

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

1 Overview

1.1 Local Authority procuring the Service

West Sussex County Council

1.2 Why the Services are being procured

1.2.1 As of 2019, there were an estimated 87,000 current smokers aged 18+ in West Sussex that is 13% of the adult population. On average 1,300 deaths each year in West Sussex are attributable to smoking. The annual number of hospital admissions has increased by 13% since 2011/12. In 2016/17 there were 7,241 smoking attributable hospital admissions in West Sussex.

1.2.2 Tobacco use is one of the biggest causes of inequality in mortality and ill health between the richest and poorest in society. There are variations across the county, and within different population groups based on their sex and sexuality, their age and even their ethnicity and country of birth.

1.2.3 In West Sussex the picture is the same as that seen nationally. Low income and deprivation are associated with smoking. Therefore, those living in deprived areas, routine and manual workers, people with mental health conditions, groups that identify as LGBT and those aged under 25 are key groups requiring the support of stop smoking services.

1.2.4 Two in every five routine and manual workers are current smokers. Routine and manual workers in West Sussex are more than twice as likely to be current smokers compared to those in other occupations.

1.2.5 Those who report their country of birth as Poland had a prevalence of smoking that was almost double that of those born in England. There are an estimated 8,000 residents of West Sussex whose country of birth is Poland.

1.2.6 Inequalities in health outcomes between the most affluent and disadvantaged members of society are longstanding, deep-seated and have proven difficult to change, and tobacco use is the leading risk factor in terms of the causes of health inequalities.

1.2.7 The NHS Long Term Plan released in January 2019 takes a strong stance on public health as a matter of urgency. Demand for NHS services continues to grow for a number of reasons some of which are potentially modifiable; this includes improving upstream prevention of avoidable illness and its exacerbations. Smoking is the number one contributing factor that causes premature deaths in England.

<https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/>

1.2.8 In 2017/18 in West Sussex the rate of smoking at time of delivery was 9% or 747 women. Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birthweight and sudden unexpected death in infancy.

1.2.9 West Sussex modelled youth smoking prevalence in regular smokers aged 15 years (7.1%) is worse than the national average (5.5%) and South East region average (5.8%). However, there is a declining trend in the uptake of smoking in youths.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

In the 2018/19 financial year we saw greatest engagement from those in the 45-59 age group (35%), with those aged 60+ (26%) second. The service saw 54% of total service users identify as female. Routine and Manual workers were the largest occupational group at 33%. Quit rates across all providers remained very good, with 49.8% of all service users registering a quit.

2. Scope of Services

2.1 Aims and objectives of Service

2.1.1 The aim of the Service is to address inequalities and reduce premature deaths and ill-health from smoking related disease as recognised in the Long-Term Plan, through the provision of stop smoking interventions that will treat tobacco dependency.

2.1.2 The national ambition of engaging 5% of smokers annually far exceeds recent local activity levels. Additional stop smoking services are delivered through the West Sussex Wellbeing Programme. These are complementary to this service. This activity also counts towards the 5% engagement.

2.1.3 The objectives of this community service are to:

- Proactively and opportunistically identify smokers, using a Making Every Contact Count (MECC) approach, in line with the West Sussex (MECC) programme (<https://www.westsussexwellbeing.org.uk/topics/information-for-professionals/making-every-contact-count>), and attempt to engage them into the smoking cessation service.
- Proactively and opportunistically identify smokers, with any of the following diagnoses:
 - o Cardiovascular disease
 - o Type 1 or Type 2 diabetes
 - o Asthma
 - o Chronic Obstructive Pulmonary Disease
 - o Cancer

Smokers from the priority groups outlined above, will fall within the Long Term Conditions tariff for this service. Smokers who do not have the diagnoses outlined above, will fall within the standard tariff for this service.

- Provide support and follow up in agreement with smokers who have set a quit date in accordance with service guidelines National Local Stop Smoking Services and Delivery Guidance 2014. https://www.ncsct.co.uk/usr/pub/LSSS_service_delivery_guidance.pdf.
- Communicate risk and offer smoking cessation advice to smokers.
- Record four week smoking status (outcome) within the Russell Standard https://www.ncsct.co.uk/publication_The-Russell-Standard.php West, R (2005) Accessing smoking cessation performance in NHS Stop Smoking services: The Russell Standard. NCSCT.
 - Record validated quit status i.e. via a carbon monoxide (CO) reading.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

- Arrange appropriate pharmacotherapy to support the quit attempt, this should be available for the duration recommended by the product specification e.g. up to 12 weeks for nicotine replacement therapy (NRT) and Varenicline or bupropion, if available on formulary.
- Inform Service Users of all evidence-based licensed smoking cessation pharmacotherapy, including combination NRT as well as non-licensed products such as electronic cigarettes. Consideration must be given to clinical appropriateness of pharmacotherapy treatment where necessary e.g. in pregnancy.

2.2 Service description/care pathway

The smoking cessation service is designed to offer intensive one to one support and follow up, including advising on use of licenced products (e.g. nicotine replacement therapy) and non-licensed products (e.g. electronic cigarettes (e- cigs) for Service Users wishing to access Stop Smoking services. The Service Provider will:

- Use a MECC approach to identify and engage smokers into the service.
- Provide smoking cessation interventions that have a clear structure and content, which is communicated to Service Users at first contact, and to which they should commit.
- Provide smoking cessation services to smokers of tobacco products such as cigarettes (hand rolled or tailor made), cigars, pipes (including water pipes) and smokeless tobacco. Support is only offered to those using tobacco and therefore this service does not offer support to those vaping without also using tobacco. Those smoking other substances should be referred to specialist drug service, the details of which can be found at: <https://www.westsussexwellbeing.org.uk/topics/drugs/services-for-west-sussex>.
- Provide smoking cessation services to smokers who are resident or working in West Sussex and aged over 12 years, as per Gillick competence. Gillick Competence is the term used in medical law to decide whether a child (under 16 years of age) can consent to his or her own medical treatment, without the need to parental permission or knowledge. <https://www.nhs.uk/conditions/consent-to-treatment/children/>.
- Provide one to one intensive support on a weekly basis for a minimum of 5-6 weeks, until a date within the Russell Standard is reached when 4-week status is monitored through recording of carbon monoxide (CO Verification). Quit dates falling outside this period will not be counted or paid for.
- Arrange appropriate pharmacotherapy to support the quit attempt, this should be available for the duration recommended by the product specification e.g. up to 12 weeks for nicotine replacement therapy (NRT), and Varenicline or bupropion if available on formulary
- West Sussex Smoking Cessation Service is “e-cigarette friendly” therefore these can also be offered as a first line alternative to licenced medications, these should be discussed with Service users who show an interest. These items are currently not available on prescription and will have to be purchased by the service user. Behavioural support should be provided to Service Users who want to use unlicensed, self-purchased products as their aid to quitting.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

