

**Yorkshire Smokefree Calderdale
Local Commissioned Service Agreement
Level 2
1st April 2019 to 31st March 2020**



CO-01028

Chair: Angela Monaghan Chief Executive: Rob Webster



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LOCAL COMMISSIONED SERVICE AGREEMENT (LCSA)

STOP SMOKING SERVICES – 2019/20

1. Introduction

Smoking is the biggest single preventable cause of illness and premature death in the UK. It is estimated that 87,000 people die in the UK every year because of smoking. Approximately 19.4% of the population of Calderdale smoke, however smoking rates vary considerably across different socio-economic groups. Reducing smoking across all groups and especially those living in areas of deprivation in the district is a key priority for Calderdale Metropolitan Borough Council and Calderdale Clinical Commissioning Group.

The provision of high-quality stop smoking services is a top priority in reducing health inequalities and improving health among local populations. Since stop smoking services began they have supported over 2.5 million people to stop in the short term and 625,000 people to stop in the long term, saving over 70,000 premature deaths.

Stop smoking services are a key part of tobacco control and health inequalities policies both at local and national levels. Evidence-based stop smoking support is highly effective both in cost and clinical terms. It should therefore be seen in the same way as any other clinical service and offered to all smokers.

All health and social care services play a key role in identifying smokers and referring people to stop smoking services, and referral opportunities need to be maximised

In Calderdale approximately 1700 male and 1000 female hospital admissions per year are directly attributable to smoking (7% and 4% of their respective totals). The cost of hospital admissions for Calderdale is approximately £3.5 million per year. The enhanced service will assist in meeting the following national targets.

There are three key outcome measures, focusing on prevalence reduction:

1. **Reduce smoking prevalence among adults in England:** To reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2019, meaning around 210,000 fewer smokers a year

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2. **Reduce smoking prevalence among young people in England:** To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2019
3. **Reduce smoking during pregnancy in England:** To reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2019 (measured at time of giving birth).

2. The Aim of the Scheme

SWYFT plans to support people who express a desire to quit smoking utilising either local primary care services, other partner providers or by referral to the Specialist Stop Smoking Service. This reflects both national priorities and additional locally identified priorities.

This scheme is intended to assist SWYFT and its constituent partner providers to meet these priorities by:

- providing comprehensive local access to equitable, consistent, flexible and high quality stop smoking services
- enabling prompt and appropriate access to stop smoking medications, such as nicotine replacement therapy, varenicline and bupropion.
- ensuring that services are delivered in the most appropriate setting by the most appropriate advisor as part of an overall programme of support
- ensuring staff are competent in delivering the service to a high standard ensuring that all stop smoking targets are met including those set out in the DH Stop Smoking Services: Service and Monitoring Guidance 2015 (http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php) and subsequent updates.

3. Principles

Enhanced service provision will be expected to adhere to a number of core principles, be consistent with national and local strategies and best practice as outlined in evidence based guidelines and NICE guidance. Evidence based guidelines and NICE guidance (Appendix A) should inform service provision and the availability of stop smoking pharmacotherapies using the Voucher Scheme.

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4. Outline of Service Requirements

All service providers will be responsible for ensuring the stop smoking support programme is delivered in an appropriate setting (e.g. a private and confidential environment) and by appropriately trained staff (e.g. intermediate level 2 advisors).

All Providers will use Quit Manager a bespoke confidential record and data collection system. Quit Manager and all training and ongoing support will be provided free by Yorkshire Smokefree Calderdale Specialist Stop Smoking Service.

The provider must ensure that their clients receive behavioural support from a person who has had the appropriate training and supervision. The training consists of the NCSCT Stop Smoking Practitioner Training and Assessment Programme (online), which leads to NCSCT certification as a Stop Smoking Practitioner. This will be followed by Level 2 core training, which will incorporate local training elements and will be provided by the specialist stop smoking service. Following this, a period of shadowing with a fully trained advisor (within the specialist stop smoking service) will also be carried out.

