated above, examples are already emerging of employers responding to the need to comply with the regulations by notifying employees of their intention to impose blanket bans without considering the provision of any supplementary support to employees. Almost invariably, the employer has indicated their intention to rely on the disciplinary procedure alone as their means of ensuring</p>	Agreed, see response above.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			compliance amongst employees who currently smoke. This is almost certainly bound to cause resentment and conflict, which could be avoided (or at least diminished) if a more measured approach were to be adopted that involved the development of a comprehensive policy incorporating the types of workplace support referred to in the NICE guidance's provisional recommendations.	
		General	The GMB wishes to see smokefree workplaces introduced as effectively as possible and with the full support of the workforce. It is important that employers begin their preparation as soon as possible, and start moving towards making their workplaces smoke-free environments in consultation with workers and unions. However, the fact is that not all employers are starting from the same position, and what needs to be done by each employer depends on both the current situation, and whether any or all of their premises will be covered by exemptions. For example, some workplaces that currently allow smoking will be starting from scratch. Others might have a general smoking ban but provide a smoking room, which will have to be taken out of use, whilst others might have to consider whether or not to allow smoking breaks outside of the premises, and evaluate what the impact of these might be on their operations. It is because the current situation is not a uniform one that the guidance ought to be advocating the development of a comprehensive smoke-free policy by each employer, that takes into account the particular circumstances that prevail within each organisation. To promote better health and reduce risk, the provision of assistance to employees to reduce the number of smokers should be a central element of that comprehensive policy. The NICE provisional recommendations provide a range or menu of options that might be adopted, and these are but one element of an overall policy approach to the issue of developing smoke-free workplaces.	Agreed. The revised recommendations highlight the importance of developing a smoking cessation policy within the context of an overall smokefree workplace policy.
		General	The GMB believes that the guidance would therefore be improved if it were to promote the types of intervention it describes within its recommendations as part of a comprehensive policy approach tailored to each company or organisations needs. Additionally, the GMB would like to see the guidance advocate, where practical to do so, the establishment of working groups that use a team approach to develop a suitable and agreed policy. Many companies and organisations that have already successfully implemented a policy that has provided a smoke-free	Thank you, noted. See response above.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			environment for employees have done so by using a working group to co-ordinate the various phases of their step-by-step programme. The steps that comprise the introduction of the policy – development, implementation and monitoring – can be more easily ascended if tackled jointly by a team comprised of (for example) trade union representatives, smokers and non-smokers, health and safety and human resources staff and the senior management team, rather than by any individual member of staff designated or identified by the employer as being solely responsible.	
		General - using Recommendation 4 as an example	For example, it is suggested at recommendation 4 that employers should provide information to employees who want to stop smoking, or identify a member of staff to take on the responsibility. This advice might be appropriate for a small company, as for smaller employers a team approach may not be practical or possible. However, for some other employers (eg a large local authority) anything other than a joint team approach is unlikely to have a successful outcome. An alternative approach could see the recommendation phrased so that it is advocating the need for employers to take on the responsibility for providing information for their employees who want to stop smoking, before advising that the means by which employers achieve this will vary according to circumstances. Different employers will require different approaches to achieve the objective (of obtaining and providing information). The recommendations in the guidance should be re-phrased where possible to allow employers (in consultation with their employees) to adopt the method of achieving the objectives that is best suited to the needs of their company or organisation.	Noted. The recommendations have been revised in the light of this consultation and discussions with the independent Public Health Interventions Advisory Committee.
<b>Hampshire PCT – North</b>		General	I welcome the succinct advice and recommendations, apart from recommendation 3: see below	Thank you.
		Recommendation 3 Evidence statement 11 & 12	I appreciate that smokers are at different stages of change and that we are all keen to find ways to motivate these groups. However, the recommendations and evidence statements appear to be based on suppositions ('may be/ argue that'); this is not valid enough to propose costly initiatives, such as the provision of NRT to help offset temporary nicotine cravings. There is also research demonstrating smokers' resistance to GPs attempts to address smoking in Primary Care. (I'll give up smoking when you get me better'; Pilnick A & Coleman T. Social Science & Medicine 57 (2003) 135-145.) Although this is a different setting	Thank you. As a result of this consultation and discussions with the independent Public Health Interventions Advisory Committee, recommendation 3 has been deleted.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			I think we should take heed of being too over-zealous with unmotivated smokers.	
<b>Islington PCT</b>		Recommendation 1.	Although it would be extremely beneficial to be able to provide an onsite stop smoking service when there is enough demand, this will partly depend on whether or not the nearest PCT/Stop smoking service has the time and resources to meet that demand.  It would be recommended that each PCT consider stop smoking workplace support as part of future project plans.	Agreed.
		Recommendation 1.	If there is high demand for an onsite workplace stop smoking service amongst staff who work irregular hours (e.g. night duty / weekends), the PCT / NHS must consider the practicalities of providing such workplace stop smoking support.  We also recommend that each business is assessed on its own merit as in more deprived locations like Islington, many Small and Medium sized Enterprises (SME's) may not have enough staff to allow time off in lieu and may not be in a financial position to offer reimbursement for treatment costs.	Agreed.  In recognition of the need to take account of the particular circumstances that prevail within different workplaces, the revised recommendations emphasise the importance of consultation between employers, staff and their representatives in the development of smoking cessation policies.
		Recommendation 2.	We recommend that workplaces encourage employees to stop smoking and provide incentives if they can reasonably afford to do so.  However, an individual's decision to quit smoking is usually influenced by many factors within their social and personal lives, therefore the benefits of workplace incentives need to be considered carefully by the workplace. Also many SME may not have the budget to provide incentives.	Noted, thank you.
		Recommendation 2.	Allowing staff to access stop smoking services in work time has proved to be a very good way in which to encourage staff to attend the clinic.	Thank you, this is reflected in the revised recommendations.
		Recommendation 3	We recommend that employees be provided with a range of support and information in a sensitive manner to encourage them to make a decision to quit.	Thank you. As a result of this consultation and discussions with the independent Public Health Interventions Advisory Committee, recommendation 3 has been deleted.
		Recommendation 3	This point is assuming that staff want NRT, which may not be the case. Information about prescription treatments (Bupropion) should also be	Please see response above.



## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			made available such that the employee can contact their local or workplace GP to access this treatment.	
		Recommendation 3	<p>This point also assumes that the business has the budget for NRT, which also may not be the case. Especially for smaller businesses or voluntary / non-profit companies.</p> <p>We recommend that supplying NRT is ideal however many SME's will not have a budget to provide NRT support on an ongoing basis. Also PCT's will have to consider their budgets if NRT support is to be available to employees using the harm reduction approach</p>	Please see response above.
		General	These recommendations tend to be tailored for large private sector profit making companies which have the money and resources to help support their staff to stop smoking. The recommendations do not specifically address the needs of SME's with financial restraints. Smaller businesses may not be able to provide NRT or give time off in lieu incentives. E.g. a small café with two or three staff where there may not be adequate staffing to cover shifts.	Noted. In recognition of the need to take account of the particular circumstances that prevail within different workplaces, the revised recommendations emphasise the importance of consultation between employers, staff and their representatives in the development of smoking cessation policies.
<b>Lewisham Borough Council – Health and Safety Enforcement</b>		General	Please can we have clarification on how the new Legislation will impact upon railway stations? Will we be in the position of calculating with the 50% rule or will the station be classified as a workplace open to the public?	Information on the new legislation can be found at <a href="http://www.smokefreeengland.co.uk/">www.smokefreeengland.co.uk/</a>
<b>NHS Health Scotland</b>		General	The recommendations made in this draft guidance are reasonable in light of the supporting evidence statements.	Thank you.
<b>Oxfordshire PCT</b>		Recommendation 3	<p>I do not think the recommendation should include "This could include the provision of nicotine replacement therapy to help offset temporary nicotine cravings"</p> <p>Smokers could be encouraged to give up due to cost implications of smoking, if free NRT is available they are saving money but still not giving up!</p> <p>People will be smoking less at work and so the money they save should be used to buy there own NRT.</p> <p>Employers however, should be encouraged to provide information and support to those who want to quit.</p>	As a result of this consultation and discussions with the independent Public Health Advisory Committee, this recommendation has been deleted.
		Generally	This legislation needs to be sold as being a Health and Safety piece of	Agreed, the focus of this guidance is on how to

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			work, Employers should not victimise staff who do not want to give up – just state that you can not do it inside anymore. We need to be careful that the focus is on supporting those who want to give up whilst not making those that do not want to give up feel worse. This is more likely to be effective than hounding people.	encourage and support employees to stop smoking.
<b>Quit</b>		General	QUIT would like to thank NICE for the opportunity to be involved with the consultation on the Public Health Intervention – Workplace health promotion: how to help employees to stop smoking. QUIT would also like to commend the NICE team and Public Health Interventions Advisor Committee for their hard work in producing this guidance.	Noted, thank you.
		Recommendation 1	QUIT would like to recommend that quitlines are mentioned in conjunction with telephone helplines in the list of clinically proven stop smoking treatments.  Quitlines are clinically proven as an effective stop smoking intervention and provide tailor made support to the smoker making a quit attempt. In England, the provision of stop smoking telephone support includes telephone helplines and a national quitline. While the method of communication for both types of service is the same, there are considerable differences to the type of stop smoking intervention provided to the smoker attempting a quit attempt.  QUIT would hope that these differences can be reflected within the list of evidence based interventions being recommended to employers within this guidance.  QUIT would recommend the following wording for consideration – telephone helplines/quitlines and self help materials	Agreed, the guidance will make reference to quitlines as well as helplines.
		Recommendation 2	QUIT would like to recommend that the guidance highlights the need for Employers to consult with their workforce and implement an appropriate smoke free policy.  It would be beneficial to incorporate the wording – after consultation – into the recommendation at an appropriate point.	Thank you. The importance of consulting with staff and staff representatives in the development of a smoking cessation strategy is included in the revised recommendations.
		Recommend	While QUIT believes that this is an important recommendation, there are	As a result of this consultation and discussions

