

Public Health Service Specification General Practice

NHS Stop Smoking Service – Level 2

NOTES

Below are the key amendments to the 2016/17 specification:

3.2.1 All monitoring data should be collected electronically and made available to Devon County Council (DCC). Incomplete data reports will be returned to practices for further completion.

3.4.2 Use of unlicensed nicotine containing products

People wishing to use unlicensed nicotine containing products to stop smoking should be encouraged to use a licensed product or other licensed stop smoking medication instead according to NCSCT guidance (http://www.ncsct.co.uk/publication_ecigarette_briefing.php). However if they prefer to use an unlicensed product they can and should receive behavioural support from the service. In some population groups (mental health, prison settings and deprived populations) e-cigarettes may be the most acceptable form of nicotine delivery for the smoker and the delivery setting. The service must emphasise that use of an e-cigarette is always better than smoking tobacco and should actively engage with those choosing this method of support. This guidance may be updated from time to time as further evidence from Public Health England becomes available.

The service is not commissioned to support users of unlicensed nicotine containing products, who do not smoke, to stop their use of such products. The provider is not permitted to provide unlicensed nicotine containing products to people accessing the service but smokers may supply their own.

Return of Monitoring Forms:

3.5.5 The plan is for an anonymised direct data extraction from the primary care data warehouse to be performed on a quarterly basis for contract monitoring and programme evaluation purposes. At present Devon Local Medical Committee only permits access to data in the primary care data warehouse for predictive modelling purposes, so a variation to existing agreements will be required to allow for the extraction of smoking cessation information for these purposes. If this is not forthcoming, the alternative is for each practice to directly provide an anonymised dataset to Public Health Devon.

6. Pricing

Payment will be made as follows:-

For each client supported and a full minimum dataset completed and returned to DCC there is a payment of £33.24.

Client's status at 28 days may be 'not quit', 'quit' or 'quit with CO validation completed'

APPENDIX A

SERVICE SPECIFICATIONS

All subheadings for local determination and agreement.

Service Specification No.	
Service	GP NHS Stop Smoking Service – Level 2
Authority Lead	Sara Gibbs
Provider Lead	
Period	1 st April 2016 – 31 st March 2017
Date of Review	31 st March 2017

1. Population Needs

1.1 National/local context and evidence base

- 1.1 Smoking is the single greatest cause of preventable illness and premature death in the U.K. Moreover, more than any other identifiable factor, smoking contributes to the gap in life expectancy between the most deprived and the most affluent.
- 1.2 Across Devon the prevalence of smoking is estimated to be 13.8%¹ although for routine and manual groups the estimate is significantly higher at 22.00%. Around 11% of women smoke whilst pregnant (11.2% smoking at delivery). Smoking during pregnancy is estimated to contribute to 40% of all infant deaths. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.²
- 1.3 Helping a patient to stop smoking is one of the most cost effective of all medical interventions.
- 1.4 Smokers are up to four times³ more likely to quit with pharmacotherapy coupled with behavioural support from an NHS Stop Smoking Advisor, compared to quitting without support.
- 1.5 **Numbers Needed to Treat:**
For a comparison of numbers needed to treat (NNT) to prevent one death over ten years, see:

TABLE 1. Comparison of Numbers Needed to Treat

¹ November 2015 Public Health England, tobacco control profiles

²NHS Evidence – National Library for Public Health.http://www.library.nhs.uk/PUBLICHEALTH/ViewResource.aspx?resID=394362&utm_medium=email&utm_campaign=National+Library+for+Public+Health+...&utm_source=YMLP&utm_term=Statisticalrelease%3A+smoking+a... [accessed 14.12.10]

³West, R. (2012) Stop smoking services: increased chances of quitting. NCSCCT Briefing #8.London; National Centre for Smoking Cessation and Training.

