



# TRAFFORD COUNCIL

## Service Specification

For the Locally Commissioned Service:

# Smoking Cessation

Service	Smoking Cessation
Authority Lead	Harry Wallace
Provider Lead	Harriet Sander
Period	1/4/2023 – 31/03/2028 with an optional annual extension
Date of Review	October 2023

## 1. National and Local Context

Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life. There is evidence that helping smokers to stop smoking can be effective and highly cost-effective.

Trafford Council is commissioning and funding a General Practice Smoking Cessation service, that will contribute to the reduction in smokers in Trafford and Greater Manchester (GM).

In line with the Making Every Contact Count agenda, systematic identification of smokers and delivery of very brief advice (VBA) by health or social care professionals at every opportunity is required, to ensure that smokers access the most effective stop smoking support options available.

Regardless of any expressed desire to stop, all smokers should be informed that the best way to stop is through a combination of behavioral support and medication, that the best place to receive this is from their local stop smoking service, and that a referral can be made immediately.

### **1.1. National Context**

In 2019, the government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke by then. Without achieving this objective, the government will simply not meet their manifesto commitment “to extend healthy life expectancy by five years by 2035”.

Smoking remains the single biggest cause of premature, preventable death and costs society £17 billion annually.

An independent review of tobacco policy set two new targets around smoking cessation:

- a. To ensure every community in every area <5% by 2030
- b. To make smoking obsolete by 2040

### **1.2. Local Context**

There is a downward trend in smoking prevalence across Trafford and most of GM. However, smoking-related inequalities impact every borough. Smoking is the single biggest driver of health inequalities and disproportionately affects poorer communities.

Trafford is the best performing borough in GM. The 2020 indicators for smoking in Trafford are:



- a. Smoking prevalence in Adults: 8.5, GM: 14.9, England 12.1 per 100,000
- b. Smokers who have successfully quit at 4 weeks: Trafford 1188, England 1808
- c. Smoking attributable mortality for 2017-2019: Trafford 187.8, GM 281.3, England 202.2
- d. Smoking attributable hospital admissions: Trafford 1539, GM 1684, England 1398.

Trafford is part of the GM-wide Tobacco Free Greater Manchester Strategy, which sets out a vision for tobacco control that is grounded in an innovative, international evidence-based framework, our GMPOWER Model. This is based on the World Health Organisation (WHO) multi component MPOWER model, introduced globally in 2008 and endorsed by the World Bank and UK Government. This approach advocates a comprehensive, multi component approach to tackling tobacco. The principles of the GMPOWER Model are also supported by the public health guidance developed by the National Institute for Clinical Excellence (NICE).

A core component of the GMPOWER Model is the “offer to quit tobacco”, supported by the commissioning of NHS harmonised smoking cessation services across GM. General Practices are considered to be a key primary care provider in the delivery of such services.

## 2. Service Aims and Objectives

This service aims to improve health outcomes and quality of life amongst Trafford residents, through delivering smoking cessation advice and support to identified smokers.

The objective of the Service is to ensure that any patient who is identified as a smoker receives a consistent and effective offer, in line with NICE guidelines. This enhanced service is to be provided in addition to the Essential Service ‘Promotion of Healthy Lifestyles (Public Health)’ (ES4).

Specific objectives of this Service include:

- a. To reduce smoking-related illnesses and deaths by helping people to stop smoking
- b. To improve access to and choice of smoking cessation support services closer to peoples’ homes, workplaces, and places of leisure.
- c. To provide timely access to an early assessment of potential smoking-related harm.
- d. To provide a timely intervention to reduce the number of people who smoke.
- e. To help people identify and access additional treatment by offering timely referral to other stop smoking services, where appropriate and available.



- f. To minimise the impact on the wider community by reducing the levels of smoking and the associated second-hand smoke that may be inhaled by the public and the patient's family and friends.

### 3. Key Service Outcomes

#### **2.1. Local Outcomes**

Local outcomes will be reviewed annually to ensure due consideration is given to the changing needs of Trafford residents.