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

22 December 2006 to 19 January 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		ation 3	some concerns as to how this will be practically managed and how employers will accommodate the provision of smoking.	with the independent Public Health Advisory Committee, this recommendation has been deleted.
		Recommendation 5	Recommendation 5 refers to - smoking cessation services – however the services are referred to as stop smoking services. QUIT would recommend a generic standardisation within the guidance to reflect the current terminology being used in practice.	The term 'smoking cessation services' is used to refer to all types of cessation services of which the NHS Stop Smoking Services are one example.
Royal College of General Practitioners	General		Well balanced series of recommendations and I have no specific comments to make.	Thank you.
	Recommendation1		Given the very limited evidence for effectiveness of non targeted self help materials, I think reference to these could be dropped, as recommending them dilutes the main message encouraging the use of more evidence based methods to encourage cessation.	The recommendations have been revised as a result of this consultation and discussions with the independent Public Health Advisory Committee. The information regarding which smoking cessation interventions have been proven to be effective is presented in a paragraph at the beginning of the recommendations section.
Royal College of Nursing			The Royal College of Nursing welcomes the opportunity to review this document.	Thank you.
		General	Nurses make up the largest staff group in the NHS and the RCN believes their health matters, to themselves, their families, their patients and to the NHS.  As tobacco use is the largest single contributor to the UK's premature disease and death rate, we consider it is essential that the Government	Noted, thank you.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>puts it own house in order at the same time as it encourages other employers to do the same.</p> <p>Nurses smoke in approximately the same numbers as their counterparts in the general population. This equates to about 30% of current practitioners. Many nurses wish to stop smoking but find it as hard as other smokers to achieve. The NHS was required to become totally smoke free by December 2006. We know that despite this many nurses continue to smoke and due to shift patterns find it hard to access support to quit.</p> <p>It is therefore timely and appropriate, that the plans outlined in the 2004 White Paper 'Choosing Health' for a joint Department of Health and Royal College of Nursing campaign to help nurses stop smoking, are put into place.</p> <p>The RCN would like nurses to be offered special treatment programmes through the NHS, to help them overcome their addiction to tobacco.</p>	Noted.
		General	<p>'Choosing Health' identified the following steps for action:</p> <ol style="list-style-type: none"> <li>1. Personalised support for nurses wanting to stop</li> <li>2. An award for staff teams that quit.</li> <li>3. A 0800 dedicated helpline for nurses</li> <li>4. Better access to nicotine replacement therapy</li> <li>5. New self-help materials for nurses</li> <li>6. Support from Directors of Nursing to help staff quit</li> <li>7. A module for pre-registration Students on Tobacco control and smoking cessation</li> </ol>	Noted.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			It is now time for the Department of Health to set an example to all employers.	
		General	Working in prisons can damage ones health – through passive smoking. This is an area that the RCN commented on when the draft regulations were first made public. We hope that in the new regulations initial steps are being suggested to protect non-smoking prisoners and staff from second-hand smoke.	Noted.
			It is worth mentioning the challenges of introducing such policies in Prisons where a number of nurses and other prison staff are employed. The security system within prisons and the length of stay some prisoners face mean that their cells may be a classified as their home.	Noted.
<b>Royal College of Physicians</b>		General	We have no specific comments. The College welcomes the document and the draft recommendations.	Thank you.
<b>Royal College of Psychiatrists</b>		General	The Royal College of Psychiatrists welcomes the above draft guidance It is noted that the Public Health Interventions Advisory Committee has considered a review of the evidence and has taken expert advice.	Agreed.
		General	<p>Throughout this document, it is stated or implied that that employers are expected to provide smoking cessation services to their employees, of various kinds, possibly during working hours and delivered by staff trained to recommended standards.</p> <p>This assumes that employers will provide health services which have cost implications to their employees. It would be more helpful to outline how employees could gain access to information about smoking cessation, services available locally and comparative costs from the National Health Service.</p> <p>The research evidence for smoking cessation in the workplace is acknowledged to be limited. Employees are members of the general public who may find it difficult to refrain from smoking during working hours when the Health Act 2006 is implemented on July 1 2007.</p>	<p>Noted. In recognition of the need to take account of the particular circumstances that prevail within different workplaces, the revised recommendations emphasise the importance of consultation between employers, staff and their representatives in the development of smoking cessation policies.</p> <p>The revised guidance includes a recommendation for employees who want to quit to contact their local services.</p>

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			It would be helpful if this document stated that it will be permissible for staff and visitors to smoke in outside areas, according to the regulations of the Health Bill 2006. It should be noted that employees have the right to continue to smoke outside the work environment and that smoking causes addiction to nicotine.	
		General Issues	<p>Suggested amendments are made below in italics:</p> <p>'They are not compelled to help employees to stop smoking, however, this can help reduce sickness absence, <i>reduce time taken for smoking breaks</i>, and so increase productivity. This will lead to longer term health benefits for employees, <i>whether smokers or non-smokers</i>.</p> <p>'Stop smoking services should be delivered by individuals ...'                      We suggest: <i>It is recommended that stop smoking services are delivered by individuals who have received appropriate training which complies with Health Development Agency Standards ...</i></p> <p>There is likely to be a shortage of staff trained in Stop Smoking treatments. Individuals with teaching, nursing or psychological skills and competencies could also deliver stop smoking services.</p>	<p>Thank you for these suggestions.</p> <p>The revised guidance includes a recommendation to ensure that support and treatment is provided by people that have received training that complies with the standard.</p>
		Recommendation 1	<p>Suggested amendments are made below in italics:</p> <p>Whilst employees could encourage and support their staff to give up smoking, there is no obligation for employers to offer brief advice, 1:1, and group therapy, drug treatments, telephone help lines and self help materials. Perhaps this could be better phrased:</p> <p><i>Employers could make recommendations to staff to use NHS Stop Smoking help lines, NHS Direct and local NHS Smoking Cessation support from appropriate qualified health practitioners.</i></p>	<p>Thank you. This recommendation has been amended as a result of this consultation.</p>
				Thank you, noted. In recognition of the need to

