

Service 6

**Provision of Community-Based Smoking
Cessation Services**

Reference DN709907

April 2024

Version 3- updated 07.2025

Service Specification

1. Introduction

- 1.1. Dorset and Bournemouth, Christchurch and Poole Councils aim to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities.
- 1.2. Dorset Council 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. This service specification sets out the requirements for the provision of the Dorset Council 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.
- 1.4. The core service offer is to support clients to quit over the course of a NCSCT Standard Treatment Programme. (quitting in one step).
- 1.5. 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.
- 1.6. As well as working with LWD to support clients to give up smoking, LWD also offers support pathways for weight management, physical activity and brief interventions for alcohol which may help clients who want to stop smoking.
- 1.7. The Provider shall work in conjunction with LWD to deliver the smoking cessation service. This may include training and educational sessions offered by LWD on their support to clients wishing to stop smoking.
- 1.8. LWD will follow up clients they signpost to a community-based service at 3, 6 and 9 months. Providers should refer patients who self-present to access this follow-up.
- 1.9. Dorset Council and LWD will maintain online lists of active Providers of the Service which will be accessible by the public.
- 1.10. A client pathway is included in Appendix One of this service specification showing links between community-based smoking cessation service and LWD, this pathway includes referral points between services.

2. Scope of Service

The aims of the Service are to:

- 2.1. Reduce smoking related illnesses and deaths by helping clients to give up smoking or reducing the harm caused by smoking tobacco.

- 2.2. Improve the health of the population by reducing exposure to second-hand smoke; promoting smokefree homes and cars (especially cars carrying children).
- 2.3. 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.
- 2.4. 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 <https://www.livewelldorset.co.uk/healthcare-professionals/contact-my-patient/> to Connect to LiveWell: <https://www.livewelldorset.co.uk/healthcare-professionals/contact-my-patient/>

3. Service Description

The Provider shall:

- 3.1. Provide safe, effective, and evidence-based behavioural support including behaviour change techniques and coping strategies.
- 3.2. Provide the service in accordance with the NCSCT Standard Treatment Programme and the latest guidance and recommendations including those from the National Institute for Health and Care Excellence (NICE).
- 3.3. Deliver consultations in line with the structure recommended in the NCSCT Standard Treatment Programme, supporting clients to achieve a successful quit at 4 weeks (which may be up to 6 weeks from signing up to the service), while providing ongoing support for up to 12 weeks.
- 3.4. Provide the service in accordance with the core competencies set out in the NCSCT Practitioner Training and Assessment Programme: elearning.ncsct.co.uk/england
- 3.5. Provide pharmacotherapy in accordance with local Patient Group Directions (PGDs).
- 3.6. Provide behavioural advice and support for clients who may be using e-cigarettes (or vapes) in support of their quit attempt in line with the NCSCT Vaping: a guide for healthcare professionals <https://elearning.ncsct.co.uk/vaping-registration> and [NICE guidance NG209](#).
- 3.7. Promote and encourage the use of [NHS Better Health](#) website including digital support tools such as the NHS Quit Smoking app, email support and use of online communities and national support line.
- 3.8. Ensure all clients are fully informed regarding the expectations and requirements of the service.
- 3.9. Adhere to the Safeguarding Children guidance set out by Dorset Council where a smoker is under the age of 18: [Consent to treatment - Children and young people - NHS \(www.nhs.uk\)](#) This includes assessing the individuals' Fraser Competence: [GP mythbuster 8: Gillick competency and Fraser guidelines | Care Quality Commission \(cqc.org.uk\)](#)
- 3.10. Notify the client's GP of the intention to supply pharmacotherapy under prescription or through a Patient Group Direction (PGD).