- a. The Provider will work to ensure that all adults who have been identified as a smoker receives the appropriate level of support to aid them quitting smoking.
- b. The Provider will work to ensure that all patients with a known smoking status are offered an intervention.
- c. The Provider will work towards reducing the smoking rates of key demographics in Trafford.

#### **2.2. PHOF Indicators**

The Service will contribute to a reduction in the following area: C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition).

### 4. Service Detail

#### **3.1. Eligibility**

The Service is accessible to any adult 18 years or older who identifies as a smoker and who is registered at the General Practice. Inclusion into the Service should include but is not limited to:

- People wishing to use nicotine replacement therapy (NRT)/ Varenicline (Champix) and Zyban (Bupropion) to aid their quit attempt (including those referred by Community Pharmacy).
- People using their own e-cigarettes who wish to access behavioral support.
- People prescribed NRT or Varenicline as part of the CURE programme.
- Pregnant smokers wishing to access NRT or brief advice as part of the smokefree pregnancy programme (Babyclear).
- Smokers over the age of 18.
- People wishing to use e-cigarettes as an alternative method to aid their quit attempt.

Service Provider staff must confirm the person's eligibility to access the Service as they cannot register for more than one service during a quit attempt. This is to ensure that their details are not duplicated, leading to confusion and compromised data

quality and audit trail. This also ensures people are not accessing multiple sets of pharmacotherapies.

Trafford Council are particularly interested in targeting specific groups who are more likely to smoke, such as:

- People with severe mental health conditions (including non-medical drug addiction).
- LGBT+ community
- Routine and Manual workers

### **3.2. Interdependencies with other services**

The Service will be professionally supported by Trafford Council. It will also have other interdependencies with services like Community Pharmacy, CURE, Saving Babies Lives, social prescribing, severe mental illness (SMI) smoking cessation offer etc.

Service Providers may link service provision, when appropriate, with other NHS services, public health services and wider partner agencies alongside other enhanced services, for example NHS Health Checks. Trafford Council will provide details of relevant referral points which Provider staff can use to signpost persons who require further assistance.

### **3.3. Access to The Service**

The Providers will provide an accessible service for this predominately working age population by offering suitable appointment times, which may include evening and/or weekend appointments to maximise uptake.

The Service will be made accessible via the following routes:

- a. Referral from other stop smoking service providers or healthcare professional.
- b. General and targeted health promotion within the General Practice.
- c. General health promotion events in the community.
- d. Advice given with regards self-care to support long term conditions or minor ailments.
- e. Identification by a pharmacist when delivering Advanced Pharmacy Services such as medicine use reviews, the new medicine service, or seasonal influenza vaccination service.
- f. Identification within another local enhanced or locally commissioned service.
- g. Self-referral from smokers accessing self-help materials.

General Practice staff must confirm the person's eligibility to access the Service as they cannot register for more than one service during a quit attempt. This is to ensure that their details are not duplicated, leading to confusion and compromised data quality and audit trail. This also ensures people are not accessing multiple sets of pharmacotherapies.

### **3.4. Service Promotion**

The General Practices shall have appropriate material available for people accessing the Service and promote its uptake. This includes provision of:

- Smoking cessation brief advice leaflets or the immediate ability to signpost to digital information, such as a website.
- Posters and other Stop Smoking materials.

The General Practices will have appropriate stop smoking support materials for patients and promote service uptake. This should be material produced by Greater Manchester Health & Social Care Partnership (GMHSCP) or National Smoke Free branded material.

GMHSCP will be responsible for commissioning the promotion of the Service locally, including the development of publicity materials, which General Practices can use to promote the Service to the public. These materials will be shared through Trafford Council.

Consent forms, Friends and Family Feedback Forms and other materials specified will be supplied by GMHSCP or Trafford Council at no cost to the Provider.

