

Lot 6

Provision of Community-Based Smoking Cessation Services

Reference DN382042

Bournemouth, Poole and Dorset councils
working together to improve and protect health



Contract Service Specification

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 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 the county of Dorset. 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. 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 promoting and signposting to LWD.

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. 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).

- 3.1.2. 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.
- 3.1.3. Ensure all service users are fully informed regarding the expectations and requirements of the Service. 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>
- 3.1.1. Ensure that all smokers accessing the 12-week stop smoking programme set a quit date at the first or second appointment.
- 3.1.2. Ensure all licensed pharmacotherapy is offered as first-line treatment as specified by National Institute for Health and Care Excellence (NICE) guidance and the National Centre for Smoking Cessation Training, Standard Treatment Programme.
- 3.1.3. 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.
- 3.1.4. Offer additional access to pharmacotherapy if the service user relapses during the 12-week Quit Programme. If supply of varenicline (Champix®) used 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).
- 3.1.5. Provide behavioural advice and support for service users who may be using e-cigarettes in support of their quit attempt. The provider shall inform people that some nicotine-containing products are not regulated by the MHRA and therefore, their effectiveness, safety and quality cannot be assured. Also advise them that these products are likely to be less harmful than cigarettes.
- 3.1.6. Refer service users 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).
- 3.1.7. Report service user outcomes to the Commissioner at 4-6 weeks and 12-weeks, through use of the electronic system specified by the Commissioner (currently PharmOutcomes, Outcomes4Health or via email to phcontracts@dorsetcc.gov.uk as described in section 5 below). The commissioner anticipates quit rates (success rate) of 50% or more at 4-weeks.
- 3.1.8. 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 service users.
- 3.1.9. Maintain and calibrate CO monitors to the manufacturer's guidance. All carbon monoxide monitors, consumables and associated costs are the responsibility of the Provider.
- 3.1.10. Provide a suitably private consultation room and ensure accessibility for all service users, including those with additional needs relating to their mobility.
- 3.1.11. Ensure that the service is made available to any residents of the county of Dorset,

aged 12 and over.

- 3.1.12. Ensure that the service is accessible for a minimum of 35 hours a week.
- 3.1.13. Ensure the service opening hours are convenient for patients and sufficient appointments are available for service users to be seen within 2 weeks.
- 3.1.14. Contact LWD if temporarily unable to provide the service, e.g. due to staff absence or exceptional waiting lists. LWD will stop referring individuals to these providers until informed otherwise. Providers should inform LWD by emailing queries@livewelldorset.co.uk.
- 3.1.15. Ensure Information Governance policies are adhered to and client confidentiality is maintained in accordance with the contract.
- 3.1.16. Ensure that all smokers 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.
- 3.1.17. Cooperate with Public Health smoking cessation campaigns (national and/or local).
- 3.1.18. Participate in any audit of service provision conducted by the commissioner.
- 3.1.19. Cooperate with any locally agreed assessment of Service User experience.

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. There are some recent changes to the guidance following recommendations by the National Centre for Smoking Cessation (NCSCCT). The Service and Delivery guidance (2014) and the Standard Treatment Programme, recommend 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. All licensed pharmacotherapy is available as first-line treatment and Providers shall not present any specific medication more favourably than another.
- 3.2.2. 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)
 - 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)

- 3.2.3. 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.
- 3.2.4. If the client relapses during the course of 12 weeks, record the outcome and offer a further abrupt quit attempt, if the Service User is motivated to continue with support. An exception to this is if the client has received 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).
- 3.2.5. The pathway for the Support to Stop (Abrupt quit) Programme can be found as Appendix 1.

3.3. Cut Down to Stop (Quit) Programme

- 3.3.1. This Service is for people 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. The service offers a structured approach to cutting down on cigarette smoking (harm-reduction) over a period of up to 4-weeks. The service exists not as an end in itself, but seeks to engage people on a journey towards quitting for good. It is hoped therefore that service users may move seamlessly on to the Support to Stop 'Abrupt Quit' programme.
- 3.3.2. 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%
- 3.3.3. Reassure people who smoke that licensed nicotine-containing products are a safe effective way of reducing the amount they smoke. Help people 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. After this period and if the client is motivated to quit then encourage them to enter the abrupt quit programme should be made. Failing this, the Provider should make a referral to LWD for assessment and follow up. Suggested products to use with the Cut Down to Quit Programme are the nicotine inhalator or gum with titration of dose and on-going weekly support.

