

## SCHEDULE SERVICE SPECIFICATION

for the provision of Smoking Cessation Service in Community Pharmacy

### 1. Overview

#### 1.1 Local Authority procuring the Service

West Sussex County Council

#### 1.2 Why the Services are being procured

- 1.2.1 Smoking remains the single largest cause of preventable mortality in England. It is responsible for almost 80,000 deaths in England each year. This is more than the next six biggest causes of preventable death, put together<sup>1</sup>. In West Sussex approximately 4,000 people in the last two years have died from smoking attributable illness<sup>2</sup>. Furthermore, second-hand smoke exposure, or environmental tobacco smoke (ETS) is associated with an increased risk of chest infections, asthma attacks and sudden infant death syndrome. In addition, children whose parents smoke are likely to become smokers themselves.
- 1.2.2 The NHS Five Year Forward Review released in October 2014 takes a strong stance on public health as a matter of urgency as the NHS cannot sustain increasing costs without addressing prevention of disease<sup>3</sup>. The review backs hard hitting national action on smoking as well as obesity, alcohol and other major risks to ensure the sustainability of the NHS and economic prosperity of Britain.
- 1.2.3 In 2014, the smoking rate in West Sussex in those aged over 18 years is 17.0%, slightly below the national average of 18.0%<sup>4</sup>. The West Sussex average hides the considerable variation between areas across the county, with rates in some districts and boroughs as high as 20.3% and as low as 15.8%<sup>5</sup>. In West Sussex smoking prevalence in routine and manual workers stands at 29.2%, slightly above the national average (28%)<sup>6</sup>.
- 1.2.4 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 and those aged under 25 are key groups requiring the support of stop smoking services. 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<sup>7</sup>.
- 1.2.5 In 2014/15 in West Sussex the rate of smoking at time of delivery was 9.6%, or 807 women smoking at time of delivery out of 8434 maternities<sup>8</sup>. Smoking during pregnancy can cause serious pregnancy-related health problems. These include

<sup>1</sup> ASH, Smoking Still Kills, 2015 <http://www.ash.org.uk/smokingstillkills>

<sup>2</sup> PHE Tobacco profiles 2012-14

<sup>3</sup> NHS, Five Year Forward Review <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>4</sup> Integrated house survey (ONS)

<sup>5</sup> West Sussex smoking prevalence brief; March 2015

<sup>6</sup> <http://www.tobaccoprofiles.info/>

<sup>7</sup> <http://jsna.westsussex.gov.uk/reports/>

<sup>8</sup> HSCIC Smoking at Time of Delivery report <http://digital.nhs.uk/datacollections/ssatod>

complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy<sup>9</sup>

1.2.6 West Sussex modeled youth smoking prevalence in regular smokers aged 15 (7.1%) years 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<sup>10</sup>.

1.2.7 In 2014, the highest numbers of smokers accessing the existing smoking services were from the 35–49 year age group<sup>11</sup>. Overall, more females accessed the service than males; 54% and 46% respectively. Quit rates were highest in the 65 plus age group followed by 50–64 years. Thirty-two per cent of all people setting a quit date were routine and manual workers, with 54% of this group going on to quit.

## 2. Scope of Service

### 2.1 Aims of Service

The aim of the Service is to reduce premature deaths and ill-health from smoking related disease through the provision of stop smoking interventions.

This will be achieved by:

- Proactive identification and recording of smoking status of patients/clients.
- Communication of risk and offering smoking cessation advice to current smokers.
- The setting of a quit date, support and follow-up in agreement with smokers.
- The recording of four week quitters.
- Recording validated quit status i.e. via a carbon monoxide (CO) reading
- Offer of appropriate pharmacotherapy

### 2.2 Objectives of Service

The Service Provider should offer smoking cessation advice and support to West Sussex Residents who smoke and are motivated to quit in accordance with the National Local Stop Smoking Services: Service and delivery guidance 2014<sup>12</sup>.

### 2.3 Service description/care pathway

The smoking cessation service is designed to offer intensive one to one support and follow up, including appropriate drug therapy for Service Users who express a wish to stop smoking and go on to set a quit date.

