**Oxfordshire Stop Smoking Services**

**Draft Service Model for the provision of Local Stop Smoking Services from April 2021**

**Background**

Oxfordshire County Council (the Council) has issued an invitation to have a conversation with suppliers in the market to help draft the future model of a Local Stop Smoking Service in the County.

The purpose of this document, the exercise and the associated questions is to use your organisations insight, expertise, comments and observations to help the Council develop a final Service Model that is in step with, and is as attractive as possible, to suppliers in the market. This process will also provide the Council with content for the development of key documents within the draft Contract that will be published during the Invitation to Tender (ITT) such as the draft Specification, Monitoring/Review and Finance Schedules.

Public Health England’s [Stop Smoking Services: Models of Delivery](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf) (2017) provided the Council with a reference point for the draft Service Model proposed below. It is also be based on the National Institute of Health and Care Excellence (NICE) Guideline for [Stop Smoking Interventions and Services](https://www.nice.org.uk/guidance/ng92) (2018) and the [National Centre for Smoking Cessation and Training](https://www.ncsct.co.uk/usr/pub/Standard%20Treatment%20Programme.pdf) **(**[NCSCT) Standard Treatment Programme](https://www.ncsct.co.uk/usr/pub/Standard%20Treatment%20Programme.pdf),.

Before starting, your organisation is encouraged to view the supporting document that has been published alongside the draft Service Model titled ‘Curated Library of Information on Tobacco and Smoking in Oxfordshire’. For reference, the Oxfordshire Tobacco Needs Assessment shared in this library includes details of 2018/19 activity linked to the current Local Stop Smoking Service.

**Supplier Actions**

1. Your organisation is invited to respond within this document, adding comments and/or using tracked changes. Your organisation is welcome to add any additional thought/perspectives that you think is important to help ensure an effective and viable Service Model which provides a good offer to Oxfordshire residents who want to stop smoking tobacco. Please submit the document, with your organisations comments/tracked changes, by midday on **Monday 15th June 2020** via the messaging function within the ‘Oxfordshire Stop Smoking Service Project’ on [South East Business Portal](https://sebp.due-north.com/) (SEBP).
2. After reviewing the Service Model (Action 1), your organisation is also invited to complete a short [survey](https://consultations.oxfordshire.gov.uk/consult.ti/OxonLSSSMarket). Please complete by midday on **Monday 15th June 2020** using the Councils consultation platform.
3. Your organisation is invited to arrange a 30-minute video-based conversation with the Council on either Wednesday 17th or Thursday 18th June 2020 between 9.30am and 4pm. Note there will a total of 10 slots available and it will be on a first come first served basis. If interested, please request this by midday on **Monday 15th June 2020** via the messaging function within the ‘Oxfordshire Stop Smoking Service Project’ on the SEBP.

**Procurement Principals**

* Respondents should note that this is part of a market consultation and not an ITT.
* Any future ITT will be published in accordance with the Councils Procurements Rules and OJEU Directives at a future time.
* If you have any questions, please post these using the ‘Messaging’ section of the SEBP between 1st and 15th June 2020.
* Please refrain from messaging individual project members directly.

**Organisation details**

*Name of organisation responding:*

**Draft Local Stop Smoking Service Model**

**Overview of Service Model**

**Targeting an evidence-based Local Stop Smoking Services intervention through a combination of specialist behavioural support and access to pharmacotherapy over up to a 12-week period, available to a defined range of priority smokers to access.**

As presented in the [NCSCT Standard Treatment Programme](https://www.ncsct.co.uk/usr/pub/Standard%20Treatment%20Programme.pdf), trained practitioners (for whom delivering stop smoking interventions forms all or most of their role) provide weekly sessions of around 30 minutes to priority Service Users who set a quit date (usually in the second or third week of the programme) and receive their choice of pharmacotherapy. Priority Service Users are supported for at least four weeks following the set quit date. Outcomes are biochemically validated by carbon monoxide (CO) readings.

The majority of the intervention will be either delivered through face-to-face (either one-to-one or group) or telephone modes, however text messaging, online and mobile digital applications may be incorporated into the Service Model offer for additional support between sessions.

