City of BRADFORD METROPOLITAN DISTRICT COUNCIL

City of Bradford Metropolitan District Council

Living Well Stop Smoking Service

Reference: BMDC/DN511003

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2. Specific Service Requirements for the Development and Delivery of the Living Well Stop Smoking Service in Primary Care Settings

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1 DEFINITIONS

Within this document and all related documents, the following definitions shall apply:

Bradford Council Plan 2021-25	Sets out how we, as a Council, will work with others to contribute to priorities set out in the Bradford District Plan 2021-2025. It sets out both where we will deliver as a Council and where we will provide leadership and work in partnership with others to achieve our shared ambitions.
Bradford District	Refers to the geographical area across the City of Bradford Metropolitan District in which residents of the district live
City of Bradford Metropolitan District Council (CBMDC)	Bradford Council is a metropolitan council, one of 36 in the country. This term is used to describe a council which serves a large town or city and its surrounding population. The total population of the district the Council serves is approximately 537,200 (ONS, July 2019) and covers an area of approximately 141 square miles. This includes Bradford city centre, the towns of Shipley, Bingley, Keighley and Ilkley and many other communities including Addingham, Baildon, Burley, Cullingworth, Denholme, Eastburn, Eccleshill, Haworth, Menston, Oxenhope, Queensbury, Silsden, Steeton and Thornton.
Carbon monoxide (CO)-verified four-week quitter	A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm. 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 (Russell Standard).
Confidential Information	Includes all information of any nature and in any form which at the time or times concerned is not generally known to the public.
E-voucher system	Enables treated smokers to easily access NRT when attending a behavioural session at the reduced cost of a prescription. Under the scheme, a Stop Smoking Practitioner recommends the supply of NRT using an e-voucher that is issued to a pharmacy participating under the scheme of the service user's choice
Level 2	Staff who have been approved Stop Smoking Intermediate Training and are providing stop smoking support.
Licensed pharmacotherapy	As all smokers should be given the optimum chance of success in any given quit attempt, licensed pharmacotherapy, currently nicotine replacement therapy (NRT), varenicline (Champix) and bupropion (Zyban) should all be made available in combination with intensive behavioural support. Varenicline or combination NRT offer smokers the best chances of quitting and, unless

	clinically contraindicated, should be available as first-line treatments to all clients.
Living Well	Living Well is a 'whole systems approach' to reducing preventable ill health and premature deaths in Bradford. The approach encompasses a number of components, for example; working with individuals by providing one to one support to make lifestyle changes (i.e. through Living Well Advisors/ Community Connectors); delivering change to ensure the healthy choice is the easy choice (smoke free public realm); working across communities and partners to create local environments and places that promote and support healthy lifestyle behaviours (i.e. safe systems for road safety - alignment between actions, at differing levels and across sectors to improve efficiency and impact (e.g. for safety, noise, lack of exercise) (see Appendix D)
Living Well Advisor	The role of a Living Well Advisor was created following the integration of smoking cessation support as part of the Living Well Service offer. Living Well Advisors offer a wide range of lifestyle behavioural support including smoking cessation support.
Living Well Service	An integrated lifestyle service whereby clients can receive dedicated support from Living Well Advisors in relation to a range of healthy lifestyle issues (smoking, physical activity, alcohol etc.). This approach aims to allow cross skilling of all staff and the ability for flexible delivery of the service in response to demand.
Lost to follow up (LTFU)	A treated smoker who cannot be contacted face to face, via telephone, email, letter or text following three attempts to contact them at different times of day, at four weeks from their quit date (or within 25 to 42 days of the quit date). The four-week outcome for this client is unknown and should therefore be recorded as LTFU on the monitoring form.
National Institute for Health and Care Excellence (NICE) guidance	Evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders
NHS Bradford and Craven Clinical Commissioning Group (CCG)	Previously operating as three CCGs: NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG. NHS Bradford and Craven CCG came into operation on 1 April 2020 and are responsible for the planning, buying and monitoring of health services for Bradford District.
Non-treated smoker	A smoker who receives no support or is given very brief advice and/or supplied with leaflets, helpline cards or pharmacotherapy only, and who does not set a quit date or consent to treatment.

	Examples may include smokers seen at health fairs or community events, during a GP consultation or during a hospital stay where a quit date is not set and a quit attempt is not made.
One-to-one	An intervention between a single stop smoking practitioner and a single smoker, at a specified time and place. It is usually delivered face to face, although remote appointments are possible.
Proactive telephone support	An intervention delivered by a stop smoking practitioner over the phone that follows the same specification as one-to-one support. There should be local pathways in place to ensure that CO monitoring can still be carried out and access to stop smoking pharmacotherapy on prescription is available throughout the treatment episode.
Primary Care-based services	Stop smoking support is provided by Stop Smoking Practitioners, who provide stop smoking advice as part of a wider professional role based in accredited GP practices and community pharmacies. Relying on this setting for service provision requires individual GPs/pharmacies to sign up to provide the service (including engaging with the relevant training and returning required data)
Quit date	The date a smoker plans to stop smoking completely with support from a stop smoking practitioner as part of an assisted quit attempt.
Quit Manager	A data collection, management and reporting system to allow full cycle management of a treated smoker's care and support during their attempt to quit smoking that can be used in multiple health care settings enabling standardised reporting
Renewed quit attempt	A quit attempt that takes place immediately following the end of one treatment episode. A new treatment episode should be commenced in the database / service records.
Routine and manual smoker	A smoker whose self-reported occupational grouping is of a routine and manual worker as defined by the National Statistics Socio-Economic Classification
Self-reported four-week quitter	A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and is followed up 28 days from their quit date (-3 or +14 days). 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 (Russell Standard).
Smoked product	Any product that contains tobacco and produces smoke is a smoked product, including cigarettes (hand-rolled or tailor-made),

	cigars and pipes (including waterpipes). Waterpipes include shisha, hookah, narghile and hubble-bubble pipes.
Smoker	A person who smokes a smoked product. In adulthood this is defined in terms of daily use, whereas in adolescence (i.e. for those aged 16 or under) it is defined in terms of weekly use.
Smoking cessation	In clinical terminology this is used to denote activities relating to supporting smokers to stop.
Stop Smoking Practitioner	An individual who has NCSCT certification and is employed by a service which is, either directly or indirectly, commissioned to provide stop smoking support.
Stop Smoking Service Provider	A stop smoking service provider is defined as a locally managed and coordinated service commissioned to provide accessible, evidence-based and cost-effective clinical services to support smokers who want to stop. Service delivery should be in accordance with the quality principles for clinical and financial management contained within this guidance.
Time between treatment episodes	When a client has not managed to stop smoking, there is no definitive period of time required between the end of a treatment episode and the start of another. The stop smoking practitioner should use discretion and professional judgement when considering whether a client is ready to receive support to immediately attempt to stop again. If this is the case, the client must start a new treatment episode, i.e. attend one session of a structured, multi-session intervention, consent to treatment and set a quit date with a stop smoking practitioner in order to be counted as a new data entry on the quarterly return.
Tobacco Control Delivery Plan	Towards a Smokefree Generation, the Tobacco Control Plan for England 2017-22 was published by the Government in July 2017 to continue leading the national effort on tobacco control. Delivery of national ambitions will be monitored through a delivery plan, involving inter-departmental collaboration and local partnerships, with a cross-government oversight body to provide governance
Tobacco Needs Assessment	An assessment that provides an overview of the local situation and brings together data and evidence to inform the development and implementation of local tobacco control work.
Treated smoker	A smoker who has received at least one session of a structured, multi-session intervention (delivered by a stop smoking practitioner) on or prior to the quit date, who consents to treatment and sets a quit date with a stop smoking practitioner. Smokers who attend a first session but do not consent to treatment or set a quit date should not be counted.