3.4. Short-Term Abstinence Programme

- 3.4.1. This programme is suitable for clients who wish to stop smoking for a short period of time (up to 4-weeks), for example, during a period of admission to hospital. Reassure people

who smoke that licensed nicotine-containing products are a safe effective way of reducing the amount they smoke. The client should be assessed as appropriate for the Short-Term Abstinence Programme and given a supply of nicotine replacement therapy to cover the abstinence period. Arrange a follow on appointment and provide encouragement to enter in to the Abrupt Quit Programme (as appropriate) or refer to LWD. An explanation should be given at the start of the programme, of the health benefits to quitting, how to manage nicotine withdrawal during the period of abstinence, combined with behaviour change coping strategies to prevent relapse. Where possible take carbon monoxide readings during the abstinence period to encourage further engagement and motivation to quit totally.

4. Training and Competency Requirements

- 4.1. 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 Competency Framework for Health Professionals using Patient Group Directions (NICE, 2014).
- 4.2. The provider shall 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.

5. Performance and Reporting Requirements

- 5.1. The provider shall record all activity and performance data using one of the following electronic systems:
 - PharmOutcomes
 - Outcomes4Health
 - SystmOne
 - EMIS
- 5.2. All outcomes (smoking status) shall be reported to the Commissioner at 4-6 weeks after the set quit date.
- 5.3. Providers using PharmOutcomes or Outcomes4Health are required to complete the relevant template to submit their activity to the commissioner on a monthly basis.
- 5.4. Providers using other systems, e.g. SystmOne or EMIS, are required to complete the most up to date PHD data sheet template, available from the PHD website, following the instructions within the template, to submit their activity reporting to the commissioner every three months (quarterly). The completed template should be submitted to the Commissioner using the appropriate template, via the dedicated "PH Contracts" mailbox using the email address: phcontracts@dorsetcc.gov.uk.

6. Payment and Charges

- 6.1 Where a provider uses PharmOutcomes or Outcomes4Health, payment will be made on a monthly basis on receipt of an invoice and a fully completed data sheet as provided by PHD (generated through PharmOutcomes or Outcomes4Health).

- 6.2 The deadline to submit any data to PharmOutcomes or Outcomes4Health for payment is the end of each month. Any late submissions from Providers will not be paid until the following month. Providers will not be paid for data submitted more than six months after the activity was undertaken.
- 6.3 Alternatively, where a Provider uses SystemOne or EMIS, the provider shall submit information in respect of payment to the Council as outlined under section 5 above as a minimum at the end of each of the following quarters:
- 1st April – 30th June
 - 1st July – 30th September
 - 1st October – 31st December
 - 1st January – 31st March
- 6.4 The deadline to submit the relevant reporting templates via email to the commissioner is the 20th of the month following quarter end. Any late submissions from Providers will not be paid until the following quarter. Providers will not be paid for data submitted more than one quarter late.
- 6.5 Based on the information provided as set out in Section 5 above, the Council will make payment of the following charges:

Description of Activity	Charge	VAT
Enrolment / engagement of service user entering the service	£ 30.00	Excluding
A client that has successfully quit at 4 weeks where this has been verified with a CO test	£ 45.00	Excluding
Each supply of NRT, Varenicline or Bupropion in addition to the re-imbursment of the cost of the drug dispensed	£ 2.00	Including
Each initial PGD consultation for Varenicline	£ 6.00	Excluding