**Note:**

* **The proposed financial envelope is a maximum of £350,000 per year.**
* **The priority Service Users are to be confirmed.**
* **The length of Contract is to be confirmed.**

**Core Principles of the Service Model**

The Service Provider will:

* Contribute to the reduction in the overall prevalence of tobacco use, and its associated health impact, through ‘Supporting Smokers to Quit’ as outlined in the [Oxfordshire Tobacco Control Plan 2020-2025](https://www.oxfordshire.gov.uk/residents/social-and-health-care/health-and-wellbeing-board/public-health).
* Contribute to the reduction in the socio-economic gap in the prevalence of tobacco use by targeting the Service to priority Service Users defined as at high risk of tobacco related harm..
* Ensure that the Service Model demonstrates compliance with relevant NICE and NCSCT guidance.
* Ensure that the intensity of support offered is sufficient to address the needs of the priority Service Users so as to have the required impact
* Ensure that the Service can maximise its ability to engage with priority Service Users and deliver the required outcomes, they will be characterised by the following behaviours:
	+ Well informed, Well connected and Friendly.
* Provide a highly accessible Service for priority Service Users.
* Take an innovative, creative, resourceful and practical approach.
* Ensure those contacting the Service should experience a reliable and efficient process.
* Systems and processes will be simple and clear to all those contacting the Service.
* Make ongoing improvements and adjustments to the delivery of the Services throughout the life of the Contract as new evidence emerges from national and international research and local evaluation of the Services.

**Access Point**

The Service Provider will:

* Develop, implement and manage a central access point of the Service that is easily accessible to all smokers and professionals.
* Accessed via an appropriate healthcare professional, other professionals and self-referral.
* Ensure priority smokers that self-refer can access the Service using easy and convenient methods that are free including online, sending a text message, e-mailing, a mobile digital application or telephoning the access point.
* Provide a response to all referrals (regardless of route used) within two working days.
* Give named referrers (i.e. a healthcare professional) the option to receive information on the outcome of the Service Users at discharge.
* Provide a systematic approach to triaging Service Users so priority groups are offered access to the evidence-based interventions with minimal complexity within one week of referral.
* Ensure priority Service Users and professionals understand the types of evidence-based interventions available, the frequency, duration and settings.
* Acknowledge that there is evidence that residents/employees who smoke are open to advice in all healthcare and other appropriately identified settings.
* Provide a digital front door that provides access to self-support for those smokers not eligible for the Service or not wanting the type of support defined in this Service Model.
* Where necessary, provide access to information and support in smokers chosen language where first language is not English and where the level of English may restrict their ability to succeed.

**Evidenced-based Interventions**

The Service Provider will:

* Provide a programme of specialist behavioural support alongside pharmacotherapy for up to a 12-week period to support priority Service Users to quit.
* Tailor the length of the intervention to the needs of the Service Users.
* Ensure all outcomes from evidenced-based interventions conform to the Russell Standard.
* Ensure all evidenced-based interventions include a combination of behavioural support over multiple weekly sessions, a structured approach and the offer of pharmacotherapy that is in line with the NCSCT Standard Treatment Programme.
* Where necessary, provide an interpreter for priority Service Users whose first language is not English, and where their level of English may restrict their ability to succeed.
* Discharge priority Service Users from the Service based on:
	+ Evidence of a four-week and 12-week outcome being established.
	+ Non-attendance by the Service User at consecutive sessions;
	+ The Service User decision to no longer access the Service.
* Ensure that at point of discharge, the priority Service User is equipped with relapse prevention strategies.
* Work with the Council to shape Service delivery to address any identified inequity in access to, or outcomes within the Service.
* Provide the behavioural support through a range of evidence-based interventions.

**Behavioural Support**

Behavioural support for those Service Users in priority groups will be more intensive, supportive and tailored. The support involves delivering evidence-based behaviour change techniques. A combination of behavioural support from an accredited stop smoking advisor, alongside pharmacotherapy, can increase a Service Users chances of stopping smoking by up to three times compared to independent attempts (‘cold turkey’).

The Service Provider will, in combination with pharmacotherapy:

* Help priority Service Users to avoid, escape from or cope with urges to smoke and to manage withdrawal symptoms.
* Maximise motivation to remain abstinent and achieve the goal of permanent cessation.
* Boost self-confidence.
* Maximise self-control.
* Optimise the use of the pharmacotherapy.
* Use face-to-face (either one-to-one or group) and telephone as the primary intervention types based on effectiveness, this offer can be based on the priority Service Users preference.
* Use text messaging, online and mobile digital applications for additional adjacent support between sessions.

