

SECTION B PART 1 - SERVICE SPECIFICATIONS

Mandatory headings 1 – 5. Mandatory but detail for local determination and agreement.

Optional heading 6. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement.

| | |
|---------------------------|---|
| Service Specification No. | |
| Service | Local Enhanced Pharmacy Intermediate Stop Smoking Service |
| Commissioner Lead | Marie Demaine – Senior Public Health Practitioner – Behaviour Change Health Equity, Welfare and Partnerships Lancashire County Council |
| Provider Lead | Philip Gooden – Strategic Lead for Integrated Community Wellbeing, Lancashire Care NHS Foundation Trust |
| Period | 12/5/19 – 31/3/20 |
| Date of Review | January 2020 |

1. Population Needs

1.1 National/local context and evidence base

Smoking remains one of the most significant contributors to premature mortality and ill-health. Reducing the number of people who smoke is a key public health priority.

While rates of smoking have continued to decline over the past decades, around 20 per cent of adults in England still smoke, 20.6 percent in Lancashire County and 20.6% in the East locality and 21.8% in the Central locality¹.

Smoking prevalence is higher in particular neighbourhoods or among particular population groups, such as routine and manual workers. The percentage of pregnant women smoking at time of delivery in 2013/14 in East Lancashire was 18.0% and in Central Lancashire was 16.8% compared to 12.0% nationally²

Smoking is the primary cause of preventable morbidity and premature death. Deaths caused by smoking are more numerous than the next six most common causes of preventable death combined (i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse)³.

Tobacco does not only affect those individuals who smoke. Evidence shows that there is a clear link between exposure to environmental tobacco smoke and a 25% increased risk in non-smokers of developing CHD and lung cancer and a 75% risk of stroke⁴. 37% of children in England are exposed to tobacco smoke within the home. Children's

¹ Public Health Outcomes Framework (2014) *Smoking Prevalence 2013*. PHOF, November 2014.

² NHS Information Centre for Health and Social Care (2013). *Statistics on women's smoking status at time of delivery: England*.

³ The Information Centre for Health and Social Care (2012). *Statistics on Smoking: England, 2012*.

⁴ Scientific Committee on Tobacco and Health Great Britain (SCOTH) (1998) *Report of the Scientific Committee on Tobacco and Health*. London: TSO 1998 and Scientific Committee on Tobacco and Health Great Britain (SCOTH) (2004) *Secondhand smoke: Review of evidence since 1998*. Scientific Committee on Tobacco and Health (SCOTH), November 2004.

exposure to tobacco smoke leads to an increased risk of sudden infant death syndrome, developing respiratory disease, glue ear and coronary heart disease in later life⁵.

Healthy Lives, Healthy People: A tobacco control plan for England⁶ describes how tobacco control will be achieved within the public health system. With a focus on reducing prevalence and supporting local areas to achieve tobacco control it sets out the following national ambitions:

- To reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less (from 20 per cent).
- To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less (from 11 per cent).
- To reduce rates of smoking throughout pregnancy to 11 per cent or less (from 12.7 per cent) (measured at time of giving birth).

One of its key commitments is to encourage more smokers to quit by using the most effective forms of support, through local stop smoking services. There is strong evidence for the provision of smoking cessation support and NHS Stop Smoking Services are a key part of tobacco control and health inequalities policy both at local and national level⁷. Evidence based Stop Smoking Services are highly effective both clinically and in terms of cost. They should therefore be offered to all smokers.

The Public Health Outcomes Framework includes adult (aged 18 or over) smoking prevalence in England as one of the indicators for its health improvement aspirations. Upper tier local authorities are responsible for developing and meeting targets for adult smoking prevalence which reflect local priorities and needs.

2. Scope

2.1 Aims and objectives of service

Aims

The Intermediate Stop Smoking Service will deliver smoking cessation treatment stipulated by this specification. The service will be responsible for maintaining the quality of treatment delivered in line with the quality principles set out in this specification and for ensuring that client data confidentiality is protected in line with agreed protocols. The service will provide comprehensive and consistent smoking cessation treatment for smokers in Lancashire who wish to quit, which is equitable and accessible and which meets local authority targets and aspirations.

The service will assist to deliver particularly target geographical areas of high deprivation and priority these groups in order to reduce health inequalities.

The service will respond to the needs of the population in different parts of the local authority area, and will engage with and support the wider tobacco control agenda.

Objectives

⁵ Royal College of Physicians (2010). Passive smoking and children. A report by the Tobacco Advisory Group. London: RCP, 2010.

⁶ Department of Health (2011). *Healthy Lives, Healthy People: A Tobacco Control Plan for England*.