- During 2023 it is anticipated that a new process, to enable the provision of e-cigarettes to service users, will be rolled out across West Sussex services. Providers will be expected to adopt this new process More details will follow.
- Record the data for each smoking cessation episode as it is carried out onto the West Sussex Smoking Cessation PharmOutcomes Template as specified by West Sussex Public Health. The source of the template may vary depending on the Service Provider. All providers will be provided access to the PharmOutcomes system by public health and will generate and submit automated reports and claims each month as per Schedule B Part 1 of Public Health based Services Contract.
- Send the agreed letter of recommendation for Service Users where Varenicline (Champix) or Bupropion (Zyban) is appropriate (and available on formulary), to their GP as this is only available on Prescription [Appendix A].
- Refer Service Users to another West Sussex Stop Smoking provider if an appointment cannot be made within 2 weeks. A full list of service providers is available at: www.westsussexwellbeing.org.uk/smokingservices.

2.3 Who is to be in receipt of the service.

All tobacco smokers aged 12 years and over who are resident or working in West Sussex are eligible for the service.

2.4 Exclusion criteria

Service Users who have not smoked in the 48 hours prior to attending their first appointment with the exception of pregnant women, hospital inpatients and/or prisoners as outlined in table 1 below:

<https://www.ncsct.co.uk/usr/pub/Spontaneous%20quitters%20guidance.pdf>.

Type of client	Can be treated as part of a community-based multi-session behavioural support programme	Data can be submitted as part of national NHS Digital returns	Additional comments
Spontaneous quitter: smokers in the community who have stopped smoking for more than 48 hours before attending service.	Yes	No	Can be treated as part of a multi-session behavioural support programme and recorded for local accounting purposes (e.g. to justify resources or analyse performance).
Patient/prisoner in a structured behavioural support programme , but not completed during their stay and who has been continuously abstinent from smoking for less than 14 days prior to discharge/release.	Yes	Yes	Referral to a community stop smoking service upon discharge/release constitutes a transfer of their treatment, and the 48 hours rule regarding spontaneous quitting does not apply.
Patient/prisoner not in a structured behavioural support programme , but who requests a referral for support and has been continuously abstinent from smoking for less than 14 days prior to discharge/release.	Yes	Yes	Referral to a community stop smoking service upon discharge/release constitutes a transfer of their treatment, and the 48 hours rule regarding spontaneous quitting does not apply. For the purposes of data recording, client's quit date should be recorded as the last date on which they smoked.
Patient/prisoner not in a structured behavioural support programme , but who requests a referral for support and has been continuously abstinent from smoking for 14 days or longer prior to discharge/release.	No	No	The patient or prisoner is deemed to be a non-smoker, and therefore the 48 hours rule regarding spontaneous quitting does apply. Local policies regarding the provision of stop smoking aids and relapse prevention to spontaneous quitters should be applied. If there are specific concerns regarding the interaction of prescribed medications and smoking status (e.g. for mental health patients), then the patient/prisoner should be referred to their GP on discharge/release for ongoing assessment.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

2.5 Interdependencies with other services

2.5.1. Smoking cessation providers should be aware of other service providers within their locality and work with them to ensure timely initial engagement and the smooth transfer of patient/service user support. Other services/service providers include:

- The West Sussex Wellbeing programme
- [NHS Smoking Cessation Service - Referral from Secondary Care into Community Pharmacy | NHSBSA.](#)
- Hospital Inpatient Tobacco Dependency Programme
- Maternity smoking cessation service
- Mental Health inpatient tobacco dependency programme

2.5.2 This may also include onward referral from those patients discharged from NHS services midway through their intervention.

2.5.3 Service users may use a smoking cessation service at a provider GP practice other than where they are registered as a patient. This is likely to occur in instances where the service user's GP practice is not delivering the smoking cessation service. In this instance they could be seen by another GP practice that is delivering the service, or alternatively a local community pharmacy providing the services, or local Wellbeing Hub.

2.6 Information Provision

The Service Provider shall:

- Provide appropriate verbal and written information to the Service User, at the first appointment, which explains about the effectiveness, duration of use and side effects of all licensed and unlicensed products available to support a quit attempt. This shall be reinforced on follow up contacts.
- Ensure information, support and guidance is available to all wishing to access the Service. This may include interpreting services and or documents produced in different languages or formats.
- Have an understanding of and take account of the needs and requirements of different cultures, religions, race and gender.
- Ensure that no Service User is discriminated against.

<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

2.7 Any activity planning assumptions and caseloads

2.7.1 The Service Provider should:

- Consider seasonal fluctuation, workload, staff capacity and any awareness campaigns they may wish to run in their assumptions.
- Submit an activity schedule to tca@westsussex.gov.uk before the start of each financial year, and using the template provided at Appendix B. Activity schedule should meet the Key Performance

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

Indicators set out in Section 6, including the required minimum of 12 service users to set a quit date each year (minimum of 3 per quarter) at the start of each financial year.

- Inform the Council of any significant disruption to the Smoking Cessation Service which is likely to impact on delivery of the Contract such as staff vacancies.
- Target smokers with any of the following diagnoses (who at high risk of tobacco-related harm):
 - o Cardiovascular disease.
 - o Type 1 or Type 2 diabetes
 - o Asthma
 - o Chronic Obstructive Pulmonary Disease
 - o Cancer

2.7.2 The Service Provider and the Council will monitor delivery against this schedule alongside the Service Specification. The Council, at its discretion, may supply the Service Provider with a quarterly or annual performance statement to assist with monitoring.