Treatment episode	At the point of attending one session of a structured, multi-session intervention, consenting to treatment and setting a quit date with a stop smoking practitioner, a client becomes a treated smoker and the treatment episode begins. The treatment episode ends when a client has been completely abstinent for at least the two weeks prior to the four-week follow-up or is lost to follow-up at the four-week point, or when a four-week follow-up reveals that a client has lapsed during the two weeks immediately prior to the follow-up and is therefore recorded as a non-quitter. Good practice dictates that if the client wishes to continue treatment after a lapse, treatment should be continued if it seems appropriate, but the client will not count as a four-week quitter for the purposes of that treatment episode.
Very Brief Advice	Health Care Professionals enquire about current and past smoking behaviour, provide information on the consequences of smoking and stopping smoking, and advise on options for support and pharmacotherapy

2 Introduction to the Service

Following the integration of Stop Smoking Services within the Living Well Service offer, a review and options appraisal was conducted. The new service model will continue to provide smoking cessation support within commissioned primary care settings with a focus on reducing smoking-related health inequalities. For the purpose of this Specification, primary

care-based settings relate to GP surgeries and community pharmacies across Bradford District and will form part of the Living Well Service Offer, aiming to support people who express a desire to quit smoking. A 12-week behavioural programme will be provided with access to pharmacotherapy to all smokers wanting to quit, resident in Bradford Metropolitan District. The Service will be delivered by Living Well Advisors and Stop Smoking Practitioners in accredited primary care-based settings. This is in line with the evidence that combining stop smoking aids with expert behavioural support increases the chances of quitting by 300%[i]. Improved governance and an enhanced data collection and monitoring system will help to monitor performance and outcome measures.

2.1 Aims of the Service

2.1.1 To provide universal and targeted evidence-based smoking cessation support for smokers aged 12+ across Bradford District, delivered by Level 2 Stop Smoking Practitioners in primary care-based settings, as part of the Living Well Service offer.

2.1.2 To increase the accessibility of licensed pharmacotherapy across the District through E-vouchers issued by a Level 2 Stop Smoking Practitioner and processed in participating Level 1 and 2 pharmacies

2.2 Principles of the Service

The Service will adopt key principles which are reflective of the Bradford Council Plan and the Living Well approach; these will be integral to its successful delivery and evident throughout the delivery model, these are;

2.2.1 Prevention: a commitment to positively addressing the risk factors which increase the likelihood of premature morbidity and mortality from smoking.

2.2.2 Collaboration: recognising that the success of this service is dependent upon maximum engagement and coproduction with partners, influencers and citizens.

2.2.3 Responsive to local need: a service informed by local knowledge through the latest Tobacco Needs Assessments as well as public and local stakeholder consultation. Commissioners and providers will focus equally on increasing reach and access for smokers from high risk or high usage groups, improving data quality and ensuring that resources are allocated appropriately

2.2.4 Changing behaviours: a focus on empowering Bradford citizens and communities to make changes to their behaviour.

2.2.5 Evidence based: an approach informed by empirical understanding, research and/or relevant psychological theory.

2.3 Objectives of the Service

The objective of the Service is to reduce smoking rates and smoking-related health inequalities across Braford District. This will be achieved by:

2.3.1 treating at least 5% of the estimated local population who smoke each year and achieving a successful quit rate of at least 35% at 4 weeks, as per NICE recommended targets

2.3.2 Effectively evaluating and monitoring smoking cessation performance including auditing exceptional results (for example, 4-week quit rates lower than 35% or above 70%) to determine the reasons for unusual performance as well as to identify best practice and ensure it is being followed

2.3.3 Enabling standardised data reporting across all delivery settings in order to effectively respond to and monitor the health needs and outcomes across the district

2.3.4 Ensuring pathways for identification and referral of smokers are simple and easily accessible within all relevant settings

2.3.5 Ensuring support is promoted and accessed by high risk groups such as pregnant smokers, routine and manual smokers and those suffering with mental health problems

2.4 Outcomes of the Service

2.4.1 The Service will contribute towards Bradford District's Joint Health and Wellbeing Strategy *Connecting people and place for better health and wellbeing* by supporting the three main approaches to implementation:

1. Creating a health-promoting place to live
2. Promoting wellbeing and preventing ill-health
3. Supporting people to understand how to get help earlier, how to better care for themselves and manage their health conditions better

2.4.2 The Service will contribute towards the objectives of Bradford District's Tobacco Control Plan: Reducing smoking prevalence by treating at least 5% of the estimated local population who smoke each year and achieving a successful quit rate of at least 35% at 4 weeks

2.4.3 The Service will support and contribute towards delivery of the Public Health Outcomes Framework (PHOF) indicators recognising these as critical to the health and care system and the vision to improve and protect health and wellbeing and improve the health of the poorest fastest leading to long, healthy lives.

2.4.4 The Service will support and contribute towards the following PHOF indicators:

- Smoking prevalence rates in adults and children (C18, C13)
- Smoking in early pregnancy (C03a)
- Smoking status at time of delivery (C06)
- Number of low birth-weight babies (C04)
- Sickness absence (B09)

- Infant mortality rate (E01)
- Under 75 mortality rate from cardiovascular diseases considered preventable (E04b)
- Under 75 mortality rate from cancer considered preventable (E05b)
- Under 75 mortality rate from respiratory diseases considered preventable (E07b)

2.4.5 The Service will also focus on improving the following national outcomes of the Tobacco Control Delivery Plan:

- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by the end of 2022.
- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by the end of 2022
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less by the end of 2022
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population by the end of 2022

3 Description of the Service

3.1 Service Model

3.1.1 A 12-week behavioural programme with access to licensed pharmacotherapy is available for all smokers (12 years +) motivated to quit smoking.

3.1.2 A universal and targeted approach will be used via a triage system which gives access to more intensive support to high risk groups and a less intensive level of support to non-high risk groups provided by Level 2 Stop Smoking Practitioners in primary care (see Appendix C for and outline of the Service User Journey).

3.1.3 Informed by local needs assessments and national evidence, high risk groups are categorized as:

- Pregnant women who smoke
- Routine and manual workers
- People with mental health conditions
- People with COPD
- People with health conditions caused or made worse by smoking, e.g. lung cancer
- People with substance misuse problems

3.2 Service Overview in Accredited Pharmacies

3.2.1 Smokers from a high risk category seeking support to quit will be recommended by the intermediate Level 2 Stop Smoking Practitioner to receive a more intensive level of support consisting of 12 one-to-one contact sessions and smokers from a non-high risk category will receive 6 one-to-one contact sessions over a period of 12 weeks (+14 days)

3.2.2 NRT Supply Level 1 Service will enable pharmacies to supply NRT to a treated smoker who has been issued an E-voucher by a Level 2 Stop Smoking Practitioner

3.2.3 It will be assumed that pharmacies delivering the Level 2 Service and thereby providing behavioural support and issuing e-vouchers will also provide the NRT Supply Level 1 Service. This in line with the aims of the service of increasing accessibility to pharmacotherapy

3.2.4 Pharmacies not participating in delivering the Level 2 Service can choose to act as a Level 1 NRT voucher dispensing point only

3.2.5 Providing the NRT Level 1 Service means being available for advice and dispensing of the nicotine replacement products. Stop Smoking Providers will be available for dispensing NRT vouchers throughout their contracted opening times

3.2.6 E-Vouchers can only be used in connection with treated smokers accessing the Living Well Stop Smoking Service.

3.2.7 If Prescription-only pharmacotherapy (Champix, Zyban) is required, a prescription request will be sent to the treated smoker's GP surgery

3.2.8 The participating pharmacy will record the required minimum data set onto Quit Manager or any alternative system designated by the Council

3.2.9 Treated smokers will be required to access behavioural support from their Level 2 Stop Smoking Practitioner or Living Well Advisor for the duration of their quit attempt.

3.2.10 All pharmacies not participating in delivering the service will be expected to provide Very Brief Advice in line with the NCSCT's training standards

3.3 Service Overview in Accredited GP Practices

3.3.1 Smokers from a high risk category seeking support to quit will be recommended by the Level 2 Stop Smoking Practitioner to receive a more intensive level of support consisting of 12 one-to-one contact sessions and smokers from a non-high risk category will receive 6 one-to-one contact sessions over a period of 12 weeks (+14 days)

3.3.2 Access to NRT will be via an E-voucher system at accredited Level 1 and 2 pharmacies

3.3.3 Treated smokers will be given the choice to process their voucher at a participating pharmacy of their choice

3.3.4 If Prescription-only pharmacotherapy (Champix, Zyban) is required, a prescription request will be sent and processed by the treated smoker's GP

3.3.5 Participating GP practices will record the required minimum data set onto Quit Manager

3.3.6 Treated smokers will be required to access behavioural support from their Stop Smoking Practitioner for the duration of their quit attempt.

