

The Services

The Provision of Community-Based Smoking Cessation Services

Reference DN110697 [contract 2]

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The following have already been provided within Dynamic Purchasing System for Community Health Improvement Services and as such, along with the above, will form the full contract when awarded:

- Contract Terms and Conditions
- Appendix A – General Specification
- Appendix H - Dispute Resolution
- Appendix I - Definitions and Interpretation
- Appendix J - DBS Check Documents

The Contract

Provision of Community-Based Smoking Cessation Services

1. Terms and Conditions

- 1.1. The terms and conditions ('Contract Terms and Conditions') are as agreed by entering into the Dynamic Purchasing System (DPS) for Community Health Improvement Services.
- 1.2. The document titled "Procurement Documents" and this document titled 'The Services' along with appendices listed below in 1.2.1 form part of the General Terms and Conditions of Contract ('General Conditions' - Section B) and the Special Terms and Conditions ('Special Conditions' – Section C) that apply to the contract awarded for the Services pursuant to the further competitive from DPS for Community Health Improvement Services.
 - 1.2.1. Appendices as follows:
 - Appendix A
 - General Specification ①
 - Contract Specific Specification ②
 - Appendix B Quality Outcome Indicators ②
 - Appendix C Service User, Carer and Staff Surveys ②
 - Appendix D Charges ②
 - Appendix E Incidents Requiring Reporting Procedure ②
 - Appendix F Information Provision ②
 - Appendix G Service Quality Performance Report ②
 - Appendix H Dispute Resolution①
 - Appendix I Definitions and Interpretation①
 - Appendix J DBS Check Documents①

① As provided within the Dynamic Purchasing System

② As provided in this document with the further competition

2. Commencement and Duration

- 2.1. In accordance with clause A3:
 - 2.1.1. The Contract shall take effect on 1st April 2016 (the 'Commencement Date')
 - 2.1.2. The Provider shall provide the Services from 1st April 2016 (the 'Service Commencement Date')

- 2.1.3. The Contract shall expire automatically on 31st March 2017 (the 'Expiry Date'), unless it is extended in accordance with clause 3 below or terminated earlier in accordance with the provisions of the Contract..

3. Extending the Duration of Contract

- 3.1. The Council may extend the term of the Contract by a further 2 years (the 'Extension Period') within 1 year increments, equating to a potential Contract term of 3 years. (1 + 1 + 1). If the Council wishes to extend this Contract, it shall give the Provider at least 3 months written notice of such intention before the Expiry Date.
- 3.2. If the Council gives such notice, the Expiry Date will be extended by the period set out in the notice.

4. Service Review

- 4.1. The Contract will may be subject to future changes in policy and/or any alteration to the activity target and/or maximum activity number of service users. Reviews in accordance with clause B18 ('Service Review') and clause ('Review Meetings').

5. Managing Activity

- 5.1. In accordance with clause B6 the Provider must manage Activity as agreed with the Council as part of award of Contract, and set out in the Specification and/or the Quality Performance Indicators.

6. Charges and Payment

- 6.1. In accordance with clause B8 ('Charges and Payment') charges and payment shall be as set out in Appendix D ('Charges')
- 6.2. The frequency of claim for Charges and method to make claim for Charges shall be as set out in Appendix D ('Charges').

Appendix A – Contract Specific Specification

Provision of Community-Based Smoking Cessation Services

1. Introduction

- 1.1 This Service Specification sets out the requirements for the provision of a community-based Public Health Service for Smoking Cessation. The Service is to be provided in community settings within the locality specified in the contract. The focus of the Service is to offer behavioural support and advice to people who want to stop smoking alongside the provision of pharmacological stop smoking aids where indicated. The core service offer is to support people to quit over the course of a 12-week abrupt quit programme (quitting in one step), with the addition of two new support offers: Cut-down to stop programme and time-limited abstinence (short-term abstinence) programme. These additional support options form the basis of a harm-reduction approach, seeking to engage service users who may not feel ready to stop smoking in one step.
- 1.2 The Provider will work in conjunction with LiveWell Dorset (LWD). LWD acts as a single point of contact and referral management centre for health improvement services across Bournemouth, Dorset and Poole. LWD also offers additional behavioural support for people who may benefit from it; they will also follow up clients in the medium to long-term once they have completed a community-based programme. As well as working with the Service (as set out in this service specification) to support people in giving up smoking, LWD also has support pathways for weight management, physical activity and brief interventions for alcohol.
- 1.3 The Provider will receive referrals from LWD but can also refer people to LWD (or individuals can self-refer directly) by contacting 0800 8401628 (Freephone) or 01305 233105 (local number).
- 1.4 A description of the three elements of the smoking cessation service along with more explanation of the joint work with LWD is provided in Appendix 1 – Service Description and Pathways.