2.7.3 The Council and partners across the health and care system in West Sussex maintain an overall oversight and overview of smoking cessation services. The activity schedule submitted by the Service Provider is subject to agreement with the Council and where necessary the Service Provider will be contacted by the Commissioner/ Council's representative in order to agree any adjustments required to the activity schedule in advance.

In the event of higher levels of activity being delivered, or forecast for delivery, than those set out in the agreed activity schedule, the Service Provider is required to notify The Council via tca@westsussex.gov.uk immediately so a solution can be established.

The Council may apply upper limits on the number of Service Users accessing the service based on the annual activity schedule submitted by the provider and detailed in Appendix B. On this basis, the Service Provider may be directed to limit numbers of Service Users accessing the service for a defined period.

Payment will be made within agreed levels of activity and the Council reserves the right not to pay The Service Provider for levels of activity that are greater than those agreed in the activity schedule without written advance agreement.

3. Applicable Service Standards

3.1 Applicable national standards and guidance

Service standards and best practice guidance are located on the National Centre for Smoking Cessation and Training website at <http://www.ncsct.co.uk/index.php>. Registration is required in order to access.

The Council will notify the Service Provider of new and revised applicable national standards and guidance as they are published on the website. The Council will advise of any changes to be made and the Service Provider will respond to these changes and incorporate them into the delivery of the Programme.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

It is the responsibility of the service provider to ensure correct and appropriate contact details are given to The Council in order to achieve this.

3.2 Applicable local standards

3.2.1 Service Providers under this contract should facilitate access to provide a full range of licensed products based on the Service Users need which is established through initial consultation.

3.2.2 Unlicensed products (e-cigarettes) can be discussed as an option to aid smoking cessation with those Service Users who wish to use them. These products currently need to be purchased by the Service User. It is recommended that they are purchased from a reputable independent vape shop which is free from involvement with the tobacco industry as per the WHO Framework Convention on Tobacco Control.

<https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf;jsessionid=851D588B37E84112ED461B19888D902A?sequence=1>.

- Details of independent British vape shops can be found at: <https://www.ibvta.org.uk/> The Independent British Vape Trade Association – IBVTA – is the trade organisation for all responsible and ethical independent vape businesses in the UK

- During 2023 it is anticipated that a new process, to enable the provision of e-cigarettes to service users, will be rolled out across West Sussex services. More details will follow.

3.2.3 Service Providers under this contract must ensure all staff delivering this service have completed the West Sussex approved training programme prior to any delivery of the service takes place. This training will be provided free of charge through the Council.

The training consists of the following mandated, recommended, and optional components, all of which need to be completed in this order:

- The mandated e- learning National Centre for Smoking Cessation Training (NCSCT) Stop smoking Practitioner training and certification <https://elearning.ncsct.co.uk/england>.

- The mandated additional specialty eLearning courses available on the NCSCT website, for mental health and pregnancy should also be completed.

- It is also recommended that the NCSCT module ‘Vaping: a guide for healthcare professionals’ is also completed.

Successful completion of the NCSCT online course will be confirmed by provision of a certificate, which must be made available to the Council on request.

- The mandated completion of the Onclick Smoking Cessation E-learning module available at: <https://learnpublichealth.westsussex.gov.uk/course/view.php?id=5>.

- It is recommended that all providers watch the video showing how to use the PharmOutcomes data reporting system. The link will be provided prior to April 2023.

- Optional attendance at one day face to face training, on request. To request attendance at free virtual/face to face training, please email tca@westsussex.gov.uk.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

- Optional attendance at WSCC provider forums/webinars provided periodically.
- Providers will also be informed of new training opportunities that are made available.

3.2.4 On completion of the West Sussex approved training programme, a telephone/video consultation can be arranged with a member of the Public Health team to discuss:

- Details of data collection and invoicing on PharmOutcomes.
- Equipment and resources needed to deliver the service: A PICO Carbon Monoxide (CO) monitor, with a starter pack of consumables will be provided by The Council to all new providers. See Appendix E for further details.

This can be supplemented with a site visit from a member of the Public Health team, if required.

3.2.5 The Service Provider must ensure that trained staff update their knowledge and skills through regular use of the OnClick e-mentor tool and with face to face training if available. This also is applicable to staff who have had a break in service of longer than 6 months. In order to maintain skills each smoking cessation advisor will be required to deliver a service intervention to a minimum of 1 Service User per month.

3.2.6 The Service Provider is responsible for provision of consumables and the calibration of CO monitors/replacement once it's beyond its five-year manufacturer's warranty. For more information about consumables and equipment, see 5.6 and Appendix E.

3.2.7 The Council reserves the right to request an audit of anonymised smoking cessation interventions and quality assurance based on the seven dimensions of quality set out by West Sussex Public Health. [Appendix C]

3.2.8 The Service Provider shall have systems and procedures in place, including training, to safeguard adults, children and young people to recognise and respond to abuse, exploitation and neglect (including, but not limited to, child sexual and criminal exploitation, trafficking and modern slavery and female genital mutilation) and shall adopt safeguarding policies and procedures which comply with the Pan Sussex Multi Agency Policies and Procedures.

<http://pansussexadultsafeguarding.proceduresonline.com/>.

<https://sussexchildprotection.procedures.org.uk/>.

The Service Provider will ensure that all staff who have contact with children, young people and families are properly selected and have appropriate checks in line with current legislation and guidance. <https://sussexchildprotection.procedures.org.uk/>.

This includes that:

- References are always taken up
- Identity and qualifications are verified
- Face-to-face interviews are carried out
- Previous employment history is checked

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

- The appropriate type of criminal record check from the Disclosure and Barring Service (DBS) is carried out for all eligible staff, e.g. enhanced with barred list checks for regulated activities involving children and/or adults
- Any abnormalities or discrepancies are taken up
- Repeat DBS checks are carried out according to organisational policy

The Service Provider will ensure staff working with children and families are trained, confident and knowledgeable in supporting parents and carers to keep their children safe when using social media and the internet.