3.3.7 GP surgeries not participating in delivering the service will be expected to provide Very Brief Advice in line with the NCSCT's training standards

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 All individuals should be assessed as eligible, utilising the following criteria:

- They are living within Bradford District
- They are aged 12 or over
- They meet smoking cessation service treatment criteria

3.4.2 Smoking cessation treatment criteria:

- Motivated and ready to stop smoking within 2 weeks of their first appointment
- Willing to attend appointments throughout their quit attempt

3.4.3 Children and young adults can access to service in line with Fraser Guidelines and with restrictions to certain pharmacotherapies as per the Medicines Compendium

3.5 Service Delivery: Essential Requirements

3.5.1 All providers will be responsible for ensuring the Service is delivered in an appropriate setting (e.g. a confidential environment)

3.5.2 The provider must ensure that treated smokers receive behavioural support from a person who has had the appropriate training and supervision. The training consists of the following:

- NCSCT Practitioner training (E-learning); core competences in helping people stop smoking, which leads to NCSCT certification

- Level 2 core training delivered by CBMDC Public Health which will incorporate local training elements
- A period of mentoring and shadowing with a fully trained and experienced stop smoking practitioner

3.5.3 The provider will adopt a holistic approach to assessment of smoking, smoking behaviour and lifestyle including consideration of other health issues in order to assess risk category of each treated smoker

3.5.4 They will provide tailored advice, counselling and support, taking into account individual needs and choices particularly for minority ethnic and disadvantaged groups

3.5.5 The provider must adopt and adhere to the data collection methodology set out in Public Health England (2014) Local Stop Smoking Services: Service and Delivery Guidance

3.5.6 All Level 1 and Level 2 Stop Smoking Providers will be provided with access to the free confidential Quit Manager system, or any other alternative system identified by the Council, to record stop smoking activity

3.5.7 The provider will enter activity onto Quit Manager or alternative system identified by the Council to record the treated smoker's activity; this will enable appropriate monitoring and audit of activity and performance by the CBMDC Public Health

3.5.8 Services will be tailored to include the provision of NICE recommended licensed pharmacotherapy, Varenicline (Champix), Bupropion (Zyban) and NRT, using agreed protocols (NRT E-voucher scheme and prescription requests where appropriate)

3.5.9 Pharmacy-based providers must ensure stop smoking medications are routinely in stock and available for the delivery of the service in accordance with demand

3.5.10 All providers must maintain a quit rate within the limits set by the Public Health England (PHE) Local Stop Smoking Services: Service and Delivery Guidance (2014) referenced above. The acceptable quit rate is between 35% and 70%. All providers will be expected to exception report performance that falls outside of these limits

3.5.11 Stop Smoking Practitioners must attend annual refresher training, annual validation meetings (arranged by the CBMDC Public Health) and implement any new guidance or directives that are published including new and/or update training as offered by the NCSCT. Failure to attend updates as required may result in the withdrawal of this agreement

3.5.12 Stop Smoking Practitioners in primary care-based settings will work in partnership with Public Health through regular Contract Management Meetings and other meetings as appropriate

3.5.13 CBMDC Public Health will offer training through the NCSCT to eligible healthcare practitioners in primary care-based settings

3.6 Service Principles

3.6.1 The Service shall be inclusive for the population of the Bradford District with staff trained to ensure services are delivered to communities and individuals regardless of race, gender, ethnicity, disability or sexuality

3.6.2 Providers will respect people's choices and lifestyles and maintain effective communication with all treated smokers

3.7 Level 2 Service Outline

3.7.1 The Service will incorporate a **minimum of 1 hour 50 minutes** of contact time with a treated smoker, from the pre-quit preparation appointment through to at least four weeks after quitting, depending on the risk category of the treated smoker. This will ensure effective monitoring, client adherence to the treatment programme and ongoing access to medication.

3.7.2 Level 2 Stop Smoking Practitioners in primary care-based settings should aim for as many face-to-face contact sessions as possible

3.7.3 CO verification should aim to be undertaken face-to-face and at each appointment where possible as an aid to motivation and the reading recorded on the treated smoker's notes at each contact. Please see Section 8.1 Emergency Planning

3.7.4 CO verification must be 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

3.7.5 The outline of the behavioural sessions is provided below, please see Appendix C for service user journeys and treatment pathways. Highlighted contact sessions (Session 7- 12) are for treated smokers from high-risk categories only:

Contact Session	Minimum time allocated (mins)
Session 1: Pre-quit	30
Session 2: Quit date	20
Session 3: 1 week post-quit	15
Session 4: 2 weeks post-quit	15
Session 5: 3 weeks post-quit	15
Session 6: 4 weeks post-quit	15
Session 7: 5 weeks post-quit	15
Session 8: 6 weeks post-quit	15
Session 9: 7 weeks post-quit	15
Session 10: 8 weeks post-quit	15
Session 11: 9 weeks post-quit	15
Session 12:10 weeks post-quit	15

3.7.6 At the point of attending one session of a structured, multi-session intervention, consenting to treatment and setting a quit date with a Stop Smoking Practitioner, the Individual becomes a treated smoker and the treatment episode begins

3.7.7 Behavioural support consists of advice, discussion and exercises delivered face to face as well as via online platforms/telephone. It aims to make a quit attempt successful by:

- helping treated smokers 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

3.7.8 The treatment episode ends when the treated smoker:

- Has been completely abstinent for at least the two weeks prior to the four-week follow-up, or
- is lost to follow-up at the four-week point, or
- when a four-week follow-up reveals that a client has lapsed during the two weeks immediately prior to the follow-up and is therefore recorded as a non-quitter

3.7.9 The monitoring information is inputted onto Quit Manager, or any other alternative system identified by the Council, whether the treated smoker 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.

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

3.8 Level 2 Service Delivery Scenarios

3.8.1 When a treated smoker has lapsed:

- Good practice dictates that if the treated smoker wishes to continue treatment after a lapse, treatment should be continued if it seems appropriate, but the treated smoker will not count as a four-week quitter for the purposes of that treatment episode.

3.8.2 When a treated smoker has not managed to stop smoking:

- There is no definitive period of time required between the end of a treatment episode and the start of another
- The Stop Smoking Practitioner should use discretion and professional judgement when considering whether the Individual is ready to receive support to immediately attempt to stop again.
- If this is the case, the Individual must start a new treatment episode, i.e. attend one session of a structured, multi-session intervention, consent to treatment and set a quit date with a stop smoking practitioner in order to be counted as a new data entry on the quarterly return.

3.8.3 When a treated smoker makes a renewed quit attempt:

- A quit attempt that takes place immediately following the end of one treatment episode i.e. a renewed quit attempt, will mean a new treatment episode should commence on the Quit Manager database and service records.

3.8.4 When a service user has already stopped smoking when they first come to the attention of the service:

- Can only be counted as having been 'treated' and included in the national data return <u>if they had quit 48 hours or less</u> before attending the first session of a structured multi-session treatment plan.
- Where this is the case, their spontaneous quit date should be recorded as their actual quit date.
- Smokers who have already stopped smoking for more than 48 hours before attending a service should not be included in the national data submission but may be counted as having been 'treated' for local accounting purposes (e.g. to justify resources used or analyse performance).

3.8.5 Loss to Follow Up

- LTFU should be recorded when a treated smoker cannot be contacted face to face, via telephone, email, letter or text following three attempts to contact them at different times of day, at four weeks from their quit date (or within 25 to 42 days of the quit date)

3.9 Level 1 Service Delivery

3.9.1 Access to NRT will be via an E-voucher system where the pharmacist will check the clinical suitability of the recommended products before dispensing the product(s) in line with the issued voucher

3.9.2 Providers must carry a stock of all NRT products, within reason, described on the Vouchers for supply to suitable patients.

3.9.3 NRT products will be supplied free of charge to treated smokers that do not currently pay for their prescriptions

3.9.4 A charge will be levied to treated smokers that currently do pay for their prescriptions. This will be charged at the same rate as a prescription charge. A treated smoker can opt to take out a prepaid prescription payment certificate and this will be covered under this scheme. Vouchers are valid for twenty (28) days from the date of issue

3.9.5 All NRT products supplied are to be labelled in accordance with the Medicines for Human Use Regulations 1994, the Medicines (labelling) Regulations 1976 and European Directives.