The Service Provider will

- Provide smoking cessation interventions that have a clear structure and content, which is communicated to Service Users in advance, and to which they must commit.
- Offer smoking advice and support for smokers motivated to quit.

<sup>9</sup> Quitting smoking in pregnancy and following childbirth: Guidance. National Institute for Health and Clinical Excellence, 2010. <http://www.nice.org.uk/guidance/ph26>

<sup>10</sup> <http://jsna.westsussex.gov.uk/reports/>

<sup>11</sup> WSCC, Smoking Cessation Health Equity Audit 2014/15, (unpublished)

<sup>12</sup> [http://www.ncsct.co.uk/publication\\_service\\_and\\_delivery\\_guidance\\_2014.php](http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php)

- Provide smoking cessation services to smokers of tobacco products such as cigarettes (hand rolled or tailor made), cigars, pipes (including waterpipes) and smokeless tobacco.
- Provide smoking cessation services to smokers who are resident in West Sussex.
- Provide one to one intensive support on a weekly basis for a minimum of 5-6 weeks plus appropriate pharmacotherapy to support the quit attempt. All licensed stop smoking pharmacotherapies should be available as equal first-line options.
- All pharmacotherapies should remain available for at least the duration recommended by the product specification e.g. up to 12 weeks for NRT and varenicline and up to nine weeks for bupropion.
- Monitor quit rates and record carbon monoxide (CO) reading at 4 weeks post quit date.
- 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 claims each month as per Schedule B Part 1 of Public Health based Services Contract – commencement date 1st January 2017.
- Inform Service Users of all evidence-based licensed smoking cessation pharmacotherapy, including combination nicotine replacement therapy. Consideration must be given to clinical appropriateness of pharmacotherapy treatment where necessary e.g. in pregnancy.
- Provide a letter of recommendation for Service Users where Varenicline (Champix) is appropriate, to their GP as this is only available on Prescription.
- Provide behavioural support to Service Users who want to use unlicensed, self-purchased products e.g. nicotine vapourisers (e-cigarettes).
- Offer Service Users an appointment within 4 weeks. In the case of delays, Service Users should be appropriately referred to other Service Providers.

### **Who is to be in receipt of the service**

All smokers who are resident in West Sussex are eligible for the service.

### **2.6 Exclusion criteria**

Service Users who have not smoked in the 48 hours prior to attending their first appointment with the exception of pregnant women and hospital inpatients as outlined in the Russell Standard<sup>13</sup>.

### **2.7 Equality & diversity**

#### **The Service Provider will**

- 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 language or formats.
- Have an understanding of and take account of the needs and requirements of different cultures, religions, race and gender.

<sup>13</sup> <http://www.ncsct.co.uk/usr/pub/assessing-smoking-cessation-performance-in-nhs-stop-smoking-services-the-russell-standard-clinical.pdf>

## **2.8 Interdependencies with other services**

As a Service Provider of NHS Health Checks, long term condition review appointments and or Medicine Use Reviews (MURs), smokers identified through these services should be offered smoking cessation support.

## **2.9 Any activity planning assumptions and caseloads**

### **The Service Provider should**

- Aim to see a minimum of 12 Service Users during the contract period

The Service Provider should consider seasonal fluctuation, workload, staff capacity and any awareness campaigns they may wish to run in their assumptions.

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

The Council may apply upper limits on the number of Service Users accessing the service.

The Service Provider must inform the Council of any significant disruption to the Smoking Cessation Service which is likely to impact on delivery of the Contract.

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

### **Related guidance**

- [Brief interventions and referral for smoking cessation in primary care and other settings](#). NICE Public Health Intervention Guidance no.1. March 2006
- [NC SCT local stop smoking services: service and delivery guidance](#) – 2014. September 2014. NC SCT
- Treatment of Service Users and recording of outputs must be as per the Russell Standard (<http://www.ncsct.co.uk/usr/pub/assessing-smoking-cessation-performance-in-nhs-stop-smoking-services-the-russell-standard-clinical.pdf>)
- NICE guidance <http://www.nice.org.uk/guidance/lifestyle-and-wellbeing/smoking-and-tobacco> shall be adhered to at all times by the Service Provider.