- The minimum contact time per treatment per smoker will be no less than 90 minutes over a 6 week period.
- The provider will adopt a holistic approach to assessment of smoking, smoking behaviour and lifestyle including consideration of other health problems e.g. other physical and mental health problems, pregnancy etc.
- The provider will provide tailored advice, counselling and support, taking into account individual needs and choices particularly for minority ethnic and disadvantaged groups.
- The provider must adopt and adhere to the data collection methodology set out in Department of Health (2015) “NHS Stop Smoking Services: service monitoring and guidance” (http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php) and any subsequent updates. All intermediate level 2 advisors will be provided with access to the free confidential Quit Manager system to record client activity; this will enable appropriate monitoring and audit activity by the core stop smoking service.
- Services will be tailored to include the provision of NICE recommended stop smoking medicines, varenicline (Champix), bupropion (Zyban) and nicotine

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replacement therapy (NRT), using agreed protocols (the use of NRT voucher scheme/Champix Patient Group Directive (PGD)/prescription requests, where appropriate)

- Providers must maintain a quit rate within the limits set by the Department of Health in the guidance referenced above. The acceptable quit rate is between 35% and 70%. All providers will be expected to exception report performance that falls outside these limits.
- Trained Intermediate level 2 advisors responsible for delivering stop smoking support must attend annual refresher training, annual peer learning networks (arranged by the specialist stop smoking service) and implement any new guidance or directives that are published and update training as offered by NCSCT every 2 years. Failure to attend updates as required may result in the withdrawal of this agreement.
- Providers will respect people's choices and lifestyles and maintain effective communication with all clients.

5. Data Collection

- Providers will submit full **and accurately completed** data via Quit Manager (Department of Health Monitoring Forms may be used in exceptional circumstances only, following discussion with the core service) for each individual smoker who registers for support, within the timescales attached to this agreement. This must include all the information required by the Department of Health, set out in the Service Monitoring and Guidance 2015 (http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php)
- Failure to submit the data by the required date will result in the withdrawal of payment for those clients.
- Failure to fully complete and submit the data accurately will result in any payments due being withheld until it is completed satisfactorily within required timescales.
- Information will be processed in accordance with the requirements of the GDPR and the Data Protection Act 2018.

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6. Local Commissioned Service Delivery

The following planned intervention must be provided to all smokers supported through this agreement:

- The smoker expresses a desire to quit smoking (this step involves the member of staff to use nationally recognised brief and very brief intervention models).
- The advisor provides information on stopping smoking, the consequences of smoking and the potential treatments to support quitting.
- An assessment is undertaken considering smoking, lifestyle, behavioural and health factors affecting the smoker's ability to quit. This may include assessing the smokers wider support network of family and friends and whether they can be engaged to provide additional motivation and support.
- Advice is given on and provision of NRT, Varenicline, if appropriate, and in line with agreed protocols, using the PGD/Voucher scheme unless there is an exception as per protocol.
- A quit date is agreed and recorded.
- The information sharing consent section on Quit Manager or the DH monitoring form (to enable follow up of quit attempts) is completed.
- Structured follow up sessions of behavioural intervention and support are offered (weekly sessions for a minimum of 6 weeks after the quit date, with a minimum contact time of 90 minutes over 6 weeks).

Behavioural support consists of advice, discussion and exercises provided face-to-face. It can also be delivered by telephone. It aims to make a quit attempt successful by:

- helping clients escape from or cope with urges to smoke and withdrawal symptoms
- maximising the motivation to remain abstinent and achieve the goal of permanent cessation
- boosting self-confidence
- maximising self-control
- optimising use of pharmacotherapy

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- CO monitoring is to be undertaken at each appointment as an aid to motivation and the reading recorded on Quit Manager at each contact.
- Follow-up at 25 to 42 days post quit day is to be conducted with all self-reported quitters and an attempt must be made to confirm the smoking status of all clients reporting having quit for four weeks by use of an expired air carbon monoxide (CO) monitor. If clients do not attend their appointment, they should be followed up by telephone, text or email (three times at different times of day) and, importantly, asked and encouraged to attend for CO-verification.
- A carbon monoxide-verified four-week quitter is a treated smoker whose CO reading is assessed 25-42 days from their *quit date* (-3 or + 14 days) and whose CO reading is less than 6ppm. The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date.
- CO verification must be conducted face-to-face and carried out for all four-week quitters. Providers who fail to obtain CO readings for at least 85% of the four week-quitters may be subject to additional verification processes.
- The monitoring information is inputted onto Quit Manager (see Data Collection section above) or indicating whether the patient has successfully quit or not. The data collection at this point is equally important in establishing successful and unsuccessful quitters and must be submitted for both categories. The follow up described above must be undertaken before the client outcome recorded and data return is completed.

Providers must not develop waiting lists of smokers requesting support. If a smoker cannot be seen within a week of their initial request for support they must be referred to the Specialist Stop Smoking Service so alternative support can be arranged, (including face to face, telephone or online support) unless the smoker has a particular wish to remain with the LCS provider and are happy to wait.