2. Scope of Service

- 2.1 The aims of the Service are to:
- Reduce smoking related illnesses and deaths by helping people to give up smoking or reducing the harm caused by smoking tobacco.
 - Improve the health of the population by reducing exposure to second-hand smoke; promoting smokefree homes and cars (especially cars carrying children).

- Reduce health inequalities by offering individual, flexible support that is sensitive to the needs of high priority groups e.g. routine and manual workers, people with mental health issues and/or long-term medical conditions.
- Support service users to access additional behavioural/lifestyle support by offering, where appropriate, a referral to LiveWell Dorset.

3. Service Requirements

3.1 The Provider shall:

- Provide safe, effective and evidence-based behavioural support including behaviour change techniques and coping strategies. Support shall be provided in accordance with the core-competencies set out in the Practitioner Training and Assessment Programme (National Centre for Smoking Cessation and Training).
- Assess the service user's ability, motivation and readiness to change and agree an appropriate programme of support. This may include stopping smoking, cut-down to stop or short-term abstinence.
- Ensure all service users are fully informed regarding the expectations and requirements of the Service.
- Ensure all licensed pharmacotherapy is offered as first-line treatment as specified by NICE guidance and the National Centre for Smoking Cessation Training, Standard Treatment Programme.
- Ensure that staff are qualified and competent to prescribe or supply the full range of pharmacotherapies associated with smoking cessation services. In particular the Provider will need to have staff that can supply varenicline (Champix®) under the terms of a locally agreed Patient Group Direction (PGD). The specific terms of the PGD and local training will be made available by the Commissioner prior to the commencement of the Service. To check staff requirements associated with the use of PGDs refer to the Competency Framework for Health Professionals using Patient Group Directions (NICE, 2014).
- Notify the service user's GP of the intention to supply (Patient Group Direction), or of a request to supply of varenicline (Champix) or bupropion (Zyban) using standard templates provided by the Commissioner.
- Offer additional access to pharmacotherapy if the service users relapses during the 12-week Quit Programme (* see additional note on supply of varenicline (Champix®).

- Provide behavioural advice and support for service users who may be using e-cigarettes in support of their quit attempt (see Appendix 1 for guidance).
- Report service user outcomes to the Commissioner at 4-6 weeks and 12-weeks, through use of the electronic system specified by the Commissioner.
- Ensure that outcomes at 4-6 and 12 weeks are carbon monoxide (CO) verified (note that all carbon monoxide monitors, consumables and associated costs are the responsibility of the Provider).
- Ensure that all staff providing the Service have successfully completed the National Centre for Smoking Cessation Training's Practitioner Training and Assessment Programme (available on-line). <http://elearning.ncsct.co.uk/england>

Upon completion of the training, staff will be certified Stop Smoking Practitioners. Once certified, staff shall also attend local training as specified by the Commissioner. Local training will be advertised on the Public Health Dorset website.

- Provide a suitably private consultation room and ensure accessibility for all service users, including those with additional needs relating to their mobility.
- Ensure that the Service is made available to any residents of the Bournemouth, Poole and Dorset Local Authority areas, aged 12 and over.
- Ensure that the Service is accessible for a minimum of 35 hours a week.
- Ensure Information Governance policies are adhered to and client confidentiality is maintained in accordance with the contract.

** Note on supply of varenicline (Champix®) – NICE guidance recommends waiting for a period of up to 6 months before a second attempt (unless special circumstances have hampered the person's initial attempt to stop smoking, when it may be reasonable to try again sooner).*

- Ensure that all smokers who access the service directly by coming straight to the community Provider, also receive information about LiveWell Dorset as a potential source of additional support.
- Take all reasonable steps to ensure continuity of service at all times in line with contract requirements. If there is a waiting list of longer than five working days, the Provider shall inform the Commissioner of the situation.

- Ask clients to complete a patient evaluation form in line with requirements to be set out by the Commissioner.

4. Performance Requirements

- 4.1 The Commissioner shall agree an indicative and a maximum number of smokers to be engaged by the Service with the Provider. The numbers, to be agreed prior award of Contract, will be subject to review by the Commissioner on an annual basis.
- 4.2 Providers shall be required to plan their capacity for the delivery of the Service in line with the indicative and maximum number of smokers to be engaged, once this has been agreed with the Commissioner.
- 4.3 Services are expected to meet the following minimum quality standards that define best practice locally:
- All smokers accessing the 12-week stop smoking programme shall set a quit date at the first or second appointment.
 - All outcomes (smoking status) to be reported to the Commissioner at 4-6-weeks and 12-weeks after the set quit date.
 - Performance data shall be provided to the Commissioner through use of the electronic system specified by the Commissioner. Payment will be contingent upon all mandated fields being completed accurately.
 - A minimum quit rate (success rate) of 50% at 4-weeks.
 - All service users that quit smoking through the Service shall have their smoking status validated using a CO monitor.
 - CO monitors shall be maintained and calibrated in line with the manufacturer's guidance.
 - Lost to follow up rate at 4 weeks to be no more than 15% of smokers who set a quit date.
 - Providers are expected to take part in Public Health smoking cessation campaigns (national and/or local).
 - Providers shall comply with audit and evaluation requirements as specified by the Commissioner (this may include secret shopping exercises).

