

APPENDIX A
SERVICE SPECIFICATION

Service Specification No.	
Service	Stop Smoking Services (General practices)
Authority Lead	
Provider Lead	
Period	1st April 2014 – 31st March 2015
Date of Review	

1. Introduction to the Specification

Salford Stop Smoking Services are based on a tiered model with the objective of reducing smoking prevalence. This specification is for **General Practice** delivering Level 2 services.

All Stop Smoking Services are required to work closely with other specialist substance misuse services to meet the needs of clients using both legal and illegal substances.

2. Service Aims

Aims of the Locally Enhanced Service for Stopping Smoking

1. The aim of this LES is to support the reduction of smoking prevalence in Salford.
2. To enable smokers to access a choice of high quality support to stop smoking most suited to their needs.

2.2 The LES also aims to:

- Provide high quality, accessible, convenient and comprehensive stop smoking services across the city
- Ensure that robust data is collected in order to measure outcomes and effectiveness of the service
- Support the achievement of 4-week quits
- Contribute to reducing smoking prevalence in Salford

2.3 The LES for smoking cessation is designed to offer an enhanced level of service over and above the scope of Essential and Additional Services.

2.4 This service will provide a high-quality smoking cessation service to the local population and aims to treat at least 5% of the local population of smokers.

2.5 The LES aims to provide services at Level 2 of a tiered service model

Smoking cessation interventions are sometimes referred to as level 1, 2 or 3 services:

- Level 1 - brief interventions which can be delivered by any stop smoking service provider working with members of the public.
- Level 2 - one-to-one interventions delivered on a weekly basis by trained healthcare professionals, e.g. pharmacists, practice nurses, specialist nurses, allied health professionals.
- Level 3 services are provided by trained specialist advisers one to one or in a group and support smokers with complex medical histories, or those who have made repeated quit

attempts.

3. Service Users

3.1 The stop smoking service will be an open access service provided to all patients who are smokers.

4. Service Requirements

Level 1 service (Not Funded)

Routine opportunistic screening and signposting / referral to Stop Smoking Service (within the practice or to level 3 providers)

This should be part of normal care and identification of smokers contributes to GP QoF points

Level 2 service (Funded)

Deliver a comprehensive stop smoking service for patients / clients (Group 1) aimed at reducing smoking prevalence with ongoing motivational support for up to one year (see service description)

Level 3 service (Not Funded)

Specialist structured support for Group 2 patients / clients.

Primary care staff will be required to refer patients / clients to this service if they have made 3 attempts to quit through their Level 2 service provision or if they are identified in Group 2.

5. Assessment

Assessments should be carried out in accordance with the following standards:

The **initial assessment and consultation** should include:

- an assessment of the person's readiness to make a quit attempt
- an assessment of the person's willingness to use appropriate treatments.
- a carbon monoxide (CO) test and an explanation of its use as a motivational aid
- a description of the effects of second hand smoke on children and adults
- an explanation of the benefits of quitting smoking
- a description of the main features of nicotine withdrawal symptoms and the common barriers to quitting

It should also:

- identify treatment options that have proven effectiveness
- describe what a typical treatment programme might look like, its aims, length, how it works and its benefits
- apply appropriate behavioural support strategies to help the person quit
- conclude with an agreement on the chosen treatment pathway, ensuring the patient's support and monitoring arrangements are agreed and a process identified including return / review appointments booked
- agree and plan a quit date

6. Service Description

6.1 Provision of an in-house structured quit programme for patients who have been identified as motivated to quit in line with Department of Health minimum standards. This programme is

delivered for a maximum period of six months per client to prevent relapse and reduce smoking prevalence.

- 6.2 **Offer weekly support for at least the first four weeks of a patient's quit attempt.** Adequate contact time should be offered for the initial pre-quit appointment to the 4 week assessment. It is recommended that this is linked to the issuing of the prescription for smoking cessation medication.
- 6.3 **Follow up at 4 weeks from the set quit date should occur within 6 weeks.** Wherever possible, patients should be seen in person for follow up. Up to 3 attempts should be made to reach the patient by telephone or by letter; any patient not contacted after 3 attempts should be classed as 'lost to follow-up'. All attempts should be recorded in order to qualify for payment.
- 6.4 **Confirm the smoking status of all clients reporting as having quit smoking at 4 weeks, by the use of a carbon monoxide monitor.** The result should be recorded for monitoring purposes, where attempted and the service provider should aim to achieve 85% CO validation as identified in the DoH Service and Monitoring Guidance 2012/13.
- 6.5 **Offer on-going motivational support to the patient.** For 4 week quitters, the support may be offered by telephone where appropriate and can include referrals for group support.
- 6.6 **Complete the monitoring forms** (or enter directly onto the web-based system Quit With Us) for all smokers who have identified a quit date and attempted to quit with support
- 6.7 **Return monitoring information to the Health Improvement Service on completion,** having ascertained the quit outcome at 4 weeks.
- 6.8 **From April 2014 providers of stop smoking services will be required to note on the monitoring form (or on Quit With Us) whether the patient is using an unlicensed nicotine product such as an electronic cigarette and a revised data collection form will be provided for this purpose.**
- 6.9 The service will provide support for those using non-smoked tobacco or nicotine products, e.g. oral tobacco products, or electronic cigarettes. A minimum of 4 weeks support should be offered. Patients can have prescribed NRT for up to 12 weeks if required. Data regarding the numbers and demography of clients using the service should be routinely collected from April 1st 2014 on the revised stop smoking service monitoring form and submitted to the commissioner on a quarterly basis.

