TRAFFORD
COUNCIL

Service Specification

For the Locally Commissioned Service:

NHS Health Checks

Service	**NHS Health Checks**
Authority Lead	**Harry Wallace**
Provider Lead	**Harriet Sander**
Period	**1/4/2023 – 31/03/2028 – annual optional extension**
Date of Review	**October 2023**

1. National and Local Context

The NHS Health Check programme is a mandatory public health service for the Local Authority. The NHS Health Check is a systematic vascular risk assessment and management programme, to help prevent various cardiovascular diseases (CVD) including heart disease, stroke, diabetes, dementia and kidney disease.

The programme is offered once every five years to the eligible cohort. The eligible cohort for this programme includes people between 40 to 74 years of age who:

- have no previous diagnosis of CVD
- are not currently taking statins

The Department of Health expects 20% of the eligible population to be invited each year over the 5-year rolling programme, with an aspiring target of a 15% uptake of eligible patients.

The Department of Health estimated that the programme could prevent 1,600 heart attacks and strokes, at least 650 premature deaths, and identify over 4,000 new cases of diabetes each year. At least 20,000 cases of diabetes or kidney disease could be detected earlier, allowing individuals to be better managed to improve their quality of life. The estimated cost per quality adjusted life year (QALY) is approximately £3,000.

Trafford CVD risk data:

- Under 75 mortality rate from all CVDs of 75.1 per 100,000, similar to the national average of 76.0 (2021)[1].
- Under 75 mortality rate from CVDs considered preventable of 32.8 per 100,000, similar to the national average of 30.2 (2021)[2].

2. Service Aims and Objectives

This Service aims to improve health outcomes and quality of life amongst Trafford residents by identifying individuals at an earlier stage of vascular change and provide opportunities to empower them to substantially reduce their risk of cardiovascular morbidity or mortality. In turn this will lead to a reduction in the incidence of acute cardiovascular events in the Trafford population.

[1] Public Health Outcomes Framework - Data - OHID (phe.org.uk)

[2] Public Health Outcomes Framework - Data - OHID (phe.org.uk)

Specific objectives of this Service include**:**

- To offer an NHS Health Check to a minimum of 20% of the eligible population every year as part of a five-year rolling programme.
- To deliver an NHS Health Check to 15% of the eligible population, as an aspiration.
- To enable the early detection of hypertension.
- To enable the prevention and early detection of diabetes.
- To enable the early detection of chronic kidney disease.
- To identify individuals with a high risk of future CVD.
- To initiate the appropriate medical management of newly diagnosed chronic diseases.
- To identify levels of potentially harmful drinking.
- To increase population level awareness of dementia, specifically among 65 to 74 year olds.
- To work collaboratively with individuals who require lifestyle modification and offer them ongoing support through referral to one or more of the following local lifestyle interventions:
    - Smoking Cessation Service
    - Pre-diabetes services
    - Weight Management Services
    - Alcohol & Substance Misuse Services

The Service for NHS Health Checks is designed to offer an enhanced level of service over and above the scope of Essential and Additional Services.

The Service will contribute to the improvement of outcomes set out nationally in NHS Health Check programme standards set out by OHID and through the Public Health Outcomes Framework.

3. Key Service Outcomes

Providers will ensure that an appropriate mix of invitation methods are used to encourage uptake of the programme, particularly amongst deprived groups and those who have been identified as being at increased risk of CVD through local intelligence.

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 Provider will provide tailored face-to-face feedback for everyone on their future risk of CVD. In addition to the appropriate medical management of risk, this will include advice on lifestyle and referral to local lifestyle interventions as appropriate.

The Service will contribute to the improvement of outcomes set out nationally in NHS Health Check programme standards by OHID and through the Public Health Outcomes Framework, as well as local outcomes.

3.1. Local Outcomes

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

Providers will work to ensure that appropriate referrals are made, or interventions are delivered when patients identify a relevant need. This will be monitored via the locally gathered data on referrals.

Providers will ensure that eligible patients are able to access an NHS Health Check and where Providers cannot fulfil their obligation to deliver the service, they will work collaboratively with the Local Authority to ensure continuity of provision (see Section 10 for further details).