Further guidance on monitoring is available in the DH document NHS Stop Smoking Services: Service and Monitoring Guidance 2014/15 and any updates (http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php).

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It is acknowledged that some patients/clients will still require referral to the Specialist Service, these must include heavily addicted smokers, young people under the age of 18 and pregnant women, smokers with mental health issues , but may also be for other clients due to reasons of choice or access.

The Specialist Service will provide information, advice and support to all providers who wish to work with specific client groups with additional support needs.

Use of electronic cigarettes

South West Yorkshire Partnership NHS Foundation Trust recognises that a significant number of smokers are turning to electronic cigarettes (e-cigs) as a means of reducing or ceasing their use of smoked tobacco. E-cigs are currently unregulated and untested. In 2013 the UK Medicines and Healthcare Products Regulatory Agency (MHRA) announced that from 2016, it intended to regulate electronic cigarettes and other nicotine-containing products as medicines by function which will require manufacture to medicinal purity and delivery standards and control advertising. The proposed regulation will provide a route to licensing by deeming any nicotine device that is proved to deliver nicotine to be effective as a smoking substitute or cessation aid.

Until there is clear guidance from the (MHRA) and Department of Health, South West Yorkshire Partnership NHS Foundation Trust and any agents operating through this agreement are unable to provide e-cigs as part of a stop smoking support programme or recommend their use as a means to quitting smoking. This is particularly the case whilst there are ongoing concerns about safety and nicotine concentrations in e-cigs where data is limited.

However, in order to take a pragmatic approach and in recognition of the fact that some smokers are using e-cigs as the first step to quitting the use of smoked tobacco, South West Yorkshire Partnership NHS Foundation Trust requires providers to take the following approach:

- For the purpose of this agreement, e-cigs are to be treated as a non licensed nicotine containing device
- Providers can support anyone to quit smoking under current NHS guidance, whether they are using any smoking cessation aids or electronic cigarettes
- Provider's advisors should provide behavioural support to smokers who choose to use an e-cig to help them stop using smoked tobacco products

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- Advisors should provide the standard stop smoking support programme to smokers using e-cigs, in line with the local treatment protocol and eligibility criteria in section 6 of this agreement
- Advisors should still advise smokers using e-cigs to support their quit attempt about the full range of stop smoking pharmacotherapy available locally and discuss the relative benefits of using these products
- Providers must ensure that use of e-cigs are clearly recorded on the clinical record on Quit Manager in the appropriate section
- A smoker who has set a quit date and who has refrained from smoking tobacco at 4 weeks will be recorded as a treated smoker whether or not they are continuing to use an e-cig or other nicotine containing product
- A treated smoker quit at 4 week will be recorded as either a CO verified quit or a self reported quit even if they are continuing to use an e-cig to support their ongoing abstinence from smoked tobacco
- Advisors must not promote or any specific advice or support around use of e-cigs
- Advisors should not provide Nicotine Replacement products, Champix or any other stop smoking pharmacotherapy to people using e-cigs

6. Eligibility

Providers of the service must ensure their employees/agents are appropriately qualified to provide all elements of the service. The provider should ensure that their clients receive behavioural support from a person who has had training and supervision that complies with the NHS Centre for Smoking Cessation and Training (NCSCT).

Individuals providing stop smoking support through this agreement must have completed the online Stop Smoking Practitioner Training and Assessment Programme [NCSCT] and locally delivered Level 2 training through the specialist service as required.

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Knowledge and competencies must be maintained by attending one annual update meeting arranged by the Specialist Service, or by providing evidence of equivalent learning through attendance at national/regional alternatives.

7. Performance Management

There are 6 key performance indicators (KPIs) that all providers will be assessed against on a quarterly basis:

1. All providers must achieve the Department of Health minimum standard of 35% quit conversion rate i.e., for every 3 people that set a quit date, at least 1 successful quit should be achieved.
2. The provider will provide CO-monitor verified quits in minimum of 85% of quits, in line with Department of Health standards.
3. The provider must provide full and complete outcomes via Quit Manager (DH form submission only in exceptional circumstances and with prior agreement with the core service) and return to the Service within the nationally agreed timescale of 6 weeks from the client's quit date (see section 10 for data collection deadlines).The maximum lost to follow up rate should not exceed 10% (i.e. For every 10 clients that are seen, the outcome – quit or not quit should be known for at least 9 of them)
4. All (100%) client details should have a completed code to record client ethnicity and employment status and should be correctly categorised on Quit Manager.
5. All providers should achieve **a minimum of 15 quits per annum per advisor**
6. Providers will also be monitored against SWYpFT governance arrangements for record keeping and other Care Quality Commission requirements.