**Face-to-Face Behavioural Support**

The Service Provider will:

* Provide face-to-face evidence-based interventions through both group and individual sessions in line with the NCSCT Standard Treatment Programme.
* Aim for at least 85% of priority Service Users that stop smoking through face-to-face evidence-based interventions to have their smoking status CO verified at four-weeks post setting a quit date. CO verification is defined as less than 10 parts per million (PPM).
* Support the priority groups from settings that meet their needs and minimises barriers to access, as agreed with the Council, using a health place shaping approach that is outlined in the [Director of Public Health Report 2019/20](http://www.oxfordshire.gov.uk/sites/default/files/file/public-health/2019-20OCCDPHAnnualReport.pdf) (specifically in the 10 most deprived wards).
* Ensure the venue and facilities used for the Service will provide a sufficient level of privacy and safety to both Staff and the priority Service Users.
* Meet all setting costs of using venues and facilities required for delivery against this Service Model, ensuring they are fit for purpose and have adequate insurance, liability cover and are compliant with the Disability Discrimination Act.
* Provide home visits if priority Service Users are pregnant, have limited mobility or a disability.
* Ensure that all settings are geographically accessible for priority Service User’s arriving by public transport, by car and on foot or bike.

**Telephone Behavioural Support**

The Service Provider will:

* Ensure a rapid, positive and authoritative telephone evidence-based intervention is delivered in line with the NCSCT Standard Treatment Programme.
* Provide innovative solutions to:
	+ Provide pharmacotherapy to priority Service Users who prefer telephone support as the primary mode of intervention.
	+ Enable priority Service Users who prefer telephone support as the primary mode of intervention to have their smoking status CO verified at four-weeks post set quit date.

**Adjacent Support**

The Service Provider will:

* Enable access to information and supplementary behavioural support to priority Service Users through rapid, proactive and reactive text message, online and mobile digital applications.

**Pharmacotherapy**

TheService Provider will:

* In combination with the behavioural support outlined above, offer priority Service Users access to all of the following licensed pharmacotherapy (as specified in NICE Guidance (NH92)) as first line interventions:
	+ Varenicline (Champix)
	+ Short-acting Nicotine Replacement Therapy (NRT):
	+ Long-acting NRT
	+ Any other pharmacotherapy that becomes licensed for smoking cessation during the life of the Contract and with agreement of the Council.
* Be responsible for the associated costs of all licensed pharmacotherapy incurred by the Service, and any sub-contractors, which is included in the price of this Contract. This includes, but is but not limited to, budget management, continued protocol development, budgets and establishing appropriate governance arrangements for short and long-acting NRT and Varenicline (Champix).
* Adhere to the frequency and duration of pharmacotherapy as per NICE Guidance (NG92).
* Be responsible for the direct supply of short and long-acting NRT.
* Offer priority Service Users single or a combination of a maximum of two pharmacotherapy products (often referred to as combination or dual therapy) based on the priority Service Users preferences and they likelihood that they would follow the full course of treatment.

### Be responsible for developing and implementing required documents and policies (i.e. a Patient Group Directive (PGD)) and evidence-based delivery methods for prescribing Varenicline (Champix)).

### Ensure the availability and accessibility of Varenicline (Champix) that is on a par with short and long-acting NRT (i.e. first line treatment) and in line with NICE Guidance (NG92).

* Ensure access to priority Service Users to their preferred choice of pharmacotherapy within 3 working days in the case of short and long-acting NRT and within 5 working days in the case Varenicline (Champix).
* Ensure Staff providing pharmacotherapy either directly, or as part of a sub-contract, have the appropriate training, competency and lines of accountability.

**Electronic Cigarettes and other Unlicensed Nicotine Containing Products**

The Service Provider will:

### Be expected to keep up to date with the emerging clinical evidence on e-cigarettes and adapt the Service as appropriate, as agreed with the Council.

### Provide behavioral support, in line with the evidence-based interventions, to priority Service Users who are using, or wish to use e-cigarettes and other unlicensed nicotine containing products to support them to quit smoking provided the product does not contain tobacco

### Be open to the use of e-cigarettes and other unlicensed nicotine containing products by priority Service Users who wish to do so and offer access to the licensed pharmacotherapy.