## **5. Smoking Cessation: Behavioral Support, Nicotine Replacement Therapy (NRT) Supply and Medicines Advice**

### **5.1. Service Overview**

General Practices will supply up to a maximum of two NRT products for up to a maximum of two weeks at a time, and for up to a total of 12 weeks. General Practices will also provide medicines advice regarding NRT use as per the essential service element of their core NHS terms of service. Practice can only provide follow-up support and NRT to patients who are abstinent beyond four weeks.

Progress is measured at six weeks and twelve weeks through carbon monoxide (CO) verification. However, it is acceptable to test CO levels at 10 weeks, if a final supply of medication is dispensed at this point and for the practice to call the patient at 12 weeks to confirm continued quit status. CO monitoring can be used at other times during a quit attempt as a motivational aid if the patient would like to see their CO readings more often.

## 5.2 Behavioral Support, follow up, monitoring

Appropriately trained practice staff (*see Section 6.4 for training requirements*) will deliver behavioral support to people, identifying and discussing the variety of quit methods available to support a patient's quit attempt.

- People are to be supported with motivational/behavioral support and with appropriate pharmacotherapy to set a quit date, ultimately stop smoking and attempt to remain smoke-free.
- Progress is measured at four weeks through carbon monoxide (CO) verification. However, it is acceptable for the General Practice to call or text the patient to confirm quit status. CO monitoring can be used at other times during a quit attempt as a motivational aid if the patient would like to see their CO readings more often.
- The General Practice should identify treatment options that have proven effectiveness, maximise the patient's commitment to meet their quit date and ensure they understand the ongoing support and monitoring arrangements.
- Advice on vaping can be provided to any patient wishing to stop smoking. Training on e-cigarettes is included in NCSCT practitioner training and in the Trafford smoking cessation training sessions.
- Although not all clinicians can prescribe products such as Champix and Zyban, we expect these options are discussed with a patient wishing to quit so they understand there is a wide range of support and methods available to help their quit attempt. If suitable, a clinical assessment would be completed with the prescribing clinician before the method is issued.
- If a patient is using their own e-cigarette product and wishes to access the General Practice behavioral support element of the Service, this is acceptable and should be documented on the patient's EMIS details, using the smoking cessation template to capture information.
- Whilst trained and competent General Practice staff may be authorised to undertake counselling, monitoring and the recording of data, the clinical responsibility for supply of NRT/Champix/Zyban lies with the prescribing clinician.

## 5.3. CO Monitoring

Progress is measured at four weeks through carbon monoxide (CO) verification. However, it is acceptable for the General Practice to call or text the patient to confirm quit status. CO monitoring can be used at other times during a quit attempt

as a motivational aid if the patient would like to see their CO readings more often.

Service Providers will provide CO monitoring to persons accessing the Service to support their quit attempt; unless they are accessing another service where CO levels are monitored. This should be delivered in line with the [NICE Quality Standard \(QS43\)](#).

#### **5.4. Varenicline support and supply**

The clinician will undertake an initial consultation with the patient, to ensure that varenicline is a clinically appropriate and that the patient meets the criteria to use this medication as a quit aid attempt.

Varenicline is started prior to the quit date. This quit date is ideally within 1-2 weeks of starting varenicline but can be at any time within the 12 weeks of treatment. The dose can be reduced to 0.5mg if the patient experiences intolerable side effects. The course length is 12 weeks but can be extended to 24 weeks if required.

#### **5.5. E-cigarette support and supply**

The clinician will undertake an initial consultation with the patient, to ensure that e-cigarettes are clinically appropriate and that the patient meets the criteria to use e-cigarette devices as a quit aid attempt.

Patients who choose to use e-cigarettes should be shown how to use the devices by the clinician, in line with the training provided (*see Section 7.5*). Individuals will then be supplied with a 14-day supply of liquids at each visit.

Stop Smoking Advisers should follow NRT guidelines when providing e-cigarettes and provide a maximum of 12-weeks' worth of liquids, reducing strengths as required. If a patient requires additional liquids above this, then the patient should purchase this.

#### **5.6. NRT Support and supply**

Patients should be provided with information and guidance, so that they can make an informed choice regarding their choice of NRT.

