

Lot 6

Provision of Community-Based Smoking Cessation Services

Reference DN382042

**April 2023 – March 2024
(12 months)**

Service Specification

1. Introduction

- 1.1. Public Health Dorset (PHD) aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities. We are a shared service across Bournemouth, Christchurch and Poole (BCP) Council and Dorset Council.
- 1.2. Public Health Dorset is the Commissioner of Community Health Improvement Services (CHIS) which includes NHS Health Checks, Emergency Hormonal Contraception (EHC), Long-Acting Reversible Contraception (LARC), Needle Exchange, Supervised Consumption and Smoking Cessation.
- 1.3. These services are commissioned through an Any Qualified Provider (AQP) Framework approach which broadens the scope for providers who fulfil the CHIS Selection Criteria to apply to deliver those services on the framework.
- 1.4. This Service Specification sets out the requirements for the provision of the Public Health Dorset commissioned community-based Smoking Cessation. The focus of the Service is to offer behavioural support and advice to clients who want to stop smoking alongside the provision of pharmacological stop smoking aids where indicated.
- 1.5. The core service offer is to support clients to quit over the course of a 12-week abrupt quit programme (quitting in one step), with two additional 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 clients who may not feel ready to stop smoking in one step.
- 1.6. LiveWell Dorset (LWD) is a free service for adults in the county of Dorset who would like to improve their health and wellbeing. <https://www.livewelldorset.co.uk/> LWD provides a single point of contact and referral management for health improvement services.
- 1.7. As well as working with the Service (as set out in this service specification) to support clients to give up smoking, LWD also has support pathways for weight management, physical activity and brief interventions for alcohol.
- 1.8. The Provider will work in conjunction with LWD to deliver the smoking cessation service.
- 1.9. LWD will follow up those clients they signpost to a community-based service in the medium to long-term. This follow up will take place once they have completed the community-based programme.
- 1.10. Public Health Dorset and LWD will maintain real-time online lists of active Providers of the smoking cessation service which will be accessible by the public.
- 1.11. A description of the three elements of this smoking cessation service along with more explanation of the joint work with LWD is provided in the Appendices – 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 clients 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 through a range of delivery methods (including face to face and telephone), that is sensitive to the needs of high priority groups e.g. routine and manual workers, clients with mental health issues and/or long-term medical conditions.
- Support clients to access additional behavioural / lifestyle support by promoting / signposting to LWD <https://www.livewelldorset.co.uk/> (0800 840 1628) and referring, where required, using Contact My Patient: <https://www.livewelldorset.co.uk/healthcare-professionals/contact-my-patient/>

3. Service Description

3.1. General

The Provider shall:

- 3.1.1. Provide safe, effective and evidence-based behavioural support including behaviour change techniques and coping strategies.
- 3.1.2. Provide the service in accordance with latest guidance and recommendations including those from the National Institute for Health and Care Excellence (NICE).
- 3.1.3. Provide support in accordance with the core competencies set out in the Practitioner Training and Assessment Programme (National Centre for Smoking Cessation and Training “NCSCT”).
- 3.1.4. Ensure all licensed pharmacotherapy is offered as first-line treatment as specified by NICE guidance and the NCSCT Standard Treatment Programme.
- 3.1.5. Provide nicotine-replacement therapy (NRT) according to the needs of the client and in-line with guidance.
- 3.1.6. Assess the client’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.
- 3.1.7. Ensure all clients are fully informed regarding the expectations and requirements of the Service.
- 3.1.8. Adhere to the Safeguarding Children guidance set out by the Commissioner where a smoker is under the age of 18: [Consent to treatment - Children and young people - NHS \(www.nhs.uk\)](https://www.nhs.uk/) This includes assessing the individuals’ Fraser Competence: [GP mythbuster 8: Gillick competency and Fraser guidelines | Care Quality Commission \(cqc.org.uk\)](#)
- 3.1.9. Ensure that all clients accessing the 12-week stop smoking programme set a quit date at the first or second appointment.
- 3.1.10. Notify the client’s GP of the intention to supply (Patient Group Direction), or of a request to supply varenicline (Champix).
- 3.1.11. Ensure behavioural support and provision of NRT is delivered by the most appropriate member of trained staff, i.e. Stop Smoking Advisor. This type of support does not need to be delivered by a trained pharmacist as provision of NRT does not require a PGD.
- 3.1.12. If the client relapses during the 12-week Quit Programme offer additional and/or alternative

support in line with NICE guidance.