3.9.6 Providers must maintain patient medication records of all supplies made through this scheme through Quit Manager or any alternative system designated by the Council (Appendix D)

3.9.7 Providers must operate the service for at least 80% of the full pharmacy opening hours.

3.9.8 Where under exceptional circumstances a pharmacy is unable to provide the service, (for less than the stipulated 80% of the full pharmacy opening hours) CMBDC Public Health must be notified and the reason why the service cannot be provided

3.9.9 The supplying pharmacist will be responsible for clinical care of the treated smoker relating to the supply of NRT.

3.9.10 If a treated smoker is not suitable for the product then the pharmacy should direct the individual back to the advisor who provided the voucher.

3.10 Use of electronic cigarettes

CBMDC Public Health recognises that a significant number of smokers use electronic cigarettes (E-cigarettes) as a means of reducing or ceasing their use of smoked tobacco. E-cigarettes are currently not licenced as a stop smoking medication. In 2013 the UK MHRA (Medicines and Healthcare Products Regulatory Agency) announced that from 2016, it intended to regulate electronic cigarettes and other nicotine-containing products as medicines by function and therefore require manufacture to medicinal purity and delivery standards and proactive controls on advertising (Committees of Advertising Practice, 2014). The 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, CBMDC and any agents operating through this agreement are unable to provide e-cigarettes as part of a stop smoking support programme. However, in recognition of the fact that some smokers are using e-cigarettes as the first step

to quitting the use of smoked tobacco, CBMDC requires providers to take the following approach:

3.10.1 For the purpose of this agreement, e-cigarettes are to be treated as a nicotine containing device/nicotine delivery system

3.10.2 Providers can support anyone to quit smoking in line with the service principles set out in section 3; whether they are using any smoking cessation aids or not

3.10.3 Level 2 Stop Smoking practitioners should provide behavioural support to smokers who chose to use an e-cigarette to help them stop using smoked tobacco products

3.10.4 Stop Smoking practitioners should provide the standard stop smoking support programme to smokers using e-cigarettes, in line with the local treatment protocol and eligibility criteria

3.10.5 Stop Smoking Practitioners should still advise smokers using e-cigarettes to support their quit attempt about the full range of stop smoking pharmacotherapy available locally and discuss the relative benefits of using these products

3.10.6 Providers must ensure that use of e-cigarettes are clearly recorded on the clinical record on Quit Manager in the appropriate section

3.10.7 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-cigarette or other nicotine containing product

3.10.8 A treated smoker quit at 4 weeks will be recorded as either a CO verified quit or a self-reported quit even if they are continuing to use an e-cigarette to support their on-going abstinence from smoked tobacco

3.11 Pharmacotherapy budgets

Whilst it is recognised that it is desirable to offer as many smokers as possible support to quit and maintain abstinence, CMBDC Public Health needs to balance the needs of the smoking population against available service resources.

3.11.1 CBMDC Public Health budgets will be used to fund the standard provision of licensed pharmacotherapy: up to 12 weeks for NRT and Champix and up to nine weeks for Zyban.

3.11.2 In the event where there is a clinical need for pharmacotherapy to be provided for longer, and the licensing of these medications (with the exception of Zyban) allows for further treatment, this will be negotiated between CMBDC and NHS Bradford District and Craven CCG.

3.11.3 In instances where a GP (or other prescriber) prescribes a stop smoking medicine to address a particular patient's clinical needs outside of CMBDC's commissioned pathway, i.e. a non-treated smoker, the costs of the prescription should be met from the NHS Bradford and Craven CCG budget, as with any other clinical intervention.

3.12 Branding, Marketing and Communications

The provider will:

3.12.1 Use the locally agreed supporting resources and branding for the Service as issued via the Council's representative organisation (currently the Living Well Service)

3.12.2 Ensure that all communication about the Service uses the agreed brand identities

3.12.3 Use the dedicated PHE Campaign Resource Centre (https://campaignresources.phe.gov.uk/resources/) to obtain further marketing resources and national campaign materials

3.12.4 Support and promote local campaigns as identified by the Council's representative organisation (currently the Living Well Service)

4 Service Access and Delivery Environment

4.1 Service Delivery Location(s)

4.1.1 The Service shall be delivered from accredited Community Pharmacy premises and GP Practices within the Bradford Metropolitan District boundaries ensuring ease of access and maximising opportunities for Individuals to access the service. This will require training and accreditation of advisors in primary care-based settings as per the NCSCT standards.

4.1.2 The providers shall ensure that community settings provide equity of access for any Individual living in the Bradford Metropolitan District

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4.2 Days/Hours of Operation and timescales/timetable for delivery

4.2.1 Delivery of the service will be in line with the standard opening times of individual GP practices and pharmacies

4.3 Service Environment

4.3.1 The commissioned Stop Smoking Service Provider will include all required facilities and equipment to enable the provision of an effective and efficient stop smoking support service. A suitable private room will be available for appointments plus other relevant resources and equipment e.g. patient information, visual aids.

4.3.2 CO monitors will be supplied by CMBDC Public Health and will remain the property of the Council.

4.3.3 CMBDC Public Health will provide calibration and repairs of CO monitors in the event the CO monitor is lost or damaged through improper use it will be the responsibility of the commissioned Stop Smoking Provider to purchase a replacement.

4.4 Access and Referrals

4.4.1 Referrals shall be accepted in writing, verbally and through the identified data system and can be made in person (the Individual), from any professional or through other agreed pathways, with the consent of the Individual being referred.

4.4.2 The Service shall proactively engage with Service Users to develop a thorough and up-to-date understanding of the issues and barriers Service users experience in accessing generic services; learning will be used to further develop the Service.

4.4.3 The Service shall have referral pathways and processes in place with other appropriate services to ensure service users can access advice, support and interventions that fall outside the scope of this Specification (Please see Appendix C)

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5 Interdependencies with Other Services

The Service shall work with services across the Bradford District ensuring good partnership working to offer the best support for Service Users. Those partners shall include, but not limited to:

- CBMDC Public Health
- Health and Social care providers
- Primary care providers
- Secondary care providers

Stop Smoking Providers in primary care-based settings will form part of an integrated framework of stop smoking support in the Bradford District. Coordination and support will be provided by CBMDC Living Well Stop Smoking Service who will ensure governance arrangements are in place to monitor and oversee the quality of the service provided. This will include training, supervision and support for Practitioners plus structured communication and feedback arrangements.

5.1 Confidentiality and Data Protection

5.1.1 CMBDC will ensure that Stop Smoking Practitioners within the data system will not have access to all treated smokers within the system. They will only see treated smokers that attend a primary care setting that the advisor is allocated to.

5.1.2 The Provider must demonstrate that secure and confidentiality processes are in place and ensure that:

- Use of personal confidential data is not shared unless is absolutely necessary;
- Use the minimum necessary personal confidential data;
- Access to personal confidential data should be on a strict need to know basis;
- Everyone with access to personal confidential data should be aware of their responsibilities;
- Comply with the Law

6 Data

6.1 Data Requirements

6.1.1 Providers will report full and accurately completed data via Quit Manager, or any other alternative system identified by the Council, for each individual smoker who registers for support, within the timescales attached to this agreement. This must include all the information required by the NHS Digital Stop Smoking Statistics, CBMDC Public Health and PHE (2014) Local Stop Smoking Services: Service and Delivery Guidance

6.1.2 Failure to submit complete data will result in the withdrawal of payment for those clients

6.1.3 Failure to fully complete the mandatory fields or input data accurately will result in any payments due being withheld until it is completed satisfactorily within required timescales

6.1.4 The CBMDC Public Health team will submit the Quarterly NHS Stop Smoking Statistics to NHS Digital

6.2 Data Processing/ Intellectual property rights

6.2.1 Under the General Data Protection Regulations, for the purposes of this Contract, the Council and Provider Are Controllers in Common.

6.2.2 The Provider shall at all times adhere to requirements of the General Data Protections Regulations and Data Protection Act 2018 in the transfer and storage and processing of data specific to this contract.