Stop Smoking Advisers should follow NRT guidelines and provide a maximum of 12-weeks NRT, reducing strengths as required on a 2-weeks' supply at a time. If a patient requires additional NRT above this, then the patient should purchase this or be referred to their GP for a prescription (if session is being undertaken by a PN or other).

Patients who pay for prescription charges should be informed about the availability of pre-payment certificates.

### 5.7. Visit frequency for support and pharmacotherapy supply

Visit	Visit detail	Quantity of Bupropion or Varenicline prescribed	Quantity of NRT or e-cigarettes prescribed
Initial Consultation	Pre-Quit attempt review. Quit date set, patient's readiness assessed and recorded on EMIS, CO recorded for baseline and Quit method options reviewed.	1mg x 28	14 days
2 Week follow up	Ensure patient is progressing and using NRT products appropriately, progress checked.	1mg x 28	14 days
4 Week follow up	CO verified or self-reported quit recorded on EMIS and positive reinforcement to maintain quit. If quit unsuccessful, record non quit on outcome of patient and reattempt to support the patient to try a new quit attempt.	1mg x 28	14 days
6 week follow up	Progress checked Advice to maintain remission	1mg x 28	14 days
8 week follow up	Progress checked Advice to maintain remission	1mg x 28	14 days
10 week follow up	Progress checked Advice to maintain remission	1mg x 28	14 days
12 week follow up	Progress checked Advice to maintain remission	0	0

### 3.5. Initial Consultation

#### 3.5.1. Pre-Quit Assessment

General Practices (Service Providers) shall offer pre-quit assessments to persons they have identified as smokers and eligible for the Service.

The assessment shall offer education, advice and support to patients and understand their concerns, motivation, confidence, and importance of accessing the Service at this time.

People who wish to quit smoking shall be offered support through the General Practice's stop smoking service, which is appropriate to their needs.

People who do not wish to stop smoking at this time should be given details of the current stop smoking quit methods available, should they wish to seek support in the future.

### 3.5.2. Initial Assessment

An initial assessment must include the following:

- a. A CO test and an explanation of its use as a motivational aid.
- b. An explanation of the benefits of quitting smoking.
- c. A description of the main features of tobacco withdrawal and the common barriers to quitting including how to cope with cravings.
- d. Identification of treatment options that have proven effectiveness.
- e. Description of what a typical treatment programme might look like, its aims, length, how it works and its benefits.
- f. Emphasise and maximise the commitment to not smoke a single puff over the next 28 days.
- g. Appropriate behavioral support strategies to help the patient quit.

### 4.6. Follow up consultations

This must include smoking status validation, using a CO test at the times stated above and CO measures for motivational purposes, when identified as appropriate by the patient and General Practice. Further supplies of treatment could be coordinated with these consultations. Face to face or phone consultations will achieve maximum success if undertaken as often as possible. These should be determined as appropriate by the General Practice.

The follow up model has been highlighted in Section 5.4. It is accepted that this will be dependent on how often the patient wishes to attend and other demands on the General Practice.

### 4.7. The Four Week follow up

This should include self-reported smoking status, followed by a CO test for validation.

It is acceptable for the Service Provider to call or text the patient to confirm quit status. CO monitoring can be used at other times during a quit attempt as a motivational aid if the patient would like to see their CO readings more often.

Support will be provided for successful quitters up to 12 weeks from their quit date.

#### 4.7.1. A treated smoker

A successful quitter is as defined by the Department of Health (DH) stop smoking guidelines as having a CO reading of 10ppm or less. The definition of a carbon monoxide verified four-week quitter is a treated smoker who:

- Has not smoked at all since day 14 of their quit attempt AND;
- Has a CO reading assessed 28 days from their quit date (-3 or +14 days);
- Has a CO reading less than 10ppm (for pregnant women a lower cut-off point of 4ppm is recommended)

#### 4.7.3. If a patient has not managed to stop smoking at four weeks

- Acknowledge that this quit attempt has not worked for them but let them know that it is normal for it to take several quit attempts before quitting for good.
- Inform them that they can only provide follow-up support and NRT to patients who are abstinent beyond 4 weeks.
- Spend a few minutes discussing what they have learned from their recent experience and reinforce how the Service will be able to help now or when they are ready to make another attempt.