- 3.1.13. Provide behavioural advice and support for clients who may be using e-cigarettes in support of their quit attempt. The Provider shall inform clients that e-cigarettes are considerably (at least 95%) less harmful to health than smoking, and that any long-term effects of using e-cigarettes (vaping) are likely to be significantly less than the effects of smoking. E-cigarettes are not currently licensed medicines but are regulated by the Tobacco and Related Products Regulations (2016).
- 3.1.14. The latest NICE guidance: [Tobacco: preventing uptake, promoting quitting and treating dependence NICE guideline \[NG209\]](#) (published on 30 November 2021) recommends the inclusion of nicotine containing e-cigarettes as options for clients wanting to stop smoking.
- 3.1.15. Advise clients (as appropriate for their age) that the following options, when combined with behavioural support, are more likely to result in them successfully stopping smoking:
 - varenicline (offered in line with NICE guidance)
 - a combination of longer-acting NRT (e.g., nicotine patch) and shorter acting NRT (e.g., nicotine lozenge, nicotine mouth spray)
 - nicotine-containing e-cigarettes
- 3.1.16. Refer clients to LWD to access advice and support if they no longer smoke cigarettes but would like support with coming off nicotine-containing products (including e-cigarettes).
- 3.1.17. Report client treatment outcomes to the Commissioner at 4-6 weeks and 12-weeks, through use of the reporting system specified by the Commissioner (currently PharmOutcomes, Outcomes4Health or via email to phcontracts@dorsetcouncil.gov.uk). The Provider shall select the applicable outcome from the available Treatment Outcomes list:
 - a. Quit – self-reported
 - b. Quit – CO verified
 - c. Not quit (consider referral to LiveWell Dorset)
 - d. Lost to follow up
- 3.1.18. The Commissioner anticipates quit rates (success rate) of 50% or more at 4-weeks.
- 3.1.19. Ensure that outcomes at 4-6 weeks are carbon monoxide (CO) verified. Smoking status shall be validated using a CO monitor for a minimum of 85% of clients.
- 3.1.20. Maintain and calibrate CO monitors to the manufacturer's guidance. All carbon monoxide monitors, consumables and associated costs are the responsibility of the Provider.
- 3.1.21. Ensure that all clients who access the service directly by coming straight to the community Provider are encouraged to sign up to the LWD service as a source of additional support via www.livewelldorset.co.uk or by phone on **0800 840 1628**. Individuals will be able to access additional services through LWD, including behaviour change advice, coaching and a range of online support and resources. Encouraging uptake of a LWD offer, in combination with a smoking cessation service, is likely to increase the success of sustaining a quit attempt and promotes additional positive behaviour change for weight, activity and alcohol.
- 3.1.22. Gain consent from the client to share the outcome of their quit journey with LWD where it has been indicated that the client would benefit from additional support (including other lifestyle services). In these instances, the client would be referred to LWD using Contact My Patient:

- 3.1.23. Cooperate with local and/or national public health smoking cessation campaigns.
- 3.1.24. Participate in any audit of service provision conducted by the Commissioner.
- 3.1.25. Cooperate with any locally agreed assessment of client experience.
- 3.1.26. The Provider shall ensure that all staff delivering the Service have an Enhanced Level DBS check.

3.2. Support to Stop (Abrupt quit) Programme

- 3.2.1 NICE guidance, including Harm Reduction guidance, identifies an abrupt approach to stopping smoking (quitting in one step) as the most effective way to stop smoking. This, therefore, remains the core service offer from Community Providers (see Appendix 1).
- 3.2.2 The National Centre for Smoking Cessation (NCSCT) Service and Delivery guidance (2014) and the Standard Treatment Programme, recommends that weekly one to one support sessions should be offered up to four weeks after the quit date; to include a combination of behavioural support and licensed pharmacotherapy.
- 3.2.3 All licensed pharmacotherapy should be available as first-line treatment and Providers shall not present any specific medication more favourably than another.
- 3.2.4 Guidance recommends a minimum time allocated for each appointment as follows:
 - Session 1: Pre-quit Assessment (1 or 2 weeks prior to Quit Date) (30 minutes)
 - Session 2: Quit Date (20 minutes) – *Sessions 1 & 2 may take place at the same time*
 - Session 3: 1-week post Quit Date (15 minutes)
 - Session 4: 2-weeks post Quit Date (15 minutes)
 - Session 5: 3-weeks post Quit Date (15 minutes)
 - Session 6: 4-weeks post Quit Date (4-week follow-up appointment -15 minutes)
 - Total: 6-weeks (1 hour 50 minutes)
- 3.2.5 Follow-on sessions shall be provided as per specification up to an optimum period of 12-weeks with the supply of pharmacotherapy as required. Carbon monoxide (CO) readings shall be taken throughout the support programme and monitoring returns with CO outcomes sent at the 4-6-week quit date and 12-weeks.
- 3.2.6 If the client relapses during the 12-week Quit Programme offer additional and/or alternative support in line with NICE guidance.
- 3.2.7 The pathway for the Support to Stop (Abrupt quit) Programme can be found in Appendix 1.