6.3 Quit Manager Information Technology (IT) System

6.3.1 To reduce the administrative burden of stop smoking services, an online smoking cessation database ‘Quit Manager’ or any other alternative system, will be provided by the Council

6.3.2 The data system will serve as the IT system for the Service and is a web based smoking cessation data management system

6.3.3 All Stop Smoking Providers will be provided with access to the data system to record stop smoking activity

6.3.4 All contact sessions, including stop smoking outcomes and issued pharmacotherapy, must be recorded onto the data system to enable payment and DH Monitoring

6.3.5 CMBDC will provide access to training and the opportunity to view the use of the data system

6.3.6 CMBDC shall ensure that the IT system supports effective data collection and analysis.

6.3.7 CMBDC shall ensure that employees are trained to use the IT system effectively.

6.3.8 CMBDC will be responsible for the provision of and on-going support, upgrades, software and associated licenses.

6.4 Safeguarding

6.4.1 The Provider shall ensure, in line with the Fraser Competence Guidelines, that any Service User under 16 years of age, is competent to make an informed decision and then respond in accordance with national guidance on providing services to under 16s

6.4.2 The Provider shall have in place robust processes to safeguard children and adults. Where concerns exist in relation to abuse, the Provider shall follow the Bradford Safeguarding Adults Board (BSAB) or the Bradford Safeguarding Children's Board (BSCB) policies and procedures.

6.4.3 The Provider shall have an identified safeguarding lead and will ensure that all employees comply with safeguarding policies and procedures and have completed the required safeguarding training (to a minimum of Level 1).

6.4.4 The Service shall operate to the Bradford Safeguarding Children Board (BSCB) and the Bradford Safeguarding Adults Board (BSAB) policies and procedures for obtaining consent and shall comply with the requirements of any relevant national/local guidelines.

6.4.5 The Provider shall, upon request, provide information to evidence that safeguarding requirements and responsibilities have been met.

6.4.6 The Provider will ensure that safeguarding assessment maintains focus upon the individual child or vulnerable adult and, whilst the assessment should give consideration to culture, traditions and religious belief, none should be regarded as acceptable explanations for abuse or neglect, nor are they acceptable grounds for inaction when there are concerns that a child or vulnerable adult may be suffering or likely to suffer harm.

6.5 Future Proofing

6.5.1 The Provider shall keep up to date with service developments as they become available and shall ensure that provision is adapted into their service model, without compromising on compliance. This should be achieved so that the delivery of a high quality and responsive service is maintained.

7 Human Resources

7.1 Workforce

7.1.1 The Provider shall ensure it has the appropriate level of expertise to deliver the standard of Service described in this Specification.

7.1.2 The Provider shall ensure that employees are qualified and competent to undertake the responsibilities and activities of their role.

7.1.3 The Provider shall actively promote the health safety and welfare of employees and support their physical and emotional wellbeing within the workplace.

7.1.4 The Provider shall ensure that at all times it has in place sufficient workforce levels to cover all elements of the Service and shall manage sickness and annual and maternity/paternity leave effectively to ensure it does not adversely affect service provision.

7.1.5 The Provider shall ensure that, wherever possible, its workforce is based on substantive posts and not on agency staff.

7.1.6 The Provider must ensure that they are compliant with all applicable law in relation to employees and have HR policies and procedures in place that comply with UK law.

7.1.7 The Provider must ensure all relevant employees including agency staff have been checked by the Disclosure and Barring Service (DBS) and shall have in place a process for DBS checks and reviews.

7.1.8 The Provider shall have in place enforceable disciplinary procedures for resolving any identified misconduct by an employee and shall ensure that any issues in relation to personal performance are addressed.

7.2 Workforce Competency and Development

7.1.1 The Service will ensure staff have specialist knowledge and understanding of smoking cessation interventions in accordance with the Local Stop Smoking Service and Delivery Guidance, NCST, 2014 (www.ncsct.co.uk) and NCSCT Standard Treatment Programme

7.1.2 The Provider shall have in place a workforce development and continuity strategy which includes as a minimum, but is not limited to safeguarding, child sexual exploitation, domestic abuse, data protection, information governance, confidentiality, disability awareness and equality and diversity training.

7.1.3 The Provider must ensure all employees can demonstrate professional competency and understand all relevant policies and processes.

7.1.4 The Provider shall actively promote the health, safety and welfare of employees and support their physical and emotional wellbeing within the workplace.

7.1.5 The Provider shall have in place individual training and development plans for all employees and will undertake annual appraisals, with peer review where appropriate, to ensure their continuous professional development.

7.1.6 The Provider shall ensure that all new employees undertake a structured and recorded induction addressing all key elements of the Service.

7.1.7 The Provider shall ensure that there are appropriate policies and procedures in place to support the delivery of a safe and effective service.

7.3 Operational Management Structure (OMS)

7.3.1 The Provider shall have in place an OMS for the Service, which provides a description of the key leadership roles and responsibilities, reporting relationships and accountabilities.

7.3.2 The OMS should support delivery of a safe, effective and efficient service in line with the requirements of this Service Specification.

8 Planning

8.1 Emergency Planning and COVID-19

8.1.1 In the event of any major emergency or business interruption affecting the local health economy and in the current climate of COVID-19, the Provider will cooperate with the coordinating organisation during the response phase.

8.1.2 The Provider shall deliver a response to public health incidents and outbreaks under the guidance of NCSCT, PHE and Action on Smoking and Health. The need to respond appropriately and in a timely manner is an essential requirement of this Contract. The Provider needs to ensure that they have suitably qualified and skilled Staff to deliver their contribution to the response and work within the agreed protocols.

8.1.3 The need for one-to-one contact sessions to take place remotely via telephone must be acted upon where appropriate in accordance with national messages and following guidance from the NCSCT Remote consultations: Delivery of behavioural support and access to NRT

8.1.4 In the event that CO monitoring is paused, as per the NCSCT guidelines Protecting smokers from COVID-19, smoking status will become 'self-reported' and not 'CO-verified' and no remedial action will be taken

8.1.5 The Authority may provide some services and facilities to support the management of the incident or outbreak, including environmental and public health support where relevant.

8.1.6 PHE and the National Institute for Health Protection will provide the specialist health protection and public health microbiology services and will ensure that there is coordinated management of incidents and outbreaks.

8.1.7 PHE and the National Institute for Health Protection will co-ordinate the management of the response to biological, chemical, radiological and environmental incidents. The Provider's response led by the appropriate PHE Centre and escalated to regional and national levels as needed using PHE's agreed escalation policies will include interaction with PHE's national microbiology, chemical, radiological and other specialist services which provide management advice and/or direct support to incident responses (e.g. interpreting air quality results, coordinating UK radiation monitoring).

8.1.8 This requirement is in addition to the contractual requirements for business continuity planning.

8.1.9 The Provider shall maintain appropriate plans detailing how they will maintain continuity of Service provision across the Service and partner network, as a response to identified local risks (however caused) and ensure delivery of their key services.

9 Glossary

CCG	Clinical Commissioning Group
CMBDC	City of Bradford Metropolitan District Council
CO	Carbon monoxide
DBS	Disclosure and Barring Service
DH	Department of Health
IT	Information Technology
LTFU	Lost to follow up
NCSCT	National Centre for Smoking Cessation and Training
NRT	Nicotine Replacement Therapy
PHE	Public Health England

Appendix A – Quality Measures

1. Quality Measure

1.1 Stop Smoking Practitioners in primary care-based settings must report against Quality Measures below which will be subject to regular review

1.2 Due to the uncertainty surrounding the COVID-19 pandemic, no minimum requirement of quits per annum has been set. However, this will be regularly reviewed and providers will be notified of any changes.

1.3 Providers will also be monitored against CMBDC governance arrangements for record keeping and other Care Quality Commission.

No.	Quality Measure	Target	Method of measurement	Frequency
Level 1 and Level 2 Service				
1	Implement any new guidance or directives that are published including new and/or update training as offered by the NCSCT	100%	CMBDC governance and monitoring/Review meetings	Ongoing
2	Cooperate with any locally agreed assessment of Service User experience	100%	CMBDC will inform the provider in the event of any Service User experience exercises and ensure that access to premises and any relevant information is made possible to Council Staff	As required by CMBDC
3	Ensure there is an appropriate consultation area available for the delivery of the Service to ensure that the needs of service users can be assessed and met in a confidential manner	100%	Local reports/Review meetings	The provider will ensure that access to premises and any relevant information is made available to Council staff for the purposes of verification
Level 2 Service				
4	Demonstrate that Staff involved in the delivery of the Service have successfully completed the NCSCT Declaration of Competency	100%	Declaration of Competency Checklists completed by Provider and supplied to CMBDC Public Health	At commencement of Service
5	Provide full and complete client records including a clear outcome via Quit Manager and submit to the	100%	Quit Manager	Nationally agreed timescale of 6 weeks from the client's quit date

	Service			
6	Percentage of referrals from high risk groups who have set a quit date	At least 65%	Numerator: Number of treated smokers from high-risk groups who have set a quit date Denominator: Total number of treated smokers who have set a quit date	Quarterly
7	Percentage of successful quit rate (confirmed by CO monitoring) in the fourth week after the quit date.	At least 35% to 70%	Numerator: Number of successful quits at 4 weeks measured by CO-verification Denominator: Total number of successful and unsuccessful quits measured by CO-verification	Quarterly
8	Lost to Follow up	Should not exceed 10%	Quit Manager: For every 10 treated smokers, the outcome – quit or not quit - should be known for at least 9 of them	Quarterly
9	Attend refresher training and validation courses and	100%	Arranged by CMBDC	Annually

2. Remedial Action Where a Quality Measure Is Not Met

2.1 Providers with quit rates falling outside the accepted 35% to 70% range will be exception reported and offered support from CMBDC Public Health, offering retraining if appropriate.