The Specialist Stop Smoking Service will support providers and assist them to meet the requirements of the guidance set out in Part 3 of this agreement.

The Provider will meet with representatives of the Specialist Stop Smoking Service face to face at least twice annually to monitor compliance with this agreement.

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Providers with quit rates falling outside the accepted 35% to 70% range will be exception reported and offered support from the specialist stop smoking service, offering retraining if appropriate.

Providers with quit rates falling consistently below 35% or failing to meet other KPIs listed above can expect intervention from the Specialist Stop Smoking Service to agree action planning and improvement. Failure to demonstrate improvement within agreed timescales (usually six months) or failure to comply with remedial action will lead to the withdrawal of this agreement.

8. Funding

Payment will only be made to providers of the LES who have entered into a signed service agreement with South West Yorkshire Partnership NHS Foundation Trust.

Participating providers will be funded on the following basis:

Payment will be made to providers on a quarterly basis under the Local Commissioned Service providing that monitoring data is fully completed and submitted for each person who registers for support. This must be submitted to the Stop Smoking Service in accordance with the timescales set out in Section 10.

For the purpose of this commissioned service, an episode of care has been defined as a completed 4-week assessment. However, it is expected that if patients require support after this point, that care will be provided.

Providers will be reimbursed at the following rate/s:

- A payment by results
 - **£40** per smoke free patient at the 4 week assessment for each fully completed client record with clear outcome recorded for a 4 week quitter.
 - If the quitter is carbon monoxide validated and has a long term condition then they would receive **£50.00**
- A payment of **£10** for non-quit clients to identify the support some clients may be offered but do not quit.

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Payment will be authorised on submission of accurately completed Quit Manager records which will be collated by the Yorkshire Smokefree Calderdale Stop Smoking

Service every quarter (dates for submission will be provided annually by Yorkshire Smokefree Calderdale Stop Smoking Service). Please ensure you include all requested information including telephone contact details, occupation, data and postcode.

Payment may be withheld if data is not completed within this timescale or not completed fully or correctly. Incomplete data will be notified to the Provider. Should this occur the client record must be fully completed within 15 working days. Payment will not be made for any client record not completed within this timescale.

Providers may wish to retain the details of commissioned service activity within their service as quarterly assessment of the figures does not occur till 6-8 weeks after the end of the quarter. This is due to the methodology set by Department of Health for collecting smoking quitters data based on the set quit date rather than when the 4 weeks is reached. This results in a delay in payment of about 3 months.

Funding of the service will be calculated based on the number of correctly completed Client Records via Quit Manager.

In exceptional circumstances and in agreement with Yorkshire Smokefree Calderdale, SWYPFT, Department of Health Forms may be submitted within the set timeframe outlined below. Request for the forms may be made to the Stop Smoking Service. Payment will not be made for records or forms that are incomplete or submitted after the deadline.

Claims for previous quarters/financial years will not be paid.

Providers may not sub-contract service provision to other parties. Payments will not be made on that basis. The client must be seen exclusively by the Provider's advisor (YSFC offers all providers patients free occasional additional support via text, online or telephone in addition to the provider's own face to face support, discuss with YSFC if this is required).

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Payment:

- Payment per quit/non quit - with a top up payment for those smokers eligible for free prescriptions

The payment rate is:

4 week quitter	£40
4 week quitter with long term condition and carbon monoxide validated	£50
Not quit or Lost to Follow Up	£10

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THE COMPLETED SIGNATURE SHEET ON PAGE 14 OF THIS AGREEMENT

10. Data Collection Timetable

DEPARTMENT OF HEALTH – MONTHLY REPORTING DATES

Month in Which Quit Date Set (Financial Year)	Last Date for Stop Smoking Service To Receive Completed Data	Reporting/Payment Deadlines
Quarter 1 April, May, June	11/08/2019	September 2019
Quarter 2 July, Aug, Sept	11/11/2019	December 2019
Quarter 3 Oct, Nov, December	11/02/2020	March 2020
Quarter 4 Jan, Feb, March	12/05/2020	June 2020

NB Data received after the quarterly reporting deadline date will not be awarded a payment

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LOCAL COMMISSIONED SERVICE AGREEMENT

Stop Smoking Services

Agreed anticipated activity level (A minimum of 15 quits per advisor is expected to maintain competency levels)

Level 2 advisors are defined as staff who have been on approved Stop Smoking Intermediate Training (Level 2) delivered by a National/Local Stop Smoking Services and will be providing stop smoking support.