3.3 Infection Control

3.3.1 Service Providers will have systems to manage and monitor the prevention and control of infection.

- Someone with the appropriate knowledge and skills will be the named lead in infection prevention control (and cleanliness) for each provider.
- Policies, procedures, and guidance are required and should be in place including-Standard infection prevention and control precautions; Safe handling and disposal of sharps; Decontamination of reusable medical devices; Single-use medical devices; Safe handling and disposal of healthcare waste; Purchasing, cleaning, decontamination, maintenance and disposal of equipment; Environmental cleaning guidelines.
- Staff should be trained on infection prevention and control.
- Governance arrangements are in place to ensure that key policies and practices are being implemented, updated and adhered to appropriately.

3.3.2 Service Providers will provide and maintain a clean and appropriate environment in managed premises that facilitate the prevention and control of infections.

- Cleaning responsibilities and routines should be clearly outlined.
- Staff should carry out ongoing assessment of the standards of cleanliness.
- Adequate hand hygiene facilities should be available at the point of care.

3.3.3 Service Providers should have a system in place to manage the occupational health needs and obligations of staff in relation to infection, this includes:

- How exposure to infections will be managed.
- Prevention of occupational exposures to BBV- including risk assessments of the need for immunisations such as influenza vaccination and Hep B
- The responsibility of staff to report episodes of illness.
- The circumstances under which staff may need to be excluded from work.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

3.3.4 Further information and guidance can be found in the NICE Healthcare-associated infections: prevention and control in primary and community care (updated 2017) here:

<https://www.nice.org.uk/guidance/cg139>.

4. Statutory Requirements

4.1 Applicable Legislation

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 S.I. 2013/351 set out a number of mandatory public health functions for local authorities from 1 April 2013. These Regulations have been made by the Secretary of State for Health under powers conferred by the National Health Service Act 2006 and the Local Government and Public Involvement in Health Act 2007

5. Service Requirements

5.1. Description of the Service

The service provider shall deliver The Smoking Cessation service as specified in the NCSCT Standard Treatment Programme http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf.

The NCSCT Standard Treatment Programme should be followed for sessions 1-6 as follows:

5.1.1 First Appointment "Initial assessment" Face to face

a. At the initial assessment the advisor will:

- Determine eligibility for service.
- Discuss history of tobacco use and previous attempts to quit.
- Ascertain whether the service user smokes cannabis, as this is likely to negatively affect the tobacco quit attempt.
- Discuss the Service Users readiness to quit.
- Discuss the treatment programme.
- Explain the benefits of quitting.
- Discuss tobacco withdrawal syndrome and barriers to quitting, including cannabis use.
- Use the Fagerstrom score to assess dependency.
- Explain the stop smoking medication options and e- cigarettes.
- Set a quit date.
- Explain and conduct a CO test.
- Deliver behavioural support for the Service User.
- Provide/arrange enough stop smoking medication for two weeks or, where an e-cigarette is to be used, suggest contacting an e-cigarette shop registered with the IBVTA for advice. When available

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

(likely from Autumn 2023), an e-cigarette starter pack may be provided or ordered for delivery to the service user.

- Signpost to additional supporting information such as West Sussex Wellbeing Website: www.westsussexwellbeing.org.uk/smokingservices, www.westsussexwellbeing.org.uk/cannabis, or the Better Health Website: <https://www.nhs.uk/better-health/quit-smoking/>.
- Record the intervention on the PharmOutcomes first appointment template
- Arrange a follow up appointment on or around quit date.

5.1.2 Second Appointment (on or around the Quit Date) **Face to face**

b. At the second appointment the advisor will:

- Determine date of last tobacco use
- Continue behavioural support
- Address any concerns with progressing the quit attempt
- Review Pharmacotherapy/ medication being used
- Provide additional appropriate stop smoking medication
- Record the intervention on the PharmOutcomes reporting template
- Make the next appointment (depending on your appointment system you may also wish to book a 4 week follow up appointment within the Russell Standard of 25 -42 days post quit).

5.1.3 Third, Fourth and Fifth appointment **Face to face, telephone, text or email**

c. At the third, fourth and fifth appointment (weeks one, two and three post quit) the advisor will:

- Deliver face-to-face, telephone, text or email support for weeks one, two and three post quit and continue behavioural change support
- Address any concerns with progressing the quit attempt
- Review use of stop smoking medication and e-cigarettes products to support quit attempt.
- Provide/arrange enough stop smoking medication for two weeks or where an e-cigarette is to be used suggest contacting an e-cigarette shop registered with the IBVTA for advice.
- Record the intervention on the appropriate template.
- If not already booked, set a 4 week follow up appointment within the Russell Standard of 25 -42 days post quit.

5.1.4 Sixth appointment “outcome appointment” **Face to face**

d. At the sixth appointment the advisor will:

Deliver a four week post-quit follow up appointment to record an outcome with the Service User, this must be within Russell Standard of 25-42 days post quit date.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

- Repeat CO monitoring (The quit outcome needs to be CO validated for a minimum of 85% of registered quits) in order to achieve the CO Validated quit payment. Otherwise the non-validated quit payment will be made.
 - For those Service Users who have successfully quit, discuss approaches to remain smoke free, including continuing with stop smoking medication and behavioural support for up to 12 weeks
 - For Service Users who have not successfully quit, discuss next steps, which could include re setting a quit date and starting the quit attempt again
 - Record the intervention on the appropriate PharmOutcomes quit outcome template
- e. Allow the Service User to continue to engage with the Smoking Cessation service for up to the 12th week intervention, provided they have registered a successful quit outcome at the four week evaluation.

5.1.5 Recording Outcomes

The Service Provider must record a four week Russell Standard outcome for each Service User who has set a quit date, within 25-42 days post quit date. There are eight possible outcomes:

Standard Tariff– Smoker who does not fall within the priority ‘Long Term Conditions’ groups outlined at 2.1.3

1. CO-Validated Quit – Service User with CO validation whose reading is on or below 10 parts per million (ppm). Should be determined at a face-to-face appointment with the valid reading recorded.
2. Self-Reported Quit – Service User declares they have not smoked a single puff on a cigarette in the past two weeks. Determined by face-to-face appointment, telephone, text or e-mail.
3. Not Quit - When a Service User has not managed to stop smoking.
4. Lost to follow up – When a Service User does not attend the four week follow up face-to-face appointment and attempts have been made by telephone, text or email (up to three times, at different times of the day) have been unsuccessful.