7. Accreditation / Training Requirements

- 7.1 All staff engaged in stop smoking service provision must be trained to minimum standards as outlined in the National Centre for Smoking Cessation Training (www.ncsct.co.uk) and should be aware of current NICE recommended smoking cessation treatments. The purpose is to improve the effectiveness of stop smoking services by raising the quality of the training provided to smoking cessation advisers.
- 7.2 All staff providing stop smoking services should have an annual update to ensure delivery of best practice and support their continuing professional development (this may be a short lunchtime session or e-learning).
- 7.3 Support to practices will be provided by Specialist Stop Smoking Advisors for training and advice on establishing and improving services. Other support can be negotiated with the

Health Improvement Service in the council on an individual basis,(0800 952 1000).

- 7.4 All staff providing stop smoking services should be familiar with the use of and be able to maintain the carbon monoxide monitoring machine ie replace the battery. Annual calibration is available from the Health Improvement Service.

8. Referral pathways

- 8.1 A brief intervention (level 1) to identify smokers will be undertaken and a referral made to an appropriately trained Level 2 advisor for an intermediate intervention, for discussion about approaches to quitting and use of the evidence-based medications and support¹.
- 8.2 For patients who have made several quit attempts, or who need more behavioural support, referrals should be made to the Specialist Service within the Health Improvement Service 0800 952 1000

9. Clinical Governance

- 9.1 The provider will carry out the services in accordance with best practice and shall comply in all aspects with the standards and recommendations contained in the statement of Clinical Governance National Minimum Standards and issued by the National Institute of Clinical Excellence; or issued by the relevant professional body.
- 9.2 The service should operate within the provisions of **NICE public health guidance 10** and the **NHS Stop Smoking Services: service and monitoring guidance 2012/13**.
- 9.3 Service providers should also be familiar with the guidance provided in the document '**Varenicline for smoking cessation**' **NICE technology appraisal guidance 123**.
- 9.4 The service provider should adhere to the quality standards outlined in NHS Stop Smoking Services: service and monitoring guidance 2012/13.
- 9.5 The service provider will comply with any other quality standards as agreed in writing from the commissioners.
- 9.6 The provider will ensure that:
- staff are informed of and aware of the standard of performance required and are able to meet that standard
 - adherence of staff to such standards of performance is routinely monitored and action taken where needed to remedy and meet the standards

10. Reporting Requirements

- 10.1 The provider shall report the following for the Locally Enhanced Service Levels 1 and 2 stop smoking service.
- The electronic 'Gold standard' reporting form is to be returned to the Health Improvement Service with **17 working days** of the quit date and upon immediate completion following assessments.

¹ NHS Stop Smoking Services: service monitoring and guidance 2012/13. Department of Health

Reporting requirement	Description	
Service: Stop Smoking Levels 1 and 2	Commence assessment form Part 1 when the patient sets a quit date	Week 1
	Complete assessment form Part 2 for 4 week follow up from the quit date	Weeks 4 - 6

A CO-verified four-week quitter = a self-reported quitter (who has set a quit date as above) whose expired air CO reading is assessed 28 days from their quit date (-3 days or +14 days) and whose CO is found to be less than 10ppm.

11. Key Performance Indicators

11.1 Reducing smoking in the population is a government priority and there are three smoking-related Public Health Outcomes 2013 - 2016:

- **To reduce smoking prevalence among adults (aged 18 or over) to 18.5% or less**
- **To reduce smoking prevalence among young people** particularly smoking among 15 year olds to 12 per cent or less
- **To reduce smoking during pregnancy to 11% or less** (measured at the time of giving birth)

11.2.1 The Provider will be assessed against the following key performance indicators for their stop smoking service:

The practice should contribute the following number of 4 week quitters based on a formula:
 Number of patients aged 18+
 Estimate 30% smoke
 Estimate 20% will want help to quit

11.3 Audit of practice

11.3.1 Identified within the Service and Monitoring guidance all providers will be audited should they fail to achieve 35% quit rate or achieve over 70% quit rate.