3.3. Cut Down to Stop (Quit) Programme

- 3.3.1. This Service is for clients who are willing to engage with a Smoking Cessation Service Provider, but who do not feel ready to stop smoking, or perhaps they feel unable to stop in one step (see Appendix 2).
- 3.3.2. The service offers a structured approach to cutting down on cigarette smoking (harm-reduction) over a period of up to 4-weeks.
- 3.3.3. The service seeks to engage clients on a journey towards quitting for good. It is hoped that

clients may move seamlessly on to the Support to Stop 'Abrupt Quit' programme.

3.3.4. Suggested cut down (harm-reduction) approach:

- Week 1 Cut down in smoking by 0-25%
- Week 2 Cut down in smoking by 26-50%
- Week 3 Cut down in smoking by 51-75%
- Week 4 Cut down in smoking by 76-99%

3.3.5. Reassure clients who smoke that licensed nicotine-containing products are a safe effective way of reducing the amount they smoke.

3.3.6. Help clients who are cutting down prior to stopping smoking to set a specific quit date and develop a schedule detailing how much they aim to cut down (and when) in the lead up to that date.

3.3.7. After this period and if the client is motivated to quit then encourage them to enter the abrupt quit programme should be made.

3.3.8. Failing this, the Provider should make a referral to LWD for assessment and follow up using Contact My Patient: <https://www.livewelldorset.co.uk/healthcare-professionals/contact-my-patient/>

3. Service Availability Requirements

4.1. Ensure that the service is made available to any residents of the county of Dorset, aged 12 and over.

4.2. Provide a suitably private consultation room and ensure accessibility for all clients, including those with additional needs relating to their mobility.

4.3. Offer the service using a range of delivery methods including telephone or video call where appropriate to the needs of the client. Where the service is delivered to the client using these methods, it is recognised that the Provider will be unable to obtain CO verification of quit status and the treatment outcome should be claimed as a self-reported quit.

4.4. The service should be offered 35 hours a week, however, where a Provider is unable to fulfil this requirement, they should deliver within their capacity and work towards increasing availability of provision to 35 hours per week.

4.5. Ensure the service opening hours are convenient for clients and sufficient appointments are available for clients to be seen within 2 weeks.

4.6. If a Provider is temporarily unable to provide the service (for example, due to staff absence or exceptional waiting lists), LWD will stop signposting individuals to these Providers until informed otherwise. Within one-working day of the service being paused, Providers should inform LWD by emailing queries@livewelldorset.co.uk and Public Health Dorset by emailing phcontracts@dorsetcouncil.gov.uk or by phoning **01305 224400**.

4.7. Providers should also notify LWD and PHD (using the details above) when they are in a position to restart the service.

4.8. Ensure Information Governance policies are adhered to and client confidentiality is maintained in accordance with the contract.

5. Training and Competency Requirements

- 5.1. The Provider shall 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 prescribe varenicline (Champix®) or supply this 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 the Provider shall refer to the Patient Group Directions Tools and Resources (NICE, updated 2017): [Tools and resources | Patient group directions | Guidance | NICE](#)
- 5.2. The Provider shall ensure that all staff providing the Service have successfully completed the NCSCT Practitioner Training and Assessment Programme (available online). <http://elearning.ncsct.co.uk/england>. Upon completion of the training, staff will be certified Stop Smoking Practitioners.

6. Activity, Performance and Reporting Requirements

- 6.1. 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 Commissioner.
- 6.2. The Provider shall record all activity and performance data using one of the following electronic systems:
- PharmOutcomes
 - Outcomes4Health
 - SystemOne
- 6.3. All outcomes (smoking status) shall be reported to the Commissioner at 4-6 weeks after the set quit date.

Providers using PharmOutcomes or Outcomes4Health:

- 6.4. The Provider shall complete the relevant template on PharmOutcomes or Outcomes4Health to submit their activity to the Commissioner on a **monthly** basis.
- 6.5. The deadline to submit activity data to Public Health Dorset via PharmOutcomes or Outcomes4Health is the end of each month.
- 6.6. Any late Provider data submissions will not be paid until the following month.
- 6.7. Providers using PharmOutcomes or Outcomes4Health will not be paid for data submitted more than six months after the activity was undertaken.

Providers using SystemOne:

- 6.8. Providers will fully complete the relevant activity data Excel template(s), available from the Public Health Dorset website, to submit their activity data to the Commissioner on a **quarterly** basis.
- 6.9. The completed Excel template should be submitted to Public Health Dorset via the dedicated "PH Contracts" mailbox using the email address: phcontracts@dorsetcouncil.gov.uk
- 6.10. The deadline to submit the Public Health Dorset reporting template(s) via email to the Commissioner is the 20th of the month following quarter end:

(Q1) 1st April – 30th June	Data due 20th July
(Q2) 1st July – 30th September	Data due 20th October
(Q3) 1st October – 31st December	Data due 20th January
(Q4) 1st January – 31st March	Data due 20th April

6.11. Providers will not be paid for data submitted more than one quarter late.

6.12. Any late Provider data submissions will not be paid until the following quarter.

6.13. No claim shall be submitted more than one month after the end of this agreement.

7. Payments

7.1. Payment will be made on a **monthly** basis on receipt of a fully completed PharmOutcomes or Outcomes4Health reporting template.