#### 4.7.2. The lost to service four-week evaluation

This provides an opportunity for the General Practice to re-engage with a patient who has not attended a planned appointment.

## 5. Data and Monitoring Requirements

The General Practice will be responsible for ensuring that accurate and complete records of consultations, advice and treatment provided to each patient, is recorded along with outcomes using the smoking cessation template built into EMIS.

The Service Provider Contractor shall record consultations using EMIS. Outcomes4health shall be used for generating and submitting invoices.

The quarterly claiming deadlines for activity are:

<b>Quarter</b>	<b>Quarter Close</b>	<b>Cut-off date to submit activity</b>	<b>Payment date</b>
Q1	30th June	20th July	15th August
Q2	30th September	20th October	15th November
Q3	31st December	20th January	15th February

Q4	31st March	20th April	15th May
----	------------	------------	----------

Providers are also required to provide relevant data for validation and quality assurance purposes, where requested. Trafford Council are piloting this information being provided through NHS Greater Manchester Integrated Care Board with six monthly audits and feedback to General Practices to resolve data coding issues and maximise practice claims. Any practice where there are continual coding issues, may need to revert back to providing their own validation data and being paid following local audit of these figures.

Providers will be paid 2 working weeks after the claiming deadline.

## 6. General Requirements

Trafford Council will monitor compliance with the terms and conditions set out in this contract. Trafford Council will undertake a PPV quality audit visit on an annual basis to monitor performance and contract compliance. This will be with a random sample of 10% of Providers each year.

The Provider is expected to support the quality assurance process for Smoking Cessation and provide evidence of the following:

### 6.1. Stop Smoking Lead

Participating Service Providers should identify a 'Stop Smoking lead' to be the nominated contact for and provide a valid email to Trafford Council.

### 6.2. Premise

The provider premises are fit for purpose. This must include adequate space to carry out an assessment, store and maintain equipment, and store consumables.

The General Practice must have a consultation area to be used for the provision of the Service. This area must provide a sufficient level of privacy and safety for such consultations.

### 6.3. Equipment

Practice must ensure they have a working CO monitor and sufficient disposable mouthpieces for 20 tests.

Smokerlyzers will be provided by Trafford Council and will remain the property of Trafford Council. The General Practices (Service Provider) will be responsible for maintenance and for purchasing consumables/mouthpieces, as required.

#### 6.4. Training Requirements

The section below sets out the training requirements for each level of the Service. Evidence of competencies must be retained within each Service Provider (for all clinicians, locums and staff delivering the Service). Evidence of competencies must be dated within the last three years and retained within a folder, which will be requested at times of Service Provider PPV visits.

Before commencement of the Service all staff will read the service specification and complete and provide evidence of completion of the following:

- a. All relevant General Practice clinical staff will be trained to offer brief advice or brief intervention through completion of NCSCT online brief advice/intervention module, available at: [http://www.ncsct.co.uk/publication\\_very-brief-advice.php](http://www.ncsct.co.uk/publication_very-brief-advice.php).
- b. All stop smoking support staff will obtain and evidence NCSCT Stop Smoking Practitioner Certification, available at: [https://elearning.ncsct.co.uk/practitioner\\_training-registration](https://elearning.ncsct.co.uk/practitioner_training-registration).
- c. Trafford Council will provide smoking cessation training annually. This will be available to any staff delivering the Service in Trafford. The training will provide an overview on the latest support strategies, information on the benefits of quitting, identification of treatment options and an overview of the treatment programme.
- d. Additional training: Specialist NCSCT training is also available to support mental health and pregnancy too.
- e. E-Cigarette device training is offered through Trafford Council's e-cigarette provider, Totally Wicked, and is available online at: <https://www.youtube.com/watch?v=vCM1Nz0idh0&list=PLQkw2uSe996u0Ga41hQNoGH942GPQdqoZ>.