⁷ Department of Health (2008) *Excellence in tobacco control: 10 high impact changes to achieve tobacco control*. DH

⁸ West R. et al (2000) *Smoking cessation guidelines for health professionals: an update*. Thorax 55(2):987-99

- Contribute to achieving the 4 week quit target in LCFT NHS Stop Smoking Specialist Service.
- Work with LCFT NHS Stop Smoking Specialist Service to achieve an integrated service.
- Reduce smoking by provision of evidence based cessation advice and support.
- Provide targeted interventions in areas or groups with high prevalence, as a contribution to reducing inequalities in health related to smoking.
- Achieve optimal success rates for interventions provided.
- Provide smokers with effective, flexible and quick access to stop smoking support.
- Achieve smoking cessation and associated targets.
- Engage with smokers to provide services that are responsive.
- Ensure the service provides optimum reach and achieve optimal success rates for interventions provided.
- Provide evidence based interventions with accurate activity monitoring information and timely data on smoking status for the local Stop Smoking Service.
- Raise awareness of the harms associated with smoking and awareness of stop smoking support through local promotion in clinics that you provide in.
- Deliver stop smoking interventions across community, health and workplace settings.
- Work in partnership with the Stop Smoking Specialist Service to support the wider tobacco control agenda;
- Provide regular service user feedback to inform service improvements by conducting regular audits;
- Promote the Lancashire Smokefree Homes programme.

The service will improve patient health and wellbeing by supporting cessation of tobacco use. This will lead to improved health outcomes including; prevention of smoking related disease; preventing the worsening of existing smoking related disease; in some cases reversing existing harms to health; improving financial outcomes.

2.2 Service description/care pathway

Service model

The Intermediate service will assist the lead provider of Specialist Stop Smoking Services for LCFT within a wider programme of tobacco control. The Service will operate within the framework of a behaviour change model which is evidence based, and will comply with the quality principles for the provision of Stop Smoking Services set out by the Department of Health guidance.⁹ However within this broad framework there is flexibility for a range of approaches to fulfil the objectives outlined above

The service will be community focussed to provide a service which meets smokers' needs and offers a wide range of options, including motivational interviewing and some elements of cognitive behavioural therapy. Within these options provision should be made for highly dependent smokers or other categories of client who require an intensive level of support. The flow chart at Appendix 2 provides further details.

The Service will provide a variety of intervention types as set out in the NHS Stop Smoking Services Service and Monitoring Guidance 2011/12 (and any subsequent guidance) including;

- Face to face one to one support
- Telephone Support
- Drop in Support

⁹DH (October 2012), Local Stop Smoking Services: key updates to the 2011/12service delivery & monitoring guidance for 2011/12

- Text based support
- Couple/family support
- Open (Rolling) Group Support

Each type of intervention will provide multiple sessions of behavioural support, structure and approved pharmacotherapy with validation through Carbon Monoxide monitoring. For those interventions where there is insufficient evidence for a recommendation to be made the service should follow the guidance and evaluation of the DH and contribute to the evaluation process.

The service will offer support for at least 12 weeks and in some case longer dependant on client needs. A reducing to quit programme for up to two weeks will be provided if appropriate¹⁰. A quit attempt should then be made. Complete cessation must be no later than 14 weeks. The reducing to quit programme should not be offered to pregnant or breastfeeding clients. Data regarding the numbers and demography of clients and quit rates using this service should be routinely collected and submitted to the commissioner on a quarterly basis.

The client should be able to re-access the service at any time in order to make another quit attempt, or to receive further support to maintain their smokefree status.

The service must ensure that staff delivering the service are appropriately trained on training in smoking cessation treatments to at least level 2 of the National Centre for Smoking Cessation and Training¹¹, receive the support they need to carry out their roles and remain up to date with national guidance and research developments. The service must be prepared for possible audits of their operations at any time and should maintain detailed records of their activities for inspection. Relevant records should be kept for a minimum of 2 years.

The service will support communications strategies on smoking cessation and tobacco control in partnership with the LCFT Specialist Stop Smoking Service. The DH Smokefree campaign brand and all logos from the Specialist Stop Smoking Service should be used on all client information and promotional materials.

Service quality and client confidentiality

The service will be responsible for maintaining the quality of treatment delivered and for ensuring that client data confidentiality is protected in line with agreed protocols.

Location(s) of service delivery

The service will assist the Specialist Stop Smoking Service to situate clinics and group sessions in venues which are as accessible as possible, taking into account public transport links, suitable premises and level of demand, and in particular disadvantaged groups and areas where smoking prevalence is known to be high. Venues will include: primary care settings, leisure centres, acute health settings (hospitals, mental health and maternity units), community venues, higher education establishments and other satellite services.