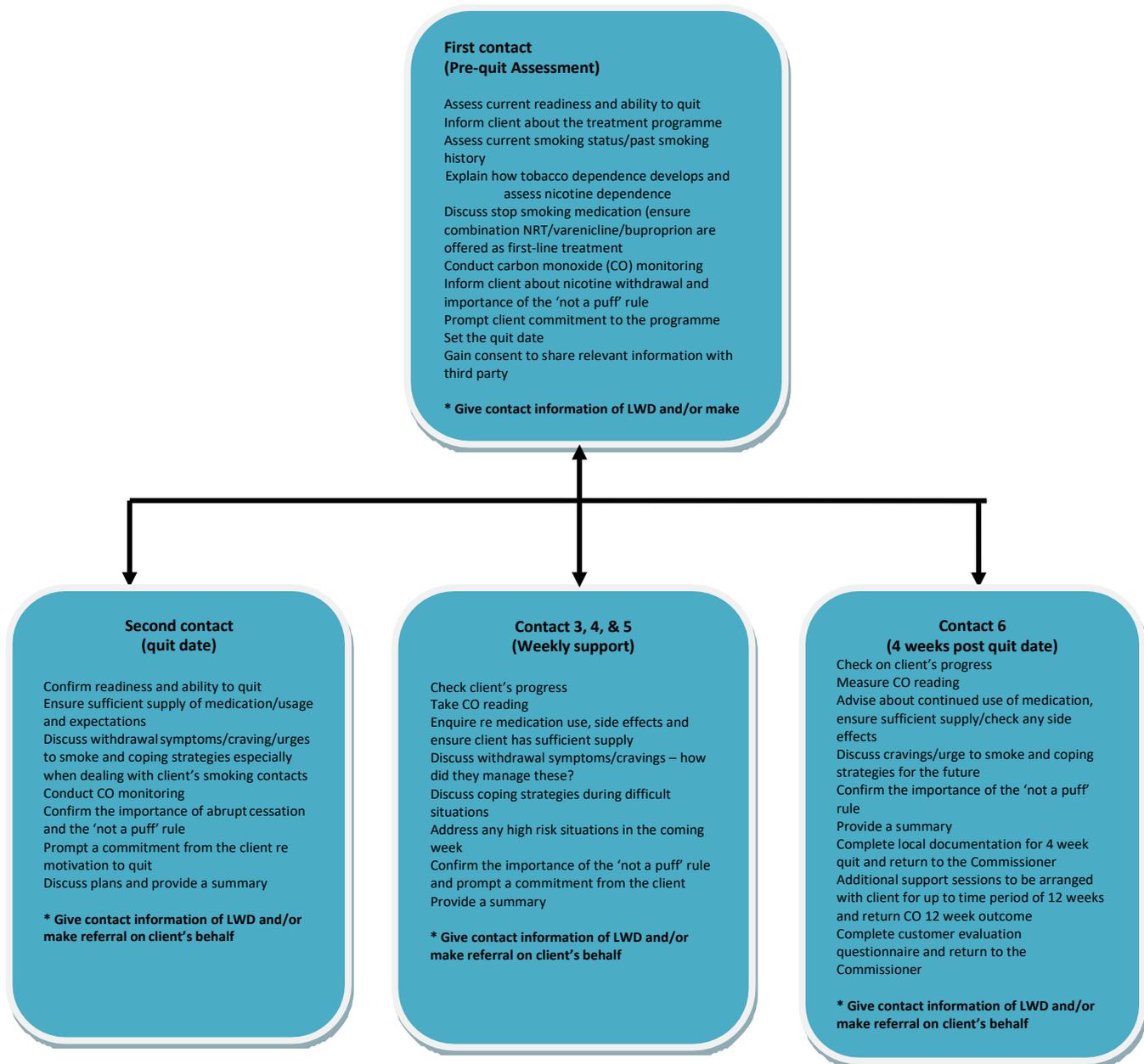
- 6.6 No claim shall be submitted more than one month after the end of this agreement.

7. Provider Qualification Requirements

- 7.1. The Provider must have qualified smoking cessation advisors who have completed the NSCST online training available on-line: <http://elearning.ncsct.co.uk/england>
- 7.2. The Provider must be qualified, registered, trained and competent to supply service users with the medication outlined in this specification either as a prescription or under the terms of the PHD Patient Group Direction (PGD).
- 7.3. The Provider will have a suitably private consultation room and ensure accessibility for all service users, including those with additional needs relating to their mobility.