- Where a smoker is under the age of 18, the Provider shall adhere to the Safeguarding Children Guidance set out by the Commissioner. This includes assessing the individuals Fraser Competence:
<http://www.publichealthdorset.org.uk/wp-content/uploads/2015/07/Fraser-Competencies-Guidance-and-Form-Smoking-Cessation.pdf>
- Providers shall ensure that all staff delivering the Service have an Enhanced Level DBS check in place as set out in the following guidance:
<http://www.publichealthdorset.org.uk/wp-content/uploads/2015/07/Public-Health-Dorset-Enhanced-DBS-Checks-Policy-2014.pdf>

Appendix B – Quality Outcome Indicators

Provision of Community-Based Smoking Cessation Services

In accordance with clause B3 (Service and Quality Outcome Indicators) of the Contract, the Provider must comply with the Quality Indicators below:

Quality Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Fit for Purpose	Providing service level in accordance with the Contract	100%
Continual Improvement / Innovation	Identify and/or work with Council in identifying opportunities to introduce / implement innovation to the Contract delivery	100%
Change Management	Respond effectively / pro-active approach to change management	100%

Cost Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Pricing Stability	Pricing in accordance with the Contract	100%
Invoice Accuracy	Invoices provide accurate cost information	100%
Cost Reduction Initiatives	Identify and/or work with Council in identifying initiatives which could result in cost reductions being achieved	100%

Social Value Indicators - General		
Performance Area	Performance Criteria	Target [if applicable]
Economic, Social and Environment	Identify opportunities and/or work with Council to support social value in terms of the local economy, local communities and environment.	100%

Service Indicators - General

Performance Area	Performance Criteria	Target [if applicable]
Responsiveness	Consistently good response to Council enquiries and requests.	100%
Complaints	Complaints or disputes are minimal. Where they occur they are dealt with effectively without the need for escalate and corrective action is taken if required.	100%
Management Information	The required management information is provided in the agreed format and within the agreed timeline.	100%
Communication	Maintains effective communication channels with the Council.	100%
Service Indicators – Contract Specific		
Accessibility	The Service is accessible for a minimum of 35 hours a week	100%
Continuity of Service	Waiting list under 5 working days. To inform the Council if waiting list is over 5 working days.	100%
Smoking Status	All outcomes (smoking status) to be reported to Council at 4-6-weeks and 12-weeks after the set quit date	100%
Success Rate	A minimum quit rate (success rate) at 50% at 4-weeks	100%
Validation	All service users that quit smoking through the Service to have their smoking status validated using a CO monitor	100%
Lost to Follow Up	Lost to follow up rate at 4 weeks to be no more than 15% of smokers who set a quit date	100%

The Parties must review and discuss performance of the Contract including Quality Outcome Indicators and consider any other matters reasonably required by either Party at Review Meetings which shall be held in the form and intervals determined by the Council; in accordance with clause B19 (Review Meetings)

Appendix C – Service User, Carer and Staff Surveys

Provision of Community-Based Smoking Cessation Services

In accordance with clauses B4 (Service User Involvement) and B7 (Staff) of the Contract the Provider shall:

Carry out Service User Surveys and Staff Surveys, as and when requested by the Council.

Appendix D – Charges

Provision of Community-Based Smoking Cessation Services

In accordance with clause B8 (Charges and Payment) of the Contract, the Provider shall ensure information in respect of payment (see Appendix F) is provided to the Council.

Appendix E – Incidents Requiring Reporting Procedure
Provision of Community-Based Smoking Cessation Services

No additional requirements in respect of clause B11 (Incidents Requiring Reporting).

Appendix F – Information Provision

Provision of Community-Based Smoking Cessation Services

In accordance with clause B14 (Information) of the Contract, the Provider must provide the Council the information specified below to measure the quality, quantity or otherwise of the Services.

The Provider shall have internet access in place at all times and shall use appropriate electronic systems to record all consultations and activity and ensure that claims for payment for provision of this service can be collected through the electronic system as stipulated by the Council below.

Pharmacies

Such organisations shall access PharmOutcomes (link below); unless otherwise stipulated by the Council.

<https://www.pharmoutcomes.org/pharmoutcomes/>

General Practice and Other Providers

Such organisations shall access Outcomes4Health (link below); unless otherwise stipulated by the Council.

<https://outcomes4health.org/o4h/>

Appendix G – Service Quality Performance Report

Provision of Community-Based Smoking Cessation Services

In accordance with clause B18 (Service Review) of the Contract the Provider provide the following:

The Provider shall ensure that the necessary documentation, as detailed in the specification, is maintained and made available to the Council to enable the service to be monitored and for the purpose of post payment verification.