The Service will form part of an integrated framework of stop smoking support in LCFT NHS Lancashire. Coordination and support will be undertaken by LCFT NHS Lancashire Specialist Stop Smoking Service which will ensure compatible governance arrangements are in place to monitor and oversee the quality of the all services provided.

¹⁰ NICE (June 2013) Guidance on tobacco: harm-reduction approaches to smoking

¹¹ <http://www.ncsct.co.uk/>

Days/hours of operation

The Service will offer support 52 weeks per year excluding Bank Holidays.

Pharmacotherapy

The service will facilitate the appropriate use of NICE recommended pharmacotherapy products to maximise the chance of successful quit attempts. All current and any new NICE-recommended smoking cessation products should be made available to smokers who want to quit as first line treatment options as soon as possible, and explained to the client to enable them to make an informed choice. Currently, NRT is available for smokers accessing the service via a local voucher scheme and NHS prescription. Other pharmacotherapy is available via NHS prescription, usually from the client's GP. The service should ensure that all pharmacotherapy is provided to clients in accordance with relevant NICE guidance^{12 13}, LCFT Medicines Policy and local prescribing guidelines.

Infection Control

The service should have systems in place for control of infection particularly with regard to CO monitor use as outlined in the Department of Health guidance.

Governance

The Service should have systems in place for clinical governance, monitoring and quality assurance of the service. The Services will ensure client confidentiality is maintained and that storage and use of records and data complies with data protections requirements.

Safeguarding

The service should have systems and procedures for safeguarding in line with LCFT policy and procedures.

Interdependencies

- LCFT NHS Lancashire Stop Smoking Service and other providers e.g. community pharmacies
- Links to NRT voucher scheme
- Links to Weight Management, Health Trainers and other Healthy Lifestyle Services

Facilities and Equipment

The service should include all required facilities and equipment to provide effective and efficient stop smoking support. The service must have a suitable private room for client appointments, and other relevant resources and equipment such as patient information and visual aids. Carbon monoxide monitors will be supplied by LCFT NHS Lancashire Specialist Stop Smoking Service to Service providers and will remain the property of LCFT. In the event of the service no longer being provided the CO monitor will be returned. LCFT NHS Lancashire Specialist Stop Smoking Service will provide calibration of monitors on request; however the Service is responsible for arranging this at the appropriate intervals in line with

¹² National Institute for Health and Clinical Excellence (2007) *Varenicline for smoking cessation*. NICE

¹³ National Institute for Health and Clinical Excellence (2008) *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*. NICE

the manufacturer's recommendations. In the event of the CO monitor being lost or damaged through improper use, it will be the responsibility of the Intermediate Service to purchase a replacement

Brief advice/intervention and specialist training

The service will ensure that staff delivering the service are appropriately trained on training in smoking cessation treatments to at least level 2 of the National Centre for Smoking Cessation and Training¹⁴, receive the support they need to carry out their roles and remain up to date with national guidance and research developments. The service must be prepared for possible audits of their operations at any time and should maintain detailed records of their activities for inspection. Relevant records should be kept for a minimum of 2 years.

Skills, competences and qualifications

New stop smoking advisers must have successfully completed Stage 1 of the NHS Centre for Smoking Cessation and Training (NCSCT) and shadow Specialist Stop Smoking Advisers for min 5 -10 hours or when competent before delivering unsupervised smoking cessation interventions. In addition all trained advisers must attend an annual update provided by the specialist stop smoking service. Current and new advisers must undertake Stage 2 assessment and possess NCSCT certification within six months. Further guidance can be found on the NCSCT website, at http://www.ncsct.co.uk/publication_training-and-assessment-programme.php

Marketing and promotion activity

The service will contribute to and support local, sub-national and national communications strategies on smoking cessation and tobacco control in partnership with the NHS, local government and non-governmental agencies. The service will also promote the annual No Smoking Day, Stoptober and any other campaigns as required. It will ensure all promotion is in line with DH guidance.

The service will use social marketing approaches to ensure the service is based on smokers' needs and meets their expectations.

Data Collection, analysis and submission

The service must provide activity data on all clients treated to LCFT NHS Specialist Stop Smoking Service for inclusion in the returns. The attached template should be completed as soon as the 4 week outcome has been obtained. This needs to be between day 25 and 42 and submitted no later than day 42 to the Specialist Stop Smoking Service as required using the standard template attached which allows information to be analysed on client access and outcomes by socio-economic group, geographical area, age, gender, ethnicity, adherence rates and treatment choice. All fields should be fully completed and the form signed. Clients should be asked for their consent to the Specialist Service contacting their GP if needed.