Long Term Conditions Tariff – Smoker from one of the priority groups outlined at 2.1.3

1. CO-Validated Quit at 4 weeks – Service User, from one of the priority groups listed at 2.1.3 with CO validation whose reading is on or below 10 parts per million (ppm). Should be determined at a face-to-face appointment with the valid reading recorded.
2. Self-Reported Quit at 4 weeks – Service User declares they have not smoked a single puff on a cigarette in the past two weeks. Determined by face-to-face appointment, telephone, text or e-mail.
3. Not Quit - When a Service User has not managed to stop smoking.
4. Lost to follow up – When a Service User does not attend the four week follow up face-to-face appointment and attempts have been made by telephone, text or email (up to three times, at different times of the day) have been unsuccessful.

5.1.6 When a Service User has not managed to stop smoking, the Service Provider’s stop smoking adviser should use discretion and professional judgment when considering whether a Service User is

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

ready to receive support to immediately attempt to stop again. If this is the case, the Service User must start a new treatment episode. There is no limit to the number of times a Service User can access this service.

5.1.7 The intervention must be recorded on the PharmOutcomes West Sussex Smoking Cessation template.

5.1.8 The Service User should be provided with a satisfaction survey at the end of their treatment programme. These will be used to monitor Service User satisfaction and to inform improvements in service provision, quality, and development. [Appendix D]

5.2 Quality Requirements

I. The Service Provider shall fully comply with the Pan Sussex Multi Agency Safeguarding Adults Policy. <http://pansussexadultsafeguarding.proceduresonline.com/>.

and the Pan Sussex Local Safeguarding Children's Board Inter-Agency Procedures for Children and Young People. <http://sussexchildprotection.procedures.org.uk>.

II. The Service Provider shall ensure that relevant safety alerts and Medical & Healthcare Products Regulatory Agency (MHRA) notices are circulated to staff and acted upon where necessary. <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>.

III. The Service Provider shall address complaints from Service Users in relation to this Service through their own complaints' procedure in the first instance. If further help is required, contact the Council as detailed within the contract.

IV. The Service Provider shall ensure that a process is in place for any member of the professional team to raise concerns in a confidential and structured way.

V. The Service Provider shall participate in the Council's organised audit of service provision.

VI. The Service Provider shall fully co-operate with any national or West Sussex County Council led assessment of Service User experience.

VII. The Service Provider shall demonstrate that clear and accurate records are kept.

VIII. The Council shall undertake visits to the Service Provider's premises/location of delivery as appropriate as part of quality monitoring, verification of claims and payments and to ensure that the Service Provider is meeting the Service Specification.

5.3 Consent

The Service Provider will:

- Inform Service Users that anonymised data collected will be used for the purposes of local monitoring and evaluation. Summary data will be forwarded for regional and national evaluation.
- Obtain consent to contact the Service User for follow-up appointments. The 4-week follow-up will need to be face-to-face to include CO-validation. Consent must be freely given, specific, informed and unambiguous. In order to obtain freely given consent, it must be given on a voluntary basis.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

- Consent to sharing anonymised/aggregated activity data per named Service Provider with relevant professional bodies, such as the Local Pharmaceutical Committee (LPC) or Local Medical Committee (LMC), who will offer support to those Service Providers struggling to deliver to contract.

5.4 Location of Services

The Service Provider will be responsible for providing the use of a suitable consultation room which allows for privacy and dignity, is fit for the purpose of delivering healthcare and has access to broadband and necessary I.T. If providing the smoking cessation service in an outreach setting the Service Provider is responsible for ensuring that facilities used are of the required standard.

The Service Provider will ensure there is a delivery contingency plan in place in case of staff sickness or unforeseen changes to premises.

5.5 Hours of Service delivery

The Service Provider will determine when the service will be offered in order to best to meet the requirements of its Service Users in terms of access and to ensure capacity meets demand.

5.6 Equipment

5.6.1 The Service Provider must have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this Service.

The Council will provide, free of charge to the Service Provider:

- One Carbon Monoxide monitor (CO-monitor) and starter kit of consumables for new providers.

The Service Provider will be responsible for:

- The provision, storage, maintenance, calibration and servicing of all equipment and all associated consumables, including disposable mouthpieces, batteries, non-alcoholic cleaning wipes or any consumables required for the equipment to work within the manufacturer's instructions. See Appendix E for more information.

5.6.2 In the event that the Service Provider ceases to deliver the Smoking Cessation Service, the Service Provider must notify the Council and return the CO monitor. Failure to do so within a month of The Council receiving notification will result in The Council invoicing the service provider for the full amount necessary to replace the CO monitor.

In addition to a carbon monoxide monitor and the necessary consumables as outlined above, the service user will also need to ensure appropriate provision of nicotine replacement therapy (NRT). If this is stored on site, it will need to be in a lockable facility.

5.6.3 The Service Provider will need suitable IT infrastructure to:

- Access the PharmOutcomes data recording templates as specified by West Sussex County Council Public health.
- Receive electronic referrals from NHS Trusts or the West Sussex Wellbeing Website via a secure email address. The email address being used needs to be provided to the Council and must be monitored every working day and responded to within three working days.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

- Facilitate timely inputting of information.
- Access the West Sussex Wellbeing website, for information for professionals as well as service users.
- Access the Office for Health Improvement and Disparities (OHID) Campaign Resource Centre.
- Access the NCSCT website
- Access the Onclick e-mentoring tool. Access to the Onclick platform is restricted to up-to-date secure browsers.
- Access to PharmOutcomes I.T system to manage appointments. An annual PharmOutcomes licence will be provided to all providers.