Compiled by Dr Alex Bobak, GPSI in smoking cessation Wandsworth.
 [Available at: http://www.uknsc.org/2006_UKNSCC/presentations/alex_bobak_1.html]

Intervention	Outcome	NNT
Statin (as primary prevention)	Prevent one death (from MI, Stroke or other cause) over 5 years	107 (Bandolier)
Antihypertensive therapy in mild hypertension	Prevent one stroke, MI, death over one year	700 (Bandolier)
Cervical cancer screening	Prevent one death over 10 years	1140 (Gates; A. Family Phys 2001)
GP brief advice to stop smoking	Prevent one premature death	80 (Raw, McNeill, West)
GP brief advice to stop smoking	Prevent one premature death	38-56 (Eddy)
GP brief advice to stop smoking + pharmacological support + behavioural support	Prevent one premature death	16-40 (Aveyard, West & Revell, Schroader)

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements

- 2.1 Practices should collect monitoring data (see 2.3) and ensure the quality meets the standards set out in the Russell Standard (clinical) and the definitions included within the Local Stop Smoking Services service and monitoring guidanceⁱ.
- 2.2 Practice quit rates should fall within the Department of Health recommended range of 35%-70%.
- 2.3 The minimum data set required for each client supported, per attempt, is:
- name (or unique identifier)
 - date of birth
 - gender
 - address (minimum postcode)
 - ethnicity
 - profession (or marked unknown)
 - signature (ticked for verbal consent)
 - outcome (or marked lost to follow up if 3 attempts to contact failed).

Incomplete dataset will be returned by Devon County Council (DCC) for further completion.

- 2.4 A full minimum dataset should be submitted for every patient, even those who are unsuccessful in their quit attempt.

Lost to Follow Up:

- 2.5 Patients should be contacted to establish whether they have quit smoking within 25-42 days

of their quit date. This should be attempted **three** times and in preference by various methods (telephone, face to face, email, letter or text). If the four-week outcome for this client is unknown after three attempts at contact they should be recorded on the electronic system as LTFU (lost to follow up).

3. Scope

Aims and objectives of service

- 3.1 The main aim of this specification is to support the reduction of smoking prevalence in the geographical area covered by Devon County Council (DCC). In addition, it enables smokers to access a choice of high quality support to stop smoking that best suits their needs.

The specification also aims to:

- provide high quality, accessible, convenient and comprehensive stop smoking services across the county,
- ensure that robust data is collected by DCC in order to measure outcomes and effectiveness of the service,
- support the Government's Tobacco Control Plan (published March 2011) which supports the Public Health White Paper Healthy Lives, Healthy People.

3.2 Service description/pathway

3.2.1 The Provider (GP Practice) will:

- provide one or more in-house Stop Smoking Advisers, trained and registered with the Level 3 (Specialist) service of Devon County Council. At least one Stop Smoking Adviser from the surgery must attend annual training updates provided by the Specialist Stop Smoking Service. These updates will be made available across the county and publicised by the Stop Smoking Service.
- offer clients stop smoking appointments with a Level 2 (Intermediate) stop smoking adviser within their own practice premises. Please note: patients must not be placed on waiting lists for stop smoking support. Patients who cannot be seen within one week must be referred to the nearest alternative Level 3 support clinic by calling the NHS local Stop Smoking Service on tel: 01884 836024
- provide a suitable area for consultation with clients
- prominently advertise the availability of support to stop smoking within the practice posters/resources available from Public Health, DCC and <http://smokefree.nhs.uk/resources/>
- refer those patients deemed unsuitable for support within the practice to the Level 3 Specialist Stop Smoking Service, tel 01884 836024. The Specialist Service are trained to help those that find it very hard to quit e.g. the very dependent or those who relapse frequently
- record electronically a minimum set of data (see 2.3 above) for each patient entering the service and setting a quit date. An anonymised report of all activity should be made available to Public Health, Devon County Council, when the intervention is completed, regardless of the outcome.
- perform a Carbon Monoxide breath test (smokerlyzer) to confirm patients have quit smoking at four weeks after their quit date. Results to be recorded electronically. (Department of