4 week quits that have not been the result of interventions delivered by Stop Smoking Service staff or their trained partners may not be included in the monthly or quarterly data returns. For definitions see the diagram at appendix 1, from "Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12".

¹⁴ <http://www.ncsct.co.uk/>

Care pathway(s)

The service will provide advice and information on weight management, healthy eating, physical activity, NHS vascular health checks and other healthy lifestyle issues, including sources of support, and signpost or arrange referral where indicated.

The diagram at Appendix 3 illustrates the different levels of support the provider will be expected to deliver according to the needs of the clients.

Prevention, self-care and patient information

Appropriate advice and information will be given to all clients and carers regarding:

- pharmaceutical products,
- relapse prevention,
- behaviour change maintenance,
- CO monitoring and choice of intervention

in line with NHS Stop Smoking Services Service and Monitoring Guidance 2011/12 (and any subsequent guidance)

The service will be available for on-going telephone support for those clients currently accessing the service who are experiencing difficulties such as medication side effects, to liaise with Stop Smoking Service prescribers where necessary and to be responsible for producing yellow card reports to the CSM where appropriate.

The service will assist the Specialist Stop Smoking Service with 'Supporting a Smokefree Pregnancy Scheme,' provide information, actively recruit, and refer women that are eligible into the programme to the specialist service.

The service will encourage smokers to access treatment and also as motivational support for clients.

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.

The service will also promote the Lancashire Smokefree Homes Scheme and actively obtain pledges from clients to implement a Smokefree home and car.

2.3 Population covered

The service should be available to all residents in East and Central Lancashire who wish to stop smoking as well as those people who work in the locality but live outside the area. The service should not refuse clients who live in neighbouring areas but ensure that the East and Central Lancashire service is the one which is most convenient for them. The service should be available to anyone staying (e.g. in hospital), or registered with a GP within the boundary of East and Central Lancashire.

Prioritisation

While the service will have open access, priority groups are:

- Routine and manual workers, long-term unemployed and never worked groups

- Pregnant women and their partners
- Young People (16-25 years)
- Smokers living in disadvantaged areas
- Prisoners
- Black and Minority Ethnic communities
- Smokers within Acute and Mental Health Trusts
- Smokers within substance misuse services

2.4 Any acceptance and exclusion criteria

All smokers may be supported within the Stop Smoking Service who are

- Nicotine dependant
- Motivated to stop smoking
- Wish to engage with the support on offer

The service is not expected to promote the service to children and young people (those aged under 16 years), but will provide support on request to any young person over 12 years. Requests to support a child who is younger than 12 years will be assessed for acceptability on a case by case basis. Parental support is encouraged but not essential.

It is recognised that many smokers will require multiple attempts to quit and should be offered recurrent support in line with the NHS Stop Smoking Services - Service and Monitoring Guidance 2011/12.

Only clients who are unable or unwilling to accept treatment at the time will be excluded. However the service can refuse to support individuals who are abusive to staff or cause damage to property or venues, or who fraudulently attempt to obtain medication.

Repeat quitters are welcome to re-attend the service after a smoking adviser has assessed their readiness to make another quit attempt. The client should then start a new treatment episode. (See flow chart at Appendix 1)

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College

All services delivering should comply with the national guidance,¹⁵ and should be underpinned by the evidence base contained within the following documents:

- Healthy Lives, Healthy People: A tobacco control plan for England. (HM Government March 2011)
- Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12 (Department of Health, October 2012)
- Healthy lives, healthy people: Improving outcomes and supporting transparency,

¹⁵ Department of Health (2011) *NHS Stop Smoking Services: Service and monitoring guidance 2011/12. DH*

Department of Health, January 2012.

To qualify as an NHS Stop Smoking Service provider you must meet minimum quality standards. The Stop Smoking Service will be underpinned by the following evidence based practice from authoritative sources particularly:

- Thorax Guidelines
- Update Thorax Guidelines
- NICE Guidance on the Use of NRT and Bupropion
- NICE Guidance on Workplace Interventions to Promote Smoking Cessation
- NICE Guidance on Smoking Cessation Services
- NICE Guidance on the use of Varenicline
- NICE Guidance on Brief Interventions and Referral in Primary Care and other settings
- NICE Guidance on workplace smoking
- NICE Guidance on smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual groups, pregnant women and hard to reach communities
- NICE Guidance on Preventing the uptake of Smoking by Children and Young People
- NICE Smokeless tobacco cessation-South Asian Communities
- NICE Guidance on tobacco: harm-reduction approaches to smoking
- NICE Guidance on smoking cessation in secondary care: acute, maternity and mental health services
- All NICE Technological Appraisals for Smoking related Pharmacotherapy, including Champix.
- Standards for training in smoking cessation treatments
- Improving services for tobacco control, Health Care Commission

And any others which are developed.