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Recommendation 2	<p>Suggested amendments are made below in italics:</p> <p>Employers are being invited to bear the cost of smoking cessation for their employees by including 'time off in lieu' to attend smoking cessation services or reimbursement for the cost of any treatment. This will have implications for smaller companies with few employees. Perhaps this could be phrased: <i>Employers may wish to consider reimbursing the cost of .....</i></p>	take account of the particular circumstances that prevail within different workplaces, the revised recommendations emphasise the importance of consultation between employers, staff and their representatives in the development of smoking cessation policies.
		Recommendation 3	<p>Suggested amendments are made below in italics:</p> <p>The suggestion is made that employers should provide smokers who are unwilling or unable to quit with information or support. It would be helpful to suggest that <i>employers should assist their employees to make use of NHS Smoking Cessation Services or to ask a Pharmacist for advice.</i></p>	As a result of this consultation and discussions with the independent Public Health Interventions Advisory Committee, this recommendation has been deleted.
		Recommendation 4	<p>The onus is placed on employers to take responsibility for providing information to employees who want to stop smoking. This could be phrased to recommend that employers who wish to provide information for their employees can advise that:</p> <p><i>Smoking Cessation Services can found by contacting NHS Direct and from your local Primary Care Trust</i></p>	Thank you for this suggestion.
		Recommendation 5	Smoking cessation is difficult to achieve and it may take several attempts for a person to quit. NICE could state that they recommend the most effective types of treatment, in order of efficacy.	The guidance recommends only those treatments which have been proven to be effective according to NICE criteria. The recommendations emphasise the importance of tailoring interventions to the needs and preferences of the individuals.
		Recommendation 6	We support the suggestion that Smoking Cessation Services should ensure workplace support is a core component of their business.	All the recommendations have been amended as a result of this consultation and discussions with the independent Public Health Interventions Advisory Committee.
				Thank you.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Recommendation 7	We agree that NHS Commissioners and NHS Stop Smoking Services should ensure that they have the necessary resources in place to respond to <i>increased</i> demand, particularly in the lead up to .....	
		Section 3 Considerations 3.3	We support the consideration that the Department of Health should advise NHS Stop Smoking Services of any publicity or public relations activities.	Noted, thank you.
		Section 3 Considerations 3.6	First bullet point: Ensure equality of access especially for the disabled. <i>It is important to provide a confidential service to smokers.</i>	Thank you.
		Section 4 Implementation	Fourth bullet point: Audit criteria to monitor local practice. This seems to be overly prescriptive	Noted, thank you.
<b>Smokefree Cambridgeshire and Peterborough</b>		Statement 1, Page 3	This evidence is highly applicable to the development of guidance but consideration should be given to the implications that intensive interventions have on staffing/capacity within stop smoking services.	Noted, thank you. The revised guidance refers to resource issues and we will pass your comments to the NICE Implementation Team.
		Statement 2, Page 3	Our experience supports this evidence. We consider this to be applicable to the development of guidance.	Noted, thank you.
		Statement 4, Page 4	These studies do seem applicable but consideration should be given to the practicality of providing interventions tailored to the age of clients if included in guidance. We believe that this would be impractical in a workplace setting where the workforce includes a wide spectrum of ages.	Noted, thank you.
		Statement 8, Page 5	Inclusion in guidance of best practice regarding enforcing smoke free policies that go beyond the requirements of legislation (such as NHS sites	Noted, thank you. We will pass this comment to the NICE Implementation Team.



## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			which have smoke free buildings and grounds) would be welcomed.	
		Statement 9, Page 5	We support this evidence and believe it to be applicable to the development of guidance but consideration must be given to staffing implications/capacity issues for NHS Stop Smoking Services if these measures are to be recommended.	Noted, thank you.
		Statement 10, Page 5	If financial incentives are to be recommended in guidance this will need to be very clear to ensure equity across all PCTs.	Noted, thank you.
		Statement 11, Page 6	We support the inclusion in guidance of recommendations for smokers not ready to quit and have found there to be a demand for this kind of support within our area. However, it must be taken into account that resourcing these types of intervention is in direct conflict with Department of Health four week quit targets.	Noted, thank you.
		Statement 13, Page 6	We strongly support the evidence that the personal attitude of the employer is key to the success of stop smoking interventions in a workplace setting and suggest this is included and highlighted within guidance.	Noted, thank you.
		Statement 14, Page 7	Our experience supports the evidence that small enterprises are far less likely to offer smoking cessation support but that these kind of enterprises have substantial needs. We would therefore welcome guidance on supporting SMEs.	Noted, thank you.
		General Comments	Within the evidence review there is no inclusion of studies which compare the effectiveness of stop smoking services providing support within workplaces versus Stop Smoking Services training staff within workplaces (e.g. Occupational Health or other interested staff) to provide stop smoking support. It is probable that there are no studies of this kind available. However, it would be useful for this to be considered within the guidance.	Noted. The review team were unable to find any published evidence that compared in-house provision with external provision.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Smokefree London</b>		1	Insert new Recommendation 1:  Employers should negotiate and implement smoke-free workplace policies to ensure, as a minimum, that they are compliant with the relevant provisions of the Health Act with effect from 1 <sup>st</sup> July 2007	Tahnk you for these comments. As a result of this consultation the recommendations have been amended. The revision to recommendation 1 highlights the importance of developing a smoking cessation strategy within the context of an overall smokefree policy.
		1	Insert new Recommendation 2 (and renumber all other Recommendations accordingly):  Employers should clarify and agree, within the context of implementing smoke-free policies, whether staff are entitled to take smoking breaks during working hours (and, if so, how often and for how long); and should make any necessary consequent changes to staff terms and conditions of service	See comment above.
<b>The British Association for Stop Smoking Practitioners (BASSP)</b>			The BASSP has no further comments to make at this stage of the process	Noted, thank you.
<b>Tobacco Control Collaborating Centre</b>		General	It should be made clear that this guidance applies to all employers including public sector, voluntary sector and commercial employers	Agreed. This will be made explicit in the final guidance.
		Forward	Para 1: Suggest rewording to 'Guidance is aimed at employers and all ...'	
		Recommendations General	NHS-specific recommendations should follow those to businesses.	The order of the recommendations has been amended.
		Recommendations General Issues	The law will apply to all businesses. Exemptions will only apply to parts of premises rather than whole businesses and will be relatively few.	This has been made more explicit in the opening section of the recommendations.
		Recommendations General Issues	The more businesses can encourage quitting amongst current workforce the fewer issues will be raised when businesses are required to be smoke free.	Agreed. This will be made explicit in the final guidance.
		Recommendations	A new recommendation should be inserted before Recommendation 1 to avoid the guidance appearing to not include workers in the process.	Agreed. Recommendation 1 is now addressed to employers, with the third point

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Employers should consult with their staff on how they can comply with the law on smoking in the workplace. A policy should be developed that details when and where workers may smoke and what support is available for those who wish to quit.	recommending that employers should consult with employees and their representatives to develop a stop smoking policy within an overall smokefree workplace policy. Recommendations 2 and 3 are addressed to employees in the final guidance.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

22 December 2006 to 19 January 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Recommendation 1	'Drop-ins' may also be considered to be a service delivery method (unless they are regarded as a special kind of group)	Noted, thank you.
		Recommendation 1	The list of methods is not mutually exclusive	This listing has been elaborated and moved to the beginning of the recommendations section.
		Recommendation 2	Suggest that the sentence be reworded to include 'These could include easy access to Freephone Helplines and/or internet-based smoking cessation support while at work or at the workplace	Noted, thank you..
		Recommendation 2	Suggest giving an example of treatment cost – 'e.g. reimbursement of prescription charges or purchase of Nicotine Replacement Therapy'	This recommendation has been changed; incentives are part of recommendation 1 in the revised version.
		Recommendation 3	Suggest insert ' This should include methods of coping with the prohibition of smoking indoors'	This recommendation will not appear in the final guidance.
		Recommendation 4	To avoid confusion suggest inserting ' ..or the businesses own occupational health department..'	This recommendation has been clarified and is now part of recommendation 1.
		Recommendation 4	We think that full information on the effects of smoking at work on businesses and the negative aspects of continuing to smoke by individuals should be included in addition to the benefits/methods of stopping smoking	This recommendation has been changed, but the guidance does refer to smoking cessation. The broader aspects of smoking will be considered in the programme guidance.
		Recommendation 6	Are NHS Stop Smoking Services businesses or part of the NHS?	The word 'business' has been removed from the guidance.
		Recommendation 7	The Department of Health and Strategic Health Authorities are also stakeholders in this field and should be included in this section.	It is not within NICE's remit to make recommendations to the Department of Health.
		Public health need and practice	The term cigarette is limiting and should be removed so that the section applies to all smoking methods.	Agreed. The wording has been changed.
		Public health need and practice	The regulations under the Health Act come into force in July 2007 but the Health Act became law last year.	Agreed. This has been clarified.
		Policy Background	Help and support for quitting in the workplace would also be advantageous to individual smokers who may be assisted in quitting smoking.	Agreed. This point has now been made in recommendation 1.
		Considerations 3.2	Reword using 'Prohibited' rather than 'banned'	Agreed.
		Considerations 3.2	Only workplaces and public places that are enclosed or substantially will be required to be smoke free	Agreed. This has been clarified.
		Considerations 3.3	This section is a little confusing. May need revision so that services clearly understand issues raised.	Agreed. This has been clarified.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Considerations 3.4	The database of all services is publicly available at <a href="http://www.gosmokefree.co.uk">www.gosmokefree.co.uk</a> and via the smoker's helpline 0800 169 0 169	Thank you.
		Considerations 3.6	Services should be encouraged to involve clients in the development of future service improvements.	Thank your for your comment; it has been noted.
		Considerations 3.7	Smokers should be provided with information to assist them in coping with the prohibition of smoking. This might be time-limited.	Thank your for your comment; it has been noted.
		Recommendations for research	Research should concentrate of issues that will apply to the future smokefree workplace environments or the implementation of the law.	Thank you. PHIAC has now made five research recommendations on the best ways to support workplace cessation.
<b>Tobacco Policy Team</b>		General	<p>Given the variety of employment settings, it is critical that the recommendations are not restrictive as to who it is in an organisation, who is responsible for 'providing information to employees. This may be though Occupational Health, HR or others, but a vast number of organisations do not have access to occupational health, so the person who takes lead responsibility will probably have no relevant background or training and could only act as a signpost to more expert and external professional help (which may be NHS stop smoking services.</p> <p>Methods of incentivising employers to take action could usefully be explored, highlighting those most likely to be successful.</p>	Thank you for your comment. Agreed. The guidance has been amended.
		General	<p>Would like to see slightly stronger emphasis on evidence-based treatment options (although I understand that later cross references to the forthcoming programme guidance will help in this regard).</p> <p>I understand the need to avoid spelling out a minimum acceptable level of support for employees and action by employers (in case most decide to provide the bare minimum only) but would like to see clearer recommendations re the range of measures that should be adopted where practicable.</p>	Agreed. This has been clarified and expanded upon at the beginning of the recommendations section.
		Section 1	This section should contain the recommendation that employers should consult with staff, negotiate new smoke free workplace policies and agree whether staff are to be allowed to take smoking breaks during working hours. If smoking breaks are to be allowed then detail should be added to policies re the duration and proposed site of these breaks off work premises. Policies should also include agreed actions by employers to	Agreed. Recommendation 1 has been changed to include a point about negotiating a policy with employees and their representatives. It is not specific about what that policy should contain, but this will be considered by the Programme Development Group writing the guidance for the