	<p>Health Service & Monitoring Guidance 2011-12 requires 85% of four-week quitters to be validated with a CO breath test)</p> <ul style="list-style-type: none"> • ensure four-week follow-up occurs between 25 and 42 days from quit date being set, where possible • make attempts to contact patients that are 'lost to follow-up' before submitting data returns to DCC. This requires attempts to make contact with the client at different times of the day, with up to three attempts made • agree to undertake a review of the service if quit rates are less than 40% or lost to follow up rates are more than 30%. This may result in additional training • prescribe medication according to NHS Stop Smoking Service Monitoring Guidance 2012-13, i.e. using recommended nicotine dependence assessment tests, and the joint formulary <p>3.2.2 The initial assessment should include an assessment of the person's readiness to make a quit attempt.</p> <p>3.2.3 The initial consultation should include:</p> <ul style="list-style-type: none"> • a carbon monoxide (CO) test and an explanation of its use as a motivational aid • an explanation of the benefits of quitting smoking • a description of the main features of tobacco withdrawal and the common barriers to quitting • treatment options that are proven effective • a description of the support offered – i.e. its aims, length and benefits • an agreement on the chosen treatment pathway <p>3.2.4 Follow up consultations should include appropriate support strategies to help the person quit, further supplies of medication where appropriate and CO monitoring.</p> <p>3.2.5 The Four-week follow up should include self-reported smoking status, followed by a CO test for validation.</p> <p>3.2.6 The client must give consent for their data to be shared and the stop smoking adviser should indicate the verbal consent of the patient by checking the consent box.</p> <p>3.2.7 A successful quitter is as defined by the Department of Health Stop Smoking Service Monitoring Guidance 2012-13 as 'having successfully quit smoking at four weeks if he/she has not smoked at all between two and four weeks after setting the quit date'.</p> <p>3.2.8 Full records of all procedures and audits should be maintained in such a way that aggregated data and details of individual patients are readily accessible, should DCC request it for inspection. Any request to the practice for such audits, will have a minimum deadline period of 4 weeks.</p> <p>3.2.9 The Commissioner (Devon County Council) will:</p> <ul style="list-style-type: none"> • ensure that each practice is able to access training for all healthcare professionals to support the delivery of this specification. Contact Point: Health Promotion Devon on 01884 836024 or ndht.hpctraining@nhs.net • ensure that each practice is able to access training for any member of their staff who
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requires it to equip them to be an intermediate adviser. Advisers need not be qualified healthcare professionals

- ensure access to one Carbon Monoxide monitor (“smokerlyzer”) and disposable mouthpieces. The CO monitor will remain the property of Public Health, DCC
- arrange for calibration and servicing of CO monitors and replacement mouthpieces, as required. These will also be available at training and update events
- ensure a list of all registered intermediate advisers is available and kept updated via regular newsletters and training updates. Cascade best evidence and any updated information on clinical effectiveness and new products etc to all registered advisers and service providers
- remunerate the practice for completed monitoring datasets, as specified in the payment schedule, on a quarterly basis. Reconciliations of activity will take place twice a year.
- monitor the quit rates of individual practices, reporting back on a quarterly basis and where appropriate include a breakdown by specific groups
- provide specific training and support for practices that have a quit rate of less than 40% or ‘Lost to Follow up’ rates of over 30%, if it is required.

3.3 Population covered

- 3.3.1 Smokers in the Devon County Council footprint. Torbay and Plymouth residents may be included if the full service from start to end is provided by the Devon practice.

3.4 Any acceptance and exclusion criteria

- 3.4.1 Smokeless tobacco is not covered by this contract, eg chewing tobacco.

3.4.2 Use of unlicensed nicotine containing products

People wishing to use unlicensed nicotine containing products to stop smoking should be encouraged to use a licensed product or other licensed stop smoking medication instead according to NCSCT guidance (http://www.ncsct.co.uk/publication_ecigarette_briefing.php). However if they prefer to use an unlicensed product they can and should receive behavioural support from the service. E-cigarettes may be the most acceptable form of nicotine delivery for the smoker. The service must emphasise that use of an e-cigarette is always better than smoking tobacco and should actively engage with those choosing this method of support. This guidance may be updated from time to time as further evidence from Public Health England becomes available.