11.3.2 Feedback on service performance will be given after the quarterly submission dates (these are generally 10 weeks after the end of the financial quarter).

11.3.3 Providers are required to keep all relevant records for a minimum of one year, to allow for possible auditing.

11.4 **Department of Health definition of a 4 week quitter** is a patient who is followed up after 4 weeks from setting their quit date and may have had a lapse ie have had the occasional cigarette in the first 2 weeks followed by 2 clear weeks of not smoking to be counted as a successful quitter.

This may be summarised as:

Lapse	Relapse	Total collapse
Very occasional cigarette	Few times per week	Back to previous smoking levels

12. Finance

12.1 Each practice contracted to provide smoking cessation support in accordance with DH guidelines will be eligible for retrospective payment based on return of DH monitoring forms with the

4 week follow up. Carbon monoxide (CO) validation should be attempted wherever possible to validate the 4 week quit.

Payment will be £8 for an intermediate intervention plus £22 for a 4 week quit (CO validated wherever possible) this will begin for patients setting a quit date from April 1st 2014

No Payment Will be made for an unknown outcome or for a patient who has not quit at the 4 week follow up or if the data submission is late for the end of the year (**final date for submission for 2014/15 is 31st May 2015.**)

Data return dates: Quarter 1, for patients setting a quit date in April, May and June all initial and follow up forms should be returned by **31st August 2014**
 Quarter 2 - quit dates set in July, August, September – return data by **30th November 2014**
 Quarter 3 – quit dates set in October, November and December – return data by **28th February 2015**
 Quarter 4 – quit dates set in January, February and March – return data by **31st May 2015**

Payment The Department of Health requires CO validation at the 4 week follow up wherever possible. However, if the patient self-reports that they have definitely quit, but firmly declines to attend for the CO validation at any of the attempted contacts, the practice will be paid for the quit. Three attempts should be made to contact the patient to find out if they have quit (which should be documented on the monitoring form).

12.2 NRT supply

Nicotine Replacement Therapy should be dispensed under this scheme for up to 12 weeks then reviewed. It is recommended that this is dispensed weekly for the first 2 weeks and then every two weeks after this time.

Varenicline (Champix) and Bupropion (Zyban) are also recommended by NICE as front line treatments.

Prescribed Medication Costs for smoking cessation as at 28th July 2011

Drug	Mode of Action	Type of trial	Side Effects	Cost
Nicotine Replacement Therapy 6 formulations: Patches Gum Microtab Lozenge Nasal Spray Mouthspray	Central	Concomitant support + drug	Nausea, dizziness, headache	Approx £100 -for a 10 to 12 week course of patches. This would increase to £150 if the formulation was the nasal spray or mouth spray. License also allows dual prescribing eg patch and gum which would increase the cost
Champix (Varenicline)	Central	Concomitant support + drug	Nausea, abnormal dreams and insomnia	£163.80 for a 12 week course License allows for a further 12 weeks treatment
Zyban (Bupropion)	Central	Concomitant support + drug	Dry mouth, gastrointestinal disturbances, insomnia, tremor, SCM	£95 for a 9 week course

			advice – contra- indicated in patients with history of seizures or eating disorders	
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12.3 Patients / clients that would benefit from a referral to the Specialist Stop Smoking Service either 1:1 or group support:

- Smokers who have had several previous unsuccessful quit attempts in one year
- Smokers with identified co-morbidities – CVD; CHD; Diabetes; COPD
- Families who want a collective quit attempt
- Pregnant smokers
- Children and young people (those aged under 16 years old)
- Other identified clients requiring significant psychological support to quit
- Have specific /specialist needs relating to a minority or ethnic group
- Require a home visit owing to pregnancy, disability or being too unwell to attend a clinic

3. Location of Provider Premises

The Contractor is required to deliver the services detailed in this specification from:

Name of Branch 1
Address 1
Address 2
Address 3
Address 4
Postcode

Name of Branch 2
Address 1
Address 2
Address 3
Address 4
Postcode

4. Required Insurances

APPENDIX E

CHARGES

Payment will be £8 for an intermediate intervention plus £22 for a 4 week quit (CO validated wherever possible) this will begin for patients setting a quit date from April 1st 2014

Salford City Council reserves the right to revise fees.

All contractors must submit an invoice and audit data in a timely manner. Payments will not be made if audit data is not submitted. Any invoice which relates to work completed more than four months ago will not be paid. The payment process is outlined overleaf.

GP Claim Form



Blank Invoice
Monitoring and Interv

ALL CHARGES, UNLESS OTHERWISE STATED, ARE INCLUSIVE OF VAT.

GP Practice process for Recording and Claiming payment for Smoking Cessation
 Monitoring and Successful Quitters – Quarterly