2.2 Providers with quit rates falling consistently below 35% or failing to meet other KPIs listed above can expect intervention from CMBDC Public Health to agree action planning and improvement.

2.3 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

Please note the latest guidance on face-to-face stop smoking consultations issued in November by the NCSCT on behalf of PHE was very clear that there is no national mandate to resume face-to-face consultations. For more information, please visit the NCSCT website here.

CMBDC Public Health encourages remote delivery of support and will not undertake any remedial action on any quality measures requiring Carbon Monoxide verification as we enter the recovery phase of COVID-19.

Appendix B- Funding

Payment will only be made to providers who have entered into a signed service agreement with CMBDC Public Health. Participating providers will be funded on the following basis:

- Payment for licensed pharmacotherapy i.e. Accredited Level 1 and 2 pharmacies providing NRT via E-vouchers and GP Practices prescribing Champix/Zyban, will be made on a monthly basis. Please see Appendix D for more details on the E-Voucher system.
- Payment for Level 2 providers in relation to Stop Smoking activity outcomes i.e. Quit/Not Quit/ Lost to Follow up, will be made to providers on a quarterly basis provided that monitoring data is fully completed and submitted for each person who registers for support. This must be submitted in accordance with the timescales set out in the Data Collection Timetable. Data will be collated by CBMDC Public Health for submission to NHS Digital

Level 2 Stop Smoking Activity Tariffs

For the purpose of this commissioned service, a treatment episode has been defined as a completed 4–week assessment. Level 2 Stop Smoking Practitioners should follow the guidance set out in Sections 3.7 and 3.8 in relation to service principles and treatment scenarios.

Providers will be reimbursed at the following rate/s:

Activity at 4 - weeks	Details	Payment
Quit CO-verified	Each treated smoker entered on to the data system who has his/her expired-air CO assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) and found to be 10ppm or less	£40
Quit Self-reported	Each self-reported quitter entered on to the data system assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) face to face or by telephone who states that he/she has not smoked a single puff on a cigarette in the last 2 weeks	£30
Lost to follow up	Each treated smoker entered on to the data system who at 4 weeks after their quit date is lost to follow up i.e. cannot be contacted following 3 attempts to make contact	£10
Not Quit	Each treated smoker entered on to the data system who at 4 weeks after their quit date continues to smoke	£10

- A **£5** top-up payment will be made for all treated smokers from high risk categories who have set a quit date
- **Payments will be authorised quarterly upon submission of completed client records on the data system following the 4-week assessment**
- Funding of the service will be calculated based on the number of correctly completed Client Records via the data system
- Payment may be withheld if client records are not completed within this timescale or not be completed fully or correctly
- Claims for previous quarters/financial years will not be paid

Level 2 Data Collection Timetable

The data system needs to be updated and in a position for the reports to be extracted in line with national deadlines and these will be reviewed by the CMBDC Public Health through contract management arrangements.

Providers should retain the details of commissioned service activity on Quit Manager 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 PHE for collecting data based on the set quit date rather than when the 4 weeks is reached. 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.

Please find the Data Collection Timetable below:

Month in Which Quit Date Set (Financial Year 2021/2022)	Last Date for CMBDC Public Health To Receive Completed Data via Quit Manager	NHS Digital Reporting Deadlines
Quarter1 April, May, June	15/08/2021	September 2021
Quarter 2 July, August, September	14/11/2021	December 2021
Quarter 3 October, November, December	13/02/2022	March 2022
Quarter 4 January, February, March	15/05/2022	June 2022

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

Appendix C- Issuing of E- Vouchers for Level 2 Service

Please find guidance below on the issuing of E-Voucher

	CLINIC	NRT
Session 1 (Pre-quit)	Advice & CO reading	2 weeks supply of NRT (Including combination therapy)
Session 2 (Quit date)	Advice & CO reading	No medication normally required
Session 3 (Post-quit - week 1)	Advice & CO reading	2 weeks supply of NRT (Including combination therapy)
Session 4 (Post-quit - week 2)	Advice & CO reading	No medication normally required
Session 5 (Post-quit – week 3)	Advice & CO reading	2 weeks supply of NRT (Including combination therapy)
Session 6 (Post-quit – week 4)	Advice & CO reading	6 weeks supply of NRT **for non-high risk groups (final E-voucher)** No medication required normally for high-risk groups (Including combination therapy)
Session 7 (Post-quit – week 5)	Advice & CO reading	2 weeks supply of NRT (Including combination therapy)
Session 8 (Post-quit – week 6)	Advice & CO reading	No medication normally required
Session 9 (Post-quit – week 7)	Advice & CO reading	2 weeks supply of NRT
Session 10 (Post-quit – week 8)	Advice & CO reading	No medication normally required
Session 11 (Post-quit – week 9)	Advice & CO reading	2 weeks supply of NRT
Session 12 (Post-quit – week 10)	Advice & CO reading	No medication normally required
		Total amount of medication: 12 weeks supply (per product)

Exceptions to the two weekly dispensing:

- If a client is going on holiday or is unable to attend, the next voucher can be issued for a further two weeks. This should only be for extenuating circumstances
- The voucher can be post-dated or the two vouchers can be issued for the same date
- The reason must also be clearly stated on the voucher in the comments section to make the pharmacist aware of why the practitioner has issued two vouchers together

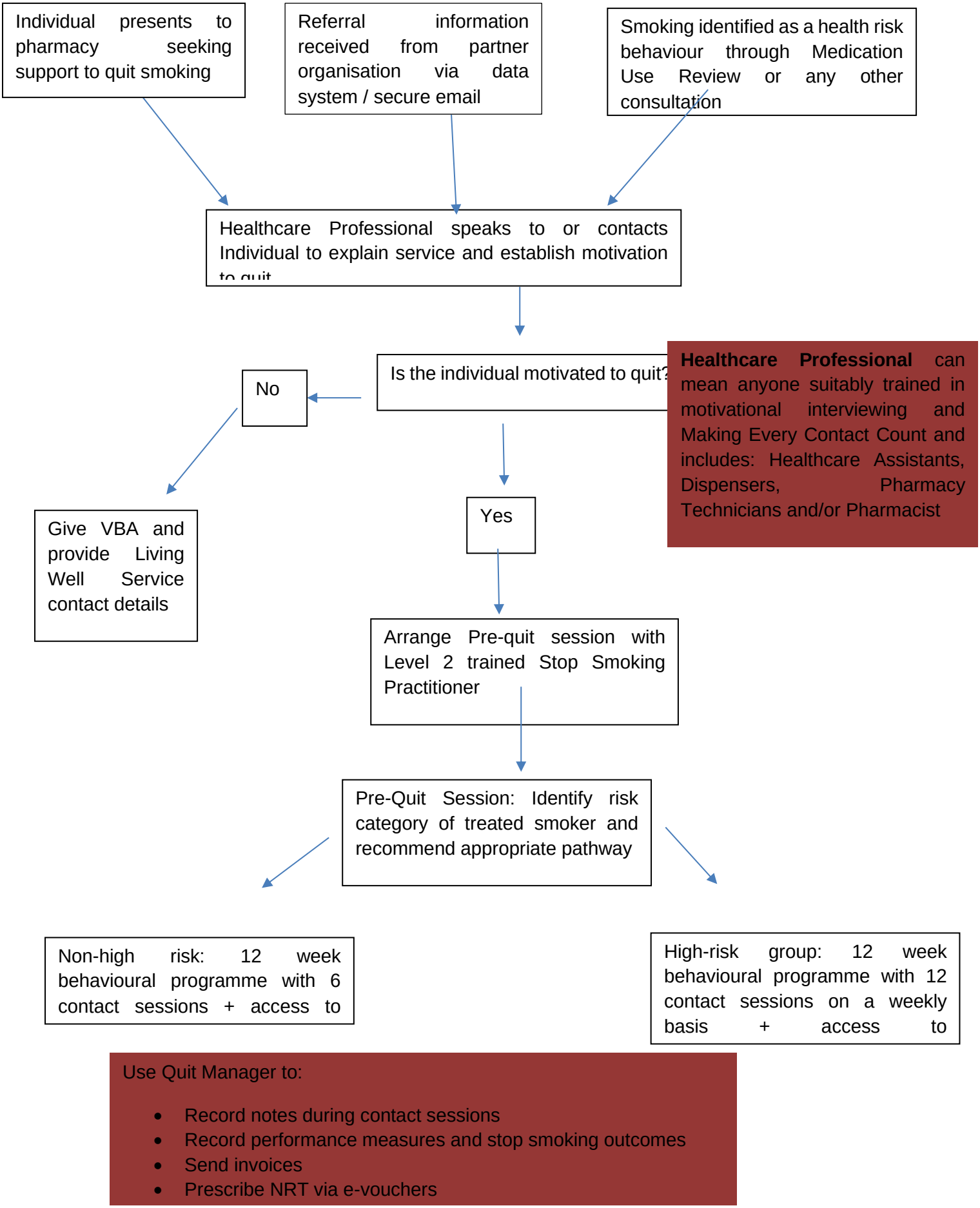
The amount of NRT per E-voucher:

- A maximum of two product items can be recommended on one voucher
- It is recommended that the maximum dosage should be dispensed on the first voucher, including a second product for combination therapy (depending on suitability). This can then be reviewed in following sessions to check the usage and dispense accordingly
- The total prescribed should not exceed 12 weeks

Please note the latest guidance on face-to-face stop smoking consultations issued in November by the NCSCT on behalf of PHE was very clear that there is no national mandate to resume face-to-face consultations. For more information, please visit the NCSCT website here.

CMBDC Public Health encourages remote delivery of support and will not undertake any remedial action on any quality measures requiring Carbon Monoxide verification as we enter the recovery phase of COVID-19.

Appendix D – Pharmacy Service User Journeys



Healthcare Professional can mean anyone suitably trained in motivational interviewing and Making Every Contact Count and includes: Healthcare Assistants, Dispensers, Pharmacy Technicians and/or Pharmacist

Use Quit Manager to:

- Record notes during contact sessions
- Record performance measures and stop smoking outcomes
- Send invoices
- Prescribe NRT via e-vouchers

GP Service User Journey

Registered patient requests support to quit smoking

Referral information received from partner organisation via data system/ secure email

Smoking identified as a health risk behaviour through one-off consultation/NHS Health Check

Healthcare Professional speaks to or contacts Individual to explain service and establish motivation to quit

Is the individual motivated to quit?

No

Give VBA and provide Living Well Service contact details

Yes

Arrange Pre-quit session with Level 2 trained Stop Smoking Practitioner

Healthcare Professional can mean anyone suitably trained in motivational interviewing and Making Every Contact Count for example GP, Nurse

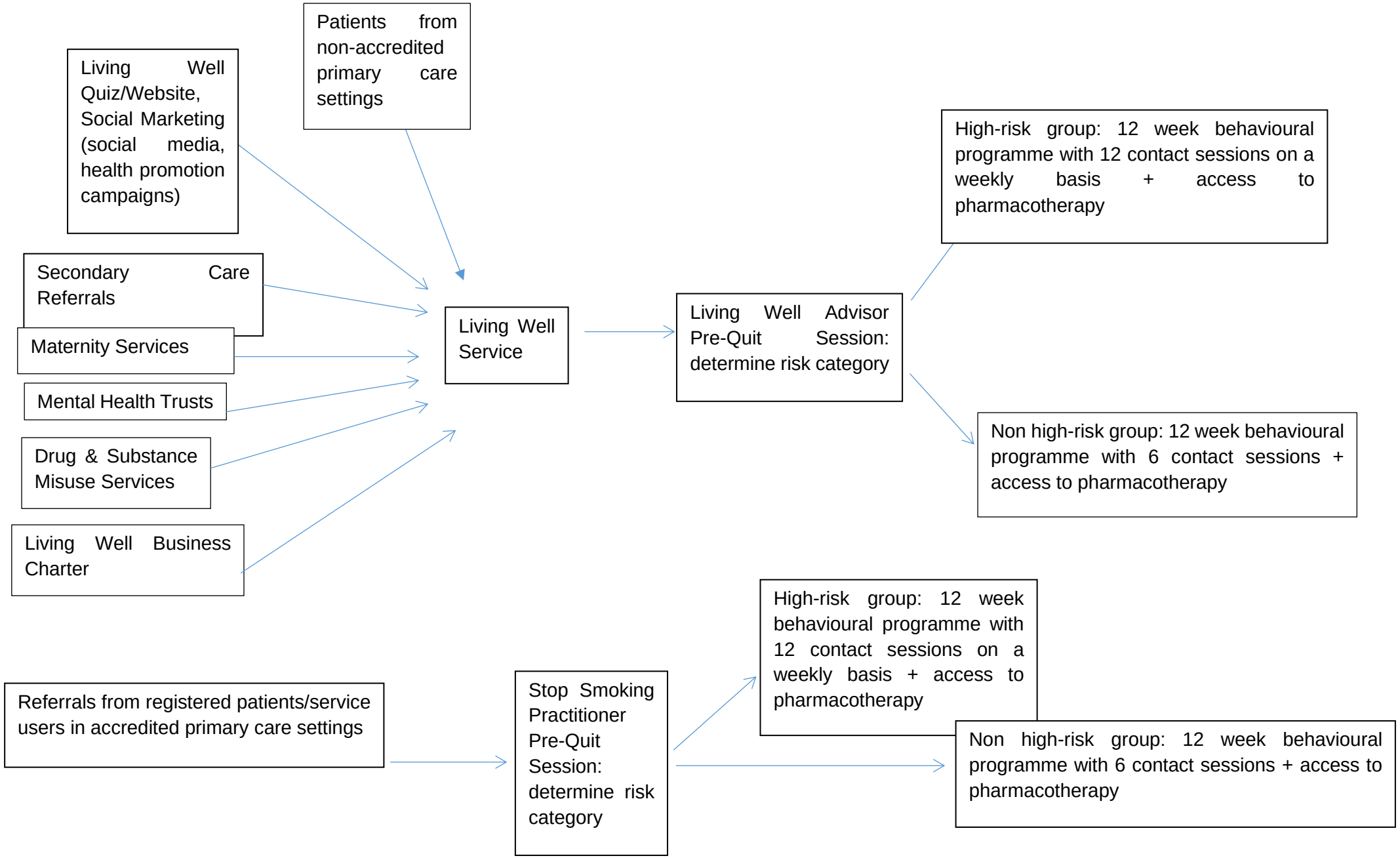
Pre-Quit Session: Identify risk category of treated smoker and recommend appropriate pathway

Non-high risk: 12 week behavioural programme with 6 contact sessions + access to

High-risk group: 12 week behavioural programme with 12 contact sessions on a weekly basis + access to

Use Quit Manager to:

- Record notes during contact sessions
- Record performance measures and stop smoking outcomes
- Send invoices
- Prescribe NRT via e-vouchers


Patients from non-accredited primary care settings
Living Well Quiz/Website, Social Marketing (social media, health promotion campaigns)
Secondary Care Referrals
Maternity Services
Mental Health Trusts
Drug & Substance Misuse Services
Living Well Business Charter
Living Well Service
Living Well Advisor Pre-Quit Session: determine risk category
High-risk group: 12 week behavioural programme with 12 contact sessions on a weekly basis + access to pharmacotherapy
Non high-risk group: 12 week behavioural programme with 6 contact sessions + access to pharmacotherapy
Referrals from registered patients/service users in accredited primary care settings
Stop Smoking Practitioner Pre-Quit Session: determine risk category
High-risk group: 12 week behavioural programme with 12 contact sessions on a weekly basis + access to pharmacotherapy
Non high-risk group: 12 week behavioural programme with 6 contact sessions + access to pharmacotherapy