7.2. Payment will be made on a **quarterly** basis on receipt of fully completed Excel reporting template.

7.3. The Commissioner will pay the Provider at the rates outlined below for the claimed activity:

Description of Activity	Charge	VAT
Enrolment / engagement of client entering the service	£ 35.10	Excluding
A client who has successfully quit at 4 weeks where this has been verified with a CO test	£ 45.00	Excluding
A client who has successfully quit at 4 weeks where the quit is self-reported <i>The Provider may select this option in Pharmoutcomes if unable to verify the quit using a CO test – for example, not offering CO testing due to COVID-19 or where supporting the client on the phone/virtually</i>	£45.00	Excluding
Each supply of NRT or Varenicline in addition to the reimbursement of the cost of the drug dispensed	£ 2.00	Including
Each initial PGD consultation for Varenicline	£ 6.00	Excluding

8. Notifying the Commissioner of Changes to Delivery or Organisational Details

8.1. The Provider is required to contact the Commissioner (Public Health Dorset), using the relevant letter (see Appendix 4) to provide formal notification of changes to:

- Bank details
- Contact details
- Changes to ownership

- 8.2. If the Provider is temporarily unable to deliver the service, they must notify LiveWell Dorset by emailing: queries@livewell-dorset.co.uk and Public Health Dorset by emailing phcontracts@dorsetcouncil.gov.uk or by phoning **01305 224400** within one-working day to agree any contingency plans and enable the Commissioner to maintain up to date records of active Providers.
- 8.3. The Provider should contact Public Health Dorset as soon as possible if they wish to be permanently removed from the Any Qualified Provider (AQP) Framework for delivery of a service, or services, by completing the ***“Removal from the AQP Framework Agreement for Delivery of CHIS Services”*** letter in Appendix 4.

9. Minimum Provider Qualification Requirements for Any Qualified Provider (AQP) Framework

As referenced in the Community Health Improvement Services Framework Agreement Selection Questionnaire (Part 4) the essential qualifications that a Provider must demonstrate to be awarded a position on the Framework for this service are listed below:

- 9.1. The Provider must have qualified smoking cessation advisors who have completed the NSCST online training available on-line: <http://elearning.ncsct.co.uk/england>
- 9.2. The Provider must be qualified, registered, trained and competent to supply clients with the medication outlined in this specification either as a prescription or under the terms of the Public Health Dorset Patient Group Direction (PGD).
- 9.3. The Provider will have a suitably private consultation room and ensure accessibility for all clients, including those with additional needs relating to their mobility.
- 9.4. The Provider shall ensure the service is made available to any residents of the county of Dorset, aged 12 and over.
- 9.5. The service should be offered 35 hours a week, however, where a Provider is unable to fulfil this requirement, they should deliver within their capacity and work towards increasing availability of provision to 35 hours per week.
- 9.6. The Provider will ensure the service is available for clients to be seen within 2 weeks.
- 9.7. The Provider shall ensure that all staff delivering the Service have an Enhanced Level DBS check.

10. Safeguarding

- 10.1. Providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver.
- 10.2. Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.
- 10.3. It remains the responsibility of every (NHS-funded) organisation, and each individual working healthcare professional (in the NHS), to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied. Every (NHS funded) organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively.

10.4. Public Health Dorset will take a proportionate approach to assuring Safeguarding and Quality, commensurate with the responsibilities and financial value of each contract.