3.2 Applicable local standards

Response times

Clients should be offered an appointment on the time, day and venue of their choice. The waiting time for an appointment should not exceed 1 week.

Business continuity

The service will have a plan to ensure business continuity in the event of reduction in capacity which may affect the delivery of the service. Must ensure that client appointments are not cancelled due to sickness, other absences. If the service likely to be disrupted, you should contact the Specialist Service Manager immediately.

4. Key Service Outcomes

1.1 Expected Outcomes The Service is to assist the Specialist Stop Smoking Service to achieve the following

- A reduction in smoking prevalence and the number of smokers across East and Central Lancashire
- A reduction in health inequalities by ensuring that the support services are aimed at target populations:
 - Routine and manual workers, long-term unemployed and never worked groups
 - Pregnant women and their partners.
 - Smokers residing in disadvantaged areas.

- Black and Minority Ethnic communities.
- Smokers within Acute and Mental Health Trusts.
- Smokers within substance misuse services.
- A reduction in the risk of developing smoking related conditions, including COPD;
- A reduction in exposure to secondhand smoke and associated risks
- Improved patient satisfaction;
- Improved coordination and access to services;
- Improved information about stop smoking support and interventions;
- More frontline staff engaging with Stop Smoking Services and referring or delivering stop smoking interventions;
- Integration into the wider tobacco control agenda.

Service user experience

All prospective clients will be contacted by the service within 2 working days of their initial enquiry. Waiting time for appointments should not exceed 1 week.

Improving service users and carers experience

At least 80% of clients should be satisfied with the service provided.
All clients withdrawing from treatment will be contacted to establish why.

Reducing barriers

Services will be as flexible and accommodating as possible in terms of location, times of operation, language etc and will record any instance where it has not been possible to meet a clients' request for treatment.

Improving productivity

The quit rate should not be below 35% and the lost to follow up rate for smokers setting a 4 week quit date should be less than 20%.

Access

The service should aim to treat at least 10% of the local population of smokers with a higher proportion coming from wards identified as more deprived. Plan to be agreed with commissioner to identify priority wards.

Outcomes

The service should aim to achieve a CO validation rate of 85% of reported 4 week quits
The service should achieve a success rate for 4 week smoking quitters of between 35 – 70%

Outcomes 2017/18

For 2017/18 the Provider(s) of the LCFT Lancashire Stop Smoking Service will continue to work towards meeting the following 4 week quitter targets for 2017/18 = East 3,165 Central 3,187, North 2,471 and West 759 validated quitters.

Service Review Meetings

It is expected that the service provider will participate in regular review meetings at the invitation of the Specialist Service Manager.

| Activity Performance Indicators | Threshold | Method of measurement | Consequence of breach | Report Due |
|--|---|------------------------------|---|-------------------|
| Assist Specialist Service to achieve 3,165 East, 3,187 Central, 2,471 North and 759 West validated smoking quitters in 2017/18 | East 3,165 Central 3,187 North 2,471 West 759 | Quarterly returns | Service review to identify actions to improve performance. Possible withdrawal of contract. | Quarterly |
| Assist Specialist Service to achieve pregnant women to be successfully stopped smoking at 4 weeks | East 80 Central 86 North 45 | Quarterly returns | Service review meeting to identify actions to improve performance | Quarterly |
| Assist Specialist Service to achieve at least 6% quits to come from BME groups | N/A | Quarterly returns | Service review meeting to identify actions to improve performance | Quarterly |
| Assist Specialist Service to achieve at least 50% of smoking quits to come from routine and manual workers, long-term unemployed and never worked groups | N/A | Quarterly returns | Service review meeting to identify actions to improve performance | Quarterly |
| The service should achieve a success rate for 4 week smoking quitters of between 35 – 70% | N/A | Quarterly returns | Service review meeting to identify actions to improve performance | Quarterly |
| The service should aim to achieve a CO validation rate of 85% of reported 4 week quits | N/A | Quarterly returns | Service review meeting to identify actions to improve performance | Quarterly |
| Assist Specialist Service to achieve at least 50% of quits pledge to adopt a smokefree home and car | N/A | Quarterly returns | Service review meeting to identify actions to improve performance | Quarterly |
| Improve productivity | The lost to follow up for smokers at 4 week quit date should be less than 20% | Quarterly returns | Service review meeting to identify actions to improve performance | Quarterly |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