The service is not commissioned to support users of unlicensed nicotine containing products, who do not smoke, to stop their use of such products. The provider is not permitted to provide unlicensed nicotine containing products to people accessing the service but smokers may supply their own.

Further attempts to quit after failing at 28 days

- 3.4.2 It is recognised that some patients require a longer time than 28 days to successfully quit. In such cases, the Level 2 stop smoking adviser should motivationally assess the patient again and use their professional judgement over whether to continue to provide behavioural support and pharmacotherapy. In such cases, the original data set should be submitted as a

'not quit' and a new monitoring form with a new quit date should be raised. This procedure should only be used in cases where the patient is clearly able to quit in the next six weeks. It must not be used where patients appear to be 'cutting down to quit'.

3.4.3 No more than **four** monitoring forms for the same patient may be submitted in any one financial year.

3.5 Interdependencies with other services

3.5.1 This document specifies the enhanced service for the level 2 (Intermediate) service provided in a surgery setting for smokers wishing to quit using nicotine replacement therapy, varenicline, or bupropion.

Stop Smoking Service definitions:

3.5.2 The Level 2 (Intermediate) service comprises the provision of behavioural support by trained and registered Stop Smoking Advisors in GP surgeries and other primary care settings together with pharmacotherapy where indicated. Training is provided by the Devon County Council Level 3 (Specialist) service.

3.5.3 The Level 3 (Specialist) service is commissioned directly by DCC and

- works with more challenging clients referred by Level 1 and 2 services
- provides one to one clinics and group sessions across Devon
- provides training and support for stop smoking advisors in Level 2 settings
- provides intensive support to client groups who face significant challenges in quitting smoking as well as providing support to settings such as prisons and mental health institutions

3.5.4 The Level 1 service comprises Brief Intervention delivered by health care professionals in a wide variety of settings, including primary care. It consists of:

- offering brief, or very brief, advice to all smokers (30 seconds – three minutes)
- referring those who are ready to quit to a Stop Smoking Advisor (Level 2 or 3)
- referring more challenging clients or repeat service users to the Level 3 (Specialist) service

Return of Monitoring Forms:

3.5.5 The plan is for an anonymised direct data extraction from the primary care data warehouse to be performed on a quarterly basis for contract monitoring and programme evaluation purposes. At present Devon Local Medical Committee only permits access to data in the primary care data warehouse for predictive modelling purposes, so a variation to existing agreements will be required to allow for the extraction of smoking cessation information for these purposes. If this is not forthcoming, the alternative is for each practice to directly provide an anonymised dataset to Public Health Devon.

3.6 Any activity planning assumptions

n/a

4. Applicable Service Standards

4.1 Applicable national standards eg NICE

Relevant NICE guidance is:-

Adult Cessation <http://www.nice.org.uk/ph1>

- [Brief interventions and referral for smoking cessation](#) (PH1)
- [Smoking cessation services](#) (PH10)
- [Varenicline for smoking cessation](#) (Technology appraisal 123)
- [Identifying & supporting people most at risk of dying prematurely](#) (PH15)