This document constitutes the agreement of the service Provider in regards to the delivery of the Local Commissioned Service - Level 2 Stop Smoking Service (Please tick the relevant box)

The Provider **agrees** to provide the Local commissioned Level 2 Stop Smoking Service

Provider name and address:

We undertake to comply with the terms of the Stop Smoking Local Commissioned service including the achievement of the KPIs in section 7.

We will ensure that our provision fulfils the requirements of the DH Service and Monitoring Guidance 2014/15 and subsequent updates and will intend to fully complete client records and other reports required for the monitoring of the service by the Stop Smoking Service on behalf of South West Yorkshire Partnership NHS Foundation Trust.

We agree to allow dedicated time for trained staff to provide appropriate support and work in partnership with the Specialist team in Yorkshire Smokefree Calderdale to undertake follow-up work with smokers who have shown an interest in quitting.

We understand this will be a minimum of 90 minutes of support per quitter and each Level 2 advisor will need to support at least 15 quitters per year, to maintain their competency.

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The named Provider will undertake this Local Commissioned Service in accordance with the Service Aims and Requirements as set out in the Service Specification.

Signature on behalf of the Provider:

Signature	Name	Date

Signature on behalf of SWYPFT:

Signature	Name	Date
J D. Spence.	Jan Spence	05/02/2019

Please return to:

Jan Spence
 Acting Manager - Yorkshire Smokefree Calderdale
 South West Yorkshire NHS Partnership Foundation Trust
 Laura Mitchell Health and Well Being Centre
 Great Albion Street
 Halifax
 HX1 1YR

Termination of the agreement

Termination of this agreement can be made by both parties giving three months' notice in writing.

Should the LCS provider choose to terminate the agreement any vouchers signed out to the Level 2 advisor must be returned to the service within 28 days.

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Please retain a copy for your file.

APPENDIX A

1. DH (2014/15). "NHS Stop Smoking Services: Service monitoring and guidance". Department of Health: http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php
2. Nicotine replacement therapy for smoking cessation. Cochrane Database of Systematic Reviews, Issue 1. (2012). Stead LF, Perera R, Bullen C, Mant D, Hartmann-Boyce J, Cahill K, and Lancaster C.
3. DH (2010). A Smokefree Future – A Comprehensive Tobacco Control Strategy for England
4. DH (2011) Healthy Lives, Healthy People: A Tobacco Control Plan for England: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf
5. National Centre for Smoking Cessation and Training (NCSCT) training standard. Learning outcomes for training stop smoking practitioners: <http://ncsct.co.uk/usr/pub/NCSCTrainingstandard.pdf>

Cessation – NICE documents

1. Behaviour change: Individual approaches. (PH49) (2014)
2. Smoking cessation - acute, maternity and mental health services. (PH48) (2013)
3. Quitting smoking in pregnancy and following childbirth. (PH26) (2013)
4. Supporting people to stop smoking, quality standard (QS43) (2013)
5. Tobacco Harm Reduction (PH45)
6. Smokeless tobacco cessation - Helping people of South Asian origin to stop using smokeless tobacco (PH39) (2012)
7. Identifying and supporting people most at risk of dying-prematurely (PH15) (2008)
8. Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities (PH10) (2008)
9. Varenicline for smoking cessation (TA123) (2007)
10. Workplace interventions to promote smoking cessation: Public health intervention guidance (PH5) (2007)

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11. Brief interventions and referral for smoking cessation (PH1) (2006)

Public Health / Smoking Prevention (NICE)

1. Local government public health briefings (PHB1) (2012)
2. School-based interventions to prevent smoking. (PH23) (2010)
3. Preventing the uptake of smoking by children and young people (PH14) (2008)

Publications on cost effectiveness of public health intervention (NICE)

1. Preventing the uptake of smoking by children and young people: review of cost effectiveness (2008)
2. Cost-effectiveness of brief intervention and referral for smoking cessation (2006)
3. Cost-effectiveness of interventions for smoking cessation (2007)
4. Cost impact analysis of workplace-based interventions for smoking cessation: Sensitivity analysis of time lost due to smoking (2007)

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