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			support smokers to quit in the workplace.	smoking cessation programme.
<b>TUC</b>		General	<p>We are concerned about the NICE attitude generally on workplace interventions as they seem to see workers as passive recipients of a service. Smoking programmes are presented as something that is done to employees rather than with them. In particular we have noticed that there is no mention of consulting with staff or the development of a policy for when and where workers can smoke.</p> <p>There is considerable evidence that any intervention is more effective if employees are involved and consulted, and if trade unions, where they are recognised, are involved. This is often more important than the type of intervention.</p> <p>The TUC strongly believes that, if NICE is going to continue to look at workplace health issues, there needs to be some form of workplace/trade union representation, as seeing matters like this simply in medical terms is clearly inadequate</p>	<p>Thank you for your comment. Recommendation 1 has been amended and now states that employers should consult with employees and their representatives to develop a stop smoking policy within an overall smokefree workplace policy.</p> <p>The contributions of trade union representatives in the formulation of the scope, final guidance and guidance implementation has been very helpful.</p>
<b>UNISON</b>		General – consulting with the workforce through trade union reps and negotiating joint policies and procedures.	<p>The Health and Safety Executive recognises that the best approach (as recommended within its guidance) to dealing with workplace health and safety issues, including the introduction of new policies and procedures is by consultation and negotiation. Section 2(6) of the Health and Safety at Work Act 1974 requires employers to consult with safety reps with regard to “promoting and developing measures to ensure health and safety at work of employees.”</p> <p>The subject of encouraging employees to quit, workplace policies and procedures, including the type of support and whether smoking breaks are permit must there be consulted upon with joint policies being developed. This draft guidance must reflect these requirements, which will increase “buy-in” of the cessation programmes by the workers targeted, will ensure all local factors are considered, and will promote more harmonious industrial relations.</p> <p>Further references on this point and in relation to specific parts of the draft guidance point are made below.</p>	<p>Thank you for your comment. Recommendation 1 has been amended to encourage employers to consult with employees and their representatives to develop a stop smoking policy within an overall smokefree workplace policy.</p>
		Continued from above.	UNISON believes that a realistic approach which recognises: that smoking is an addiction, that not every worker will want to or be able to give up within a given time frame, and that workers who smoke are adults; will	Thank you for these comments. See above

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>have far more success. Most employees as adults will be receptive to the idea or at the very least would grudgingly accept a ban which prevents others being exposed and at the same time tries to persuade smokers to quit. However, compliance problems are more likely to be suffered by employers who seek to take draconian steps and ban all smoking during working hours for example.</p> <p>A complete ban is more likely to be seen as “going too far” by some smokers, causing resentment, and since such employers are effectively making it impossible for them to smoke anywhere; those who wish to continue or are addicted will be forced into hiding to smoking. This ironically, may result in compliance problems with the impending legal ban as workers may chose to hide in quiet and isolated parts of large buildings. Not only will this allow second-hand exposure to continue, it will also present other risks such as fire because there will be no provision for the disposal of cigarettes and such areas are likely to include store rooms, archive rooms, and laundry stores with plenty of flammable materials.</p>	
		Continued from above.	<p>UNISON is aware of workplaces including the NHS, local government, and the waste sector which operate a “total” ban anywhere on the curtilage which means: that staff have insufficient time to eat or drink during breaks, and that staff clandestinely smoke leading to continued risks of second-hand exposure or to a new fire risk. Other workplaces with a “total” ban have experienced the difficulty of managers being unwilling to enforce a policy which they saw as draconian.</p> <p>UNISON is also aware of one local government branch which reversed a “total” ban most likely in response to a severe fire risk from clandestine smoking being discovered; and of an NHS trust which is currently reviewing its “total” ban although at present we have no further information as to the reason for this.</p>	Thank you for these comments; they will be shared with colleagues in the NICE Implementation Team.
		General – community workers must not be	The draft guidance recognises that a smokefree work environment encourages workers to quit; that passive smoking is a risk with no safe exposure level; the need to ensure equality, meet the needs of the client, and reduce barriers to success; and that women appear less confident in	People caring for patients or clients in their own homes can be in a difficult position because the legislation makes no requirements about