Other standards:-

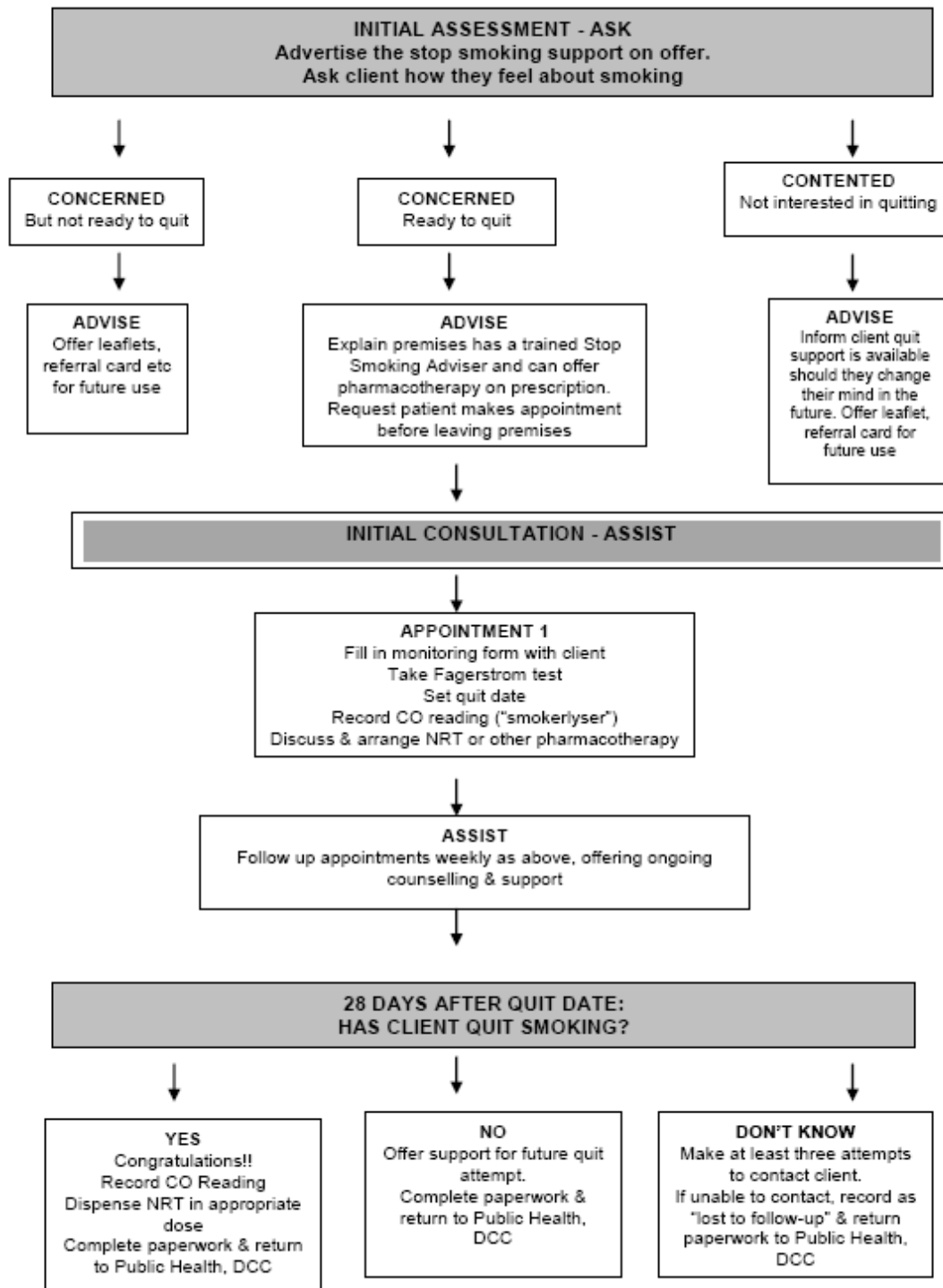
The Russell Standard http://www.ncsct.co.uk/publication_The-Russell-Standard.php

The NCSCT Standard Treatment Programme http://www.ncsct.co.uk/shopdisp_a-standard-treatment-programme-for-smoking-cessation.php

4.2 Applicable local standards

The treatment programme is mapped below. Follow up appointments are best face to face, but may be by telephone or e-contact.

GUIDELINES FOR STOP SMOKING SUPPORT



5. Location of Provider Premises

The Provider's Premises are located at: **N/A**

[Insert address of Provider's Premises if applicable]

6. Pricing

Payment will be made as follows:-

For each client supported and a full minimum dataset completed and made available to DCC there is a payment of £33.24.

Client's status at 28 days may be 'not quit', 'quit' or 'quit with CO validation completed'.

Payment will not be made for Quarter 4 monitoring forms received after the Quarter 4 cut-off date of 7th June 2017).

ⁱ NCSCT, 2014, Local Stop Smoking Services: Service and delivery guidance 2014