#### 6.5. Complaints

Providers must maintain and operate a complaints procedure in compliance with the Fundamental Standards of Care.

The Provider must:



- a. Provide clear information to Service Users, their Carers and representatives, and to the public, displayed prominently in the Services Environment as appropriate, on how to make a complaint or to provide other feedback and on how to contact Local Healthwatch; and
- b. Ensure that this information informs Service Users, their Carers and representatives, of their legal rights under the NHS Constitution, how they can access independent support to help make a complaint, and how they can take their complaint to the Health Service Ombudsman should they remain unsatisfied with the handling of their complaint by the Provider.

## 7. Clinical Governance

The Provider is responsible for ensuring that sufficient arrangements for clinical governance are in place to allow for the provision of safe, effective services.

The Provider is required to have processes and procedures in place for reporting serious incidents and patient safety incidents. It is expected that all serious incidents and patient safety incidents are dealt with in line with organisational and NHS Greater Manchester Integrated Care Board procedures.

The General Practice is required to report any suspected side effects or safety concerns reported by people using e-cigarettes and any e-liquids used for vaping to the MRSA via the Yellow Card scheme website, available at: <https://yellowcard.mhra.gov.uk/yellowcards/tobaccoreportmediator/>.

Applicable NICE quality standards that are expected to be followed in the delivery of this Service are:

- [Supporting People to stop smoking, quality standard \(QS43\) \(2013\)](#)
- [Stop Smoking interventions and services \(NG92\) \(2018\)](#)

## 8. Payment Schedule

Trafford Council reserves the right to revise fees. Payment breakdown is as follows:

<u>Trafford Payment schedule – Smoking Cessation</u>	<u>Cost</u>
Fee for initial appointment and setting quit date	<b>£10.00</b>
Progress Checks	<b>£5.00</b>
Fee for 4 – 6 week follow up with a <b>CO verified</b> quit reported	<b>£30.00</b>
Fee for 4 – 6 week follow up with a <b>Self-reported</b> (not verified) quit	<b>£10.00</b>

A patient can restart the smoking cessation service again 12 weeks post outcome appointment. Please note, this means claims cannot be made within this timescale for the same patient. A General Practice can therefore only claim for these payments 12 weeks from the date of the previous outcome appointment.

General Practices will need to record their patients' smoking status to ensure an outcome is recorded on the patient's smoking cessation record, regardless of whether the quit occurs. All patients must have an outcome recorded – CO quit, self-reported, relapse or unknown/lost to follow up.

## 9. Activity Assurance

Trafford Council is not setting a minimum or maximum number of interventions delivered. However, the Commissioner reserves the right to limit or suspend the Service on a temporary basis, if demand for provision exceeds the available budget.

If a Provider feels they cannot deliver the programme at a sufficient rate, there is an expectation that alternative delivery will be considered. This will be done collaboratively with the Provider, Trafford Council and any potential alternative provider.

## 10. Agreement Termination or variation

### 10.1. Agreement Termination

The Commissioner and the Provider may agree, in writing, to terminate the contract, and, if agreement is reached, the date on which the termination should take effect, with a minimum notice period of 30 days.

The Commissioner will have the right to suspend or terminate delivery of the Service if the Provider fails to meet the terms of this agreement, including accreditation status.

### 10.2. Agreement Variation

The Commissioner reserves the right to vary on any part of this agreement at any time as a result of any Act of Parliament or direction of Central Government, NHSE, OHID, or any other regulatory body, or outcome of review of audit, providing that no less than 30 days' notice to this effect is given.

The Commissioner reserves the right to propose amendments to service provision that will ensure the contract's purpose is fulfilled and achievable activity is carried out.

## 11. Resources and Contact

Locally Commissioned Services,  
Public Health,  
Trafford Council,  
Trafford Town Hall,  
Stretford,  
Manchester,  
M32 0TH  
Email: [LCS@trafford.gov.uk](mailto:LCS@trafford.gov.uk)  
Tel. Number: 0161 912 3431