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		forgotten.	<p>their ability to and are less likely to quit. All of these points mean that serious consideration must be given to how community workers, a large number of whom are women and who may have to work with smoking clients, can be effectively supported should they wish to quit.</p> <p>Many workers including many UNISON members spend a considerable amount of time in private homes, and as such could have significant exposure to second-hand tobacco smoke and have their own attempts to give up smoking made more difficult. These workers include those providing health and social care, police support staff, careers advisers, and utility workers, but this list is not exhaustive. UNISON believes that these individuals also have a right to effective support should they wish to quit (or perhaps not be exposed to passive smoking as a non-smoker).</p> <p>Further references on this point and in relation to specific parts of the draft guidance point are made below.</p>	smoking in private dwellings. The Implementation Team at NICE will be asked to consider these issues, but the Royal College of Nursing has already published a practical guide for community workers, 'Protecting community staff from exposure to second hand smoke'.
		1 (Recommendations, Recommendation 1)	"Employers taking account of individual needs" should also include consideration of those who work off site/in the community. How are they best targeted and assisted? Employers consulting with local trade union reps and union safety reps should also be recommended as a recognised best practice approach. Safety and other union reps may be able to help in identifying issues or concerns relevant to the local workplace.	Recommendation 1 has been changed to encourage employers to consult with employees and their representatives to develop a stop smoking policy within an overall smokefree workplace policy.
		1 – Recommendations (recommendation 3)	"Employers should provide smokers who are unwilling or unable to quit with information and support." Some employers are inclined to take draconian steps rather than be encouraging, and this is more likely to reduce the likelihood of smokers later coming round to quitting. The type of information and support to be given should be consulted upon with the local trade union reps and a policy negotiated. This will encourage buy-in by the employees who will feel that they are involved in finding the solution rather than having it imposed upon them.	The wording for both of these recommendations has been amended.
		2 - Public health need and practice (paragraphs 3 & 4)	These paragraphs mention the health affect of passive smoking and the fact that there is no risk-free level of exposure. The guidance must therefore look at tackling these issues as they apply to community workers. Indeed, guidance produced by Smoke-free Scotland (section 3 k, page 20) covers such consideration and makes several sensible	Please refer to our previous response on this subject.



## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommendations.	
		2 - Public health need and practice (last paragraphs, bullet point 3)	This recognises that “a non smoking working environment encourages people who smoke to quit.” The importance of this point must be taken into account when considering community workers who may be expected to work with clients who smoke.	See above.
		3.2 (Considerations)	“The Committee notes that... there is a lack of evidence of how – and when – these [cessation interventions] should be delivered... where smoking has been banned [by law]” Given such a lack of evidence for these circumstances, and given usual best practice, UNISON suggests that there should be consultation with local union reps/safety reps so that a more informed and joint approach can be identified.	This paragraph does not appear in the final guidance.
		3.6 (Considerations)	“... smoking cessation services should: ensure equality of access... identify... /address the needs of clients... provide support appropriate to the clients circumstances, offering locations and schedules to suit them... learn from barriers to success to improve the support offered.” UNISON agrees with this and so must again emphasize that if the specific problems faced by community workers are not considered and dealt with, then there won't be equality and there will be more barriers to success.	This paragraph does not appear in the final guidance. See remarks above about community.
		3.7 (Considerations)	“When implementing smokefree policies, employers should decide whether or not staff are entitled to take smoking breaks... “ Where staff have been allowed to smoke in the enclosed workplace or to take smoking breaks then employers must consult with the local trade unions reps. As an issue concerning workplace health and safety, safety reps are entitled to be consulted under section 2(6) of the Health and Safety at Work Act 1974.	This has been moved from ‘considerations’ to become part of recommendation 1. It also recommends that employers should develop a policy in collaboration with staff and their representatives.
		Appendix A, Evidence Statements (Evidence Statement 3)	This evidence suggests that women have less confidence in their ability to quit, are less likely to quit, and may require extra stimuli to quit. These factors should be taken into account when considering community workers given that a large number of community workers who are at risk from the second-hand smoke of clients are women.	Please refer to our previous response on this subject..
		(Evidence Statement 11)	This evidence states that the majority of employed smokers are not ready to quit, and therefore materials and programmes need to be tailored. UNISON believes that this point adds to the case for consulting on these	Recommendation 1 states that employers should develop a policy in collaboration with staff and their representatives.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and negotiating local policies and procedures with local trade union reps.	
		Appendix B, Gaps in the Evidence (bullet point 2)	Employers can encourage and support employees who smoke to quit by consulting upon and negotiating joint policies and procedures with local trade union reps.	See above.
<b>West Midlands Tobacco Control Network</b>		Forward	Para 1: Suggest rewording to include Guidance is aimed at employers and all those....'	Thank you for pointing this out. This is now part of the Introduction and refers to employers.
		General	It is assumed that this guidance applies to public sector, voluntary sector and commercial employers. Suggest that this is stated explicitly.	Agreed. This has now been made explicit.
		1 Recommendations General	Ordering the recommendations so that business-related recommendations are first and those relating to the NHS follow may increase the likelihood of employers taking notice of the document.	Agreed. The recommendations have been re-ordered with employers listed first.
		1 Recommendations General Issues	The law will apply to all employers and there will be few exemptions.	Agreed. The text has been changed, and this point has been made more specific.
		1 Recommendations General Issues	Suggest rewording to include reference to the fact that if employees do not smoke they have no problems complying with the law and then go on to refer to additional benefits for employers.	Agreed. These points have been made in the introduction to the recommendations.
		Recommendations	In order for the guidance to be seen as something for employees to be involved in we suggest a new recommendation to be inserted before Recommendation 1  Employers should consult with their staff on how they can comply with the law on smoking in the workplace. A policy should be developed that details when and where workers may smoke and what support is available for those who wish to quit.	The recommendations have been re-ordered. Recommendation 1 now states that employers should develop a policy in collaboration with staff and their representatives.
		Recommendation 1	Line 3 – suggest 'one to one and/or group therapy'	Reference to behavioural therapy is now in the introductory section for the recommendations.