3.2. Public Health Outcomes Framework (PHOF)

The Service will contribute to the achievement of the following outcomes:

- Mortality rate from causes considered preventable (4.03 provisional)
- Under 75 mortality rate from all cardiovascular diseases (4.04i revised provisional)
- Under 75 mortality rate from all cardiovascular diseases considered preventable (4.04ii provisional)
- Excess weight in adults (2.12)
- Percentage of physically active adults (2.13)
- Prevalence of smoking among persons aged 18 years and over (2.14)
- Take up of NHS Health Check programme by those eligible – health check offered (2.22i)
- Take up of NHS Health Check programme by those eligible – health check take-up (2.22ii)
- Recorded Diabetes (2.17)
- Alcohol-related hospital admissions (2.18)

3.3. Quality Outcome Indicators

Quality outcomes indicators for this Service are outlined in the NHS Health Check programme standards[3].

[3] NHS Health Check - National guidance

4. Service Detail

4.1. Eligibility

Providers will be expected to produce and refresh a register of patients eligible for an NHS Health Check and ensure that all clinical details are within the Provider system accurately.

The eligibility criteria are that the invitee must:

- Be aged 40 to 74
- Must not have been offered an NHS Health Check within the previous five years.

People already diagnosed with the following are excluded from the programme:

- Coronary heart disease
- Chronic kidney disease (CKD) (classified as stage 3, 4 or 5 within NICE CG182)
- Diabetes
- Hypertension
- Atrial fibrillation
- Transient ischaemic attack
- Familial hypercholesterolaemia
- Heart failure
- Peripheral arterial disease
- Stroke

Additional exclusion criteria:

- Patients must not have already been prescribed statins for the purpose of lowering their cholesterol.

- Patients must not have already been assessed through an NHS Health Check, or any other check undertaken through the health service in England and found to have a 20% or higher risk of developing CVD over the next ten years.

  The reason these patients have been excluded is because the programme aims to find new cases of people at risk, so that interventions can be put in place. People already diagnosed with the above conditions should already be having annual reviews at their General Practice, lifestyle interventions to reduce risk and having treatment where necessary.

  No eligible patient may be excluded from the programme based on a lack of mental capacity and active consideration should be given to any patient who shares one of the nine protected characteristics.

Staff should ensure that any person, including those identified as having a learning disability, dementia, or a mental illness, is able to understand and consent to the NHS Health Check. Where staff suspect that a person lacks capacity, a mental capacity assessment will need to be undertaken. Advice, support, and guidance regarding mental capacity can be obtained through Trafford APPP[4].

Health professionals providing the checks must make sure that all patients have access to information about the programme presented in a way which is accessible and that they can understand.

Resources are available in EMIS web. Standard Translations are available, as well as additional translations in Bengali, Urdu, Hindi, Guajarati, Punjabi and Braille.

4.2. Invitation and Recall

The Providers will be required to run a search to identify a register for CVD which records the risk for each patient and records the recall date to review the patient at the appropriate timeline. This may include targeted actions directed at those patients who fail to attend an NHS Health Check with their General Practice in the first instance.

Providers will ensure that every eligible patient in the Provider cohort is invited to have an NHS Health Check every five years. Patients will be identified via the eligible patient search on EMIS.

The Provider will make up to two attempts to invite patients for a Health Check. At least one of these attempts should be through a formal written letter with an accompanying patient leaflet. Providers should choose the most appropriate mix of invitation methods for their population (see invitation letter template Appendix A).

Ensure all eligible patients have a recall date for the repeat of their NHS Health Check in five years from the assessment date. Patients may be no longer eligible after their NHS Health Check.

Providers must record within EMIS all patients who fail to respond to the invitations for their NHS Health Check. This will then inform the service monitoring outlined in Section 6.2.

5. Risk Assessment

A complete NHS Health Check must include **all** the elements outlined in the NHS Health Check Best Provider Guidance (Appendix B). Where elements are already on record within 12 months, it will be up to the clinical judgement of the practitioner whether these elements need to be repeated.

[4] 7.1 Mental Capacity – Trafford APPP Resource

All patients will receive a standard risk assessment as described below. In addition, some patients will require additional risk assessments for diabetes.

5.1. Standard Risk assessment

The Provider will assess and record the following information**,** during each NHS Health Check:

- demographic data: age, gender, ethnicity;
- smoking status;
- family history of coronary heart disease;
- blood pressure, systolic (SBP) and diastolic (DBP);
- body mass index (height and weight);
- general Provider physical activity questionnaire (GPPAQ)I;
- alcohol use score (AUDIT-C or FAST can be used as the initial screen, further guidance is in the best Provider guidance);
- cholesterol level: total cholesterol and HDL cholesterol (either point of care or venous sample if within the last six months);
- cardiovascular risk score calculated by QRISK©3: a score relating to the person's risk of having a cardiovascular event during the ten years following the NHS Health Check, derived using an appropriate risk engine that will predict cardiovascular risk based on the population mix within the Local Authority's area;
- validated diabetes risk assessment score or, if that is not possible, the diabetes filter (BMI and BP).