- 3.11. Ensure the service is delivered by the most appropriate member of trained staff, i.e. NCSCT qualified Stop Smoking Advisor.
- 3.12. If the client relapses during the programme, offer additional and/or alternative support in line with NICE guidance. In addition, consider referral to LWD for additional behavioural coaching support for clients who have not quit.
- 3.13. 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:
- Appropriate pharmacotherapy
 - Combination of longer-acting NRT (e.g., nicotine patch) and shorter acting NRT (e.g., nicotine lozenge, nicotine mouth spray)
 - Nicotine-containing e-cigarettes/vapes
- 3.14. Refer clients to LWD to access advice and support if they no longer smoke cigarettes but would like support with reducing dependence on e-cigarettes/vapes.
- 3.15. Report client treatment outcomes to Dorset Council at the 4-week quit date (4 weeks from the date, agreed by the client, when they will stop smoking and up to 6 weeks from signing up to the service) through use of the reporting system specified by Dorset Council (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
- 3.16. Ensure that outcomes at the 4-week quit date, wherever possible are carbon monoxide (CO) verified. Smoking status shall be validated using a CO for clients who receive face-to-face support, wherever possible.
- 3.17. Maintain and calibrate CO monitors to the manufacturer's guidance. All carbon monoxide monitors, consumables and associated costs are the responsibility of the Provider.
- 3.18. 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 by signposting via Connect to LiveWell: <https://www.livewelldorset.co.uk/healthcare-professionals/contact-my-patient/>
- 3.19. Cooperate with local and/or national public health smoking cessation campaigns.
- 3.20. Participate in any audit of service provision conducted by Dorset Council.
- 3.21. Participate in any service development activities conducted by the Dorset Council.
- 3.22. Cooperate with any locally agreed assessment of client experience.
- 3.23. The Provider shall ensure that all staff delivering the Service have an Enhanced Level DBS check.

4. Service Availability Requirements

The Provider shall:

- 4.1. Ensure that the service is made available to any residents of the county of Dorset, aged 12 and over.
- 4.2. Services may be provided face to face, virtually (e.g. video calls, telephone) or a hybrid solution, however, the Provider will need to be able to demonstrate how they will meet the NCSCT Stop Smoking service guidance and any pharmacotherapy and, or NRT requirements in the service specification.
- 4.3. Where consultations are face-to-face then a suitably private consultation room is required with accessibility for all clients, including those with additional needs relating to their mobility.
- 4.4. 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.
- 4.5. Providers will accept referrals from either LWD or self-referrals from clients within core and supplemental opening hours and agree a date and time with the client for first consultation on referral.
- 4.6. Ensure the service opening hours are convenient for clients and sufficient appointments are available for clients to be seen within two weeks.
- 4.7. If a Provider is temporarily unable to provide the service (for example, due to staff absence or exceptional waiting lists), within the two-week period then Providers should inform LWD by emailing queries@livewelldorset.co.uk and Dorset Council by emailing phcontracts@dorsetcouncil.gov.uk or by phoning **01305 224400**.
- 4.8. Providers should also notify LWD and Dorset Council when they are in a position to offer appointments within the two-week period by emailing queries@livewelldorset.co.uk and Dorset Council by emailing phcontracts@dorsetcouncil.gov.uk or by phoning **01305 224400**.
- 4.9. Ensure Information Governance policies are adhered to, and client confidentiality is maintained in accordance with the contract.

5. Training and Competency Requirements

The Provider shall:

- 5.1. Ensure that staff are qualified and competent to prescribe or supply the full range of pharmacotherapies associated with smoking cessation services.
- 5.2. Ensure that staff are appropriately trained for working under PGDs for the supply and administration of medicines and complete the recommended NHS England e-learning programme: <https://www.e-lfh.org.uk/programmes/patient-group-directions/> and CPPE Safeguarding Adults training: <https://www.cppe.ac.uk/services/safeguarding>

- 5.3. Ensure all stop smoking staff qualify as NCSCT Certified Practitioners by completing the online training and assessment module through the NCSCT Practitioner Training and Assessment Programme. The NCSCT programme takes 4-6 hours to complete, is designed to be flexible and does not have to be completed during a single session.
- 5.4. Ensure NCSCT Certified Practitioners undertake the NCSCT Vaping: a guide for healthcare professionals' module.
- 5.5. Ensure that all staff delivering the Service have an Enhanced Level DBS check.