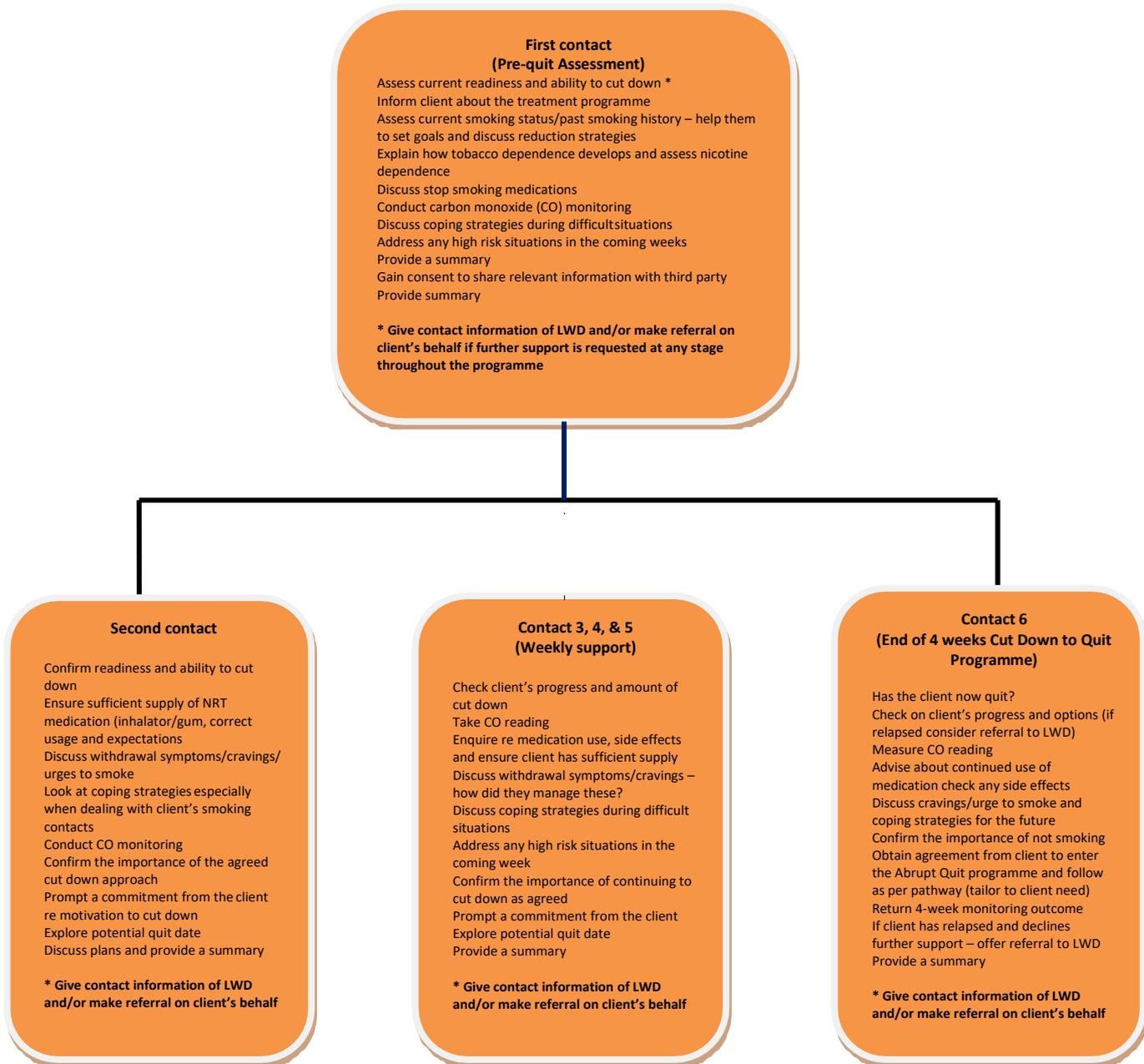
- 7.4. The Provider shall ensure the service is made available to any residents of the county of Dorset, aged 12 and over.
- 7.5. The Provider will ensure the service is accessible for a minimum of 35 hours a week.
- 7.6. The Provider will ensure the service is available for service users to be seen within 2 weeks.
- 7.7. The Provider shall ensure that all staff delivering the Service have an Enhanced Level DBS check.