The Service Provider is responsible for keeping up to date and complying with smoking and tobacco NICE guidance, such as:

- Brief interventions and referral for smoking cessation (PH1) 2009
- Smoking cessation services (PH10) 2008
- Identifying and supporting people most at risk of dying prematurely (PH15)
- Smokeless tobacco cessation- South Asian Community 2012 (PH39)
- Tobacco harm reduction (PH45) June 2013
- Quitting smoking in pregnancy and following childbirth (PH26)
- Workplace interventions to support smoking cessation (PH5)
- Smoking cessation- supporting people to stop smoking quality standard in development (QS43)
- Smoking cessation – Varenicline TA123 July 2007
- Chronic obstructive pulmonary disease (QS 10) July2011

### **3.2 Applicable local standards**

Service Providers under this contract should prescribe licensed products in accordance with the Smoking Cessation Formulary, jointly agreed between the Clinical Commissioning Groups (CCG) and the Council. These are as follows:

- NHS Crawley CCG and Horsham and Mid Sussex CCG  
<http://www.chmsformulary.nhs.uk/searchresults.asp?SearchVar=Nicotine+&Submit=Search>
- NHS Coastal West Sussex CCG  
<http://www.coastalwestsussexformulary.nhs.uk/searchresultsAlternative.asp?SearchVar=Nicotine%20replacement>

The Council reserves the right to request the Provider to provide an audit of anonymised smoking cessation interventions that have been carried out.

### **Reporting of Incidents and Risk Management:**

- The Service Provider must report all Serious Untoward Incidents (SUIs) to the Council within 24 hours of occurrence and provide details of root cause analysis (RCA), recommendations and actions taken as a result.
- Any complaints received from Service Users about the Service Provider and/or Service provided must be reported to the Council's Authorised Officer within 7 working days. The Service Provider shall investigate any such complaint and report the outcome to the Council.

The Service Provider must have robust policies and procedures in place to ensure that vulnerable adults are protected from harm. National and local policies and procedures with regards to safeguarding children and vulnerable adults must be adhered to including the [\*Sussex Safeguarding Adults Policy and Procedures 2015\*](#).

## **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

When a Service User attends one session of a structured, multi-session intervention, consents to treatment and sets a quit date with a stop smoking adviser this is defined as a Treatment Episode.

Service Providers will need to work with the Service User's availability as well as their own time constraints. The NCSCT Standard Treatment Programme [http://www.ncsct.co.uk/usr/pub/standard\\_treatment\\_programme.pdf](http://www.ncsct.co.uk/usr/pub/standard_treatment_programme.pdf) should be followed for sessions 1-6 as follows:

Session	Appointment	Time	Intervention Type
Session 1	First appointment – Pre-quit assessment (1 or 2 weeks before quit date)	20-30 mins	Face-to-face
Session 2	Second appointment – on or around quit date	10 -15 mins	Face-to-face
Session 3	1 week post quit date	10 -15 mins	Face-to-face, telephone, text, e-mail
Session 4	2 weeks post quit date	10 -15 mins	Face-to-face, telephone, text, e-mail
Session 5	3 weeks post quit date	10 -15 mins	Face-to-face, telephone, text, e-mail
Session 6	4 week follow up appointment – CO-Validated quit (4 weeks post agreed) Quit date (minus 3 days or plus 14 days)	10 -15 mins	Face-to-face

## 5.2 Recording Outcomes

The Service Provider must record a four week outcome for each Service User who has set a quit date. There are four possible outcomes;

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.

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 ready to receive support to immediately attempt to stop again. If this is the case, the Service User must start a new treatment episode.

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.

### **5.3**

#### **Consent**

##### **The Service Provider will:**

- Inform Service Users that data collected will be used anonymised 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 a 4 week follow-up. Ideally the 4 week follow-up will be face-to-face and will include CO-validation. If necessary the 4 week follow up can be carried out by telephone.