5. Location of Provider Premises

The Provider's Premises are located at:
Pharmacies

6. Individual Service User Placement

8. Activity

| Activity Performance Indicators | Threshold | Method of measurement | Consequence of breach | Report Due |
|--|--|------------------------------|---|-------------------|
| Number of smokers accessing the Intermediate Stop Smoking Service who are successfully quit smoking at 4 weeks | The service should aim to achieve an Indicative activity = 50 quits per year capped any over is paid at the discretion of the SSS | Activity monitoring forms | Service review meeting to identify actions to improve performance | Quarterly |
| Proportion of smokers who setting a quit date who are successfully quit at 4 weeks | Minimum quit rate of 35% | Activity monitoring forms | Service review meeting to identify actions to improve performance | Quarterly |

N.B In order to receive any payment all data returns must be sent to the NHS Stop Smoking Service no later than day 42 of setting a quit date

Process of payment

This will be submitted to LCFT finance department by the SSS following receipt of monitoring forms and will be paid at the end of each quarter. Please note, this is always 3 months behind due to the collection of data being submitted e.g Q4 payment Jan – March 2018 will be paid into agreed account in June 2018

Performance and activity data will be shared at the end of each quarter.

Payment will not be made for any of the following:-

- 1) If no quit date is set and 4 week outcome is not completed i.e. Quit, Not quit or lost to follow up (this must also include the date of last cigarette.)
- 2) Spontaneous quit (e.g. if client attends and has already quit smoking).
- 3) For any incomplete monitoring forms or consultation forms.

- 4) For any late returns of data (i.e. any data out of the 26 – 42 day period (from the client setting a quit date.)

9. Continual Service Improvement Plan

A Steering Group, comprising commissioners, provider representatives and other relevant personnel as necessary will meet on a regular basis to oversee progress against the service specification, including the targets, and agree any new procedures or changes necessary.

Data sharing of individual performance will be provided to each pharmacy at the end of each quarter.

This service specification will be reviewed initially after 6 months and thereafter on an annual basis within the contract period of the service level agreement, and will take account of emerging guidance from the NHS Centre for Smoking Cessation and Training.

Period of Notice

A minimum of 4 week notice will apply if either party withdraws from the agreement

10 Prices and Costs

| Basis of Contract | Unit of Measurement | Price | Expected Annual Contracted Value |
|-------------------|--|---|---|
| Cost per case | Smokers setting a quit date who are successfully quit at 4 weeks capped at 50 quits per annum any amount over 50 quits achieved to be reviewed by stop smoking service | <p>Client achieves 4 week quit (CO Verified) = £80.00</p> <p>Client achieves 4 week quit (Self Report) = £45.00</p> | <p>Total payment</p> <p>£80 on a successful 4 week CO verified quitter</p> <p>£45 for self-reported quit</p> |
| Bonus payments | 50 x 4 week quits co verified | | £250-00 |

Stop Smoking Payments Flowchart

Effective from 1st January 2012

Use this to be paid correctly!
Do NOT send any paperwork to LASCA

1st Client Visit

Complete in **FULL**, all sections of the referral form and Consultation page (white)

Make sure you have:-

- An agreed quit date
- It is signed and dated
- You have recorded voucher/champix request number

Keep client records until outcome obtained

4 Week Outcome – Not before Day 26 or later than Day 42

Confirm ONE of the following:-

- Quit Self Reported
- Quit CO-verified
- Not Quit
- Lost to Follow
- Spontaneous Quitter

Once an outcome is obtained, immediately fax the referral form and consultation page to the Stop Smoking Service 01254 283371

Send a covering note to help identify your Pharmacy and a list of the client's names attached

**IF YOU DO NOT SEND THIS 4 WEEK OUTCOME ALONG
WITH ALL THE INFORMATION NEEDED TO THE
NHS STOP SMOKING SERVICE BY DAY 60**

YOU WILL NOT BE PAID

| | |
|---|------------------|
| Signature of representative of NHS Lancashire Care Foundation Trust | |
| Signature | Designation..... |
| Date..... | |
| Signature of Pharmacy Contractor | |
| Signature | Date |
| Pharmacy Stamp | |
| | |

Please return a copy of the signed specification as follows:

Quit Squad

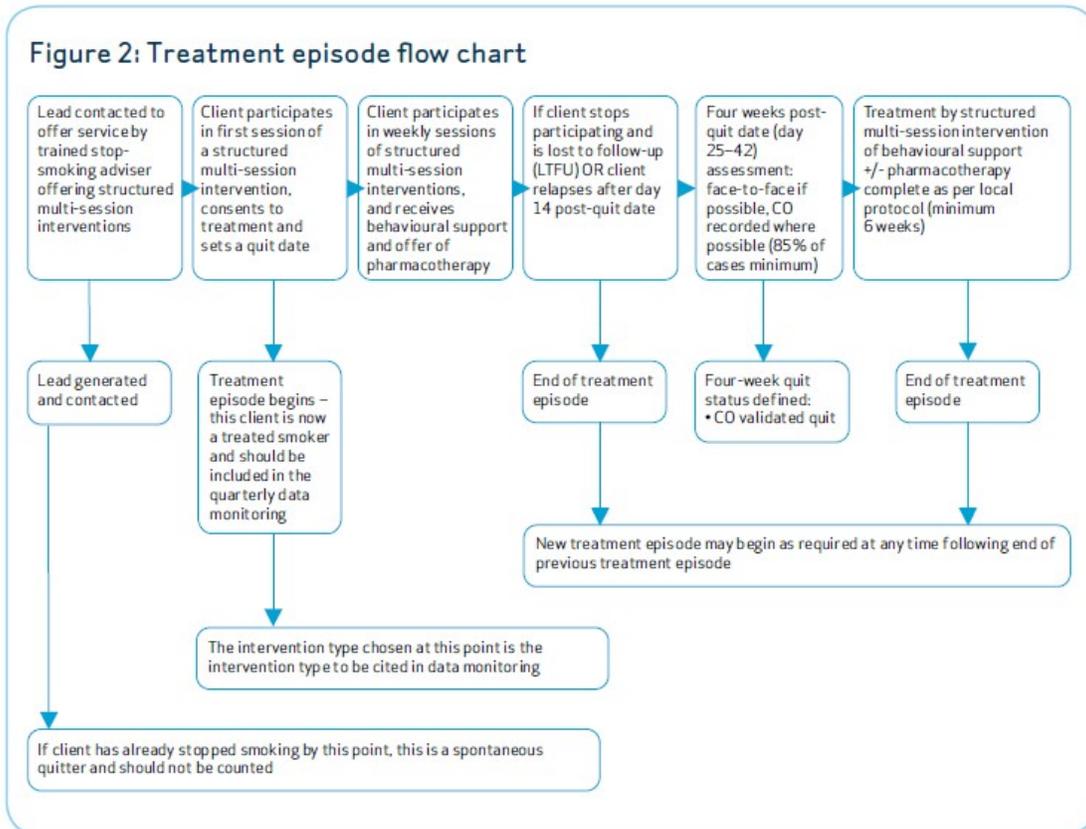
Tel - 0800 328 6297

Email - Quitsquad@lancashirecare.nhs.uk

Post - Quit Squad, Minerva Health Centre, Lowthorpe Road, Preston, PR1 6SB

Date of review: March 2019

Appendix 1: Local Stop Smoking Services: key updates to the 2011/12 service delivery & monitoring guidance for 2011/12, p 36