Further appropriate assessments for hypertension, chronic kidney disease, diabetes, full alcohol risk assessment and familial hypercholesterolemia will be carried out on patients with abnormal parameters after the initial standard risk assessment (see below).

5.2. Hypertension Risk Assessment

The Provider will perform further hypertension risk assessments to detect and treat undiagnosed hypertension for patients with a blood pressure at or above ≥140/90 mmHg or where either the systolic or diastolic blood pressure exceeds the respective threshold. To identify persistent raised blood pressure, these individuals should return for at least two further measurements under the best possible conditions.

Providers will work in line with NICE guidance of diagnosis and management of hypertension[5].

Although not nationally mandated, in Trafford (and many other areas) staff undertaking NHS Health Checks have been instructed to palpate the pulse for one minute in all patients 65 and over. This is to screen for heart rhythm

[5] Recommendations | Hypertension in adults: diagnosis and management | Guidance | NICE

problems; if the pulse is found to be irregular it generates clinical action according to practice protocol.

5.3. Diabetes Risk Assessment[6]

The Provider will perform a diabetes risk assessment to detect impaired glucose tolerance (IGT) and Diabetes Mellitus for any patient who meets any of the following criteria:

- BMI ≥ 30 (or ≥ 27.5 if Indian, Pakistani, Bangladeshi, other Asian or Chinese).
- A blood pressure threshold, at or above either a 140 mmHg systolic or 90 diastolic mmHg.

If they do not meet the above criteria, Providers should still discuss how to prevent or delay the onset of the condition. This includes being more physically active, achieving and maintaining a healthy weight, eating less fat and eating more dietary fibre. They should also tell people where to get advice and support to maintain these lifestyle changes in the long term.

If a patient does meet the above criteria, they should receive one of the following:

- A fasting plasma glucose test. However, if the patient has had a normal fasting plasma glucose within the last six months then there is no need to repeat the test. Patients who are found to have non-diabetic hyperglycaemia (6 -7 mmol/l) will also receive a formal oral glucose tolerance test to exclude diabetes or IGT.
- Alternatively, an HbA1c test can be used for the screening and/or diagnosis of diabetes or IGT.

A high risk of diabetes is identified through either:

- a fasting plasma glucose of 5.5 to 6.9 mmol/l
- an HbA1c level of 42 to 47 mmol/mol [6.0 to 6.4%]
- an oral glucose tolerance test (OGTT), a fasting value over7.0 mmol/L over 11.0 mmol/L after 2 hours[7]

[6] Glossary | Type 2 diabetes: prevention in people at high risk | Guidance | NICE

[7] Glucose Tolerance Test (diabetes.co.uk)

5.4. Chronic Kidney Disease Risk Assessment[8]

The Provider will perform a serum creatinine test to calculate the estimated glomerular filtration rate (eGFR) for any patient who has a raised blood pressure at or above either a 140 mmHg systolic or 90 mmHg diastolic. However, if the patient has already had a serum creatinine within the past six months then the test need not be repeated.

Where eGFR is below 60ml/min/1.^{73m}, management and assessment for chronic kidney disease is required in line with the NICE clinical guideline.

5.5. Full Alcohol Risk Assessment

A full AUDIT assessment is indicated by either:

- An AUDIT-C score >5
- A FAST score >3 [9]

If the individual meets or exceeds the AUDIT threshold of 8, brief advice should be given. Referral to local alcohol services should be considered for individuals scoring 20 or more (see NICE public health guideline 24, June 2010 for further detail)[10].

5.6. Assessment for familial hypercholesterolemia

Adults with a baseline total cholesterol above 7.5 mmol/l are assessed for a clinical diagnosis of familial hypercholesterolaemia[11].

5.7. Risk Communication

The Provider will explain and discuss the results of the NHS Health Check, including the cardiovascular risk score, with each patient. This communication will be face-to-face and tailored to each individual to maximise patient understanding.

The staff delivering the NHS Health Check should be trained in communicating, capturing and recording the risk score and results, and understand the variables used by the risk engine to calculator the risk score. All individuals who undergo an NHS Health Check must have their cardiovascular risk score calculated using QRISK©3.