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



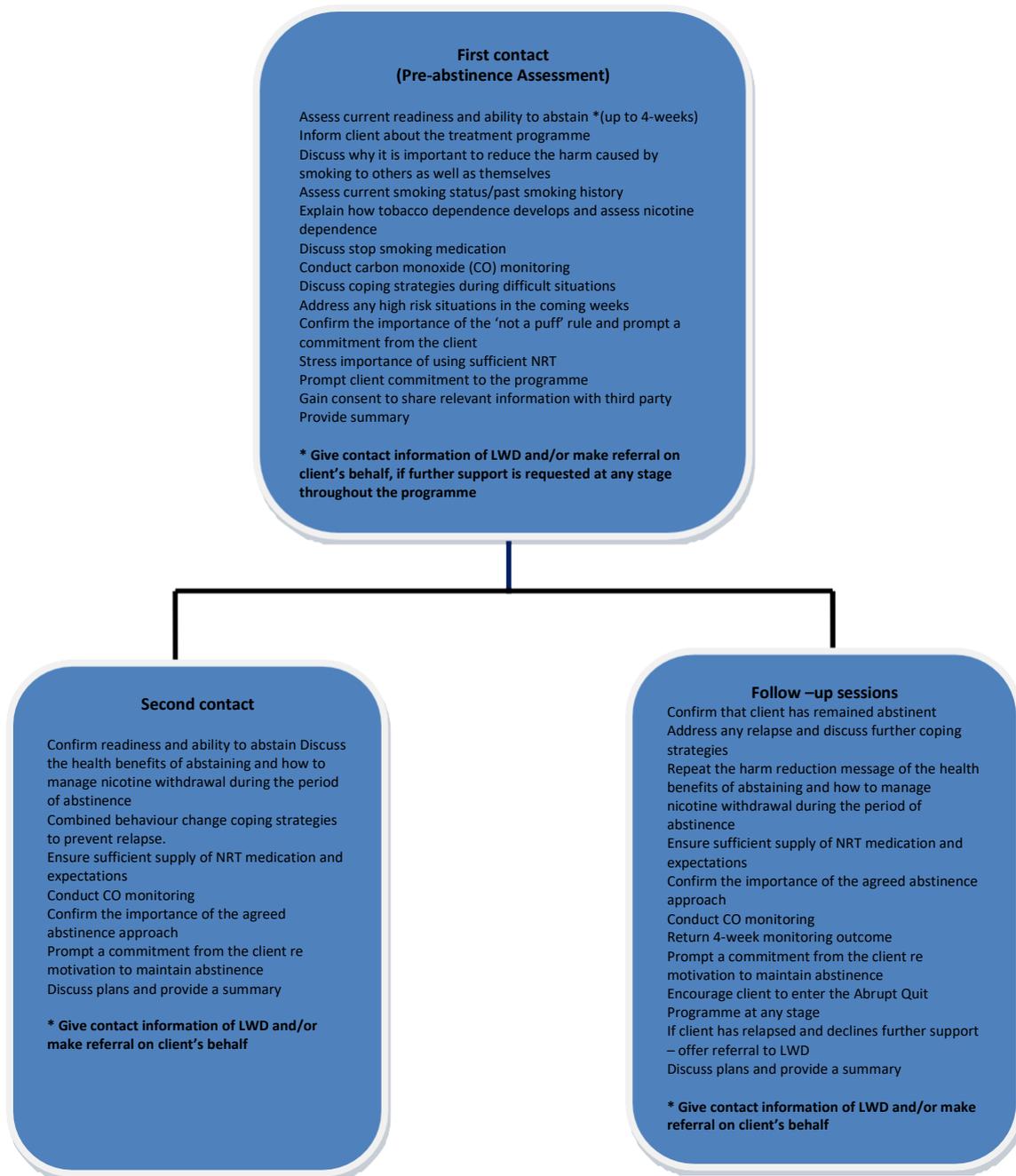
If enhanced support is identified for clients in a high risk category e.g. mental health issues then a referral to LWD should be offered, if declined, give information re contacting LWD for future support. LWD is available for continued support at any stage of the stop smoking programme and at any time 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: Short-term Abstinence Programme (up to 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 5: 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>Note</p> <p>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.</p> <p>(Based on NICE Guidance, PH 10 and PH45)</p>	
	Community-based services	<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>