5.7 Mobilisation

Prior to commencing delivery of the service, the Service Provider will confirm to the Council:

- Staff designated to deliver the service have received all relevant training as stated in 3.2.5, have all equipment and necessary I.T access as stated in 5.6 and 5.6.3, and are competent to deliver the service.
- Contact details of the clinical lead/responsible person.
- On-going supervision and oversight arrangements are in place.
- That all trained staff involved in service delivery are fully aware and understand the relevant requirements, guidance and policies within the Service Specification associated with their function.
- How the Service Provider will promote the service to Service Users.
- Support interdependent functions within the Service Provider's team e.g. Admin Staff are aware the Provider will be offering the Service.
- The service activity for this service for the financial year ahead.

5. 8 Reporting of Incidents and Risk Management:

- The Service Provider must report all Serious Untoward Incidents (SUIs) to the Council on the next working day of occurrence and provide details of root cause analysis (RCA), recommendations and actions taken as a result.

6. Key Performance Indicators (KPI's) / Service Levels

The following performance indicators will be measured and reported against

Performance Indicator	Annual Target	Method of Measurement
-----------------------	---------------	-----------------------

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

Service Users setting a quit date	At least 12 Service Users setting a quit date each year. This equates to a minimum of 3 Service Users setting a quit date each quarter.	Quarterly data reports taken from data collection system.
% of Service Users quit at 4 weeks (Russell Standard 25-42 days)	Target of at least 35% of Service Users, who set a quit date, are recorded as a quit at outcome appointment (Russell standard) 4 weeks post quit date.	Quarterly data reports taken from data collection system.
% of Service Users quit at 4 weeks with a recorded CO-Validation reading	At least 85% of the Service Users who have recorded a 4-week quit, have these quits validated by a CO reading.	Quarterly data reports taken from data collection system
% of Service users given a satisfaction survey	At outcome appointment, 90% of service users are given a satisfaction survey	Annual review of satisfaction survey distribution, as recorded on PharmOutcomes

7. Reporting Requirements and Service Specification Review

7.1 Data Collection and Written Reports

Service Providers should collect the Department of Health minimum dataset for every Service User setting a quit date, by completing all appropriate fields on PharmOutcomes.

- <http://www.ncsct.co.uk/usr/pub/SSS%20GSMF%20form%20v3.pdf>.

The Service Provider will record the data for each smoking cessation episode as it is carried out onto the corresponding West Sussex Smoking Cessation Template within PharmOutcomes

The PharmOutcomes system will generate and submit automated reports and monthly invoice claims as per Schedule B Part 1 of Public Health based Services Contract.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

The Council reserves the right to request the Service Provider to provide an audit of anonymised Smoking Cessation Interventions delivered.

7.2 Service Specification Review

It is recognised within this Service Specification that the Service may be subject to change due to a range of national and local policy initiatives. For example, government guidance and legislation, industry professional standards, NICE Guidance, Office for Health Improvement and Disparities or West Sussex County Council Policy.

It is the responsibility of the service provider to make the necessary amendments to the service to reflect these changes. The Council will advise the Service Provider of any changes to be made.

This review may also include a review of tariff.

APPENDIX A

Champix (Varenicline) Recommendation Letter and Zyban (Bupropion) Recommendation Letter

Champix (Varenicline) GP Information Letter

09 Oct 2019

Violet Patch Pharmacy
678 A Street in a Town
Narrow
EF45 6GH
0789 123456

Patient Details

Name	Mickey Mouse [<i>From 1. Stop Smoking - Registration and First Appointment</i>]
Date Of Birth	01-Feb-2003 [<i>From 1. Stop Smoking - Registration and First Appointment</i>]
Postcode	AB12 3CD [<i>From 1. Stop Smoking - Registration and First Appointment</i>]
Address	123 Alphabet Road, Broad way [<i>From 1. Stop Smoking - Registration and First Appointment</i>]

Dear Selection of GP Practice

The above named patient has attended their appointment with your local Stop Smoking Service.

In conjunction with Patient Group Direction for the supply of varenicline by registered community pharmacists for Stopping Smoking, this patient has been assessed as meeting the criteria for the supply of varenicline by the accredited pharmacist named below.

All the treatment options have been discussed with this client and they have been assessed as suitable for varenicline.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

The patient has completed a varenicline assessment form and from the information provided, they do not meet any of the exclusion criteria listed in Patient Group Direction

	Consultation Details
Exclusions	<i>Confirm no exclusions apply:</i> One or more of: Tobacco users not sufficiently motivated to quit smoking; Client has had an unsuccessful attempt to quit; Hypersensitivity to varenicline or any of its excipients; Clients using other nicotine containing products; Clients with current (or a history of) serious psychiatric illness; Client under 18 years of age; Clients over 65 years of age; ...
Drug Interactions	Answer to <i>Relevant action taken</i> text box
Supply required	<i>Varenicline supply required?:</i> One of: Yes; No
	Medication Supplied
Medication	<i>Selection of Medication Supplied</i>
Quantity	<i>Selection of Medication Supplied</i>

This patient will be supported by the pharmacy stop smoking service throughout the 12-week course of varenicline which will be supplied under this PGD. If you have any concerns about this patient receiving varenicline, please inform the pharmacy as soon as possible.

Yours faithfully, The Practitioner

Zyban GP Prescription Request

Request date: 10 Feb 2023

Violet Patch Pharmacy
678 A Street in a Town
Narrow
EF45 6GH
0789 123456

Dear *Selection of GP Practice*

The patient named below has attended their appointment with your local Stop Smoking Service. I have discussed all treatments available and your patient has expressed an interest in Zyban as an aid to stop smoking, **but I request that you assess their suitability for Zyban and write a prescription if appropriate** The patient is aware that they may, or may not, receive Zyban following your clinical decision and whatever your decision I will continue to support your patient in stopping smoking. I have discussed with your patient how Zyban works and the risks, benefits and potential side effects in taking this medication.