### **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 N3 broadband.

### **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 Staffing and Training Requirements**

The Service Provider must ensure healthcare professionals delivering the service have completed the West Sussex approved two day face-to-face training programme. Training will be provided free of charge through the Council.

In addition, the Service Provider must ensure healthcare professionals delivering the service have also successfully completed the following online training;

- NCSCT Stop Smoking Practitioner training and certification (England) – Level 2 assessment <http://elearning.ncsct.co.uk/england>.
- NCSCT Mental health and smoking cessation [http://elearning.ncsct.co.uk/mental\\_health\\_specialty\\_module-registration](http://elearning.ncsct.co.uk/mental_health_specialty_module-registration)
- NCSCT Pregnancy and smoking cessation [http://elearning.ncsct.co.uk/pregnancy\\_specialty\\_module-registration](http://elearning.ncsct.co.uk/pregnancy_specialty_module-registration)

The Service Provider must ensure all staff trained to deliver the service updates their knowledge and skills every two years using the on-line tools available on the NCSCT website [http://www.ncsct.co.uk/pub\\_training-resources.php](http://www.ncsct.co.uk/pub_training-resources.php). This is also applicable to staff who have had a break in service of longer than 6 months.

In order to maintain skills, Smoking Cessation Staff should deliver the service to a minimum of 12 smokers over a 12 month period.

## **Equipment and Consumables**

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 or its contracted third party provider will provide, free of charge to the Service Provider:

- One Carbon Monoxide monitor (CO-monitor). The Council will consider a request for a second machine where the Service Provider can show need.

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.

In the event that the Service Provider ceases to deliver the Smoking Cessation Service, the Service Provider must notify the Council and make arrangements for the return of the monitor.

## **5.7 Infection Control**

The Service Provider will have clearly defined procedures in line with [NICE Guideline CG139 Healthcare-associated Infections: prevention and control in primary and community care](#) (March 2012). Procedures will cover hand, environment and decontamination of equipment in line with the manufacturers' guidance after each use.

## **5.8 Confidentiality Requirements**

### **Information Governance**

It is a legal requirement that people working with client identifiable data and personal confidential data work within the [Data Protection Act \(1998\)](#) and [Information Governance principles](#).

The Service Provider will ensure there are policies and processes in place regarding the extraction, transfer, usage, storage and maintenance of such data which comply with confidentiality law and the [Data Protection Act \(1998\)](#) (1998).

## **5.9 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 5.6 and are competent to deliver the service.
- Where required, 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.
- Interdependent functions within the Service Provider's team e.g. Admin Staff are aware the Provider will be offering the Service.

### 5.10 Access to IT systems

- PharmOutcomes – Sites already issued with a login will use that login, sites new to the system should contact the dedicated support service below to gain access.

User support <http://pharmOutcomes.org/pharmoutcomes/help/home>

01983 216699

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

The following performance indicators need to be measured and reported against

Performance Indicator	Annual Target	Method of Measurement
Service Users setting a quit date	≥12	Monthly/quarterly data reports
% of Service Users quit at 4 weeks	≥35%	Monthly/quarterly data reports
% of Service Users quit at 4 weeks with a recorded CO-Validation reading	≥85%	Monthly/quarterly data reports

## 7. Reporting Requirements

Service Providers should collect the Department of Health minimum dataset for every Service User setting a quit date.

- <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 claims each month as per Schedule B Part 1 of Public Health based Services Contract – commencement date 1<sup>st</sup> January 2017.

### • **Written Reports**

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

### • **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, Public Health England or

West Sussex County Council Policy.

**List of Appendices:**

APPENDIX A – **Predicted Activity Template**

**APPENDIX A Predicted Activity Template**

**Name of Service Provider:**

**Date Commencing Delivery:**

<b>Month</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
<b>No of Smoking Cessation Interventions the Service Provider will have capacity to deliver</b>						
<b>Month</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
<b>No of Smoking Cessation Interventions the Service Provider will have capacity to deliver</b>						