Appendix E- Level 1 NRT Supply

E-Voucher

- CMDBC will apply a paperless e-voucher system to the Quit Manager deployment as part of the service specification
- A training module will be made available to all providers on how to issue and process vouchers
- CMBDC Public Health will monitor and manage all e-vouchers

Recording NRT supply for sessions

- Use the relevant data system section at point of care. This is to record the supply of NRT via an E-voucher or under the General Supply Licence (GSL) and the patient's progress
- Where direct supply of NRT is operated, full details of the product supplied should be recorded, including dose (rather than *Step 1* or *2*), brand and box size e.g. Nicotinell 21mg box, 1 box = 7 days
- Please check that the patient's health has not altered since the Pre-quit session and that there are no exclusion criteria for NRT. Tick relevant boxes on Quit Manager point of care, as appropriate
- Details of each NRT product or GP Prescription request for each episode of supply must be recorded on the patient monitoring record on Quit Manager
- In addition to NRT provided, record any advice given e.g. treated smoker is diabetic, advice to monitor blood glucose levels, letter sent to GP to notify supply of NRT

GP prescription requests for Burproprion (Zyban) or Varenicline (Champix) may be required in the following circumstances:

- Request for the GP to consider the supply of Burproprion or Varenicline where NRT may be contraindicated
- Request for the GP to consider prescribing Burproprion or Varenicline as per the preference of the treated smoker. For pharmacy staff delivering the stop smoking service, please follow the pharmacy's standard processes in issuing a GP request to prescribe the relevant pharmacotherapy
- Use the relevant data system section at point of care to record the recommendation for GP prescription

Bupropion (Zyban) and Varenicline (Champix)

- Buproprion is contraindicated in patients with a history of seizures, eating disorders, CNS tumour, alcohol/benzodiazepine withdrawal, under 18's, pregnancy, and breastfeeding. It should be used with caution in patients on concurrent medication which could lower seizure threshold, alcohol abuse, previous head trauma and diabetes.
- Varenicline is contraindicated in pregnancy and cautioned in patients with a history of psychiatric disorders. There is no clinical data for its use in patients with epilepsy.
- Once a patient has been prescribed Buproprion or Varenicline any adverse or unexpected side effects should be reviewed by the patient's GP as soon as possible.
- Use the relevant Quit Manager section at point of care to record the recommendation for GP prescription request for stop smoking medication as appropriate eg. Buproprion, Varenicline or NRT.
- The full summary of product characteristics for the products outlined can be found in the electronic medications compendium website: https://www.medicines.org.uk/emc/

REMUNERATION

The contract payment for the service is for the provision of Nicotine Replacement Therapy via E-vouchers, to all patients registered with a Bradford District GP practice.

The following fee schedule shall apply for this service as at 1st July 2021;

This applies to any quit dates on or after 1st July 2021

NICOTINE REPLACEMENT THERAPY

Drug tariff price of NRT supplied *plus* £3.00 professional fee (per voucher)

PAYMENT

CMBDC Public Health will extract medication reports via Quit Manager to verify and process payments.

The Contractor shall be paid monthly in arrears

All mandatory fields within the QuitManager E-voucher system must be completed for claims to be accepted and processed.

Appendix F– Associated Documents

APPLICABLE LEGLISLATION, SERVICE STANDARDS, GUIDANCE, POLICIES AND DOCUMENTATION

This appendix is to provide bidders with information as guidance only. It is the responsibility of bidders to ensure that they refer to correct up-to-date documents when preparing their tender submission and during the Contract Term.

1. Applicable Legislation

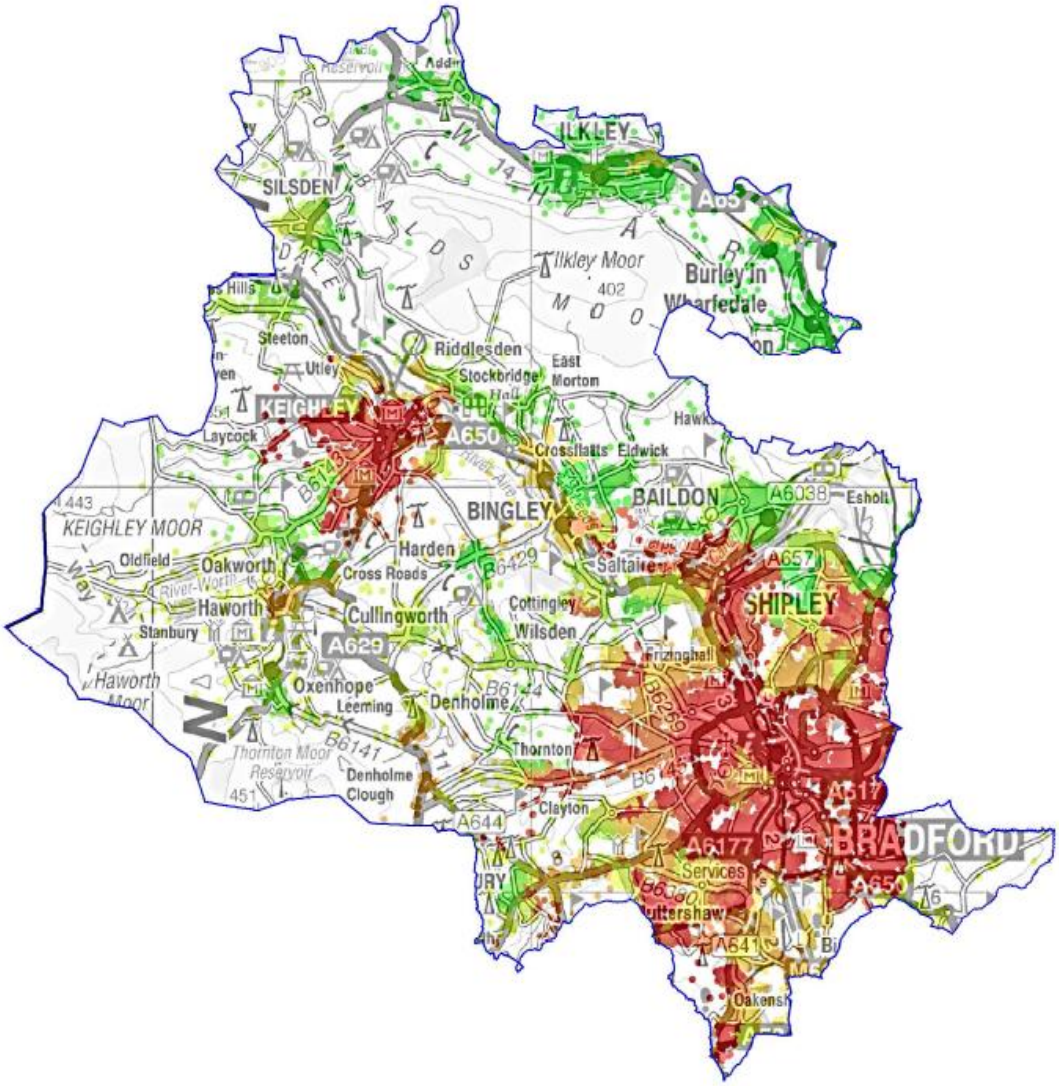
Upon award of Contract, as a minimum, Provision shall be provided in accordance with the following current statutory and regulatory framework (this is not an exhaustive list), and shall throughout the term of the Contract be required to continually deliver the scope of Provision in accordance with the same or as the same is updated:

- Children's Act 2004
- Data Protection Act 1998
- Equality Act 2010
- Social Value Act 2012

2. Documents and Links Supporting the Service Specification

- Bradford District Plan 2016-2020
  https://www.bradford.gov.uk/media/3273/bradford-council-plan-2016-2020.pdf
- NHS Outcome Framework
- Public Health Outcome Framework for England
  https://www.gov.uk/government/collections/public-health-outcomes-framework
- Tobacco Control Plan Towards a Smoke Free Generation
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf
- Bradford Joint Health and Wellbeing Strategy
  https://bdp.bradford.gov.uk/media/1331/connecting-people-and-place-for-better-health-and-wellbeing-a-joint-health-and-wellbeing-strategy-for-bradford-and-airedale-2018-23.pdf

Appendix G – Bradford Metropolitan District Map



[i] https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works