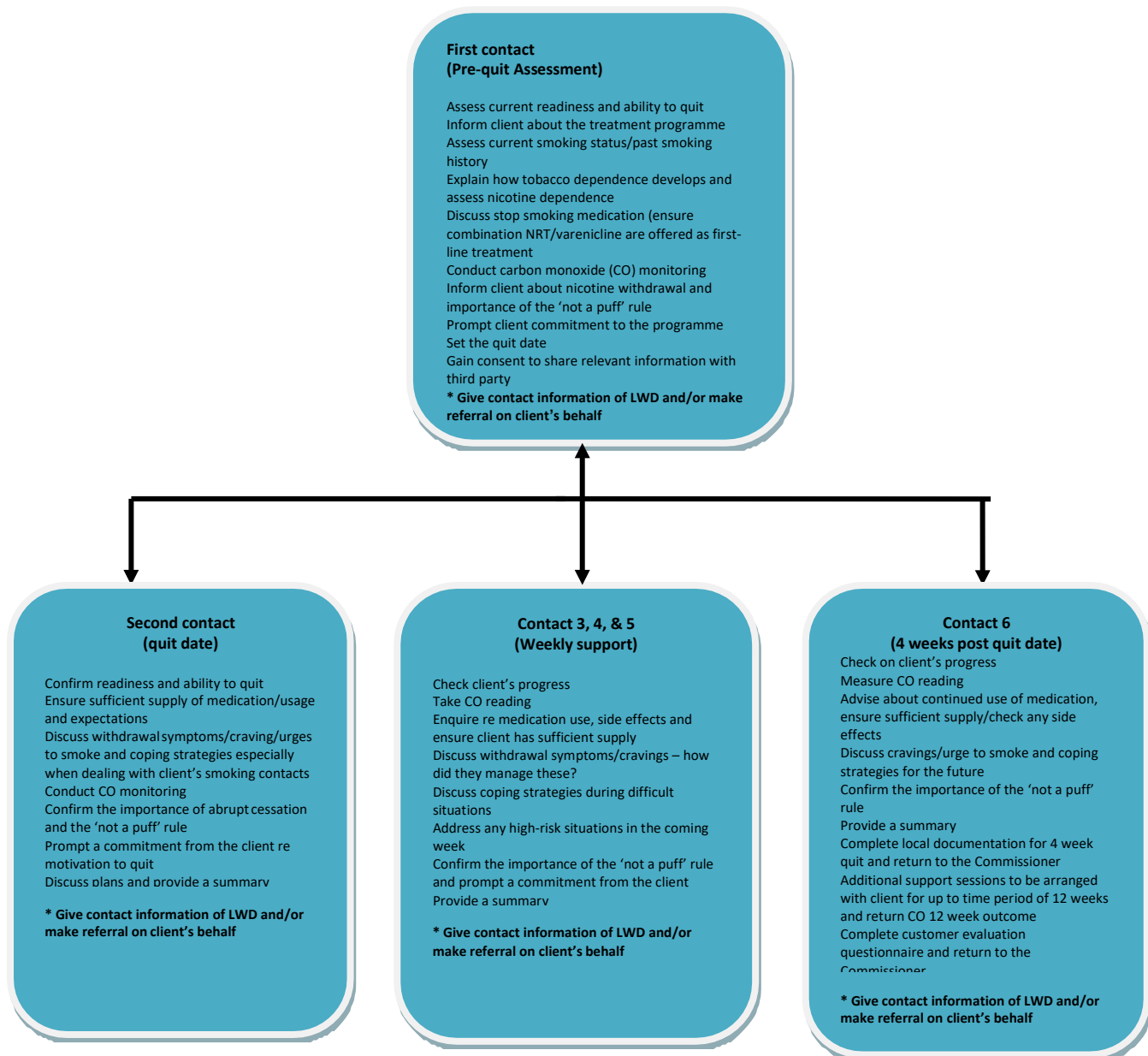
Public Health Commissioned services will be required to provide:

10.5. Policies and evidence of robust safeguarding arrangements as part of formal Contract Award documentation.

10.6. An annual declaration on safeguarding arrangements:

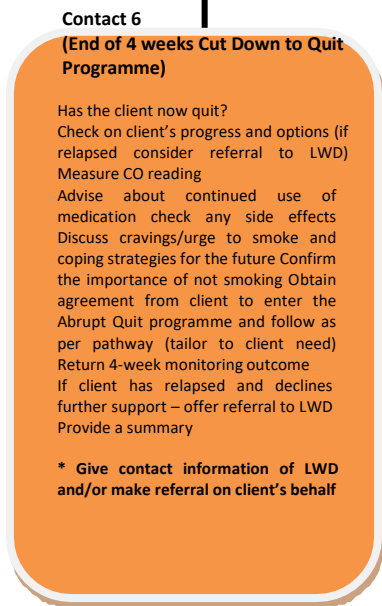
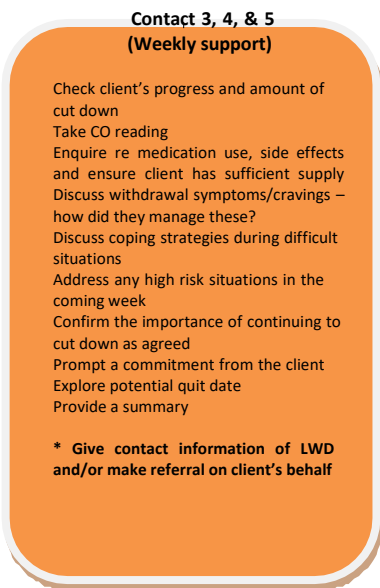
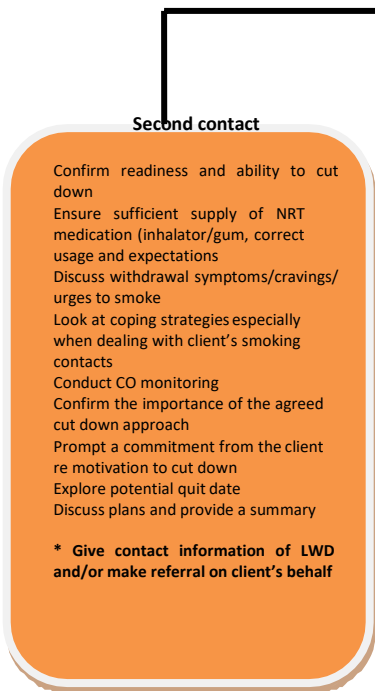
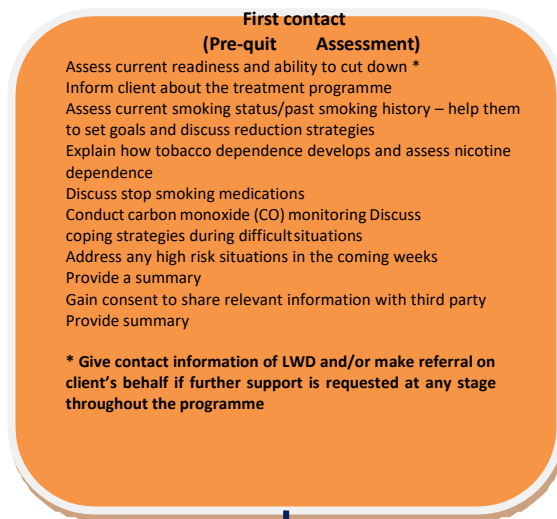
- a. Designated Officers / Leads for Safeguarding in the Organisation
- b. Safeguarding Policies, Procedures and Practice
- c. Recruitment, Training and Workforce Development
- d. Managing Allegations of Abuse
- e. Record Keeping

Appendix 1: Pathway for Stop Smoking Support: Abrupt quit (quitting in one step)



If enhanced support is identified for clients in a high-risk category e.g. mental health issues then a referral to LWD should be offered, if declined, give information re contacting LWD for future support. LWD is available for continued support at any stage of the stop smoking programme and at any time the client feels they would like to make direct contact.

Appendix 2: Cut Down to Quit Programme (4 weeks)



If enhanced support is identified for clients in a high risk category e.g. mental health issues then a referral to LWD should be offered, if declined, give information re contacting LWD for future support. LWD is available for continued support at any stage of the stop smoking programme and at any time the client feels they would like to make direct contact.

Appendix 3: Relationship between Providers and LiveWell Dorset

The final two diagrams show the relationship between community-based smoking cessation Providers and LiveWell Dorset (referred to here as the 'Health Improvement Hub' or just the Hub).