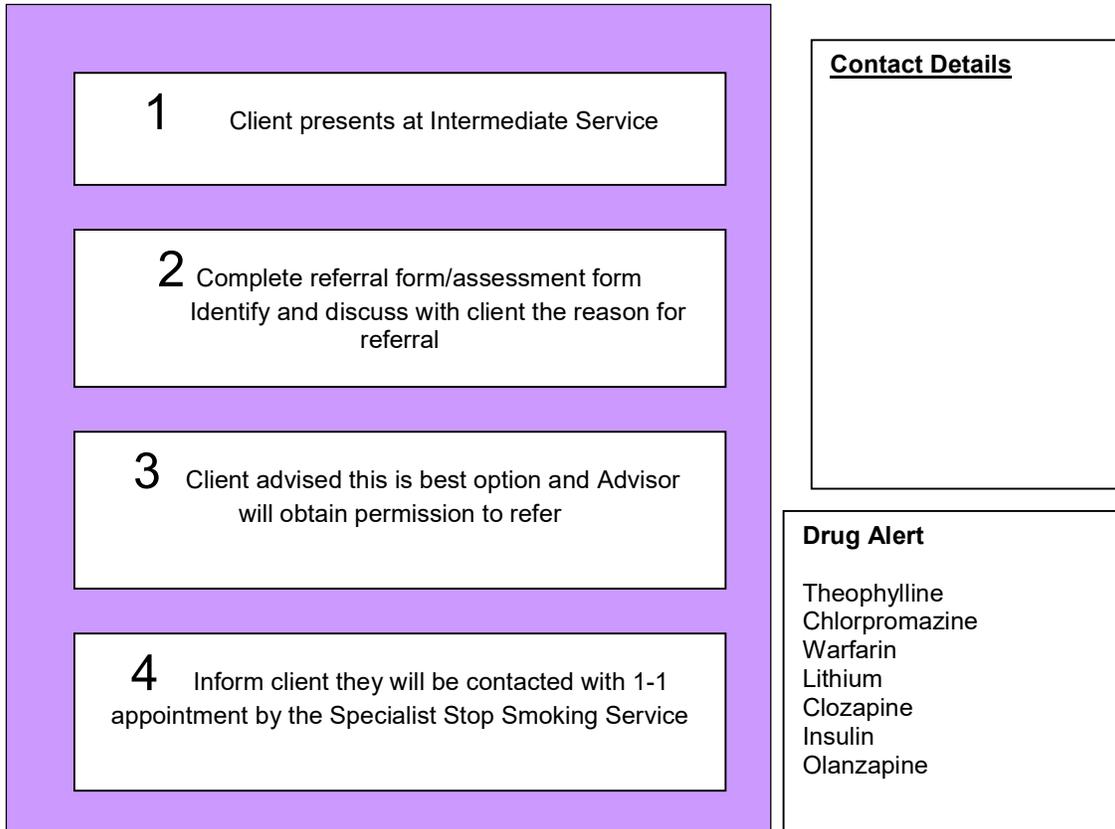


CRITERIA FOR CLIENT REFERRAL TO LEVEL 3 SPECIALIST SERVICE: FLOWCHART

Research has proven some patients with certain conditions can benefit from more intensive support from Specialist Services. The following should be referred to Specialist Advisors if the patient is willing and able to attend:-

- Nicotine Replacement Therapy (NRT) not tolerated
- More than **two** supported attempts at quitting
- Presents with history of long term use of NRT **OR** unable to discontinue NRT after 12weeks
- Smokeless Tobacco use
- Young persons under 16yrs
- Pregnancy. **Speak to a Specialist Level 3 Advisor prior to treating these clients**
- Health problems such as:
 - a) Established Mental Health Illness e.g. Bi-polar, Schizophrenia
 - b) Alcohol Dependence and Substance Misuse e.g. cannabis
 - c) Those with communication difficulties. E.g. hard of hearing, learning disability
 - d) Taking the drugs as indicated in Drug Alert box (see below)

In the above situations, if the client does not wish to be referred to the Stop Smoking Specialist Service, it is better they receive support rather than none at all, but if you are NOT a Pharmacist, then please discuss these clients with your Pharmacist and/or a Specialist Level 3 Advisor prior to treating.



Appendix 3:
Stop Smoking Service pathways

| |
|--|
| Level 3 |
| Clientele |
| All smokers including: ✓ Pregnant women ✓ Complex cases ✓ Repeat relapser's (after 2 attempts at Level 2) ✓ Children under 16 years |
| Services |
| ✓ Individual behavioural counselling ✓ Group behaviour therapy ✓ Assessment & referrals for Zyban (buroption) and Champix (varenicline) ✓ Referrals to other Healthy Lifestyle services ✓ Issuing of NRT Vouchers (NHS Voucher Scheme) |
| Referral Pathways |
| Self referral Other healthcare professionals and community workers Secondary Care Maternity services |



| |
|---|
| Level 2 |
| Community Pharmacies and other providers signed up and accredited to provide a LES or other sub-contracted service. Contact details will be distributed |
| Clientele |
| All smokers with the exception of: ✗ Pregnant women ✗ Complex cases ✗ Relapser's, up to & including 2 attempts at Level 2. ✗ Children Smokers under 16 years ✗ Clients requesting the use of Champix (varenicline) |
| Services |
| ✓ Individual behavioural counselling ✓ Referrals to Level 3 ✓ Referrals to other Healthy Lifestyle services ✓ Behavioural change support and advice ✓ Issuing of NRT Vouchers (NHS Voucher Scheme) |
| Referral Pathways |
| Self referral Other healthcare professionals and community workers |



To be referred to Level 3
 Contact details
 Appendix 1

Level 1

It is also recommended that all other staff adopt the Very Brief Advice – 30 seconds to save a life model within day to day practice. There will be no additional payments attached to this as it is regarded as basic day to day health promotion.

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|---|
| VERY BRIEF ADVICE (AAA) - 30 seconds to save a life |
| 1. ASK and record smoking status Smoker- ex - smoker – non smoker |
| 2. ADVISE patient on health benefits Stopping smoking is the best thing you can do for your health |
| 3. ACT on patients response Build confidence, give information, refer, prescribe |