### Ensure e-cigarettes and other unlicensed nicotine containing products that are not licensed for smoking cessation are purchased at the expense of the priority Service User and not via the Services pharmacotherapy budget.

### Enable access to information for priority Service Users and all Oxfordshire residents regarding e-cigarettes, and other unlicensed nicotine containing products currently not licensed, through the digital front door.

**CO Monitoring Equipment**

The Service Provider will:

* Be responsible for providing (including all costs) and maintenance of CO Monitoring equipment and associated consumables, including sub-contractors, used in the delivery of the Service.

**Staffing**

The Service Provider shall:

* Deliver the Service flexibly using skill mixed teams that are appropriately trained and supervised.
* Ensure there is clear, visible leadership, strategic vision and relevant multi-sectorial professional expertise to ensure every aspect of the Services are delivered in a safe, efficient and evidence-based manner.
* Have a full-time equivalent Service Manager with up-to-date knowledge and experience of providing the evidenced-based interventions outlined in this Service Model.
* Ensure all Stop Smoking Advisors employed directly, or work for an sub-contractor, are trained in line with the [NCSCT Training Standard](https://www.ncsct.co.uk/publication_ncsct-training-standard-learning-outcomes-for-training-stop-smoking-practitioners.php) and accredited before providing an evidence-based intervention to the appropriate standard including any specific work with the priority groups and the relevant NCSCT speciality modules.
* Ensure that all Staff receive mandatory training on safeguarding adults and children, information governance, health and safety, risk management and equality and diversity.
* Ensure that all Staff receive regular line management, supervision and appraisal processes.
* Enusre all Staff will have personal development plans and opportunities for appropriate continuous professional development.

**Service User Eligibility**

The following Service Users in Oxfordshire are eligible and ineligible for this Service:

* To be agreed

**Data Collection and Management**

The Service Provider will:

* Be responsible for the collation, analysis and reporting of data to the Council outlined in Schedule 3 of the Contract and in the agreed timeframes.
* Provide and fund a suitable web-based Information and Communication Technologies (ICT) system that shall support data collection of all priority Service Users that register with the Service and reporting to NHS Digital, with the capacity to transmit data securely. It shall also ensure secure storage of confidential Service Users’ notes using a computerised system and be registered with the Information Commissioners Office.
* Collate data inline with the Russell Standard and as per the Stop Smoking Services Quarterly Return, from all Stop Smoking Advisors and any sub-contractor.
* Send the data, as per Stop Smoking Services Quarterly Return, to the Council for sight and agreement no later than two weeks before the NHS Digital deadlines.

**END**

**Your organisation is now invited to complete a short** [**survey**](https://consultations.oxfordshire.gov.uk/consult.ti/OxonLSSSMarket) **based on the draft Service Model outlined above. Please complete by midday on Monday 15th June 2020 using the Councils consultation platform.**

**Out of Scope**

The following elements have been excluded from the draft Local Stop Smoking Service Model and are currently not expected to form part of the Specification:

* **Service Marketing and Communications -** The Council (working in partnership with the Oxfordshire Tobacco Control Alliance) will be responsible for funding and organising online, social and mass media that promotes making an annual quit attempt across the county. This includes contributing to national and regional campaigns.
* **Very Brief Advice (VBA) and Level 2 Training -** The Council (working in partnership with the Oxfordshire Tobacco Control Alliance) will be responsible for funding and organising VBA/Level 2 training for professionals working in a variety of settings across the county.
* **Service User Satisfaction** - The Council (working in partnership with the Oxfordshire Tobacco Control Alliance) will be responsible for funding and organising Service User satisfaction surveys.
* **Harm Reduction Approaches -** The Council (working in partnership with the Oxfordshire Tobacco Control Alliance) will be responsible for engaging with smokers in the county that:
* May not be able (or do not want) to stop smoking tobacco in one step;
* May not be ready to stop smoking tobacco, but want to reduce the amount they smoke;
* Are cutting down prior to stopping smoking tobacco.

**Current Local Stop Smoking Service Schedules**

Copies of the Specification, Monitoring/Review and Finance Schedules used during the last ITT in 2017 for the current Local Stop Smoking Service:

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