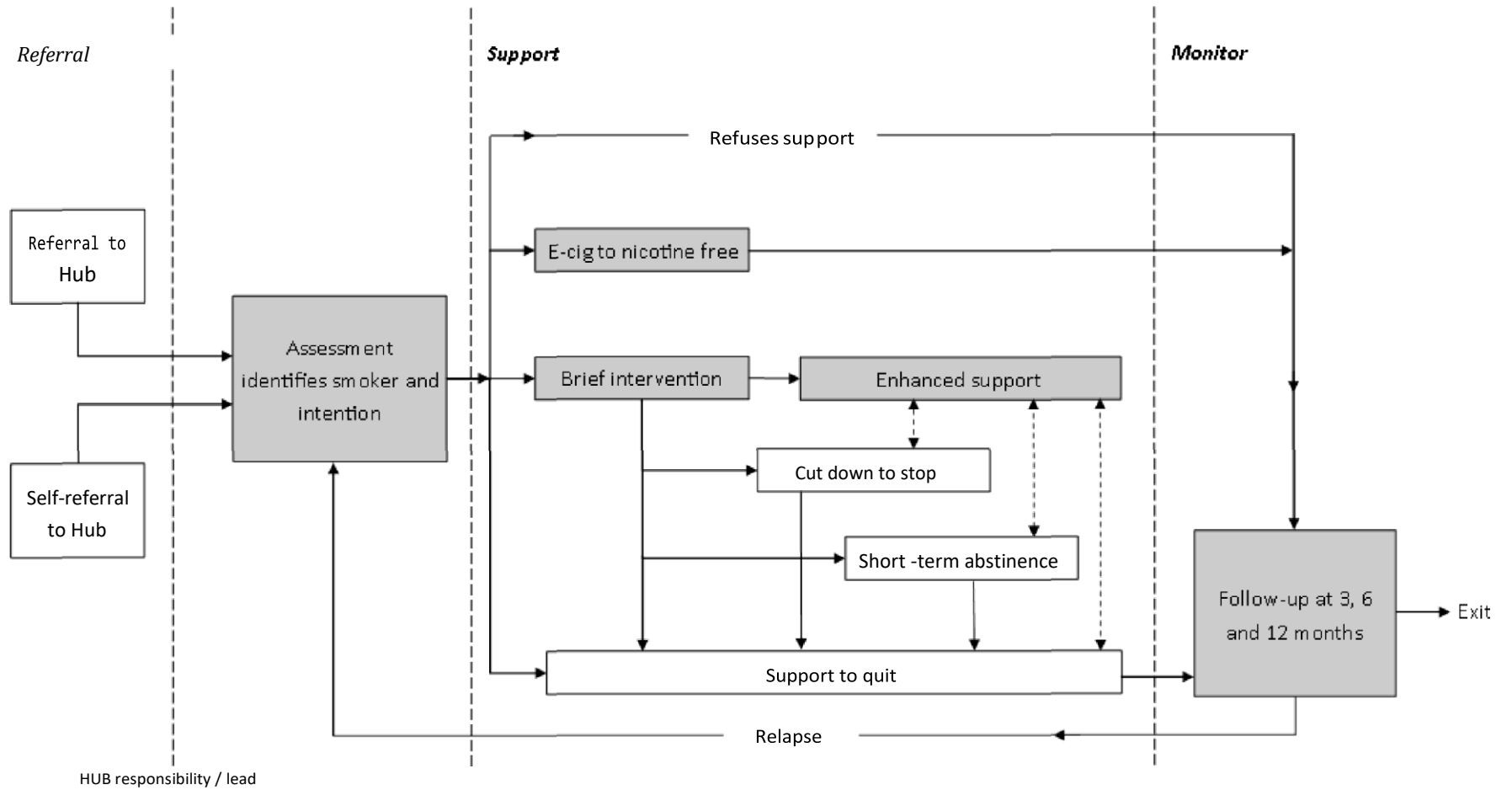
Descriptor of services within the tobacco pathway

LiveWell Dorset	<p>Brief Intervention / Risk Perception</p> <p>Who? Those not yet ready to quit</p> <p>What? 20 minute intervention over the phone.</p> <p>How? Utilises interactive web-based resource and COM-B questionnaire. Determines next step in support pathway</p>	<p>Enhanced Support</p> <p>Who? Those who are highly addicted (must have tried and failed the standard 12-week quit at least once) or those with a mental health problem.</p> <p>What? Coaching intervention over the phone or on a face-to-face basis. Planned follow-up calls fortnightly during the course of 12 weeks.</p> <p>How? Runs in conjunction with 12-week standard quit and cut down to stop interventions in the community. Coach utilises full set of COM-B diagnostic/support tools.</p>	<p>E-cig to nicotine free</p> <p>Who? Those wanting to overcome long-term addiction to e-cigarettes or NRT.</p> <p>What? Coaching intervention over the phone. Planned follow-up calls and support given in line with agreed individual plan.</p> <p>How? Utilises COM-B questionnaire may require liaison with a community provider if NRT is required as part of the individual plan.</p>
	<p>Support to quit</p> <p>Who? Those wanting support in making an attempt to quit smoking</p> <p>What? Initial consultation together with choice from full range of pharmacotherapy followed by 12-week programme of support to quit.</p> <p>How? Established programme delivered by trained (tier-2) smoking cessation advisors</p>	<p>Cut down to stop</p> <p>Who? Those not quite ready to quit but wanting to cut down on the number of cigarettes they smoke.</p> <p>What? Initial consultation together with supply of NRT (gum or inhalator) to support a 4-step programme—titration of dose and ongoing support.</p> <p>How? Support offered by trained advisor (tier-2) over agreed period (up to 4 weeks) alongside regular supply of NRT with view to supporting the individual to make a subsequent quit attempt</p>	<p>Short-term abstinence</p> <p>Who? Those not yet ready to quit but who want to abstain for a period of time.</p> <p>What? Initial consultation together with choice from full range of NRT followed by agreed programme of support to abstain.</p> <p>How? Individually agreed programme delivered by trained (tier-2) advisor. Seek to engage individual in making a subsequent quit attempt</p>

Note

This diagram summarises the range of services that support smokers to quit or to reduce their consumption of tobacco / nicotine containing products. Clearly, the ultimate goal is for people to quit smoking completely and overcome their dependence on nicotine. By commissioning a range of service options, PH Dorset is keen to offer support to smokers, even if they do not feel ready to make a life-long quit attempt. We aim to positively engage people that smoke regardless of where they are on their journey towards becoming smoke-free.