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

22 December 2006 to 19 January 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Recommendation 1	Line 3 - Possibly include drop-in as an additional service delivery method	See above.
		Recommendation 1	Line 4 – include ‘frequently a combination of these methods’	See above.
		Recommendation 1	Add reference to provision of services via NHS	The wording has been changed and refers to smoking cessation services and, if feasible, on-site stop smoking support.
		Recommendation 2	Suggest add: ‘These could include access to freephone Helplines and internet smoking cessation support while at work, .....	This suggestion has not been adopted in the recommendations.
		Recommendation 2	Suggest giving an example of treatment cost – ‘e.g. reimburse cost of Nicotine Replacement Therapy’	This recommendation has been amended by PHIAC but this wording has not been adopted.
		Recommendation 3	Line 1 Suggest insert ‘...currently unwilling ...’	This recommendation has not been included in the final guidance.
		Recommendation 3	Line 2 Suggest insert ‘ This could include methods of coping with restrictions on smoking and the provision...’	This recommendation has not been included in the final guidance.
		Recommendation 4	Line 2 reword – ‘.....stop smoking, this may be by identifying a member...’	This has been changed and re-ordered and is now part of recommendation 1.
		Recommendation 4	Line 4 To avoid confusion suggest inserting ‘ ..or their own occupational health..’	This has been changed and re-ordered and is now part of recommendation 1.
		Recommendation 4	We think that full information on tobacco at work and the negative aspects of continuing to smoke should be included (not just the benefits/methods of stopping)	The broader aspects of smoking will be considered in the programme guidance.
		Recommendation 6	We query the term business when referring to NHS Stop Smoking Services. Suggest replace with ‘core component of services offered’ or ‘core activity’	This has been amended. It is now recommendation 5 in the guidance with no reference to ‘core business’.
		Recommendation 7	Resources also need to be allocated at Department of Health and Strategic Health Authority level. This should be made explicit rather than implied.	It is not within NICE’s remit to make recommendations to the Department of Health.
		2 Public health need and practice	Whilst cigarette smoking is the most common form of tobacco use. Smoking is harmful in all formulations. Deleting the word cigarette would resolve this.	This section now refers to ‘smoking’.
		2 Public health need and practice	The Health Act came into force in 2006 but the various Smoke free regulations come into force on 1 <sup>st</sup> July	The guidance now refers to the 1 July date in the policy background.
		Policy	Advantages – provision of help and support in the workplace may also be	Although this is not stated specifically in the

## Public Health Interventions Advisory Committee

### Draft Guidance Consultation – Stakeholder Response Table

**22 December 2006 to 19 January 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Background	more convenient for some workers.	'advantages' paragraph under public health need and practice, this is implied by the text. Elsewhere in the guidance PHIAC has emphasised that making stop smoking support more easily available to the workforce is a priority.
		Considerations 3.2	Suggest use 'Prohibited' rather than 'banned'	This section has been amended.; it now refers to 'smokefree' legislation.
		Considerations 3.2	Not all workplaces and public places will be required to be smoke free only those that are enclosed or substantially enclosed.	This has been moved to the previous section and refers to 'virtually all' workplaces.
		Considerations 3.3	Not sure of the connection between on-site provision and the recruitment of staff	This section has been changed.
		Considerations 3.4	Would the resource at <a href="http://www.gosmokefree.co.uk">www.gosmokefree.co.uk</a> count as a database of local services?	Thank you for this suggestion.
		Considerations 3.6	Suggest inclusion of a statement to encourage client involvement/satisfaction	This section has been amended.
		Considerations 3.7	Line 2 - Suggest insert 'are or will be entitled'	This consideration has been changed and incorporated into recommendation 1.
		Considerations 3.7	Should also include encouragement to consider alternative methods of smokers coping with smoking restrictions and the phasing out of concessions over time	See above.
		Recommendations for research	As this guidance is being issued at a time of great change in workplace smoking practice it will be important to gather learning points for future support of smokers in the changed environment (rather than merely investigating what has happened)	PHIAC has made five research recommendations on the best ways to support workplace cessation.