When communicating CVD risk, all individuals should also be made aware that 'what is good for their heart is good for their brain' as risk factors discussed for the prevention of CVD, are also those that will prevent the

[8] Overview | Chronic kidney disease: assessment and management | Guidance | NICE

[9] Fast_alcohol_use_screening_test__FAST__.pdf (publishing.service.gov.uk)

[10] How to screen | Diagnosis | Alcohol - problem drinking | CKS | NICE

[11] Quality statement 1: Diagnosis | Familial hypercholesterolaemia | Quality standards | NICE

onset of dementia. Individuals aged 65 to 74 specifically, should also be made aware of the signs and symptoms of dementia.

When communicating individual risk, staff should be trained to:

- Communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk.
- Deliver very brief advice, brief advice, or an extended brief intervention, to support individual behaviour change.
- Create a two-way dialogue to explore individual values and beliefs to facilitate a client-centred risk plan.

Individuals receiving an NHS Health Check should be given adequate time to ask questions and obtain further information about their risk and results. Appropriate written information should also be provided, this should include personalised feedback explaining their:

- BMI
- Cholesterol level
- Blood pressure
- AUDIT score (AUDIT-C or FAST)
- CVD risk score and what this means
- Lifestyle advice given
- Referrals onto lifestyle or clinical services

In addition, individuals over the age of 65 must be made aware of the signs and symptoms of dementia and signposted to local services, where appropriate.

5.8. Risk Management

Provision of and timely access to high quality and appropriate risk management interventions should be in place in line with the NHS Health Check best provider guidance.

- **Advice**

The Provider will provide lifestyle advice to all patients after an NHS Health Check on how to maintain/improve their vascular health. The Provider will either provide evidence-based and accessible healthy lifestyle services, or referral into said services, in line with existing DES and LES contracts. This will include:

- Stop-smoking services
- Physical activity interventions
- Weight management interventions

- Alcohol-use interventions
- Diabetes prevention interventions (Healthier You: NHS diabetes prevention programme).

- **Clinical follow up**

Individuals should not exit the programme until all abnormal parameters have been followed up and a diagnosis has either been made or ruled out.

All individuals with >10% CVD risk should be managed according to NICE guidance[12], including provision of behaviour change advice and intervention, assessment for treatment with statins and an annual review. This may be through maintaining a risk register.

People with a 10% or greater ten-year risk of developing CVD should be offered appropriate behaviour change support in relation to increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet.

Where behavioural changes have been ineffective or are inappropriate, people with a 10% or greater ten-year risk of developing CVD should be offered statin therapy for the primary prevention of CVD.

Individuals that are either prescribed a statin or have a CVD risk score ≥20% should exit the programme on to a risk register. They will no longer be eligible for the NHS Health Check Programme, as they are expected to be seen by their General Practice on an annual basis to manage their high risk as part of their general care.

6. Data and Monitoring Requirement

6.1. Patient and delivery data

Trafford Council requires the Provider to provide relevant data in line with the programme standards. All consultations should be recorded using EMIS.

Providers are expected to provide their eligible list size outlined in Section 4.1 on a quarterly basis.

Providers are expected to provide the number of invitations sent out each quarter.

6.2. Claims data

Trafford Council requires General Practices to record all consultations using EMIS. General Practices are to submit a quarterly claim via Outcomes4health

[12] Overview | Cardiovascular disease: risk assessment and reduction, including lipid modification | Guidance | NICE

in order to receive payment. Certain data must be shared with Trafford Council. No patient identifiable data will be required and all submissions must be in line with the Data Protection Act 2014.

The quarterly claiming deadlines are:

Quarter	Quarter Close	Cut-off date to submit activity	Payment date
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 General Practice claims. Any General 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 two working weeks after the claiming deadline.

7. 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 NHS Health Checks and provide evidence of the following:

7.1. NHS Health Check Provider Lead

The Provider will be required to identify at least one named NHS Health Check Lead that will be the contact point between Trafford Council and the Provider throughout the delivery of this longstanding project. It is also recommended that there is a clerical and clinical lead for each Provider.

7.2. Premise

The Provider premises are fit for purpose. This must include adequate space to carry out an NHS Health Check, store and maintain equipment and store consumables.

7.3. Equipment

The Provider will be responsible for the upkeep of the equipment and as such will be required to comply with the equipment maintenance programme to ensure calibration is accurate.

Trafford Council have provided General Practices with CardioChek machines and strips, supplied by BHR. Information on how to order calibrate the devices and order additional equipment can be found in Appendix C.

7.4. Training Requirements

The Provider is responsible for ensuring that all healthcare professionals who participate in the delivery of this Service achieve and maintain appropriate clinical competence and have undertaken suitable education and training, including training on how to deliver lifestyle advice.