6. Activity, Performance and Reporting Requirements

- 6.1. The Provider 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 Dorset Council.
- 6.2. The Provider shall record all activity and performance data using one of the following electronic systems:
 - PharmOutcomes
 - SystemOne
- 6.3. Smoking status on a 4-week quit date shall be reported to Dorset Council 4-6 weeks from enrolment in the service.

6.4. Providers using PharmOutcomes:

- 6.4.1 The Provider shall complete the relevant template on PharmOutcomes to submit their activity to Dorset Council on a **monthly** basis.
- 6.4.2 The deadline to submit activity data to Public Health Dorset via PharmOutcomes is the last day of each month.
- 6.4.3 Payment will be made on a **monthly** basis on receipt of a fully completed PharmOutcomes reporting template.
- 6.4.4 Any late data submissions will not be paid until the following month.

6.5. Providers using SystemOne:

- 6.5.1 Providers will fully complete the relevant activity data Excel template(s), available from the website, to submit their activity data to Public Health Dorset on a **quarterly** basis.
- 6.5.2 Payment will be made on a **quarterly** basis on receipt of a fully completed Excel reporting template.
- 6.5.3 Dorset Council will continue to review the data submission process, to improve efficiency and align with any system developments. Dorset Council will notify The Provider of any changes to the search template to be used.
- 6.5.4 The completed Excel template should be submitted to Dorset Council via the dedicated "PH Contracts" mailbox using the email address: phcontracts@dorsetcouncil.gov.uk
- 6.5.5 The deadline to submit the Dorset Council reporting template(s) via email to Public Health Dorset 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

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

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

7. Quality Assurance

- 7.1. The Provider must have a complaints procedure in place and demonstrate to users and commissioners how complaints have been addressed to improve the service.
- 7.2. Both parties are required to regularly assess contract performance and address any additional matters during Review Meetings, scheduled at intervals and in a format determined by Dorset Council.
- 7.3. Dorset Council may request a review meeting within 5 business days following notice.
- 7.4. Quality control checks may take place at any point at the discretion of Dorset Council.

8. Notifying Dorset Council of Changes to Delivery or Organisational Details

- 8.1. The Provider is required to contact Dorset Council to provide formal notification of changes to:
 - Bank details
 - Contact details
 - Changes to ownership
- 8.2. If the Provider is temporarily unable offer consultations within a two-week timeframe they must notify LiveWell Dorset by emailing: queries@livewell-dorset.co.uk and Dorset Council by emailing phcontracts@dorsetcouncil.gov.uk or by phoning **01305 224400** within one-working day.
- 8.3. The Provider should contact Dorset Council as soon as possible if they wish to permanently cease delivery of a service or services.

9. Safeguarding

- 9.1. 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.
- 9.2. Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.
- 9.3. 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.

- 9.4. Dorset Council will take a proportionate approach to assuring Safeguarding and Quality, commensurate with the responsibilities and financial value of each contract.
- 9.5. The Provider shall be compliant with all applicable requirements of Safeguarding Vulnerable Adults and Children outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.

Public Health Commissioned services may be required to provide:

- 9.6. Policies and evidence of robust safeguarding arrangements as part of formal Contract

10. Data Protection

- 10.1. The Provider shall be the sole Data Controller and personal data shall be processed by the Provider under this contract (for example, patient details, medical history and treatment details).
- 10.2. The processing of personal data which is required by Dorset Council for the purposes of quality assurance, performance management and contract management- Dorset Council and the Provider will be Data Controllers in Common; together the “Agreed Purposes”.
- 10.3. The Provider shall be compliant with all applicable requirements of the Data Protection Legislation outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.

Appendix 1: Client Pathway for Community-based smoking cessation services