Patient Data

Name	<i>Client name e.g. Mickey Mouse</i>
Date Of Birth	<i>Date of Birth of Client name e.g. 01-Feb-2003</i>
Address	<i>Address of Client name e.g. 123 Alphabet Road, Broad way</i>
Postcode	<i>Postcode of Client name e.g. AB12 3CD</i>
Gender	<i>Gender of Client name e.g. Male</i>

Consultation Data

Agreed Quit Date	<i>Answer to Agreed quit date</i>
------------------	-----------------------------------

SERVICE SPECIFICATION The provision of Community Smoking Cessation
 Service for the treatment of Tobacco Dependency

Medication Requested
 Consultation Notes

Value of Medication requested
Answer to Prescription request notes
 text box

If you have any questions or require further information about our service please do not hesitate to contact me.

Yours faithfully, *Answer to Smoking Advisor Name* single line input

APPENDIX B
Planned Activity Schedule

This must be submitted to the tca@westsussex.gov.uk before the start of the financial year, each year.

Standard Tariff

	March	
	February	
	January	
	December	
	November	
	October	
	September	
	August	
	July	
	June	
	May	
	April	
Planned activity/ Number of first appointments available		

Long Term Conditions Tariff

	March
	February
	January
	December
	November
	October
	September
	August
	July
	June
	May
	April

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

1. Introduction and Background

1.1 The purpose of this document is to share the Key elements of West Sussex Council Quality Performance and Risk Framework to support collaborative working between commissioners and providers. We would like to build a strong partnership approach to quality with existing and new partners; working with them through a shared understanding and commitment to quality. We request support for this collaboration to enable us to maximise the investment in the public health system and to champion high quality in Public Health Services.¹

1.2 Prevention is crucial to improving the health of the population and to help secure the health and social care services we all value and rely on.² Commissioners are responsible for commissioning services that meet the needs of their local populations. It is essential to ensure that these services are effective and that the care commissioned achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.³

1.3 No single person or organisation owns quality it has to be co-produced,⁴ the provider's relationships with the commissioners is vital, as is the relationship with the people who use our services. It will require collaboration and a shared commitment to truly embed high quality public health services that improve the health and wellbeing outcomes for the population of West Sussex.

2.0 WSCC Public Health Department Definition of Quality:

In order to establish a single view of quality that is clearly understood by public health colleagues and internal and external stakeholders, a review of the literature and guidance has been undertaken.^{1,2,3,4,5,6,7,8,9} For West Sussex County Council Public Health going forward-quality will be defined in **7 dimensions**:



Figure 1 WSCC 7 dimensions of Quality

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

3.0 Quality, Performance and Risk Reporting Process:

3.1 The West Sussex Public Health Directorate commissions a range of services to improve the local populations' health. Public health is not a risk-free activity, as it could lead to programmes of action that have adverse population health effects, or fail to implement programmes that have significant health benefits.² Therefore, it is essential that robust system-wide governance processes are in place to ensure safety and high standards of care are delivered to our residents.

3.2 An important part of the WSCC Quality, Performance and Risk framework is the identification of and response to, issues of concern, risk, and clinical incidents, including serious incidents; to ensure people are protected from avoidable harm and abuse, and how lessons are learned should mistakes occur.

3.3 The aim of the framework is to set out a consistent approach for managing quality and risk. To set out the decision-making mechanisms for monitoring quality, escalating concerns if necessary, and reporting/communicating the actions being taken by the council to improve and mitigate risks.

3.4 A quarterly Quality and Performance dashboard will be produced based on performance data and information from routine contract meetings. Examples of the indicators that will underpin the dashboard Appendix A. ****NB the examples of indicators that will underpin the Quality and Performance Dashboard are not exhaustive and it is recognised not all examples will be applicable to all services****

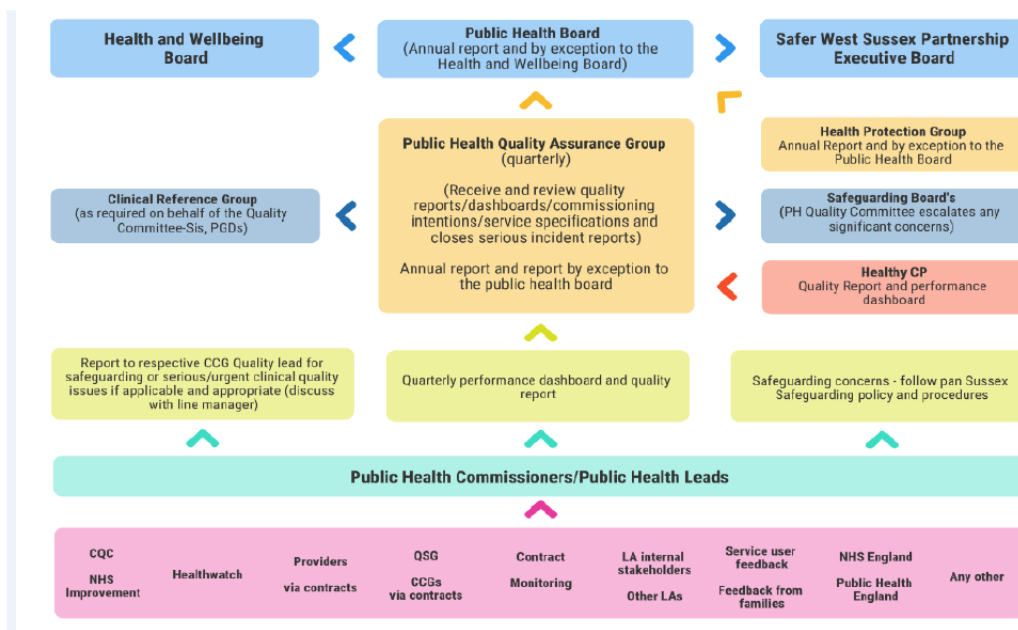
3.5 It is also accepted that not all commissioned services will be in a position to align all their reporting of quality and performance data to a quarterly cycle; consensus on reporting of performance data should be reached in collaboration with the commissioner.

3.5 For all commissioned public health services, **Quality Assurance for individual services is the responsibility of the providers** who should have robust systems, processes, policies and procedures in place to ensure that all quality elements are embedded in their services and are able to tackle any quality issues promptly. The provider should ensure that they inform the commissioner as soon as they discover any quality issue. The provider should manage the quality issue from start to finish and keep the commissioner informed of any progress.