(Based on NICE Guidance, PH 10 and PH45)



Appendix 4: Letter templates for notifying the Commissioner of changes to delivery or organisational details



Public Health Dorset (PHD)
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk

Date: *****

Your ref: CHIS_provider_details

Dear Colleague,

RE: Change of provider details – contact or bank information

You are currently on the Public Health Dorset Any Qualified Provider (AQP) framework for the provision of Community Health Improvement services (“CHIS”). We have been notified / you have notified us of amendments to information submitted through your application, either organisation contact details or bank details.

In order to maintain our records and process payments, can we kindly request that you complete the relevant information below to formally notify us of any changes:

1. Changes to contact details

Previous details	
Organisation name	
Address	
Postcode	
Telephone number	
Email address	
Contact name	
New details	
Organisation name	
Address	
Postcode	
Telephone number	

Email address	
Contact name	

Change request completed by: _____

Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

2. Changes to bank details

Please tick this box if you have recently changed your organisation's bank details

Provider name: _____

Provider postcode: _____

Change request completed by: _____

Date: _____

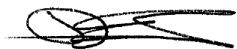
When a provider changes their bank details, Public Health Dorset requires the following information, on the organisation's headed paper, for our records:

- Organisation name
- Organisation address
- Email address (for remittance)
- Organisation phone number
- VAT registration number (if applicable)
- Sort code
- Account number

To enable timely payment for CHIS activity claims, please ensure this updated information is provided to us as soon as possible. Please email your new bank details, on company headed paper, to phcontracts@dorsetcouncil.gov.uk

If you have any questions, please do not hesitate to contact Public Health Dorset using the email address above.

Kind regards,



Jen Spencer
CHIS Contract Manager, Public Health Dorset



Public Health Dorset (PHD)
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk

Date: *****

Your ref: CHISChangeofOwnership

Dear Colleague,

RE: Change of ownership

We have been notified / you have notified us of a change of ownership of [organisation name] to the new organisation [name].

This organisation is a provider on the Public Health Dorset Any Qualified Provider (AQP) framework for the delivery of the following Community Health Improvement services ("CHIS"):

1. *****
2. *****
3. *****

As a result of this change of ownership, in-line with clause B23 of the Framework Agreement, we now require the following from you:

- a) completed Change of Ownership Details (below). Please return this to Public Health Dorset via phcontracts@dorsetcouncil.gov.uk
- b) a new AQP framework application for the required CHIS services:
<https://www.publichealthdorset.org.uk/provider-resources/procurement-information>

Change of Ownership Details

Previous provider	
Organisation name	
Address	
Postcode	
Phone number	
Email address	
Contact name	

New provider	
Organisation name	
Address	
Postcode	
Phone number	
Email address	
Contact name	
CHIS services to be provided by the new organisation	
Change of ownership details	
Reason for change of ownership	
Change of ownership date	

Change request completed by: _____

Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

By submitting a new application on the Any Qualified Provider Framework, this enables us, as the commissioner of CHIS services, to approve the change of ownership in accordance with the terms of the Framework Agreement, ensuring that you would not be in breach of your obligations under the Framework Agreement. The new application also provides key information for purchasing from the Framework, including updated company details such as the bank account, which will enable timely payments for activity in accordance with the service specifications.

If you have any questions please do not hesitate to contact Public Health Dorset:
phcontracts@dorsetcouncil.gov.uk

Kind regards,



Jen Spencer
 CHIS Contract Manager
 Public Health Dorset



Public Health Dorset (PHD)
County Hall
Colliton Park
Dorchester
Dorset
DT1 1XJ

Email: phcontracts@dorsetcouncil.co.uk

Date: *****

Your ref: CHIS_remove_from_AQP

Dear Colleague,

RE: Remove provider from the Public Health Dorset AQP framework

You are currently on the Public Health Dorset Any Qualified Provider (AQP) framework for the provision of Community Health Improvement services ("CHIS"). We have been notified / you have notified us that the provider(s) below should now be permanently removed from the framework for the indicated service(s):

Provider Name	Provider Postcode	Service(s) to be removed from AQP framework

Change request completed by: _____

Date: _____

Please email this updated information to phcontracts@dorsetcouncil.gov.uk

Any outstanding activity claims should be submitted to Public Health Dorset at your earliest convenience, in accordance with the process outlined in the service specification(s), and will be paid as part of the next scheduled payments.


We are required to maintain records of changes to providers on the Any Qualified Provider framework and appreciate you taking the time to complete and return this information to us.

Should you wish to apply in the future to deliver additional Public Health Dorset CHIS services or to restart the service(s) indicated above, please visit our website for further information about opportunities and application the process:

[Procurement information - Public Health Dorset - Dorset Council](#)

If you have any questions, please do not hesitate to contact us using the email address above.

Kind regards,

A handwritten signature in black ink, appearing to be 'Jen Spencer', written over a horizontal line.

Jen Spencer
CHIS Contract Manager
Public Health Dorset