General Practice Providers are required to release Provider Nurses and Health Care Assistants for relevant training to enable them to gain the necessary competencies to deliver the screenings. A competencies framework will be supplied, if required.

Trafford Council will provide an accredited training course to clinicians willing to receive training on NHS Health Checks. This course is a half-day session and will be free of charge to any clinicians delivering this Service. Staff will receive CPD accredited points after completion of this course. Staff will also receive CPD certificate of attendance with training booklet.

In addition to this, online training is also available (see Appendix D).

7.5. Complaints

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

The Provider must:

i. 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

ii. 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.

8. 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.

Applicable NICE quality standards that are expected to be followed in the delivery of this Service are available here: Quality statement 1: Advice for adults during NHS Health Checks | Physical activity: for NHS staff, patients and carers | Quality standards | NICE.

9. Payment Schedule

Providers will be paid at quarterly intervals and will also be paid a one-off payment at the end of the financial year, based on their performance against the national average and programme standard.

Providers with more than 20% of patients who are resident in one of the top three most deprived LSOAs, will have a 1% reduction in targets against the national average and a 2% reduction in the aspirational target.

Payment will be subject to the data provided for validation and quality purposes outlined in Section 6.2.

Trafford Council reserve the right to revise fees.

Date	Fee	Description
Quarterly	£20 per patient	Per NHS Health Check delivered in a quarter
End of the financial year	£5 per patient	If a Provider matches or betters the previous year's national average, Providers will be paid a payment that equates to a total of £25 per patient.
End of the financial year	£10 per patient	If a Provider matches or betters the programme standard of 15%, a payment will be made that equate to a total payment of £30 per patient.

10. Activity Assurance

Trafford Council is not setting a minimum or maximum number of NHS Health Checks 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.

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. This may be actioned if Central Government, NHS England, Public Health England or any other regulatory body deem routine activity set out in this document as no longer feasible.

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.

If a risk assessment is conducted outside of the individual's General Practice Provider, protocol must be in place for the collated information to be sent to the individual's General Practice.

11. Agreement Termination or variation

11.1. 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.

11.2. 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.

12. Resources and Contact

- NHS Health Check website: http://www.healthcheck.nhs.uk
- Resources/Booklets and posters: www.bhf.org.uk
- The operational contact for the agreement at Trafford Council is:
  Locally Commissioned Services
  Public Health
  Trafford Council
  Trafford Town Hall,
  Stretford,
  Manchester,
  M32 0TH
  Email: LCS@trafford.gov.uk
  Tel. Number: 0161 912 4334 / 3431

13. Appendixes

Appendix A

Invite letter Black (B&W1 (1).docx

Appendix B

20200417 NHS Health Check Best Pı

Appendix C

Trafford CCG Order Form.docx

CardioChek-PA – Calibration & Internal Quality Control

Please note Calibration is performed on the CardioChek-PA Analyser every time the Memo Chip is inserted into the Analyser.

Quality Control (QC) is important as it ensures both precision and accuracy of patient sample results. It consists of both the Grey Check Strip Test and Control Solutions.

The Grey Check Strip Test is the Daily system check. Two grey check strips are provided with your CardioChek® PA device. This strip is used to check that the electronic and optic systems of the CardioChek® PA device are functioning correctly.

For further details, please see the training video titled 'Daily Optics (Grey Check Strip) Test', which is available at https://www.youtube.com/watch?v=663Cf3B6ez0.

This test must be carried out at the beginning of each testing day. It is advisable to document this daily check as part of your clinical governance audit. It is also recommended that this check is performed if the CardioChek® PA device has been dropped or an unexpected result has been obtained. Please record your results using the attached log sheets.

Internal Quality Check (IQC) - Quality Control checks are needed to ensure that the:

- CardioChek® PA test system is working correctly
- CardioChek® PA device and test strips are being used correctly

This ensures that the results are reliable and accurate within the limits of the system. This process should be part of your clinical governance audit. For further details, please see training video titled 'Internal Quality Control Check (IQC Test)', which is available at https://www.youtube.com/watch?v=-KmwSrdzwo4.

Appendix D

There is also e-learning training which is **mandatory** for all staff delivering this Service:

- NHS Health Check – e-learning: https://www.e-lfh.org.uk/programmes/nhs-health-check/ or equivalent NHS health check course completed.
- PHE Alcohol Brief Advice – e-learning: https://www.elfh.org.uk/programmes/alcohol/
- If completing smoking cessation LCS following a patient wishing to quit, the following Practitioner training module needs to be completed: National Centre for Smoking Cessation & Training (NCSCT): http://elearning.ncsct.co.uk/practitioner_training-registration.