3.6 As part of their responsibility for quality, the commissioners will provide advice and support to providers to meet the required quality standards.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

3.7 Quality, Performance and Risk Reporting Process



7 Dimensions of Quality-Examples that will underpin the dashboard.

NB: The Examples for the Quality and Performance Dashboard are not exhaustive/ nor will all examples be applicable to all services

Dimensions of quality	Quality and performance dashboard (Examples)
<p>1. Safety: people are protected from avoidable harm and abuse, and when mistakes occur how lessons are learned is important.</p>	<ul style="list-style-type: none"> Serious incident reporting & management Clinical incident reporting & management Safeguarding reporting & management. Clinical and organisational audit Effective pathways for managing and evaluating clinical risk. Duty of Candour (regulation 20)
<p>2. Effectiveness: people's care and treatment achieves good outcomes, promotes a good quality of life and is based on the best available evidence.</p>	<ul style="list-style-type: none"> Quality standards & NICE guidance are used to underpin clinical practice. Evidence based metrics are used to measure outcomes.
<p>3. Positive experience: Caring-staff involve and treat people with compassion, dignity and respect. Responsive and person-centred services respond to people's needs and choices and enable them to be equal partners in their care.</p>	<ul style="list-style-type: none"> Feedback from service user involvement forums, friends and family test. Build person-centred outcomes into the service. Provides specially designed information resources tailored to the individual's needs. Identifies and supports carers
<p>4. Services are well led: they are open and collaborate internally and externally and are committed to learning and improvement.</p>	<ul style="list-style-type: none"> Quality and safety and performance is overseen at board level. Staff satisfaction surveys. Staff turnover. Workforce planning- to ensure at all levels capacity and capability are in place to deliver the service now and in the future. Clinical supervision is in place and is robust.

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

	<ul style="list-style-type: none"> • Competencies are in place for staff and effective education and training is commissioned to meet these needs.
<p>5. Use resources sustainably: they use their resources responsibly and efficiently, providing fair access to all, according to need and promote an open and fair culture.</p>	<ul style="list-style-type: none"> • Allocation of resources is clear, transparent and regularly reviewed, ensuring systems are in place to monitor caseloads and workload to facilitate person-centred outcomes. • Use a wide range of approaches to promote behaviour change and self-care. • Ensure behaviour change and self-management is measured as an outcome.
<p>6. Are equitable for all: they ensure inequalities in health outcomes are a focus for quality improvement.</p>	<ul style="list-style-type: none"> • Ensure the diverse needs of communities and inequalities for access and outcome is assessed and reduced. • Share population data with communities and clinicians to develop a co-production solution for future healthcare needs. • Develop solutions to identifying and meeting unmet need.
<p>7. Prioritised: in accordance with intelligence and logic, cost effective and within budget.</p>	<ul style="list-style-type: none"> • Model individual and locality needs using population health management systems (e.g JSNA) • Have robust business management systems and plans in place, to delivering the service within budget and have systems in place to highlight any emerging risks or barriers to the delivery of services for the population.

References

1. Public Health System Group. Quality in Public Health: A shared responsibility; 2019. <https://publichealthmatters.blog.gov.uk/2019/03/21/making-quality-in-public-health-a-shared-responsibility/>
2. Suckling R, Ferris M, Price C. Risk identification, assessment and management in public health practice: a practical approach in one public health department. Journal of Public Health Medicine 2003;**25** :138-143.
3. Department Of Health. Prevention is better than cure: Our vision to help you live well for longer; 2018: <https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>
4. Department of Health and Social Care and the Care Quality Commission. Quality matters;2017: <https://www.gov.uk/government/publications/adult-social-care-quality-matters>
5. The Health Foundation. Quality improvement made simple;216: <https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf>
6. Anita W, McLees MA, et al. Defining and accessing Quality Improvements Outcomes: A framework for Public Health. American Journal of Public Health 2015;**105**:167-173.
7. Department of Health. Clinical governance toolkit for services commissioned by Local Authority Public Health Departments.2004.
8. The Kings Fund. High quality care for all;2008; <https://www.kingsfund.org.uk/sites/default/files/briefing-high-quality-care-for-all-jo-maybin-ruth-thorlby-kings-fund-july-2008.pdf>
9. National Quality Board. Shared commitment to quality; <https://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmrwk.pdf>
10. Public Health Department Richmond and Wandsworth Councils. Public Health Quality and Risk Framework (Draft); 2017

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

11.NHS England. Serious Incident Reporting Framework; 2015; <https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framwrk-upd.pdf>

APPENDIX D

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency



Q9: How easy was it to get hold of your medicine once you had chosen which medication you were going to use for your stop smoking attempt?

Very Challenging	Challenging	Easy	Extremely Easy
1	2	3	4

If you scored 1 or 2 for any of the questions above, please explain why and make suggestions for improvement:

If you scored 3 or 4 for any of the questions above, please explain why:

SERVICE SPECIFICATION The provision of Community Smoking Cessation Service for the treatment of Tobacco Dependency

APPENDIX E Equipment and Resources

The Council will provide starter packs to new providers or re-starter packs to providers who have not delivered any activity in the preceding 12 months. GP practices and pharmacies can order these by contacting Nicky Gale – details below.



Whilst your Pharmacy is now responsible for ordering your own consumables, we do currently have a limited stock of D pieces and single use mouth pieces that we can send you. Please identify what you require and contact **Nicky Gale**.

Tel: 0330 222 8696

Email: nicky.gale@westsussex.gov.uk

Web: www.westsussex.gov.uk/healthpromotion

Post: C/O Nicky Gale, West Sussex Health Promotion Resource Centre, West Sussex County Council, Public Health, County Hall, West Street, Chichester, PO19 1RQ

Once our stocks run out you will need to order replacement equipment yourselves.

PRODUCT	QUANTITY	PRICE	LINK
CO Monitor	1	£129	Link to product
Steribreath Mouthpieces (Single use)	250	£25	Link to product
D-Pieces (Change once a month)	12	£22.50	Link to product

Once Public Health supplies have run out, replacement items can be ordered from:
<https://www.bedfont.com/pico>